

Organizational Characteristics Associated with Patient Experience in Ontario's Family Health Teams

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Objectives

- ▶ In 2008, the Ontario Ministry of Health and Long Term Care funded a 5-year evaluation of Family Health Teams (FHTs) to:
 - ▶ identify successes and shortcomings
 - ▶ assess patient experience
 - ▶ support practice improvement
 - ▶ provide a measure of accountability to stakeholders





Methods



Mixed methods approach

- ▶ Mixed-methods approach was applied to examine performance across FHTs

Data source	2009		2012	
	N FHTs	N	N FHTs	N
Quantitative				
Facility survey	133	113	133	100
Provider survey	105	821	112	858
Patient survey	44	2,604	44	1,920
Qualitative				
Site visits	25	234 interviews	25	198 interviews
Patient focus groups	7	54 patients	7	66 patients



Patient experience domains

Evaluation domain	Domain content
Access	<ul style="list-style-type: none">- Experience with access- Wait time for an appointment for a minor health problem
Prevention and health promotion	<ul style="list-style-type: none">- Interventions, such as flu shots, blood pressure measurements, body weight- Cancer screening- Discussion on topics, such as healthy eating, exercise, smoking, alcohol, family history, aging, medications, etc.
Internal coordination	<ul style="list-style-type: none">- Experience with coordination of care within their practice
Specialist care coordination	<ul style="list-style-type: none">- Experience with coordination of specialist care
Patient and family centredness	<ul style="list-style-type: none">- Patient-provider relationship- Family centredness- Cultural competence- Community orientation
Patient support for chronic disease management	<ul style="list-style-type: none">- Extent of patient activation in terms of managing their chronic condition- Type of chronic disease support received, such as goal setting, and care plans



Data analysis methods

Quantitative

- ▶ Multilevel regression analyses (SAS Mixed and GLIMMIX) using data from all 3 types of surveys and patient experience domain scores as outcomes

Qualitative

- ▶ Analyses of staff and patient interviews using Atlas.ti to:
 - ▶ identify, describe, and explain factors associated with patient experience by domain
 - ▶ explain why and how these factors were associated with higher or lower patient experience



Stages of change





Results



Changes in FHT organizational characteristics, 2009-12

N FHTs = 87, N Providers = 78

Management and governance	Magnitude of increase
FHTs	
Key governance-related policies in place	↑
FHT policies related to service delivery	↑
FHT activities related to planning and programming	↑↑
Provision of staff training	↑
FHT providers	
Key governance-related policies are well articulated and understood	NS
FHT HHR policies are well articulated and understood	NS
Access	
FHT provides same-day access	↑↑

▶ Cohen's d ↑ = small, ↑↑ = small-medium, NS = not significant

Changes in organizational characteristics, 2009-12

EMR Use	Magnitude of increase
FHTs	
Paperless records for internal services	↑↑
Paperless records for external services	↑
Use of EMR functionality	↑
Communication and Teamwork	
FHTs	
Linkages with external services	↑
FHT providers	
Team communication methods	NS
Extent of electronic communication	↑
Overall FHT team functioning	NS
Immediate team functioning	NS
Provider satisfaction	NS

▶ **Cohen's d** ↑ = small, ↑↑ = small-medium, NS = not significant

Changes in organizational characteristics, 2009-12

Quality Improvement	Magnitude of increase
FHTs	
Quality improvement activities	↑
Overall data use	↑
Data use for patient profiles	NS
Data use for wait times	NS
Data use for service delivery	↑
Information continuity	↑↑
FHT providers	
Involved in quality improvement activities	↑
Use data for planning and service delivery	↑
Family centredness	NS
Adherence to guidelines	NS

