

A Primary Care Performance Measurement Framework for Ontario

Technical Appendices:
Report of the Steering Committee
for the Ontario Primary Care Performance
Measurement Initiative: Phase One

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Appendix 1: Ontario Primary Care Performance Measurement Initiative Steering Committee Terms of Reference

INTRODUCTION:

Health Quality Ontario is collaborating with key primary care stakeholders through the Ontario Primary Care Performance Measurement Steering Committee to provide leadership on a coordinated and sustainable approach to measure and report on primary care performance.

The goal is to determine what aspects of primary care performance are most valuable to measure on a regular basis and the data sources and infrastructure required to support them. Agreement on these measures and support for their collection will drive short-term improvements, support longer term goals and track the impact of policy changes and investments. Performance measurement can inform service planning, performance monitoring and quality improvement.

STEERING COMMITTEE PURPOSE:

The purpose of the Ontario Primary Care Performance Measurement Steering Committee is to advise on the development, implementation and evaluation of a Primary Care Performance Measurement framework for Ontario, identify and oversee working groups and technical advisory group composition, and advise on activities related to the ongoing governance of the Primary Care Performance Measurement framework.

COMMITMENT:

Members of the Steering Committee will be invited to serve until:

- a) June 2014 to advise on the development of the PCPM framework
- b) December 2016 (expected date) to advise on activities related to the ongoing governance, implementation and evaluation of the PCPM framework

RESPONSIBILITIES:

Specifically, members of the Steering Committee will provide advice to HQO and other stakeholders with respect to:

- Securing agreement among key stakeholders on primary care performance measurement priorities
- Development of a primary care performance measurement framework
- Composition and terms of reference for Working Groups that will be tasked with recommending specific performance measures and data sources
- Final selection of performance measures and data sources
- Identification and selection of a central data repository
- Ongoing governance processes for guiding the implementation and reporting of primary care performance measurement
- Identification of opportunities and risks

MEETING FORMAT:

- It is anticipated that Steering Committee meetings will be scheduled quarterly and will be held face-to-face or via teleconference with WebEx option

- Agenda and supporting documentation will be circulated to Steering Committee members at least 48 hours prior to meetings
- Steering Committee members should assume that all members have read the supporting documentation prior to the meeting
- Steering Committee members are encouraged to attend meetings regularly. In circumstances where a member is not able to attend a meeting, a consistent alternate representative should attend the meeting on their behalf
- Steering Committee members will strive for consensus when advising the Primary Care Performance Measurement Core Team and, in the interest of time and remaining on task, the chairs may defer items that need further discussion to a later date. When consensus cannot be reached, a simple majority vote will be applied to those members in attendance

GUIDING NORMS:

- Every member is responsible for the progress and success of the initiative
- Every member is responsible for ensuring that their voice is heard
- Every member should be specific, constructive, and solution-oriented with their feedback
- Every member should be a participant, without dominating
- Every member should strive to apply the resultant framework to the ongoing work of their organization

MEMBERSHIP:

- Members have been selected for their primary care measurement leadership in Ontario and their ability to influence change in their respective organizations.

Appendix 2: Ontario Primary Care Performance Measurement Initiative Measures Working Group Terms of Reference

BACKGROUND AND PURPOSE

Health Quality Ontario (HQO) is collaborating with key primary care stakeholders through the Ontario Primary Care Performance Measurement (PCPM) Steering Committee to provide leadership on a coordinated and sustainable approach to measure and report on primary care performance.

Goal

The goal is to determine what aspects of primary care performance are most valuable to measure on a regular basis and the data sources and infrastructure required. Agreement on performance measures and support for their collection, analysis and reporting will drive system improvements, track the impact of policy changes and investments and inform service planning, performance monitoring and quality improvement at the practice level.

PCPM Summit

Recognizing the need for coordination and alignment among current and proposed primary care performance measurement initiatives, HQO and the Canadian Institute for Health Information (CIHI), in partnership with others, organized a PCPM Summit in November, 2012 to begin to identify primary care performance measurement priorities at the practice/organization and system (community, LHIN and provincial) levels. Through the use of consensus building and electronic voting techniques, senior leaders from participating primary care stakeholder associations:

1. Identified preliminary performance measurement priorities that would be valuable to measure on a regular basis to inform decision-making at the practice and system levels;
2. Committed to engage in ongoing collaborative work.

The Summit Proceedings report can be found on [HQO](#) & [CIHI](#) websites.

PCPM Stakeholder Survey

During spring 2013 a PCPM stakeholder survey was circulated by the 15 organizations represented on the Steering Committee to engage their members and solicit their views on which aspects of primary care performance would be valuable to measure.

Ontario PCPM Framework

Informed by the Summit results and over 850 responses received from the stakeholder survey, the Steering Committee identified the list of measurement priorities for the system level and the practice level .

MEASURES WORKING GROUP ROLE

Select a set of preferred specific measures for the PCPM framework guided by the following considerations:

- *Opportunity for comparison with practice, regional, national and/ or international PC performance*
- *Likelihood that the measure will inform quality improvement*
- *Evidence that the measure will address one or more aspects of the Triple Aim:*
- *Improving the patient experience of care*
- *Improving the health of the population*
- *Reducing/controlling the per-capita cost of health care*
- *Validity/ Reliability*
- *Alignment with existing performance measurement initiatives in Ontario*
- *Current availability of data (secondary consideration)*

COMMITMENT

Members of the Measures Working Group will participate in a series of three surveys that will be circulated over the summer/ fall of 2013 and winter of 2014 to prioritize a set of generic measures for the framework measurement priorities. Each survey will cover a different group of performance measures. The first will include measures of Access, Integration and Patient-Centredness; the second will address Effectiveness and Focus on Population Health; and the third will cover Safety, Efficiency and Appropriate Resources.

Following each survey, members of the Measures Working Group will meet in-person (around 4 meetings) to select a set of preferred specific measures informed by the survey results. The list of preferred specific measures will be brought forward to the Technical Working Group members who will advise on implementation and infrastructure requirements for data extraction, analysis and reporting.

The Working Group will strive for consensus on the preferred measures to be included in the PCPM framework. When consensus cannot be reached, the item will be referred to the Steering Committee for a decision.

STEERING COMMITTEE ROLE

- Advise on the development, implementation and evaluation of the PCPM framework.
- Advise on activities related to the ongoing governance of the PCPM framework.
- Identify and oversee the Measures Working Group and the Technical Working Group.
- Informed by the working groups' input, develop:
- Recommendations for measures that can be collected/reported upon immediately
- Recommendations for measures that require new infrastructure for implementation
- Recommendations for infrastructure development

- Recommendations for a structure and process for the ongoing governance of the PCPM framework

HQO PCPM CORE TEAM ROLE

- Support the Steering Committee and working groups in meeting their objectives.
- Provide relevant background material and facilitate the working groups meetings.
- Refresh the pre-Summit environmental scan on measures and identify current availability, potential data sources, and information on validity and reliability.
- Screen the preliminary list of measures identified through the environmental scan in preparation for the online survey that will be circulated to the Measures Working Group.
- Provide support for the development and administration of the Measures Working online survey.
- Support and inform the Measures Working Group meetings by developing relevant background material describing the specific measures' current availability, potential data source and validity/ reliability.
- Support and inform the Technical Working Group meetings by developing relevant background material describing the technical specifications for the selected measures.
- Compile and document the Steering Committee recommendations/ decisions and support posting relevant content on the HQO website.
- Support the Steering Committee activities related to the ongoing implementation and governance of the PCPM framework.

TECHNICAL WORKING GROUP ROLE

- Confirm data source, numerator and denominator for the measures selected by the Measures Working Group.
- Recommend existing and required infrastructure for data collection analysis and reporting.
- Identify data requirements and methodology to apply an equity lens to the measures.
- Identify data requirements and methodology for adjustment for patient/ population characteristics and differences in health care environment for comparisons across practices/ organizations or geographic areas.

REPORTING RELATIONSHIP

The working groups have an advisory role to the Steering Committee which oversees the initiative. The recommendations of the working groups will be brought to the Steering Committee for approval.

MEETING FORMAT

- It is anticipated that the Measures Working Group meetings will be face-to-face and scheduled over the course of summer/ fall of 2013 and winter of 2014.
- Agenda and supporting documentation will be circulated to the group members at least three working days prior to meetings.

- Working group members should assume that all members have read the supporting documentation prior to the meeting.
- Working group members will strive for consensus. When consensus cannot be reached, a simple majority vote will be applied to those members in attendance. Alternatively, the issue may be referred to the Steering Committee for a decision.

GUIDING NORMS

- Every member is responsible for the progress and success of the initiative
- Every member is responsible for ensuring that their voice is heard
- Every member should be specific, constructive, and solution-oriented with their feedback
- Every member should be a participant, without dominating
- Every member should strive to apply the resultant framework to the ongoing work of their organization

Appendix 3: Ontario Primary Care Performance Measurement Initiative Technical Working Group Terms of Reference

BACKGROUND AND PURPOSE

Health Quality Ontario (HQO) is collaborating with key primary care stakeholders through the Ontario Primary Care Performance Measurement (PCPM) Steering Committee to provide leadership on a coordinated and sustainable approach to measure and report on primary care performance.

Goal

The goal is to determine what aspects of primary care performance are most valuable to measure on a regular basis and the data sources and infrastructure required. Agreement on performance measures and support for their collection, analysis and reporting will drive system improvements, track the impact of policy changes and investments and inform service planning, performance monitoring and quality improvement at the practice level.

PCPM Summit

Recognizing the need for coordination and alignment among current and proposed primary care performance measurement initiatives, HQO and the Canadian Institute for Health Information (CIHI), in partnership with others, organized a PCPM Summit in November, 2012 to begin to identify primary care performance measurement priorities at the practice/organization and system (community, LHIN and provincial) levels. Through the use of consensus building and electronic voting techniques, senior leaders from participating primary care stakeholder associations:

1. Identified preliminary performance measurement priorities that would be valuable to measure on a regular basis to inform decision-making at the practice and system levels;
2. Committed to engage in ongoing collaborative work.

The Summit Proceedings report can be found on the [HQO](#) & [CIHI](#) websites.

PCPM Stakeholder Survey

During spring 2013 a PCPM stakeholder survey was circulated by the 15 organizations represented on the Steering Committee to engage their members and solicit their views on which aspects of primary care performance would be valuable to measure.

Ontario PCPM Framework

Informed by the Summit results and over 850 responses received from the stakeholder survey, the Steering Committee identified the list of measurement priorities for the system level and the practice level.

TECHNICAL WORKING GROUP ROLE

- Confirm data source, numerator and denominator for the measures selected by the Measures Working Group.
- Recommend existing and required infrastructure for data collection analysis and reporting.
- Identify data requirements and methodology to apply an equity lens to the measures.
- Identify data requirements and methodology for adjustment for patient/ population characteristics and differences in health care environment for comparisons across practices/ organizations or geographic areas.

COMMITMENT

Members of the Technical Working Group will be invited to in-person meetings (around 5 meetings) over the summer/ fall of 2013 and winter of 2014 where the list of measures selected by the Measures Working Group will be presented to advise on implementation and infrastructure requirement for data collection, analysis and reporting.

The list of preferred measures will be selected by the Measures Working Group and brought forward to the Technical Working Group members. The working groups will strive for consensus on the preferred measures to be included in the PCPM framework. When consensus cannot be reached, in the interest of time and remaining on task, the chair may defer discussion items for the Steering committee to make a decision.

STEERING COMMITTEE ROLE

- Advise on the development, implementation and evaluation of the PCPM framework.
- Advise on activities related to the ongoing governance of the PCPM framework.
- Identify and oversee the Measures Working Group and the Technical Working Group.
- Informed by the working groups' input, develop:
 - Recommendations for measures that can be collected/reported upon immediately
 - Recommendations for measures that require new infrastructure for implementation
 - Recommendations for infrastructure development
 - Recommendations for a structure and process for the ongoing governance of the PCPM framework

Organizations represented on the Steering Committee are listed in Appendix 1.

HQO PCPM CORE TEAM ROLE

- Support the Steering Committee and working groups in meeting their objectives.
- Provide relevant background material and facilitate the working groups meetings.
- Refresh the pre-Summit environmental scan on measures and identify current availability, potential data sources, and information on validity and reliability.
- Screen the preliminary list of measures identified through the environmental scan in preparation for the online survey that will be circulated to the Measures Working Group.
- Provide support for the development and administration of the Measures Working online survey.
- Support and inform the Measures Working Group meetings by developing relevant background material describing the specific measures' current availability, potential data source and validity/ reliability.
- Support and inform the Technical Working Group meetings by developing relevant background material describing the technical specifications for the selected measures.
- Compile and document the Steering Committee recommendations/ decisions and support posting relevant content on the HQO website.

Support the Steering Committee activities related to the ongoing implementation and governance of the PCPM framework

MEASURES WORKING GROUP ROLE

Select a set of preferred specific measures for the PCPM framework guided by the following considerations:

- *Opportunity for comparison with practice, regional, national and/ or international PC performance*
- *Likelihood that the measure will inform quality improvement*
- *Evidence that the measure will address one or more aspects of the Triple Aim:*
- *Improving the patient experience of care*
- *Improving the health of the population*
- *Reducing/controlling the per-capita cost of health care*
- *Validity/ Reliability*
- *Alignment with existing performance measurement initiatives in Ontario*
- *Current availability of data (secondary consideration)*

REPORTING RELATIONSHIP

The working groups have an advisory role to the Steering Committee which oversees the initiative. The recommendations of the working groups will be brought to the Steering Committee for approval.

MEETING FORMAT

- It is anticipated that the Measures Working Group meetings will be face-to-face and scheduled over the course of summer/ fall of 2013 and winter of 2014.
- Agenda and supporting documentation will be circulated to the group members at least three working days prior to meetings.
- Working group members should assume that all members have read the supporting documentation prior to the meeting.
- Working group members will strive for consensus. When consensus cannot be reached, a simple majority vote will be applied to those members in attendance. Alternatively, the issue may be referred to the Steering Committee for a decision.

GUIDING NORMS

- Every member is responsible for the progress and success of the initiative
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- Every member should be a participant, without dominating
- Every member should strive to apply the resultant framework to the ongoing work of their organization

Appendix 4: Summary Tables by Availability

Availability of Selected Measures (Practice level)*						
Domain	Number of measures					
	Currently reported	Currently reported but modified wording recommended	Not currently available but could be reported using existing infrastructure†	Not currently available but included in survey tool under development‡; infrastructure required for data collection, analysis and reporting‡	Measures not currently available; new infrastructure required for data collection, analysis and reporting§	Total
Access	1	0	0	0	7	8
Patient-Centredness	0	0	0	9	9	18
Integration	3	0	0	1	9	13
Effectiveness	6	0	7	1	26	40
Focus on Population Health	4	0	2	1	12	19
Efficiency	1	0	5	0	4	10
Safety	0	0	0	0	4	4
Appropriate	NA	NA	NA	NA	NA	NA

Availability of Selected Measures (Practice level)*						
Domain	Number of measures					
Resources						
Total	15	0	14	12	71	112
Equity	Cross-cutting domain- Analysis will be based on 13 population characteristics: age, gender/sex, urban/rural location, ethno-cultural identity, disability, social support, income, education, sexual orientation/identity, language, immigration, aboriginal status, employment status, mental health status					

* Refers to province-wide (vs. local) availability

† For example, HQO-ICES Primary Care Practice Report for system: for example HCES

‡ HQO Primary Care Patient Experience Survey

§ For example, EMR-based measures

Availability of Selected Measures (System Level)*					
Domain	Number of measures				
	Currently reported	Currently reported but modified wording recommended	Not currently available but could be reported using existing infrastructure †	Measures not currently available; new infrastructure required for data collection, analysis and reporting ‡	Total
Access	7	3	1	5	16
Patient-Centredness	2	2	12	3	19
Integration	12	2	3	2	19
Effectiveness	9	1	9	17	36
Focus on Population Health	20	4	2	2	28
Efficiency	6	1	3	3	13
Safety	3	3	3	10	19
Appropriate Resources	14	1	0	14	29
Total	73	17	33	56	179
Equity	Cross-cutting domain- Analysis will be based on 13 population characteristics: age, gender/sex, urban/rural location, ethno-cultural identity, disability, social support, income, education, sexual orientation/identity, language, immigration, aboriginal status, employment status, mental health status				

* Refers to province-wide (vs. local) availability

† For example, HQO-ICES Primary Care Practice Report, MOHLTC Health Care Experience Survey

‡ For example, EMR-based measures

Appendix 5: Summary Tables by Data Source

Number of measures by current /potential data source (Practice level)				
	Administrative data*	EMR data†	Practice level patient experience survey	Total
Access	1	0	7	8
Patient-Centredness	0	0	18	18
Integration	3	0	10	13
Effectiveness	12	18	10	40
Focus on Population Health	6	6	7	19
Efficiency	1	0	9	10
Safety	0	0	4	4
Appropriate Resources	NA	NA	NA	NA
Total	23	24	65	112
Equity	Cross-cutting domain. Analysis will be based on 14 population characteristics: age, gender/sex, urban/rural location, ethno-cultural identity, disability, social support, income, education, sexual orientation/identity, language, immigration, aboriginal status, employment status, mental health status			

* e.g., Institute for Clinical Evaluative Sciences, Ministry of Health and Long-Term Care- Health Analytics Branch, Cancer Care Ontario.

†e.g., Electronic *Medical* Record Administrative data Linked Database (EMRALD), Canadian Primary Care Sentinel Surveillance Network (CPCSSN), Business Intelligent Reporting System (BIRT)

Number of measures by current /potential data source (System level)						
	Administrative data*	EMR data†	Population survey data‡	Provider-reported§	Organization-reported	Total
Access	1	0	10	2	3	16
Patient-Centredness	0	0	16	0	3	19
Integration	3	0	10	6	0	19
Effectiveness	9	12	9	6	0	36
Focus on Population Health	15	1	10	2	0	28
Efficiency	3	0	4	6	0	13
Safety	0	0	9	3	7	19
Appropriate Resources	1	0	0	22	6	29
Total	32	13	68	47	19	179
Equity	Cross-cutting domain- Analysis will be based on 14 population characteristics: age, gender/sex, urban/rural location, ethno-cultural identity, disability, social support, income, education, sexual orientation/identity, language, immigration, aboriginal status, employment status, mental health status					

*** e.g., Institute for Clinical Evaluative Sciences, Ministry of Health and Long-Term Care- Health Analytics Branch, Cancer Care Ontario**

†e.g., Electronic *Medical* Record Administrative Data Linked Database, Canadian Primary Care Sentinel Surveillance Network

‡ e.g., Health Care Experience Survey, Commonwealth Fund International Health Policy Survey, Canadian Community Health Survey

§ e.g., National Physician Survey

|| No source currently available

Note: Some provider-reported measures could also be organization-reported and vice versa

Appendix 6: Access Domain – SMDs

Measurement priority		Extent of (avoidable) emergency department, walk-in clinic, urgent care centre use
MEASURE DESCRIPTION	Measure name	Patient reported reasons for avoidable emergency department use
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province/LHIN)
	Measure description	Percentage of people who report going to the emergency department for reasons that were potentially avoidable
	Rating*	4.47
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of respondents, who visited an emergency department in the last 12 months because:</p> <ul style="list-style-type: none"> - your [fill fd_type]** was not available - you could not get an appointment with your [fill fd_type] - it was faster to go to the emergency - the emergency was closer - other, specify <p><i>Reported separately</i></p>
	Denominator	<p>Respondents who have been to emergency department in the past 12 months</p> <p>Base (respondents who answer yes): Have you been to an emergency department because you were sick or for a health related problem in the last 12 months?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - don't know - refused
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Health Care Experience Survey (HCES)</p> <p>Data source: Health Care Experience Survey (HCES), provided by Health Analytics Branch, Ministry of Health and Long-Term Care</p> <p>Survey question: Which of the following was the MAIN reason you went to emergency rather than to you [fill fd_type]?</p> <ul style="list-style-type: none"> - it was an emergency - your [fill fd_type] was not available - you could not get an appointment with your [fill fd_type]

		<ul style="list-style-type: none"> - it was faster to go to the emergency - the emergency was closer - [fill fd_type] advised you to go to emergency - [fill fd_type] works out of the emergency - other, specify - don't know - refused
	Timing and frequency of data release	Quarterly
	Comments	N/A

*This rating is for the generic measure *potentially avoidable emergency department use* which included this specific measure along with other potential measures of this aspect of primary care performance.

**fd_type is the variable in the HCES used to denote the type of provider (family doctor/ nurse practitioner) the respondent has seen.

Measurement priority		Extent of (avoidable) emergency department, walk-in clinic, urgent care centre use
MEASURE DESCRIPTION	Measure name	Patient reported reasons for avoidable walk-in clinic use
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province/LHIN)
	Measure description	Percentage of people who report going to a walk-in clinic for reasons that were potentially avoidable
	Rating*	4.68
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of respondents that report visiting a walk-in clinic because:</p> <ul style="list-style-type: none"> - your [fill fd_type]** was not available - you could not get an appointment with your [fill fd_type] - it was faster to go to the walk-in - the walk-in was closer - [fill fd_type] advised you to go to a walk-in - it was a follow-up to a previous visit at the walk-in - other, specify <p><i>Reported separately</i></p>
	Denominator	<p>Respondents who have been to a walk-in clinic in the past 12 months</p> <p>Base (respondents who answer yes): Have you been to a walk in clinic because you were sick or for a health related problem in the 12 months?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - don't know - refused
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Health Care Experience Survey (HCES)</p> <p>Data source: Health Care Experience Survey (HCES), provided by Health Analytics Branch, Ministry of Health and Long-Term Care</p> <p>Survey question: Which of the following is the MAIN reason you went to a walk-in rather than to you [fill fd_type]?</p> <ul style="list-style-type: none"> - your [fill fd_type] was not available - you could not get an appointment with your [fill fd_type] - it was faster to go to the walk-in - the walk-in was closer - [fill fd_type] advised you to go to a walk-in - it was a follow-up to a previous visit at the walk-in - other, specify

		<ul style="list-style-type: none"> - don't know - refused
	Timing and frequency of data release	Quarterly (system level)
	Comments	N/A

*This rating is for the generic measure *potentially avoidable walk-in clinic use* which included this specific measure along with other potential measures of this aspect of primary care performance.

**fd_type is the variable in the HCES used to denote the type of provider (family doctor/ nurse practitioner) the respondent has seen.

Measurement priority		Access to a regular primary care provider
MEASURE DESCRIPTION	Measure name	Attachment to a regular primary care provider
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported but modified wording recommended (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of people/patients who report that they have a family physician or nurse practitioner
	Rating*	5.84
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported having a family doctor, a general practitioner, family physician or nurse practitioner
	Denominator	All respondents Excludes: - don't know - refused
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified – Health Care Experience Survey (HCES) System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: Do you have a family doctor, a general practitioner or GP, family physician or nurse practitioner? - yes - no - don't know - refused Original Question (placeholder): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on? - yes - no - don't know

		- refused
	Timing and frequency of data release	Quarterly (system level)
	Comments	N/A

*This rating is for the generic measure *percentage of population with regular primary care provider* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Access to a regular primary care provider
MEASURE DESCRIPTION	Measure name	Continuity of care with a primary care physician
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (province/LHIN) Practice level: Measure currently reported in recommended form
	Measure description	Percentage of total primary care visits that are made to the physician with whom the patient is rostered or virtually rostered
	Rating*	System level: 5.21 Practice level: 5.26
DEFINITION & SOURCE INFORMATION	Numerator	Percentage of primary care visits that are made to the physician to whom the patient is rostered or virtually rostered
	Denominator	Number of total primary care visits per patient Excludes: - Patients who have not had 3 or more primary care visits within the requisite time period
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Primary Care Practice Reports System level data source: Client Agency Patient Enrolment (CAPE), Ontario Health Insurance Plan (OHIP), provided by ICES Practice level data source: Client Agency Patient Enrolment (CAPE), Ontario Health Insurance Plan (OHIP), provided by ICES
	Timing and frequency of data release	System level: potentially available bi-annually Practice level: available bi-annually
	Comments	Infrastructure development is needed to capture nurse practitioners as well Note: continuity of care is a construct that can be measured using a number of different methodologies; an appropriate and aligned methodology will be selected for this measure

*This rating is for the generic measure *Continuity of care with a primary care physician* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Access to a regular primary care provider
MEASURE DESCRIPTION	Measure name	Difficulties accessing routine or ongoing primary care
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province/LHIN)
	Measure description	Percentage of patients who report that they experienced difficulties obtaining required routine or ongoing primary care services from their provider over the past 12 months, for themselves, their children, elderly family member or disabled family members
	Rating*	System level: 5.37
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported experiencing difficulties obtaining required routine or ongoing primary health care services for themselves or a family member in the past 12 months
	Denominator	All respondents Excludes: - Respondents who reported not requiring any routine or ongoing care for himself/herself or a family member in the past 12 months
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: CIHI– Pan-Canadian Primary Health care Indicator Project Data source: Canadian Community Health Survey (CCHS) Survey question: In the past 12 months, did you ever experience any difficulties getting the routine or on- going ^DT_Family* needed? - Yes - No (Go to ACC_R60) DK, RF
	Timing and frequency of data release	Annually
	Comments	N/A

*This rating is for the generic measure *ease of obtaining care from regular primary care provider* which included this specific measure along with other potential measures of this aspect of primary care performance.

**DT_Family is a variable used in the CCHS to denote the following

If one person household then ^DT_YourFamily = " "

If one person household, ^DT_Family = "you"

Else, ^DT_YourFamily = "for yourself or a family member"

Else, ^DT_Family = "you or a family member"

Measurement priority		Access to a regular primary care provider
MEASURE DESCRIPTION	Measure name	Wheelchair accessibility of primary care practices
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of practices/organizations that report having arrangements for wheelchair access
	Rating*	5.37
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of practices that reported having arrangements for wheelchair access</p> <ul style="list-style-type: none"> - Building in which practice is located - Waiting room - Examining room - Washroom - Examining table <p><i>Reported separately</i></p>
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: “Quality indicators for General Practice” (Literature)**</p> <p>Potential data source: Organization reported</p> <p>Proposed survey question: Does your practice provide access to the following for patients who use wheelchairs? (Check all that apply)</p> <ul style="list-style-type: none"> - Building in which practice is located - Waiting room - Examining room - Washroom - Examining table
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *ease of obtaining care from regular primary care provider* which included this specific measure along with other potential measures of this aspect of primary care performance.

**Reference: Campbell S.M., Roland M.O., Quayle J.A., Buetow S.A., Shekele P.G. Quality indicators for general practice: which ones can general practitioners and health authority managers agree are important and how useful are they? *Journal of Public Health Medicine*. 1998;20(4):414-421

Measurement priority		Access to an inter-professional primary care team
MEASURE DESCRIPTION	Measure name	Patients access to interdisciplinary care
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/ LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report accessing interprofessional health care providers at the place they usually receive care, by type of provider
	Rating*	System level: 5.47 Practice level: 4.37
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients accessing interdisciplinary healthcare providers, at the place they usually receive care, by type of provider: <ul style="list-style-type: none"> - Nurse practitioner (NP) - Nurse - Occupational therapist (OT) - Physiotherapist (PT) - Dietitian - Social worker - Health educator - Psychologist - Pharmacist, and - Mental health worker - Physician assistant - Other professionals (e.g. chiropractist, etc.) <i>Reported separately</i>
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified – Program Evaluation Framework: Alberta System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey and EMR/EHR data extraction Proposed survey question: Have you seen the any of the following health care providers over the past 12 months? <ul style="list-style-type: none"> - Nurse practitioner (NP) - Nurse - Occupational therapist (OT) - Physiotherapist (PT) - Dietitian

		<ul style="list-style-type: none"> - Social worker - Health educator - Psychologist - Pharmacist, and - Mental health worker - Physician assistant - Other professionals (e.g. chiropractist, etc.) <p>Original survey question: Percentage of patients accessing inter- professional health care providers, by type of provider in the last 12 months:</p> <ul style="list-style-type: none"> - Nurse practitioner (NP) - Nurse - Occupational therapist (OT) - Physiotherapist (PT) - Dietitian - Social worker - Health educator - Psychologist - Pharmacist, and - Other professionals (e.g. chiropractist, etc.)
	Timing and frequency of data release	N/A
Other relevant information	Comments	N/A

*This rating is for the generic measure *percentage of Ontarians/ patients accessing inter-professional primary care team* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Access to an inter-professional primary care team
MEASURE DESCRIPTION	Measure Name	Primary care practices that are inter-professional
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care practices/organizations that report having various types of health care providers, by type of provider
	Rating*	5.00
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of respondents that reported having the following types of providers:</p> <ul style="list-style-type: none"> - Physician: #_____ FTEs:_____ - Physician specialist: #_____ FTEs:_____ - Nurse practitioner: #_____ FTEs:_____ - Nurse: #_____ FTEs:_____ - Occupational therapist (OT): #_____ FTEs:_____ - Physiotherapist (PT): #_____ FTEs:_____ - Dietitian: #_____ FTEs:_____ - Social worker: #_____ FTEs:_____ - Health educator: #_____ FTEs:_____ - Psychologist: #_____ FTEs:_____ - Pharmacist: #_____ FTEs:_____ - Mental health worker: #_____ FTEs:_____ - Physician assistant: #_____ FTEs:_____ - Registered nurse: #_____ FTEs:_____ - Audiologist: #_____ FTEs:_____ - Chiropractor: #_____ FTEs:_____ - Optometrist: #_____ FTEs:_____ - Speech–language pathologist: #_____ FTEs:_____ - Respiratory therapist: #_____ FTEs:_____ - Other (please specify): _____ <p><i>Reported by number of providers and FTEs for each type of provider</i></p>
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified – CIHI – Measuring Organizational Attributes of Primary Health Care Survey</p> <p>Potential data source: Organization reported</p> <p>Proposed survey question: Please complete the number of staff in your clinic and their FTEs:</p>

		<ul style="list-style-type: none"> - Physician: # _____ FTEs: _____ - Physician specialist: # _____ FTEs: _____ - Nurse practitioner: # _____ FTEs: _____ - Nurse: # _____ FTEs: _____ - Occupational therapist (OT): # _____ FTEs: _____ - Physiotherapist (PT): # _____ FTEs: _____ - Dietitian: # _____ FTEs: _____ - Social worker: # _____ FTEs: _____ - Health educator: # _____ FTEs: _____ - Psychologist: # _____ FTEs: _____ - Pharmacist: # _____ FTEs: _____ - Mental health worker: # _____ FTEs: _____ - Physician assistant: # _____ FTEs: _____ - Registered nurse: # _____ FTEs: _____ - Audiologist: # _____ FTEs: _____ - Chiropractor: # _____ FTEs: _____ - Optometrist: # _____ FTEs: _____ - Speech–language pathologist: # _____ FTEs: _____ - Respiratory therapist: # _____ FTEs: _____ - Other (please specify): _____ <p>Original survey question: Please complete the number of staff in your clinic and their FTEs:</p> <ul style="list-style-type: none"> - Nurse practitioner: # _____ FTEs: _____ - Occupational therapist (OT): # _____ FTEs: _____ - Physiotherapist (PT): # _____ FTEs: _____ - Dietitian: # _____ FTEs: _____ - Social worker: # _____ FTEs: _____ - Psychologist: # _____ FTEs: _____ - Psychologist: # _____ FTEs: _____ - Pharmacist: # _____ FTEs: _____ - Physician assistant: # _____ FTEs: _____ - Registered nurse: # _____ FTEs: _____ - Audiologist: # _____ FTEs: _____ - Chiropractor: # _____ FTEs: _____ - Optometrist: # _____ FTEs: _____ - Speech–language pathologist: # _____ FTEs: _____ - Respiratory therapist: # _____ FTEs: _____ - Psycho-geriatric: # _____ FTEs: _____ - Other (please specify): _____
	Timing and frequency of data release	N/A

Other relevant information	Comments	N/A
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*This rating is for the generic measure *percentage of primary care practices that are inter-professional team* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Timely access at regular place of care
MEASURE DESCRIPTION	Measure Name	Timely access during regular hours
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that they were able to see their family physician or nurse-practitioner on the same or next day
	Rating*	System level: 5.26 Practice level: 5.63
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who saw their health care provider or someone else in the office on the same or next day
	Denominator	Number of respondents who saw their regular health care provider or someone else in the office when they were sick or were concerned that they had a health problem in the past 12 months Base (respondents who answer yes to both questions): Not counting yearly check-ups or monitoring of an ongoing health issue, in the last 12 months did you want to see your [fill fd_type]** because you were sick or were concerned that you had a health problem? Did you actually see a doctor? [or someone else in the office or both] Excludes: <ul style="list-style-type: none"> - never tried to do this/never needed care - don't know - refused
	Measure source/ data source/ data elements/ infrastructure requirements	Measure source: Health Care Experience Survey (HCES) System level data source: Health Care Experience Survey (HCES), provided by Health Analytics Branch, Ministry of Health and Long-Term Care Practice level potential data source: Practice level patient experience survey Survey question:

		<p>How many days did it take from when you first tried to see your family doctor/ nurse practitioner to when you actually saw him/her or someone else in their office?</p> <ul style="list-style-type: none"> - saw the doctor the same day - saw doctor next day - Enter number of days - twenty or more days - don't know - refused
	Timing and frequency of data release	Quarterly (system level)
	Comments	N/A

*This rating is for the generic measure *timely access during regular hours* which included this specific measure along with other potential measures of this aspect of primary care performance.

