Ontario Primary Care Performance Measurement Summit

Proceedings Report

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Acknowledgements

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See Appendix H for a listing of participant organizations

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OUTLINE

1. Executive Summary

There is widespread agreement that primary care is a high priority for improving health and healthcare system sustainability. Although primary care has been the focus of renewed interest in Ontario over the past decade, the province lacks a coordinated and sustainable approach to collect, analyze and report on the performance of the primary care system. Without the ability to assess system performance, it is difficult to drive short-term improvements to support longer term goals, and it is challenging to evaluate whether policy changes and investments are having a positive effect. At the practice level, performance measurement can support service planning, performance monitoring and quality improvement. An overarching framework for strengthening primary care in Ontario is required.

In response to this need, Health Quality Ontario (HQO) and the Canadian Institute for Health Information (CIHI), in collaboration with Cancer Care Ontario, eHealth Ontario, C-CHANGE, the Institute for Clinical Evaluative Sciences, the Local Health Integration Networks, and the Ministry of Health and Long-Term Care, established a Steering Committee and planned an invitational Summit. Senior leaders from key primary care data partners and information users in Ontario were invited to attend the Summit to assist with laying the foundation for performance measurement in primary care in Ontario. The goal of the one day event was to prioritize aspects of primary care performance that would be valuable to measure on a regular basis to inform decision-making at the practice/organization and/or system (community, regional, or provincial) levels.

Attached are detailed proceedings from the Ontario Primary Care Performance Measurement Summit held in Toronto on November 21, 2012, together with a listing of the identified measurement priorities.

Post-Summit Updates and Next Steps

Based upon feedback received from Summit participants, the Primary Care Performance Measurement Steering Committee has expanded its membership. We are pleased to welcome to the Steering Committee the Association of Family Health Teams of Ontario, the Association of Ontario Health Centres, the Ontario College of Family Physicians, the Ontario Medical Association, the Ontario Patient Relations Association, the Patients' Association of Canada, and the Registered Nurses' Association of Ontario.

In relation to next steps, the Steering Committee is currently developing a survey tool that will be circulated via email in the winter of 2013. The survey tool will aim to validate the measurement priorities identified at the Summit and further assess measurement priorities among broader primary care stakeholders. Based upon the Summit day, the survey tool, and the insight received from participants, the Primary Care Performance Measurement Framework will be finalized by the Steering Committee and Working Groups will be formed in the spring/summer of 2013. The Working Groups will identify specific performance measures for the priority measurement areas, and a Technical Advisory Committee will be formed to advise on data sources and infrastructure development. By the fall of 2013, recommendations that will support the development of infrastructure, data collection, analysis, and reporting will be finalized.

2. Setting The Stage

Rationale for Primary Care Performance Measurement

Establishing a high-performing healthcare system that efficiently achieves better outcomes at lower costs is dependent upon having a strong primary care foundation. Although primary care has been the focus of renewed interest in Ontario over the past decade, the province currently lacks a coordinated and sustainable approach to collect, analyze and report on the performance of the healthcare system. As a result, Ontario continues to miss opportunities to effectively target and maximize the benefits of its investments in primary care. An overarching framework for strengthening primary care in Ontario is required.

In response to this need, a Primary Healthcare Planning Group[1] was established in the fall of 2010 with a mandate to draft and build consensus on a strategy for improving primary healthcare in Ontario, and to organize a Summit at which the strategy could be debated, finalized, and approved by a broad-based group of stakeholders.[2]

In the spring of 2011, the Primary Healthcare Planning Group established guiding principles for five Working Groups to investigate challenges and opportunities, and provide recommendations for improvement in the areas of quality, access, efficiency, accountability, and governance. The Quality Working Group recommended that, "A Working Group should be established under the auspices of Health Quality Ontario to design a performance measurement framework, including indicators to examine how the primary care system is performing against its goals and objectives at the practice/organization level[1] and system (community, regional, and provincial) level.[2] The Working Group should include a broad range of relevant stakeholders as well as public input."[3]

In light of this recommendation, HQO and CIHI, in collaboration with Cancer Care Ontario, eHealth Ontario, C-CHANGE, the Institute for Clinical Evaluative Sciences, Local Health Integration Networks, and the Ministry of Health and Long-Term Care established a Steering Committee to plan a Primary Care Performance Measurement Summit. Senior leaders from key primary care data partners and information users in Ontario were invited to attend the Summit to assist with laying the foundation for primary care performance measurement in Ontario. The Summit took place in Toronto on November 21, 2012, with 61 senior leaders in attendance.

A detailed report of the proceedings from the Ontario Primary Care Performance Measurement Summit follows, together with a listing of the identified measurement priorities.

Environmental Scan

To support and inform the Summit, an environmental scan was conducted to examine the current state of primary care performance measurement in Ontario, throughout Canada, and internationally. The environmental scan presents a "snapshot" of existing and recently completed projects that address the measurement of performance in primary care settings. A comprehensive literature review was conducted with an electronic search of the MEDLINE, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Google Scholar databases using the keywords: "Performance measurement", "Performance standards", "Conceptual framework", "Outcome and process assessment", "Quality indicators", "Evaluation of primary care", and "Design and performance measurement". Additional instruments were identified through contact with organizations across Canada known to be involved in relevant research or currently engaged in developing performance measurement frameworks for primary care.

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[1] The **practice lens** relates to the organization, structure, process, and delivery of care

[2] The **system lens** relates to the policies, funding, governance, and accountability of the health care system

The environmental scan describes the background details of 19 identified performance measurement frameworks, initiatives, and data sources (See Appendix A for a listing of the frameworks; and Appendix B for the current primary care performance measurement initiatives that were examined).

Methodology for Identifying Potential Performance Measurement Priorities

Based on the findings of the environmental scan, it was determined that HQO's Nine Attributes of a High Performing Healthcare System Framework was the most comprehensive framework for examining primary care performance in Ontario. The Nine Attributes Framework is endorsed by the Ontario Ministry of Health and Long-Term Care through the *Excellent Care for All Act,* 2010*,* preamble, and is inspired by the Institute for Healthcare Improvement's (IHI) Triple Aim Framework[4] and the Institute of Medicine's (IOM) Six Aims for Improvement of a Healthcare System.[5] Additionally, the Ontario Primary Healthcare Planning Group specifically recommended that performance measurement should be based on the Triple Aim Framework and the Nine Attributes of a High Performing Healthcare System Framework.[6,7]

Guided by HQO's framework, the Summit Steering Committee identified eight priority domains of primary care performance as an organizing framework for the Primary Care Performance Measurement Summit deliberations: access, patient-centredness, integration, efficiency, effectiveness, focus on population health, safety and equity. A ninth domain, "appropriately resourced", was excluded as it relates mainly to inputs rather than performance (See Appendix C for definitions of each domain).

