association of family
health teams of ontario

D2D 3.0 Indicators: Data Dictionary – <mark>Version 4</mark>
(Updated Nov. 20, 2015)

The data dictionary below describes indicators for D2D 3.0 and includes some changes from the initial set of indicators reported in D2D 1.0 and D2D 2.0. To ensure that you access the most updated version of the data dictionary, clear your computer cache before opening the PDF.

<mark>Please ensure that you are working with **Version 4** of the data dictionary</mark>.

The definitions and references for the D3D 3.0 indicators are based on the HQO Primary Care Performance Measurement Framework (PCPMF) wherever possible.

Indicator data come from YOU – Here's where you get it

1. Teams via direct-report
2. Patient Experience Surveys
3. EMRs
4. Quality Improvement Plans (QIPs)
5. Ministry of Health and Long-Term Care (MOHLTC)
6. HQO – Primary Care Practice Reports (ICES)
7. Cancer Care Ontario Screening Activity Reports (CCO SAR)

Please feel free to submit data for any of the indicators, even if you can't get at data for all of them.

- The D2D 3.0 Step-by-Step Guide will help you understand the process for accessing and submitting data
- The D2D 3.0 Data Input Toolkit will help you calculate the 'EMR data quality' and 'Exploratory' indicators and assist you in compiling a summary of your data before submission
- The *D2D 3.0 Diabetes Care Toolkit (to follow)* will help you calculate this composite indicator using data from standardized EMR queries

If you need help with data extraction or submission, please contact your local QIDS Specialist or the provincial QIDS program staff via carol.mulder@afhto.ca

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*Note: The 14 indicators <mark>highlighted in yellow</mark> represent those that emerged from the analysis of D2D 2.0 data as being the most important in the calculation of the Quality roll-up indicator. Please help us continue to refine this measure of <u>Quality</u> by contributing data for as many of these indicators as possible in addition to the CORE D2D 3.0 indicators.

Team Characteristics

Setting

DESCRIPTION	**Indicator definition**	The nature of the community in which the health team is located	
	Reference	AFHTO	
	Data elements	**Pick List:** rural or urban	
	Rationale	To be used for peer group comparisons	
METHODS	**Unit of analysis**	Team	
	Data Source	Teams via direct-report	
LIMITATIONS /CAVEATS			
ADMIN	*Drafted on*	Nov. 17, 2015	
	Drafted by	AFHTO Staff	
	Updated on		
	Updated by		
	Update history		

Teaching Status		
DESCRIPTION	**Indicator definition**	Participation in teaching
	Reference	AFHTO
	Data elements	**Pick List:** • **Academic:** participation in a formal agreement with and designation by a medical school • **Teaching:** the team hosts a variety of clinical trainees • **Non-teaching**: the teams who may host non-clinical, undergraduate and/or high-school students
	Rationale	To be used for peer group comparisons
METHODS	**Unit of analysis**	Team
	Data Source	Teams via direct-report
LIMITATIONS /CAVEATS		
ADMIN	*Drafted on*	Nov. 17, 2015
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	Update history	

Access to Hospital Discharge Data			
DESCRIPTION	**Indicator definition**	Complete implementation of a service to update EMR automatically with hospital discharge information	
	Reference	AFHTO	
	Data elements	**Pick List:** • Hospital Report Manager (HRM) • Physician Office Integration (POI) • Timely Discharge Information System (TDIS) • Southwest Physician Office Interface to Regional EMR (SPIRE) • None • Unknown (unkn.)	
	Rationale	To be used for peer group comparisons	
METHODS	**Unit of analysis**	Team	
	Data source	Team via direct-report	
LIMITATIONS /CAVEATS			
ADMIN	*Drafted on*	Nov. 17, 2015	
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Core D2D 3.0 Indicators

Cost

<table>
<tr><td rowspan="4">DESCRIPTION</td><td>Indicator definition</td><td>Per capita health care system cost with adjustment to reflect age/sex/complexity of patients.</td></tr>
<tr><td>Sub-components</td><td>Total unadjusted Cost
Adjusted Total Cost
Primary Care Costs
Services Costs
Settings Costs
Institutions Costs
*note: to be entered separately on data submission form. Please see PCPMF reference for descriptions of each cost element</td></tr>
<tr><td>Reference</td><td>For technical specifications for total healthcare system cost, see "Per capita health care expenditures by category" measure in the efficiency domain of the Primary Care Performance Measurement Framework, see pg. 221 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
For more information see Guidelines on Personal Level Costing:
http://www.hsprn.ca/uploads/files/Guidelines_on_PersonLevel_Costing_May_2013.pdf</td></tr>
<tr><td>Rationale</td><td>A measurement priority in the health system efficiency domain</td></tr>
<tr><td rowspan="3">METHODS</td><td>Unit of analysis</td><td>Per capita</td></tr>
<tr><td>Data source</td><td>Primary Care Practice Group Report (ICES), see additional excel worksheet (addendum to core report): "Cost"
Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care</td></tr>
<tr><td>Calculation</td><td>Numerator: N/A
Denominator: N/A
Rate: N/A
Adjustment: Refer to technical specifications above</td></tr>
<tr><td>LIMITATIONS /CAVEATS</td><td colspan="2">Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.</td></tr>
<tr><td rowspan="5">ADMIN</td><td>Drafted on</td><td>Nov. 17, 2015</td></tr>
<tr><td>Drafted by</td><td>AFHTO Staff</td></tr>
<tr><td>Updated on</td><td></td></tr>
<tr><td>Updated by</td><td></td></tr>
<tr><td>Update history</td><td></td></tr>
</table>

