Group: e.g. FHO

Reporting Period	Mar 14			
	Adj. Rate	Unadj. Rate	N	D
Patients (%)	N/A	100.0%	12,158	12,158
Male (%)	N/A	47.8%	5,805	12,158
Recent OHIP registration (%)	N/A	15.8%	1,674	10,583
Rostering (%)				
Rostered (D2D indicator)	N/A	96.9%	11,779	12,158
Virtually Rostered	N/A	3.1%	379	12,158
Not Rostered	N/A	0.0%	0	12,158
Age Group (%)				
0-18 years	N/A	20.1%	2,441	12,158
19-34 years	N/A	18.4%	2,236	12,158
35-49 years	N/A	22.8%	2,772	12,158
50-64 years	N/A	21.7%	2,638	12,158
65+ years	N/A	17.0%	2,071	12,158
Age (mean)	N/A	41.3	N/A	12,158
Patient Rurality Index of Ontario (RIO) (%)				
Major Urban - 0 to 9	N/A	96.0%	11,677	12,158
10 to 39	N/A	2.7%	329	12,158
Rural - 40+	N/A	1.2%	142	12,158
Missing	N/A	0.1%	10	12,158
Income quintile (%)				
Quintile 1 - Low	N/A	20.2%	2,459	12,158
Quintile 2	N/A	17.9%	2,177	12,158
Quintile 3	N/A	17.2%	2,088	12,158
Quintile 4	N/A	20.0%	2,431	12,158
Quintile 5 - High	N/A	24.5%	2,975	12,158
Missing	N/A	0.2%	28	12,158
Resource Utilization Band 0-5 (RUB) (mean)*1	N/A	2.70	N/A	12,158
Adjusted Diagnosis Groups (ADG) (%)				
0	N/A	7.5%	912	12,158
1 to 5	N/A	46.6%	5,667	12,158
6 to 9	N/A	38.0%	4,623	12,158
≥10	N/A	7.9%	956	12,158
Chronic Disease conditions (%)				
Hypertension	N/A	19.0%	2,310	12,158
CHF	N/A	1.3%	159	12,158
AMI	N/A	1.1%	130	12,158
Mental Illness	N/A	21.4%	2,607	12,158
Diabetes Mellitus	N/A	7.9%	958	12,158
ED visits (rate per 1000)				
CTAS Tota (D2D indicator)l		324.1	3,890	12,001
CTAS 1-3		234.2	2,811	12,001
CTAS 4-5		89.7	1,076	12,001
CTAS 9		†	†	12,001
ACSC Hospital Admissions (rate per 1000)				
Asthma		0.5	6	12,001
CHF		1.4	17	12,001
COPD		1.7	20	12,001
Diabetes		†	†	12,001
Total (D2D indicator)		3.8	46	12,001
Hospital Readmissions (%)				
Within 30 days (D2D indicator)		4.7%	34	719
Within one year		14.9%	107	719
Proportion of visits to own physician (%)*2 (D2D indicator)	N/A	39.5%	N/A	10,553
Specialist Visits (rate per 1000)				
Respirology	N/A	32.4	389	12,001
Cardiology	N/A	84.8	1,018	12,001
Endocrinology	N/A	44	528	12,001
General Internal Medicine	N/A	49.5	594	12,001
Psychiatry	N/A	346.2	4,155	12,001
Other	N/A	1431	17,173	12,001
Total	N/A	1988	23,858	12,001
Diabetes (%)				
HbA1C: at least two within past 12 months	N/A	48.9%	413	845
Retinal examination: at least one within the past 24 months	N/A	72.3%	611	845
LDL Cholesterol: at least one within the past 12 months	N/A	66.4%	561	845
Prescribed ACE inhibitor or AARB	N/A	74.7%	293	392
Prescribed Statin	N/A	75.5%	296	392
K030: billed at least once over past year (D2D indicator)	N/A	34.0%	287	845
Q040: Percent billed during year	N/A	32.3%	273	845
Screening (%)				
Pap smear within past 2 years	N/A	48.1%	1,916	3,981
Pap smear within past 3 years (D2D indicator)	N/A	73.9%	2,887	3,909
Mammogram within past 2 years *3 (D2D indicator)	N/A	69.7%	993	1,425
FOBT within past 2 years	N/A	50.4%	1,155	2,294
Colonoscopy within past 10 years	N/A	31.5%	1,068	3,395
FOBT within past 2 years, other within 5 years or colonoscopy within past 10 years (D2D indicator)	N/A	66.5%	2,256	3,395
Cost (D2D indicator)				
Total Cost				
Cost – primary care	N/A			
Cost – Services	N/A			
Cost – Settings	N/A			
Cost – Institutions	N/A			
SAMI (D2D indicator)	N/A			
Same provider of care (D2D indicator)	N/A			

*1 The RUB numerator is calculated through a formula, and shows a range of 1-5, rather than the raw number of other patients.
*2 The Prop. Visits numerator is calculated through a formula, and shows a percentage, rather than the raw number of patients.
*3 Historical data points from March 2011 through March 2013 have been updated to include the Ontario Breast Screening Program data, and to reflect the addition of OHIP fee codes (X175 and X178) from 2010 onwards.
† patient data suppressed; number of patients 1 to 5
§ data suppressed; physician group size <6
- rate cannot be calculated, denominator = 0
NG: no group
N/A: data not available