Criteria Used by the Summit Steering Committee to Shortlist Potential Measurement Priorities

The Summit Steering Committee agreed upon and applied three criteria to shortlist a set of measurement priorities for discussion and prioritization at the Summit.

1. The information is valuable to have on a regular basis for one or more purposes (e.g., service planning, management, or quality improvement) at the practice/organization or system (community, regional, or provincial) levels.
2. There is opportunity for comparison across practices, organizations, communities, regions, provinces/territories, and/or countries.
3. This aspect of primary care performance is linked in evidence to one or more aspects of the Triple Aim:
    - Improving the patient experience of care (better care)
    - Improving population health (better health)
    - Reducing the per capita cost of health care (better value)

3. Summit Day

The Process – Identifying Primary Care Performance Measurement Priorities

Guided by the eight domains, the Steering Committee prepared a worksheet of 60 potential measurement priorities with corresponding examples to inform the priority-setting process (See Appendix D for a sample worksheet). Prior to the Summit, a background document, including a copy of the worksheet, was distributed to Summit participants. Participants were encouraged to consult widely within their organizations and among their stakeholders to ensure that their primary care performance measurement priorities were represented at the Summit.

Informed by their pre-Summit consultations, participants discussed the potential measurement priorities with their table peers. During the morning session, the first four domains were discussed (20 minutes of discussion per domain). Following the table discussions, participants were given an opportunity to vote on the performance measurement priorities in the first four domains that were of the highest priority to their organization, bearing in mind the following question:

> What aspects of primary care performance would be most valuable to measure on a regular basis to inform decision-making at the practice/organizational level[3] and at the system (community, regional, provincial) level[4]?

For voting purposes, each participant was given 60 stickers (30 blue stickers and 30 red stickers). The blue stickers were used for voting on the primary care performance measurement priorities viewed through a practice lens, and the red stickers were used for voting on the priorities seen through a system lens. The table facilitators subsequently entered each participant's votes via networked computers and real-time results were produced.

This process was repeated in the afternoon session for the remaining four domains. Please refer to Appendix F for a full Summit Agenda.

The Results – Prioritizing the Potential Measurement Priorities

Below are listings of the voting results: by top 10 per lens and top 3 per domain (Please refer to Appendix C for definitions of each domain). For a full ranking of the measurement priorities from highest to lowest by practice lens and system lens, please refer to Appendix E. For a ranking of all measurement priorities by domain, please refer to Appendix F.

Please note that further consultation will be conducted via the survey tool that will be circulated in March 2013 to refine and finalize the measurement priories.

A) Top 10 Measurement Priorities By Practice/System Lens

PRACTICE LENS			**SYSTEM LENS**	
	Measurement Priority	**Domain**	**Measurement Priority**	**Domain**
1	Medication management	Safety	Continuity of care and coordination with other health care providers	Integration
2	Timely access to care	Access	Medication management	Safety
3	Screening and management of risk factors for CVD and other chronic conditions	Effectiveness	Hospital admissions and readmissions	Integration
4	Management of multiple chronic conditions (multi-morbidity)	Effectiveness	Per capita health care cost (primary care, specialist care, hospital care)	Efficiency
5	Shared clinical decision making between patients and providers	Patient-Centredness	Management of multiple chronic conditions (multi-morbidity)	Effectiveness

[3] The **practice lens** relates to the organization, structure, process and delivery of care
[4] The **system lens** relates to the policies, funding, governance and accountability of the health care system

PRACTICE LENS			SYSTEM LENS	
	Measurement Priority	**Domain**	**Measurement Priority**	**Domain**
6	Continuity of care and coordination with other health care providers	Integration	Timely access to care	Access
7	Information sharing across the continuum of care	Integration	Information sharing across the continuum of care	Integration
8	Patient experience	Patient-Centredness	Access to a regular primary care provider	Access
9	Recognition and management of adverse events	Safety	Health and socio-demographic information about the population being served	Focus on Population Health
10	Meaningful use of EMR/ EHR	Efficiency	Screening and management of risk factors for CVD and other chronic conditions	Effectiveness

B) Top 3 Measurement Priorities by Domain

	PRACTICE LENS	SYSTEM LENS
ACCESS		
1	Timely access to care	Timely access to care
2	Access to care by telephone/email	Access to a regular primary care provider
3	Access to after-hours care	Use of Emergency Department services
PATIENT-CENTEREDNESS		
1	Shared clinical decision making between patients and providers	Patient experience
2	Patient experience	Coordination of care
3	Coordination of care	Support for patient self management
INTEGRATION		
1	Continuity of care and coordination with other health care providers	Continuity of care and coordination with other health care providers
2	Information sharing across the continuum of care	Hospital admissions and readmissions
3	Hospital admissions and readmissions	Information sharing across the continuum of care

	PRACTICE LENS	SYSTEM LENS
EFFICIENCY		
1	Meaningful use of EMR/EHR	Per capita health care cost (primary care, specialist care, hospital care)
2	Unnecessary duplication of tests	Meaningful use of EMR/EHR
		Unnecessary duplication of tests
3	Support for patient self management	Coordination of care
EFFECTIVENESS		
1	Screening and management of risk factors for CVD and other chronic conditions	Management of multiple chronic conditions (multi-morbidity)
2	Management of multiple chronic conditions (multi-morbidity)	Screening and management of risk factors for CVD and other chronic conditions
3	Management of mental disorders	Management of mental disorders
FOCUS ON POPULATION HEALTH		
1	Screening and management of risk factors for CVD and other chronic conditions (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high risk behaviours)	Health and socio-demographic information about the population being served
2	Prenatal care	Cancer screening
	Preventive care for infants and children (beyond immunization)	
3	Health and socio-demographic information about the population being served	Screening and management of risk factors for CVD and other chronic conditions (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high risk behaviours)
		Immunization through the life span

	PRACTICE LENS	SYSTEM LENS
SAFETY		
1	Medication management	Medication management
2	Recognition and management of adverse events	Recognition and management of adverse events
3	Medical error	Infection control
EQUITY		
1	Mental health and addictions	Income
2	Income	Location (urban/rural/remote)
3	Ethno-cultural identity	Mental health and addictions

4. Panel Discussion – Sharing Insights

The afternoon session of the Summit included a panel discussion of insights and suggested next steps for the development a Primary Care Performance Measurement Framework. The panel recommendations included:

Institute for Clinical and Evaluative Sciences – Dr. Rick Glazier
Dr. Glazier provided his support for the development of a Primary Care Performance Measurement Framework and reflected on the fact that primary care is the least measured aspect of Ontario's health system. He commented that there was no discussion of measuring primary care 5 years ago. Dr. Glazier suggested that performance measurement is not simply about measuring the primary care system, but it is about taking action on the identified gaps in data.