	Patients Served	
DESCRIPTION	**Indicator definition**	Number of patients in the EMR who have had a visit (i.e. appointment) in the past 3 years.
	Reference	AFHTO in consultation with AOHC and EMR vendors (regarding how they define "active" patients)
	Rationale	This indicator is intended to reflect the ENTIRE patient population served by a team, not just those who are rostered to the team. The definition will continue to evolve in subsequent iterations of D2D as EMRs are increasingly capable of recording other meaningful patient encounters (e.g. phone calls) in a way that the data can easily be extracted.
METHODS	**Unit of analysis**	Number of patients
	Data Source	EMR: Use the patients served queries developed by QIDS Specialists and the EMR Communities of Practice as posted on the AFHTO website: http://www.afhto.ca/members-only/emr-queries-for-d2d-3-0-patients-served/
LIMITATIONS /CAVEATS	• For D2D 3.0 the technical limitations of data extraction from EMRs dictate that only in-person encounters can be included in the definition.	
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		Patients Rostered	
DESCRIPTION	Indicator definition	Number of patients formally rostered to the team	
	Reference	MOHLTC - Roster and Capitation Payment Reconciliation Report http://www.health.gov.on.ca/en/pro/publications/ohip/mcedt_mn.aspx	
	Rationale	To be used for peer group comparisons	
METHODS	Unit of analysis	Number of patients	
	Data Source	There are 3 options for accessing your data: 1. **Primary Care Practice Group Report (ICES): "Percentage of patients who are rostered"** - Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care - Please use the number of patients rostered, as shown in brackets below the percentage when entering on D2D 3.0 submission platform 2. **Through the MCEDT portal** - Go to the MCEDT web page, login with your credentials or the designee credentials, and look at/download the PDF report: http://www.health.gov.on.ca/en/pro/publications/ohip/mcedt_mn.aspx - To assign a designee see MCEDT reference guide: http://www.health.gov.on.ca/en/pro/publications/ohip/docs/mcedt_reference_manual.pdf 3. **Through your EMR – Telus PS users only** - QIDSS and other users can access this report from your EMR. A "how to" guide is posted on the AFHTO website here: http://www.afhto.ca/wp-content/uploads/D2D-3-0-Patients-Rostered-Telus-PS.pdf	
LIMITATIONS /CAVEATS	• MOHLTC roster and capitation payment reconciliation report contains a roster number per physician. Please report at the aggregate team-level • Not all EMR vendors have agreed to develop direct download capability from the MCEDT portal		
ADMIN	*Drafted on*	Nov. 17, 2015	
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Standardized ACG Morbidity Index (SAMI) Score

DESCRIPTION	**Indicator definition**	A surrogate measure of the complexity of patients served by the health team, informed by the Johns Hopkins ACG formula.
	Reference	For details on the index, please see links: • http://mchp-appserv.cpe.umanitoba.ca/reference/acg.pdf • http://www.biomedcentral.com/content/pdf/1472-6963-11-S1-A22.pdf
	Rationale	SAMI score is essentially a description of patient primary care needs. It is not a reflection of quality of care. To be used for peer and D2D comparisons – see interpretive notes http://www.afhto.ca/members-only/sami-score-interpretive-notes/
METHODS	**Unit of analysis**	unitless
	Data Source	Primary Care Practice Group Report (ICES), see additional excel worksheet (addendum to core report): "SAMI" Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care
LIMITATIONS /CAVEATS	• Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.	
ADMIN	*Drafted on*	Nov. 17, 2015
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Patients Involved in Decisions		
DESCRIPTION	**Indicator definition**	Percentage of patients who report their family physician, nurse practitioner or someone else in their office involved them as much as they want in decisions about their care or treatment
	Sub-components	**HQO PES standardized question** • When you see your doctor or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment? http://www.hqontario.ca/Quality-Improvement/Primary-Care/Patient-Experience-Survey **PES Questions - AFHTO variations** Note: the variations below are reported to be in use and acceptable as sources of data for D2D. • When you see your (family doctor, nurse practitioner) or someone else in their office, how often do they involve you as much as you want to be in decisions about your care and treatment? • When you see (or visit) your doctor or nurse practitioner, Do they involve you as much as you would like in decisions about your care and treatment? • Did the person (you saw during your visit today) involve you in decisions about your care? In general, does the doctor involve you in decisions about your care as much as you would like?
	Reference	Primary Care Performance Measurement Framework (PCPMF) pg 50 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	A measurement priority that illustrates respect for patients' and families' values, culture, needs and goals
METHODS	**Unit of analysis**	% of patients
	Data Source	Please use your patient experience survey responses from between **April 1, 2015 and September 30, 2015**
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g. "always" or "often")
		Denominator: Compile the total number of survey responses for each question
		Rate: (Numerator/Denominator) *100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Teams whose surveys did not include the relevant questions will not be able to contribute data for these indicator. They may consider including this question in subsequent surveys.	
ADMIN	*Drafted on*	Nov. 17, 2015
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	Update history	

Courtesy of Office Staff		
DESCRIPTION	Indicator definition	Percentage of patients who report that they are satisfied with their experience with office staff
	Sub-components	**HQO PES standardized question** • Thinking about your most recent visit, on a scale of poor to excellent, how would you rate your overall experience with our office staff? http://www.hqontario.ca/Quality-Improvement/Primary-Care/Patient-Experience-Survey – note that "reception" was replaced by "office" staff **PES Questions – AFHTO variations** Note: the variations below are reported to be in use and acceptable as sources of data for D2D. The preference is to refer to OFFICE STAFF, not clerk or receptionist or other roles that might identify a specific person. • When making an appointment, how would you rate Clerk's service (e.g. courteous) • When making an appointment, how would you rate your experience with Receptionist's service (e.g. courteous) • Thinking about making the appointment for your visit today, was the person who scheduled your appointment generally courteous and helpful? • Level of agreement that receptionist is courteous and helpful • Satisfaction with interaction with reception staff at the office
	Reference	HQO Patient Experience Survey
	Rationale	See AFHTO's summary of the Conference Board of Canada's Final Report - An External Evaluation of the Family Health Team (FHT) Initiative http://www.afhto.ca/members-only/external-evaluation-of-the-family-health-team-initiative-additional-materials-for-afhto-members-only/
METHODS	Unit of analysis	% of patients
	Data Source	Please use your patient experience survey responses from between **April 1, 2015 and September 30, 2015**
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g. "excellent" or "very good")
		Denominator: Compile the total number of survey responses for each question
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS		• Teams whose surveys did not include the relevant questions will not be able to contribute data for these indicator. They may consider including this question in subsequent surveys.
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Same/Next Day Appointments		
DEFINITION & SOURCE	**Indicator definition**	Percentage of patients who report that they were able to see their family physician, nurse-practitioner, or someone else in their office on the same or next day
	Sub-components	**HQO PES standardized question** • The last time you were sick or were concerned you had a health problem, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office? http://www.hqontario.ca/Quality-Improvement/Primary-Care/Patient-Experience-Survey
	Reference	Primary Care Performance Measurement Framework (PCPMF) pg 32 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	A measurement priority that reflects timely access at regular place of care.
DESCRIPTION	**Unit of analysis**	% of patients
	Data Source	Please use your patient experience survey responses from between **April 1, 2015 and September 30, 2015**
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g. "same day" or "next day")
		Denominator: Compile the total number of survey responses for each question
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Teams whose surveys did not include the relevant questions will not be able to contribute data for these indicator. They may consider including this question in subsequent surveys.	
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Reasonable Wait for Appointment (Appt.)		
DEFINITION & SOURCE	**Indicator definition**	Percentage of patients who report they were able to get an appointment within a reasonable amount of time
	Sub-components	**HQO PES standardized question** • Thinking about your most recent visit, on a scale of poor to excellent, how would you rate the length of time it took between making your appointment and the visit you just had? http://www.hqontario.ca/Quality-Improvement/Primary-Care/Patient-Experience-Survey **PES Questions – AFHTO variations** Note: the variations below are reported to be in use and acceptable as sources of data for D2D. • I can usually book an appointment within a reasonable time • Do you feel that the appointment offered to you was within a reasonable amount of time? Do you consider the amount of time you usually have to wait to get an appointment with your doctor reasonable?
	Reference	HQO Patient Experience Survey (PES)
	Rationale	A measurement priority that reflects patient access to primary care
DESCRIPTION	**Unit of analysis**	% of patients
	Data Source	Please use your patient experience survey responses from between **April 1, 2015 and September 30, 2015**
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g. "excellent" or "very good")
		Denominator: Compile the total number of survey responses for each question.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Teams whose surveys did not include the relevant questions will not be able to contribute data for these indicator. They may consider including this question in subsequent surveys.	
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Regular Primary Care Provider - Individual