**fd_type is the variable in the HCES used to denote the type of provider (family doctor/ nurse practitioner) the respondent has seen.

Measurement priority		Access to after-hours care (telephone and in-person)
MEASURE DESCRIPTION	Measure Name	Patient reported access to after-hours and weekend care
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported but modified wording recommended (province/ LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients/people who report that getting medical care in the evening, weekend, or a public holiday was difficult
	Rating*	System level: 4.42 Practice level: 4.42
	Rating*	System level: 4.42 Practice level: 4.42
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported how easy they found getting medical care in the evening, on a weekend, or a public holiday without going to the emergency department as <ul style="list-style-type: none"> - very easy - somewhat easy - somewhat difficult - very difficult - never tried to do this/never needed care - don't know - refused
	Denominator	All respondents Excludes: <ul style="list-style-type: none"> - never tried to do this/never needed care - don't know - refused
	Measure source/Data source/data elements/infrastructure requirements	Measure source: Modified - Health care experience survey (HCES) System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: The last time when you needed medical care in the evening, on a weekend, or on a public holiday, how easy or difficult was it to get care without going to the emergency department, walk-in clinic or urgent care centre?

Other relevant information		<ul style="list-style-type: none"> - very easy - somewhat easy - somewhat difficult - very difficult - never tried to do this/never needed care - don't know - refused <p>Original survey question: The last time when you needed medical care in the evening, on a weekend, or on a public holiday, how easy or difficult was it to get care without going to the emergency department?</p> <ul style="list-style-type: none"> - very easy - somewhat easy - somewhat difficult - very difficult - never tried to do this/never needed care - don't know - refused
	Timing and frequency of data release	Quarterly (system level)
	Comments	N/A

*This rating is for the generic measure *access to after hour care - general* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Access to after-hours care (telephone and in-person)
MEASURE DESCRIPTION	Measure Name	Provider reported access to after-hours care and weekend care
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who report providing after-hours access for their patients during evenings and nights on weekdays and on weekends
	Rating*	4.42
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of respondents who reported providing access during evenings and nights on weekdays and on Saturdays and Sundays to their patients for (non-emergency) medical services</p> <ul style="list-style-type: none"> - Not applicable (I am always available for my patients) - I am available on rotating basis with a group of FP/GPs
	Denominator	All respondents
	Measure source/Data source/data elements/infrastructure requirements	<p>Measure source: Modified – QualicoPC- Family Physician Survey</p> <p>Potential data source: Organization reported</p> <p>Proposed survey question: During evenings and nights on weekdays and on Saturdays and Sundays, how do you provide access to your patients for (non-emergency) medical services?</p> <ul style="list-style-type: none"> - Not applicable (I am always available for my patients) - I am available on rotating basis with a group of FP/GPs - I am not available, but other FP/GPs are available (on a rotating basis) - Other physicians (not FP/GPs) provide out-of-hours care - I request patients to call Telehealth - I request patients to go to the Emergency Department - I request patients to go to a walk-in clinic - No arrangements for after-hours and weekend access to care <p>Original survey question: During evenings and nights on weekdays, how do you provide access to your patients for (non-emergency) medical services?</p> <ul style="list-style-type: none"> - Not applicable (I am always available for my patients) - I am available on rotating basis with a group of FP/GPs - I am not available, but other FP/GPs are available (on a rotating basis)

Other relevant information		<ul style="list-style-type: none"> - Other physicians (not FP/GPs) provide out-of-hours care - Other arrangements
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *access to after hour care - general* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Access to non face-to-face care (e.g. telephone, email, etc.)
MEASURE DESCRIPTION	Measure Name	Same day response to an office call during regular hours
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported but modified wording recommended (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that, when they call their regular family physician's or nurse practitioner's office with a medical question or concern during regular office hours, they get an answer on the same day
	Rating*	System level: 4.42 Practice level: 4.58
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported often or always getting an answer from their regular [family doctor's/nurse practitioner's] office on the same day
	Denominator	Respondents who have a regular doctor/place and called their regular doctor's office with a medical question or concern during regular practice hours Base (respondents who answered that they had a regular doctor or regular place): Regular doctor or place? Excludes: <ul style="list-style-type: none"> - Never tried to contact by telephone - Declined to answer
	Measure source/Data source/data elements/infrastructure requirements	Measure source: Modified – Commonwealth Fund International Health Policy Survey 2013 System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: When you call your regular [family doctor's, nurse practitioner's] office with a medical concern during regular practice hours, how often do you get an answer that same day?

		<ul style="list-style-type: none"> - Always - Often - Sometimes - Rarely or never - Never tried to contact by telephone - Decline to answer <p>Original survey question: When you call your regular doctor's office with a medical concern during regular practice hours, how often do you get an answer that same day?</p> <ul style="list-style-type: none"> - Always - Often - Sometimes - Rarely or never - Never tried to contact by telephone - Decline to answer
	Timing and frequency of data release	Every three years
	Comments	N/A

*This rating is for the generic measure *access to care by telephone* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Access to non face-to-face care (e.g. telephone, email, etc.)
MEASURE DESCRIPTION	Measure Name	Patient access to primary care provider by email
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that they have emailed their family physician/nurse-practitioner with a medical question in the last 12 months
	Rating*	System level: 4.47 Practice level: 4.42
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported emailing a medical question to their regular family doctor
	Denominator	Respondents who have a regular health care provider or family doctor Base (respondents who answered yes): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on? Excludes: <ul style="list-style-type: none"> - I don't have email or computer - don't know - refused
	Data source / data elements/ infrastructure requirements	Measure source: Health Care Experience Survey (HCES). System level data source: Health Care Experience Survey (HCES), provided by Health Analytics Branch, Ministry of Health and Long-Term Care Practice level potential data source: Practice level patient experience survey Survey question: In the last 12 months, have you emailed your [family doctor, nurse practitioner] with a medical question? <ul style="list-style-type: none"> - yes - no

		<ul style="list-style-type: none"> - doctor's office does not offer email - I don't have email or computer - don't know - refused
	Timing and frequency of data release	Quarterly (system level)
Other relevant information	Comments	Technical Working Group suggested texting could be another channel to ask medical question. However, as there were privacy concerns regarding this method, it was left for future consideration.

*This rating is for the generic measure *access to care by email* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Access to home visits for target populations
MEASURE DESCRIPTION	Measure Name	Patient reported access to home visits
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that it would have been better for their health if their regular family physician or nurse-practitioner had come to see them at home rather than them going to their office
	Rating*	System level: 4.42 Practice level: 4.53
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that in the last 12 months, it would have been better for their health if their regular [family doctor/nurse practitioner) had come to their home to see them rather than them visiting their family doctor
	Denominator	Respondents who have a regular family physician/nurse practitioner Base (respondents who answered yes): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on? Excludes: - don't know (includes never thought about it/would never happen) - refuse
	Measure source/Data source/data elements/infrastructure requirements	Measure source: Health Care Experience Survey (HCES). System level data source: Health Care Experience Survey (HCES), provided by Health Analytics Branch, Ministry of Health and Long-Term Care Practice level potential data source: Practice level patient experience survey Survey question: In the last 12 months, was there a time when it would have been better for

		<p>your health if [family doctor, nurse practitioner] had come to your home to see you rather than you going to your [family doctor, nurse practitioner] to see them?</p> <ul style="list-style-type: none"> - yes - no - don't know (includes never thought about it/would never happen) - refused
	Timing and frequency of data release	Quarterly (system level)
	Comments	N/A

*This rating is for the generic measure *access to home visits by primary care physician* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Access to home visits for target populations
MEASURE DESCRIPTION	Measure Name	Access to physician home visits for specific populations
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care practices/organizations that offer physician home visits to: <ul style="list-style-type: none"> - housebound patients - adults with acute illnesses - infants and young children with acute illnesses - palliative-care patients - patients recently discharged from hospital - medically complex patients who are not housebound
	Rating*	4.89
DEFINITION & SOURCE INFORMATION	Numerator	Number of primary care practices that offer physician home visits to each of the following: <ul style="list-style-type: none"> - housebound patients - adults with acute illnesses - infants and young children with acute illnesses - palliative-care patients - patients recently discharged from hospital - medically complex patients who are not housebound <i>Reported separately</i>
	Denominator	All respondents
	Measure source/Data source/ data elements/ infrastructure requirements	Measure source: New measure Potential data source: Provider reported or organization reported Proposed survey question: Does your practice offer physician home visits to the following patient groups: <ul style="list-style-type: none"> - housebound patients - adults with acute illnesses - infants and young children with acute illnesses - palliative care patients - patients recently discharged from hospital - medically complex patients who are not housebound Response options: <ul style="list-style-type: none"> - yes

		<ul style="list-style-type: none"> - no - don't know - refused
	Timing and frequency of data release	N/A
Other relevant information	Comments	Measures Working Group- This measure should be analyzed for each target through an organization survey.

*This rating is for the generic measure *access to home visits for specific populations* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Access to home visits for target populations
MEASURE DESCRIPTION	Measure Name	Access to home visits for specific populations by other health care providers
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care practices/organizations that offer home visits by other health professionals to: <ul style="list-style-type: none"> - housebound patients - adults with acute illnesses - infants and young children with acute illnesses - palliative-care patients - patients recently discharged from hospital - medically complex patients who are not housebound
	Rating*	4.47
DEFINITION & SOURCE INFORMATION	Numerator	Number of primary care practices that offer home visits by health professionals other than physicians to each of the following: <ul style="list-style-type: none"> - housebound patients - adults with acute illnesses - infants and young children with acute illnesses - palliative-care patients - patients recently discharged from hospital - medically complex patients who are not housebound <i>Reported separately</i>
	Denominator	All respondents
	Measure source/Data source/ data elements/ infrastructure requirements	Measure source: New measure. Potential data source: Provider reported or organization reported Proposed survey question: Does your practice offer home visits to the following patient groups by other health professionals: <ul style="list-style-type: none"> - housebound patients - adults with acute illnesses - Infants and young children with acute illnesses - palliative care patients - patients recently discharged from hospital - medically complex patients who are not housebound

	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *access to home visits by other primary care providers* which included this specific measure along with other potential measures of this aspect of primary care performance.

Appendix 7: Patient-Centredness Domain – SMDs

Measurement priority		Respect for patients' and families' values, culture, needs and goals
MEASURE DESCRIPTION	Measure name	Primary care providers spending enough time with patients
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that their family physician, nurse practitioner or someone else in their office spends enough time with them
	Rating*	System level: 4.53 Practice level: 4.84
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that their family doctor, nurse practitioner, or someone else in the practice often or always spends enough time with them
	Denominator	Respondents who have a regular primary care provider Base (respondents who answer yes): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on? Excludes: <ul style="list-style-type: none">- it depends on who they see and/or what they are there for- don't know- refused
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Health Care Experience Survey (HCES); HQO practice level patient experience survey. System level data source: Health Care Experience Survey (HCES), provided by Health Analytics Branch, Ministry of Health and Long-Term Care Practice level potential data source: Practice level patient experience survey Survey question: When you see your (family doctor, nurse practitioner) or someone else in their office, how often do they spend enough time with you? <ul style="list-style-type: none">- always- often

		<ul style="list-style-type: none"> - sometimes - rarely - never - it depends on who they see and/or what they are there for - don't know - refused
	Timing and frequency of data release	System level: quarterly
	Comments	N/A

*This rating is for the generic measure *adequate time with providers* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respect for patients' and families' values, culture, needs and goals
MEASURE DESCRIPTION	Measure name	Patient involvement in decisions about their care and treatment
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported but modified wording recommended (province/ LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report their family physician, nurse practitioner or someone else in their office involves them as much as they want in decisions about their care or treatment
	Rating*	System level: 5.21 Practice level: 5.37
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported their (family doctor, nurse practitioner) or someone else in the office often or always involved them in the decisions about their care and treatment as much as they wanted
	Denominator	Respondents who have a regular primary care provider Base (respondents who answer yes): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on? Excludes: <ul style="list-style-type: none">- it depends on who they see and/or what they are there for- no decisions required on care or treatment/not applicable- don't know- refused
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified - Health Care Experience Survey (HCES), HQO practice level patient experience survey. System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed system level survey question: When you see your (family doctor, nurse practitioner) or someone else in their office, how often do you (and your family caregiver when necessary) partner with them to develop a care plan or treatment plan together? <ul style="list-style-type: none">- always- often

		<ul style="list-style-type: none"> - sometimes - rarely - never - it depends on who they see and/or what they are there for - no decisions required on care or treatment/not applicable - don't know - refused <p>Original system level survey question: When you see your family doctor 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?</p> <ul style="list-style-type: none"> - always - often - sometimes - rarely - never - it depends on who they see and/or what they are there for - no decisions required on care or treatment/not applicable - don't know - refused <p>Proposed practice level survey question: When you see your (family doctor, nurse practitioner) or someone else in their office, how often do you (and your family caregiver when necessary) partner with them to develop a care plan or treatment plan together?</p> <ul style="list-style-type: none"> - always - often - sometimes - rarely - never - Not applicable <p>Original practice level survey question: Please think of the main person you met with today. On a scale of poor to excellent, how would you rate the health care provider you saw on the following ...?</p> <p>Involved you to the extent that you want to be involved in decisions related to your care</p> <ul style="list-style-type: none"> - always - often - sometimes - rarely - never - Not applicable
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	<i>Timing and frequency of data release</i>	System level: quarterly
	<i>Comments</i>	N/A

*This rating is for the generic measure *respect for patient's values and goals* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respect for patients' and families' values, culture, needs and goals
MEASURE DESCRIPTION	Measure name	Patients' comfort sharing concerns with their regular primary care provider
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report being able to share their concerns with their family physician/nurse-practitioner
	Rating*	System level: 5.21 Practice level: 5.37
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported being able to mostly or completely share all their concerns with their family doctor or nurse practitioner
	Denominator	System level: Respondents who visited their doctor or nurse [regular family doctor, nurse practitioner] over the past 12 months Base (respondents who answer yes to both questions): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on? Have you visited your regular family doctor/nurse practitioner/GP over the past 12 months? Practice level: All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified - CIHI- Patient experience survey System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: Are you able to share all your concerns with your family doctor or nurse practitioner? - Yes, completely - Yes, mostly - Yes, a little - No, not really

		<p>Original survey question: Thinking about the person you saw during your visit today . . . Did he or she really find out what your concerns were?</p> <ul style="list-style-type: none"> - Yes, completely - Yes, mostly - Yes, a little - No, not really - No, not at all
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *respect for patient's values and goals* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respect for patients' and families' values, culture, needs and goals
MEASURE DESCRIPTION	Measure name	Respectful treatment of patients by primary care providers
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available ; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report being treated with respect by their primary care providers
	Rating*	System level: 5.21 Practice level: 5.37
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who rated their primary care provider(s) as very good or excellent on treating them with respect
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified - Practice Level Patient Experience Survey (HQP)</p> <p>System level potential data source: Population survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Original practice level survey question: Please think of the main person you met with today. On a scale of poor to excellent, how would you rate the healthcare provider you saw on the following...?</p> <p>Treating you with respect</p> <ul style="list-style-type: none"> - Poor - Fair - Good - Very Good - Excellent <p>Alternative survey question (for population or out-of-office practice level patient experience survey; reworded from HQP Practice Level Patient Experience Survey): On a scale of poor to excellent, how would you rate the people you see at your regular [family doctor's, nurse practitioner's] practice on the following...</p> <p>Treating you with respect</p> <ul style="list-style-type: none"> - Poor

		<ul style="list-style-type: none"> - Fair - Good - Very Good - Excellent
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *respect for patient's values and goals* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respect for patients' and families' values, culture, needs and goals
MEASURE DESCRIPTION	Measure name	Primary care providers' sensitivity to patients' cultural, ethnic and spiritual needs and values
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that their family physician/nurse-practitioner is sensitive to their cultural, ethnic and spiritual background and values
	Rating*	System level: 5.21 Practice level: 5.37
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report that their primary care providers are often or always sensitive to their cultural, ethnic and spiritual background and values.
	Denominator	Respondents who have a regular primary care provider Proposed base (respondents who answer yes): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on? Excludes: <ul style="list-style-type: none"> - don't know - refused
	Measure source/ data source / data	Measure source: Modified – A Primary Health Care Evaluation System for Nova Scotia

	elements/ infrastructure requirements	<p>System level potential data source: Population survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Proposed survey question: When you see your family doctor, nurse practitioner or someone else in their office, how often are they sensitive to your cultural, ethnic, and spiritual background and values?</p> <ul style="list-style-type: none"> - always - often - sometimes - rarely - never - don't know - refused <p>Original survey question: Do Nova Scotians report that the services they receive are responsive to their cultural, racial, spiritual and other diverse needs?</p>
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *respect for patient's values and goals* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respect for patients' and families' values, culture, needs and goals
MEASURE DESCRIPTION	Measure name	Rating by patients with chronic conditions of discussion with their health care provider
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measures not currently available ; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions who rate their discussion with their primary care provider as very good or excellent
	Rating*	System level: 5.21 Practice level: 5.37
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who rated their discussion with their health care provider(s) as very good or excellent in the context of their overall treatment plan
	Denominator	Patients with at least one chronic condition who reported working out a treatment plan with their healthcare provider Base (Respondents answered yes to both): Have you ever been told by a doctor or other health provider that you have any of the following long-term health conditions? (Select all that apply). Have you and your health care provider(s) worked out a treatment plan together about to manage your chronic condition(s)?
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Practice level Patient Experience Survey – (HQO) System level potential data source: Population survey Practice level potential data source: Patient experience survey Original practice level survey question: How would you rate the healthcare provider(s) you consulted with today in discussing what you saw them about in the context of your overall treatment plan? <ul style="list-style-type: none"> - Poor - Fair - Good - Very Good - Excellent Alternative survey question (for population or out-of-office

		<p>practice level patient experience survey; reworded from HQO Practice Level Patient Experience Survey): On a scale of poor to excellent, how would you rate the healthcare provider you see at your regular [family doctor's, nurse practitioner's] practice in discussing what you see them about in the context of your overall treatment plan</p> <ul style="list-style-type: none"> - Poor - Fair - Good - Very Good - Excellent
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *respect for patient's values and goals* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respect for patients' and families' values, culture, needs and goals
MEASURE DESCRIPTION	Measure name	Primary care providers communicating with patients in a language they can understand
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting (practice level)
	Measure description	Percentage of patients who report that their family physician/nurse-practitioner is able to communicate with them in a language they can understand
	Rating*	System level: 4.53 Practice level: 4.68
DEFINITION & SOURCE INFORMATION	Numerator	Number of individuals who rated their family doctor or nurse practitioner as very good or excellent at being able to communicate in a language that they could understand (English, French, other)
	Denominator	System level: Respondents who have a regular health care provider Base (respondents who answer yes): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on?
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Practice Level Patient Experience Survey (HQP) Practice level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Original practice level survey question: Please think of the main person you met with today. On a scale of poor to excellent, how would you rate the healthcare provider you saw on the following...? Being able to communicate in language that you could understand (English, French, other) <ul style="list-style-type: none"> - Poor - Fair - Good - Very Good

		<ul style="list-style-type: none"> - Excellent <p>Alternative survey question (for population or out-of-office practice level patient experience survey; reworded from HQO Practice Level Patient Experience Survey):</p> <p>On a scale of poor to excellent, how would you rate your family doctor or nurse practitioner on their ability to communicate with you in a language that you could understand (English, French, other)</p> <ul style="list-style-type: none"> - Poor - Fair - Good - Very Good - Excellent
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *respect for Cultural appropriateness* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Process to obtain patient/client and caregiver input regarding health care services
MEASURE DESCRIPTION	Measure name	Processes to obtain input from patients and caregivers on planning and organizing primary care services
	Level of reporting	System level
	Availability	Measure not currently available; new data collection infrastructure required (province/LHIN)
	Measure description	Percentage of practices/organizations that report having processes in place to obtain input from patients and caregivers on the planning and organization of services
	Rating*	4.89
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of primary care practices/organizations who reported having processes (e.g., advisory committee, focus group, participation on decision-making bodies) to obtain input on planning and organizing services from:</p> <ul style="list-style-type: none"> - patients - family caregivers <p><i>Reported separately</i></p>
	Denominator	All respondents

	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified - Family-Centred Care Self-Assessment Tool</p> <p>Potential data source: Organization reported</p> <p>Proposed survey question: Does your practice/organization have processes (e.g., advisory committee, focus group, participation on decision-making bodies) to obtain input on planning and organizing the services you provide, from:</p> <ul style="list-style-type: none"> - patients - caregivers <p>Original survey question: Does the care setting have a formal advisory committee for family and youth to provide input on policies and practices?</p>
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *process to obtain patient/client and caregiver input regarding health care services* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Patients informed about expected wait time in the office/clinic before being seen by their primary care provider
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting required
	Measure description	Percentage of patients who report that they were kept informed about how long they would need to wait for their appointment to start
	Rating	3.75
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that they were kept informed about how long they would need to wait for their appointment to start
	Denominator	Number of respondents who visited their primary care provider in the past 12 months Base (respondents who answer yes): Have you visited your primary care provider in the past 12 months?
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: CAHPS- Clinician & Group Survey Potential data source: Practice level patient experience survey Survey question: During your most recent visit with this doctor/nurse practitioner, were you kept informed about how long you would need to wait for your appointment to start? - Yes - No
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Patients receiving enough information about new medications
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients prescribed new medicines who feel they were given enough information about their purpose, benefits and risks
	Rating*	System level: 5.21 Practice level: 5.47
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported often or always getting enough information from their health care provider about the purpose, benefits, and risks of newly prescribed medicines
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified - The Picker Institute Europe Project – Literature System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: When you were prescribed a new medicine were you and your family caregiver given enough information about its purpose, benefits and risks <ul style="list-style-type: none"> - always - often - sometimes - rarely - never - not applicable (have not been prescribed a new medicine recently) Original survey question: Percentage of primary care patients prescribed new medicines who felt they had been given enough information about their purpose.
	Timing and frequency of data release	N/A

	Comments	The measures working group suggested that pharmacists also sometimes help patients understand the purpose, benefits and risks of medications but would not be captured in this measure.
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*This rating is for the generic measure *Understandable communication with patients* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Patients receiving enough information about procedures and treatments
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who feel they were given enough information about the purpose, benefits and risks of procedures and treatments
	Rating*	System level: 5.21 Practice level: 5.47
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported often or always getting enough information about a procedure or recommended treatment's purpose, benefits and risks from their family doctor /nurse practitioner
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified - The Picker Institute Europe Project – Literature System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: When your [family doctor, nurse practitioner] performed or ordered a procedure or started or recommended a treatment were you and your family caregiver(s) given enough information about its purpose, benefits and risks <ul style="list-style-type: none"> - always - often - sometimes - rarely - never - N/A, no new treatment recommended Original Measure: Percentage of primary care patients prescribed new medicines who felt they had been given enough information about its

		purpose.
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *Understandable communication with patients* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Primary care providers explaining things in a way that is easy to understand
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	System level: Percentage of patients who report that their family physician, nurse practitioner or someone else in their office explains things in a way that is easy to understand Practice level: Percentage of patients who rate the main provider they saw as very good or excellent at explaining things in a way that is easy to understand
	Rating*	System level: 5.21 Practice level: 5.47
DEFINITION & SOURCE INFORMATION	Numerator	System level: Number of respondents who reported often or always receiving explanations from their family doctor, nurse practitioner, or someone else in their office in a way that is easy to understand Practice level: Number of respondents who rated the health care provider they saw as excellent or very good at explaining things in a way that was easy to understand
	Denominator	Respondents who have a regular primary care provider Base (respondents who answer yes): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on? Excludes: <ul style="list-style-type: none"> - it depends on who they see and/or what they are there for - don't know - refused

	<p>Measure source/ data source / data elements/ infrastructure requirements</p>	<p>Measure source: Health Care Experience Survey (HCES); Practice level Patient Experience Survey (HQO)</p> <p>System level data source: Health Care Experience Survey (HCES), provided by Health Analytics Branch, Ministry of Health and Long-Term Care</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>System level survey question: When you see your family doctor, nurse practitioner or someone else in their office, how often do they explain things in a way that is easy to understand?</p> <ul style="list-style-type: none"> - always - often - sometimes - rarely - never - it depends on who they see and/or what they are there for - don't know - refused <p>Practice level survey question: Please think of the main person you met with today. On a scale of poor to excellent, how would you rate the doctor/healthcare provider you saw on the following...?</p> <p>Explaining things in a way that is easy to understand</p> <ul style="list-style-type: none"> - Poor - Fair - Good - Very Good - Excellent
	<p>Timing and frequency of data release</p>	<p>System level: quarterly</p>
	<p>Comments</p>	<p>N/A</p>

*This rating is for the generic measure *Understandable communication with patients* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Primary care providers giving clear instructions about symptoms to watch for
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report getting clear instructions from their family physician/nurse-practitioner or other person in their office about symptoms to watch for and when to seek further care or treatment
	Rating*	System level: 5.21 Practice level: 5.47
	Rating*	System level: 5.21 Practice level: 5.47
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported mostly or completely getting clear instructions about symptoms to watch for and when to seek further care or treatment from their family doctor, nurse practitioner or someone else in their office they saw
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified - CIHI- Patient experience survey</p> <p>System level potential data source: Population survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Proposed survey question: When you see your family doctor, nurse practitioner or someone else in their office, do they give you or your family/caregiver clear instructions about symptoms to watch for and when to seek further care or treatment?</p> <ul style="list-style-type: none"> - Yes, completely - Yes, mostly - Yes, a little - No, not really - No, not at all <p>Original survey question: Thinking about the person you saw during your visit today . . .</p> <p>Did he or she give you clear instructions about symptoms to watch for and when to seek further care or treatment?</p> <ul style="list-style-type: none"> - Yes, completely - Yes, mostly

		<ul style="list-style-type: none"> - Yes, a little - No, not really - No, not at all
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *Understandable communication with patients* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Patients who were asked about their preferred treatment choices
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who worked out a treatment plan together with their family physician/nurse-practitioner over the past 12 months who report that their family physician/nurse practitioner asked what treatment choices they would prefer
	Rating*	System level: N/A Practice level: N/A
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported being asked by their family doctor or nurse practitioner what treatment they preferred when there were treatment choices over the past 12 months
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified - CIHI- Patient experience survey System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: Over the past 12 months, when there were treatment choices, did your family doctor or nurse practitioner ask you what treatment you would prefer? <ul style="list-style-type: none"> - No - Yes, sometimes - Yes, often - I haven't received any treatment in the past 12 months Original Survey question: When there were treatment choices, did your doctor ask you what treatment you would prefer? <ul style="list-style-type: none"> - No - Yes, sometimes - Yes, often - I haven't received any treatment in the past 12 months
	Timing and frequency of data release	N/A

	Comments	N/A
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**This measure does not have ratings as it was added after the rating process*

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Primary care providers asking about feasibility of recommended treatment plans
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who worked out a treatment plan together with their family physician/nurse-practitioner over the past 12 months who report that their family physician/nurse-practitioner asked whether they could do the recommended treatment plan
	Rating*	System level: 5.21 Practice level: 5.47
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported their health care provider (family doctor, nurse practitioner) sometimes or often asked whether they could do the recommended treatment plan
	Denominator	Respondents who worked out a treatment plan together with their (family doctor, nurse practitioner) over the past 12 months. Proposed base (respondents who answered yes): Did you and your family doctor or nurse practitioner work out a treatment plan together over the past 12 months? Excludes: I haven't received any treatment in the past 12 months
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified - CIHI- Patient experience survey System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: Did your [family doctor, nurse practitioner] ask whether you or your family/caregiver felt you could do the recommended treatment plan? <ul style="list-style-type: none"> - No - Yes, sometimes - Yes, often - I haven't received any treatment in the past 12 months

		<p>Original survey question: Respondents who had worked out a treatment plan together over the past 12 months.</p> <p>Did your doctor ask whether you felt you could do the recommended treatment plan?</p> <ul style="list-style-type: none"> - No - Yes, sometimes - Yes, often - I haven't received any treatment in the past 12 months
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *Understandable communication with patients* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Patients' comfort discussing personal problems with their primary care provider
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/ LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that they feel comfortable talking with their family physician/nurse-practitioner about personal problems related to their health condition
	Rating*	System level: 4.79 Practice level: 5.05
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported feeling very or completely comfortable talking with their family doctor or nurse practitioner about personal problems related to their health condition
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: CIHI- Patient experience survey System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Survey question: How comfortable do you feel talking with this person [your family doctor or nurse practitioner] about personal problems related to your health condition? <ul style="list-style-type: none"> - Hardly comfortable at all - Only somewhat comfortable - Moderately comfortable - Very comfortable - Completely comfortable
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *Respectful communication with patients* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Opportunity to ask questions about recommended treatment
	Level of reporting	System level Practice level
	Availability	System level: Measure currently available, but modified wording recommended Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that their family physician/ nurse-practitioner or someone else in their office gives them an opportunity to ask questions about recommended treatment
	Rating*	System level: 4.79 Practice level: 5.05
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported often or always getting an opportunity to ask their family doctor, nurse practitioner or someone else in their office questions about recommended treatment
	Denominator	Respondents who have a regular primary care provider Base (respondents who answer yes): Do you have a family doctor, a general practitioner or GP, family physician, nurse practitioner, or family medicine resident that you see for regular check-ups, when you are sick and so on? Excludes: <ul style="list-style-type: none"> - it depends on who they see and/or what they are there for - not using/on any treatments/not applicable - don't know - refused
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified- Health Care Experience Survey (HCES); HQO practice level patient experience survey System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed system level survey question: When you see your family doctor, nurse practitioner or someone else in their office, how often do they work together with you and if necessary your family caregiver(s) to develop a treatment plan and share understanding of how it will be implemented? <ul style="list-style-type: none"> - always - often - sometimes - rarely

		<ul style="list-style-type: none"> - never - it depends on who they see and/or what they are there for - not using/on any treatments/not applicable - don't know - refused <p>Proposed practice level survey question: Now, we'd like you to think more broadly for a minute... about your experience with this office over the past year or so. From this perspective... When you see your family doctor or someone else in their office how often do they work together with you and if necessary your family caregiver(s) to develop a treatment plan and share understanding how it will be implemented?</p> <ul style="list-style-type: none"> - Never - Rarely - Sometimes - Often - Always <p>Original system level survey question: When you see your [fill fd_type] or someone else in their office, how often do they give you an opportunity to ask questions about recommended treatment?</p> <ul style="list-style-type: none"> - always - often - sometimes - rarely - never - it depends on who they see and/or what they are there for - not using/on any treatments/not applicable - don't know - refused <p>Original practice level survey question: Now, we'd like you to think more broadly for a minute... about your experience with this office over the past year or so. From this perspective... 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?</p> <ul style="list-style-type: none"> - Never - Rarely - Sometimes - Often - Always - Not Applicable
	Timing and	System level: quarterly

	<i>frequency of data release</i>	
	<i>Comments</i>	N/A

*This rating is for the generic measure *Respectful communication with patients* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Respectful and understandable communication with patients
MEASURE DESCRIPTION	Measure name	Courtesy of primary care reception staff
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/ LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who rate the courtesy of reception staff at the practice they attend as very good or excellent
	Rating*	System level: 5.21 Practice level: 5.37
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who rated the courtesy of reception staff at their primary care provider's office as very good or excellent
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Practice Level Patient Experience Survey (HQO) System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Survey question: On a scale of poor to excellent, how would you rate the courtesy of the reception staff in your [family doctor's/nurse practitioner's] office? - Poor - Fair - Good - Very Good - Excellent
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *Respect for patient's values and goals* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Coordination of care within the primary care setting
MEASURE DESCRIPTION	Measure name	Mechanisms to support collaboration in primary care teams
	Level of reporting	System level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/ LHIN)
	Measure description	Percentage of primary care practices/organizations that report having mechanisms in place to support collaboration
	Rating*	System level: 5.05
DEFINITION & SOURCE INFORMATION	Numerator	Number of primary care teams/organizations who reported having any mechanisms to support collaboration: <ul style="list-style-type: none"> - Regular team meetings to discuss practice and patient care issues - Case conferences - Other (please specify) _____
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified - A Primary Health Care Evaluation for Nova Scotia</p> <p>Potential data source: Population survey</p> <p>Proposed survey question: Which of the following mechanisms does your primary care practice/organization have to support collaboration:</p> <ul style="list-style-type: none"> - Regular team meetings to discuss practice and patient care issues - Case conferences - Other (please specify) _____ <p>Original Measure: Percentage of PHC teams/organizations that have mechanisms to support collaboration</p> <ul style="list-style-type: none"> - Regular Team meetings, - Joint goal setting, - Shared vision.
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *Coordination of care within the primary care setting* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Coordination of care within the primary care setting
MEASURE DESCRIPTION	Measure name	Patients' ratings of primary care teamwork
	Level of reporting	Practice level
	Availability	Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who rate their primary care providers as very good/excellent at working together as a team to coordinate the patient's care
	Rating*	Practice level: 5.37
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who rated their health care providers as very good or excellent at working as a "team" amongst themselves to arrange/coordinate the respondents' care.
	Denominator	Respondents who saw more than one healthcare professional at this clinic/office over the last 12 months
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Practice Level Patient Experience Survey (HQO)</p> <p>Potential data source: Practice level patient experience survey</p> <p>Survey question: You indicated that you have seen more than one healthcare provider at this office/clinic over the past year or so. Thinking of these people as a group, on a scale of poor to excellent, how would you rate their performance on the following...?</p> <p>Working together as a team in terms of doing an effective job in arranging/coordinating your care amongst themselves</p> <ul style="list-style-type: none"> - Poor - Fair - Good - Very Good - Excellent
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *Coordination of care within the primary care setting* which included this specific measure along with other potential measures of this aspect of primary care performance.

