

016: PRACTICE QUALITY IMPROVEMENT AS THE GOAL OF ROUTINE PERFORMANCE REVIEW BY A MEDICAL LICENSING AUTHORITY: THE ALBERTA PAR PROGRAM

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Objectives:

To implement a structured process of multi-source feedback for promotion of quality improvement in the practices of all medical practitioners who are under the jurisdiction of the medical licensing authority in the Canadian province of Alberta, and to identify practitioners who may benefit from additional support to address issues of practice quality or professional performance.

Methods:

The College of Physicians and Surgeons of Alberta (CPSA) is the statutory licensing authority for a Canadian province with a population of approximately 3 million persons and 4900 medical practitioners. The CPSA wishes to guide doctors towards a culture of routine practice quality improvement. This active educational approach has been taken in preference to practice appraisal simply for purposes of revalidation. The program is being developed within constraints of (i) professional acceptability, (ii) cost, and (iii) separation from the disciplinary and complaints functions of the authority. This paper reports the first 3 years of operation of the Physician Achievement Review (PAR), including performance indicator findings in the practices of "flagged" doctors. All medical practitioners are currently required to participate in PAR every 5 years.

Questionnaire instruments have been developed and validated. These are to be completed by 25 patients, 8 medical peers or colleagues, 8 non-medical co-workers, and the individual doctor. The multi-source feedback is collated and processed by an arm's length agency so that the ratings in feedback reports to each doctor are not available to the licensing authority or any health care authority. For purposes of internal analysis the multiple domains of assessment are condensed to major categories of (i) patient interaction and information, (ii) communications with colleagues and co-workers, (iii) clinical competence, and (iv) professional self-management. Anonymised PAR survey ratings are reviewed by a medical committee appointed by the CPSA. Norm and peer referenced flagging criteria have been developed to identify doctors with anomalous ratings who are contacted in confidence for discussions, and may then be encouraged to accept a structured practice visit by a specially trained peer.

Results:

Technical evaluation of the questionnaire instruments showed high internal reliability¹ During pilot development with 308 physicians in various roles, 66% had considered or implemented practice change as a result of the multi-source feedback². In the initial three years of implementation 2066 generalists and 508 surgical specialists were required to participate in PAR, of whom 5% were "flagged". 90 doctors identified in this manner subsequently participated in a practice visit, including 5 who were identified because of superior ratings. Observed concomitants of poorly rated performance include practice isolation, unsatisfactory medical record keeping, and limited use of practice guidelines. External appraisal of PAR was done after 30 months of operation, and when more than 40,000 patients had provided indirect feedback on their doctors' performance. This opportunity for public input has been valued by patients and government. At that stage, 75% of medical practitioners agreed that the medical licensing authority should facilitate practice quality improvement, but concern about the PAR process remained even though there had not been any referrals to the disciplinary functions of the CPSA. 38% of practitioners had made or were making changes to their practice as a result of PAR survey feedback.

Conclusion:

The Alberta PAR program has demonstrated the feasibility of multi-source feedback as a routine procedure for a medical licensing authority to promote quality improvement in practice performance. In demonstrating possible gaps between what a doctor does and the perceptions of others in the practice environment, it serves as a risk management procedure for doctors. PAR also has the potential to identify determinants of good medical practice and system issues that influence practice quality.

References:

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2. Fidler H, Lockyer JM, Toews J, Violato C. Changing physicians' practices: the effect of individual feedback. *Acad Med.* 1999;74:702-14