DESCRIPTION	**Indicator definition**	Percentage of primary care visits for a core service that are made to the physician to whom the patient is rostered or virtually rostered.
	Reference	Calculation is based on a series of primary care and paediatric codes outlined in the full technical specification of the Primary Care Performance Measurement Framework (PCPMF) - pg 24 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	This indicator demonstrates continuity of care with a primary care physician and is a measure in the access domain
METHODS	**Unit of analysis**	% of visits
	Data Source	Primary Care Practice Group Report (ICES): "*Percentage of visits by patients to own physician (continuity of care)*" Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care
LIMITATIONS /CAVEATS	• Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.	
ADMIN	*Drafted on*	Nov. 17, 2015
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Regular Primary Care Provider - Team		
DESCRIPTION	**Indicator definition**	Percentage of primary care visits for a core service, that are made to a physician that belongs **to the same team** as the physician to whom the patient is rostered or virtually rostered
	Reference	Calculation is based on visits to the same team for a series of primary care and paediatric codes outlined in the full technical specification of the Primary Care Performance Measurement Framework (PCPMF) - see pg 24 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	This indicator demonstrates continuity of care with a **primary care team** (as opposed to continuity with a particular physician) and is a measure in the access domain
METHODS	**Unit of analysis**	% of visits
	Data Source	Primary Care Practice Group Report (ICES), see additional excel worksheet (addendum to core report): "*Same provider of care*" Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care
LIMITATIONS /CAVEATS	• Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.	
ADMIN	**Drafted on**	Nov. 17, 2015
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Colorectal Cancer Screening		
DESCRIPTION	**Indicator definition**	Percentage of patients aged 52 to 74 years old with a fecal occult blood test (FOBT) within past two years, other investigations within 5 years or a colonoscopy within the past 10 years
	Reference	HQO Primary Care Practice Report
	Rationale	A measurement priority that reflects screening and management of risk factors for cancer For details see PCPMF pg 200 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
METHODS	**Unit of analysis**	% of patients
	Data Source	Primary Care Practice **Group** Report (ICES): "*Percentage of patients aged 52 to 74 years old with a fecal occult blood test (FOBT) within past two years, other investigations within 5 years or a colonoscopy within the past 10 years*" Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care
LIMITATIONS /CAVEATS	• Age ranges may vary slightly depending on data source used • Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.	
ADMIN	*Drafted on*	Nov. 17, 2015
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	Update history	

Cervical Cancer Screening			
DESCRIPTION	**Indicator definition**	Percentage of female patients aged 23 to 69 who had a Papanicolaou (Pap) smear within the past three years	
	Reference	HQO Primary Care Practice Report	
	Rationale	A measurement priority that reflects screening and management of risk factors for cancer For details see PCPMF pg 203 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf	
METHODS	**Unit of analysis**	% of patients	
	Data Source	Primary Care Practice Group Report (ICES): "*Percentage of female patients aged 23 to 69 who had a Papanicolaou (Pap) smear within the past three years*" Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care	
LIMITATIONS /CAVEATS	• Age ranges may vary slightly depending on data source used • Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.		
ADMIN	*Drafted on*	Nov. 17, 2015	
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	Updated by		
	Update history		

Readmissions to Hospital			
DESCRIPTION	**Indicator definition**	Percentage of hospital readmissions (within 30 days) of admitted patients	
	Reference	HQO Primary Care Practice Report	
	Rationale	This is a measurement priority reflecting health service utilization	
METHODS	**Unit of analysis**	% of patients	
	Data Source	Primary Care Practice Group Report *" Percentage of hospital readmissions (within 30 days) of admitted patients"* Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care	
LIMITATIONS /CAVEATS	• Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. • Note that D2D 1.0 and 2.0 considered readmissions for all conditions whereas this definition is readmissions for selected conditions only and therefore will be a different rate than previous iterations of D2D.		
ADMIN	*Drafted on*	Nov. 17, 2015	
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Childhood Immunizations – All		
DESCRIPTION	**Indicator definition**	Percentage of patients 30 to 42 months (inclusive) who have received all of the ministry-supplied immunizations as recommended by the National Advisory Committee on Immunization
	Reference	See Publically Funded Immunization Schedule for Ontario – March 2015 http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf
	Rationale	This indicator reflects care for children, while most other measures are focused on adults
METHODS	**Unit of analysis**	% of patients
	Data Source	EMR: Please use the childhood immunizations queries developed by QIDS Specialists and the EMR Communities of Practice posted on the AFHTO website: http://www.afhto.ca/members-only/emr-queries-for-d2d-3-0-childhood-immunization/
	Calculation	**Numerator:** All patients 30 to 42 months inclusive with • 4 instances of - DTaP-IPV-Hib - Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type B • 3 instances of - Pneu-C-13 - Pneumococcal Conjugate 13 • 2 instances of - Rot-1 - Rotavirus • 1 instance of - Men-C-C - Meningococcal Conjugate C • 1 instance of - MMR - Measles, Mumps, Rubella • 1 instance of - Var - Varicella
		Denominator: all patients 30 to 42 months inclusive
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Rotavirus is now included to align with the Public Health definition. It is not a mandatory vaccine, therefore results may appear lower than in other reports which exclude Rotavirus. • This indicator does not reflect patient choice – i.e. patients who choose intentionally not to be immunized appear as "unimmunized" with no explanation or adjustment to the rate.	
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	Updated by	
	Update history	