Measurement priority		Process for addressing suggestions/complaints
MEASURE DESCRIPTION	Measure name	Processes to obtain suggestions and address complaints from patients and families/caregivers
	Level of reporting	System level
	Availability	System Level: Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care practices/organizations that report having processes in place to obtain suggestions and address complaints from patients and families/caregivers
	Rating*	System level: 4.74
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of primary care practices/organizations that report any of the following processes for regularly obtaining suggestions and addressing complaints from patients and families/caregivers</p> <ul style="list-style-type: none"> - Patient survey - Caregiver survey - Patient focus group - Caregiver focus group - Patient/caregiver advisory committee - Suggestion/ complaint box
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: New measure</p> <p>Potential data source: Provider reported or organization reported</p> <p>Survey question: Does your practice/organization use any of the following processes regularly to obtain suggestions and address complaints from patients and families/caregivers?</p> <ul style="list-style-type: none"> - Patient survey - Caregiver survey - Patient focus group - Caregiver focus group - Patient/Caregiver advisory committee - Suggestion/ complaint box
	Timing and frequency of data release	N/A
	Comments	N/A

*This rating is for the generic measure *Process for addressing suggestions/complaints* which included this specific measure along with other potential measures of this aspect of primary care performance.

Appendix 8: Integration Domain – SMDs

Measurement priority		Information sharing across the continuum of care including patients and family caregivers
MEASURE DESCRIPTION	Measure name	Use of two-way electronic communication by primary care practices/organizations
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of practices that have two-way electronic communication linkages (beyond fax and telephone) with other health care organizations
	Rating	5.13
DEFINITION & SOURCE INFORMATION	Numerator	Number of primary care practices/organizations who reported two-way electronic communication linkages (beyond fax and telephone) with other health care organizations (e.g. hospitals, community mental health agencies, long term care facilities, public health)
	Denominator	Number of primary care practice/organization respondents providing patient care
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Pan - Canadian Primary Health Care Indicator Project (2006): CIHI</p> <p>Potential data source: Provider or organization reported</p> <p>Proposed survey question: Do you currently have two-way electronic communication linkages (beyond fax and telephone) with other health care organizations (e.g. hospitals, community mental health agencies, long term care facilities, public health):</p> <ul style="list-style-type: none"> - Yes - No - Don't know - Decline to answer
	Timing and frequency of data release	N/A
	Comments	N/A

*Two-way communications is when information is sent and received electronically

Measurement priority		Information sharing across the continuum of care including patients and family caregivers
MEASURE DESCRIPTION	Measure Name	Test results available at scheduled appointments
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province /LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that, in the last 12 months, when receiving care for a medical problem, there was a time when test results were not available at the time of a scheduled appointment with their family physician
	Rating	System level: 4.47 Practice level: 4.80
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents in the denominator who reported that there was a time when test results were not available at the time of a scheduled appointment with their family doctor
	Denominator	Number of respondents who have a health care provider or family doctor Base (respondents who answered yes): Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on? Excludes: - did not receive care for medical problem/no tests in last 12 months - not applicable
	Measure source/ data source / data elements/ infrastructure	Measure source: Health Care Experience Survey (HCES) System level data source: HCES provided by Health Analytics Branch, Ministry of Health and Long-Term Care

	requirements	<p>Practice level potential data source: Practice level patient experience survey</p> <p>Survey question: In the last 12 months, when receiving care for a medical problem, was there ever a time when test results were not available at the time of a scheduled appointment with your [family doctor, nurse practitioner]?</p> <ul style="list-style-type: none"> - Yes - No - did not receive care for medical problem/no tests in last 12 months/not applicable - don't know - refused
	Timing and frequency of data release	System level: quarterly
Comments		N/A

Measurement priority		Information sharing across the continuum of care including patients and family caregivers
MEASURE DESCRIPTION	Measure name	Family doctor/nurse practitioner up-to-date on specialist care
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that their family physician/nurse practitioner was informed and up-to-date about the care they received from specialists
	Rating	System level: 4.27 Practice level: 4.27
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who had seen a specialist who reported that their family doctor/nurse practitioner was informed and up-to-date about the care they received from specialists
	Denominator	Respondents who were advised by their family doctor/nurse practitioner to see a specialist in the past 12 months. Base (respondents who answered yes): In the past 12 months, have you been advised by your family doctor, nurse practitioner] to see a specialist? Excludes: - did not see family doctor/nurse practitioner since seeing specialists
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Health Care Experience Survey (HCES) System level data source: HCES provided by Health Analytics Branch, Ministry of Health and Long-Term Care Practice level potential data source: Practice level patient experience survey Survey question: After you saw the specialist, did your [family doctor, nurse practitioner] seem informed and up-to-date about the care you got from the specialist? - yes

		<ul style="list-style-type: none"> - no - did not see [family doctor, nurse practitioner] since seeing specialist <i>[excluded]</i> - don't know - refused
	<i>Timing and frequency of data release</i>	System level: quarterly
	<i>Comments</i>	N/A

Measurement priority		Information sharing across the continuum of care including patients and family caregivers
MEASURE DESCRIPTION	Measure name	Family doctor/nurse practitioner up-to-date on hospital care
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that their family physician/nurse practitioner was informed and up-to-date about the care they received in the hospital
	Rating	System level: 3.93 Practice level: 4.07
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that their [family doctor/nurse practitioner] was informed and up-to-date about the care they received while in the hospital.
	Denominator	Number of respondents who have a regular doctor and were hospitalized overnight in the last 12 months. Base (respondents who answered yes to both questions): <ul style="list-style-type: none">- Do you have a family doctor, a general practitioner or GP, or nurse practitioner that you see for regular check-ups, when you are sick and so on?- In the last 12 months, have you been hospitalized overnight? Excludes: <ul style="list-style-type: none">- I did not see a/my doctor/GP after leaving the hospital- did not receive care for medical problem/ no tests in the last 12 months/ not applicable- Not sure- Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Health Care Experience Survey (HCES) System level data source: HCES provided by Health Analytics Branch, Ministry of Health and Long-Term Care Practice level potential data source: Practice level patient experience survey

		<p>Survey question:</p> <p>After you were discharged from hospital, did your [family doctor, nurse practitioner] seem informed and up-to-date about the care you received in the hospital?</p> <ul style="list-style-type: none"> - yes - no - have not seen [family doctor, nurse practitioner] since discharged from hospital - did not receive care for medical problem/ no tests in the last 12 months/ not applicable - don't know - refused
	<i>Timing and frequency of data release</i>	System level: quarterly
	<i>Comments</i>	N/A

Measurement priority		Information sharing across the continuum of care including patients and family caregivers
MEASURE DESCRIPTION	Measure name	Primary Care providers' receipt of information from specialists
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	<p>Percentage of primary care physicians who report that they receive the following information after their patients' visits to specialists:</p> <ul style="list-style-type: none"> - A report back from the specialist with all relevant health information - Information about changes the specialist has made to the patient's medication or care plan - Information that is timely and available when needed
	Rating	5.07
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of providers who reported always or often receiving:</p> <ul style="list-style-type: none"> - A report back from the specialist with all relevant health information - Information about changes the specialist has made to the patient's medication or care plan - Information that is timely and available when needed <p><i>Reported separately</i></p>
	Denominator	<p>All respondents</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/data source / data elements/infrastructure requirements	<p>Measure source: Commonwealth Fund International Health Policy Survey 2012 (Primary Care Doctors)</p> <p>System level data source: Commonwealth Fund International Health Policy Survey 2012 (Primary Care Doctors)</p> <p>Survey question: When your patient has been seen by a specialist, how often do you receive the following?</p> <ul style="list-style-type: none"> - A report back from the specialist with all relevant health information - Information about changes the specialist has made to the patient's medication or care plan - Information that is timely and available when needed

		<i>(response options)</i> <ul style="list-style-type: none"> - Always - Often - Sometimes - Rarely - Never - Not sure - Decline to answer
	<i>Timing and frequency of data release</i>	Every three years (the latest release date 2012)
	<i>Comments</i>	N/A

Measurement priority		Information sharing across the continuum of care including patients and family caregivers
MEASURE DESCRIPTION	Measure name	Primary Care providers' receipt of information from the emergency department and hospital
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of primary care physicians who report that they receive notification that their patient: <ul style="list-style-type: none"> - Has been seen in the emergency department - Is being discharged from the hospital
	Rating	5.07
DEFINITION & SOURCE INFORMATION	Numerator	Number of providers who reported always or often receiving: <ul style="list-style-type: none"> - Notification your patient has been seen in the emergency department - Notification your patient is being discharged from the hospital <i>Reported separately</i>
	Denominator	All respondents Excludes: <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2012 (Primary Care Doctors) System level data source: Commonwealth Fund International Health Policy Survey 2012 (Primary Care Doctors) Survey question: When your patients go to the emergency department or hospital, how often do you receive...? <ul style="list-style-type: none"> - Notification your patient has been seen in the emergency department - Notification your patient is being discharged from the hospital (response options) <ul style="list-style-type: none"> - Always - Often - Sometimes - Rarely - Never

		<ul style="list-style-type: none"> - Not sure - Decline to answer
	<i>Timing and frequency of data release</i>	Every three years (the latest release date 2012)
	<i>Comments</i>	NA

Measurement priority		Information sharing across the continuum of care including patients and family caregivers
MEASURE DESCRIPTION	Measure name	Provider-reported wait time for receipt of needed information after patient hospital discharge
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	<p>Percentage of primary care physicians who report that on average they receive the needed information after their patients' discharge from hospital within:</p> <ul style="list-style-type: none"> - <24 hours - 24-48 hours - 2-4 days - 5-14 days - 15-30 days - >30 days - Rarely or never
	Rating	5.20
DEFINITION & SOURCE INFORMATION	Numerator	<p>Wait time for receipt of information among providers who reported that they received the needed information after their patients' discharge from hospital.</p> <ul style="list-style-type: none"> - <24 hours - 24-48 hours - 2-4 days - 5-14 days - 15-30 days - >30 days - Rarely or never <p><i>This measure will be reported as the percent of providers receiving information within some threshold to be determined.</i></p>
	Denominator	<p>All respondents</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure	<p>Measure source: Commonwealth Fund International Health Policy Survey 2012 (Primary Care Doctors)</p> <p>System level data source: Commonwealth Fund International Health Policy Survey 2012 (Primary Care Doctors)</p>

	requirements	<p>Survey question: After your patient has been discharged from the hospital, on average, how long does it take before you receive the information you need to continue managing the patient, including recommended follow-up care?</p> <ul style="list-style-type: none"> - <24 hours - 24-48 hours - 2-4 days - 5-14 days - 15-30 days - >30 days - Rarely or never - Not sure - Decline to answer
	Timing and frequency of data release	Every three years (the latest release date 2012)
	Comments	N/A

Measurement priority		Information sharing across the continuum of care including patients and family caregivers
MEASURE DESCRIPTION	Measure name	Patients receiving timely notification of abnormal test results
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report delays in being notified about abnormal test results in the past two years
	Rating	System level: 4.60 Practice level: 4.73
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported they had experienced delays in being notified about abnormal test results in the past 2 years.
	Denominator	Number of respondents who had medical tests in the past 2 years. Base (respondents who answered yes): Have you had any blood tests, x-rays, or any other medical tests in the past 2 years? Excludes: - Not sure - Decline to answer
	Measure source/data source / data elements/infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2013 System level data source: Commonwealth Fund International Health Policy Survey 2013 Practice level potential data source: Practice level patient experience survey Survey question: In the past 2 years, have you experienced delays in being notified about abnormal test results? - Yes

		<ul style="list-style-type: none"> - No - Not sure - Decline to answer
	Timing and frequency of data release	System level: Every three years (the latest release date 2013)
	Comments	N/A

Measurement priority		Care coordination with other health and community care providers and services
MEASURE DESCRIPTION	Measure Name	Providers able to co-ordinate care with service organizations in the community for their most complex patients
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of primary care providers who report being able to coordinate care with service organizations in the community in planning and providing care for their most complex patients
	Rating	5.08
DEFINITION & SOURCE INFORMATION	Numerator	Number of providers in the denominator who reported that for their most complex patients they are able always, almost always or usually to co-ordinate care with service organizations in the community in planning and providing care for them.
	Denominator	All respondents
	Measure source/data source / data elements/infrastructure requirements	<p>Measure Source: QualicoPC - Family Physician Survey and Provider Survey from the Practice-Based Set of PHC Survey Tools – CIHI</p> <p>System level potential data source: Organization or provider reported</p> <p>Survey question: To what extent are you able to co-ordinate care with service organizations in the community in planning and providing care for your most complex patients (e.g. patients with multiple chronic conditions or significant social issues impacting their health)?</p> <ul style="list-style-type: none"> - Unable to - Occasionally unable to - Sometimes able to

		<ul style="list-style-type: none"> - Usually able to - Always or almost always able to
	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	N/A

Measurement priority		Care coordination with other health and community care providers and services
MEASURE DESCRIPTION	Measure name	Care coordination by primary care providers
	Level of reporting	System level
	Availability	Measure currently reported but modified wording recommended (Province/Other provinces/Canada/International)
	Measure description	<p>Percentage of primary care physicians who report that they or someone else in the practice provides care in the following ways:</p> <ul style="list-style-type: none"> - Managing and coordinating care for their patients after hospital discharge - Coordinating care with social services or other community providers
	Rating	4.30
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of providers who reported that they or someone else in the practice provide care in the following ways:</p> <ul style="list-style-type: none"> - Managing and coordinating care for their patients after hospital discharge - Coordinating care with social services or other community providers <p><i>Reported separately</i></p>
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified- Commonwealth Fund International Health Policy Survey 2012 (Primary Care Doctors)</p> <p>System level potential data source: Provider/organization reported</p> <p>Proposed survey question: Does anyone in your practice help manage or provide care in any of the following ways?</p> <ul style="list-style-type: none"> - Help manage and coordinate care after hospital discharge - Coordinate care with social services or other community providers <p><i>(response options)</i></p> <ul style="list-style-type: none"> - Yes - No

		<ul style="list-style-type: none"> - Not sure - Decline to answer <p>Original survey questions:</p> <p>(In the original survey, there were two questions asked – one asked to non-doctor FTEs and one asked to the doctor)</p> <p>Base: Respondents who have one or more non-Doctor FTE Health Care Provider</p> <p>Do any of these providers (nurses, therapists or other clinicians) help manage or provide care in any of the following ways?</p> <ul style="list-style-type: none"> - Help manage and coordinate care after hospital discharge - Coordinate care with social services or other community providers <p>(response options)</p> <ul style="list-style-type: none"> - Yes - No - Not sure - Decline to answer <p>Base: All respondents</p> <p>Do you help manage or provide care in any of the following ways?</p> <ul style="list-style-type: none"> - Help manage and coordinate care after hospital discharge - Coordinate care with social services or other community providers <p>(response options)</p> <ul style="list-style-type: none"> - Yes - No - Not sure - Decline to answer
	Timing and frequency of data release	Every three years (the latest release date 2012)
	Comments	N/A

Measurement priority		Care coordination with other health and community care providers and services
MEASURE DESCRIPTION	Measure Name	Primary care providers help to book appointments or coordinate specialist care
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that their family physician or someone in their office helped them book appointments or coordinate the care they received from specialists over the past 12 months
	Rating	System level: 3.92 Practice level: 4.17
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that their family doctor or someone in their office helped them book appointments or coordinate the care they received from specialists over the past 12 months
	Denominator	<p>Respondents who were advised by their family doctor to see a specialist in the past 12 months.</p> <p>Base (respondents who answered yes): In the past 12 months, have you been advised by your [family doctor, nurse practitioner] to see a specialist?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - never had the need for this as not seeing specialists - don't know - refused

	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Health Care Experience Survey (HCES)</p> <p>System level data source: HCES provided by Health Analytics Branch, Ministry of Health and Long-Term Care</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Survey Question: The last time you saw a specialist, did your [family doctor, nurse practitioner] or someone in their office book an appointment for you or coordinate the care you received from the specialist?</p> <ul style="list-style-type: none"> - yes - no - never had the need for this as not seeing specialists - don't know - refused
	Timing and frequency of data release	System level: Quarterly
	Comments	N/A

Measurement priority		Care coordination with other health and community care providers and services
MEASURE DESCRIPTION	Measure name	Coordination of care received from community based health or social services
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that their family physician, nurse practitioner or someone in their office helped them arrange or coordinate the care they received from community-based health or social services over the past 12 months
	Rating	System level: 3.67 Practice level: 3.50
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that their family doctor/nurse practitioner or someone in their office helped them arrange or coordinate the care they received from community based health or social services over the past 12 months
	Denominator	Respondents who have a family doctor. Base (respondents who answered yes) Is there one doctor you usually go to for your medical care? <ul style="list-style-type: none"> - Yes have a regular doctor/GP - Yes, but have more than one regular doctor/GP Is there one doctor's group, health center, or clinic you usually go to for most of your medical care? Excludes: <ul style="list-style-type: none"> - never had the need to use community based health and social services in the last 12 months - don't know - refused
	Measure source/data source / data	Measure Source: Modified - Commonwealth Fund International Health Policy Survey 2013

	<p>elements/infrastructure requirements</p>	<p>System level potential data source: Population survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Proposed survey question: In the past 12 months, did your family doctor or someone in their office help arrange or coordinate the care you received from community based health or social services?</p> <ul style="list-style-type: none"> - yes - no - never had the need to use community based health and social services in the last 12 months - don't know - refused <p>Original survey question: How often does your regular doctor or someone in your doctor's practice help coordinate or arrange the care you receive from other doctors and places?</p> <ul style="list-style-type: none"> - Always - Often - Sometimes - Rarely or never - Never see other doctors/places or needed coordination - Not sure - Decline to answer <p>Coordination could include helping you get appointments, following-up to make sure you get recommended care, and making sure other doctors have important information</p>
	<p>Timing and frequency of data release</p>	<p>N/A</p>
	<p>Comments</p>	<p>N/A</p>

Measurement priority		Care coordination with other health and community care providers and services
MEASURE DESCRIPTION	Measure name	Patients rating of care coordination for chronic conditions
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions who rate their family physician/nurse practitioner as very good or excellent in helping to coordinate their care and treatment across other parts of the health care system and with other health care providers
	Rating	System level: 4.25 Practice level: 4.50
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents with chronic conditions who rated their family doctor/ nurse practitioner as very good or excellent in helping arrange/co-ordinate their care/treatment across other parts of the healthcare system/with other healthcare professionals to deal with their chronic illness
	Denominator	Number of respondents with chronic conditions Base (respondents who answer yes): Have you ever been told by a doctor or other health provider that you have any of the following long-term conditions?
	Measure source/data source / data elements/infrastructure requirements	Measure source: Practice Level Patient Experience Survey (HQP) System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey (HQP) Original practice level survey question: How would you rate the doctor/healthcare provider you saw at this visit in helping arrange/co-ordinate your care/treatment across other parts of the healthcare system/with other healthcare professionals to deal with your chronic illness(es)?

		<ul style="list-style-type: none"> - Poor - Fair - Good - Very Good - Excellent <p>Alternative survey question (for population or out-of-office practice level patient experience survey; reworded from HQO Practice Level Patient Experience Survey): How would you rate your family doctor/ nurse practitioner in helping arrange/co-ordinate your care/treatment across other parts of the healthcare system/with other healthcare professionals to deal with your chronic condition?</p> <ul style="list-style-type: none"> - Poor - Fair - Good - Very Good - Excellent - NA
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Time to referred appointment with medical/surgical specialist or other specialized services
MEASURE DESCRIPTION	Measure Name	Wait time to medical/surgical specialist appointment
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported but modified wording recommended (Province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Self-reported wait times for patients who were advised to see a specialist
	Rating	System level: 4.50 Practice level: 4.17
DEFINITION & SOURCE INFORMATION	Numerator	Wait time for an appointment among respondents who reported waiting for a specialist appointment <ul style="list-style-type: none"> - Days - Weeks - Months - Years <p><i>This measure will be reported as some measure of the distribution of the wait time (e.g., mean, median, percentile)</i></p>
	Denominator	Respondents who were advised to see é referred to a medical/surgical specialist or other specialized health service <p>Base (respondents who answered yes):</p> <p>In the past 12 months, have you been advised by your family doctor/nurse practitioner to see/ referred to a medical/surgical specialist or other specialized health services?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Never got an appointment/still waiting/etc. - don't know - refused
	Measure source/ data source / data elements/	Measure source: Modified- Health Care Experience Survey (HCES)

	infrastructure requirements	<p>System level potential data source: Population Survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Proposed survey question: After you were advised to see / referred to a medical/surgical specialist or other specialized health services, how many days, weeks or months did you have to wait for an appointment?</p> <ul style="list-style-type: none"> - Days: - Weeks: - Months: - Years: - Never got an appointment/still waiting/etc. - don't know - refused <p>Original survey question: After you were advised to see a specialist, how many days, weeks or months did you have to wait for an appointment?</p> <ul style="list-style-type: none"> - Days: - Weeks: - Months: - Years: - never got an appointment/still waiting/etc. - don't know - refused
	Timing and frequency of data release	System level: Quarterly
	Comments	Technical Working Group recommendation: Data from this measure Should be used to identify a baseline and establish benchmarks in future.

Measurement priority		Hospital admissions and readmissions
MEASURE DESCRIPTION	Measure Name	30-day and 1-year hospital readmission rate
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/LHIN) Practice level: Measure currently reported in recommended form (practice)
	Measure description	Percentage of patients who were re-admitted to a hospital following their initial hospitalization within: <ul style="list-style-type: none">- 30 days of discharge- One year of discharge
	Rating	System level: 5.58 Practice level: 4.92
DEFINITION & SOURCE INFORMATION	Numerator	The number of non-elective hospital readmissions following any hospitalization (including elective hospitalizations) <ul style="list-style-type: none">- within 30 days of discharge- within one year of discharge Note: Hospital readmission is readmission to any acute care hospital in the province for any condition, including a different condition than the reason for their original hospital admission
	Denominator	System level: Patients who are in the Registered Persons Database and <ul style="list-style-type: none">- Alive at index (born and not dead)- Had contact with the health care system within the previous 7 years- Ontario resident- Eligible for OHIP at index date Practice level: Number of rostered and virtually rostered patients discharged from hospital. Rostered patients:

		<ul style="list-style-type: none"> - All people with status_cape =10, 11, 12, 15 (they are rostered or reside in LTC) - Cape eligibility overlaps index date <p>Virtually rostered:</p> <ul style="list-style-type: none"> - All visits to spec= 00, 05, 26 GP, (Comm Med, Pead) for the 7 year period preceding the index date for the following feecodes- A001, A003, A007,A903, E075, G212, G271, G372, G373, G365, G538, G539, G590, G591, K005, K013, K017, P004, A261, K267, K269 – core Primary Care codes <p><i>(patient is assigned to the highest billing physician)</i></p>
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Primary Care Practice Report</p> <p>System level data source: Primary Care Practice Report, provided by ICES using Discharge Abstract Database (DAD), Client Agency Patient Enrollment (CAPE, Ontario Health Insurance Plan (OHIP)</p> <p>Practice level data source: Primary Care Practice Report, provided by ICES using Discharge Abstract Database (DAD), Client Agency Patient Enrollment (CAPE, Ontario Health Insurance Plan (OHIP)</p>
	Timing and frequency of data release	<p>Practice level: Potential for bi-annual reporting</p> <p>System level: Potential for bi-annual reporting</p>
	Comments	N/A

Measurement priority		Hospital admissions and readmissions
MEASURE DESCRIPTION	Measure Name	Rate of hospital admissions for specific chronic conditions
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/LHIN) Practice level: Measure currently reported in recommended form (practice)
	Measure description	Rate of hospital admissions for specific chronic conditions per 1,000 population, by condition (asthma, chronic obstructive pulmonary disease, congestive heart failure, diabetes) and combined
	Rating	System level: 4.83 Practice level: 4.17
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of patients discharged from acute care hospitals over the past 12 months for the following conditions:</p> <ul style="list-style-type: none"> - asthma (ICD10- J45) - congestive heart failure (CHF) (ICD10-I500, J81) - chronic obstructive pulmonary disease (COPD) (ICD-10- J41, J42, J43, J44, J47) - Diabetes (ICD10- E10.1, E10.6, E10.7, E10.9, E11.0, E11.1, E11.6, E11.7, E11.9, E13.0, E13.1, E13.6, E13.7, E13.9, E14.0, E14.1, E14.6, E14.7, E14.9) - all four combined <p><i>The admissions for the conditions are selected by looking for condition specific ICD-10 diagnosis in the previous year excluding in-hospital complications (i.e. Diagnosis type M and 2)</i></p>
	Denominator	<p>System level: Patients who are in the Registered Persons Database and</p> <ul style="list-style-type: none"> - Alive at index (born and not dead) - Had contact with the health care system within the previous 7 years - Ontario resident - Eligible for OHIP at index date

		<p>Practice level: Rostered or virtually rostered population</p> <p>Rostered patients:</p> <ul style="list-style-type: none"> - All people with status_cape =10, 11, 12, 15 (they are rostered or reside in LTC) - Cape eligibility overlaps index date <p>Virtually rostered:</p> <ul style="list-style-type: none"> - All visits to spec= 00, 05, 26 GP, (Comm Med, Pead) for the 2 year period preceding the index date for the following feecodes- A001, A003, A007,A903, E075, G212, G271, G372, G373, G365, G538, G539, G590, G591, K005, K013, K017, P004, A261, K267, K269 – core Primary Care codes <p><i>(patient is assigned to the highest billing physician)</i></p>
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Primary Care Practice Report</p> <p>Practice level data source: Primary Care Practice Report, provided by ICES using Discharge Abstract Database (DAD), Client Agency Patient Enrollment (CAPE, Ontario Health Insurance Plan (OHIP)</p> <p>System level data source: Primary Care Practice Report, provided by ICES using Discharge Abstract Database (DAD), Client Agency Patient Enrollment (CAPE, Ontario Health Insurance Plan (OHIP)</p>
	Timing and frequency of data release	<p>Practice level: Potential for bi-annual reporting</p> <p>System level: Potential for bi-annual reporting</p>
	Comments	N/A

Measurement priority		Follow-up with regular primary care provider post hospital discharge
MEASURE DESCRIPTION	Measure name	7-day post hospital discharge follow-up rate for selected conditions
	Level of reporting	System level Practice level
	Availability	System level: Measure currently available in recommended form (Province/LHIN) Practice level: Measure currently available in recommended form (Note: measure is available only for Patient Enrolment Models, CHCs, AHACs and NPLCs)
	Measure description	Percentage of patients who see their primary care provider within seven days after discharge from hospital for selected conditions
	Rating	System level: 5.42 Practice level: 5.42
	Numerator	Total number of patients/clients who see their primary care provider within 7 days after discharge from hospital for selected conditions
DEFINITION & SOURCE INFORMATION	Denominator	System level denominator: Total number of patients discharged from hospital after an admission for one of the following conditions (based on case mix group [CMG]): stroke, COPD, pneumonia, congestive heart failure, diabetes, cardiac conditions and gastrointestinal disorders. Practice level denominator: For Patient Enrolment Models, the denominator Includes patients rostered at the time of discharge with a primary care physician. Follow-up is restricted to professional services provided by a GP/FP, geriatrician or pediatrician in the practice group to which the physician belongs. For CHCs, AHACs and NPLCs, the denominator includes patients who have received care from a provider within the group within the last two years
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Primary Care Quality Improvement Plans System level data source: CIHI/DAD and OHIP Practice level data source: Ministry of Health and Long-Term Care(MOHLTC) portal and CHC report
	Timing and frequency of data release	Annual reporting
	Comments	The methodologies used to calculate the measure differ for patient enrollment models and for CHCs/AHACs/NPLCs. This results in slight differences in the definition of the population included in the denominator.

