



SPECIALIST SERVICES
COMMITTEE



PHYSICIAN QUALITY IMPROVEMENT OUTCOME EVALUATION

Evaluation Report
August 2021



EXECUTIVE SUMMARY

Background

The Physician Quality Improvement (PQI) initiative was created in 2015 with the goal of engaging frontline physicians in Quality Improvement (QI) by providing them with training and support to implement their QI ideas through learning action projects. The primary objectives of the PQI initiative are to build physicians' QI knowledge and skills, strengthen QI culture, and contribute to the Institute for Healthcare Improvement (IHI) Quadruple Aim). To date, about 1,600 specialist physicians, and family physicians, as well as some residents, fellows and other medical staff (about 2%) participated in PQI Level 2 and Level 3 training. About 550 learning action projects have been undertaken as part of Level 3 training.

Evaluation Purpose and Methodology

The purpose of this evaluation was to assess the outcomes achieved by the PQI initiative to date, including short-term outcomes (improved relationships and collaboration among health partners), medium-term outcomes (strengthening of QI culture, patient-centric QI, sustainability), and long-term outcomes including contribution to the IHI Quadruple Aim (improving patient and physician experience, improving health outcomes, and reducing costs to the health care system).

The methodology used for this evaluation involved a review of PQI documents, files, and data; interviews with 46 key informants (health authority steering committee and Specialist Services Committee (SSC) representatives); a survey of 27 PQI team members; and 21 interviews with physicians leading 15 selected learning action projects and their team members. The annual PQI steering committee and PQI team survey data (2018 to 2021), as well as the pre and post PQI training survey and PQI physician alumni surveys (2020) were reviewed.

Major Evaluation Findings

Improving Collaboration and Relationships

The PQI initiative has been highly effective in increasing collaboration and building positive relationships among health partners, particularly between physicians and their respective health authorities. In 2021, 93% of steering committee members surveyed agreed that the PQI initiative positively impacted physician engagement with health authorities and 81% agreed that PQI has increased physician participation in health authority-led QI.

The physician engagement with their local work setting also improved. Physicians participating in post-training surveys over the last 3 years were consistently more likely to report that they have meaningful input into changes affecting their practice, their contribution is valued, and they are satisfied with the organization in which they work. Interviewed physicians also reported increased opportunity to engage with the health authority through the steering committee, and other working groups via dyad partnership and through PQI networking opportunities. The perceived effectiveness of the PQI health authority steering committees and the collaborative relationship among health partners varies somewhat across the province. It takes time to build trust

and reduce barriers to collaboration. The level of collaboration may be impacted by some of the emerging issues and challenges relating to managing growth of the PQI initiative, allocation of funding, physician and project selection for level 3 training, alignment with health authority priorities, and decisions regarding sustainability and physicians' ongoing engagement in QI.

Most learning action projects are perceived to be well-aligned with the broader priorities of health authorities, despite the reportedly low level of awareness of the health authority priorities among at least half of physicians who completed a learning action project. Assessment of the proposed learning action projects' alignment with health authority QI priorities has been used to select physicians to participate in PQI level 3 training and learning action projects in some health authorities where demand is high. This can create additional challenges and potential differences in opinion within the steering committees.

Strengthening Culture

The PQI initiative contributes to building QI culture through physician training and application of their QI skills through learning action projects. Physicians participating in PQI training reported a significant increase in their knowledge, skills, and confidence in leading quality improvement projects and initiatives (over 50% increase in post-training self-assessment). Most (84%) of the surveyed steering committee members in 2021 reported that PQI has increased physicians' QI capabilities.

The PQI initiative has encouraged a patient-centric approach to quality improvement by engaging patient partners at decision-making tables (steering committees), and prioritizing learning action projects that involve patients. It is estimated that about half of PQI learning action projects included patient input to some degree. Not all learning action projects are suitable for patient involvement (e.g., projects aiming to improve internal health processes); however, those that aim to improve patient experience should make an effort to meaningfully involve patients and seek feedback about the changes achieved.

Quality improvement culture and feasible quality improvements achieved through learning action projects were likely to be sustained at the physicians' place of work, particularly if other health providers, health teams, and administrators were involved in the project, and if the project aligned well with organizational priorities. Although the spread of those improvements to other settings is outside of the scope of PQI, steering committee members are focusing on broadening the impact of PQI by spreading knowledge, success, and lessons learned across the province.

Impact on IHI Quadruple Aim

The PQI initiative contributed to the IHI Quadruple Aim through training, learning action projects, technical support and expertise, and physicians' engagement in QI. Those contributions are as follows:

- **Improved health outcomes.** By improving processes, procedures, and approaches to patient care, many changes and actions were taken because of PQI training or learning action projects that resulted in better health outcomes for patients, including lives saved.
- **Improved patient experience.** PQI learning action projects demonstrate that QI skills and knowledge, and the support provided by PQI teams, contribute to improved patient

experience of care either directly by changing how the care is provided or indirectly through improving patient health outcomes.

- **Improved physician experience.** PQI has increased physician engagement and satisfaction with their work by building their skills and providing them with tools to improve their work environment, improve the care of their patients, reduce burnout, and provide opportunities for meaningful engagement.
- **Reducing costs to the health care system.** The estimated cost savings of the 5 projects reviewed totaled \$1.9 million annually for the organizations where projects were implemented. An estimated \$13 million in cost savings was achieved by PQI learning action projects that have been sustained.

Major Recommendations

In the collaborative spirit of the PQI initiative, the SSC and its health partners, should work together to:

1. **Develop strategic direction regarding sustainability and spread** by clarifying roles and responsibilities for sustainability, resource allocation for ongoing engagement of physicians, and developing strategies to spread learnings from viable QI learning action projects.
2. **Manage expectations regarding ongoing engagement of physicians** by developing guidelines and communication materials regarding the potential for future engagement, type of support, and the circumstances under which PQI may provide ongoing support.
3. **Manage the PQI initiative's growth and scaling.** Consideration should be given to potentially sharing staff across health authority and SSC programs; better communication of health authority priorities and project selection criteria; developing project intake strategies; and balancing resource allocation for new physicians vs. ongoing engagement of alumni.
4. **Create guidelines with respect to patient involvement in learning action projects.** Projects that are intended to improve patient experience should be strongly encouraged to engage with patients and measure the changes achieved.
5. **Develop a performance measurement system** to demonstrate the broader impact of the PQI initiative on the health care system.
6. **Balance regional flexibility with a need for standardization/harmonization** of certain aspects of PQI by identifying issues and aspects that could benefit from a standardized process. For other emerging issues (e.g., managing demand, intake process, project selection process), develop guidelines and tools that allow for sufficient flexibility in implementation across PQI health authority steering committees.
7. **Improve data digitalization and access.** Engage with Ministry of Health and health authority representatives to communicate the importance of prioritizing data digitalization, standardization, and access for overall quality improvement in health care.