

MEASUREMENT SYSTEM FOR PHYSICIAN QUALITY IMPROVEMENT FREQUENTLY ASKED QUESTIONS (FAQS)

Q: Why is a measurement system being developed?

The development of the Measurement System for Physician Quality Improvement is in part a response to recommendations from a 2014 Auditor General of BC report that concluded government needs to make changes to be able to demonstrate that physician services are achieving value for money.

The partners developing the measurement system understand and agree system improvements must be founded on clear, accepted and evidence-based understanding of how BC's healthcare system is performing at multiple levels.

In 2017, the government, Doctors of BC and BC health authorities jointly developed and agreed upon the *Framework for Developing the Measurement System for Physician Quality Improvement*, providing the foundation for moving forward.

Q: What is the main goal of the measurement system?

The goal is to build a province-wide measurement system for five medical service areas - Surgical, Primary Care, Specialists/Specialized Care, Acute and Emergency Care, and Diagnostics - which will be tailored to each medical service area with their own sets of quality measures, and can be applied consistently to any QI project within those specific medical service areas resulting in:

- individual physicians with easily accessible data about the health and care of their patients, so they can assess and improve the quality of care, and
- physicians, health system administrators and policy makers with easily accessible, aggregated and non-identifiable data that is generated by facility, population or province-wide to address various quality improvement needs –without identifying individual patients or physicians.

Work conducted by the Health Data Coalition will likely be included in the work of MSPQI, particularly when developing metrics for Primary Care.

How is this work being funded?

Phase I has been funded overall by the Ministry of Health, with Doctors of BC funding physicians involved in planning. The final funding and commitment decisions are made by the Leadership Council, which has a core membership of all health authority CEOs and the Deputy Minister of Health, and (2) the Doctors of BC Board.

Q: Will physicians be evaluated based on data created by the Measurement System for Physician Quality Improvement?

No, physicians will use the quality improvement data to guide their own practice and doesn't include the identity of individual patients or physicians. Health care administrators and government policy makers will evaluate quality improvement aspects of the health care system based on aggregated and anonymized data.

PRIVACY

Q: Will the identity of patients be shared beyond their own physicians?

No, the identity of individual patients will be absent from quality improvement data shared with other physicians, health administrators or policy makers – it will be only aggregated and anonymized data, meaning data about groups of patients.

Q: Will patients or the public have access to quality improvement data about individual physicians?

No, patients and the public won't have access to quality improvement data about individual physicians. This data will only be accessible to individual physicians about their own practices.

Q: Will patients or the public have access to aggregated and anonymized quality improvement data?

Patients and the public will have access to aggregated and anonymized quality improvement data when it's included in public documents or can be accessed through a Freedom of Information application. Otherwise, this data will be used by physicians, health care organizations and government for quality improvement planning and reporting purposes.

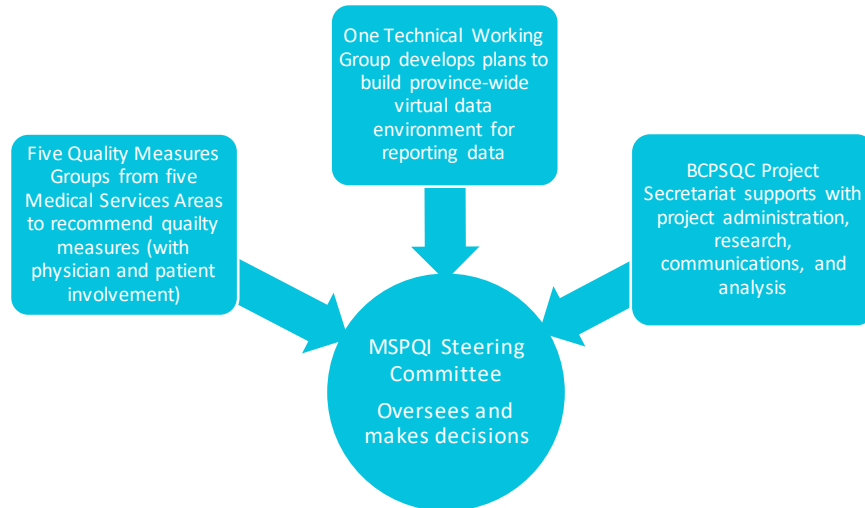
Q. Will for-profit organizations have access to the data?

