Supporting family physicians to use data for learning and improvement

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Our study aimed to understand how we can support family physicians to use practice data to advance their learning, improve their practice, and engage in systems redesign.

The study was conducted with ~78 staff physicians at the [St. Michael's Hospital Academic Family Health Team's](#) six clinic sites. We provided physicians with comprehensive personalized reports on their practice, with data from as early as 2017. This information was provided via an interactive data platform that includes patient-level data where possible. This platform incorporates data from:

- Our electronic medical record (e.g. chronic disease cohorts, smoking cessation)
- Our patient experience survey (e.g. % reporting same/next day access when sick)
- Health Quality Ontario's MyPractice Report (e.g. continuity, opioid prescribing)
- Cancer Care Ontario's Screening Activity Report (e.g. cancer screening rates)
- Manual audit (e.g. Third Next Available Appointment)

We designed and tested different ways of supporting physicians to use the data for learning and improvement. Every six months during the study period, physicians received their data along with an opportunity to take part in a linked educational activity. Each successive offering provided physicians the opportunity to engage in a more complex social interaction, hear feedback from different people, and engage more with team members. In the first cycle (June 2018), physicians had the opportunity to engage in **structured self-reflection**. In the second cycle (January 2019), physicians had the additional option of meeting with a **peer coach**. Coaches were physicians in the practice nominated by their peers and trained by the study team in an evidence-based facilitated feedback model developed by Joan Sargeant and colleagues. In the third cycle (Sep 2019), physicians had the option to join a **facilitated group discussion**, building on experience from the Alberta Physician Learning Program. This learning program was CME accredited, with participation in any learning activity worth 4 Mainpro+ credits.

Following each cycle, we conducted semi-structured interviews with physicians to understand the impact on attitudes, learning, and practice change. Feedback from physicians was incorporated into subsequent program offerings. We also conducted an end-of-study survey that received 19 responses. We are now working to translate findings to better support family physicians in using their personal practice data for professional development and quality improvement at provincial and national levels.