Diabetes Care

DESCRIPTION	**Indicator definition**	Composite indicator based on % of patients with diabetes with appropriate performance for at least one of the following indicators: HbA1C testing, HbA1C level and blood pressure level
	Sub-components	• HbA1C testing: last result within past 6 months • HbA1C level: most recent ≤ 8.5 in past 12 months • Blood pressure: most recent <150/90 in past 12 months *see caveat below
	Reference	• Following the lead of the EMRALD project the composite will be calculated reflecting patient progress towards appropriate levels for ANY of the following measures (even if a patient only meets one). • **Glycemic targets:** Both members and the most recent American and Canadian Diabetes Association guidelines recommend less stringent targets. • **BP targets:** Both members and the CDA recommend less stringent targets. "Persons with diabetes mellitus should be treated to attain SBP <130 mm Hg and DBP <80 mm Hg. (These target BP levels are the same as the BP treatment thresholds). Combination therapy using 2 first-line agents may also be considered as initial treatment of hypertension if SBP is 20 mm Hg above target or if DBP is 10 mm Hg above target." http://guidelines.diabetes.ca/browse/chapter25
	Rationale	QIDS Steering Committee, in conversation with the AFHTO Board identified diabetes care as a priority to advance IMPROVEMENT of primary care across AFHTO membership. For more information about this clinical initiative see posting on AFHTO website: http://www.afhto.ca/members-only/collaborative-patient-care/health-promotion-cdpm/diabetes-care/
METHODS	**Unit of analysis**	% of patients
	Data Source	EMR: Please use the diabetes queries developed by QIDS Specialists and the EMR Communities of Practice posted on the AFHTO website: http://www.afhto.ca/members-only/emr-queries-for-d2d-3-0-diabetes/
	Calculation	**Numerators:** • number of patients with ONE of the three measures in range • number of patients with TWO of the three measures in range • number of patients with THREE of the three measures in range
		Denominator: number of patients with diabetes
		Rate: See ***D2D 3.0 Diabetes Care Toolkit (to follow)*** *to help calculate the composite as follows:* • number of patients with only ONE of the three measures in range*1/3 • PLUS number of patients with TWO of the three measures in range*2/3 • PLUS number of patients with THREE of the three measures in range*3/3 • Total divided by total number of patients with diabetes
		Adjustment: N/A

LIMITATIONS /CAVEATS	- Blood pressure must comply with both aspects (i.e. systolic and diastolic) to satisfy the criteria (e.g. BP = 155/75 is not in the appropriate range even though diastolic is <90) - This definition is a "first step" toward monitoring diabetes performance and will be modified in the next iteration of D2D based on increased capacity to access data on personalized targets, increasing EMR maturity and data quality for diabetic care measures. Currently, the definition is based on the most "forgiving" targets for the relevant indicators based on feedback from the membership-wide vote. - The LDL component referenced in earlier discussions of this indicator has been dropped from the definition this time around but will be added to the next iteration when queries for statins are developed. Reference: http://www.cfp.ca/content/61/10/857.full	
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	Drafted by	AFHTO Staff
	Updated on	Nov. 20, 2015
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EMR Data Quality		
DESCRIPTION	**Indicator definition**	The EMR Data Quality Indicator consists of a number of components that reflect if and how well information is recorded in the EMR, which is distinct from how well care is delivered.
	Sub-components	**Colorectal cancer screening** • Percentage of rostered patients aged 50 to 74 years old with a fecal occult blood test (FOBT) within 24 months, a flexible sigmoidoscopy within five years or a colonoscopy within 10 years **Cervical cancer screening** • Percentage of rostered female patients aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years **Smoking status complete** • Percentage all patients ≥ 12 yrs. with smoking status documented in appropriate place in their electronic medical record
	Reference	Cancer Care Ontario: https://www.cancercare.on.ca/pcs/primcare/sar/sar_faq/ PCPMF Technical Specifications: http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	This indicator is intended to measure and thus focus attention on EMR data quality, for the purposes of improving it. EMRs are a key source of data for measurement in primary care as they are one of the only sources of real-time data that reflect the contribution of the entire team to care. As well, EMRs are the most up-to-date source of data about the whole person available in primary care. The goal is for teams to better understand the value and importance of having data in the EMR that is consistent, complete, and collectable.
METHODS	**Unit of analysis**	Average of rates submitted

	Data Source	EMR and the CCO SAR
		1. **For cancer screening:** use the following
		• EMR cancer screening queries developed by QIDS Specialists and the EMR Communities of Practice posted on the AFHTO website: http://www.afhto.ca/members-only/emr-queries-for-d2d-3-0-emr-data-quality-colorectal-and-cervical-cancer-screening/
		
		AND
		
		• The Cancer Care Ontario (CCO) Screening Activity Report (SAR)
		   ○ This requires access to SAR for at least one physician, which in turn requires enrolment with eHealth Ontario ONE ID.
		   ○ Enrollment takes up to 2 weeks to process the request to create an account.
		