For-profit organizations will have the same access as the public – which are public documents that have aggregated and anonymized quality improvement data.

PROCESS

Q: Who is involved in developing the measurement system?

The Government of BC, Doctors of BC and the province's health authorities have partnered to work collaboratively with other health system stakeholders. Here is an overview. Please note: It was requested that the BC Patient Safety & Quality Council be the project Secretariat.



Q: What kinds of data are expected be used for the measurement system?

The data for the system will be based on quality measures recommended by the project's Quality Measures Groups and approved by the MSPQI Steering Committee. These measures will come from existing electronic health record systems or repositories and selected based on sound, evidence-based criteria and principles. The Quality Measures Groups and Steering Committee are each structured to have representatives of Doctors of BC, the Ministry of Health and health authorities, and each Quality Measures Group will also have a patient partner as a member, providing a variety of key perspectives.

Q: Will the quality measures developed for the measurement system focus on health care processes, outputs or outcomes (i.e. patient outcomes), or a combination?

This will be established by each Quality Measures Group and the Steering Committee as they respectively recommend and approve initial and subsequent sets of quality measures.

Q: When is the Measurement System for Physician Quality Improvement expected to be ready to use?

This type of multi-stakeholder, complex project takes many months to research, plan, design and put into use. Fully developing and implementing the measurement system is expected to be a multi-year undertaking, and the system will continue to evolve on an ongoing basis to reflect changing needs. A phased approach is being used for the development of the system and it may be determined that launching the system in phases is also the most effective approach, for example, starting with one or two medical service areas and a limited number of quality measures.

Phase I of III began in May 2018 and is expected to be completed in the first half of 2019. The first two Quality Measures Groups for the medical service areas of Surgical/Procedural Care and Primary Care

have been formed to recommend initial sets of quality measures and inform physician participation strategies. Also in Phase I, a Technical Working Group is being formed to identify the functional requirements and resources for building the virtual data environment, as well as inform the appropriate privacy and security requirements. The timing of Phases II and III will depend on project progress.

In Phase II, the initial sets of quality measures and physician participation strategies will be expanded to include the three other medical service areas - Community Specialist/Specialized Care, Acute and Emergency Care, and Diagnostics. The virtual data environment is also expected to be developed, and information sharing agreements established.

Phase III will fully launch the measurement system and facilitate the establishment of a permanent structure for its ongoing development and management.

GENERAL QS AND AS

Q: What is the purpose of the Measurement System for Physician Quality Improvement?

The purpose is to provide physicians, health system administrators and policy makers with the quality measures data needed to reach their mutual goals of ongoing quality improvement, better experiences for patients and health care providers, and a cost-effective health system.

The measurement system won't be used to override appropriate clinical decisions or to manage the performance of individual physicians, and will use the highest standards of privacy and security.

Q: Who is involved in developing the measurement system?

The Government of BC, Doctors of BC and the province's health authorities have partnered to work collaboratively with other health system stakeholders. Each group involved in the development of the measurement system, includes representation from the Ministry of Health, health authorities and Doctors of BC, except for the Secretariat, which is the BC Patient Safety & Quality Council.

Q: Are any patients involved in planning the Measurement System for Physician Quality Improvement?

Yes, each of the five Quality Measures Groups, which will have 7 to 9 members total, will have a patient member to provide patient perspective. The project will aim to recruit patients with lived experience of the medical service area of each group. These patients will be recruited via Patients Voices Network (link is external) and are described as "patient partners."