▶ **Cohen's d** ↑ = small, ↑↑ = small-medium, NS = not significant

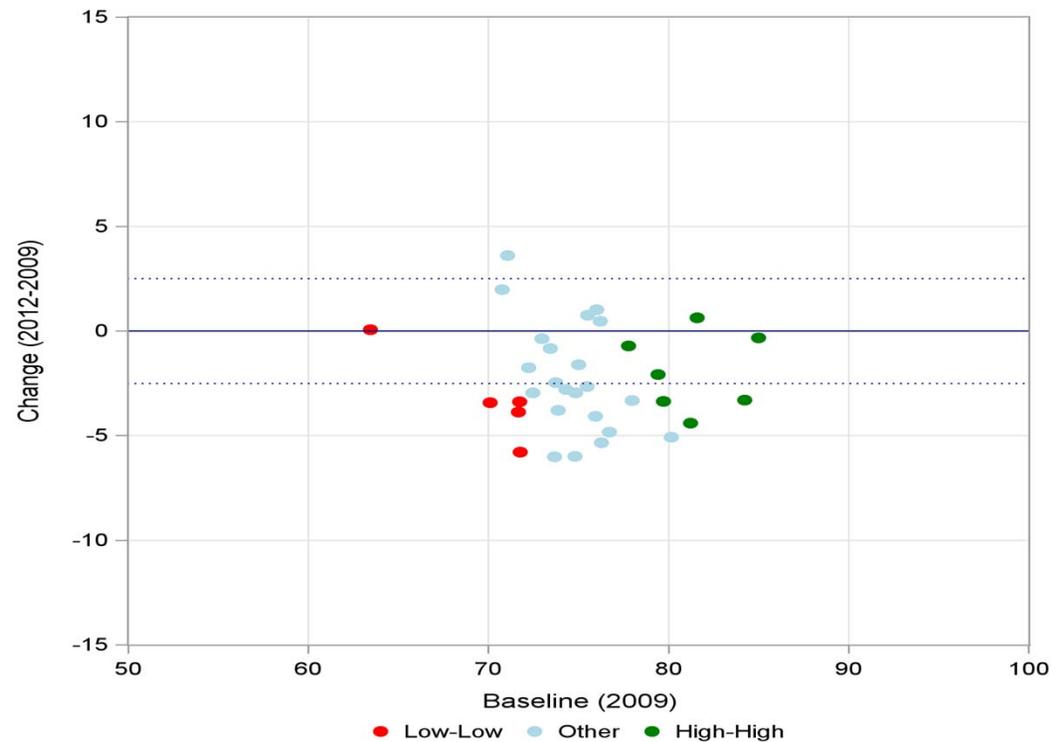
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FHT patient experience scores

- ▶ One FHT was top-rated and 3 bottom-rated in all domains
- ▶ Half were the best performers in some and lowest in others
- ▶ There was no discernible change in *overall* patient scores over time



Characteristics most associated with higher scores and improved patient experience

FHT Characteristic	Overall patient experience	Access	Prevention and promotion	Internal coordination	Specialist coordination	Patient and family centredness	Support for CDM
N FHTs	32	34	33	32	33	35	32
N patients	1,518	1,372	1,396	1,505	752	1,637	1,183
Mission, vision, goals, and priorities well-articulated	✓+		+	+			✓
Team functioning	✓+		+	+		✓+	
Methods of team interaction	+		+	+		+	
Paperless medical records	✓	✓+	✓				
Provide patient access to records and/or all lab results	✓+↑	✓	✓+	↑	✓	↑	
Plan based on patient profiles	✓↑			✓			
Information continuity						✓	
Patients usually see the same physician		✓		✓	✓		✓
Patients usually see the same nurse	↑	✓↑	✓↑	↑	✓		✓
No. of types of IHPs seen	✓		✓			✓	✓
Satisfaction with receptionist	✓+↑	✓↑		↑	↑	↑	
Family centredness	+		+	+			
Involvement in quality improvement		+					↑
Extent that providers follow clinical guidelines	+		+				
Patient-rated health status	✓	✓		✓		✓	

✓= FHT characteristics most associated with higher patient experience scores at follow up

