

Performance Feedback to Interdisciplinary Primary Care Teams

Dr. S. Johnston, Dr. M. Green, P. Thille, C. Savage, L. Roberts, Dr. G. Russell and Dr. W. Hogg

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INSTITUT DE RECHERCHE
ÉLISABETH-BRUYÈRE
RESEARCH INSTITUTE

*Affilié à l'Université d'Ottawa
Affiliated with the University of Ottawa*

Introduction

- *“It reflected the physicians’ work quite a bit. I didn’t think it reflected the NPs work as much and the other allied health professionals were almost left out”* (nurse practitioner A).
- *“I don’t know that I could really necessarily see myself and my contributions in there”* (pharmacist).
- *“I thought it was all applicable”* (medical doctor).



Background

- Primary care is increasingly delivered through interdisciplinary teams.
- Potential for performance measurement and feedback growing with EMRs and administrative data.
- Research on effect of audit and feedback on performance improvement is mixed.
 - Indicates modest progress at best.
- Most research on audit and feedback in primary care has primarily involved physicians



Background

- We need to better understand how performance management systems, including audit and feedback, can foster quality improvement in changing models of interdisciplinary primary care teams.

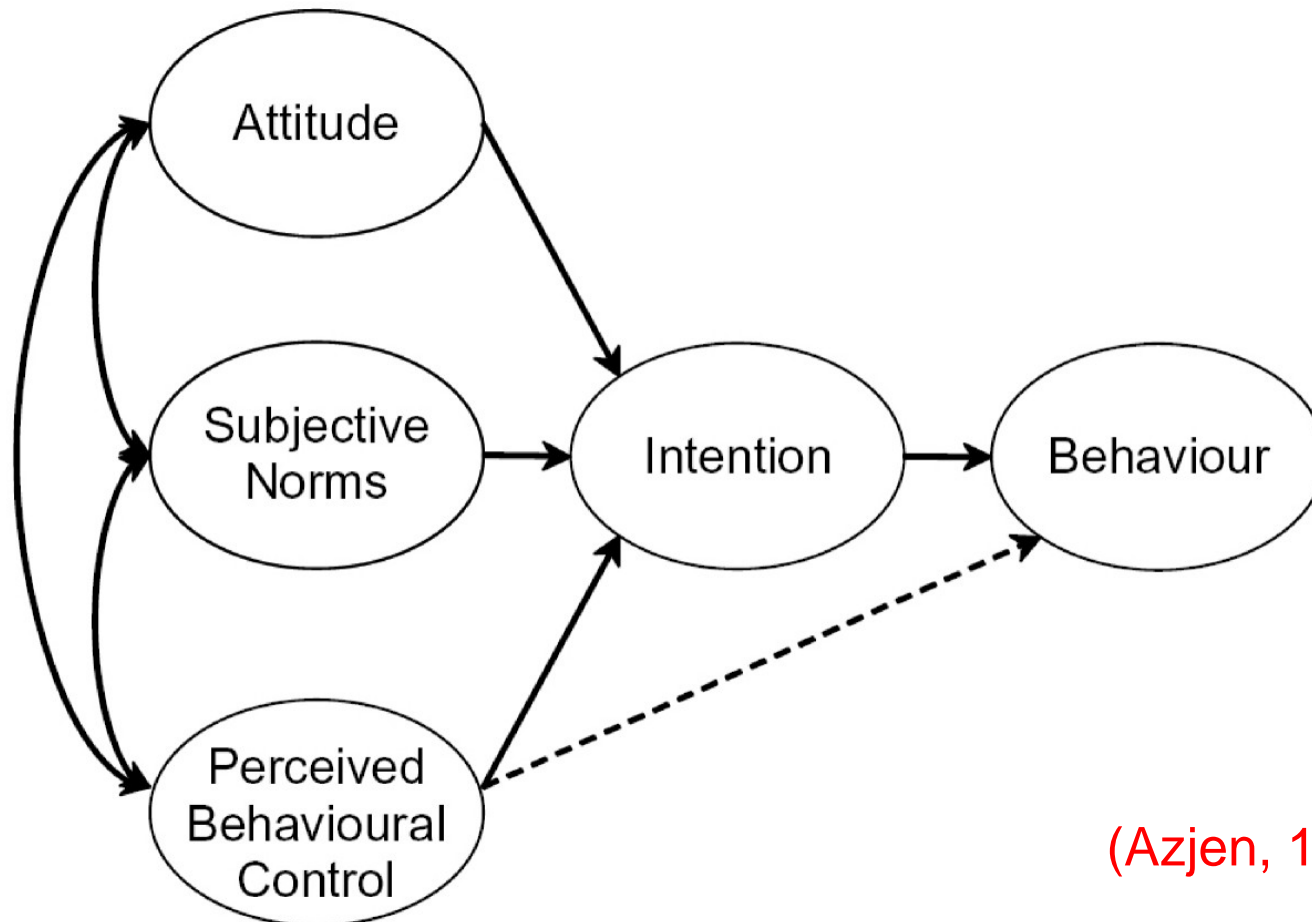


Study Objectives

- A mixed methods study to explore the acceptability of performance feedback to interdisciplinary primary care teams and effect on intention to improve performance.



Theoretical Framework: Theory of Planned Behaviour



(Ajzen, 1991)



Methods: Participants

- Participating Care Teams
 - Seven Family Health Teams (FHTs) - An interdisciplinary primary care practice model introduced in Ontario, Canada in 2005.

Type of Team	
Academic	Community-Based
5 teams	2 teams
Range of Years in Operation as a team Shortest \leftrightarrow Longest	
3 years	20 years
Range of Team Size Smallest \leftrightarrow Largest	
19 staff	67 staff



Methods: Intervention

- An earlier study collected data on performance from each FHT through surveys to patients, providers, practice managers and chart audits.