Health Analytics Branch, Ministry of Health and Long-Term Care – Sten Ardal
Mr. Ardal commented that the next step in developing a Primary Care Performance Measurement Framework is to select indicators and begin measuring. He noted that consideration should be given to the unintended consequences of measurement. He also suggested that there be a period of reflections on the measures and thought as to how they will be used and why.

South Local Health Integration Network – Dr. Jonathan Kerr, Primary Care Lead
Dr. Kerr emphasized that the Primary Care Performance Measurement Framework should be implemented at the local level (by primary care leads and LHINs) to ensure that primary care providers have ownership of the quality improvement process. To ensure that the sector is in agreement with the performance measures, Dr. Kerr recommended that primary care physicians at the team level be engaged in the framework development process and that the framework be tested with Primary Health Care Councils in each LHIN to ascertain next steps.

Cancer Care Ontario - Dafna Carr
Ms. Carr noted that the Cancer Quality Council of Ontario conducts the Cancer Quality Index. She noted that Cancer Care Ontario is supportive of the Primary Care Performance Measurement Framework process and that Cancer Care Ontario is happy to share their measures and indicators to support the development of a framework.

5. The Path Forward

Areas For Further Consideration

Based on the feedback received from Summit participants through the optional evaluation form, 78% of respondents thought that the Summit objectives were achieved and several participants noted that they enjoyed the table discussions with various stakeholders who each offered a different perspective on primary care performance measurement.

During the Summit-day debriefing sessions and on participant worksheets, several comments and further considerations were raised. All 1,200 comments have been organized into a matrix and all comments have been systematically reviewed by three individuals to identify recurring themes. The following high-level themes emerged from the participant comments.

Equity Lens
Participants proposed that an equity lens should be applied across all domains.

Patient Perspective
Participants thought that the patient's perspective should be considered in each domain.

New Measurement Priorities
Several new measurement priorities were suggested for both the system and practice lenses.

Wording/Repetitive/Cross-Reference/Incorrect Measurement Priorities
Several participants recommended revisions to the wording of measures, or suggested that some of the measures were either repetitive, incorrect, or better suited to a different domain.

Next Steps/Timelines

Winter 2012

- In light of feedback received from Summit participants, the Primary Care Performance Measurement Steering Committee invited additional organizations to join an expanded Steering Committee: the Association of Family Health Teams of Ontario, the Association of Ontario Health Centres, the Ontario College of Family Physicians, the Ontario Medical Association, the Ontario Patient Relations Association, the Patients' Association of Canada, and the Registered Nurses' Association of Ontario

Winter 2013 – Spring 2013

- Develop and circulate a survey tool for use by participant organizations to further assess their members' performance measurement priorities
- Compile survey data from participant organizations
- Prepare the draft Primary Care Performance Measurement Framework

Summer 2013 – Fall 2013

- Finalize Primary Care Performance Measurement Framework
- Form Working Groups (Practice Lens and System Lens) to identify specific performance measures for the priority measurement areas
- Form a Technical Advisory Committee to advise on data sources and infrastructure development

Fall 2013

- Develop recommendations that will support the development of infrastructure, data collection, analysis, and reporting
- Develop recommendations for an ongoing process for consultation and decision-making regarding Primary Care Performance Measurement

In particular, the Working Groups will be determining the following:

1. What specific performance measurement priorities should be recommended at the practice/organization level and the system (community/regional/provincial) level?
2. Which potential data source is most appropriate for a given measure (e.g., patient surveys, administrative databases, EMR/EHR data)?
3. Who should collect and analyze the data?
4. Who should have access to what data at what level of aggregation?
5. What existing data sources can be tapped?
6. How can alignment with data from other jurisdictions (provinces and countries) be maximized?
7. How will differences in population and local health system characteristics be taken into account when comparing performance across different settings?
8. What new infrastructure for data collection, analysis, and dissemination will need to be developed?

6. For More Information

For more information about the Summit or the work of the Primary Care Performance Measurement Steering Committee, please feel free to email PCPMSummit@hqontario.ca.

7. Appendices

Appendix A – Conceptual and Performance Measurement Frameworks

Canada	International/Literature
Centre for Health Services and Policy Research: Results-Based Logic Model for Primary Health Care[8]	Framework for Primary Care Organizations: The importance of a structural domain[9]
Health Canada: National Evaluation Strategy[10]	Operational Definitions of Attributes of Primary Health Care[11]
Accreditation Canada: Qmentum[12]	World Health Organization: Primary Care Evaluation Tool[13]
Statistics Canada/Canadian Institute for Health Information: The Health Indicators Project[14]	A Conceptual Framework for Performance Assessment in Primary Health Care: Australia[15]
Health Quality Network: Alberta Quality Matrix for Health[16]	Quality Indicators for General Practice[17]
British Columbia Patient Safety & Quality Council: British Columbia Health Quality Matrix[18]	Institute for Healthcare Improvement: Triple Aim framework[19]
	Institute of Medicine: Six Aims For Improvement of a Healthcare System[20]
	American College of Physicians: A Clinical Performance Measurement Framework [21]

Appendix B - Current Initiatives and Data Sources to Measure Primary Care Performance