Measurement priority		Follow-up with regular primary care provider post hospital discharge
MEASURE DESCRIPTION	Measure name	Follow-up arrangements after hospital discharge
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that the hospital made arrangements for their follow-up care with a physician or other health care professional
	Rating	System level: 5.00 Practice level: 4.50
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that the hospital made arrangements for their follow-up care with a doctor or other health care professional
	Denominator	Respondents who were hospitalized overnight in the past 2 years Base (respondents who answered yes): Have you been admitted to the hospital overnight in the past 2 years? Excludes: <ul style="list-style-type: none"> - Not applicable – did not need follow up care - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2013 System level data source: Commonwealth Fund International Health Policy Survey 2013 Practice level potential data source: Practice level patient experience survey

		Survey question: When you left the hospital, did the hospital make arrangements or make sure you had follow-up care with a doctor or other health care professional? <ul style="list-style-type: none"> - Yes - No - Not applicable – did not need follow up care - Not sure - Decline to answer
	<i>Timing and frequency of data release</i>	Every three years latest release date 2013
	<i>Comments</i>	N/A

Measurement priority		Waiting time for community services
MEASURE DESCRIPTION	Measure name	Wait time for an appointment for community based health or social services
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Self-reported wait time for patients who were referred to community-based health or social services
	Rating	System level: 4.67 Practice level: 4.25
DEFINITION & SOURCE INFORMATION	Numerator	Wait time for an appointment to get community based health or social services: <ul style="list-style-type: none"> - Days - Weeks - Months - Years <i>This measure will be reported as some measure of the distribution of the wait time (e.g., mean, median, percentile)</i>
	Denominator	Respondents who were referred to a community based health or social service in the last 12 months
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: New measure, adapted from Commonwealth Fund International Health Policy Survey, 2013 System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: In the last 12 months, after you were referred to a community based health or social service how many days, weeks or months did you have to wait for an appointment?

		<ul style="list-style-type: none"> - Days: - Weeks - Months - Years - have not been referred to a community based health or social service in last 12 months - don't know - refused
	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	N/A

Appendix 9: Effectiveness Domain – SMDs

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with chronic conditions who had a review in the past 12 months
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions (asthma, chronic obstructive pulmonary disease [COPD], coronary artery disease, congestive heart failure, hypertension, diabetes) who had a review in the last 12 months
	Rating	<ul style="list-style-type: none"> - Asthma: system level 3.44 – practice level 4.33 - COPD: system level 4.22– practice level 4.67 - CAD: system level 3.67– practice level 4.11 - CHF: system level 4.33– practice level 4.78 - CVD: system level 3.88– practice level 4.38 - Hypertension: system level 4.75– practice level 5.25 - Diabetes: system level 4.43– practice level 5.0
DEFINITION & SOURCE INFORMATION	Numerator	<p>Proportion of patients with a record of an associated assessment within the past 12 months for the following conditions (6 months for diabetes):</p> <ul style="list-style-type: none"> - Asthma - Chronic Obstructive Pulmonary Disease (COPD) - Coronary Artery Disease (CAD) - Congestive Heart Failure (CHF) - Cerebrovascular Disorder (CVD) - hypertension - Diabetes <p><i>Each reported separately</i></p>
	Denominator	<p>Number of patients who were diagnosed with the following conditions for more than a year (6 months for diabetes):</p> <ul style="list-style-type: none"> - Asthma - Chronic Obstructive Pulmonary Disease (COPD) - Coronary Artery Disease (CAD) - Congestive Heart Failure (CHF) - Cerebrovascular Disorder (CVD) - Hypertension - Diabetes <p>Excludes:</p>

		Patients newly diagnosed with the conditions of interest in the past 12 months (patients diagnosed within less than 12 months (6 months for diabetes) do not have the required time for a review)
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: New measure - adapted from Dorval model (for COPD, CHF, CVD and Diabetes) and from literature* for Asthma and hypertension</p> <p>Practice and system level potential data source: EMR/EHR data extraction</p> <p>Original measures (from the Dorval model):</p> <p>Chronic Obstructive Pulmonary Disease (COPD) - Proportion of patients/ clients with COPD who had a clinically relevant review in the past year</p> <p>Coronary Artery Disease (CAD) – Proportion of patients/ clients with CAD who had a clinically relevant review in the past year</p> <p>Congestive Heart Failure (CHF) - Proportion of patients/ clients with CHF who had a clinically relevant review in the past year</p> <p>Cerebrovascular Disorder (CVD) - Proportion of patients/ clients with CVD patients who had a clinically relevant review in the past year</p> <p>Diabetes - Proportion of patients with Diabetes who had a clinically relevant review in the past 6 months</p>
	Timing and frequency of data release	N/A
	Comments	This cannot be measured with administrative data as it is not able to distinguish between a regular visit and a 'review'. It is difficult to operationalize as the question would be what constitutes a review. Chronic conditions that are EMR based can help identify patients with chronic conditions. It is suggested that a provincial move in EMR structure to capture review for asthma & CHF is required. It is also suggested that denominator should come from validated registry to identify individuals with these conditions. Two outcomes – needs an accepted definition and EMRs capable of accommodating this measure.

* S. M. Campbell et al. Quality indicators for General Practice 1998; 20(4): 414-421

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with chronic diseases whose last blood pressure reading was below the recommended level
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with the following conditions whose blood-pressure reading in the last 12 months was below the recommended level for the following conditions <ul style="list-style-type: none"> - Coronary Artery Disease - Hypertension - Transient ischemic attack (TIA)/Stroke - Chronic renal failure - Diabetes
	Rating	<ul style="list-style-type: none"> - CAD: system level 4.67 – practice level 4.67 - Hypertension: system level 4.5– practice level 4.75 - TIA/Stroke: system level 5.13– practice level 5.5 - Chronic renal failure: system level 4.43– practice level 4.3 - Diabetes: system level 4.14– practice level 4.43
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients who had their blood pressure under the recommended limits for the following conditions: <ul style="list-style-type: none"> - Coronary Artery Disease 140/80 within last 12 months - Hypertension 140/80 within last 12 months - TIA/Stroke 140/80 within past 15 months - Chronic renal failure 130/80 within past 12 months - Diabetes 130/80 within past 12 months
	Denominator	Number of patients with the following conditions: <ul style="list-style-type: none"> - Coronary Artery Disease - Hypertension - Transient ischemic attack (TIA)/Stroke - Chronic renal failure - Diabetes
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: New measure adopted from the following sources: CAD: Quality and Outcome Framework: United Kingdom – National Health Service (NHS) Hypertension: Veteran’s Health Administration TIA/stroke: Quality and Outcome Framework: United Kingdom – National Health Service (NHS) Chronic renal failure: Dorval model (reworded) Diabetes: CIHI: Voluntary Reporting System System and practice level potential data source: EMR/EHR data extraction.

	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	Evidence and guidelines change over time. As such, indicators will need regular review and update. Note: *Recommended BP levels and mentioned timeframes are subject to change based on changes in the clinical guidelines.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Acceptable cholesterol level in patients with coronary artery disease or a history of TIA/stroke
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients for the following conditions whose last measured LDL cholesterol in the previous 15 months was 2mmol/l or less: <ul style="list-style-type: none"> - Coronary artery disease - History of transient ischemic attack (TIA)/ stroke
	Rating	System level: <ul style="list-style-type: none"> - Stroke: 4.25 - CAD: 3.89 Practice level: <ul style="list-style-type: none"> - Stroke: 4.25 - CAD:3.78
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients whose last measured LDL control, in the last 15 months, was 2 mmol/l or less, for the following conditions: <ul style="list-style-type: none"> - Coronary artery disease - History of TIA/stroke
	Denominator	Number of patients with the following conditions: <ul style="list-style-type: none"> - Coronary artery disease - History of TIA/stroke
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: New measure - modified from Quality and Outcome Framework: United Kingdom – National Health Service (NHS) 2013/14 Original measure: <ul style="list-style-type: none"> - The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 15 months) is 5mmol/l or less - The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 15 months System and practice level potential data source: EMR/EHR data extraction and Ontario Laboratories Information System (OLIS).
	Timing and frequency of	N/A

	<i>data release</i>	
	<i>Comments</i>	Evidence and guidelines change over time. As such, indicators will need regular review and update.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Asthma diagnosis confirmed by appropriate testing
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients aged 6 years and over whose diagnosis of asthma was confirmed by spirometry or methacholine challenge test
	Rating	System level: 3.67 Practice level: 4.11
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients aged 6 years and over whose diagnosis* of asthma was confirmed by spirometry, or methacholine challenge test *refers to new diagnosis of asthma (diagnosed in the last 1-2 years)
	Denominator	Number of patients with asthma aged 6 years and over
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Literature - Teresa To et al. Evidence based performance indicators of PC for asthma. International Journal for Quality in Health Care 2010; 22(6): 476-485 System level potential data source: Administrative data base and EMR/EHR data extraction Practice level potential data source: EMR/EHR data extraction
	Timing and frequency of data release	N/A
	Comments	From Technical working group: We can potentially use administrative data for this but not for CHCs. There are technical and professional fee codes available for spirometry. It might be limited to only new diagnosis. Operationalizing would include in the 'last 1 or 2 years'. Outcome – Administrative data as a potential data source only for new patients.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions
MEASURE DESCRIPTION	Measure name	Appropriate prescribing for patients with asthma
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of 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).
	Rating	System level: 3.78 Practice level: 4.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients 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)
	Denominator	Number of patients, ages 6 to 55 years, with asthma
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Pan-Canadian Primary Health Care Indicator report (2006) : CIHI System and practice level potential data source: EMR/EHR data extraction
	Timing and frequency of data release	N/A
	Comments	Comment from technical working group: Potential data source would have to be EMR, no other sources available.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Asthma symptom-free days
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients/people with asthma whose asthma symptoms have been under control during the past four weeks.
	Rating	System level: 3.44 Practice level: 3.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients who reported that they had well or completely controlled asthma over the past 4 weeks: Base (respondents answering yes): Have you ever been told by a doctor or other health provider that you have asthma?
	Denominator	Total number of patient who reported having asthma
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Literature - Teresa To et al. Evidence based performance indicators of PC for asthma. International Journal for Quality in Health Care 2010; 22(6): 476-485 System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Survey question: How would you rate your asthma control during the past 4 weeks? <ul style="list-style-type: none"> - Not controlled at all - Poorly controlled - Somewhat controlled - Well controlled - Completely controlled
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	COPD diagnosis confirmed by pulmonary function testing
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/LHIN) Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of patients with chronic obstructive pulmonary disease (COPD) who have had their diagnosis confirmed with pulmonary function testing
	Rating	System level: 4.11 Practice level: 4.89
DEFINITION & SOURCE INFORMATION	Numerator	Individuals with COPD who had any pulmonary function testing any time from 1 year before the COPD diagnosis date to 1 year following the diagnosis date based on the following OHIP fee codes <ul style="list-style-type: none"> - J301 (simple spirometry) - J324 / J327 (spirometry after bronchodilator) - J304 (flow volume loop) - J307 (body plethysmography) - J310 (carbon monoxide diffusing capacity) - J333 (Non-specific bronchial provocative test (histamine, methacholine, thermal, challenge)) Excludes: Negated OHIP claims, duplicate claims and lab claims
	Denominator	Individuals who had an incident diagnosis of COPD between fiscal year 2002/03 and 2011/12 based on more sensitive definition used for ICES derived cohort* Includes: <ul style="list-style-type: none"> - Patients with ≥ 1 outpatient claim or ≥ 1 hospitalization for COPD Excludes: <ul style="list-style-type: none"> - Individuals who were ineligible for OHIP for at least 2 consecutive quarters during the observation period, using OHIP yearly contact files. - Individuals who died within 1 year of their incident diagnosis date - Individuals who had Lung Volume reduction surgery or lung transplant prior to diagnosis date - Individuals > 99 years of age at time of COPD diagnosis
	Measure source/ data source / data elements/	Measure source: from literature* System level potential data source: OHIP database provided by ICES

	infrastructure requirements	Practice level potential data source: Administrative data (Potentials for primary care practice profile reports)
	Timing and frequency of data release	System level data: annually Practice level: NA
	Comments	N/A

* Gershon AS, Wang C, Guan J, Vasilevska-Ristovska J, Cicutto L, et al. (2009) Identifying individuals with physician diagnosed COPD in health administrative databases. *COPD* 6: 388–394.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure Name	Patients with Coronary Artery Disease (CAD) who received the recommended testing to monitor their condition
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with Coronary Artery Disease who received the following tests within the last 12 months: <ul style="list-style-type: none"> - Glycated hemoglobin (HbA1c) or fasting blood sugar - Lipid profile - Blood pressure measurement - Obesity screening - All of the above
	Rating	System level: 4.22 Practice level: 4.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with coronary artery disease who received following tests within the last 12 months: <ul style="list-style-type: none"> - HbA1c or fasting blood sugar - Lipid profile - Blood pressure measurement - Obesity screening - All of the above <i>Each reported separately</i>
	Denominator	Number of patients with coronary artery disease diagnosis
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: From literature* - Practice level potential data source: EMR/EHR data extraction System level potential data source: Ontario Laboratories Information System (OLIS); Administrative data (DAD, RPDB, OHIP) for HbA1c & lipid profiles; EMR/EHR data extraction for blood pressure and obesity screening
	Timing and frequency of data release	N/A
	Comments:	Technical working group suggested that A1c is not the standard practice. Fasting blood sugar test should be considered as an alternative. Evidence and guidelines change over time. As such, indicators will need regular review and update

* Michael E Green et al. Assessing methods for measurement of clinical outcomes and quality of care in primary care practices. *BMC Health Services Research* 2012; 12:214

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Elderly patients hospitalized for an acute myocardial infarction (AMI) who received the recommended treatment post hospitalization
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province, LHIN) Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of patients aged 65+ on the recommended drugs (Beta-blocker, angiotensin converting enzyme inhibitor/angiotensin receptor blocker, statin) after hospitalization for acute myocardial infarction
	Rating	System level: 4.78 Practice level: 4.89
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients that within 90 days after the discharge for myocardial infarction filled prescription for:: <ul style="list-style-type: none"> - Beta-blocker - Angiotensin converting enzyme inhibitor/angiotensin receptor blocker - Statin - all three <i>Each reported separately</i>
	Denominator	For fiscal years of interest, all CIHI inpatient discharges with most responsible diagnosis of acute myocardial infarction (ICD-10 codes: I21 and I22, and ICD-9 code: 410) Excludes: <ul style="list-style-type: none"> - Age < 65 at time of discharge (originally the age range is < 20 years but due to the drug data availability we are limited to do the analysis for those aged 65 or above) - Not admitted to an acute care hospital - Admitted to non-cardiac surgical service - Transferred from another acute care facility - AMI within past year - AMI coded as in-hospital complication - Died within 90 days of discharge
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: HQO Quality Monitor Report (2010, 2011) System level data source: Administrative data (Registered Persons Database (RPDB), Discharge Abstract Database (DAD), Ontario Drug Benefits Database (ODB)) provided by ICES

		Practice level potential data source: Administrative data (Primary care profile reports); EMR/EHR data extraction
	<i>Timing and frequency of data release</i>	System level: annually Practice level: NA
	<i>Comments</i>	ODB eligibility begins at 65 Evidence and guidelines change over time. As such, indicators will need regular review and update.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with a history of acute myocardial infarction (AMI) who are receiving the recommended drugs
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with a history of acute myocardial infarction who are being treated with the following drugs: <ul style="list-style-type: none"> - Angiotensin converting enzyme inhibitor or angiotensin receptor blocker - Beta-blocker - Statin
	Rating	System level: 4.44 Practice level: 4.78
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with a history of AMI who are currently treated with the following drugs: <ul style="list-style-type: none"> - Angiotensin converting enzyme inhibitor or angiotensin receptor blocker - Beta-blocker - Statin
	Denominator	Number of patients with a history of AMI.
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality & Outcome Framework: United Kingdom – NHS 2013/14 System and practice level potential data source: EMR/EHR extraction Original Measure: The percentage of patients with a history of myocardial infarction from 1 April 2011 currently treated with an ACE inhibitor (or ARB if ACE intolerant), aspirin or an alternative anti-platelet therapy, beta-blocker and statin (unless a contraindication or side effects are recorded)
	Timing and frequency of data release	N/A
	Comments	This measure should be revised based on recent guidelines

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with Coronary Artery Disease (CAD) who are on the recommended drugs
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with coronary artery disease who are being treated with anti-platelet agents and statins
	Rating	System level: 4.33 Practice level: 4.56
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with CAD who are currently treated with anti-platelet agents and statins.
	Denominator	Number of patients with CAD
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified -Quality and Outcome Framework: United Kingdom – National Health Service (NHS) 2012/13 System and practice potential data sources: EMR/EHR extraction and administrative data for patients aged 65 and older (DAD, RPDB, ODB); Original measure: The percentage of patients with coronary heart disease who are currently treated with a beta-blocker
	Timing and frequency of data release	N/A
	Comments	Evidence and guidelines change over time. As such, indicators will need regular review and update.
Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with congestive heart failure (CHF) who receive the recommended diagnostic testing
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of patients with new congestive heart failure who have a left ventricular function test

	Rating	System level: 4.33 Practice level: 4.56
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with new congestive heart failure who received a left ventricular function test within one year of diagnosis.
	Denominator	Number of patients with congestive heart failure
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Canadian Cardiovascular Outcomes Research; Program Evaluation Framework: Alberta System level data source: Administrative data (OHIP, DAD) provided by ICES Practice level potential data source: Administrative data (Primary care profile reports)
	Timing and frequency of data release	System level: Annually Practice level: N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Elderly patients hospitalized for congestive heart failure (CHF) who received the recommended treatment post hospitalization
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of patients aged 65+ on the recommended drugs (Beta-blocker and angiotensin-converting enzyme inhibitor or angiotensin receptor blocker) after hospitalization for congestive heart failure
	Rating	System level: 4.78 Practice level: 4.89
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients who within 90 days after the discharge for CHF filled prescription for: - Beta-blocker Angiotensin converting enzyme inhibitor/angiotensin receptor blocker both <i>Each reported separately</i>
	Denominator	Number of patients discharged with most responsible diagnosis of CHF (ICD-10 codes: I50, and ICD-9 code: 428) Excludes: - Age < 65 at time of discharge (originally it's age < 20, due to the drug data availability, we are limited to do the analysis for those aged 65 or above)

		<ul style="list-style-type: none"> - Not admitted to an acute care hospital - Admitted to surgical service - Transferred from another acute care facility - Previous CHF within the past 3 years* - CHF coded as in-hospital complication* - Died within 90 days of discharge
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Quality Monitor 2010, 2011.</p> <p>System level source: Administrative data (Register Persons Database (RPDB), Discharge Abstract Database (DAD), Ontario Drug Benefits Database (ODBD) provided by ICES</p> <p>Practice level potential data source: Administrative data (Primary care profile reports)</p>
	Timing and frequency of data release	<p>System level: Annual</p> <p>Practice level: N/A</p>
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with stroke who are on the recommended medications
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with a non-haemorrhagic stroke, or a history of transient ischemic attack (TIA), who have are being treated with an anti-platelet agent or an anti-coagulant
	Rating	System level: 4.38 Practice level: 5.13
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with a stroke (non-haemorrhagic) or a history of TIA, who have a record that an anti-platelet agent (aspirin, clopidogrel, dipyridamole or a combination), or an anti-coagulant is being taken
	Denominator	Number of patients with a stroke shown to be non-haemorrhagic or a history of TIA
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality & Outcome Framework: –United Kingdom - NHS System and practice level potential data source: EMR/EHR data extraction and administrative database (for patients over the age of 65)
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions
MEASURE DESCRIPTION	Measure name	Glycemic control for patients with diabetes
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and

		reporting
	Measure description	Percentage of patients with diabetes whose glycemic control (HbA1c) in the last 12 months was within the following ranges: <ul style="list-style-type: none"> - HbA1c \leq 7% - HbA1c between 7.1%-9% - HbA1c > 9%
	Rating	System level: 4.43 Practice level: 4.43
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes whose most recent glycemic test (HbA1c) was in the following ranges: <ul style="list-style-type: none"> - HbA1c \leq 7 % - HbA1c between 7.1% - 9% - HbA1c > 9 % <i>Each reported separately; may also choose to report only one level</i>
	Denominator	Number of patients with diabetes
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: CIHI: Voluntary Reporting System System and practice levels potential data source: EMR/EHR data extraction.
	Timing and frequency of data release	N/A
	Comments	Evidence and guidelines change over time. As such, indicators will need regular review and update.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Cholesterol control for patients with diabetes
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with diabetes whose most recent low density lipoprotein (LDL) cholesterol test in the last 12 months was in the following ranges: <ul style="list-style-type: none"> - \leq 2.0 mmol/L - > 2.0 mmol/L

	Rating	System level: 4.14 Practice level: 4.14
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes whose most recent cholesterol test in the last 12 months was in the following ranges: - ≤ 2.0 mmol/L - > 2.0 mmol/L <i>Each reported separately; may also choose to report only one level</i>
	Denominator	Number of patients with diabetes Excludes: - Patients whose cholesterol was not tested in the last 12 months
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: CIHI: Voluntary Reporting System System and practice level potential data source: EMR/EHR data extraction.
	Timing and frequency of data release	N/A
	Comments	Evidence and guidelines change over time. As such, indicators will need regular review and update.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Control of proteinuria for patients with diabetes
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of patients with diabetes whose albumin/creatinine ratio the last 12 months was within the following limits: Female ≤ 2.8, Male ≤ 2.0 Female > 2.8, Male > 2.0
	Rating	3.86
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes who had the following albumin/creatinine ratio control in the last 12 months: Female ≤ 2.8, Male ≤ 2.0 Female > 2.8, Male > 2.0
	Denominator	Number of patients with diabetes
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: CIHI: Voluntary Reporting System Potential data source: EMR/EHR data extraction.

	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	<p>It was suggested that this measure might not be meaningful on its own at the practice level, given that people with diabetes are prone to proteinuria and once it is occurring it is beyond the control of the physician. The measure was taken back to the Measure Working Group to be considered as a system level measure.</p> <p>Evidence and guidelines change over time. As such, indicators will need regular review and update.</p>

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Diabetes complications
	Level of reporting	System level
	Availability	Measure currently available in recommended form.
	Measure description	Percentage of people with diabetes for more than a year who had a serious diabetes complication (death, heart attack, stroke, amputation or kidney failure) in the past 12 months
	Rating	5.00
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes for more than a year who had a serious diabetes complication (death, heart attack, stroke, amputation or kidney failure) in the past 12 months
	Denominator	Number of patients with diabetes that are prevalent within the fiscal year of interest. Excludes: - Incident Diabetes cases (<1 year in ODD database)
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality Monitor 2011 Data source: Administrative data: Discharge Abstract Database, Registered Persons Database & Ontario Diabetes Database
	Timing and frequency of data release	Annually.
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Providers able to co-ordinate care with service organizations in the community in planning and providing care for their most complex patients
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of providers who are able to coordinate care with service organizations in the community in planning and providing care for their most complex patients.
	Rating	4.44
DEFINITION & SOURCE INFORMATION	Numerator	Number of providers in the denominator who reported that for their most complex patients they are able to co-ordinate care with service organizations in the community in planning and providing care for them. <ul style="list-style-type: none"> - Usually able to - Always or almost always able to
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: QualicoPC - Family physician survey Potential data source: Organization or provider reported Survey question: For your most complex patients (e.g. patients with multiple chronic conditions or significant social issues impacting their health) To what extent are you able to co-ordinate care with service organizations in the community in planning and providing care? <ul style="list-style-type: none"> - Unable to - Occasionally unable to - Sometimes able to - Usually able to - Always or almost always able to
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Providers within the practice have the same information available when caring for their most complex patients.
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of primary care practices/organizations reporting that all providers caring for complex patients have the same information available to them.
	Rating	4.56
DEFINITION & SOURCE INFORMATION	Numerator	Number of providers who reported that for their most complex patients all providers within the practice often or almost always have the same information available to them when working with the these patients
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified-QualicoPC - Family physician survey</p> <p>Potential data source: Organization or provider reported</p> <p>Proposed survey question: For your most complex patients (e.g. patients with multiple chronic conditions or significant social issues impacting their health)</p> <p>To what extent do all providers caring for these patients (within your practice) have the same information available to them when working with the patient?</p> <ul style="list-style-type: none"> - Not at all - Not really - Unsure - Somewhat - Very much - Often - Almost always <p>Original survey question: For your most complex patients (e.g. patients with multiple chronic conditions)</p> <p>To what extent do all providers caring for these patients (within and outside of your practice) have the same information available to them when working with the patient?</p> <ul style="list-style-type: none"> - Not at all - Not really - Unsure - Somewhat - Very much

	Timing and frequency of data release	N/A
	Comments	This measure is applicable to only team based model and not for solo practices.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions
MEASURE DESCRIPTION	Measure name	Primary care providers who collaborate with other providers in caring for complex patients
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of primary care providers who report collaborating with other providers within the practice to establish goals for the treatment and management of complex patients.
	Rating	4.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of providers who reported that for their most complex patients within their practice they often or almost always collaborate with all providers caring for these patients in establishing goals for treatment or management and plans
	Denominator	All respondents Excludes: - Not applicable
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified-QualicoPC - Family physician survey</p> <p>Potential data source: Organization or provider reported</p> <p>Proposed survey question: For your most complex patients (e.g. patients with multiple chronic conditions)</p> <p>To what extent do you collaborate with all providers caring for these patients within your practice in establishing goals for treatment or management and plans?</p> <ul style="list-style-type: none"> - Never - Rarely - Sometimes - Often - Almost always - Not Applicable <p>Original survey question: For your most complex patients (e.g. patients with multiple chronic conditions)</p>

		<p>To what extent do you collaborate with all providers caring for these patients (within and outside of your practice) in establishing goals for treatment or management and plans?</p> <ul style="list-style-type: none"> - Never - Rarely - Sometimes - Often - Almost always
	Timing and frequency of data release	N/A
	Comments	This measure is applicable to only team based model and not for solo practices.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Providers involved in disease management programs for patients with chronic conditions.
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of providers who report that in the past 12 months, they were involved in disease management program(s) for patients with the following chronic conditions: <ul style="list-style-type: none"> - Chronic heart failure - Asthma - Chronic obstructive pulmonary disease (COPD) - Diabetes
	Rating	4.38
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that they were involved in a disease management program for patients with the following chronic conditions: <ul style="list-style-type: none"> - Chronic heart failure - Asthma - COPD - Diabetes <i>Each reported separately</i>
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: QualicoPC - Family physician survey Potential data source: Organization or provider reported Survey question: In the past 12 months, have you been involved* in a disease management program for patients with the following chronic conditions? (Such programs are multidisciplinary approaches across practices, often based on protocols. <ul style="list-style-type: none"> - Chronic heart failure - Asthma - COPD - Diabetes
	Timing and frequency of data release	N/A
	Comments	"Involved in disease management program(s)" is hard to interpret

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Providers using a flow sheet or checklist for chronic diseases
	Level of reporting	System level
	Availability	Measure currently available but modified wording recommended (province)
	Measure description	Percentage of primary care physicians who report using a flow sheet or checklist for chronic diseases.
	Rating	4.44
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of providers who reported using a flow sheet or checklist for chronic diseases:</p> <ul style="list-style-type: none"> - Chronic heart failure - Asthma - Chronic obstructive pulmonary disease (COPD) - Diabetes - Other (please specify) <p><i>Each reported separately</i></p>
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified - National Physician Survey 2010</p> <p>Potential data source: Provider reported</p> <p>Proposed survey question:</p> <p>Do you typically use a flow sheet or checklist for the following chronic diseases?</p> <ul style="list-style-type: none"> - Chronic heart failure - Asthma - Chronic obstructive pulmonary disease (COPD) - Diabetes - Other (please specify) <ul style="list-style-type: none"> - Yes - No <p>Original survey question:</p> <p>Do you typically use a flow sheet or checklist for chronic diseases?</p> <ul style="list-style-type: none"> - Yes - No
	Timing and frequency of data release	Currently the data are not collected and not reported

	Comments	N/A
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Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with hypertension, heart disease or diabetes who had their blood pressure checked
	Level of reporting	System level (Province/Canada/International)
	Availability	Measure currently reported in recommended form. (Province/Other provinces/Canada/International)
	Measure description	Percentage of people with hypertension, heart disease, or diabetes who report that they had their blood pressure checked in the past 12 months.
	Rating	4.88
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who have hypertension, heart disease, or diabetes who had their blood pressure checked in the past year.
	Denominator	<p>Number of respondents who have hypertension, heart disease, or diabetes</p> <p>Base (respondents who answered yes): Do you have</p> <ul style="list-style-type: none"> - Hypertension, sometimes called high blood pressure - Heart disease, including angina or heart attack - Diabetes <p>Excludes:</p> <ul style="list-style-type: none"> - Not Sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Commonwealth Fund International Health Policy Survey 2011</p> <p>Data source: Commonwealth Fund International Health Policy Survey</p> <p>Survey question: Have you had your blood pressure checked in the past year?</p> <ul style="list-style-type: none"> - Yes - No - Not Sure - Decline to answer
	Timing and frequency of data release	Currently the data are collected and reported every three years.
	Comments	N/A

Measurement Priority		Negotiated care plan for patients with chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with chronic conditions getting help in planning ahead for taking care of their condition
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions who report that they received help to plan ahead so they could care for their condition even in hard times.
	Rating	System level: 4.78 Practice level: 4.56
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents with chronic conditions who reported getting help most of the time or always to plan ahead so they could take care of their condition even in hard times
	Denominator	Number of respondents with at least one chronic condition
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified – The Patient Assessment of Care for Chronic Conditions (PACIC) Survey instrument System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: When you received care for your chronic condition, were you helped to plan ahead so you could take care of your condition even in hard times? <ul style="list-style-type: none"> - None of the time - A little of time - Some of the time - Most of the time - Always Original survey question: Over the past 6 months, when I received care for my chronic conditions, I was helped to plan ahead so I could take care of my condition even in hard times <ul style="list-style-type: none"> - None of the time - A little of time

		<ul style="list-style-type: none"> - Some of the time - Most of the time - Always
	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	Note: could be reported by chronic condition if this information were available

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with chronic conditions getting treatment choices to think about
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions who report getting choices about their treatment
	Rating	System level: 4.56 Practice level: 4.56
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents with chronic conditions who reported most of the time or always getting choices about their treatment from their doctor/nurse practitioner
	Denominator	Number of respondents with at least one chronic condition.
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified – The Patient Assessment of Care for Chronic Conditions (PACIC) Survey instrument System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed system and practice level survey question: When you received care for your chronic conditions, were you given choices about treatment to think about? <ul style="list-style-type: none"> - None of the time - A little of time - Some of the time - Most of the time - Always Original survey question: Over the past 6 months, when I received care for my chronic conditions, I was given choices about treatment to think about. <ul style="list-style-type: none"> - None of the time - A little of time - Some of the time - Most of the time - Always
	Timing and	N/A