+ = FHT characteristic that most differentiate FHTs with consistently high patient experience ratings from FHTs with low patient experience ratings over time

↑= Changes in FHT structural and organizational characteristics most associated with improved patient experience from baseline to follow up

Culture in higher performing FHTs

- ▶ **Well-articulated and understood mission, vision, goals and priorities** *most* differentiated FHTs; reflected more often in policies, activities and teamwork
- ▶ Greater **teamwork and collaboration** with respectful and trusting relationships. More physicians have bought into the FHT model
- ▶ IHPs more likely to be working to their **full scope of practice**
- ▶ **Enhanced roles of RNs and RPNs**
- ▶ **Policies and procedures supporting team communication and information exchange**
- ▶ More **methods of communication** and staff **communicate more often**. E.g., two-thirds of providers *often* attend regular meetings compared with half in bottom-rated FHTs
- ▶ Top 3 FHTs use **open space layouts** where *all* providers sit. In low-rated FHTs, IHPs are often in separate offices or elsewhere in the building



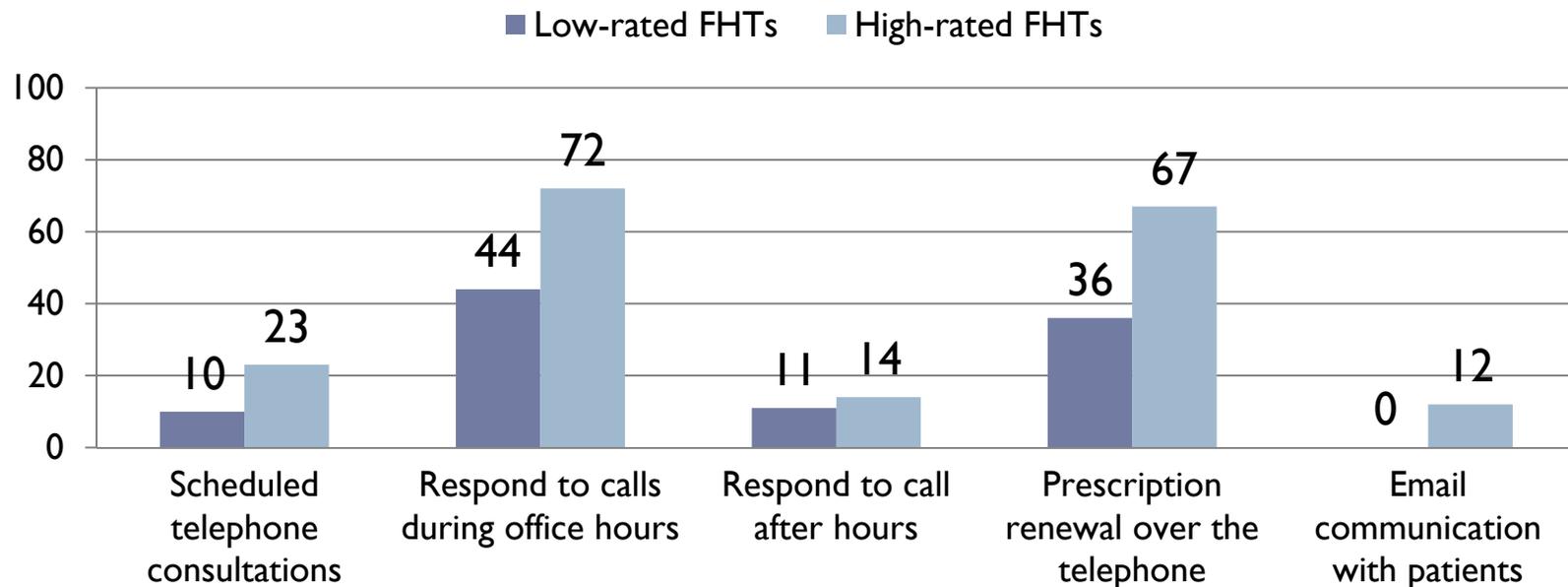
Leadership and management practices in higher performing FHTs