Ontario	Other Provinces and Pan-Canadian	International
Toronto Central Local Health Integration Network Quality Table	Canadian Institute for Health Information: Pan-Canadian Primary Health Care Indicators[22]	National Health Service: Primary Care Performance Rating: United Kingdom[23]
The Department of Family and Community Medicine: Measurement for Improvement	Canadian Institute for Health Information: Pan-Canadian Primary Health Care Survey Tools	National Health Service: Quality and Outcomes Framework: United Kingdom[24]
Cancer Quality Council of Ontario: Cancer System Quality Index[25]	Nova Scotia Department of Health: A Primary Health Care Evaluation System for Nova Scotia[26]	Primary Health Organization Performance Programme: New Zealand[27]
Health Quality Ontario/Institute for Clinical Evaluative Sciences: Primary Care Performance Measures	The Accountability Monitoring Evaluation Working Group: Program Evaluation Framework: Alberta[28]	The Commonwealth Fund: International Health Policy Survey – General Population, data source[29]
Ontario Ministry of Health and Long-Term Care: Primary Care Access Survey (PCAS) [30]	New Brunswick Health Council: New Brunswick Health System Report Card[31]	The Commonwealth Fund International Health Policy Survey – Sicker Adults[32]
Ontario Ministry of Health and Long-Term Care: Primary Care Survey (PCS)	Saskatchewan Health Quality Council: Quality Insight: Saskatchewan[33]	The Commonwealth Fund: International Survey of Primary Care Doctors [34]
McMaster University/Ontario College of Family Physicians: The Quality Book of Tools[35]	Statistics Canada/Canadian Institute for Health Information/Health Council of Canada: Canadian Survey of Experiences with Primary Health Care	
Cancer Care Ontario: Primary Care ColonCancerCheck Screening Activity Report	Canadian Institute for Health Information: Primary Health Care Voluntary Reporting System (PHC VRS) EMR data source	
	Canadian Primary Care Sentinel Surveillance Network (CPCSSN)—a Chronic Disease Management Surveillance EMR data source	

Appendix C – Definition of Domains

	ATTRIBUTE	EXAMPLE
1.	**Accessible**	People should be able to get timely and appropriate healthcare services to achieve the best possible health outcomes.
2.	**Patient-Centered**	Healthcare providers should offer services in a manner that is sensitive to an individual's needs and preferences.
3.	**Integrated**	All parts of the health system should be organized, connected, and work with one another to provide high quality care.
4.	**Efficient**	The health system should continually look for ways to reduce waste, including waste of supplies, equipment, time, ideas, and information.
5.	**Effective**	People should receive care that works and is based on the best available scientific information.
6.	**Focused on Population Health**	The health system should work to prevent sickness and improve the health of the people of Ontario.
7.	**Safe**	People should not be harmed by an accident or mistake when they receive care.
8.	**Equitable**	People should get the same quality of care regardless of who they are and where they live.
9.	***Appropriately Resourced**	The health system should have enough qualified providers, funding, information, equipment, supplies and facilities to look after people's health needs. The measures and indicators of this attribute will vary across jurisdictions depending on the unique characteristics of each society. The following factors should be considered: 1. Practice characteristics: Types, numbers and mix of providers Providers: age, sex, education/training, years in practice, remuneration methods 2. Organization characteristics (if the organization comprises multiple practices):As for practice plus: Funding mechanisms, Ownership/governance 3. Health system characteristics (local area/community, region): Types, numbers and mix of health care resources and organizations 4. Population characteristics (practice, local area/community, region): Age and Gender distribution, Morbidity/health status, Income, education, ethnicity/culture, immigration status)

**Appropriately Resourced relates to inputs rather than performance.*

Appendix D – Sample Worksheet

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
Access	#1	Access to a regular primary care provider	Percent of population who currently have a regular primary health care (PHC) provider, by type of PHC provider		
	#2	Access to an inter-professional primary care team	Patients to non-patients accessing interdisciplinary teams, by types of providers: • General practitioner/Family physician (GP/FP) • Nurse practitioner (NP) • Registered nurse (RN) • Occupational therapist (OT) • Physiotherapist (PT) • Pharmacist, and •Other professionals (e.g., dietician, psychologist, chiropodist, etc.)		
	#3	Timely access to care	Average number of days to obtain an appointment with regular Primary Care Network provider for: • Urgent acute episodic care • Non-urgent episodic care • Routine or ongoing care		
	#4	Access to after-hours care	Percent of sicker adults who stated that it was easy/very easy to get medical care in the evening, on a weekend, or on a holiday without going to emergency department (ED)		
	#5	Access to care by telephone/email	Percent of people who reported that it was easy/very easy to contact their doctor's practice during regular hours about a health problem by: • Telephone • Email		
	#6	Access to home visits	Percent of PHC organizations who currently provide the following services: •Liaison with home care; • Provision of home visits by PHC MD/RN/RPN/RPh		

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
Access Continued			Average number of home visits per week per GP		
	#7	Use of Emergency Department services*[Integration]	The last time you went to the hospital emergency department, was it for a condition that you thought could have been treated by your [primary care provider] if he/she had been available?		
			Percent of Emergency Department visits by ongoing primary care clients who visit the ED with a CTAS score of 4 or 5 (non-urgent)		
	Comments/Suggestions on Access:				
Patient-Centeredness	#8	Patient experience	Overall, how often does your family physician (or general practitioner) allow you enough time to discuss your feelings, fears and concerns about your health?		
			Percent of PHC clients/patients, 18 years and over, whose regular PHC provider treated them in a caring manner, over the past 12 months		
	#9	Respect for patients' values and expressed needs	Proportion of the population that can identify a primary care provider who assumes principal responsibility for their care and knows their health needs and values systematically		
	#10	Symptom management	Percentage of patients who said their physical symptoms were controlled to a comfortable level		
	#11	Privacy & confidentiality	Percentage of clients/patients who were satisfied with how their provider respected their privacy provided by their PHC organization (e.g. staff in reception, clinicians in exam room) over the past 12 months		

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
	#12	Coordination of care	Percentage of Network users who report that their Primary Care Network provider arranged services for them from other health care providers (outside of network) over the past 12 months		
Patient-Centeredness Continued	#13	Shared clinical decision making between patients and providers*[Effectiveness]	In the past 12 months, how often did your family physician (or general practitioner) involve you in clinical decisions about your health care? (e.g., decisions related to [tests])		
			Percentage of PHC clients/patients, 18 years and over, who were involved in clinical decision making regarding their health, with their regular PHC provider, over the past 12 months		
	#14	Support for patient self management*[Effectiveness]	Percentage of PHC clients/patients, 18 years and over, with a chronic health condition(s), whose PHC organization provided them with resources to support self-management or self-help groups		
			Percentage of Primary Care Network users with a chronic health condition that report that they feel supported to manage their own health, over the past 12 months		
	#15	Access to a regular primary care provider*[Access]	When you go to your (primary care provider), how often are you taken care of by the same family physician or nurse each time?		
	#16	Socio-cultural competency	Percentage of Primary Care Network providers who report that they needed translation/medical interpretation services, over the past 12 months, but, did not obtain them		
			Percentage of community members who report that the services they receive are responsive to their cultural, racial, spiritual and other diverse needs		
	Comments/Suggestions on Patient-Centredness:				