	<i>frequency of data release</i>	
	<i>Comments</i>	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with hypertension receiving the annual testing
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of patients, 18 years and over, with hypertension who received testing, within the past 12 months, for all of the following: <ul style="list-style-type: none"> - Fasting blood sugar or (HbA1c) - Full fasting lipid profile screening; - Test to detect renal dysfunction (e.g. serum creatinine); - Blood pressure measurement; and - Obesity/overweight screening.
	Rating	4.88
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with hypertension who received annual testing for all of the following: <ul style="list-style-type: none"> - Fasting blood sugar or HAb1c - Full fasting lipid profile screening - Test to detect renal dysfunction (e.g. serum creatinine) - Blood pressure measurement - Obesity/overweight screening <p><i>Reporting is for patients who receive all five tests but could be reported separately</i></p>
	Denominator	Number of primary care clients/patients with hypertension, 18 years and over, within the past 12 months
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Pan-Canadian Primary Health care Indicator Project: CIHI Potential data source: EMR/EHR data extraction
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions
MEASURE DESCRIPTION	Measure name	Patients with hypertension with blood pressure recorded in the previous 9 months
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with hypertension with blood pressure recorded in the previous nine months
	Rating	5.38
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with hypertension in whom there is a record of the blood pressure in the previous 9 months
	Denominator	Number of patients with hypertension
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality & Outcome Framework: United Kingdom 2012/13 Potential data source: EMR/EHR data extraction.
	Timing and frequency of data release	N/A
	Comments	<p>This measure is taken from Quality and Outcome frame work 2012/13.</p> <p>In the most recent 2013/14 this indicator is not included. The two related indicators in the latest QOF are:</p> <ul style="list-style-type: none"> - The percentage of patients under 80 years old with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 140/90 or less - The percentage of patients aged 80 years and over with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 150/90 or less

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Elderly patients with hypertension prescribed a diuretic
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of patients aged 65+ newly diagnosed with hypertension prescribed a thiazide as an anti-hypertensive
	Rating	System level: 4.38 Practice level: 4.63
DEFINITION & SOURCE INFORMATION	Numerator	The number of patients (66 and older) with newly diagnosed with uncomplicated hypertension whose first prescription was a thiazide or thiazide in combination with other drugs (amiloride, triamterene, or spironolactone, etc)
	Denominator	People newly diagnosed with hypertension in the year of interest. Excludes: <ul style="list-style-type: none"> - Age < 66 years on index date (diagnosis date) - Previous prescription for hypertension in the 1 year prior to the index date. - Patients who had another condition for which a specific antihypertensive drug class may be prescribed. Conditions will be identified in the 4 years prior to OHIP and CIHI and in the 1 year prior in ODB for marker medications. - Diagnosed with diabetes one year prior to the index date. - Anyone who filled a prescription in the one year period prior to or on the index date for one of the drugs associated with having one of the excluded comorbidities
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality Monitor Report 2010 System and practice level data source: Registered Persons Database, Ontario Diabetes Database, Ontario Drug Benefits Database, Discharge Abstract Database, Ontario Health Insurance Plan Database, Ontario Hypertension Database System and practice level potential data source for all patients (including non-seniors): EMR/EHR data extraction
	Timing and frequency of data release	Annually
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions
MEASURE DESCRIPTION	Measure name	Patients with diabetes who had an annual diabetes management assessment
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form Practice level: Measure currently reported in recommended form
	Measure description	Percentage of patients with diabetes for whom physicians billed the diabetes management assessment code (K030) at least once during the past 12 months
	Rating	System level: 4.14 Practice level: 4.86
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes for whom physicians billed the diabetes management assessment code K030 at least once during the past 12 months
	Denominator	Number of patients with diabetes
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Primary Care Practice Report System and practice level data source: Ontario Diabetes Database (ODD), OHIP (extracted by ICES)
	Timing and frequency of data release	Bi-annually
	Comments	FHTs receives practice report. Equivalent measures are available for CHCs, NPLC and AHAC, extracted from EMR and submitted to ICES

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with diabetes who had a body mass index (BMI) recorded in the past 15 months
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with diabetes with a body mass index (BMI) recorded in the previous 15 months
	Rating	4.43
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes with a Body Mass Index recorded in the previous 15 months
	Denominator	Number of patients with diabetes
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality & Outcome Framework: United Kingdom 2012/13 Potential data source: EMR/EHR data extraction
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with diabetes who had a LDL cholesterol test in the past 12 months
	Level of reporting	Practice level
	Availability	Measure currently reported in recommended form
	Measure description	Percentage of patients with diabetes with at least one low-density lipoprotein (LDL) cholesterol test within the past 12 months
	Rating	4.57
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes with at least one low-density lipoprotein cholesterol test within the past 12 months
	Denominator	Number of patients with diabetes
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Primary Care Physician Practice Report Data source: Ontario Diabetes Database, OHIP defined by the following feecodes- L243, L055, L117
	Timing and frequency of data release	Bi-annually
	Comments	CHC receives practice report. Equivalent measures are available for CHCs, NPLC and AHAC, extracted from EMR and submitted to ICES

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with diabetes receiving glycated hemoglobin testing in the past 12 months
	Level of reporting	Practice level
	Availability	Measure currently reported in recommended form
	Measure description	Percentage of patients with diabetes with two or more glycated hemoglobin (HbA1C) tests within the past 12 months
	Rating	4.29
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes with two or more glycated hemoglobin tests (HbA1c) within the past 12 months
	Denominator	Number of patients with diabetes
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Primary Care Physician Practice Report Data source: Ontario Diabetes Database, OHIP defined by the following OHIP feecode- L093
	Timing and frequency of data release	Bi-annually
	Comments	CHC receives practice report. Equivalent measures are available for CHCs, NPLC and AHAC, extracted from EMR and submitted to ICES

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with diabetes receiving a retinal examination in the past 24 months
	Level of reporting	Practice level
	Availability	Measure currently reported in recommended form
	Measure description	Percentage of patients with diabetes with at least one retinal examination within the past 24 months
	Rating	4.57
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes with at least one retinal examination within the past two years
	Denominator	Number of patients with diabetes
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Primary Care Physician Practice Report Data source: Ontario Diabetes Database, OHIP Defined as visit with one of the following codes <ul style="list-style-type: none"> - A111, A112 - as long as the treating physician specialty is family medicine or general medicine or ophthalmology - A233, A234, A235, A236, A238, A239, A240 - as long as the specialist is an ophthalmologist; - C233, C234, C235, C236, C238, C239 - as long as the specialist is an ophthalmologist; - V401, V405, V406, as long as the specialist is an optometrist; V402, V407 as long as the specialist is an optometrist and diagnosis code (ICD-9) 250 or 362; or - A114 as long as diagnosis code 250 or 362 the treating physician specialty is family medicine or general medicine or ophthalmology
	Timing and frequency of data release	Bi-annually
	Comments	CHC receives practice report. Equivalent measures are available for CHCs, NPLC and AHAC, extracted from EMR and submitted to ICES

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with diabetes who had a foot exam in the past 12 months
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of patients with diabetes who had a foot examination in the past 12 months.
	Rating	4.29
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes who had feet examined by a health professional for sores or irritations in the last 12 months
	Denominator	<p>Number of respondents who have diabetes</p> <p>Base (Respondents who answer yes): Do you have diabetes?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not Sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Commonwealth Fund International Health Policy Survey 2011: Canadian Community Health Survey (CCHS)</p> <p>Potential data source: EMR/EHR extraction or practice level patient experience survey</p> <p>Survey question: Have you had your feet examined by a health professional for sores or irritations in the past year?</p> <ul style="list-style-type: none"> - Yes - No - Not Sure - Decline to answer
	Timing and frequency of data release	N/A
	Comments	This is currently available as an EMR based measures for CHCs

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with diabetes who have had a recent micro-albuminuria test in the past 15 months
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of patients with diabetes who have a record of micro-albuminuria testing in the previous 15 months
	Rating	4.57
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes who have a record of micro-albuminuria testing in the previous 15 months
	Denominator	Number of patients with diabetes Excludes: - Patients who already had proteinuria
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality & Outcome Framework: United Kingdom 2012/13 Potential data source: EMR/EHR data extraction
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with diabetes who have had a recent estimated glomerular filtration rate or serum creatinine test in the past 15 months
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of patients with diabetes who have a record of estimated glomerular filtration rate or serum creatinine testing in the previous 15 months
	Rating	4.43
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes who have a record of estimated glomerular filtration rate or serum creatinine testing in the previous 15 months
	Denominator	Number of patients with diabetes
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality & Outcome Framework: United Kingdom 2012/13 Potential data source: EMR/EHR data extraction
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Elderly patients with diabetes prescribed statins
	Level of reporting	Practice level
	Availability	Measure currently reported in recommended form.
	Measure description	Percentage of patients aged 65+ with diabetes who were prescribed a statin within the past 12 months
	Rating	4.43
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes aged 66 and older prescribed a statin within the past 12 months
	Denominator	Number of patients with diabetes aged 66 and older
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Primary Care Physician Practice Report Data source: ODD, OHIP, ODB
	Timing and frequency of data release	Bi-annually
	Comments	Potentially it can be extracted for non-seniors from admin/EMR data.

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Elderly patients with diabetes prescribed angiotensin converting enzymes or angiotensin II receptor blockers
	Level of reporting	Practice level
	Availability	Measure currently reported in recommended form
	Measure description	Percentage of patients aged 65+ with diabetes who were prescribed angiotensin-converting enzyme inhibitor or angiotensin II receptor blockers within the past 12 months
	Rating	4.43
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with diabetes aged 66 and older prescribed angiotensin converting enzyme or angiotensin II receptor blockers within the past 12 months
	Denominator	Number of patients with diabetes aged 66 and older in last 12 months
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Primary Care Physician Practice Report Data source: ODD, ODB, OHIP
	Timing and frequency of data release	Bi-annually
	Comments	Potentially it can be extracted for non-seniors from admin/EMR data

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with mental health conditions having a review in the past 12 months
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with the following conditions who had a review in the past 12 months: <ul style="list-style-type: none"> - Bipolar disorder - Schizophrenia - Depression - Dementia
	Rating	Bipolar disorder – System: 4; Practice: 4.43 Schizophrenia – System: 4.14; Practice: 4.57 Depression – System: 3.71; Practice: 4.29 Dementia – System: 4.71; Practice: 4.86
DEFINITION & SOURCE INFORMATION	Numerator	Proportion of patients with a recording of an associated assessment within the past 12 months for the following conditions: <ul style="list-style-type: none"> - Bipolar disorder - Schizophrenia - Depression - Dementia <i>Each reported separately</i>
	Denominator	Number of patients with the following conditions: <ul style="list-style-type: none"> - Bipolar disorder - Schizophrenia - Depression - Dementia (denominator applies to appropriate population)
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Dorval model & Quality and Outcome Framework: United Kingdom (dementia) 2012/13 System level potential data source: Administrative data Practice level potential data source: EMR/EHR data extraction
	Timing and frequency of data release	N/A
	Comments	Can be reported individually or combined

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Antidepressant medication monitoring
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of patients with depression, newly prescribed an antidepressant drug by a primary care provider, who have follow-up contact with a provider in the same practice for review within two weeks
	Rating	4.14
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of patients, 18 years and over, with depression prescribed an antidepressant drug by a primary care provider, who had follow-up contact with a provider within the same practice for review within two weeks.</p> <p>Includes:</p> <ul style="list-style-type: none"> - PHC client/patient - Age of individual is at least 18 years - Individual has a diagnosis of depression - Individual has a prescription of anti-depressant medication from his or her PHC provider within the past 12 months
	Denominator	<p>Number of primary care patients, 18 years and over, with depression who were prescribed antidepressant drug treatment within the past 12 months under the supervision of a primary care doctor.</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Individual had a prescription of anti-depressant medication from his or her PHC provider more than 12 months ago
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified - Pan - Canadian Primary Health Care Indicators Project: CIHI</p> <p>Potential data source: EMR/EHR data extraction</p>
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Getting help when dealing with sadness or anxiety
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of people/patients who were able to get help from a professional when dealing with emotional distress such as anxiety or depression in the past two years
	Rating	System level: 3.86 Practice level: 4.00
DEFINITION & SOURCE INFORMATION	Numerator	Number of individuals who were experiencing emotional distress who were able to get help from a professional
	Denominator	Number of respondents who have experienced emotional distress such as anxiety or great sadness in the past two years. Base (Respondents who answer yes): In the past two years, have you experienced emotional distress such as anxiety or great sadness which you found difficult to cope with by yourself? Excludes: <ul style="list-style-type: none">- No, did not want to see a professional- Not sure- Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2013 System level data source: Commonwealth Fund International Health Policy Survey 2013 Practice level potential data source: Practice level patient experience survey Survey question: When you felt this way, were you able to get help from a professional? <ul style="list-style-type: none">- Yes- No, did not want to see a professional- No, could not get help- Not sure- Decline to answer

	<i>Timing and frequency of data release</i>	System level: Every three years Practice level: N/A
	<i>Comments</i>	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with depression who were asked about suicide
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of patients with depression who report being asked by a provider if they had thoughts about committing suicide or taking their own life.
	Rating	4.43
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients with depression who were asked by a provider if they had thoughts about committing suicide or taking their own life.
	Denominator	<p>Number of patients with depression</p> <p>Base (Respondents who answer yes): Do you have a mood disorder such as depression, bipolar disorder, mania or dysthymia?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Don't know - Refused to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Program Evaluation Framework: Alberta</p> <p>Potential data source: Practice level patient experience survey</p> <p>Proposed survey question: Has your health care provider ever asked you if you had thoughts about committing suicide or taking your own life?</p> <ul style="list-style-type: none"> - Yes - No
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
MEASURE DESCRIPTION	Measure name	Mental health follow-up post hospital discharge
	Level of reporting	System level Practice level
	Availability	System level: Measure currently available in recommended form (Provincially/LHIN) Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of patients who had a mental health follow-up visit to a physician (primary care provider or psychiatrist), within seven and 30 days of discharge following hospitalization for a psychiatric condition.
	Rating	System: 5.00 Practice: 4.57
DEFINITION & SOURCE INFORMATION	Numerator	<p>Patients who had at least one psychiatrist or primary care physician mental health visit of discharge following index hospitalization within:</p> <ul style="list-style-type: none"> - 7 days - 30-days <p>Includes: At least one psychiatrist or primary care physician mental health visit taking place in office, home, or long-term care For psychiatrist visits take all OHIP visits with IPDB mainspecialty = 'psychiatry' For identifying primary care physician (mainspecialty = 'GP/FP' or 'F.P./Emergency medicine') with mental health visits take any OHIP visit with mental health service codes with a mental health diagnostic code <i>Each reported separately</i></p>
	Denominator	<p>Acute care discharges from episode of care in which a Mental Health and Addiction condition is diagnosed and is coded as most responsible diagnosis in the first hospitalization of the episode within each fiscal year (minus last 7 or 31 days for follow up) from years of interest.</p> <ul style="list-style-type: none"> - Substance-related disorders—ICD-10-CA: F55, F10 to F19; DSM-IV: 291.x (0, 1, 2, 3, 5, 81, 89, 9), 292.0, 292.11, 292.12, 292.81, 292.82, 292.83, 292.84, 292.89, 292.9, 303.xx (00, 90), 304.xx (00, 10, 20, 30, 40, 50, 60, 80, 90), 305.xx (00, 10 to 90 excluding 80); or - Schizophrenia, delusional and non-organic psychotic disorders—ICD-10-CA: F20 (excluding F20.4), F22, F23, F24, F25, F28, F29, F53.1; DSM-IV: 295.xx (10, 20, 30, 40, 60, 70, 90), 297.1, 297.3, 298.8, 298.9; or - Mood/affective disorders—ICD-10-CA: F30, F31, F32, F33, F34, F38, F39, F53.0; DSM-IV: 296.0x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89, 296.90, 300.4, 301.13; or

		<ul style="list-style-type: none"> - Anxiety disorders—ICD-10-CA: F40, F41, F42, F43, F48.8, F48.9, F93.8; DSM-IV: 300.xx (00, 01, 02, 21, 22, 23, 29), 300.3, 308.3, 309.x (0, 3, 4, 9), 309.24, 309.28, 309.81; or - Selected disorders of adult personality and behaviour—ICD-10-CA: F60, F61, F62, F68, F69, F21; DSM-IV: 301.0, 300.16, 300.19, 301.20, 301.22, 301.4, 301.50, 301.6, 301.7, 301.81, 301.82, 301.83, 301.9. <p>Age range to include: 15- 120 years</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Patients without a valid health insurance number - Patients without an Ontario residence - Gender not recorded as male or female - Invalid date of birth, admission date/time, discharge date/time - Discharge where the patient signed him/herself out or the patient died - Hospitalizations with a subsequent readmission to an acute care hospital within 7 days of discharge following index hospitalization discharge for a most responsible diagnoses of a Mental Health and Addictions condition (see above). - Note: if OMHRS records occurs within 24 hours of discharge/admission from institution then this should be considered as part of the same episode of care.
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: HQO Yearly Report</p> <p>System level data source: Discharge Abstract Database (DAD), Ontario Mental Health Reporting System (OMHRS), Ontario Health Insurance Plan (OHIP).</p> <p>Practice level potential data source: Administrative data (Physician practice profile reports)</p>
	Timing and frequency of data release	Annually
	Comments	Change the wording 'psychiatric discharges'. They are 2 different measures (7 and 30 days of discharge), so it should have 2 numerators.

Measurement Priority		Advanced disease/Palliative Care.
MEASURE DESCRIPTION	Measure name	Practices providing 24/7 end of life/palliative care
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting.
	Measure description	Percentage of practices/organizations that report providing 24/7 end-of-life/palliative care.
	Rating	4.75
DEFINITION & SOURCE INFORMATION	Numerator	Number of practices who reported providing 24/7 end of life/palliative care.
	Denominator	All respondents Excludes: <ul style="list-style-type: none"> - Not Sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified-QualicoPC - Family physician survey Potential data source: Organization or provider reported Proposed survey question: Does your practice provide 24/7 palliative/end-of-life care? <ul style="list-style-type: none"> - Yes - Yes , but not 24/7 - No - Not sure - Decline to answer Original survey question: Are you or your practice staff involved in the following activities? <ul style="list-style-type: none"> - Palliative care Response options <ul style="list-style-type: none"> - Involved - Not involved
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Negotiated care plan for patients with chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with chronic conditions who worked out a care plan with their doctor/health care provider
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure Practice level: Measure not currently available but included in survey tool under development; infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report working out a care plan together with their family physician/nurse practitioner about how to deal with their chronic condition(s).
	Rating	System level: 4.44 Practice level: 4.33
DEFINITION & SOURCE INFORMATION	Numerator	Number of patients who have at least one chronic condition who worked out a care plan with their provider to deal with their chronic condition(s).
	Denominator	Number of respondents who have at least one chronic condition. Base (Respondents who selected at least one chronic condition): Have you ever been told by a doctor or other health provider that you have any of the following long-term conditions? <ul style="list-style-type: none"> - None - Yes, heart disease - Yes, arthritis - Yes, high blood pressure or hypertension - Yes, depression or anxiety - Yes, diabetes - Yes, asthma or chronic lung disease such as chronic bronchitis, emphysema, COPD - Yes, cancer - Yes, high cholesterol - Yes, other (please specify): _____
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified- HQO-Primary Care Patient Experience Survey System level potential data source: Population survey Practice level potential data source: HQO-Primary Care Patient Experience Survey System and Practice level survey question: Have you and your doctor/healthcare provider (family doctor, nurse practitioner) worked out a care plan together about how to deal with the chronic illness(es) you have? - Yes

		<ul style="list-style-type: none"> - No <p>Original survey question: Have you and your doctor/healthcare provider(s) worked out a treatment plan together about how to deal with the chronic illness(es) you have?</p> <ul style="list-style-type: none"> - Yes - No
	Timing and frequency of data release	N/A

Measurement Priority		Negotiated care plan for patients with chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with chronic conditions asked for ideas when creating their care plan
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions who report that they were asked for their ideas when making a care plan
	Rating	System level: 4.78 Practice level: 4.78
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents with chronic conditions who reported their doctor/nurse practitioner most of the time or always asked for ideas when they made a care plan
	Denominator	Number of respondents (<i>Note this is a survey of people with chronic conditions</i>)
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified – The Patient Assessment of Care for Chronic Conditions (PACIC) Survey instrument</p> <p>System level potential data source: Population survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Proposed system and practice level survey question: When you received care for your chronic condition(s), were you asked for your ideas when you and your doctor made a care plan?</p> <ul style="list-style-type: none"> - None of the time - A little of time - Some of the time - Most of the time - Always <p>Original survey question: Over the past 6 months, when I received care for my chronic conditions(s), I was asked for my ideas when we made a treatment plan.</p> <ul style="list-style-type: none"> - None of the time - A little of time - Some of the time - Most of the time - Always

	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	Note: Could also be analyzed by specific condition or number of chronic conditions ; Aligned with Health Links measure

Measurement Priority		Negotiated care plan for patients with chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with chronic conditions asked about their needs when making the care plan
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions who report that they were asked about their needs when making a care plan.
	Rating*	System level: N/A Practice level: N/A
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that their doctor/nurse practitioner asked about their needs most of the time or always when they made a care plan
	Denominator	Number of respondents who reported having a regular health care provider and receiving a care plan. Base (Respondents who selected at least one chronic condition): (Note this is a survey of people with chronic conditions)
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: New measure developed based on measures working group recommendation System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed system and practice level survey question: When I received care for my chronic condition, I was asked about my needs when we made the care plan. <ul style="list-style-type: none"> - None of the time - A little of time - Some of the time - Most of the time - Always
	Timing and frequency of data release	N/A

	Comments	Note: Could also be analyzed by specific condition or number of chronic conditions Need to develop a standardized care plan for chronic conditions.
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**This specific measure was not rated as it was proposed by the measures working and as such was not part of the original rating process.*

Measurement Priority		Negotiated care plan for patients with chronic conditions.
MEASURE DESCRIPTION	Measure name	Patients with chronic conditions receiving a copy of their care plan
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions who reported getting a copy of their care plan.
	Rating	System level: 4.44 Practice level: 4.44
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents with chronic conditions who reported getting a copy of their care plan most of the time or always
	Denominator	Number of respondents with at least one chronic condition (<i>Note this is a survey of people with chronic conditions</i>)
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified – The Patient Assessment of Care for Chronic Conditions (PACIC) Survey instrument</p> <p>System level potential data source: Population survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Proposed system and practice level survey question: When you received care for your chronic illness, were you given a copy of your care plan?</p> <ul style="list-style-type: none"> - None of the time - A little of time - Some of the time - Most of the time - Always <p>Original survey question: Over the past 6 months, when I received care for my chronic condition, I was given a copy of my treatment plan.</p> <ul style="list-style-type: none"> - None of the time - A little of time - Some of the time - Most of the time - Always

	Timing and frequency of data release	N/A
	Comments	Some practices are collecting crude data for patients who got copies of care plans. Consider adding this question in physician survey Note: Could also be analyzed by specific condition or number of chronic conditions

Appendix 10: Focus on Population Health Domain – SMDs

Measurement priority		Health and socio-demographic information about the population being served (including health status)
MEASURE DESCRIPTION	Measure name	Demographic information
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (LHIN/Provincial/National/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Patient/population demographic information: <ul style="list-style-type: none"> - Age (in years) - Gender - Income - Education - Location of residence - Sexual orientation - Disability - Language - Immigration - Ethno-cultural identity - Aboriginal status - Social support - Mental health status - Employment status
	Rating	System level: 5.14 Practice level: 5.14

DEFINITION & SOURCE INFORMATION	Numerator	<p>Respondents information on the following characteristics:</p> <ul style="list-style-type: none"> - Age (in years) - Gender - Income - Education - Location of residence - Sexual Orientation - Disability - Language - Immigration - Ethno-cultural identity - Aboriginal status - Social support - Mental health status - Employment status <p><i>Each reported separately</i></p>
	Denominator	N/A
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: N/A</p> <p>System level data source: Population surveys and administrative data</p> <p>Practice level potential data source: EMR/EHR data extraction and practice level patient experience survey</p>
	Timing and frequency of data release	N/A
	Comments	TWG comment: This is not a measure but part of equity analysis

Measurement priority		Health and socio-demographic information about the population being served (including health status)
MEASURE DESCRIPTION	Measure name	Smoking prevalence
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (LHIN/Provincial/National) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of people/patients aged 12 and over who report smoking daily or occasionally
	Rating	System level: 5.14 Practice level: 5.54
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents that reported smoking cigarettes daily or occasionally
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Statistics Canada, HQO Yearly Report, CQCO System level data source: Canadian Community Health Survey (CCHS) Practice level potential data source: Practice level patient experience survey and/or EMR/EHR data extraction Practice level survey question: At the present time, do you smoke cigarettes daily, occasionally or not at all? <ul style="list-style-type: none"> - Daily - Occasionally - Not at all - Don't know - Refused
	Timing and frequency of data release	System level: Annual Practice level: N/A
	Comments	At system level the CCHS derived variable SMKDSTY ("Type of smoker" that indicates the type of smoker the respondent is, based on his/her smoking habits using 4 different questions) is used to report this measure.

Measurement priority		Health and socio-demographic information about the population being served (including health status)
MEASURE DESCRIPTION	Measure name	Prevalence of overweight, underweight and obesity
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (LHIN/Provincial/National) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of people / patients who are obese, overweight, underweight, or normal weight based on self-reported weight and height data: <ul style="list-style-type: none"> - Adults aged 18 and over - Children aged 12-17 (obese, overweight or neither)
	Rating	System level: 5.00 Practice level: 4.93
DEFINITION & SOURCE INFORMATION	Numerator	<ol style="list-style-type: none"> 1. Number of adult respondents aged 18 and over who were categorized to one of the following categories, according to their self-reported Body Mass Index (BMI): <ul style="list-style-type: none"> - underweight (BMI <18.5) - normal weight (BMI 18.5-24.9) - overweight (BMI 25.0-29.9) - obese (BMI ≥ 30.0) 2. Number of children aged 12-17 who were categorized to one of the following categories, according to their self-Body Mass Index (BMI): <ul style="list-style-type: none"> - obese - overweight - neither obese nor overweight <p><i>Each reported separately</i></p>
	Denominator	Number of respondents: <ul style="list-style-type: none"> - aged 18 and over - aged 12-17 <p>Excludes: female respondents who were pregnant or did not answer the pregnancy question)</p>
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Statistics Canada, HQO Yearly Report, CQCO</p> <p>System level data source: Canadian Community Health Survey (CCHS)</p>

		Practice level potential data source: EMR/EHR data extraction (Note: data from EMR would not have to be self-reported)
	Timing and frequency of data release	System level: Annually Practice level: N/A
	Comments	<p>At system level the CCHS derived variable HWTDISW is used to report this measure</p> <ul style="list-style-type: none"> - Codes for HWTDISW (BMI class): - 1 = Underweight: BMI < 18.50 = underweight - 2 = Normal weight: 18.50 <= BMI < 25 = normal - 3 = Overweight: <= BMI < 30 = overweight - 4 = Obese – class 1: 25.30 <= BMI < 35 = obese (class I) - 5 = Obese – class 2: 35 <= BMI < 40 = obese (class II) - 6 = Obese – class 3: 40 <= BMI = obese (class III) - 96 = Not applicable - 99 = Not stated - Obese if: - Yes if HWTDISW = 4, 5, or 6 - No if HWTDISW = 1, 2, or 3 - Missing otherwise <p>For ages 12-17: In the Canadian Community Health Survey (CCHS) definitions for overweight, obese, or neither are based on age and gender specific Cole classification system cut-offs.</p> <p><i>Limitation: The CCHS BMI measure for children 12-17 is based on self-reported height and weight, which underestimates BMI; and it is using the IOTF BMI cut-offs as opposed to the WHO BMI-for-age cut-offs.</i></p>

Measurement priority		Health and socio-demographic information about the population being served (including health status)
MEASURE DESCRIPTION	Measure name	Prevalence of physical inactivity
	Level of reporting	System level (LHIN/Provincial/National/International) Practice level
	Availability	System level: Measure currently reported in recommended form (LHIN/Provincial/National) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of people/patients aged 12 and over who report being physically inactive
	Rating	System level: 4.50 Practice level: 4.86
DEFINITION & SOURCE INFORMATION	Numerator	Number or respondents in the denominator who self-report that they are not at all physically active on a weekly basis
	Denominator	All respondents aged 12 and over
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Statistics Canada, HQO Yearly Report, CQCO System level data source: Canadian Community Health Survey (CCHS) Practice level potential data source: Practice level patient experience survey Practice level survey question: Thinking about the level of physical activity you do every week, do you consider yourself to be? <ul style="list-style-type: none"> - Very physically active - Moderately physically active - A bit physically active - Not at all physically active - Don't know - Refused
	Timing and frequency of data release	System level: Annual Practice level: N/A
	Comments	At system level the CCHS derived variable PACDPAI was used for reporting this measure. Inactivity was measured via the PACDPAI variable in the CCHS. The PACADPAI has 4 codes associated with it 1,2,3, and 9. 1 and 2 codes for "active" and "moderately active", 3 codes for "inactive", while 9 codes for "not stated". If 3 was selected, the individual was included in the numerator as "physically inactive".