Methods: Data Collection

- Earlier study used a comprehensive set of performance indicators including:
 - Management of Acute Conditions
 - Management of Chronic Disease Care
 - Practice Organization and Work Patterns
 - Team Function
- Information collected was linked to secondary admin. data.



Methods: Intervention

- Between 6 to 12 months after data gathered each FHT was offered a feedback session.
- FHT leadership also provided with complete results from earlier study.
- FHTs extended invitation to all staff to attend in each practice



Methods: Intervention

- Sessions presented highlights including:
 - Performance on Chronic Disease Management
 - Access Indicators
 - Patient Satisfaction
 - Team Function



Methods: Data Collection

- Attendees asked to fill out a survey on individual preferences for feedback after the sessions.
- Attendees solicited to volunteer to be contacted for telephone interviews.
- Used maximum variation sampling by FHT, profession, and years working at the FHT to include as diverse a sample as possible.
- Selected volunteers contacted for two rounds of individual semi-structured telephone interviews following the sessions.



Methods: Interviews

- First round of 24 interviews conducted 4 weeks following sessions and explored participant's opinions of:
 - The performance indicator's used.
 - Experiences of the feedback session.
 - Attitudes towards changing or improving their performance.
 - Experiences of existing performance management systems.
 - Perception of their ability to change their or their



Methods: Interviews

- Second round of 10 interviews conducted between 10 -14 weeks following sessions designed to:
 - Complete member checking.
 - Asses early impact of sessions.
 - Follow-up with emerging themes from round one.



Methods: Analysis

- Immersion-crystallization framed the analysis.
- Observation notes, presenter narratives and interview summaries were reviewed by the analytic team and a coding strategy was determined.
- Data was organized and coded using NVivo and emerging themes were discussed with the team.
- Interpretations clarified through consensus and ongoing reference to the data.



Results

- Five main themes emerged from the data generated.
- Themes 1 and 2 are related to **Acceptability of Performance Feedback to a Team**
- Theme 3, 4 and 5 are related to **The Effect of Team Performance Measurement Feedback on Intention to Change Practice.**



Results: Theme 1

- **Team performance measurement and feedback to the whole team was welcomed across teams and disciplines.**
- Should be done on a regular, ongoing basis.
- Feedback to group preferable to non-interactive communication.
- Some still wanted individual feedback on their specific role

“If you don't have the numbers and you don't know where you are...you don't know where you need to devote resources.”

– Pharmacist A



Results: Theme 2

- **Existing performance indicators do not equally reflect the role of different disciplines within an interdisciplinary team.**
- Indicators selected were deemed acceptable and important for primary care by all.
- Many felt indicators focused on the work of physicians, excluding non-biomedical contributions.

“It reflected the physician’s work...I didn’t think it reflected the NPs work as much and other allied health professionals were almost left out”

- Nurse Practitioner



Results: Theme 3

- **Team performance feedback can build the culture of performance management, strengthen team function and increase perceived capacity for quality improvement.**
- Group sessions a “good start” to introducing measurement concepts to all and building it into the attitudes and norms of the culture.

“System-wide changes require that the entire team is involved from the clerk to the doctor in examining change, and testing the change”

– Pharmacist B



Results: Theme 4

- **Performance feedback must feed into the diverse existing quality improvement organization systems and loci of responsibility.**
- Feedback to “mini-teams” with narrow focus and change capacity
- Still seeking individual feedback
- Performance feedback not yet engrained in the culture.
- Individuals can initiate change more effectively than waiting for a change from the group.

“Physicians...like to see that they are in the top half of the class...just knowing that there is a top half of the class allows people to shoot for it.”

- MD



Results: Theme 5

- **Team feedback not being used and intentions for use still vague.**
- At three-month mark feedback data had been neither re-examined nor used in priority setting processes.
- Some FHT leaders attributed limited uptake to their inexperience, because feedback did not present new findings, or because it was dismissed as contradictory to existing knowledge .
- Many outside leadership structures thought data would be used by by existing PM leaders
- Several individuals inspired to think about performance.



Discussion

- Most participants accepted performance measurement as necessary and useful.
- There was a desire for both team-level team feedback and individual-level confidential feedback serving distinct goals.
- Some effect on attitudes and subjective norms:
 - Group sessions deemed valuable to develop common goals and foster a culture of team-work and shared-responsibility for quality improvement.
- Mixed effect on perceived ability to change practice
 - Establishing common goals and getting all stakeholders together
 - Unclear who would actually use and act on team level PF



Discussion

- Active input by all team members into planning of performance feedback interventions may increase effects.
- Need to develop indicators that are applicable to all members of an interdisciplinary care team in order for professionals to change perceptions and attitudes toward performance feedback.



Conclusion: Implications for Primary Health Care Policy

- The quality of primary care care is increasingly determined by the performance of multiple members who make up interdisciplinary teams.
- Performance feedback to teams can support team function, build a culture supportive of QI, and may assist in setting a common quality improvement agenda.



Implications for Primary Health Care Policy

- There is a need to engage non-physician primary care providers to understand which performance indicators and evaluation measures are most relevant to them to support quality improvement efforts.
- More research is needed to determine when and how TEAMS are able to make changes based on performance feedback, and how to support this.



Implications for Primary Health Care Policy

- Investments in change management support during transitions in leadership (from individual to team) and team composition (from uni-disciplinary to multi-disciplinary) may help build mechanisms for quality improvement specific to each teams' resources and members.

(Hutchinson, 2008)



Contact

Dr. Sharon Johnston
sjohnston@bruyere.org

