

Frequently Asked Questions about the Measurement System for Physician Quality Improvement

Q: What is the Measurement System for Physician Quality Improvement?

The Measurement System for Physician Quality Improvement (MSPQI) is a collaborative province-wide measurement system under development by Doctors of BC and government and health authorities in British Columbia. Using the highest standards of privacy and security, the purpose is to provide physicians, health system administrators and policy makers with the quality measures data they need to work towards their mutual goals of ongoing quality improvement, better experiences for patients and health care providers, and a cost-effective health system. The measurement system will not be used to override appropriate clinical decisions or to manage the performance of individual physicians.

Q: What are the main objectives of the measurement system?

1. To provide individual physicians with easily accessible data about the health and care of their own patients, so they can assess and improve the quality of their care.
2. To provide physicians, health system administrators and policy makers with easily accessible, aggregated and non-identifiable data – meaning data about groups of patients, which doesn't include the identity of individual patients or physicians – to enable assessment of overall health system performance and the value of physician services.

This objective includes the ability to generate data by facility, population group or province-wide to serve different quality improvement needs.

Q: Who is involved in developing the measurement system, and how is it being funded?

The Government of BC, Doctors of BC and the province's health authorities have partnered to work collaboratively with other health system stakeholders. Every aspect of the development of the measurement system includes representation from the Ministry of Health, health authorities and physicians. The project is funded overall by the Ministry of Health, with Doctors of BC funding physician involvement. Patient Partners, recruited through the [Patients Voices Network](#), participate as full members of the Steering Committee and working groups.

At the government's request, the BC Patient Safety & Quality Council is project **Secretariat**, providing a team to support the other groups with project administration, communications, research and analysis.

Q: Why is the measurement system being developed now?

The development of the Measurement System for Physician Quality Improvement is in part a response to recommendations from a 2014 Auditor General of BC report that concluded government needs to make changes to be able to demonstrate that physician services are achieving value for money.

In 2017, the government, Doctors of BC and BC health authorities jointly developed and agreed upon the *Framework for Developing the Measurement System for Physician Quality Improvement*, providing the foundation for moving forward.

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Q: Will the identity of patients be shared beyond their own physicians?

No, the identity of patients will be absent from quality measures reports shared with physicians and health administrators.

Q: Will aggregated and anonymized reports about the quality of physician care be made available to the public?

No, Doctors of BC and government have agreed that aggregate and anonymized reports prepared by the Measurement System for Physician Quality Improvement will be used for assessment and planning purposes, and not as a public reporting tool about system level quality of physician care.

Q: Will physicians be evaluated based on data created by the Measurement System for Physician Quality Improvement?

No, physicians will use the quality improvement data for self-reflection and to guide their own practice. For example, they will be able to see their own data and compare it to aggregated anonymized data, meaning data about groups of patients that doesn't include the identity of individuals patients or physicians, so that they can compare their results to those of a larger population and learn from other physicians. Health care administrators will use the aggregated and reports to inform the assessment of system level quality and for planning purposes

Q: When is the Measurement System for Physician Quality Improvement expected to be ready to use?

These kinds of multi-stakeholder, complex projects take many months to research, plan, design and put into use. This project is divided into three phases. During **Phase 1** an initial set of measures for primary care and surgical and procedural care were identified and a framework and roadmap to build the technical solution was developed. **Phase 2** is well underway with the expansion of measure selection to other areas of medical practice and assembling and testing the technical and administrative requirements. The system will launch in **Phase 3** and will include the establishment of a permanent structure for its ongoing development and management. The timing of Phase 3 will depend on project progress.

Have other questions? Please contact:

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