

Quality Matters Podcast Transcript

Episode 2: Audit and Feedback

Pat Rich –

From Health Quality Ontario – I'm Pat Rich.

And this is Quality Matters.

On today's episode "Audit and feedback."

It may not be the most *stimulating* term – but the exercise of having one's clinical practice independently assessed against a set of indicators. Well, it turns out it's not that humdrum after all. In fact, it's *inspired* many on the frontlines who are passionate about their work and the wellbeing of the patients they serve to provide even better care.

Which is why Health Quality Ontario started engaging primary care physicians in this thought-provoking exercise by providing them with personalized and confidential reports – And is now spreading the love. Soon, orthopedic surgeons and doctors who are part of either the Ontario Surgical Quality Improvement Network or the General Internal Medicine Quality Improvement network will be able to access their own reports, too.

Dr. David Kaplan joins us now. He's Health Quality Ontario's chief of clinical quality, and also practices comprehensive family medicine with obstetrics.

And yes, every quarter, David opens his email to find his own audit and feedback report, called *MyPractice*.

Welcome, David.

Dr. David Kaplan – Thanks, Pat. Thanks for having me.

Rich – What was it like for you the first time you opened your own *MyPractice* report?

Kaplan – Well, I think like most physicians it's a little scary. It's not very common, until recently, to get any true feedback about our performance after we exit training. Actually getting a report at the level of your practice about how you're doing on certain clinical measures and certain administrative measures and actually having it measured against your colleagues who may be in the same group as you or the same geography or the same province is something that is quite new.

Rich – For those who've never seen one, what's in a practice report?

Kaplan – The practice report has a number of indicators both around health service utilization and also around some clinical topics. So, with regard to health service utilization it tells me how often my patients are using the emergency department, how often my patients, once they get discharged from hospital, are coming back to hospital within 30 days or one year. It tells me a bit about continuity of care. How common is it for my patients to see me as opposed to a different family doctor either somewhere else in the province or in my group? And the second part, like I mentioned, is more around some clinical topics and historically we've included cancer care screening and diabetes testing and most recently we've included opioids, specifically prescribing opioids.

Rich – I understand doctors in long-term care get slightly different information about prescribing?

Kaplan – Yes, that's right. Doctors in long-term care are starting to get antibiotic prescribing information as part of their report. That's really exciting because in that practice population they are all, for the most part, over 65, we're actually able, at the level of the system, to be able to track all prescribing for that population in Ontario. We can't do that as easily, or at all for that matter, for people who are under 65 because they get their drugs paid for in a variety of different ways.

Rich – What does the evidence tell us about the effectiveness of audit and feedback?

Kaplan – We know from the literature, both from my colleague here Noah Ivers at the University of Toronto, and others that audit and feedback shows a small but significant improvement in professional behavior. And the reason even a small improvement is important is because we are talking at the level of a practice. When we give clinicians information, we're talking about giving them information not about one or 10 patients but rather somewhere between a thousand to two thousand patients that they look after. So, if you can make a small, meaningful improvement in the quality of care a fraction of those patients get, you're talking, at the level of the 14 million patients in Ontario, a lot of improvement.

Rich – David, how have you personally used the information you've received in your own report?

Kaplan – When I first, about a year ago, got my first practice report that included this new opioid prescribing data I was quite shocked. I looked at the dashboard slide and it said that 62 patients out of my 1100 patients were getting an opioid in the last six months. I thought, oh, okay, when you look at it compared to the average that's still quite low. The provincial average at the time was hovering around 7% and I was at about just under 6%. So, I thought, that's great. But when I then drilled further down in the report, which the report lets you do for all these indicators, it showed me actually about probably two-thirds of them were getting this opioid prescription from somebody else in the healthcare system: It could have been a surgeon, a dentist, another family doctor but it definitely wasn't me. That prompted me to think about how would I capture figuring out who these people are because obviously in my medical record, like most family doctors, I know about the prescribing that happens that I do, because it is documented electronically. And then I find out, if I get a consult note back, about prescribing by others. What I decided to do was actually add a screening question at my preventative health exam around opioid use in the past 12 months. And it was really interesting because about two weeks after I added that question where I asked have you used a prescription or non-prescription opioid or narcotic medication in the past year I had a patient of mine admit to me that he was buying opioid medication off the street. We were able to very rapidly get him to see one of the clinicians in the rapid access addictions and mental health clinics that have been established and is doing quite well. Something as very simple as doing some case finding is really great. We've actually expanded that and have now included that new question for the 50 other clinicians who work in my large family health team in their preventative health exam template as well.

Rich – Thanks' David. That sort of gives a bit of a sense of how audit and feedback, I think, can ideally work. What do you say to another practitioner who is already working at - or over - capacity, and feel they just don't have the time to do this?

Kaplan – I think that's a fantastic question. I know that I am very lucky to work in a team-based environment and not everybody is in the same situation, because of geography or because of how they

have decided to practice. But I think all of us do have a team around us. Taking this report and even giving it to my medical office assistant to look at— you know, they are the pulse of a practice and they have a lot of insight also as to what's is going on and I think even that small team, there's an opportunity there.

Rich – It's easy to say – who wouldn't want to do better. But how does it feel to have your performance measured against others? Especially for something as sensitive as opioid prescribing habit?

Kaplan – I think the most important part for clinicians to know is that these reports are fully confidential. The data that they get is only shared with them. Even as chief of clinical quality here at Health Quality Ontario I don't have access to anybody's personal data. I think that confidentiality to the reporting as a first step has been really helpful.

Rich – David, this has been really illuminating and I think really interesting for people to give them a sense of what's going on in these reports so thank you for taking the time to talk to us today.

Kaplan – Thank you for having me.

Rich – To read David's blog about audit and feedback, or to subscribe to all our blogs, visit us online at hqontario.ca/Blog.

And if you're interested in finding out more about the *MyPractice* reports themselves or even to sign up – whether you're a physician in primary care, long-term care, general medicine or you're an orthopedic surgeon - you can visit us online at hqontario.ca and search for practice reports.

Thanks for listening... bye for now.