Measurement priority		Health and socio-demographic information about the population being served (including health status)
MEASURE DESCRIPTION	Measure name	Prevalence of chronic conditions
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported but modified wording recommended (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients/people who report being told that they have the following conditions: <ul style="list-style-type: none"> - Asthma - Chronic lung disease such as chronic bronchitis, emphysema or COPD - Cancer - Depression, anxiety or other mental health problems - Diabetes - Heart disease or a heart attack - High blood pressure or hypertension - High cholesterol - Any other long-term disease or health problem (specified)
	Rating	System level: 4.86 Practice level: 4.50
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who indicated that they were told by a doctor or other health care professional that they have any of the following long-term conditions: <ul style="list-style-type: none"> - Asthma - Chronic lung disease such as chronic bronchitis, emphysema or COPD - Cancer - Depression, anxiety or other mental health problems - Diabetes - Heart disease or a heart attack - High blood pressure or hypertension - High cholesterol - Any other long-term disease or health problem, please specify
	Denominator	All respondents Excludes: <ul style="list-style-type: none"> - don't know - refused
	Measure source/ data source / data elements/	Measure source: Modified- Health Care Experience Survey- MOHLTC/ Practice Level Primary Care Survey- HQO/ Commonwealth Fund International Health Policy Survey 2013

	<p>infrastructure requirements</p>	<p>System level data source: Health Care Experience Survey-MOHLTC</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Proposed survey question: Have you ever been told by a doctor or other health care professional that you have any of the following long-term conditions:</p> <ul style="list-style-type: none"> - Asthma - Chronic lung disease such as chronic bronchitis, emphysema or COPD - Cancer - Depression, anxiety or other mental health problems - Diabetes - Heart disease or a heart attack - High blood pressure or hypertension - High cholesterol - Any other long-term disease or health problem, please specify <p>Response options</p> <ul style="list-style-type: none"> - yes - no - Don't know - Refused <p>Original survey question: Have you ever been told by a doctor or other health care professional that you have any of the following long-term conditions:</p> <ul style="list-style-type: none"> - Asthma or chronic lung disease such as chronic bronchitis, emphysema or COPD? - Cancer? - Depression, anxiety or other mental health problems? - Diabetes? - Heart disease or a heart attack? - High blood pressure or hypertension? - High cholesterol? - Any other long-term disease or health problem, please specify? <p>Response options</p> <ul style="list-style-type: none"> - yes - no - Don't know - Refused
	<p>Timing and frequency of data release</p>	<p>System level: Annual Practice level N/A</p>

	Comments	N/A
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Measurement priority		Health and socio-demographic information about the population being served (including health status)
MEASURE DESCRIPTION	Measure name	Annual rate of new cancer diagnoses
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/LHIN)
	Measure description	<p>Annual rate of new cases (incidence) of the following cancers:</p> <p>Male:</p> <ul style="list-style-type: none"> - Prostate - Lung and bronchus - Colon and rectum - Bladder - Non-Hodgkin lymphoma - Melanoma - Leukemia - Kidney - Stomach - Pancreas - All other cancers <p>Female:</p> <ul style="list-style-type: none"> - Breast - Lung and bronchus - Colon and rectum - Thyroid - Body of uterus - Non-Hodgkin lymphoma - Ovary - Cervical - Melanoma - Leukemia - Pancreas - All other cancers
	Rating	4.71

DEFINITION & SOURCE INFORMATION	Numerator	<p>Annual number of new cases diagnosed in Ontario (within specific target population) for the following cancers:</p> <p>Male:</p> <ul style="list-style-type: none"> - Prostate - Lung and bronchus - Colon and rectum - Bladder - Non-Hodgkin lymphoma - Melanoma - Leukemia - Kidney - Stomach - Pancreas - All other cancers <p>Female:</p> <ul style="list-style-type: none"> - Breast - Lung and bronchus - Colon and rectum - Thyroid - Body of uterus - Non-Hodgkin lymphoma - Ovary - Cervical - Melanoma - Leukemia - Pancreas - All other cancers
	Denominator	Total at risk population for each cancer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Cancer Quality Council of Ontario (CQCO)</p> <p>System level data source: Ontario Cancer Registry, Cancer Care Ontario; Population data (Ontario Ministry of Finance. Ontario Population Projections Summary Update (based on the 2006 Census released by Statistics Canada)</p>
	Timing and frequency of data release	Annual
	Comments	TWG suggested it's not an appropriate system level measure as it is not related to primary care performance measurement

Measurement priority		Health and socio-demographic information about the population being served (including health status)
MEASURE DESCRIPTION	Measure name	Prevalence of the four most common cancers in Ontario
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/LHIN)
	Measure description	Prevalence rate for the four most common cancers: prostate, female breast, colon and rectum, lung
	Rating	4.86
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of Ontarians diagnosed with the following cancers during the preceding 10 years and were still alive on January 1st in the year of interest:</p> <ul style="list-style-type: none"> - Prostate - Female breast - Colon and rectum - Lung <p><i>Each reported separately</i></p>
	Denominator	Total at risk population for each cancer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Cancer Quality Council of Ontario</p> <p>System level data source: Ontario Cancer Registry, Cancer Care Ontario</p>
	Timing and frequency of data release	Annual
	Comments	N/A

Measurement priority		Health and socio-demographic information about the population being served (including health status)
MEASURE DESCRIPTION	Measure name	Primary care providers who maintain or have access to a registry of patients with chronic conditions
	Level of reporting	System level
	Availability	Measure currently reported but modified wording recommended (Provincial/National)
	Measure description	Percentage of primary care physicians who report that they maintain or have access to a registry of patients with the following chronic conditions: <ul style="list-style-type: none"> - Asthma - Chronic obstructive pulmonary disease (COPD) - Coronary artery disease - Congestive heart failure - Stroke - Hypertension - Diabetes - Chronic kidney disease - Mental health conditions - Multiple chronic conditions
	Rating	4.62
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that they maintain or have access to a registry of patients with the following chronic conditions: <ul style="list-style-type: none"> - Asthma - Chronic obstructive pulmonary disease (COPD) - Coronary artery disease - Congestive heart failure - Stroke - Hypertension - Diabetes - Chronic kidney disease - Mental health conditions - Multiple chronic conditions <i>Each reported separately</i>
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified -National Physician Survey 2010 System level potential data source: Population survey Proposed survey question: Do you maintain and have access to a registry of patients with the following chronic conditions?

		<ul style="list-style-type: none"> - Asthma - COPD - Coronary Artery Disease - Congestive Heart Failure - Stroke - Hypertension - Diabetes - Chronic Kidney Disease - Mental Health Conditions - Multiple chronic conditions <p>Original survey question: Do you have summary information on your patient population with chronic diseases (e.g., percent of diabetes patients due for an eye exam)?</p> <ul style="list-style-type: none"> - Yes - No <ul style="list-style-type: none"> o If no, would you find these useful?
	Timing and frequency of data release	Yearly
	Comments	TWG suggested that it may be possible to extract this from clinical data; EMR data could be used to identify patients with these chronic conditions. Methodology would need to be tested and validated before it's used.

Measurement priority		Screening and management of risk factors for cardiovascular disease (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)
MEASURE DESCRIPTION	Measure name	Blood pressure measurement
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (LHIN/Provincial/National) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report having their blood pressure measured within the following time frames: <ul style="list-style-type: none"> - less than 6 months ago - 6 months to less than 1 year ago - 1 year to less than 2 years ago - 2 years to less than 5 years ago - 5 or more years ago
	Rating	System level: 4.85 Practice level: 5.00
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported having their last blood pressure measured in the following time: <ul style="list-style-type: none"> - less than 6 months ago - 6 months to less than 1 year ago - 1 year to less than 2 years ago - 2 years to less than 5 years ago - 5 or more years ago <i>Each would be reported separately; may also choose to report some pre-defined grouping of categories</i>
	Denominator	All respondents who reported having their blood pressure taken Base (Respondents who answered yes): Have you ever had your blood pressure taken? Excludes: <ul style="list-style-type: none"> - Don't know - Refused
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Canadian Community Health Survey (CCHS) System level data source: Canadian Community Health Survey (CCHS)

		<p>Practice level potential data source: Practice level patient experience survey; EMR/EHR data extraction</p> <p>Survey question: When was the last time? [you had your blood pressure taken]</p> <ul style="list-style-type: none"> - less than 6 months ago - 6 months to less than 1 year ago - 1 year to less than 2 years ago - 2 years to less than 5 years ago - 5 or more years ago - Don't know - Refused
	Timing and frequency of data release	<p>System level: Yearly</p> <p>Practice level: NA</p>
	Comments	<p>Note: Canadian Task Force for Preventive Health Care recommends:*</p> <ul style="list-style-type: none"> - Blood pressure measurement at all appropriate primary care visits. - For people who are found to have an elevated blood pressure during screening, the (Canadian Hypertension Education program) CHEP criteria for assessment and diagnosis of hypertension should be applied to determine whether the patient meets diagnostic criteria for hypertension. - The frequency and timing of blood pressure screening may vary between patients. The risk of high blood pressure and the risk of stroke or heart disease change over a person's natural lifespan and increases with age, comorbidities, and the presence of other risk factors.

* Canadian Task Force for Preventive Health care guidelines. Screening for hypertension.
<http://canadiantaskforce.ca/ctfphc-guidelines/2012-hypertension/>

Measurement priority		Screening and management of risk factors for cardiovascular disease (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)
MEASURE DESCRIPTION	Measure name	Discussion of health risks
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported but modified wording recommended (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of people/patients who report having had a discussion within the past 2 years with their health care provider regarding the following health behaviours/ risk factors: <ul style="list-style-type: none"> - A healthy diet and healthy eating - Exercise or physical activity - The health risks of smoking and ways to quit - Alcohol use - Unintentional injuries (home risk factors) - Unsafe sexual practices - Unmanaged psychosocial stress
	Rating	System level: 4.38 Practice level: 4.85
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that they discussed the following risk factors with their health care provider in the past 2 years: <ul style="list-style-type: none"> - A healthy diet and healthy eating - Exercise or physical activity - The health risks of smoking and ways to quit - Alcohol use - Unintentional injuries (home risk factors) - Unsafe sexual practices - Unmanaged psychosocial stress <i>Each reported separately</i>
	Denominator	Respondents having a regular primary care provider Base (respondents who answered that they had a regular doctor or regular place): Regular doctor or place? Excludes:

		<ul style="list-style-type: none"> - Have not seen a doctor in past 2 years - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified-Commonwealth Fund International Health Policy Survey 2013</p> <p>System level potential data source: Population survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Proposed survey question: During the past 2 years have you and your doctor or other clinical staff at the place you usually go to for care talked about...?</p> <ul style="list-style-type: none"> - A healthy diet and healthy eating - Exercise or physical activity - The health risks of smoking and ways to quit - Alcohol use - Unintentional injuries (home risk factors), - Unsafe sexual practices, and - Unmanaged psychosocial stress. <p>Response options</p> <ul style="list-style-type: none"> - Yes - No - Have not seen a doctor in past 2 years - Not sure - Decline to answer <p>Original Survey Question: During the past 2 years have you and your doctor or other clinical staff at the place you usually go to for care talked about...?</p> <ul style="list-style-type: none"> - A healthy diet and healthy eating - Exercise or physical activity - The health risks of smoking and ways to quit - Alcohol use <p>Response options</p> <ul style="list-style-type: none"> - Yes - No - Have not seen a doctor in past 2 years - Not sure - Decline to answer
	Timing and frequency of data release	<p>System level: Every three year</p> <p>Practice level: N/A</p>
	Comments	N/A

Measurement priority		Screening and management of risk factors for cardiovascular disease (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)
MEASURE DESCRIPTION	Measure name	Breast cancer screening
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/LHIN) Practice level: Measure currently reported in recommended form
	Measure description	Percentage of women aged 50 to 74 who had a mammogram within the past two years
	Rating	System level: 5.00 Practice level: 5.00
DEFINITION & SOURCE INFORMATION	Numerator	<p>Total number of Ontario screen-eligible women, 50-74 years old, who have completed at least one mammogram in a given two-year period</p> <p>Includes:</p> <ul style="list-style-type: none"> - Ontario women (average risk and high risk) aged 50-74 at the index date - Index date was defined as the first screen date per person by screen date in ICMS (Integrated Client Management System) or by service date in OHIP in a two-year period <ul style="list-style-type: none"> - X178 (screening bilateral mammogram) - X185 (diagnostic bilateral mammogram) <p>Each woman was counted once regardless of the number of mammograms performed in a two-year period; if a woman had both a program and non-program mammogram within a two-year period, the program status was selected</p> <p>All mammograms in ICMS were counted, including those with partial views</p>
	Denominator	<p>Total number of Ontario screen-eligible women, 50-74 years old (in a given two-year period)</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Women with a missing or invalid HCN, date of birth or postal code - Women with an invasive or in-situ breast cancer before the index date. - Women with a mastectomy before Jan 1st of the two-year period.

	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Cancer Quality Council of Ontario, Primary Care Practice Profile Report, HQO Yearly Report System and practice level data source: OHIP (Ontario Health Insurance Program), ICMS (Integrated Client Management System, OCR (Ontario Cancer Registry), PIMS (Pathology Information Management System), CAPE (Client Agency Program Enrolment database), CPDB (Corporate Providers Database), RPDB (Registered Persons Database)
	Timing and frequency of data release	System level: Annual Practice level: Primary care practice profile reports- bi-annually
	Comments	Target populations comply with the existing Cancer screening guidelines in Ontario.

Measurement priority		Screening and management of risk factors for cardiovascular disease (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)
MEASURE DESCRIPTION	Measure name	Colorectal cancer screening
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/LHIN) Practice level: Measure currently reported in recommended form
	Measure description	Percentage of patients aged 50 to 74 who had a fecal occult blood test (FOBT) within the past two years, sigmoidoscopy or barium enema within five years or a colonoscopy within the past 10 years
	Rating	System level: 4.77 Practice level: 4.77
DEFINITION & SOURCE INFORMATION	Numerator	Number of screen eligible individuals who had a FOBT within past two years, other investigations (barium enema, sigmoidoscopy) within five years or a colonoscopy within the past 10 years <ul style="list-style-type: none"> - A fecal occult blood testing (L181 or G004, L179, Q152, Q043, Q133) in the past 2 years - received a colonoscopy in the previous 10 years (Z555 plus one of E740 or E741 or E747 or E705 on the same day)) - A rigid sigmoidoscopy (Z535 or Z536) in the previous 5 years - A flexible sigmoidoscopy in the previous 5 years (Z555 (without E740 or E741 or E747 or E705 on the same day) or Z580) - A single contrast barium enema in the previous 5 years (X112) - A double contract barium enema in the previous 5 years (X113)
	Denominator	Number of screen-eligible individuals aged 50 to 74 years Excludes: Patients who have had colon cancer or inflammatory bowel disease in the past 5 year.
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Primary Care Practice Report; CQCO System and practice level data source: CIHI, SDS, OCR, OHIP, RPDB
	Timing and frequency of data release	System level: Annual Practice level: Primary care practice profile reports- bi-annually

	Comments	Alignment issues- There are conflicting age ranges reported by Cancer Care Ontario and Primary Care Practice Reports for fecal occult blood test (FOBT) Target populations comply with the existing Cancer screening guidelines in Ontario.
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Measurement priority		Screening and management of risk factors for cardiovascular disease (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)
MEASURE DESCRIPTION	Measure name	Colorectal cancer screening with a fecal occult blood test (FOBT)
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/LHIN) Practice level: Measure currently reported in recommended form
	Measure description	Percentage of patients aged 50 to 74 who completed a fecal occult blood test (FOBT) in the past two years
	Rating	System level: 4.77 Practice level: 4.77
DEFINITION & SOURCE INFORMATION	Numerator	Total number of Ontario screen-eligible individuals, aged 50–74 who returned and completed at least one FOBT kit in a given two-year period Includes: <ul style="list-style-type: none"> - CCC Program FOBT were identified in LRT - Non-program FOBT were identified using fee codes in OHIP(G004; L179 L181) - Each individual was counted once regardless of the number of FOBTs performed in a two-year period
	Denominator	Total number of Ontario screen-eligible individuals, 50–74 years old, in a given two-year period Excludes: <ul style="list-style-type: none"> - Individuals with a missing or invalid HCN, date of birth, sex or postal code - Individuals with an invasive colorectal cancer before Jan 1st of the two-year period - Individuals with a total colectomy before Jan 1st of the two-year period - Individuals who had colonoscopy in the past five years or flexible sigmoidoscopy in the past five years - Individuals with the Q142A exclusion code for colorectal cancer in the given two-year period - Patients who have had inflammatory bowel disease

	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Cancer Quality Council of Ontario, Primary Care Practice Profile Report</p> <p>System and practice level potential data source: LRT (Laboratory Reporting Tool), OHIP CHDB (Claims History Database), OCR (Ontario Cancer Registry), PIMS (Pathology Information Management System), RPDB (Registered Persons Database)</p>
	Timing and frequency of data release	<p>System level: Annual</p> <p>Practice level: bi annually</p>
	Comments	Target populations comply with the existing Cancer screening guidelines in Ontario.

Measurement priority		Screening and management of risk factors for cardiovascular disease (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)
MEASURE DESCRIPTION	Measure name	Cervical cancer screening
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/LHIN) Practice level: Measure currently reported in recommended form
	Measure description	Percentage of women aged 21 to 69 who had a Papanicolaou (Pap) smear within the past three years
	Rating	System level: 5.00 Practice level: 5.08
DEFINITION & SOURCE INFORMATION	Numerator	Number of screen eligible women aged 21 to 69 years who had a Papanicolaou (Pap) smear within the past three years Includes: <ul style="list-style-type: none"> • Index date was defined as the first screen date per person by date of specimen collection in CytoBase or by service date in OHIP in a three-year period • Pap tests in CytoBase – note all Pap tests in CytoBase were counted, including those with inadequate specimens • Identifying Pap tests using fee codes in OHIP (E 430: G365: G394: L713; L733; L812, Q678A)
	Denominator	Total number of Ontario screen-eligible women aged 21-69 years , in a given three-year period Excludes: <ul style="list-style-type: none"> - Women with a missing or invalid HCN, date of birth, LHIN or postal code - Women with an invasive cervical cancer before the index date - Women with a hysterectomy before the index date.
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Cancer Quality Council of Ontario, Primary Care Practice Profile Report System and practice level data source: OHIP (Ontario Health Insurance Program), CytoBase, OCR (Ontario Cancer Registry), PIMS (Pathology Information Management System), CAPE (Client Agency Program Enrolment database), CPDB (Corporate Providers Database), RPDB (Registered Persons Database)
	Timing and frequency of data release	System level: Annually Practice level: bi-annually
	Comments	Target populations comply with the existing Cancer screening guidelines in Ontario.

Measurement priority		Immunization through the life span
MEASURE DESCRIPTION	Measure name	Influenza immunization
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of people/patients who report having a seasonal flu shot in the past year
	Rating	System level: 4.58 Practice level: 4.48
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported receiving a seasonal flu shot in the past year
	Denominator	All respondents Excludes: - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Canadian Community Health Survey (CCHS) / Commonwealth Fund International Health Policy Survey 2013 Statistics Canada (Health Indicators profile) System level data source: Canadian Community Health Survey (CCHS) / Commonwealth Fund International Health Policy Survey Practice level potential data source: Practice level patient experience survey Survey question (CCHS): Base: Have you ever had a seasonal flu shot? - Yes - No - Don't know - Refused When did you have your last seasonal flu shot? - Less than 1 year ago - 1 year to less than 2 years ago - 2 years ago or more - Don't know - Refused Survey question (CMWF):

		<p>In the past year, have you had a seasonal flu shot?</p> <ul style="list-style-type: none"> - Yes - No - Not sure - Decline to answer
	<i>Timing and frequency of data release</i>	<p>System level: Annually Practice level: N/A</p>
	<i>Comments</i>	<p>The CCHS survey population is 12 and older, it is conducted annually and gives an opportunity of interprovincial comparison</p> <p>CMWF survey in general population is conducted every three year, opportunity of international comparison</p>

Measurement priority		Immunization through the life span
MEASURE DESCRIPTION	Measure name	Childhood immunization
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of children with the following age-appropriate vaccinations: <ul style="list-style-type: none"> - Within 2 months: DTaP-IPV-Hib*, Pneumococcal Conjugate 13-valent Vaccine†, Rotavirus ORAL Vaccine‡; - within 4 months: DTaP-IPV-Hib*, Pneumococcal Conjugate 13-valent Vaccine†, Rotavirus ORAL Vaccine‡; - within 6 months: DTaP-IPV-Hib*; - within 12 months: Pneumococcal Conjugate 13-valent Vaccine†, Meningococcal Conjugate C Vaccine§, MMR~; - Within 15 months: Varicella Vaccine; - 18 months: DTaP-IPV-Hib - Within 4-6 years: DTaP-IPV#, MMR~ and Varicella
	Rating	System level: 5.17 Practice level: 5.17
	Rating	System level: 5.17 Practice level: 5.17
DEFINITION & SOURCE INFORMATION	Numerator	Number of eligible children who had the following age appropriate immunization:: 2 months: DTaP-IPV-Hib*, Pneumococcal Conjugate 13-valent Vaccine, Rotavirus ORAL Vaccine 4 months: DTaP-IPV-Hib*, Pneumococcal Conjugate 13-valent Vaccine, Rotavirus ORAL Vaccine 6 months: DTaP-IPV-Hib* 12 months: Pneumococcal Conjugate 13-valent Vaccine, Meningococcal Conjugate C Vaccine, MMR~ 15 months: Varicella Vaccine 18 months: DTaP-IPV-Hib 4-6 years: DTaP-IPV, MMR~ and Varicella
	Denominator	Number of eligible children
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Canadian Institute for Health Information: Voluntary Reporting System System level potential data source: Administrative data (Panorama, a pan-Canadian information system – <i>in development</i>) Practice level potential data source: EMR/EHR data extraction
	Timing and frequency of data release	N/A
	Comments	TWG comment: EMRs are a potential source of data – already doing this at CHCs.

		As per Publicly funded immunization schedules for Ontario: http://www.health.gov.on.ca/en/public/programs/immunization/docs/schedule.pdf
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Trade names: * Pediacel, † Prevnar-13, ‡ Rotarix, §Menjugate

Measurement priority		Immunization through the life span
MEASURE DESCRIPTION	Measure name	Immunizations coverage at seven years of age
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/public health unit) Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of school children aged seven years who are fully vaccinated against diphtheria, tetanus and polio and measles, mumps and rubella
	Rating	System level: 5.17 Practice level: 5.08
DEFINITION & SOURCE INFORMATION	Numerator	Number of school children age seven years who are known by the health unit to be complete for age for vaccination against diphtheria, polio, and tetanus, or measles, mumps and rubella in a specified time period <i>Each reported separately</i>
	Denominator	Number of school children aged seven in that time period
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Association of Public Health Epidemiologists in Ontario (APHEO) System level data source: Immunization Records Information System (IRIS) System and practice level potential data sources: EMR/EHR data extraction; Pan-Canadian Communicable Disease Surveillance and Management Information Technology application (Panorama)
	Timing and frequency of data release	System level: annually Practice level: N/A
	Comments	TWG suggested that it may be possible to extract this from clinical data; EMR data could be used to identify patients with these chronic conditions. Methodology would need to be tested and validated before it's used. Public Health Ontario is currently reporting immunization coverage among 7 year olds in Summary of the Immunization Coverage Report for School Pupils, 2011/12 School Year. Ref: http://www.publichealthontario.ca/en/DataAndAnalytics/Documents/PHO_Monthly_Infectious_Diseases_Surveillance_Report_-_December_2013.pdf

Measurement priority		Immunization through the life span
MEASURE DESCRIPTION	Measure name	Hepatitis B vaccination by the end of grade 7
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/public health unit) Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of grade seven students who have completed vaccination against hepatitis B by the end of grade seven
	Rating	System level: 4.58 Practice level: 4.42
DEFINITION & SOURCE INFORMATION	Numerator	Number of grade 7 students who have completed vaccination against hepatitis B by the end of grade 7 in a specified time period
	Denominator	Total number of Grade 7 students in reported time period
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Association of Public Health Epidemiologists in Ontario (APHEO) System level data source: Immunization Records Information System (IRIS) System and practice level potential data sources: EMR/EHR data extraction Pan-Canadian Communicable Disease Surveillance and Management Information Technology application (Panorama)
	Timing and frequency of data release	System level: Annually Practice level: N/A
	Comments	TWG suggested that it may be possible to extract this from clinical data; EMR data could be used to identify patients with these chronic conditions. Methodology would need to be tested and validated before it's used. Public Health Ontario is currently reporting these in Summary of the Immunization Coverage Report for School Pupils, 2011/12 School Year. Ref: http://www.publichealthontario.ca/en/DataAndAnalytics/Documents/PHO_Monthly_Infectious_Diseases_Surveillance_Report_-_December_2013.pdf (Since the early 1990s, this data has been captured in the Immunization will be replaced Panorama, over the course of 2013 and 2014 by all The measure on 2 dose measles vaccine in 7 year old is included in Common Quality Agenda- HQO and Yearly report

Measurement priority		Immunization through the life span
MEASURE DESCRIPTION	Measure name	Meningococcal vaccination by 13 years of age
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/PHU) Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of 13-year-olds who have received one dose of the quadrivalent meningococcal conjugate vaccine on or before their 13th birthday
	Rating	System level: 4.58 Practice level: 4.42
DEFINITION & SOURCE INFORMATION	Numerator	The number of Ontario students who have received 1 valid dose of MCV4 on or before the age of 13
	Denominator	The number of 13 year-olds enrolled in a public or private school in the province of Ontario, in the year in which immunization coverage is assessed
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Association of Public Health Epidemiologists in Ontario (APHEO)/CQA System level data source: Immunization Records Information System (IRIS) System and practice level potential data sources: EMR/EHR data extraction Pan-Canadian Communicable Disease Surveillance and Management Information Technology application (Panorama)
	Timing and frequency of data release	System level: Annually Practice level: N/A
	Comments	<p>TWG suggested that it may be possible to extract this from clinical data; EMR data could be used to identify patients with these chronic conditions. Methodology would need to be tested and validated before it's used.</p> <p>Public Health Ontario is currently reporting these in Summary of the Immunization Coverage Report for School Pupils, 2011/12 School Year.</p> <p>Ref: http://www.publichealthontario.ca/en/DataAndAnalytics/Documents/PHO_Monthly_Infectious_Diseases_Surveillance_Report_December_2013.pdf </p>

Measurement priority		Immunization through the life span
MEASURE DESCRIPTION	Measure name	Human papillomavirus (HPV) vaccination among females by the end of grade 8
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (Province/PHU) Practice level: Measure not currently available but could be reported using existing infrastructure
	Measure description	Percentage of female grade-eight students who have completed vaccination against human papillomavirus
	Rating	System level: 4.50 Practice level: 4.25
	Numerator	Number of grade 8 female students who have completed vaccination against human papillomavirus by the end of grade 8 in the specified time period
	Denominator	Total number of grade 8 female students in the specified time period.
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Association of Public Health Epidemiologists in Ontario (APHEO) System level data source: Immunization Records Information System (IRIS) System and practice level potential data sources: EMR/EHR data extraction Pan-Canadian Communicable Disease Surveillance and Management Information Technology application (Panorama)
	Timing and frequency of data release	System level: Annually Practice level: N/A
	Comments	TWG suggested that it may be possible to extract this from clinical data; EMR data could be used to identify patients with these chronic conditions. Methodology would need to be tested and validated before it's used. Public Health Ontario is currently reporting these in Summary of the Immunization Coverage Report for School Pupils, 2011/12 School Year. Ref: http://www.publichealthontario.ca/en/DataAndAnalytics/Documents/PHO_Monthly_Infectious_Diseases_Surveillance_Report_December_2013.pdf

Measurement priority		Immunization through the life span
MEASURE DESCRIPTION	Measure name	Pneumococcal immunization among people 65 years of age and over
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of people/patients aged 65+who received a pneumococcal vaccine in the past 12 months
	Rating	System level: 4.55 Practice level: 4.55
DEFINITION & SOURCE INFORMATION	Numerator	Number of people, 65 years and over, who have received a pneumococcal immunization in the past 12 months
	Denominator	Number of people 65 years and over
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Pan-Canadian Primary Health care Indicator System level potential data source: Population survey Practice level potential data source: EMR/EHR data extraction
	Timing and frequency of data release	N/A
	Comments	Guidelines- One dose of Pneu-P-23 vaccine is recommended for all adults 65 years of age and older. http://www.phac-aspc.gc.ca/publicat/cig-gci/p04-pneu-eng.php Project: CIHI 2006 Potential data source: Limited data (only participating public health units) are available through the Rapid Risk Factor Surveillance System (RRFSS)

Measurement priority		Preventive care for infant and children (beyond immunization)
MEASURE DESCRIPTION	Measure Name	Primary care follow-up of healthy newborns within a week after birth
	Level of reporting	System level
	Availability	Measure currently available in recommended form (Province/LHIN)
	Measure description	Percentage of healthy neonates who have had a follow-up appointment with a primary care provider within one week after birth
	Rating	5.29
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of term newborns who had a follow-up visit to a pediatrician or family physician within 7 days of discharge from hospital after birth.</p> <p>Include office and home visits within 7 days after newborn's discharge date from hospital after birth</p>
	Denominator	<p>Number of term healthy newborns born to mothers who had vaginal uncomplicated delivery</p> <p>Includes:</p> <ul style="list-style-type: none"> - CMG=576 (Normal Newborn, Singleton Vaginal Delivery) and variable "weight" >2500 - Term >37 gestational week <p>Excludes:</p> <ul style="list-style-type: none"> - Multiple births - Small for gestational age infants
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: HQO Quality Monitor</p> <p>Data source: DAD (Discharge Abstract Database), OHIP</p>
	Timing and frequency of data release	Annually
	Comments	Limitation; Newborns that received follow-up care from a midwife and/or a nurse will not be captured.

Measurement priority		Preventive care for infant and children (beyond immunization)
MEASURE DESCRIPTION	Measure name	Children with an enhanced well-baby visit
	Level of reporting	System level
	Availability	Measure not currently available but could be reported using existing infrastructure (Province/LHIN)
	Measure description	Percentage of children aged 17 to 24 months with an enhanced well-baby visit
	Rating	5.21
DEFINITION & SOURCE INFORMATION	Numerator	Number of children who had an enhanced well-baby visit. (A002 and A268)
	Denominator	Number of children aged 17 to 24 months Excludes: - Children without a valid HCN
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Preliminary evaluation of the uptake of the new fee code for the 18-month enhanced well baby visit in Ontario (ICES) System level potential data source: Administrative data (RPDB & OHIP)
	Timing and frequency of data release	N/A
	Comments	<ul style="list-style-type: none"> - OHIP billings are only considered complete 6 months after the date of service which means that some of the data may be incomplete. - Some children in Ontario are seen by primary care providers who may not bill OHIP (such as those seen in Community Health Centres or nurse practitioner led model) - There is currently no system in place to evaluate the content of the enhanced visit or assess that appropriate referrals are made and developmental services accessed.

Measurement priority		Preventive care for infant and children (beyond immunization)
MEASURE DESCRIPTION	Measure name	Initiation of breastfeeding
	Level of reporting	System level
	Availability	Measure currently available in recommended form (LHIN/Province/Canada)
	Measure description	Percentage of recent mothers who report breastfeeding or trying to breastfeed
	Rating	4.21
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported breastfeeding or trying to breastfeed their last baby, even if only for a short time
	Denominator	<p>Number of respondents who reported giving birth in the last 5 years (recent mothers)</p> <p>Base (Respondents answering yes): Have you given birth in the past 5 years? (<i>excluding stillbirths</i>)</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Don't know - Refused
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Canadian Community Health Survey</p> <p>Data source: Canadian Community Health Survey</p> <p>Survey question: For your last baby, did you breastfeed or try to breastfeed your baby, even if only for a short time?</p> <ul style="list-style-type: none"> - Yes - No - Don't know - Refused
	Timing and frequency of data release	Annually
	Comments	TWG comment: Women who breastfeed via pumps may not be captured in this

Measurement priority		Preventive care for infant and children (beyond immunization)
MEASURE DESCRIPTION	Measure name	Breastfeeding at time of discharge from hospital
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/LHIN)
	Measure description	Percentage of women who had live term births (≥ 37 weeks) who exclusively breastfed at the time of discharge from hospital
	Rating	N/A
DEFINITION & SOURCE INFORMATION	Numerator	Total number of women with term live births breastfeeding at discharge
	Denominator	Total number of women with term live births
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: HQO Quality Monitor Data source: BORN Ontario – BORN Information System (BIS)
	Timing and frequency of data release	Annually
	Comments	Breast feeding Committee for Canada recommends calculating exclusive breastfeeding using a denominator of live born infants ≥ 37 weeks of gestation at birth and discharged home. However, due to data limitations with the discharge disposition variable it was not possible to further exclude infants who were transferred to NICU or special care unit.