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
Integration	#17	Information sharing across the continuum of care	Percentage of PHC organizations who currently coordinate client/patient care with other health care organizations using standardized clinical protocols or assessment tools		
	#18	Continuity of care and coordination with other health care providers	Percentage of Primary Care Networks that have formed shared care or care pathway arrangements between primary care providers and others for complex patients and/or patients with chronic disease		
			Percentage of Network users who report that their Primary Care Network provider arranged services for them from other health care providers (outside of network) over the past 12 months		
	#19	Time to referred appointment with a specialist	Percentage of patients who see a specialist within one month of referral by their primary care physician		
	#20	Time to referred diagnostic test (e.g., CAT scan, MRI)	The number of patients waiting more than six weeks for diagnostic tests		
	#21	Use of Emergency Department services*[Access]	Percentage of people in Ontario who thought they could have been treated by the doctor or staff at the place where they usually get medical care if care had been available the last time they went to the hospital or ED		
	#22	Hospital admissions and readmissions	Age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population, 75 years and under		
			Hospital Readmissions (rate per 100 admissions) - Within 30 days - Within one year		

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
	Comments/Suggestions on Integration:				
Efficiency	#23	Per capita health care cost (primary care, specialist care, hospital care)	Average annual per capita operational expenditures of PHC services for: • Health Human Resources; • Family Physicians/General Practitioners; • Nurse Practitioners; • Other PHC providers		
	#24	Patient wait times in office	How many minutes late do your appointments at your doctor's office usually begin		
	#25	Unnecessary duplication of tests	Percentage of PHC FPs/GPs/NPs who repeated tests because findings were unavailable over the past month		
	#26	Meaningful use of EMR/EHR	Do PHC organizations have a registry of patients with chronic conditions (diabetes, asthma, heart disease, stroke, depression) for whom they develop specific programs?		
	#27	Support for patient self management*Patient-Centredness and Effectiveness	Percentage of PHC clients/patients, 18 years and over, with a chronic condition(s), who actively participated in the development of a treatment plan with their PHC provider over the past 12 months		
			Percentage of Primary Care Network users with a chronic health condition that report that they feel supported to manage their own health, over the past 12 months		
	#28	Coordination of care*Patient-Centredness	Percentage of Network users who report that their Primary Care Network provider arranged services for them from other health care providers (outside of network) over the past 12 months		
	Comments/Suggestions on Efficiency:				

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
Effectiveness	#29	Management of asthma & COPD	Percentage of PHC clients/patients, ages 6 to 55 years, with asthma, who were dispensed high amounts (greater than 4 canisters) of short-acting beta2-agonist (SABA) within the past 12 months AND who received a prescription for preventer/controller medication (e.g. inhaled corticosteroid—ICS)		
			Patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea score in the preceding15 months		
	#30	Management of CVD/stroke	Percentage of PHC clients/patients, 18 years and over, with coronary artery disease who received annual testing, within the past 12 months, for all of the following: • Fasting blood sugar; • Full fasting lipid profile screening; • Blood pressure measurement; and • Obesity/overweight screening		
			Percentage of PHC clients/patients, 18 years and over, with hypertension for duration of at least one year, who have blood pressure measurement control (i.e. less than 140/90 mmHg) within the past 12 months		
	#31	Management of diabetes/CKD	Percentage of PHC clients/patients, 18 years and over, with diabetes mellitus in whom the last A1c was 7.0% or less (or equivalent test/reference range depending on local laboratory) in the last 15 months		
			Patients on the CKD register whose notes have a record of a urine albumin: creatinine ratio (or protein: creatinine ratio) test in the previous 15 months		

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
Effectiveness Continued	#32	Management of mental disorders	Percentage of PHC clients/patients, 18 years and over, with panic disorder, depression or generalized anxiety disorder who are offered treatment (pharmacological and/or non-pharmacological) or referral to a mental health provider		
	#33	Management of multiple chronic conditions (multi-morbidity)	Age-Standardized percent of adults with one or more of four select chronic conditions who had measurements for blood pressure in the past 12 months		
	#34	Management of Cancer	The practice can produce a register of all cancer patients defined as a "register of patients with a diagnosis of cancer excluding non-melanotic skin cancers"		
	#35	Screening and management of risk factors for CVD and other chronic conditions*Focus on population health	Percentage of PHC clients/patients, 12 years and over, who were screened by their PHC provider for the following common health risks over the past 12 months: • Tobacco use; • Unhealthy eating habits; • Problem drug use; • Physical inactivity; • Overweight status; • Problem alcohol drinking; •Unmanaged psychosocial stress and/or depression		
	#36	Palliative care	The practice has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed		
	#37	Support for patient self management*Patient-Centredness	Percentage of Primary Care Network users with a chronic health condition that report that they feel supported to manage their own health, over the past 12 months		

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
Effectiveness Continued	#38	Shared clinical decision making*[Patient-Centrednes]	Percentage of PHC clients/patients, 18 years and over, who were involved in clinical decision-making regarding their health, with their regular PHC provider, over the past 12 months		
			In the past 12 months, how often did your family physician (or general practitioner) involve you in clinical decisions about your health care? For e.g., decisions related to [tests]		
	Comments/Suggestions on Effectiveness:				
Focus on Population Health	#39	Health and socio-demographic information about the population being served	Percentage of PHC organizations who used information on the composition of their practice population to allocate resources for programs/services, over the past 12 months.		
	#40	Immunization through the life span	Percentage of PHC clients/patients, 65 years and over, who received an influenza immunization within the past 12 months		
	#41	Screening and management of risk factors for CVD and other chronic conditions (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high risk behaviours)*[Effectiveness]	Percentage of PHC clients/patients, 12 years and over, who were screened by their PHC provider for the following common health risks over the past 12 months: • Tobacco use • Unhealthy eating habits • Problem drug use • Physical inactivity • Overweight status • Problem alcohol drinking • Unmanaged psychosocial stress and/or depression		
	#42	Cancer screening	Percentage of women PHC clients/patients, ages 21 to 70 who have received a Papanicolaou smear within the past 3 years		

