

# Physician Practice Improvement Program (PIIP) Fact Sheet

## What's required?

To meet PPIP's requirements, physicians must complete the following three activities at least once over a five-year cycle:

- A practice-driven quality improvement opportunity **using objective data**
- A quality improvement activity **using CPSA's Standards of Practice** as a benchmark
- A **personal development** activity with mandatory facilitation\*

## How the HQCA can help?

The Health Quality Council of Alberta provides reliable and objective data to support quality improvement in primary care.

### Primary Healthcare Panel Reports

These reports provide family physicians with information on their patients' continuity, as well as valuable data on screening and vaccination rates, chronic conditions, pharmaceutical use, and emergency and hospital visits.

### **Patient Safety Culture Survey**

This survey can raise awareness about patient safety in a physician's clinic, evaluate culture, and identify strengths and opportunities for improvement.

### Primary Care Patient Experience Survey

By leveraging a **standardized**, validated tool that is used provincially, family physicians have the opportunity to see their confidential **patient experience information**, compare their data to other physicians within Alberta, and identify QI opportunities.



## What is it?

PPIP is a quality improvement and personal development program of the College of Physicians & Surgeons of Alberta.



\*Facilitation for personal development activities must be completed with a colleague, formal practice facilitator or other individual as appropriate.

# Example QI Action Plan template

## (Personal Development Quality Improvement)

1

### What is the opportunity or gap?

77% of patients said the way the physician listened during their visit was excellent or very good compared to 92% of patients in peer group; according to results from HQCA Primary Care Patient Experience Survey.

2

### What is the SMART goal?

85% of patients rate the way they were listened to as excellent or very good six months from now.



3

### Who will lead the change?

Physician, practice facilitator, or other people involved in QI at the clinic.



4

### Who will help implement the change and how will they need help?

Practice facilitator to update EMR notes to include a prompt: "What questions do you have for me (the doctor) today?" Medical Office Assistant (MOA) and physician to ask this question every standard visit. Clinic manager to make available new material in clinic: "[Questions to Ask Your Healthcare Team](#)" from HQCA's public information campaign.

5

### How will you identify the root causes of the issue?

At the start of this project, the practice facilitator will ask 10 patients after their visit what would make the patients feel more listened to in their visit. Barriers to listening include feeling rushed and focusing on what clinical tasks need to be done during the visit.



6

### Considering root causes, what is a potential intervention which may be tested to improve the challenge you are facing?

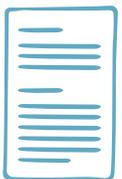
Ask each patient during their visit, "What questions do you have for me today?" Also, make the tip sheet "[Questions to Ask your Healthcare Team](#)" available in office waiting room and patient rooms.



7

### What resources are needed?

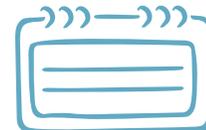
Practice Facilitator to add a standardized section in EMR that prompts the question: "What questions do you have for me today?" and order/print copies of the HQCA's tip sheet "[Questions to Ask Your Healthcare Team](#)."



8

### What is the timeline?

6 months until first evaluation.



9

### What barriers may compromise success?

Too busy to ask the question during each visit or to respond appropriately so patients feel they were heard.

10

## What strategies will you employ to mitigate the barriers identified?

Will ask MOA who sees the patient before physician to also ask this question during their assessment. Will also review outstanding actions from patient visits during regular huddles or team meetings.

11

## How will achieving the goal be identified or measured?

Six months after intervention, will ask a random sample of patients to respond to the communication questions using a paper survey in clinic. Eighteen months from now, will participate again the HQCA Primary Care Patient Experience Survey.



12

## What strategies will you employ to evaluate and sustain the change?

Will participate in the HQCA survey every 18 months to ensure changes are sustained.



## Additional resources

- [Physician Practice Improvement \(cpsa.ca\)](https://cpsa.ca) – CPSA
- [Request your HQCA Primary Healthcare Panel Report \(request.hqca.ca\)](https://request.hqca.ca)
- [Request an HQCA Primary Care Patient Experience Survey \(info@hqca.ca\)](mailto:info@hqca.ca)
- [Request an HQCA Patient Safety Culture Survey \(info@hqca.ca\)](mailto:info@hqca.ca)



The HQCA has excellent resources for physicians to consider for their PPIP requirements. Whether it's their panel reports or the surveys they conduct, there's a wealth of data at your fingertips that can be applied to a quality improvement or personal development activity. As physicians, we want to focus on the QI. Let the HQCA worry about collecting the data."

— **Dr. Danielle Michaels,**  
Senior Medical Advisor, College of Physicians & Surgeons of Alberta