		2. **For smoking status complete:** use the following
		• EMR smoking status complete queries developed by QIDS Specialists and the EMR Communities of Practice as posted on the AFHTO website: http://www.afhto.ca/members-only/emr-queries-for-d2d-3-0-emr-data-quality-smoking-status-complete/

	Calculation	**Numerator:** See D2D 3.0 Data Input Toolkit

		Denominator: See D2D 3.0 Data Input Toolkit
		Rate: You may choose to submit data for one or all of the measures included in this indicator. • Colorectal cancer screening (EMR/SAR ratio) • Cervical cancer screening (EMR/SAR ratio) • Smoking status complete The data submitted will be averaged and displayed in the D2D report for peer group comparisons.
		Adjustment: N/A
LIMITATIONS /CAVEATS		• This measure covers only a few of the components of data quality. Work continues to further refine the measure of EMR Data quality even as efforts are underway to improve it.
ADMIN	*Drafted on*	Nov. 17, 2015
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	Updated by	
	Update history	

Exploratory Indicator

DESCRIPTION	**Indicator definition**	Total time (hours) spent by <u>all</u> clinicians on the following activities: office appointments, all activities related to the care of a specific patient, and specialized clinical services
	Sub-components	• **Office appointments with patients** • **Other activities are defined as**: patient-specific work done outside of office appointments, including but not limited to, LTC or home visits (including travel), EMR documentation, reviewing lab results, phone calls to coordinate care for patients, QI efforts etc. • **Specialized clinical services are defined as**: shifts in emergency department, obstetrics, anaesthesiology, hospitalist, coroner, locums in other settings etc. (i.e. not your team)
	Reference	Clinical consultations and membership vote
	Rationale	Solid data about exactly how much time physicians and other clinicians spend providing team-based primary care will help AFHTO members advocate for the necessary human resources for primary care teams. Without these data, AFHTO members are less able to engage effectively in negotiations about how many patients they are able to serve now or in the future without jeopardizing care or risking further burnout of already over-burdened primary care team members. The first step in measuring "capacity" (i.e. how much care could be provided for how many patients) is measuring how much care is actually already being provided. So while this indicator is labelled "capacity", it is more accurately a measure of the total clinical time spent on primary care. To illustrate time spent on comprehensive primary care
METHODS	**Unit of analysis**	Total number of clinician hours per team on each element
	Data Source	Teams via direct-report
	Calculation	See D2D 3.0 Step-by-Step Guide and D2D 3.0 Data Input Toolkit
LIMITATIONS /CAVEATS	• This is an exploratory indicator. It is not based on standard definitions nor actual time tracking. It is a very rough estimate intended to initiate dialogue about the best way to represent actual capacity instead of using head counts or positions approved or other measures not directly informed by the actual work already being done by primary care providers. It is certain that the definition, data capture and use/usefulness of the data will be refined in subsequent iterations of D2D.	
ADMIN	*Drafted on*	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	Nov. 20, 2015
	Updated by	AFHTO Staff
	Update history	

Expanded D2D 3.0 Indicators

Personal Problems Related To Health Condition

<table>
<tr><td rowspan="4">DESCRIPTION</td><td>Indicator definition</td><td>Percentage of patients who report that they feel comfortable talking with their family physician/nurse-practitioner about personal problems related to their health condition</td></tr>
<tr><td>Sub-components</td><td>Patient Experience Survey Question
• How comfortable do you feel talking with your doctor about personal problems related to your health condition?</td></tr>
<tr><td>Reference</td><td>Primary Care Performance Measurement Framework (PCPMF) pg 75
http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf</td></tr>
<tr><td>Rationale</td><td>A measurement priority that reflects respectful and understandable communication with patients.</td></tr>
<tr><td rowspan="5">METHODS</td><td>Unit of analysis</td><td>% of patients</td></tr>
<tr><td>Data Source</td><td>Please use your patient experience survey responses from between April 1, 2015 and September 30, 2015</td></tr>
<tr><td rowspan="3">Calculation</td><td>Numerator: compile the top two positive survey responses for each question</td></tr>
<tr><td>Denominator: compile the total number of survey responses for this question</td></tr>
<tr><td>Rate: (Numerator/Denominator)*100
Adjustment: N/A</td></tr>
<tr><td>LIMITATIONS /CAVEATS</td><td colspan="2">• Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.</td></tr>
<tr><td rowspan="5">ADMIN</td><td>Drafted on</td><td>Nov. 17, 2015</td></tr>
<tr><td>Drafted by</td><td>AFHTO Staff</td></tr>
<tr><td>Updated on</td><td></td></tr>
<tr><td>Updated by</td><td></td></tr>
<tr><td>Update history</td><td></td></tr>
</table>

Opportunity to Ask Questions		
DESCRIPTION	**Indicator definition**	Percentage of patients who report that they were given an opportunity to ask questions about recommended treatment when they saw their doctor or nurse practitioner
	Sub-components	**HQO PES Standardized Question** • When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment? http://www.hqontario.ca/Quality-Improvement/Primary-Care/Patient-Experience-Survey **PES Questions – AFHTO variation** Note: the variations below are reported to be in use and acceptable as sources of data for D2D. • Did the person (you saw during your visit today) give you an opportunity to ask your questions/share your concerns?
	Reference	Primary Care Performance Measurement Framework (PCPMF) pg 76 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	A measurement priority that reflects respectful and understandable communication with patients.
METHODS	**Unit of analysis**	% of patients
	Data Source	Please use your patient experience survey responses from between April 1, 2015 and September 30, 2015
	Calculation	**Numerator:** compile the top two positive survey responses for each question (i.e. all "always" and "often" responses)
		Denominator: compile the total number of survey responses for this question
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.	
ADMIN	*Drafted on*	Nov. 17, 2015
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Spend Enough Time		
DESCRIPTION	**Indicator definition**	Percentage of patients who report that when seen, they feel their doctor or nurse practitioner spends enough time with them
	Sub-components	**HQO PES Standardized Question** • When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you? http://www.hqontario.ca/Quality-Improvement/Primary-Care/Patient-Experience-Survey **PES Questions – AFHTO variations** Note: the variations below are reported to be in use and acceptable as sources of data for D2D. • The Doctor/Nurse Practitioner spends enough time with me [5-point Likert agree scale] • In general, does the doctor spend enough time with you?
	Reference	Primary Care Performance Measurement Framework (PCPMF) pg 48 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	A measurement priority that reflects respect for patients' and families' values, culture, needs and goals.
METHODS	**Unit of analysis**	% of patients
	Data Source	Please use your patient experience survey responses from between **April 1, 2015 and September 30, 2015**
	Calculation	**Numerator:** compile the top two positive survey responses for each question (i.e. all "always" and "often" responses)
		Denominator: compile the total number of survey responses for this question
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.	
ADMIN	*Drafted on*	Nov. 17, 2015
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	Updated by	
	Update history	