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
Focus on Population Health Continued			Percentage of Ontarians (aged 50-74) in each year, who have completed at least one FOBT in the previous 2 years, flexible sigmoidoscopy in the previous 5 years, or colonoscopy in the previous 10 years		
			Age-adjusted percentage of women (aged 50-69) who received a screening mammogram within a two-year time interval by OBSP and non-OBSP centres		
	#43	Chronic disease screening (e.g. diabetes, hypertension, asthma, depression)	Percentage of primary care network patients screened for: • Diabetes Mellitus • Asthma • Congestive Heart Failure • Coronary Artery Disease • Hypertension • Mental Health • Use of Addictive Substances		
	#44	Prenatal care	Percentage of eligible patients who were offered and/or received preventive care (according to the Canadian Task Force on Preventive Health Care - CTFPHC selected Grade A Recommendations and One Grade B Recommendation) of the following manoeuvres: i.e. Prenatal and Perinatal – Influenza vaccination		
	#45	Preventive care for infants and children (beyond immunization)	Percentage of PHC clients/patients with children under 2 years who were given information on child injury prevention in the home		
	Comments/Suggestions on Focus on Population Health:				

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
Safety	#46	Medication management	In the past 12 months, how often have your medical doctors reviewed and discussed all the different medications you are using, including medicines prescribed by other medical doctors?		
			Percentage of PHC organizations with a process in place to ensure that a current medication and problem list is recorded in the PHC client/patient's health record		
	#47	Medical error	Did the medical doctor or health professional involved tell you that an error had been made in your treatment?		
	#48	Recognition and management of adverse events	In the past 12 months, have you had a side effect from a prescription that required you to visit a medical doctor or emergency room?		
			There is an incident reporting system to identify and address serious or potentially serious adverse events		
	#49	Infection control	*No known example at this time*		
	Comments/Suggestions on Safety:				
Equity * **Access, Effectiveness, Integration, Patient-Centredness**	#50	Age	*No known example at this time*		
	#51	Gender	*No known example at this time*		
	#52	Education	*No known example at this time*		
	#53	Income	Percentage of Ontarians (aged 50 to 74) who have completed at least one FOBT in the prior two years, or flexible sigmoidoscopy in the last 5 years, or colonoscopy in the last 10 years, by income quintile		
	#54	Ethno-cultural identity	*No known example at this time*		
	#55	First Nations/aboriginal status	*No known example at this time*		

Domain	ID #	Potential Measurement Priorities	Example	High Priority	
				Practice Lens	System Lens
	#56	Immigration	*No known example at this time*		
	#57	Language	*No known example at this time*		
	#58	Sexual orientation/identity	*No known example at this time*		
	#59	Location (urban/rural/remote)	*No known example at this time*		
	#60	Mental health and addictions	*No known example at this time*		
	Comments/Suggestions on Equity:				

**Performance measurement priority has been cross-referenced across domains. The focus of the measurement area will be relevant to each domain.*

NOTE: Equity will be examined as a cross cutting domain, (i.e., variations in domains such as access, effectiveness, and patient-centredness will be examined across selected population sub-groups).

Appendix E – Ranking of All Measurement Priorities Practice Lens/System Lens (Highest to Lowest)

i) Practice Lens Results

PRACTICE LENS MEASUREMENT PRIORITY		VOTES
1.	Medication management (SAFETY)	50
2.	Timely access to care (ACCESS)	44
3.	Screening and management of risk factors for CVD and other chronic conditions (EFFECTIVENESS)	44
4.	Management of multiple chronic conditions (multi-morbidity) (EFFECTIVENESS)	43
5.	Shared clinical decision making between patients and providers (PATIENT-CENTREDNESS)	40
6.	Continuity of care and coordination with other health care providers (INTEGRATION)	38
7.	Information sharing across the continuum of care (INTEGRATION)	38
8.	Patient experience (PATIENT-CENTREDNESS)	37
9.	Recognition and management of adverse events (SAFETY)	35
10.	Meaningful use of EMR/EHR (EFFICENCY)	35
11.	Screening and management of risk factors for CVD and other chronic conditions (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high risk behaviours) (FOCUS ON POPULATION HEALTH)	33
12.	Prenatal care (FOCUS ON POPULATION HEALTH)	32
13.	Preventive care for infants and children (beyond immunization) (FOCUS ON POPULATION HEALTH)	32
14.	Coordination of care (PATIENT-CENTREDNESS)	31
15.	Support for patient self management (PATIENT-CENTREDNESS)	31
16.	Health and socio-demographic information about the population being served (FOCUS ON POPULATION HEALTH)	29
17.	Unnecessary duplication of tests (EFFICENCY)	29
18.	Mental health and addictions (EQUITY)	28

PRACTICE LENS MEASUREMENT PRIORITY		VOTES
19.	Chronic disease screening (e.g., diabetes, hypertension, asthma, depression) (FOCUS ON POPULATION HEALTH)	28
20.	Access to care by telephone/email (ACCESS)	28
21.	Income (EQUITY)	27
22.	Cancer screening (FOCUS ON POPULATION HEALTH)	27
23.	Management of mental disorders (EFFECTIVENESS)	27
24.	Support for patient self management (EFFECTIVENESS)	25
25.	Ethno-cultural identity (EQUITY)	24
26.	Immunization through the life span (FOCUS ON POPULATION HEALTH)	23
27.	Palliative care (EFFECTIVENESS)	22
28.	Socio-cultural competency (PATIENT-CENTREDNESS)	22
29.	Respect for patients' values and expressed needs (PATIENT-CENTREDNESS)	22
30.	Medical error (SAFETY)	21
31.	Symptom management (PATIENT-CENTREDNESS)	21
32.	Hospital admissions and readmissions (INTEGRATION)	20
33.	Access to after-hours care (ACCESS)	20
34.	Management of CVD/stroke (EFFECTIVENESS)	20
35.	Access to an inter-professional primary care team (ACCESS)	19
36.	Infection control (SAFETY)	19
37.	Management of diabetes/CKD (EFFECTIVENESS)	19
38.	Support for patient self management *Patient-Centredness and Effectiveness (EFFICENCY)	19
39.	Management of asthma & COPD (EFFECTIVENESS)	19
40.	Access to a regular primary care provider (ACCESS)	18
41.	Location (urban/rural/remote) (EQUITY)	18