Measurement priority		Preventive care for infant and children (beyond immunization)
MEASURE DESCRIPTION	Measure name	Parental counselling on home injury prevention among children under two years of age
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of parents with children under 2 years of age who report being given information on child-injury prevention in the home
	Rating	4.07
DEFINITION & SOURCE INFORMATION	Numerator	Number of parents who were given information on child injury prevention in the home
	Denominator	Number of parents with children under 2 years
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Pan - Canadian Primary Health care Indicator Project: CIHI 2006 System level potential data source: Population survey
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Prenatal care
MEASURE DESCRIPTION	Measure name	Prenatal care in the first trimester
	Level of reporting	System level Practice level
	Availability	System level: Measure currently available in recommended form (Province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of women who gave birth and had a prenatal care visit in the first trimester
	Rating	System level: 5.23 Practice level: 5.38
DEFINITION & SOURCE INFORMATION	Numerator	Total number of women who gave birth and had a prenatal visit in the first trimester
	Denominator	Total number of women who gave birth
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: HQO Quality Monitor System level data source: BORN Ontario – BORN Information System (BIS) Practice level potential data source: EMR/EHR data extraction
	Timing and frequency of data release	System level: Quarterly Practice level: N/A
	Comments	N/A

Measurement priority		Prenatal care
MEASURE DESCRIPTION	Measure name	Primary care practices/physicians offering prenatal, intrapartum (delivery) and postpartum care
	Level of reporting	System Level
	Availability	Measure currently reported but modified wording recommended
	Measure description	Percentage of primary care physicians who report that they offer the following services in their practice: <ul style="list-style-type: none"> - Prenatal care - Intrapartum care - Postpartum care
	Rating	4.42
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents in denominator who reported to offer the following services in their practice: <ul style="list-style-type: none"> - Prenatal care - Intrapartum care - Postpartum care <i>Each reported separately</i>
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified-National Physician survey 2010 System level potential data source: Administrative data (OHIP feecodes P004 P006) Proposed survey question: Please indicate if you OFFER the following to your patients and if this is a SPECIFIC AREA OF FOCUS in your practice: <ul style="list-style-type: none"> - Pre--natal care - Intra-partum care - Postpartum care Original survey question: Please indicate if you OFFER the following to your patients and if this is a SPECIFIC AREA OF FOCUS in your practice: <ul style="list-style-type: none"> - Prenatal care - Intrapartum care
	Timing and frequency of data release	Last time this measure was reported NPS 2010
	Comments	The NPS is a national physician survey that has a limited response rate and so may not be reflective of the entire population of providers; additionally data is only available for family physicians and general practitioners and does not include nurse practitioners. Beginning in 2012, NPS became an annual survey with each survey focusing on key topics that will change over time. The Administrative data base for suggested as a potential data

		source and need further review.
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Appendix 11: Efficiency Domain – SMDs

Measurement priority		Per capita health care cost (primary care, specialist care, hospital care, diagnostics, pharmaceuticals, long-term care, community care)
MEASURE DESCRIPTION	Measure Name	Health care expenditures by sector
	Level of reporting	System level
	Availability	Measure not currently available but could be reported using existing infrastructure (province/ LHIN)
	Measure description	Expenditures for the following sectors, expressed per capita and as a percentage of total provincial health care expenditures: <ul style="list-style-type: none"> - Physicians and practitioners (i.e., payments under OHIP) - Operations of hospitals - Prescription drugs - Long-Term care homes - Community care - All others
	Rating	4.58
DEFINITION & SOURCE INFORMATION	Numerator	Total expenditure for each sector: <ul style="list-style-type: none"> - Doctors and Practitioners (i.e., payments under OHIP) - Operations of Hospitals - Prescription Drugs - Long-Term Care Homes - Community Care - All others <p>Reported separately as two sets of measures; by per capita expenditure and percentage of total provincial health care expenditure</p>
	Denominator	Per capita: Total mid-year population in one fiscal year Percentage of total provincial health care expenditure: Total provincial government health expenditure
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Ministry of Health and Long-term Care, Ministry of Health Promotion and Sport System level potential data source: Ministry of Health and Long-term Care, Ministry of Health Promotion and Sport
	Timing and frequency of data release	N/A

	Comments	This indicator was reported cross-sectionally. Data from 2010/11 available from: http://www.fin.gov.on.ca/en/reformcommission/chapters/ch5.html
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Measurement priority		Per capita health care cost (primary care, specialist care, hospital care, diagnostics, pharmaceuticals, long-term care, community care)
MEASURE DESCRIPTION	Measure Name	Per capita health care expenditures by category
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form (province/LHIN) Practice level: Measure currently reported in recommended form
	Measure description	Per-capita health care expenditures by category: <ul style="list-style-type: none"> - Inpatient hospitalization - Same-day surgery - ED visits - Visits to dialysis clinics - Visits to cancer clinics - Ontario Drug Benefit (ODB) - Rehabilitation - Complex & continuing care - Home care services - OHIP physician billings, including most of the shadow-billings - OHIP lab claims - OHIP non-physician billings - FHO/FHN capitation - Long-term care - Admissions to designated mental health beds - Assisted Device Program (ADP)
	Rating*	System level: N/A Practice level: N/A
DEFINITION & SOURCE INFORMATION	Numerator	Total health care expenditure by category: <ul style="list-style-type: none"> - Inpatient hospitalization - Same Day Surgery - ED visits - Visits to dialysis clinics - Visits to cancer clinics - Ontario Drug Benefit - Rehabilitation - Complex & Continuing Care - Home Care services - OHIP Physician billings, including most of the shadow-billings - OHIP Lab claims - OHIP non-physician billings - FHO/FHN capitation - Long-Term Care - Admissions to designated mental health beds

		- Assisted Device Program
	Denominator	Total mid-year population for the fiscal year of interest
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Institute for Clinical and Evaluative Sciences (ICES)</p> <p>System level data source: Institute for Clinical and Evaluative Sciences (ICES)</p> <p>Practice level data source: Institute for Clinical and Evaluative Sciences (ICES)</p>
	Timing and frequency of data release	N/A
	Comments	N/A

**This measure was not rated as it was added after the rating phase.*

Measurement priority		Per capita health care cost (primary care, specialist care, hospital care, diagnostics, pharmaceuticals, long-term care, community care) (cross-referenced with Appropriate Resources domain)
MEASURE DESCRIPTION	Measure Name	Operational expenses in primary care
	Level of reporting	System Level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Average annual per capita primary care operational expenditures for: <ul style="list-style-type: none"> - Health human resources <ul style="list-style-type: none"> o General practitioners/family physicians; o Nurse practitioners; o Other primary care providers; - Supplies - Equipment - Administration/overhead - Other
	Rating	4.23
DEFINITION & SOURCE INFORMATION	Numerator	Total annual funding for the following operational expenditures: <ul style="list-style-type: none"> - Health human resources <ul style="list-style-type: none"> o General Practitioners/Family Physicians; o Nurse Practitioners; o Other PHC providers; - Supplies - Equipment - Administration/overhead - Other
	Denominator	Total mid-year population for fiscal year of interest
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Pan-Canadian Primary Health Care Indicators (2006) Potential data source: Ministry of Health and Long Term care administrative data
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Unnecessary duplication of diagnostic tests/imaging (cross-referenced with Integration domain)
MEASURE DESCRIPTION	Measure Name	Unnecessary testing in primary care
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported but modified wording recommended (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report there was a time in the past two years when physicians ordered a medical test that they felt was unnecessary because the test had already been done
	Rating	System level: 4.58 Practice level: 4.64
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported there was a time when doctors ordered a medical test that they felt was unnecessary because the test had already been done
	Denominator	All respondents Excludes: <ul style="list-style-type: none">- Not applicable- Not sure- Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified- Commonwealth Fund International Health Policy Survey (CMWF) 2013 System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: Now thinking about the past 2 years, when getting care for a medical problem, was there ever a time when a health care provider ordered a medical test that you felt was unnecessary because the test had already been done <ul style="list-style-type: none">- Yes- No- Not applicable- Not sure- Decline to answer

		Original survey question: Now thinking about the past 2 years, when getting care for a medical problem, was there ever a time when doctors ordered a medical test that you felt was unnecessary because the test had already been done - Yes - No - Not applicable - Not sure - Decline to answer
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Unnecessary duplication of diagnostic tests/imaging
MEASURE DESCRIPTION	Measure Name	Problems in care coordination and information exchange within the practice
	Level of reporting	System level
	Availability	Measure currently not available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who report that the following occurred with their patients during the past month: <ul style="list-style-type: none"> - Medical records or other relevant clinical information were not available at the time of a patient's scheduled visit - Tests or procedures had to be repeated because findings were unavailable - A patient experienced problems because care was not well coordinated across multiple sites or providers
	Rating	4.42
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that the following occur with their patients: <ul style="list-style-type: none"> - Medical records or other relevant clinical information was not available at the time of a patients scheduled visit - Tests or procedures had to be repeated because findings were unavailable - A patient experienced problems because care was not well coordinated across multiple sites or providers Reported separately
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: CIHI: Provider Survey Potential data source: Provider or Organization survey Survey question: During the past month, did the following occur with any of your patients? <ul style="list-style-type: none"> - Medical record(s) or other relevant clinical information was not available at the time of a patients scheduled visit - Tests or procedures had to be repeated because findings were unavailable - A patient experienced problems because care was not well coordinated across multiple sites or providers <ul style="list-style-type: none"> - yes - no
	Timing and frequency of data	N/A

	release	
	Comments	N/A

Measurement priority		Implementation and meaningful use of electronic medical records/ electronic Health Records
MEASURE DESCRIPTION	Measure Name	Use of electronic clinical records
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province/LHIN)
	Measure description	Percentage of primary care physicians who report using electronic records instead of paper charts to enter and retrieve patient clinical notes
	Rating	4.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that they use electronic records instead of paper charts to enter/retrieve patient clinical notes
	Denominator	All respondents Excludes: - Not applicable - I do not provide patient care
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: National Physician Survey 2010 Potential data source: Provider or organization reported Survey question: Thinking about your main patient care setting, which of these describes your record keeping system? - I use paper charts only - I use a combination of paper and electronic charts to enter and retrieve patient clinical notes - I use electronic record instead of paper charts to enter/relieve patient clinical notes - Not applicable - I do not provide patient care
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Implementation and meaningful use of electronic medical records/ electronic Health Records
MEASURE DESCRIPTION	Measure Name	Use of electronic technology
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of primary care physicians who report using the following technologies in their practice: <ul style="list-style-type: none"> - Electronic ordering of laboratory tests - Electronic alerts or prompts about a potential problem with drug dose or drug interaction - Electronic referring to specialists - Electronic prescribing of medication
	Rating	4.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported occasionally or routinely using the following technologies in their practice: <ul style="list-style-type: none"> - Electronic ordering of laboratory tests - Electronic alerts or prompts about a potential problem with drug dose or drug interaction - Electronic referring to specialists - Electronic prescribing of medication <p>Reported separately</p>
	Denominator	Total number of respondents <p>Excludes:</p> <ul style="list-style-type: none"> - Don't know - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Commonwealth Fund International Health Policy Survey 2012- Provider Survey</p> <p>Data source: Commonwealth Fund International Health Policy Survey 2012 - Provider Survey</p> <p>Survey question: Do you use any of the following technologies in your practice? Would you say routinely, occasionally or no?</p> <ul style="list-style-type: none"> - Electronic ordering of laboratory tests

		<ul style="list-style-type: none"> - Electronic alerts or prompts about a potential problem with drug dose or drug interaction - Electronic referring to specialists - Electronic prescribing of medication <ul style="list-style-type: none"> - Yes, routinely - Yes, occasionally - No - Don't know - Decline to answer
	<i>Timing and frequency of data release</i>	Every three years
	<i>Comments</i>	N/A

Measurement priority		Implementation and meaningful use of electronic medical records/ electronic Health Records
MEASURE DESCRIPTION	Measure Name	Electronic exchange of information with other doctors
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of primary care physicians who report being able to electronically exchange the following with other physicians outside their practice: <ul style="list-style-type: none"> - Patient clinical summaries - Laboratory and diagnostic tests
	Rating	4.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that they electronically exchange the following with other physicians outside their practice: <ul style="list-style-type: none"> - Patient clinical summaries - Laboratory and diagnostic tests
	Denominator	Total number of provider survey respondents Excludes: <ul style="list-style-type: none"> - Don't know - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2012 - Provider Survey Data source: Commonwealth Fund International Health Policy Survey 2012 - Provider Survey Survey question: Can you electronically exchange the following with any doctors outside your practice? A. Patient clinical summaries B. Laboratory and diagnostic tests <ul style="list-style-type: none"> - Yes - No - Don't know - Decline to answer
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Implementation and meaningful use of electronic medical records/ electronic Health Records
MEASURE DESCRIPTION	Measure Name	Electronic medical records system functionality
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of primary care physicians who report being able to generate the following patient information with their current patient medical records system: <ul style="list-style-type: none"> - List of patients by diagnosis (e.g., diabetes or cancer) - List of patients by laboratory result (e.g., HbA1C>9.0) - List of patients who are due or overdue for tests or preventive care (e.g., flu vaccine due) - List of all medications taken by an individual patient (including those that may be prescribed by other physicians) - List of all patients taking a particular medication - List of all laboratory results for an individual patient (including those ordered by other physicians) - Clinical visit summaries for patients
	Rating	5.08
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who stated that it was easy to generate the following via a computerized system patient medical records system: <ul style="list-style-type: none"> - List of patients by diagnosis (e.g., diabetes or cancer) - List of patients by laboratory result (e.g., HbA1C>9.0) - List of patients who are due or overdue for tests or preventive care (e.g., flu vaccine due) - List of all medications taken by an individual patient (including those that may be prescribed by other doctors) - List of all patients taking a particular medication - List of all laboratory results for an individual patient (including those ordered by other doctors) - Provides patients with clinical summaries for each visits <p>Reported separately for all response levels for both components of the question (all means and computerized)</p>
	Denominator	All respondents <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure	Measure source: Commonwealth Fund International Health Policy Survey 2012 – Provider survey Data source: Commonwealth Fund International Health Policy

	requirements	<p>Survey 2012 – Provider survey</p> <p>Survey question: With the patient medical records system you currently have, how easy would it be for you (or staff in your Practice) to generate the following information about your patients? Is this process computerized?</p> <ul style="list-style-type: none"> - List of patients by diagnosis (e.g., diabetes or cancer) - List of patients by laboratory result (e.g., HbA1C>9.0) - List of patients who are due or overdue for tests or preventive care (e.g., flu vaccine due) - List of all medications taken by an individual patient (including those that may be prescribed by other doctors) - List of all patients taking a particular medication - List of all laboratory results for an individual patient (including those ordered by other doctors) - Provides patients with clinical summaries for each visits - Easy - Somewhat difficult - Difficult - Cannot generate - Not sure - Decline to answer <p>Response options for: “Is this process for Computerized?”</p> <ul style="list-style-type: none"> - Yes - No
	Timing and frequency of data release	Every 3 years
	Comments	N/A

Measurement priority		Self-management support and collaborating with patients and families
MEASURE DESCRIPTION	Measure Name	Provision of written instructions on self-management to patients with chronic conditions
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)

	Measure description	Percentage of primary care physicians who report that they routinely give patients with chronic conditions written instructions on how to manage their own care at home
	Rating	4.64
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report that they routinely give their patients with chronic conditions written instructions about how to manage their own care at home
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Commonwealth Fund International Health Policy Survey 2012 – Provider survey</p> <p>Data source: Commonwealth Fund International Health Policy Survey 2012 – Provider survey</p> <p>Survey question: Do you give your patients with chronic conditions written instructions about how to manage their own care at home?</p> <ul style="list-style-type: none"> - Yes, routinely - Yes, occasionally - No
	Timing and frequency of data release	Every 3 years
	Comments	N/A

Measurement priority		Self-management support and collaborating with patients and families (Cross-referenced with Effectiveness and Patient-Centeredness domains)
MEASURE DESCRIPTION	Measure Name	Patients receiving relevant and useful information on staying healthy
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that they received relevant and useful advice or information at their primary care visits on staying healthy and avoiding illnesses
	Rating	System level: 4.00 Practice level: 4.36
	Numerator	Number of respondents who reported that the doctor/healthcare provider(s) they saw at the visit was excellent or very good at providing relevant and useful advice/information about how to stay healthy generally, how to prevent illness, etc
DEFINITION & SOURCE INFORMATION	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Practice Level Patient Experience Survey (HQO)</p> <p>System level potential data source: Population survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Survey question (for in office survey): On a scale of poor to excellent, how would you rate the following....? The doctor/healthcare provider(s) you saw at this visit providing you with relevant and useful advice/information about how to stay healthy generally, how to prevent illness, etc.</p> <ul style="list-style-type: none"> - poor - fair - good - very good - excellent <p>Alternative survey question (for population or out-of-office practice-level patient experience survey): On a scale of poor to excellent, how would you rate your family doctor, nurse practitioner or other healthcare providers in their office regarding how they provide you with relevant and useful advice/information about how to stay healthy generally, how to</p>

		<p>prevent illness, etc.</p> <ul style="list-style-type: none"> - poor - fair - good - very good - excellent
	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	N/A

Measurement priority		Self-management support and collaborating with patients and families
MEASURE DESCRIPTION	Measure Name	Patients receiving emotional support from their primary care provider
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/ LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that their main primary care provider supported them in the following ways: <ul style="list-style-type: none"> - Helped them feel that their everyday activities, such as diet and lifestyle, make a difference in their health - Helped them feel that they could prevent some health problems - Gave them a sense of control over their health - Helped them feel that sticking with their treatment would make a difference - Helped them feel confident about their ability to take care of their health
	Rating	System level: 3.91 Practice level: 4.36
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents in the denominator who stated (yes definitely) that the person they saw the most at this practice did the following: <ul style="list-style-type: none"> - Help them feel that their everyday activities such as diet and lifestyle make a difference in their health - Help them feel that they could prevent some health problems - Give them a sense of control over their health - Help them feel that sticking with their treatment would make a difference - Help them feel confident about their ability to take care of their health Reported separately
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: QualicoPC: Patient experience survey System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey

		<p>Survey question: Over the past 12 months, did the person you saw most at this practice....</p> <ul style="list-style-type: none"> - Help you feel that your everyday activities such as diet and lifestyle make a difference in your health? - Help you feel that you could prevent some health problems? - Give you a sense of control over your health? - Help you feel that sticking with your treatment would make a difference? - Help you feel confident about your ability to take care of your health? <ul style="list-style-type: none"> - Yes, definitely - Yes, to some extent - No, not really - No, not at all
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Self-management support and collaborating with patients and families
MEASURE DESCRIPTION	Measure Name	Information provided to patients with chronic conditions about community programs
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (province/ LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions who report that they were provided with information about whether there were programs in the community that could help them deal with their chronic conditions
	Rating	System level: 3.92 Practice level: 4.17
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that they were definitely provided with information about programs in the community that could help them deal with their chronic conditions
	Denominator	Number of respondents who are diagnosed or treated for any of the following chronic health conditions: heart disease, arthritis or rheumatoid arthritis, high blood pressure or hypertension, depression or anxiety, diabetes or other chronic health problems Base (respondents who answered yes): Has any health professional ever diagnosed you with or treated you for any of the following chronic health conditions? <ul style="list-style-type: none"> - Heart disease - Arthritis or rheumatoid arthritis - High blood pressure or hypertension - Depression or anxiety - Diabetes - Other Excludes: I haven't needed the help of community programs in the past 6 months
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified- CIHI: Patient Experience Survey System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey

		<p>Proposed survey question: When you received care for your chronic condition(s), were you provided with information about programs in the community that could help you?</p> <ul style="list-style-type: none"> - Yes - No - Don't know - I haven't needed the help of community programs in the past 6 months [excluded] <p>Original survey question: When you received care for your chronic condition(s), were you encouraged to attend programs in the community that could help you?</p> <ul style="list-style-type: none"> - Yes, definitely - Yes, probably - Maybe, not sure - No, not really - No, definitely not - I haven't needed the help of community programs in the past 6 months
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Patient wait times in office
MEASURE DESCRIPTION	Measure Name	Time from the scheduled appointment time to time the appointment started
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Patient-reported wait times from when their consultation was scheduled to start to when they met with a healthcare provider
	Rating	4.42
DEFINITION & SOURCE INFORMATION	Numerator	<p>Wait time for patient consultation: from its scheduled time to when they actually met with a healthcare provider:</p> <ul style="list-style-type: none"> - immediately - less than 5 minutes - 5 to 10 minutes - 11 to 20 minutes - 21 to 30 minutes - more than 30 minutes <p><i>This measure will be reported as some percent of patients receiving care within a pre-determined threshold value</i></p>
	Denominator	<p>All respondents</p> <p>Excludes:</p> <ul style="list-style-type: none"> - there was no set time for my consultation
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Practice Level Patient Experience Survey (HQO)</p> <p>Potential data source: Practice level patient experience survey.</p> <p>Survey question:</p> <p>How long did you wait for your consultation to start from its scheduled time to when you actually met with a healthcare provider?</p> <ul style="list-style-type: none"> - Immediately - Less than 5 minutes - 5 to 10 minutes - 11 to 20 minutes - 21 to 30 minutes - More than 30 minutes - There was no set time for my consultation
	Timing and	N/A

	<i>frequency of data release</i>	
	<i>Comments</i>	N/A

Measurement priority		Patient wait times in office
MEASURE DESCRIPTION	Measure Name	Patients seeing their provider within 20 minutes of their appointment time
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who report that during the last 12 months, they saw their primary care provider within 20 minutes of their appointment time: <ul style="list-style-type: none"> - Always - Usually
	Rating	3.75
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who stated that during the last 12 months they saw their [family doctor, nurse practitioner's] usually or always within 20 minutes of their appointment time <ul style="list-style-type: none"> - Always - Usually
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified- CAHPS- Clinician & Group Survey</p> <p>Potential data source: Practice level patient experience survey</p> <p>Proposed survey question (for in office survey): Wait time includes times spent in the waiting room and examination room. In the last 12 months, how often did you see [family doctor's, nurse practitioner's] practice within 20 minutes of your appointment time?</p> <ul style="list-style-type: none"> - Never - Sometimes - Usually - Always <p>Alternative survey question (for out-of-office survey e.g. by post or by email): When you visited your [family doctor's, nurse practitioner's] practice during the last 12 months, how often did you see the provider within 20 minutes of your appointment time? (Wait time includes times spent in the waiting room and exam room.)</p> <ul style="list-style-type: none"> - Never - Sometimes - Usually - Always

		Original survey question: In the last 12 months, how often did you see the provider practice within 15 minutes of your appointment time? (Wait time includes times spent in the waiting room and examination room.) <ul style="list-style-type: none"> - Never - Sometimes - Usually - Always
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Patient wait times in office
MEASURE DESCRIPTION	Measure Name	Rating of time spent in the waiting room
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who rated the length of time they had to wait for their consultation to start from its scheduled time to when they saw the healthcare provider as: <ul style="list-style-type: none"> - Very good - Excellent
	Rating	4.08
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who rated the length of time they had to wait for their consultation to start from its scheduled time to when they actually saw the healthcare provider (family doctor or nurse practitioner) as very good or excellent
	Denominator	All respondents Excludes: <ul style="list-style-type: none"> - Not applicable
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Practice Level Patient Experience Survey (HQP)</p> <p>Potential data source: Practice level patient experience survey</p> <p>Survey question (for in office survey): On a scale of poor to excellent, how would you rate the following....? The length of time you had to wait for your consultation to start from its scheduled time to when you actually saw the doctor/healthcare provider</p> <ul style="list-style-type: none"> - Poor - Fair - Good - Very good - Excellent - Not applicable <p>Alternative survey question (for out-of-office survey e.g. by post or by email): The last time you visited your [family doctor's, nurse practitioner's] practice, how would you rate the length of time you had to wait for your consultation to start from its scheduled time to when you</p>

		<p>actually saw the healthcare provider (family doctor or nurse practitioner)</p> <ul style="list-style-type: none"> - Poor - Fair - Good - Very good - Excellent - Not applicable
	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	N/A

Measurement priority		Patient wait times in office
MEASURE DESCRIPTION	Measure Name	Wait time in the examination room
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Patient-reported wait times from when they were taken into the examination room to when they saw the healthcare provider
	Rating	4.00
DEFINITION & SOURCE INFORMATION	Numerator	<p>Wait time for consultation: from the time the respondent was taken into the examination room to when they saw the healthcare provider:</p> <ul style="list-style-type: none"> - Immediately - Less than 5 minutes - 5 to 10 minutes - 11 to 20 minutes - 21 to 30 minutes - More than 30 minutes <p><i>This measure will be reported as the percent of patients receiving care within a pre-determined threshold value</i></p>
	Denominator	All respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Practice Level Patient Experience Survey (HQO)</p> <p>Potential data source: Practice level patient experience survey</p> <p>Survey question (for in office survey): How long did you wait for your consultation to start from the time you were taken into the examination room to when you saw the healthcare provider? [If you saw more than one person, this applies to the first person you saw]</p> <ul style="list-style-type: none"> - Immediately - Less than 5 minutes - 5 to 10 minutes - 11 to 20 minutes - 21 to 30 minutes - More than 30 minutes <p>Alternative survey question (for out-of-office survey e.g. by</p>

		post or by email): The last time you visited your [family doctor's, nurse practitioner's] practice, how long did you wait for your consultation to start from the time you were taken into the examination room to when you saw the healthcare provider? [If you saw more than one person, this applies to the first person you saw] - Immediately - Less than 5 minutes - 5 to 10 minutes - 11 to 20 minutes - 21 to 30 minutes - More than 30 minutes
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement priority		Patient wait times in office
MEASURE DESCRIPTION	Measure Name	Rating of wait time in the examination room
	Level of reporting	Practice level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who rated the length of time they had to wait from when they were taken to the examination room to when the health care provider (family doctor or nurse practitioner) showed up as: <ul style="list-style-type: none"> - Very good - Excellent
	Rating	3.25
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who rated the length of time they had to wait from when they were taken to the examination room and when the health care provider (family doctor or nurse practitioner) showed up as very good or excellent
	Denominator	All respondents Excludes: <ul style="list-style-type: none"> - Not applicable
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Practice Level Patient Experience Survey (HQO)</p> <p>Potential data source: Practice level patient experience survey</p> <p>Survey question: On a scale of poor to excellent, how would you rate the following.....? The length of time you had to wait from when you were taken to the examination room and when the healthcare provider showed up</p> <ul style="list-style-type: none"> - Poor - Fair - Good - Very good - Excellent - Not applicable <p>Alternative survey question (for out-of-office survey e.g. by post or by email): The last time you visited your [family doctor's, nurse practitioner's] practice, how would you rate the length of time you had to wait from when you were taken to the examination room and when the</p>

		healthcare provider (family doctor or nurse practitioner) showed up - Poor - Fair - Good - Very good - Excellent - Not applicable
	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	N/A

Appendix 12: Safety Domain – SMDs

Measurement Priority		Infection prevention and control
MEASURE DESCRIPTION	Measure Name	Monitoring of compliance with infection control policies and procedures
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations reporting that they monitor compliance with their infection prevention and control policies and procedures
	Rating	4.50
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents that reported monitoring compliance with organizational infection prevention and control policies and procedures
	Denominator	Total number of organizations that have infection prevention policies and procedures Base (respondents who answer yes): Does your organization have infection prevention policies and procedures?
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Accreditation Canada Potential data source: Organization-reported Proposed survey question: Does your organization monitor compliance with its infection prevention and control policies and procedures? - Yes - No - Don't know
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Infection prevention and control
MEASURE DESCRIPTION	Measure Name	Hand hygiene education and training
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations reporting that they provide hand hygiene education and training for staff, service providers and volunteers
	Rating	4.50
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents that reported delivering hand hygiene education and training for staff, service provider and volunteers
	Denominator	Total number of organizational respondents
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Accreditation Canada</p> <p>Potential data source: Organization-reported</p> <p>Proposed survey question: Does your organization provide hand hygiene education and training for staff, service providers, and volunteers?</p> <ul style="list-style-type: none"> - Yes - No - Don't know
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Infection prevention and control
MEASURE DESCRIPTION	Measure Name	Monitoring of compliance with hand hygiene practices
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations reporting that they evaluate their compliance with accepted hand hygiene practices
	Rating	4.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents that reported evaluating their compliance with accepted hand-hygiene practices
	Denominator	Total number of organizational respondents Excludes: - Don't know
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Accreditation Canada Potential data source: Organization-reported Proposed survey question: Does your organization evaluate its compliance with accepted hand-hygiene practices? - Yes - No - Don't know
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Infection prevention and control
MEASURE DESCRIPTION	Measure Name	Provision of infection prevention education to patients and families
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations reporting that they provide patients and families with information and education about preventing infections
	Rating	4.58
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents reporting that the organization provides patients and families with information and education about preventing infections
	Denominator	Total number of organizational respondents Excludes: - Don't know
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Accreditation Canada Potential data source: Organization-reported Proposed survey question: Does your organization provide patients and families with information and education about preventing infections? - Yes - No - Don't know
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Medication management, including medication reconciliation
MEASURE DESCRIPTION	Measure Name	Patient knowledge of new prescription medication
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available but could be reported using existing infrastructure (Province/Other provinces/Canada/International) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients who, in the past two years, were not sure what a new prescription medication was for or when or how to take it
	Rating	System level: 5.00 Practice level: 5.00
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who received a new prescription medication in the past two years and recall a time when they were not sure what it was for or when or how to take it
	Denominator	All respondents Excludes: <ul style="list-style-type: none"> - I haven't received a new prescription medication in the past 2 years - Decline to answer - Not sure
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2010 System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Survey question: In the past two years, when you received a new prescription medication, was there ever a time when you were not sure what it was for or when or how to take it? <ul style="list-style-type: none"> - Yes, there was a time I was not sure - No - I haven't received a new prescription medication in the past 2 years - Not sure - Decline to answer
	Timing and frequency of data	N/A

	release	
	Comments	N/A

Measurement Priority		Medication management, including medication reconciliation
MEASURE DESCRIPTION	Measure Name	Prescription medication review
	Level of reporting	System level Practice level
	Availability	System level: Measure currently reported in recommended form Practice level: Measure currently not available; new infrastructure required for data collection, analysis and reporting
	Measure description	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
	Rating	System level: 4.45 Practice level: 4.83
	Numerator	Number of respondents who reported that their primary care provider reviewed and discussed with them the prescription medicines they are using
DEFINITION & SOURCE INFORMATION	Denominator	All respondents Excludes: - Don't Know - Refused
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Health Care Experience Survey (HCES) (Ministry of Health and Long-Term Care) System level data source: Health Care Experience Survey (HCES) Practice level potential data source: Practice level patient experience survey Survey question: In the last 12 months, has your [fill fd_type]* reviewed and discussed with you the prescription medicine you are using? - Yes - No - Don't know - Refused
	Timing and frequency of data release	Quarterly

	Comments	Reviews with pharmacists would not be captured in the question
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*fd_type is the variable in the HCES used to denote the type of provider (family doctor/ nurse practitioner) the respondent has seen.

