CFPC ePanel 2017 #2: Quality Improvement (QI) and Data Readiness

Sample Demographics: 1,275 Members, N = 275, Response Rate = 22%
QUESTION 1:
The CFPC is basing its QI and related evidence strategy on several premises. Which ones do you agree with?

- Although there are differences between QI and research, the two share some common ground (75%)
- Family physicians, if provided with tools and practical support, would engage in QI activities with their teams (75%)
- QI requires interprofessional collaboration (68%)
- Practices benefit from participating in networks of practices that share depersonalized data and QI experiences (67%)
- Most physicians have data available to them in their electronic records (65%)
- Other (11%)
QUESTION 2:
How could the CFPC (in collaboration with partners) best help you undertake QI activities?

- Provide Mainpro+® certified workshops (half to full day): 72%
- Provide QI tool kits for specific topics (e.g., wait times, screening): 69%
- Create a website with key QI resources tailored to family physicians: 56%
- Provide a manual and guide with practical information: 50%
- Offer practice facilitators that provide practical support: 50%
- Create an online repository of QI examples and successes: 49%
- Promote the importance of QI in everyday practice: 49%
- Provide a general QI tool kit: 47%
- Provide short QI instructional videos (five to 15 minutes long): 47%
- Collaborate with provincial and territorial health ministries: 45%
- Provide an online repository of QI successes: 17%
- Other: 17%
QUESTION 3:
How could the CFPC best support you in using data available in your electronic records?

- 64% Create tool kits to help practices use available data
- 64% Provide a Mainpro+ certified workshop (half to full day) in using practice-level data
- 59% Offer practice facilitators that support practices in identifying strengths and gaps in their data and help practices “clean up” their data
- 50% Promote using practice-level data that are available to clinicians
- 49% Provide a manual or guide with practical information on using data from my electronic records
- 10% Other
QUESTION 4:
To what degree are you aware of and participating in the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) and Practice-Based Research Networks (PBRNs) or other similar networks (e.g., the Pragmatic Trials Collaborative in Alberta and British Columbia, Réseau-1 Quebéc)?

- Never heard of it: 47%
- Heard of it, but don’t know details: 30%
- Participate in it: 14%
- Know quite a lot about it: 10%

- Never heard of it: 59%
- Heard of it, but don’t know details: 28%
- Know quite a lot about it: 8%
- Participate in it: 6%
QUESTION 5: Which of the following research-related activities would you participate in?

- 71%: Use the data available in my electronic records to guide QI in practice(s)
- 49%: Contribute depersonalized data from my electronic records to larger research networks (e.g., CPCSSN and PBRNs)
- 42%: Participate in studies that use large data from electronic records
- 38%: Develop practice-relevant clinical practice guidelines
- 31%: Conduct critical appraisal of literature and clinical guidelines
- 31%: Recruit patients for studies that are led by researchers
- 12%: Lead research teams and studies
- 9%: None of the above
- 7%: Other
QUESTION 6:
As a result of increasing recognition that patients can provide more input to identify areas for practice improvement, the CFPC is exploring offering an automated patient feedback service to our members. A software platform, via an automated phone call or email, would ask patients for feedback following a visit to or by the practice about their experience. Our goal is to leverage the CFPC membership base to obtain a favourable rate from a potential vendor. Would you use such a program or service?

- I would definitely use such a service: 15%
- I would first wait for others to explore it before deciding: 19%
- I might use such a service: 46%
- I would not use it: 21%
QUESTION 7:
Which of the following names would you choose for a CFPC program that promotes QI and the use of data?

- Evidence and Quality In Practice Program (EQUIP) [50%]
- Practice Improvement Program (PIP) [39%]
- QI and Data Active Practices Program [3%]
QUESTION 8: Any further comments or questions?

Out of 275 respondents, 115 submitted comments (42%). Open-ended questions were categorized using standard qualitative data analysis methodology.

- **More staff support and training are required, but I don’t have time**: 18%
- **QI is important and I am happy the CFPC is getting involved in it**: 15%
- **Patient feedback is helpful for QI**: 13%
- **CFPC advocacy with government is required**: 13%
- **More funding is required**: 10%
- **Some provinces are engaged in QI and duplication may occur**: 8%