PRACTICE LENS MEASUREMENT PRIORITY		VOTES
42.	First Nations/Aboriginal status (EQUITY)	18
43.	Gender (EQUITY)	18
44.	Coordination of care (EFFICENCY)	18
45.	Access to a regular primary care provider (PATIENT-CENTREDNESS)	18
46.	Education (EQUITY)	18
47.	Shared clinical decision making (EFFECTIVENESS)	18
48.	Time to referred appointment with a specialist (INTEGRATION)	17
49.	Language (EQUITY)	17
50.	Patient wait times in office (EFFICENCY)	17
51.	Per capita health care cost (primary care, specialist care, hospital care) (EFFICENCY)	16
52.	Use of Emergency Department services (ACCESS)	15
53.	Access to home visits (ACCESS)	15
54.	Age (EQUITY)	14
55.	Immigration (EQUITY)	13
56.	Management of cancer (EFFECTIVENESS)	12
57.	Use of Emergency Department services (INTEGRATION)	10
58.	Time to referred diagnostic test (e.g., CAT scan, MRI) (INTEGRATION)	8
59.	Sexual orientation/identity (EQUITY)	7
60.	Privacy & confidentiality (PATIENT-CENTREDNESS)	7

ii) System Lens Results

	SYSTEM LENS MEASUREMENT PRIORITY	VOTES
1.	Continuity of care and coordination with other health care providers (INTEGRATION)	45
2.	Medication management (SAFETY)	41
3.	Hospital admissions and readmissions (INTEGRATION)	41
4.	Per capita health care cost (primary care, specialist care, hospital care) (EFFICENCY)	41
5.	Management of multiple chronic conditions (multi-morbidity) (EFFECTIVENESS)	40
6.	Timely access to care (ACCESS)	38
7.	Information sharing across the continuum of care (INTEGRATION)	38
8.	Access to a regular primary care provider (ACCESS)	37
9.	Health and socio-demographic information about the population being served (POPULATION HEALTH FOCUSED)	36
10.	Screening and management of risk factors for CVD and other chronic conditions (EFFECTIVENESS)	34
11.	Use of Emergency Department services (ACCESS)	34
12.	Income (EQUITY)	33
13.	Access to an inter-professional primary care team (ACCESS)	33
14.	Recognition and management of adverse events (SAFETY)	32
15.	Meaningful use of EMR/EHR (EFFICENCY)	31
16.	Unnecessary duplication of tests (EFFICENCY)	31
17.	Cancer screening (POPULATION HEALTH FOCUSED)	31
18.	Patient experience (PATIENT-CENTREDNESS)	30
19.	Coordination of care (PATIENT-CENTREDNESS)	30
20.	Location (urban/rural/remote) (EQUITY)	29
21.	Screening and management of risk factors for CVD and other chronic conditions (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high	28

	SYSTEM LENS MEASUREMENT PRIORITY	VOTES
	risk behaviours) (POPULATION HEALTH FOCUSED)	
22.	Immunization through the life span (POPULATION HEALTH FOCUSED)	28
23.	Mental health and addictions (EQUITY)	27
24.	Prenatal care (POPULATION HEALTH FOCUSED)	26
25.	Chronic disease screening (e.g., diabetes, hypertension, asthma, depression) (POPULATION HEALTH FOCUSED)	26
26.	First Nations/Aboriginal status (EQUITY)	26
27.	Time to referred appointment with a specialist (INTEGRATION)	26
28.	Management of mental disorders (EFFECTIVENESS)	25
29.	Preventive care for infants and children (beyond immunization) (POPULATION HEALTH FOCUSED)	24
30.	Support for patient self management (PATIENT-CENTREDNESS)	24
31.	Ethno-cultural identity (EQUITY)	23
32.	Palliative care (EFFECTIVENESS)	20
33.	Infection control (SAFETY)	20
34.	Gender (EQUITY)	20
35.	Access to after-hours care (ACCESS)	19
36.	Coordination of care (EFFICENCY)	19
37.	Use of Emergency Department services (INTEGRATION)	19
38.	Time to referred diagnostic test (e.g., CAT scan, MRI) (INTEGRATION)	19
39.	Shared clinical decision making between patients and providers (PATIENT-CENTREDNESS)	17
40.	Support for patient self management (EFFECTIVENESS)	17
41.	Socio-cultural competency (PATIENT-CENTREDNESS)	17
42.	Medical error (SAFETY)	17
43.	Age (EQUITY)	17
44.	Language (EQUITY)	16
45.	Immigration (EQUITY)	16
46.	Access to a regular primary care provider (PATIENT-CENTREDNESS)	15

	SYSTEM LENS MEASUREMENT PRIORITY	VOTES
47.	Education (EQUITY)	15
48.	Management of diabetes/CKD (EFFECTIVENESS)	13
49.	Access to care by telephone/email (ACCESS)	12
50.	Respect for patients' values and expressed needs (PATIENT-CENTREDNESS)	12
51.	Management of CVD/stroke (EFFECTIVENESS)	12
52.	Support for patient self management *Patient-Centredness and Effectiveness (EFFICENCY)	10
53.	Management of asthma & COPD (EFFECTIVENESS)	10
54.	Management of cancer (EFFECTIVENESS)	10
55.	Shared clinical decision making (EFFECTIVENESS)	8
56.	Access to home visits (ACCESS)	8
57.	Symptom management (PATIENT-CENTREDNESS)	6
58.	Sexual orientation/identity (EQUITY)	6
59.	Privacy & confidentiality (PATIENT-CENTREDNESS)	5
60.	Patient wait times in office (EFFICENCY)	3

Appendix F – Ranking of All Measurement Priorities – by Domain

i) Practice Lens Results

Domain	Potential Measurement Priorities	Practice Lens Votes
Access	Timely access to care	44
	Access to care by telephone/email	28
	Access to after-hours care	20
	Access to an inter-professional primary care team	19
	Access to a regular primary care provider	18
	Access to home visits	15
	Use of Emergency Department services*Integration	15
Patient-Centeredness	Shared clinical decision making between patients and providers*Effectiveness	40
	Patient experience	37
	Coordination of care	31
	Support for patient self management*Effectiveness	31
	Respect for patients' values and expressed needs	22
	Socio-cultural competency	22
	Symptom management	21
	Access to a regular primary care provider*Access	18
	Privacy & confidentiality	7
Integration	Information sharing across the continuum of care	38
	Continuity of care and coordination with other health care providers	38
	Hospital admissions and readmissions	20
	Time to referred appointment with a specialist	17
	Use of Emergency Department services*Access	10
	Time to referred diagnostic test (e.g., CAT scan, MRI)	8
Efficiency	Meaningful use of EMR/EHR	35
	Unnecessary duplication of tests	29
	Support for patient self management*Patient-Centredness and Effectiveness	19
	Coordination of care*Patient-Centredness	18
	Patient wait times in office	17
	Per capita health care cost (primary care, specialist care, hospital care)	16
Effectiveness	Screening and management of risk factors for CVD and other chronic conditions*Focus on population health	44
	Management of multiple chronic conditions (multi-morbidity)	43
	Management of mental disorders	27
	Support for patient self management*Patient-Centredness	25
	Management of CVD/stroke	20
	Palliative care	20
	Management of diabetes/CKD	19
	Management of asthma & COPD	19