Find Out Your Concerns

DESCRIPTION	**Indicator definition**	Percentage of patients who report that during their visit their MAIN health care provider listened to their concerns
	Sub-components	**HQO PES Standardized Question** • Thinking about the MAIN health care provider you spoke with during the visit, on a scale of poor to excellent, how would you rate this person on the following: they listened to your concerns http://www.hqontario.ca/Quality-Improvement/Primary-Care/Patient-Experience-Survey **PES Questions – AFHTO variations** Note: the variations below are reported to be in use and acceptable as sources of data for D2D. • Did your doctor really find out what your concerns were?
	Reference	Primary Care Performance Measurement Framework (PCPMF) pg 53 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	A measurement priority that reflects respect for patients' and families' values, culture, needs and goals.
METHODS	**Unit of analysis**	% of patients
	Data Source	Please use your patient experience survey responses from between **April 1, 2015 and September 30, 2015**
	Calculation	**Numerator:** compile the top two positive survey responses for each question (i.e. all "excellent" and "very good" responses)
		Denominator: compile the total number of survey responses for this question
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.	
ADMIN	*Drafted on*	Nov. 17, 2015
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	Updated on	
	Updated by	
	Update history	

Say What Was Important

<table>
<tr><td rowspan="4">DESCRIPTION</td><td>Indicator definition</td><td>Percentage of patients who report that their doctor let them say what was important to them during the visit</td></tr>
<tr><td>Sub-components</td><td><u>Patient Experience Survey Question</u>
Did your doctor let you say what was important?</td></tr>
<tr><td>Reference</td><td>Existing patient experience surveys - AFHTO</td></tr>
<tr><td>Rationale</td><td>A measurement priority that reflects respectful and understandable communication with patients.</td></tr>
<tr><td rowspan="6">METHODS</td><td>Unit of analysis</td><td>% of patients</td></tr>
<tr><td>Data Source</td><td>Please use your patient experience survey responses from between April 1, 2015 and September 30, 2015</td></tr>
<tr><td rowspan="4">Calculation</td><td>Numerator: compile the top two positive survey responses for each question</td></tr>
<tr><td>Denominator: compile the total number of survey responses for this question</td></tr>
<tr><td>Rate: (Numerator/Denominator)*100</td></tr>
<tr><td>Adjustment: N/A</td></tr>
<tr><td>LIMITATIONS /CAVEATS</td><td colspan="2">Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.</td></tr>
<tr><td rowspan="5">ADMIN</td><td>Drafted on</td><td>Nov. 17, 2015</td></tr>
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<tr><td>Updated by</td><td></td></tr>
<tr><td>Update history</td><td></td></tr>
</table>

Take Your Concerns Seriously

DESCRIPTION	**Indicator definition**	Percentage of patients who report that they felt their doctor took their health concerns seriously during the visit
	Sub-components	**Patient Experience Survey Question** Did your doctor take your health concerns seriously?
	Reference	Existing patient experience surveys - AFHTO
	Rationale	A measurement priority that reflects respect for patients' and families' values, culture, needs and goals.
METHODS	**Unit of analysis**	% of patients
	Data Source	Please use your patient experience survey responses from between **April 1, 2015 and September 30, 2015**
	Calculation	**Numerator:** compile the top two positive survey responses for each question
		Denominator: compile the total number of survey responses for this question
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.	
ADMIN	*Drafted on*	Nov. 17, 2015
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	Updated on	
	Updated by	
	Update history	

Concerned About Your Feelings

<table>
<tr><td rowspan="4">DESCRIPTION</td><td>Indicator definition</td><td>Percentage of patients who report that they felt their doctor was concerned about their feelings during the visit</td></tr>
<tr><td>Sub-components</td><td><u>Patient Experience Survey Question</u>
Was your doctor concerned about your feelings?</td></tr>
<tr><td>Reference</td><td>Existing patient experience surveys - AFHTO</td></tr>
<tr><td>Rationale</td><td>A measurement priority that reflects respect for patients' and families' values, culture, needs and goals.</td></tr>
<tr><td rowspan="6">METHODS</td><td>Unit of analysis</td><td>% of patients</td></tr>
<tr><td>Data Source</td><td>Please use your patient experience survey responses from between April 1, 2015 and September 30, 2015</td></tr>
<tr><td rowspan="4">Calculation</td><td>Numerator: compile the top two positive survey responses for each question</td></tr>
<tr><td>Denominator: compile the total number of survey responses for this question</td></tr>
<tr><td>Rate: (Numerator/Denominator)*100</td></tr>
<tr><td>Adjustment: N/A</td></tr>
<tr><td>LIMITATIONS /CAVEATS</td><td colspan="2">
•   Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
</td></tr>
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</table>

Hospitalizations for Ambulatory Care Sensitive Conditions

DESCRIPTION	**Indicator definition**	Rate of hospital admissions for one or more of the following conditions: asthma, CHF, COPD and diabetes per 1,000 patients.
	Reference	HQO Primary Care Practice Report
	Rationale	A measurement priority that reflects respectful and understandable communication with patients. See PCPMF pg. 76 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
METHODS	**Unit of analysis**	Visits per 1,000 patients
	Data Source	Primary Care Practice Group Report (ICES): *"Rate of hospital admissions for one or more of the following conditions: asthma, CHF, COPD and diabetes per 1,000 patients"* Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care
LIMITATIONS /CAVEATS	• Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.	
ADMIN	**Drafted on**	Nov. 17, 2015
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	Updated by	
	Update history	

Emergency Department Visits		
DESCRIPTION	**Indicator definition**	Rate of emergency department visits per 1,000 patients
	Reference	HQO Primary Care Practice Group Report
	Rationale	A measurement priority that reflects health service utilization
METHODS	**Unit of analysis**	visits/1,000 patients
	Data Source	Primary Care Practice Group Report (ICES): *"Rate of emergency department visits per 1,000 patients"* Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care
LIMITATIONS /CAVEATS	- Caution: please note that the unit of analysis has changed from "*ED visits per person (all causes)*" previously in D2D 2.0 - Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.	
ADMIN	***Drafted on***	Nov. 17, 2015
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	Update history	

	Breast Cancer Screening	
DESCRIPTION	**Indicator definition**	Percentage of female patients aged 52 to 69 who had a mammogram within past two years
	Reference	HQO Primary Care Practice Group Report
	Rationale	A measurement priority that reflects screening and management of risk factors. See PCPMF pg. 198 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
METHODS	**Unit of analysis**	% of patients
	Data Source	Primary Care Practice Group Report (ICES): *"Percentage of female patients aged 52 to 69 who had a mammogram within past two years"* Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care
LIMITATIONS /CAVEATS	• Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.	
ADMIN	*Drafted on*	Nov. 17, 2015
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	Updated by	
	Update history	

