

# Exploring the process of adopting and using the CFPC self-assessment tool by the «U-FMG »

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## Introduction

- For twenty years, several government initiatives have succeeded to improve the quality of primary care.
- Creation of **Family Medical Center models** at the provincial (FMG in Quebec) and federal (FMC) level to respond to the values of equity, justice and access to care for all.
- Pillars of CFMC (2019)**

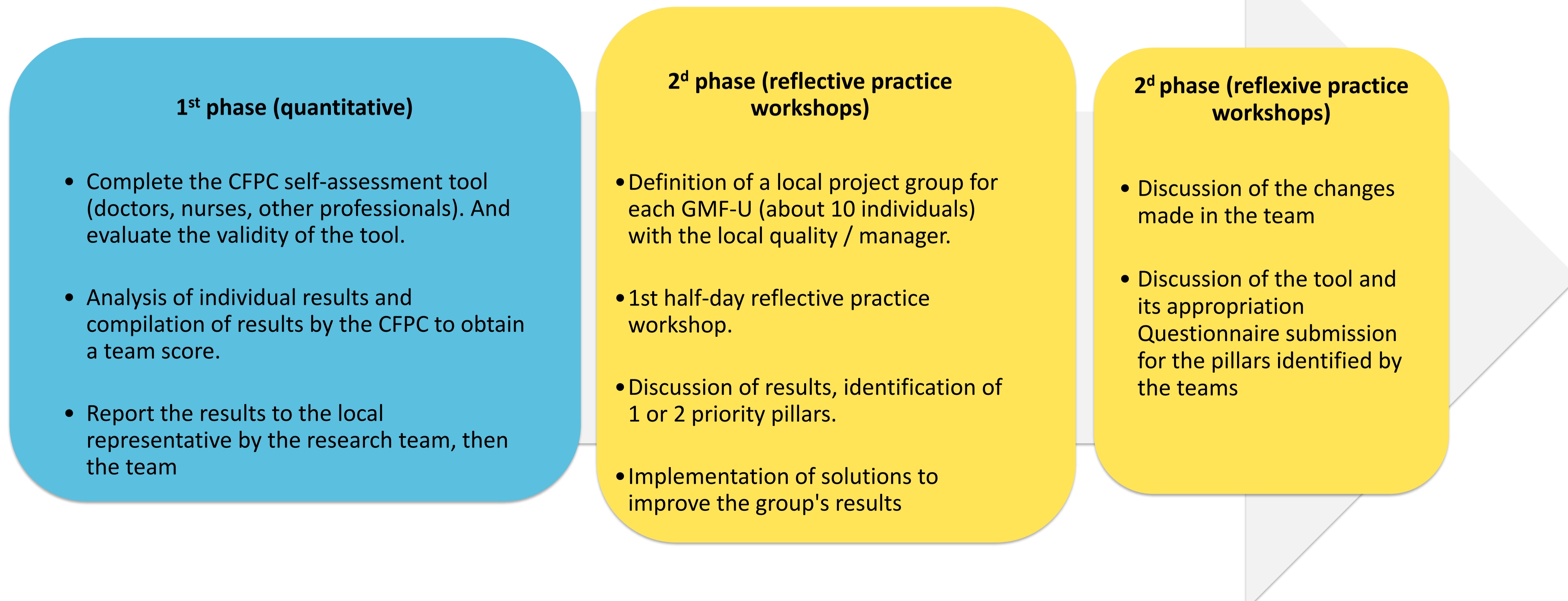


## Objectives

- Evaluate the **validity** of the self-assessment tool.
- Evaluate its **applicability** in the U-FMG of Quebec.
- Evaluate its **usefulness** (to improve the practice of professionals and help communities align their practice with the goals set out in the CMF model of the College of Family Physicians of Canada).

## Methodology

- Descriptive, exploratory, mixed methodology.
- 2 phases, duration: 18 months.
- 4 U-FMG (RRAPPL UL, RRAPPL Montreal, RRAPPL McGill, RRAPPL Sherbrooke).



## Results of the first phase (quantitative)

### 1- Is the content of the tool adequate?

- The relevance and clarity of the statements were assessed using a visual scale of 0 to 5.
- The analysis of the data shows that, **overall, participants found the questions relevant and clear for all pillars.**
- In terms of relevance, **only 3 questions had an average score < 4.** The lack of relevance of some questions relates to aspects of practice that are not consistent with the practice context in Quebec, such as patient access to their medical records and access to services 24 hours a day, 365 days a year.
- In terms of clarity, **5 questions had an average score of < 4.** The lack of clarity is often related to the use within the question itself of a concept that remains abstract to respondents. For example, « tenir compte des réalités des collectivités desservies », « des normes appropriés pour consigner les soins » ou « l'affection souple des membres de l'équipe ». This lack of clarity may be related to the French translation of the questionnaire.

### 2- Did MD evaluated themselves in the same way as other professionals?

- There is no difference statistically between MD and others professionals.
- They evaluated almost all pillars similarly. Neither group had a consistent tendency to assign scores that were generally higher or lower.

	MD (n=30)	OTHER (n=26)
PILLAR 1	3,3	3,5
PILLAR 2	3,99	4,09
PILLAR 3	3,32	3,45
PILLAR 4	3,74	3,7
PILLAR 5	4,06	4,0
PILLAR 6	4,04	3,98
PILLAR 7	3,73	3,42
PILLAR 8	2,18	2,0
PILLAR 9	3,60	3,34

Table 1: Average score for each pillar according to professionals

### 3- Is the tool discriminating?

- There is no difference statistically between the four FMGs, except for pillar 6, "electronic medical record". Pillar 8, "Quality Assessment and Improvement", is the weakest in all FMGs.
- Mean score obtained for each pillar for each of the four sites
- It is interesting to note that the self-assessment tool makes it possible to identify variations between the strengths and weaknesses of the different FMGs assessed. It is therefore possible through the analysis of the scores obtained to identify which are the pillars that should be targeted by a continuous quality improvement process. When a detailed report is presented to the team (scores obtained for each questions of the questionnaire), it is possible for them to identify elements they wish to improve for each of the pillars.

	FMG 1	FMG 2	FMG 3	FMG 4
PILLAR 1	3,3	3,3	3,8	3,0
PILLAR 2	4,2	3,7	4,3	3,8
PILLAR 3	3,9	2,7	3,5	3,3
PILLAR 4	3,8	3,3	4,2	3,5
PILLAR 5	4,3	3,4	4,4	3,8
PILLAR 6	4,5	3,9	4,7	2,6
PILLAR 7	4,0	3,4	3,9	3,3
PILLAR 8	2,5	2,0	2,8	1,8
PILLAR 9	3,8	3,3	3,6	3,1

GREEN: achieves most of the objectives YELLOW: achieves some of the objectives RED: requires improvement

Table 2: Average score for each pillar according to FMGs

## Conclusion

- The self-assessment tool **can be used by GMF-U teams as part of a continuous quality improvement activity.**
- The self-assessment tool is sufficiently **clear and relevant** to be used in practice in a FMG-U.
- The self-evaluation tool makes it possible **to identify the pillars that must be targeted by a continuous quality improvement process to align with the objectives of the College of Family Physicians of Canada.**
- The first phase of this project is the first step in a change process to be adopted and implemented as a team to improve front-line practices in a GMF-U.