

## Considerable Progress Made in Quality Primary Care

Primary care teams in Ontario have made considerable progress over the past year in providing quality care, especially by building more partnerships with hospitals and others to improve the seamless delivery of care.

That's the conclusion of this year's [Health Quality Ontario report](#) assessing the outcome of quality improvement plans (QIPs) submitted by primary care organizations in April 2016.

"There are many successes to celebrate, but as always, there remains room for further improvement in some areas," notes the report, in its assessment of the plans submitted by 294 inter-professional, team-based primary care organizations, which include family health teams (FHTs), community health centres (CHCs), nurse practitioner-led clinics (NPLCs) and Aboriginal Health Access Centres (AHACs).

It is the fourth year that these organizations have submitted QIPs, which reflect on their quality improvement activities and achievements over the previous year, elaborate on key themes they are working on to improve quality care, identify important issues and outline plans to address these issues over the coming year.

This year's report singled out the successful work many primary care organizations had undertaken in population health by improving colorectal and cervical cancer screening and by starting to use the same technique to measure hemoglobin A1C monitoring among patients with diabetes.

The growing number of partnerships being developed by the primary care organizations to support the better integration of care was noted, especially partnerships with hospitals and Health Links.

When it comes to patient engagement, the report notes there was an increase of 30% in the total number of patients surveyed by the primary care groups between the 2015-16 and the 2016-17 QIPs. The use of Patient and Family Advisory Councils in 2016-17 QIPs also increased compared with the 2015-16 QIPs (11% in 2015-16 vs 20% in 2016-17), and the number of organizations that reported engaging with patients and families in the development of their QIPs also increased (9% in 2015-16 vs 19% in 2016-17).

The primary care organizations were asked to consider seven priority indicators for quality care for the focus of their plans and report on comparisons between 2016-17 and the previous year. The highest rate of progress was reported for the colorectal and cervical cancer screening indicators, while the patient experience indicators showed moderate progress. The lowest rate of progress was observed for the timely access to care indicator.

In terms of improving transitions, the 7-day post-discharge follow-up rate indicator can be particularly hard for primary care organizations to impact because of its reliance on hospitals to communicate the relevant information. However, primary care groups have reported success in improving this indicator by forming partnerships with hospitals and through the implementation of electronic solutions.

For example, all 21 clinic sites across the Guelph Family Health Team have implemented Hospital Report Manager software and are working with Guelph General Hospital to turn on the eNotification feature which will provide hospital admission, discharge and transfer information in a more timely way to the family health team. This will enable the patients' primary care providers to follow up more quickly upon the patients being discharged from hospital.

For timely access to care, the report said a high variation in performance was noted between primary care organizations, with 9% to 100% of patients responding that they were able to see a doctor or nurse practitioner on the same day or next day.

Throughout the report a number of specific initiatives undertaken by primary care organizations were singled out for mention. These included:

- The Maple Family Health Team in Kingston has been successful in lowering the percentage of patients going to the emergency department for conditions best managed elsewhere, from 2.50% to 1.92% – which is well below the South East LHIN average of 3.1%. This represents a reduction of 262 emergency department visits.
- The Noojmowin Teg Health Centre in Little Current plans to re-institute a stronger role in the facilitation of screening campaigns specific to Aboriginal communities by capitalizing on existing campaigns.

The report concluded by noting there are several emerging issues facing primary care organizations in the province, including palliative care, mental health, opioid use and prescribing practices and workplace safety.

Given that many of these issues cut across multiple sectors, Health Quality Ontario encourages organizations to reach out to other organizations in their regions to consider how they can work together to support improvement in these areas.