Diabetic Management Assessment – Billing Code K030

<table>
<tr><td rowspan="3">DESCRIPTION</td><td>Indicator definition</td><td>Percentage of patients with diabetes for whom physicians billed the diabetes management assessment code K030 at least once during the past year</td></tr>
<tr><td>Reference</td><td>HQO Primary Care Practice Group Report</td></tr>
<tr><td>Rationale</td><td>A measurement priority that reflects management of chronic conditions. See PCPMF pg. 156
http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf</td></tr>
<tr><td rowspan="2">METHODS</td><td>Unit of analysis</td><td>% of patients</td></tr>
<tr><td>Data Source</td><td>Primary Care Practice Group Report (ICES): "Percentage of patients with diabetes for whom physicians billed the diabetes management assessment code K030 at least once during the past year"
Access via HQO Portal: http://www.hqontario.ca/Quality-Improvement/Practice-Reports/Primary-Care</td></tr>
<tr><td>LIMITATIONS /CAVEATS</td><td colspan="2">Some teams might not have access to the Primary Care Practice Group Report BUT they still might have access to individual physician level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform.</td></tr>
<tr><td rowspan="5">ADMIN</td><td>Drafted on</td><td>Nov. 18, 2015</td></tr>
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<tr><td>Updated on</td><td></td></tr>
<tr><td>Updated by</td><td></td></tr>
<tr><td>Update history</td><td></td></tr>
</table>

Diabetic Blood Sugar Management		
DESCRIPTION	**Indicator definition**	Percentage of patients with diabetes whose glycemic control in the last 12 months was in the following range: HbA1c ≤ 7%
	Reference	Primary Care Performance Measurement Framework (PCPMF) pg 136 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	Management of chronic conditions including people with mental health and addictions and multiple chronic conditions
METHODS	**Unit of analysis**	% of patients
	Data Source	EMR
	Calculation	**Numerator:** see PCPMF link above
		Denominator: number of diabetic patients
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Note that this is a different target level than for Diabetes care composite indicator for the reasons explained in that indicator.	
ADMIN	***Drafted on***	Nov. 17, 2015
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	Update history	

Coumadin Management

DESCRIPTION	**Indicator definition**	Percentage of patients on Coumadin with INR level 2-3 (assuming no other complicating conditions e.g. artificial heart valve etc.)
	Reference	AFHTO – See http://globalrph.com/warfarin_inr_targets.htm
	Rationale	To understand how well teams are doing at preventing stroke in at-risk patients

METHODS	**Unit of analysis**	% of patients
	Data Source	EMR
	Calculation	**Numerator:** patients with INR in specified range
		Denominator: patients on Coumadin
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A

LIMITATIONS /CAVEATS	• The best estimate of comparable data currently readily available for this indicator is one team's estimate of 45-60% of their relevant patient population. • Consideration for refinement in future iterations: ○ Measure time between INR tests (i.e. process measure) since an ideally-managed patient on anticoagulants should have an INR test every 4 weeks ○ Measure percentage of patients diagnosed with atrial fibrillation who are on anticoagulants and have an INR level between 2-3, excluding all patients with DVT or artificial valves

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Hypertension Screening		
DESCRIPTION	**Indicator definition**	Percentage of patients who had their blood pressure measured less than 1 year ago
	Reference	Primary Care Performance Measurement Framework pg 194 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	Screening and management of risk factors for cardiovascular disease (CVD) and other chronic conditions
METHODS	**Unit of analysis**	% of patients
	Data Source	EMR
	Calculation	**Numerator:** patient who have had their blood pressure measured in the last year
		Denominator: all patients
		Rate: (Numerator/Denominator) *100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• This is an EMR-based indicator that uses the boundaries (i.e. 1 year ago) proposed by the survey question in the PCPMF	
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
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	Updated by	
	Update history	

Diabetes Screening		
DESCRIPTION	**Indicator definition**	Percentage of patients with Coronary Artery Disease who received the following tests within the last 12 months: Glycated hemoglobin (HbA1c) or fasting blood sugar
	Reference	Primary Care Performance Measurement Framework pg 129 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
METHODS	**Unit of analysis**	% of patients
	Data Source	EMR
	Calculation	**Numerator:** patients with Coronary Artery Disease who received the following tests within the last 12 months: Glycated hemoglobin (HbA1c) or fasting blood sugar
		Denominator: total number of patients with Coronary Artery Disease
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
LIMITATIONS /CAVEATS	• Note: this is different than Diabetes care composite indicator.	
ADMIN	*Drafted on*	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Diabetic Cholesterol Management

<table>
<tr><td rowspan="3">DESCRIPTION</td><td>Indicator definition</td><td>Percentage of patients with diabetes whose most recent LDL cholesterol test in the last 12 months was in the following range: ≤ 2.0 mmol/l</td></tr>
<tr><td>Reference</td><td>Primary Care Performance Measurement Framework pg 137
http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf</td></tr>
<tr><td>Rationale</td><td>Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.</td></tr>
<tr><td rowspan="6">METHODS</td><td>Unit of analysis</td><td>% of patients</td></tr>
<tr><td>Data Source</td><td>EMR</td></tr>
<tr><td rowspan="4">Calculation</td><td>Numerator: patients with diabetes whose most recent LDL cholesterol test in the last 12 months was in the following range: ≤ 2.0 mmol/l</td></tr>
<tr><td>Denominator: total number of patients with diabetes</td></tr>
<tr><td>Rate: (Numerator/Denominator)*100</td></tr>
<tr><td>Adjustment: N/A</td></tr>
<tr><td>LIMITATIONS /CAVEATS</td><td colspan="2">Note that this indicator was dropped from the diabetes care composite indicator because of clinical input that a more clinically meaningful measure was related to use of statins. However, it remains here as an option to explore the impact of this indicator to the Quality roll-up indicator.</td></tr>
<tr><td rowspan="5">ADMIN</td><td>Drafted on</td><td>Nov. 17, 2015</td></tr>
<tr><td>Drafted by</td><td>AFHTO Staff</td></tr>
<tr><td>Updated on</td><td></td></tr>
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<tr><td>Update history</td><td></td></tr>
</table>

