



Manitoba Physician Quality Improvement Program Information for Participants

Background

The College of Physicians and Surgeons of Manitoba (CPSM) is charged by legislation to supervise the practice of its members. From 2010 until the present, the College has used the Manitoba Physician Achievement Review (MPAR) Program. MPAR consists of multi-source feedback surveys collected from physician colleagues, non-physician coworkers, and patients, and a report is provided to participants. Physicians have participated in this process on a seven-year cycle.

It has been recognized that, although MPAR has provided direct feedback to physicians, a different approach to the review of physicians' practices is desirable. The new program has a focus on reflection on practice, and practice improvement that each physician can tailor to their individual practice needs. It will include chart review and/or practice visits. It will include multi-source feedback, but in a reduced role. This falls into line with other jurisdictions in Canada, which carry out a more in-depth look, generally on a cyclical basis. There is variety in how these programs are carried out, but most involve a combination of random and targeted selection processes, followed by a combination of off-site or on-site chart/practice review.

The CPSM recognizes that its primary mandate is to ensure provision of safe care to Manitobans. It also recognizes that the vast majority of care provided is safe and acceptable. The College wishes to encourage quality improvement activities, and continuing practice improvement for its members. It wishes to work in concert with other bodies to avoid duplication of effort by its members and will seek to work cooperatively with regions and credentialing and certifying bodies, such as the College of Family Physicians of Canada (CFPC), and the Royal College of Physicians and Surgeons of Canada (RCPSC).

This new process has been tailored for Manitoba, selecting a variety of tools in order to provide an efficient and effective process that is meaningful for members.

Process

Members will be selected at random to participate based on a seven-year cycle. Some members may also be selected to participate based on specific criteria, such as age over 75 years. All selected members will be sent a short questionnaire to determine eligibility for participation in the program.

Once it has been determined that a member is eligible for participation, they will be sent a longer questionnaire which will provide more detailed information about the nature of their work, including practice locations and the type of work that they do on a day-to-day basis.

The questionnaires will be reviewed by CPSM. Participants will be selected into review categories by two different methods. There will be a percentage that will be randomly selected into each review category. As well, the questionnaire information will be analyzed to look at factors that may be supportive for quality of care, and factors that may increase the risk for poor quality of care. Supportive factors include participation in quality improvement initiatives, involvement in teaching activities, and participation in high-quality CPD. Factors that pose risks to safe practice have been identified in the literature, and include age, gender, solo practice, practice outside the area of training, lack of quality CPD, and lack of affiliation with institutions (e.g., hospital or nursing home). These factors may affect the type of review selected for a participant.

It is anticipated that all physicians will receive a prescriber profile that provides them with information about their prescribing patterns related to opioids and benzodiazepines, compared to colleagues. This information will be generated by Manitoba Health, and provided under the auspices of the Manitoba Monitored Drug Review Committee, of which CPSM is a stakeholder. The prescriber profile will form part of the information reviewed for program participants.

Category 1 - Most participants will receive a category 1 review. Their practice information and prescriber profile will be reviewed. They will be asked to provide an action plan for practice improvement. They will then be provided with written feedback about the action plan, and with practice support resources pertinent to their practice.

Category 2 – Some participants will receive a category 2 review. Their practice information and prescriber profile will be reviewed as above. They will be randomly assigned to have an off-site chart review, or to undergo multisource feedback (MSF).

For those undergoing chart review, they will receive a list of the type of charts required. The review will be done by a trained auditor at the CPSM offices. The reviewer will prepare a report of the review, which will be provided to the physician.

For those undergoing MSF, they will participate in the MCC 360, a process similar to the previous MPAR program, soliciting survey feedback from patients, physician colleagues, and non-physician coworkers. The participant and the CPSM will receive a copy of the report.

All participants will be asked to submit an action plan for practice improvement. They will then have a face-to-face or telephone meeting with a College advisor to discuss the participant's practice, review the results of their review, and review the action plan. They will be provided with practice support resources pertinent to their practice.

Category 3 - Some participants will receive a category 3 review. Their practice information and prescriber profile will be reviewed as above. They will undergo the MCC 360 process as above.

Once this information is available, they will have an on-site visit by (one or two) reviewers. The reviewers will check the office. They will then conduct a chart review. Once the chart review is completed, they will have a chart stimulated recall discussion with the participant to review any questions that may arise from the chart review. This will be a collegial discussion about the physician's particular practice and approaches. Feedback will be provided by the reviewer(s) at the time of the visit. The on-site visit should be completed in a half day. The participant will then submit an action plan for practice improvement. The reviewer(s) will prepare a report on all components of the review. This will be provided to the participant, along with practice support resources pertinent to their practice.

All participants will be contacted by CPSM one year after completion of their process to enquire about the outcomes of their action plan. What were their successes, and what barriers did they encounter? This will further support reflection on their practice.

What's in it for me?

The CPSM wants to encourage members to participate in continual quality improvement. This review process will promote examination and reflection by members on their own practice and work, and identify areas for improvement, whether this be in knowledge or day-to-day functions around things like communication and team work.

This process allows individual physicians to identify their unique opportunities to provide better care to their patient populations. Often, the business of daily work does not allow time for this type of reflection. The CPSM wishes to support this effort, and to help link members with resources that they will find valuable.