Domain	Potential Measurement Priorities	Practice Lens Votes
	Shared clinical decision making*Patient-Centrednes	18
	Management of cancer	12
Focus on Population Health	Screening and management of risk factors for CVD and other chronic conditions (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high risk behaviours)*Effectiveness	33
	Prenatal care	32
	Preventive care for infants and children (beyond immunization)	32
	Health and socio-demographic information about the population being served	29
	Chronic disease screening (e.g., diabetes, hypertension, asthma, depression)	28
	Cancer screening	27
	Immunization through the life span	23
Safety	Medication management	50
	Medical error	21
	Recognition and management of adverse events	35
	Infection control	19
Equity *Access, Effectiveness, Integration, Patient-Centredness	Mental health and addictions	28
	Income	27
	Ethno-cultural identity	24
	Gender	18
	Education	18
	First Nations/Aboriginal status	18
	Location (urban/rural/remote)	18
	Language	17
	Age	14
	Immigration	13
	Sexual orientation/identity	7

ii) System Lens Results

Domain	Potential Measurement Priorities	System Lens Votes
Access	Timely access to care	38
	Access to a regular primary care provider	37
	Use of Emergency Department services*Integration	34
	Access to an inter-professional primary care team	33
	Access to after-hours care	19
	Access to care by telephone/email	12
	Access to home visits	8
Patient-Centeredness	Patient experience	30
	Coordination of care	30
	Support for patient self management*Effectiveness	24

Domain	Potential Measurement Priorities	System Lens Votes
	Shared clinical decision making between patients and providers*Effectiveness	17
	Socio-cultural competency	17
	Access to a regular primary care provider*Access	15
	Respect for patients' values and expressed needs	12
	Symptom management	6
	Privacy & confidentiality	6
Integration	Continuity of care and coordination with other health care providers	45
	Hospital admissions and readmissions	41
	Information sharing across the continuum of care	38
	Time to referred appointment with a specialist	26
	Use of Emergency Department services*Access	19
	Time to referred diagnostic test (e.g., CAT scan, MRI)	19
Efficiency	Per capita health care cost (primary care, specialist care, hospital care)	41
	Meaningful use of EMR/EHR	31
	Unnecessary duplication of tests	31
	Coordination of care*Patient-Centredness	19
	Support for patient self management*Patient-Centredness and Effectiveness	10
	Patient wait times in office	3
Effectiveness	Management of multiple chronic conditions (multi-morbidity)	40
	Screening and management of risk factors for CVD and other chronic conditions*Focus on population health	34
	Management of mental disorders	25
	Palliative care	20
	Support for patient self management*Patient-Centredness	17
	Management of diabetes/CKD	13
	Management of CVD/stroke	12
	Management of asthma & COPD	10
	Management of cancer	10
	Shared clinical decision making*Patient-Centrednes	8
Focus on Population Health	Health and socio-demographic information about the population being served	36
	Cancer screening	31
	Immunization through the life span	28
	Screening and management of risk factors for CVD and other chronic conditions (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high risk behaviours)*Effectiveness	28
	Prenatal care	26
	Chronic disease screening (e.g., diabetes, hypertension, asthma, depression)	26

Domain	Potential Measurement Priorities	System Lens Votes
	Preventive care for infants and children (beyond immunization)	24
Safety	Medication management	41
	Recognition and management of adverse events	32
	Infection control	20
	Medical error	17
Equity * **Access, Effectiveness, Integration, Patient-Centredness**	Income	33
	Location (urban/rural/remote)	29
	Mental health and addictions	27
	First Nations/Aboriginal status	26
	Ethno-cultural identity	23
	Gender	20
	Age	17
	Language	16
	Immigration	16
	Education	15
	Sexual orientation/identity	6

Appendix G – Summit Day Agenda

8:30 Welcoming Remarks (Brian Hutchison and Greg Webster)

8:45 Opening Remarks: Setting the context (Susan Fitzpatrick)

9:00 Environmental Scan (Brian Hutchison and Greg Webster)

9:30 Overview of Meeting Process: Results Worth Measuring

9:45 Health Break

10:00 Priority Primary Care Domains (1-4)

11:45 Networking Lunch

12:45 Priority Primary Care Domains (5-8)

2:40 Health Break

3:00 Reviewing Results and Achieving Consensus

4:05 Panel Discussion: Sharing Insights

4:40 Next Steps & Moving Forward (Brian Hutchison & Greg Webster)

4:50 Closing Remarks (Dr. Ben Chan)

Appendix H – Summit Invitees

Association of Family Health Teams of Ontario
Association of Ontario Health Centres
Association of Ontario Midwives
Canadian Institute for Health Information
Canadian Institutes of Health Research
Canadian Mental Health Association
Canadian Patient Safety Institute
Canadian Primary Care Sentinel Surveillance Network
Cancer Care Ontario (including Ontario Renal Network)
Cancer Quality Council of Ontario
C-CHANGE
Change Foundation
Community Health Centre – Regent Park
Community Health Centre – South Riverdale
College of Nurses of Ontario
eHealth Ontario
Family Health Team – The Dorval Medical Associates
Family Health Teams – Wise Elephant
Family Health Teams – Queen Square
Health Canada
Health Force Ontario
Health Quality Ontario
Information Technology Association of Canada
Institute for Clinical Evaluative Sciences
LHIN – Central
LHIN – Central East
LHIN – Central West
LHIN – Champlain
LHIN – eHealth Cluster
LHIN – Erie St. Clair
LHIN – Mississauga Halton
LHIN - Hamilton Niagara Haldimand Brant
LHIN – North East
LHIN – North Simcoe Muskoka
LHIN – North West
LHIN – South East
LHIN – South West
LHIN – Toronto Central
LHIN - Waterloo Wellington
Manitoba Health

Nurse Practitioners' Association of Ontario
Ontario Association of Community Care Access Centres
Ontario College of Family Physicians
Ontario Community Health Centre Performance Measurement Committee
Ontario Hospital Association
OntarioMD
Ontario Medical Association
Ontario Ministry of Health and Long-Term Care
Ontario Nurses' Association
Ontario Paramedic Association
Ontario Patient Relations Association
Ontario Telehealth Network
Patients' Association of Canada
Patient Destiny
Public Health Agency of Canada
Public Health Ontario
Registered Nurses Association of Ontario
University of Ottawa
University of Toronto

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