What is our main goal?
The goal of the Measurement Capacity Initiative (MCI) is to advance the collaborative
development of common quality and outcome measures in the area of primary care in Alberta.

A guiding MCI principle is that measurement planning and implementation add value to
clinical practice. Planning and implementation must balance the importance of measurement to
enhance performance, evaluation and quality improvement with the burden that it can have on
individuals, providers and organizations.

What is our Learning Objective?
Our objective is to establish a process that co-creates knowledge and planning to implement a
minimum set of evidence-based primary care measures. These measures must be aligned with
key aspects of primary care service deliver and indicators of high performing systems.
Specifically, to provide high quality, team-based service and care that is individual and family
focused, accessible, and prevents disease and promotes wellness.

Why does measurement matter?
Improving health care quality depends on the ability to measure it. A quality orientated system
requires that the quality of health care is measured systematically and that health care providers
have access to information about the outcomes of the care they provide and the systems within
which they work.

What measures are being considered?
Access
A key objective is to manage timely access to primary care; two recommended
measures of access considered here are as follows:
1) Third next available appointment
The most basic measure of delay is the number of calendar days to the third next
available appointment (TNAA). The TNAA is used — rather than the first or second —
because it is a better reflection of system availability, since the first or second next
available appointment may be available due to a cancellation or some other event (i.e.
uncontrollable variability). It is important that this measure be an indicator of when an
appointment is available by easy, barrier-free means, not by begging the provider or
nurse for an earlier appointment. It is simply the third next available appointment offered
by the scheduling system as the scheduling system is set up today.

2) Average number of extended hours
In the 10-Year Plan to Strengthen Health Care, the First Ministers recommended that
50% of the Canadian population have access to 24/7 primary health care services by
multidisciplinary teams by the year 2011. A higher average number of extended hours

1 Kern, L.M. & Kaushal R. (2010). Interoperable EHR and Quality of care. AHRQ, June 14
2 AIM Access Measure and CIHI Pan-Canadian Access Indicator #32
3 CIHI Pan-Canadian Indicator #31
per organization can be interpreted as a positive result. This indicator measures the frequency of afterhours coverage (beyond 9 am to 5 pm, Monday to Friday) provided by PCNs.

**Patient Reported Outcomes**

Integrated care is a hallmark of high-performing health systems\(^5\). Successfully integrating health systems with primary care will require measuring and evaluating impact from the patient’s perspective. Patient reported outcome measures (PROMs) collect a patient’s perception of a health condition and treatment outcomes. We need PROMs and other patient experience measures to understand integration and redesign efforts that result in quality improvement. The Institute for Healthcare Improvement (IHI) is highly recognized for its “Triple Aim Measures.” These measures focus on population health, patient experience, and per capita costs to examine questions of value in primary care. Any attempt to measure and evaluate primary health care should include a triple aim approach and measures. The Institute for Healthcare Improvement is highly recognized for their measures which include population health, patient outcome and experience and cost (addressed in MCI Module 1).\(^6\)

Recommended PROMs to consider are: 1) quality of life\(^7\); 2) patient reported experiences with safe, effective, timely, efficient, equitable, and patient-centered service\(^6\); 3) patient reported experiences with care planning\(^8\); and 4) patient satisfaction\(^9\). Primary care patient satisfaction is closely linked to perception of responsiveness and is positively associated with continuity of care and effective patient management. Satisfaction is also related to increased compliance and follow-up visits.

**Health Care Team Effectiveness (HTE)**

Interdisciplinary teams (IDT) need to be created to meet local and population health needs and the individual seeking services and care must be an integral member and at the ‘center’ of the team. IDT members must recognize that they each have diverse experiences and provide a depth and breadth of services and knowledge that collectively enhance outcomes. At the organizational level, there must be commitment to a vision that enables a shift to an inclusive team-based culture. Key domains of competency (i.e. knowledge, skill, attitude and behavior) for effective collaborative practice\(^10\) are: interprofessional communication, patient/family centered care, role clarification, team functioning, collaborative leadership, and conflict resolution.

A HTE measure proposed for the MCI was developed in the primary care setting in Nova Scotia and examines these key aspects\(^11\).

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\(^5\) McMurchy, 2009. What are the critical attributes and benefits of a high-quality primary healthcare system?  
\(^6\) http://www.ihi.org/offerings/Initiatives/TripleAim/Pages/MeasuresResults.aspx  
\(^7\) See Piatt, 2006; Asch, 2005; Tsa, 2005; Sperl-Hillen, 2000; Wagner, 2001; Camp, 2004 in http://www.chsrf.ca/Libraries/Primary_Healthcare/11498_PHC_McMurchy_ENG_FINAL.sflb.ashx  