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Title

Developing an Audit and Feedback dashboard for family physicians: a user-centered design process

Priority 1 (Research Category)

Practice management and organization

Presenters

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Abstract

Context: Audit and Feedback (A&F), the summary and provision of clinical performance, is a popular quality improvement strategy. We are developing a web-based dashboard that uses data from the electronic medical record to help physicians identify gaps in care and act. However, A&F tools can only be effective if the targeted health professionals actively review their data and take action. In order to maximise the impact of A&F, the design should consider the needs and goals of clinicians.

Objective: To describe the development of a user-centered design process to optimize the effect of an A&F dashboard for family physicians.

Study Design and Analysis: Our design process includes (1) Prototype development based on A&F theory and input from clinical improvement leaders; (2) a co-creation workshop with family physician quality improvement leaders to develop personas (i.e., fictional characters that represent an archetype character); (3) user-centered interviews with family physicians to learn about the physician's who will be using the dashboard and their context, and their reactions to the dashboard.

Setting or Dataset: A workshop for the creation of personas and user-centered qualitative interviews with family physicians.

Population Studied: Family physicians who contribute data to the University of Toronto Practice-Based Research Network

Intervention/Instrument: Audit and Feedback dashboard

Outcome Measures: N/A

Results: Our persona workshop produced four personas that enabled the team to identify physician's needs and wishes and facilitated empathy during the design process: Dr. Skeptic, Frazzled Physician, The Eager Implementer, and Sidney Big Wig. Our interviews found that: (1) physicians are interested in how they compare with their peers; however, if their performance was above average, they were not motivated to improve even if gaps in care remained; (2) Burnout levels are high, physicians are trying to catch up on missed care during the pandemic, and were not highly motivated to act on the dashboard data; (3) Features that were important to physicians were integration within the EMR, and up-to-date and accurate data.

Conclusions: A successful design of an A&F performance dashboard should consider the serious lack of time and capacity among family physicians to engage in quality improvement work. If designed properly, the QI dashboard can be a great assistance in helping family physicians provide more proactive and targeted care.