Reconciliation of Diagnoses

DESCRIPTION	**Indicator definition**	Percentage of patients with reconciliation of diagnosis list in the past year, based on provider report (e.g. % of patients with Cumulative Patient Profile updated within past year)
	Reference	AFHTO
	Rationale	Maintenance of complete patient records and possible indicator of data quality
METHODS	**Unit of analysis**	% of patients
	Data Source	EMR
LIMITATIONS /CAVEATS	•	The definition of this indicator is based conceptually on the following recommendations from the College of Physicians and Surgeons of Ontario (2012): *"The CPP should be completed during the first or second patient encounter, and should feature prominently in the patient's record to allow for easy access and reference. However, physicians should commence keeping a CPP for all patients in an existing practice, even where this has not been done before. Physicians should review the information in the CPP at each visit and revise this information as it becomes outdated. This is equally important for physicians who use EMRs."*
ADMIN	*Drafted on*	Nov. 17, 2015
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	Updated by	
	Update history	

Medication Reconciliation		
DESCRIPTION	**Indicator definition**	Percentage of patients with reconciliation of medications in the past year, based on provider report
	Reference	AFHTO definition, informed by the patient-report indicator described in the Primary Care Performance Measurement Framework pg 257 *"Percentage of patients who report that, in the past 12 months, they had a review and discussion with their primary care provider of prescription medications they are using"* http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf
	Rationale	A measurement priority in medication management, designed to prevent adverse drug events (i.e. reducing harm) https://www.ismp-canada.org/download/PrimaryCareMedRecGuide_EN.pdf
METHODS	**Unit of analysis**	% of patients
	Data Source	EMR
LIMITATIONS /CAVEATS	• Refinement of this indicator in future iterations will include consideration of the following measures from the Ontario Primary Care Medication Reconciliation Guide (Pg 55-58) o Percentage of patient charts with a reconciled list documented o Percentage of patients whose medications were reconciled on or within 7 days of discharge o Percentage of patients who bring up-to-date med list/meds to appointment o Percentage of referrals with current med list documented on it	
ADMIN	*Drafted on*	Nov. 18, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Influenza Immunization		
DESCRIPTION	**Indicator definition**	Percentage of patient/client population over age 65 that received influenza immunization
	Reference	HQO Quality Improvement Plan (QIP) http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qualityimprove/qip_tech.pdf
	Rationale	This is part of a measurement priority that reflects immunization through the life span
METHODS	**Unit of analysis**	% of patients
	Data Source	EMR
LIMITATIONS /CAVEATS	• Current definition excludes patients immunized by someone other than the primary care team for whom no record of immunization has been forwarded to the team. Because this was assumed to be a considerable number of patients, this indicator was dropped from among the core D2D indicators, although it remains as part of the expanded indicator set for the Quality roll-up indicator. • Refinements in the future may be informed by the PCPMF definition which assumes patient report of immunization: "*Percentage of patients who report having a seasonal flu shot in the past year (patient experience survey question)*" – See HQO PCPMF pg 204 http://www.hqontario.ca/portals/0/Documents/qi/qip-indicator-specifications-en.pdf	
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		Smoking Status	
DESCRIPTION	**Indicator definition**	Percentage of patients ≥ 12 years old for whom smoking status is recorded	
	Reference	AFHTO, informed by the PCPMF patient-report indicator about smoking behaviour – See PCPMF Pg 183 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf	
	Rationale	Health and socio-demographic information about the population being served (including health status)	
METHODS	**Unit of analysis**	% of patients	
	Data Source	EMR: use EMR smoking status complete queries developed by QIDS Specialists and the EMR Communities of Practice as posted on the AFHTO website: http://www.afhto.ca/members-only/emr-queries-for-d2d-3-0-emr-data-quality-smoking-status-complete/	
	Calculation	**Numerator:** number of patients ≥ 12 years old for whom smoking status is recorded	
		Denominator: number of patients ≥ 12 years old	
		Rate: (Numerator/Denominator)*100	
		Adjustment: N/A	
LIMITATIONS /CAVEATS	• This may also be used in the calculation of the EMR data quality indicator		
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		Review of Registries of Specific Chronic Conditions	
DESCRIPTION	**Indicator definition**	Percentage of patients with specific chronic conditions who had a review in the past 12 months	
	Sub-components	Data for each of the following chronic conditions to be entered separately on data submission form • Hypertension registry • Stroke registry • Congestive heart failure registry • Depression registry • Arteriosclerotic heart disease registry • Bipolar affect disease registry • Schizophrenia registry • Asthma registry • COPD registry • Epilepsy registry • Hypothyroidism registry • Diabetes registry	
	Reference	Primary Care Performance Measurement Framework pg 118 http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf	
	Rationale	Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.	
METHODS	**Unit of analysis**	% of patients	
	Data Source	EMR	
	Calculation	**Numerator:** see PCPMF link above	
		Denominator: see PCPMF link above	
		Rate: see PCPMF link above	
		Adjustment: N/A	
LIMITATIONS /CAVEATS			
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Emergency Department Visits for Conditions Best Managed Elsewhere		
DESCRIPTION	**Indicator definition**	Percentage of patients/clients who visited the Emergency Department (ED) for conditions best managed elsewhere (BME).
	Sub-components	Conditions designated as "BME" include: • Conjunctivitis • Cystitis • Otitis media • Upper respiratory infections (e.g., common cold, acute or chronic sinusitis and tonsillitis, acute pharyngitis, laryngitis or tracheitis, and others)
	Reference	HQO, Indicator Technical Specifications, QIP 2015/16 http://www.health.gov.on.ca/en/pro/programs/ecfa/legislation/qualityimprove/qip_tech.pdf
	Rationale	ED visits in this grouping are perceived to be sensitive to primary care intervention and thus represent an opportunity for primary care providers to contribute to reduction in ED visits
METHODS	**Unit of analysis**	% of patients
	Data Source	Teams with rostered patients will be able to access data on the MOHLTC Health Data Branch Web Portal . Click on 'Primary Care' then 'Quality Improvement Plan'
	Calculation	**Numerator:** Total number of rostered patients between 1 and 74 years who visited the ED for conditions BME
		Denominator: Total number of rostered patients between 1 and 74 years old in a given time period
		Rate: Numerator/Denominator*100
		Adjustment (risk, age/sex standardization): N/A
LIMITATIONS /CAVEATS		
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