- ▶ **Dynamic and innovative leadership**, standardized **HHR policies**, **staff suited** to FHT culture and values, **regular meetings**
- ▶ **Receptionist** courtesy, accessibility, effectiveness and role in FHT
- ▶ **Broader population perspective** to planning and service delivery
- ▶ Greater **depth and breadth of CDM services**
- ▶ Guidelines, standards, flow sheets, and clinical decision supports for a **greater number of health conditions**
- ▶ **Commitment to QI**, e.g., a FHT-wide approach, championing by leaders, within strategic directions, and formal initiatives and committees with dedicated time and resources
- ▶ More likely to collect and systematically **use data** to report on outcomes for performance measurement and program evaluation



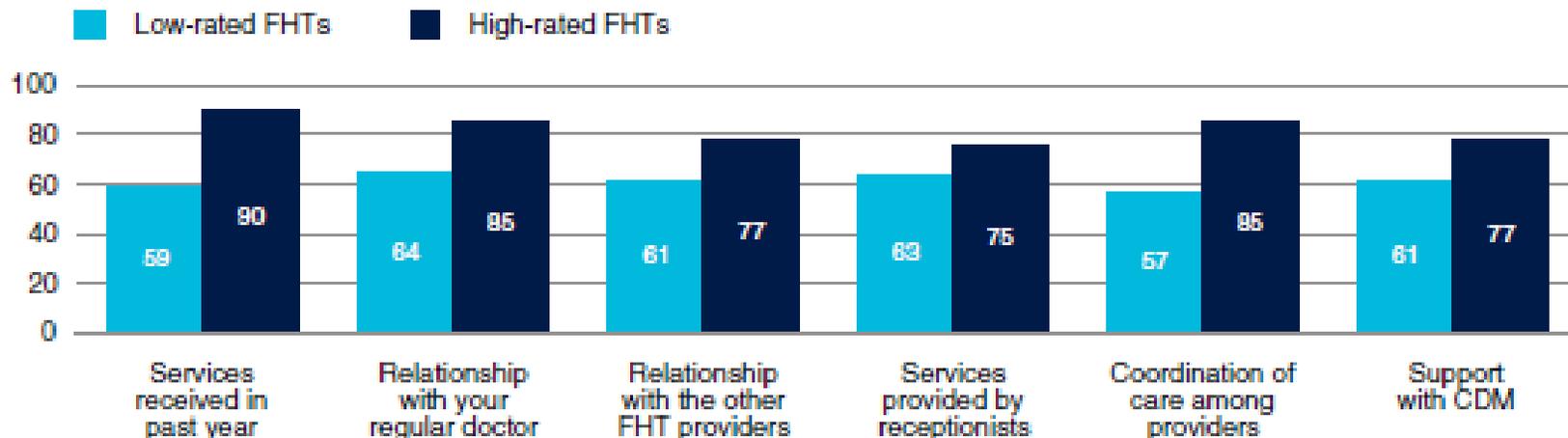
Patient information in higher performing FHTs

- ▶ More likely to have **paperless medical records**
- ▶ Greater **EMR functionality**, including extraction of patient data
- ▶ Patients have **access to their own medical information**
- ▶ Communicate with patients more often by **telephone and e-mail**



Patient experience in higher performing FHTs

- ▶ Higher **patient satisfaction**; 31% more were very satisfied with services received in the past year than in low-rated FHTs
- ▶ Greater satisfaction with **receptionist services**, i.e. scheduling appointments, at the office, and making follow-up (internal and external) appointments
- ▶ Seeing the **same nurse at each visit**



Conclusion

- ▶ FHTs are not all at the same maturity level, but most evolved over time. Many are still in transition.
- ▶ Several improvements in organizational processes and service delivery
- ▶ Some characteristics associated with better patient experience are consistent with other studies, while others are unique.
- ▶ Focusing on these may accelerate maturation and improve services and outcomes.





Questions?



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