Measurement Priority		Medication management, including medication reconciliation
MEASURE DESCRIPTION	Measure Name	Provision of a list of prescription medications to patients
	Level of reporting	System level
	Availability	Measure currently reported but modified wording recommended (Province/Other provinces/Canada/International)
	Measure description	Percentage of patients who are using 2 or more prescription medications who report that, in the past 12 months, a health care provider gave them a written list of all their prescription medications
	Rating	4.30
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report their doctor, nurse practitioner or pharmacist gave them a written list of all their prescription medications in the past 12 months
	Denominator	<p>Respondents who are taking at least two prescription medications</p> <p>Base (respondents who identified two or more as their response or who indicated that they were taking more than one prescription medication): How many different prescription medications are you taking on a regular or ongoing basis?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified - Commonwealth Fund International Health Policy Survey 2013</p> <p>Potential data source: Population survey</p> <p>Proposed survey question: In the past 12 months, has a doctor, nurse practitioner or pharmacist given you a written list of all your prescribed medications?</p> <ul style="list-style-type: none"> - Yes - No

		<ul style="list-style-type: none"> - Not sure - Decline to answer <p>Original question In the past 12 months, has a doctor or pharmacist given you a written list of all your prescribed medications?</p> <ul style="list-style-type: none"> - Yes - No - Not sure - Decline to answer
	Timing and frequency of data release	Every three years
	Comments	N/A

Measurement Priority		Medication management, including medication reconciliation
MEASURE DESCRIPTION	Measure Name	Discussion of potential side effects
	Level of reporting	System and Practice level
	Availability	<p>System level: Measure currently reported but modified wording recommended (Province/Other provinces/Canada/International)</p> <p>Practice level: Measure currently not available; new infrastructure required for data collection, analysis and reporting</p>
	Measure description	Percentage of patients who report that, in the past 12 months, a health care provider explained the potential side effects of any medication that was prescribed
	Rating	<p>System level: 4.73</p> <p>Practice level: 4.82</p>
	Rating	<p>System level: 4.73</p> <p>Practice level: 4.82</p>
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report their doctor, nurse practitioner or pharmacist explained the potential side effects of any medication that was prescribed to them
	Denominator	<p>Respondents who are taking at least two prescription medications</p> <p>Base (respondents who identified two or more as their response or who indicated that they were taking more than one prescription medication): How many different prescription medications are you taking on a regular or ongoing basis?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified - Commonwealth Fund International Health Policy Survey 2013</p> <p>System level potential data source: Population survey</p> <p>Practice level potential data source: Practice level patient experience survey</p> <p>Proposed survey question: In the past 12 months, has a doctor, nurse practitioner or pharmacist explained the potential side effects of any medication that was prescribed?</p> <ul style="list-style-type: none"> - Yes - No - Not sure

		<ul style="list-style-type: none"> - Decline to answer <p>Survey Question: In the past 12 months, has a doctor or pharmacist explained the potential side effects of any medication that was prescribed?</p> <ul style="list-style-type: none"> - Yes - No - Not sure - Decline to answer
	<i>Timing and frequency of data release</i>	Every three years
	<i>Comments</i>	N/A

Measurement Priority		Medication management, including medication reconciliation
MEASURE DESCRIPTION	Measure Name	Use of electronic prescribing alerts
	Level of reporting	System level
	Availability	Measure currently not available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers/organizations that report using the medication alert function in their EMR
	Rating	5.36
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents that currently use client/patient specific medication alerts within their electronic prescribing/drug ordering system
	Denominator	<p>All respondents with an electronic prescribing/drug ordering system</p> <p>Base (respondents who answer yes): Do you have an electronic prescribing/drug ordering system?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified - Pan-Canadian Primary Health care Indicator Project: CIHI 2006</p> <p>Potential data source: Provider or organization-reported</p> <p>Proposed survey question: Do you use the medication alert function in your electronic medical record system?</p> <ul style="list-style-type: none"> - Yes - No - Not sure
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	Patient-reported negative reactions to medication
	Level of reporting	System level
	Availability	Measure currently available but modified wording recommended (Province/Other provinces/Canada/International)
	Measure description	Percentage of patients who report having a negative reaction to a medication prescribed by their primary care provider that resulted in a visit to the hospital in the past two years
	Rating	4.27
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that in the past 2 years, they had a negative reaction to a medicine prescribed by their primary health care provider which resulted in them going to the hospital
	Denominator	<p>Total number of respondents taking prescription medicine that was prescribed by their primary health care provider</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - I have not been prescribed a medication by my family doctor/nurse practitioner in the past two years - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Modified- Commonwealth Fund International Health Policy Survey 2011</p> <p>Potential data source: Population survey</p> <p>Proposed survey question: In the past 2 years, have you had a negative reaction to any medicine prescribed by your family doctor/nurse practitioner that resulted in you going to the hospital?</p> <ul style="list-style-type: none"> - Yes - No - Not sure - I have not been prescribed a medication by my family doctor/nurse practitioner in the past two years - Decline to answer <p>Original survey question: In the past 2 years, have you had a negative reaction to any medicine that resulted in you going to the hospital?</p> <ul style="list-style-type: none"> - Yes

		<ul style="list-style-type: none"> - No - Not sure - Decline to answer
	<i>Timing and frequency of data release</i>	Every three years
	<i>Comments</i>	N/A

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	Patient-reported medical mistakes
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of patients who believe a medical mistake was made in their care during the past two years
	Rating	4.20
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that they thought a medical mistake was made in their treatment or care in the past 2 years
	Denominator	All respondents Excludes: - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2013 Data source: Commonwealth fund International Health Policy Survey 2013 Survey question: In the past 2 years, was there a time you thought a medical mistake was made in your treatment or care? - Yes - No - Not sure - Decline to answer
	Timing and frequency of data release	Every three years
	Comments	N/A

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	Patient-reported severity of problems resulting from medical mistakes
	Level of reporting	System level
	Availability	Measure not currently available but could be reported using existing infrastructure (Province/Other provinces/Canada/International)
	Measure description	Percentage of patients who report having experienced a serious problems as a result of a medical mistake during the past two years
	Rating	4.20
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that the medical mistake they experienced resulted in a somewhat or very serious problem.
	Denominator	<p>Respondents who experienced a medical mistake over the past 2 years</p> <p>Base (respondents who answered yes to any of the following questions): In the past 2 years, have you ever been given the wrong medicine or wrong dose at a pharmacy or while hospitalized?</p> <p>In the past 2 years, do you believe a medical mistake was made in your treatment or care?</p> <p>In the past 2 years, have you ...?</p> <ul style="list-style-type: none"> - Been given incorrect results for a diagnostic or lab test - Experienced delays in being notified about abnormal test results <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Commonwealth Fund International Health Policy Survey 2011</p> <p>Potential data source: Population survey</p> <p>Survey question: Did this mistake, medication error, or diagnostic test error cause a ...?</p> <ul style="list-style-type: none"> - Very serious problem - Somewhat serious problem - Not serious problem - No problem at all - Not sure

		- Decline to answer
	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	N/A

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	Opportunity to discuss problems with medications
	Level of reporting	System level Practice level
	Availability	System level: Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN) Practice level: Measure not currently available; new infrastructure required for data collection, analysis and reporting
	Measure description	Percentage of patients with chronic conditions who report having been asked in the past six months about medication-related problems
	Rating	System level: 4.45 Practice level: 4.82
	Comments	
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported being asked most of the time or always about any problems they had with their medications
	Denominator	Respondents*
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Modified - Patient Assessment of Chronic Illness Care (PACIC) System level potential data source: Population survey Practice level potential data source: Practice level patient experience survey Proposed survey question: When I received care for my chronic illness at my family doctor's/nurse practitioner's office over the past 6 months, I was asked to talk about any problems with my medicines or their effects... <ul style="list-style-type: none"> - Almost never - Generally not - Sometimes - Most of the time - Always
	Timing and frequency of data release	N/A
	Comments	N/A

*Respondents in this case was limited to people with chronic conditions

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	Informing patients about medical errors
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of patients who report that the health professional involved told them a medical error had been made in their treatment
	Rating	4.20
DEFINITION & SOURCE INFORMATION	Numerator	Total number of respondents in the denominator who reported that the doctor or health professional involved told them that a medical error had been made in their treatment
	Denominator	<p>Number of respondents who have been given wrong medication/dose or thought a medical mistake was made in their treatment in the past two years</p> <p>Base (respondents who answer yes to any question): In the past 2 years, have you ever been given the wrong medication or wrong dose by a doctor, nurse, hospital or pharmacist?</p> <p>In the past two years, was there a time you thought a medical mistake was made in your treatment or care?</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ data source / data elements/ infrastructure requirements	<p>Measure source: Commonwealth Fund International Health Policy Survey 2013</p> <p>Data source: Commonwealth Fund International Health Policy Survey</p> <p>Survey question: Did the doctor or health professional involved tell you that a medical error had been made in your treatment?</p> <ul style="list-style-type: none"> - Yes - No - Not sure - Decline to answer
	Timing and frequency of data release	Every three years
	Comments	N/A

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	Incident reporting system
	Level of reporting	System level
	Availability	Measure currently not available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations that report having an incident reporting system to identify and address potentially serious adverse events
	Rating	5.00
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report having an incident reporting system to identify and address potentially serious adverse events
	Denominator	All respondents Excludes: - Don't know
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality Book of Tools System level potential data source: Organization-reported Proposed survey question: Do you have an incident reporting system to identify and address potentially serious adverse events? - Yes - No - Don't know
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	Necessary equipment and drugs to treat anaphylaxis
	Level of reporting	System level
	Availability	Measure currently not available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care practices/organizations that report having the equipment and in-date emergency drugs to treat anaphylaxis
	Rating	4.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report having the equipment and in-date emergency drugs to treat anaphylaxis
	Denominator	All respondents Excludes: - Don't know
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality and Outcome Framework Potential data source: Provider or organization-reported Proposed survey question: Does your practice/organization have the equipment and in-date emergency drugs to treat anaphylaxis? - Yes - No - Don't know
	Timing and frequency of data release	N/A
Comments		N/A

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	Monitoring of expiry dates of emergency drugs
	Level of reporting	System level
	Availability	Measure currently not available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care practices/organizations that report having a system to check the expiry dates of emergency drugs on at least an annual basis
	Rating	4.82
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report having a system to check the expiry dates of emergency drugs on at least an annual basis
	Denominator	All respondents Base: <ul style="list-style-type: none"> - Don't know - I think we have a process but I don't know how it works
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Quality and Outcome Framework Potential data source: Provider/organization-reported Proposed survey question: Does your practice/organization have a system for checking the expiry dates of emergency drugs on at least an annual basis? <ul style="list-style-type: none"> - Yes - No - Don't know
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	System for reporting medical errors
	Level of reporting	System level
	Availability	Measure currently not available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations that report having a process for reporting medical errors that is non-prejudicial and confidential
	Rating	4.91
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report having a non-prejudicial, confidential process within the practice for reporting medical errors.
	Denominator	All respondents Excludes: - Don't know
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Adapted from CIHI – Provider Survey Potential data source: Organization-reported Proposed survey question: Do you have a non-prejudicial, confidential process in your organization for reporting medical errors? - Yes - No - Don't know
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Recognition and management of adverse events including medical errors
MEASURE DESCRIPTION	Measure Name	System for reporting medical errors
	Level of reporting	System level
	Availability	Measure currently not available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations that report having a process for addressing medical errors that is non-prejudicial and confidential for staff members who may have made a medical error
	Rating	4.91
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report having a non-prejudicial, confidential process within the practice for reporting medical errors.
	Denominator	All respondents Excludes: - Don't know
	Measure source/ data source / data elements/ infrastructure requirements	Measure source: Adapted from CIHI – Provider Survey Potential data source: Organization-reported Proposed survey question: Do you have a process for addressing medical errors that is non-prejudicial and confidential for staff members who may have made a medical error? - Yes - No - Don't know
	Timing and frequency of data release	N/A
	Comments	N/A

Appendix 13: Appropriate Resources Domain – SMDs

Measurement Priority		Funding and Use of Electronic systems to link with other settings
MEASURE DESCRIPTION	Measure Name	Electronic transfer of prescriptions to a pharmacy
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of primary care physicians who reported being able to electronically transfer prescriptions to a pharmacy
	Rating	5.22
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report being able to electronically transfer prescriptions to a pharmacy
	Denominator	Number of respondents who report electronically prescribing medication Base (respondents who answered yes): Do you use any of the following technologies in your practice? - Electronic prescribing of medication
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2012 System level data source: Commonwealth Fund International Health Policy Survey 2012 Survey question: Are you able to electronically transfer prescriptions to a pharmacy? - Yes - No
	Timing and frequency of data release	Every three years
	Comments	N/A

Primary Care Provider remuneration by funding model (For System level)

Measurement Priority		Funds received by primary care practice (by category)
MEASURE DESCRIPTION	Measure Name	Funding of primary care organizations' operating costs
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations' funding of their operating costs that comes from: <ul style="list-style-type: none"> - Overhead charges to physicians - Private enterprises (companies, pharmacies, donations, foundations) - Fees charged to patients (e.g. fees to open or manage files) - Health system budget (hospital) - Infrastructure operating grant or government program
	Rating	4.22
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who report that the funding of their clinic operating cost comes from the following categories: <ul style="list-style-type: none"> - Overhead charges to physicians - Private enterprises (companies, pharmacies, donations, foundation) - Fees charged to patients (e.g. fees to open or manage files) - Health system budget (hospital) - Infrastructure operating grant or government program <i>Each reported separately</i>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: CIHI – Organizational Survey Potential data source: Organization-reported Survey question: Does the funding of your clinic's operating costs come from: <ul style="list-style-type: none"> - Overhead charges to physicians - Private enterprises (companies, pharmacies, donations, foundation) - Fees charged to patients (e.g. fees to open or manage files)? - Health system budget (hospital)? - Infrastructure operating grant or government program?

		<ul style="list-style-type: none"> - yes - no
	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	N/A

Measurement Priority		Funds received by primary care practice (by category)
MEASURE DESCRIPTION	Measure Name	Primary care overhead costs
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province)
	Measure description	Percentage of income that primary care physicians report spending on overhead
	Rating	4.33
DEFINITION & SOURCE INFORMATION	Numerator	Percentage of gross professional income that goes towards running the practice
	Denominator	All respondents Excludes: - N/A
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: National Physician Survey 2010 (NPS) System level potential data source: Provider-reported Survey question: What percentage of your gross professional income goes towards running your practice (e.g., part-time or full-time staff, leases/rent/mortgage, equipment leasing/rental, personal benefits, vehicles costs, professional fees, malpractice dues, other overhead expenses)? - % - N/A
	Timing and frequency of data release	Annually. (Latest data available in 2010)
	Comments	The NPS is a national physician survey that has a limited response rate and so may not be reflective of the entire population of providers; additionally data is only available for family physicians and general practitioners and does not include nurse practitioners. Beginning in 2012, NPS became an annual survey with each survey focusing on key topics that will change over time.

Measurement Priority		Healthy work environments and safety
MEASURE DESCRIPTION	Measure Name	Workplace safety of primary care providers
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who report that there are adequate provisions to ensure their safety in their workplace, by type of provider
	Rating	4.40
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of providers who report that there are currently adequate provisions to ensure their safety in their workplace, by type of provider</p> <ul style="list-style-type: none"> - FP/GP - Nurse practitioner - Registered nurse - Audiologist - Chiropractor - Dietitian - Occupational therapist - Pharmacist - Physiotherapist - Psychologist - Optometrist - Social worker - Speech-language pathologist - Other <p><i>Each reported separately</i></p>
	Denominator	<p>All respondents</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Don't know
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: Pan-Canadian Primary Health care Indicator Project: CIHI 2006</p> <p>Potential data source: Provider-reported</p> <p>Proposed survey question: Do you feel there are adequate provisions to ensure your safety within the practice in which you work?</p> <ul style="list-style-type: none"> - Yes - No - Don't know

	Timing and frequency of data release	N/A
	Comments	Data for nurses are potentially available from the National Survey of the Work and Health of Nurses – however, the survey was only completed once in 2005.

Measurement Priority		Healthy work environments and safety
MEASURE DESCRIPTION	Measure Name	Work absence due to primary care provider burnout
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who report missing two weeks or more of work due to burnout during the past 12 months, by type of provider
	Rating	4.60
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of providers who report having missed work due to burnout over the past 12 months, by the following types of providers:</p> <ul style="list-style-type: none"> - FP/GP - Nurse practitioner - Registered nurse - Audiologist - Chiropractor - Dietitian - Occupational therapist - Pharmacist - Physiotherapist - Psychologist - Optometrist - Social worker - Speech-language pathologist - Other <p><i>Each reported separately</i></p>
	Denominator	<p>All respondents</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Decline to answer

	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: Pan-Canadian Primary Health care Indicator Project: CIHI 2006 Potential data source: Provider-reported Proposed survey question: Have you missed work for 2 weeks or more over the past 12 months due to burnout? - Yes - No - Decline to answer
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Healthy work environments and safety
MEASURE DESCRIPTION	Measure Name	Workplace injury
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who report having a workplace-related injury during the past 12 months, by type of provider
	Rating	4.90
DEFINITION & SOURCE INFORMATION	Numerator	Number of providers who had a workplace related injury over the past 12months, by type of provider <ul style="list-style-type: none"> - FP/GP - Nurse practitioner - Registered nurse - Audiologist - Chiropractor - Dietitian - Occupational therapist - Pharmacist - Physiotherapist - Psychologist - Optometrist - Social worker - Speech-language pathologist

		- Other <i>Each reported separately</i>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: Pan-Canadian Primary Health care Indicator Project: CIHI 2006 Potential data source: Provider-reported Proposed survey question: Have you had a workplace related injury during the past 12 months? - Yes - No
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Healthy work environments and safety
MEASURE DESCRIPTION	Measure Name	Work-life balance
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who were satisfied with the overall quality of their work-life balance over the past 12 months, by type of provider
	Rating	4.70
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of providers who were satisfied with the overall quality of work life balance over the past 12 months, by type of provider:</p> <ul style="list-style-type: none"> - FP/GP - Nurse practitioner - Registered nurse - Audiologist - Chiropractor - Dietitian - Occupational therapist - Pharmacist - Physiotherapist - Psychologist - Optometrist - Social worker - Speech-language pathologist - Other <p><i>Each reported separately</i></p>
	Denominator	<p>All respondents</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Don't know
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: Pan-Canadian Primary Health care Indicator Project: CIHI 2006</p> <p>Potential data source: Provider-reported</p> <p>Proposed survey question: Are you satisfied with the overall quality of your work-life balance over the past 12 months?</p> <ul style="list-style-type: none"> - Yes - No - Don't know

	<i>Timing and frequency of data release</i>	N/A
	<i>Comments</i>	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Team-based primary care practice
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who report practicing with a team
	Rating	5.00
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported practicing with a team
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: CIHI – Provider survey</p> <p>Potential data source: Provider-reported</p> <p>Survey question: Do you practise with a team (that is, work with other physicians, nurses or other allied health professionals at the same practice site)?</p> <ul style="list-style-type: none"> - yes - no
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Completeness of the primary care physician team
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations reporting that their primary care physician team is complete
	Rating	5.00
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents reporting that their family physician team is complete
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: CIHI – Provider survey Potential data source: Organization-reported Survey question: Is your family physician team complete? - yes - no
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Administrative staff complement
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Average number of full-time-equivalent administrative staff working in primary care practices
	Rating	4.67
DEFINITION & SOURCE INFORMATION	Numerator	Number of FTE administrative staff reported by respondents <i>This measure will be reported as some measure of the distribution (e.g., mean, median, percentile)</i>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: CIHI – Organization survey Potential data source: Organization-reported Survey question: How many full-time-equivalent administrative staff (for example, managerial, clerical, reception) currently work at your clinic?
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Clinical staff complement
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Average number and full-time equivalents of clinical staff working in primary care practices, by clinical discipline
	Rating	4.78
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number and FTEs of clinical staff in the following categories:</p> <ul style="list-style-type: none"> - Nurse practitioner - Registered nurse: - Audiologist: - Chiropractor: - Dietitian: - Occupational therapist: - Physician assistant - Psycho-geriatric: - Pharmacist: - Physiotherapist: - Psychologist - Optometrist: - Social worker: - Speech-language pathologist: - Respiratory therapist: - Other <p><i>Each measure (number of clinical staff and FTEs) will be reported separately as some measure of the distribution (e.g., mean, median, percentile)</i></p>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: CIHI – Organization survey</p> <p>Potential data source: Organization-reported</p> <p>Survey question: Please complete the number of staff in your clinic and their FTEs:</p> <ul style="list-style-type: none"> - Nurse practitioner - Registered nurse: - Audiologist: - Chiropractor:

		<ul style="list-style-type: none"> - Dietitian: - Occupational therapist: - Physician assistant - Psycho-geriatric: - Pharmacist: - Physiotherapist: - Psychologist - Optometrist: - Social worker: - Speech-language pathologist: - Respiratory therapist: - Other
	<i>Timing and frequency of data release</i>	<ul style="list-style-type: none"> - # - FTEs
	<i>Comments</i>	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Number of full-time equivalent non-physician health care providers
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Average number of full-time-equivalent non-physician providers working in primary care practices
	Rating	5.00
DEFINITION & SOURCE INFORMATION	Numerator	Number of non-physician full-time-equivalent health care providers (nurses, therapists or other clinicians) in the practice
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: Commonwealth Fund International Health Policy Survey 2012</p> <p>Data source: Commonwealth Fund International Health Policy Survey 2012</p> <p>Survey question: How many non-physician full-time-equivalent health care providers (nurses, therapists or other clinicians) are in your practice?</p>
	Timing and frequency of data release	Every three years
	Comments	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Physician complement
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Average number of full-time-equivalent physicians working in primary care practices
	Rating	5.00
DEFINITION & SOURCE INFORMATION	Numerator	Number of full time equivalent doctors in the practice reported by respondents.
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: Commonwealth Fund International Health Policy Survey 2012</p> <p>Data source: Commonwealth Fund International Health Policy Survey 2012</p> <p>Survey question: How many full time equivalent (FTE) doctors, including yourself, are in your practice?</p>
	Timing and frequency of data release	Every three years
	Comments	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Use of locums
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province)
	Measure description	Percentage of primary care physicians who, during the last year: <ul style="list-style-type: none"> - Used any locum tenens - Personally provided locum tenens services for another physician
	Rating	4.43
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that in the last year, they have : <ul style="list-style-type: none"> - used any locum tenens - personally provided locum tenens services for another physician <i>Each reported separately</i>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: National Physician Survey 2010 (NPS) Data source: National Physician Survey 2010 (NPS) (see comment) Survey question: In the last year, have you: <ul style="list-style-type: none"> - used any locum tenens <ul style="list-style-type: none"> o yes o no, locum not available o no, locum not needed - Personally provided locum tenens services for another physician? <ul style="list-style-type: none"> o yes o no
	Timing and frequency of data release	Annually. (Latest data available in 2010)
	Comments	The NPS is a national physician survey has a limited response rate and so may not be reflective of the entire population of providers. Beginning in 2012, NPS became an annual survey with each survey focusing on key topics that will change over time.

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Primary care physicians' hours of work per week
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Primary care physicians' average hours of medical practice per week
	Rating	4.78
DEFINITION & SOURCE INFORMATION	Numerator	Total estimated medical practice hours a week that the respondents reported.
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure name: Commonwealth Fund International Health Policy Survey 2012 Data source: Commonwealth Fund International Health Policy Survey 2012 Survey question: Thinking about your medical practice, estimate how many hours a week you typically work.
	Timing and frequency of data release	Every three years
	Comments	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Primary care physicians time in face-to-face contact with patients
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of time that primary care physicians report spending in face-to-face contact with patients in a typical week
	Rating	4.56
DEFINITION & SOURCE INFORMATION	Numerator	Percentage of time that respondents report spending on face-to-face contacts with patients in a typical week
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure name: Commonwealth Fund International Health Policy Survey 2012</p> <p>Data source: Commonwealth Fund International Health Policy Survey 2012</p> <p>Survey question: In a typical week, about what percentage of time do you spend on face-to-face contacts with patients?</p>
	Timing and frequency of data release	Every three years
	Comments	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Size of primary care physician practices
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Average number of patients that primary care physicians report taking care of in their practice.
	Rating	4.67
DEFINITION & SOURCE INFORMATION	Numerator	The estimated number of patients that the respondent reported currently taking care of in their practice. <i>This measure will be reported as some measure of the distribution (e.g., mean, median, percentile)</i>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure name: Commonwealth Fund International Health Policy Survey 2012 Data source: Commonwealth Fund International Health Policy Survey 2012 Survey question: How many patients do you currently take care of in your practice?
	Timing and frequency of data release	Every three years
	Comments	N/A

Measurement Priority		Human resources availability composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Use of primary care providers' full scope of practice
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who report that, over the course of a year they use: <ul style="list-style-type: none"> - little of their full scope of practice - about half of their full scope of practice - most of their scope of practice - their full scope of practice
	Rating	4.14
DEFINITION & SOURCE INFORMATION	Numerator	Number of respondents who reported that over the course of a year they use: <ul style="list-style-type: none"> - little of their full scope of practice - about half of their full scope of practice - most of their scope of practice - their full scope of practice <i>Reported separately</i>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: CIHI – Provider survey Potential data source: Provider-reported Survey question: How much of your scope of practice do you actually use over the course of a year? <ul style="list-style-type: none"> - I use little of my full scope of practice - I use about half of my full scope of practice - I use most of my full scope of practice - I use my full scope of practice
	Timing and frequency of data release	N/A
	Comments	N/A

Measurement Priority		Human resources availability, composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Factors increasing the demand for primary care physicians' time
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province)
	Measure description	<p>Percentage of primary care physicians who report that the following factors are increasing the demand for their time at work:</p> <ul style="list-style-type: none"> - Aging patient population - Increasing complexity of patient caseload - Management of patients with chronic diseases/conditions - Increasing patient expectations - Increasing administrative workload/paperwork - Lack of availability of local/regional physician services in my specialty - Lack of availability of local-regional physician services in other specialities - Lack of availability of other local/regional health care professional services - Medical liability concerns - Other - None of the above
	Rating	4.44
DEFINITION & SOURCE INFORMATION	Numerator	<p>Factors identified by respondents as increasing the demand for their time at work:</p> <ul style="list-style-type: none"> - Aging patient population - Increasing complexity of patient caseload - Management of patients with chronic diseases/conditions - Increasing patient expectations - Increasing administrative workload/paperwork - Lack of availability of local/regional physician services in my specialty - Lack of availability of local-regional physician services in other specialities - Lack of availability of other local/regional health care professional services - Medical liability concerns - Other - None of the above <p><i>Each reported separately</i></p>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: National Physician Survey 2010</p> <p>Data source: National Physician Survey 2010</p> <p>Survey question: Please indicate which of the following factors are increasing the</p>

		<p>demand for your time at work.</p> <ul style="list-style-type: none"> - Aging patient population - Increasing complexity of patient caseload - Management of patients with chronic diseases/conditions - Increasing patient expectations - Increasing administrative workload/paperwork - Lack of availability of local/regional physician services in my specialty - Lack of availability of local-regional physician services in other specialties - Lack of availability of other local/regional health care professional services - Medical liability concerns - Other - None of the above
	Timing and frequency of data release	Annually. (Latest data available in 2010)
	Comments	The NPS is a national physician survey that has a limited response rate and so may not be reflective of the entire population of providers; additionally data is only available for family physicians and general practitioners and does not include nurse practitioners. Beginning in 2012, NPS became an annual survey with each survey focusing on key topics that will change over time.

Measurement Priority		Human resources availability, composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Primary care providers' average weekly work hours - excluding on-call activities - by type of activity
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province)
	Measure description	<p>Average weekly hours that primary care physicians report spending on the following activities:</p> <ul style="list-style-type: none"> - Direct patient care without a teaching component - Direct patient care with a teaching component - Teaching/education without direct patient care - Indirect patient care - Health facility committees - Administration - Research - Managing their practice - Continuing medical education/professional development - Other
	Rating	5.00
	Numerator	Number of hours in an average week that respondents/physicians reported usually spending on the following activities:

DEFINITION & SOURCE INFORMATION		<ul style="list-style-type: none"> - Direct patient care without a teaching component, regardless of setting - Direct patient care with a teaching component, regardless of setting - Teaching education without direct patient care (contact with students/residents, preparation, marking, evaluations, etc.) - Indirect patient care (charting, reports, phone calls, meeting patients' family, etc.) - Health facility committees (academic planning committees) - Administration (i.e., management of university program, chief of staff, department head, Ministry of Health, etc.) - Research (including management of research and publications) - Managing your practice (staff, facility, equipment, etc.) - Continuing medical education/professional development (courses, reading, videos, tapes, seminars, etc.) - Other (participation in professional or specialty organizations, medico-legal activities, etc.) <p><i>Each reported separately as some measure of the distribution (e.g., mean, median, percentile)</i></p>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: National Physician Survey 2010</p> <p>Data source: National Physician Survey 2010</p> <p>Survey question: Excluding on-call activities, how many hours in an average week do you usually spend on the following activities? (Assume each activity is mutually exclusive for reporting purposes, i.e. if an activity spans two categories; please report hours in only one category.)</p> <ul style="list-style-type: none"> - Direct patient care without a teaching component, regardless of setting - Direct patient care with a teaching component, regardless of setting - Teaching education without direct patient care (contact with students/residents, preparation, marking, evaluations, etc.) - Indirect patient care (charting, reports, phone calls, meeting patients' family, etc.) - Health facility committees (academic planning committees) - Administration (i.e., management of university program, chief of staff, department head, Ministry of Health, etc.) - Research (including management of research and publications) - Managing your practice (staff, facility, equipment, etc.) - Continuing medical education/professional development (courses, reading, videos, tapes, seminars, etc.) - Other (participation in professional or specialty organizations, medico-legal activities, etc.)

		please specify: _____
	<i>Timing and frequency of data release</i>	Annually. (Latest data available in 2010)
	<i>Comments</i>	The NPS is a national physician survey that has a limited response rate and so may not be reflective of the entire population of providers; additionally data is only available for family physicians and general practitioners and does not include nurse practitioners. Beginning in 2012, NPS became an annual survey with each survey focusing on key topics that will change over time.

Measurement Priority		Human resources availability, composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Frequency of use and impact of continuing professional education methods
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province)
	Measure description	Average frequency of use and impact on primary care physicians' practices of their continuing professional education activities
	Rating	4.44
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of respondents who reported the frequency of use and impact of the following continuing professional education methods on their practice:</p> <ul style="list-style-type: none"> - Attending live accredited conferences, courses or events in person - Attending live unaccredited conferences, courses or events in person - Reading peer-reviewed journals - Reading non peer-reviewed medical publications - Using evidence-based resources (e.g., clinical practice guidelines, data repositories) - Using computer-based, offline education (e.g., CD-ROM, DVD) - Using internet-based education /eLearning (e.g., online courses, webinars) - Participating in hospital/clinical rounds, journal clubs and other small group activities - Doing self-assessment activities (e.g., multiple choice questions, practice portfolios, CME logs, multi-source feedback) - Undergoing practice audits - Using stimulation (e.g., full/partial task simulators, virtual reality, standardized patients, role play) - Other, please specify: <p>Based on the following scale:</p> <p>Frequency: 1=never 2=once a year 3=once every six months 4=once a month 5=more than once a month</p> <p>Impact: 1=very insignificant 2= somewhat insignificant 3=neutral</p>

		4=somewhat significant 5= very significant DU=don't use <i>Each measure (frequency of use and impact) will be reported separately with some pre-defined value or cut-off</i>
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: National Physician Survey 2010 Data source: National Physician Survey 2010 Survey question: Please indicate the frequency of use and impact of the following continuing professional education methods: <ul style="list-style-type: none"> - Attending live accredited conferences, courses or events in person - Attending live unaccredited conferences, courses or events in person - Reading peer-reviewed journals - Reading non peer-reviewed medical publications - Using evidence-based resources (e.g., clinical practice guidelines, data repositories) - Using computer-based, offline education (e.g., CD-ROM, DVD) - Using internet-based education /eLearning (e.g., online courses, webinars) - Participating in hospital/clinical rounds, journal clubs and other small group activities - Doing self-assessment activities (e.g., multiple choice questions, practice portfolios, CME logs, multi-source feedback) - Undergoing practice audits - Using stimulation (e.g., full/partial task simulators, virtual reality, standardized patients, role play) - Other, please specify: Frequency: 1=never 2=once a year 3=once every six months 4=once a month 5=more than once a month Impact: 1=very insignificant 2= somewhat insignificant 3=neutral 4=somewhat significant 5= very significant DU=don't use

	<i>Timing and frequency of data release</i>	Annually (Latest data available in 2010)
	<i>Comments</i>	The NPS is a national physician survey that has a limited response rate and so may not be reflective of the entire population of providers; additionally data is only available for family physicians and general practitioners and does not include nurse practitioners. Beginning in 2012, NPS became an annual survey with each survey focusing on key topics that will change over time.

Measurement Priority		Human resources availability, composition (skills mix) and optimized scope of practice
MEASURE DESCRIPTION	Measure Name	Organizational support for primary care providers to participate in continuing professional development, by type of primary care provider
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who report that their organization provides them with support (financial, time, other) to participate in continuing professional development, by type of provider
	Rating*	N/A
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of respondents who reported that their organization provides them with support (financial, time, other) to participate in continuing professional development, by type of primary care provider:</p> <ul style="list-style-type: none"> - GP/FP - NP - RN - OT - PT - Pharmacist - Other professionals- specify (i.e., dietician, psychologist, chiropracist, etc.)
	Denominator	<p>All respondents</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: Modified - Program Evaluation Framework: Alberta</p> <p>Potential data source: Provider-reported</p> <p>Proposed survey question: Does your organization provides you with support (financial, time, and other) to participate in continuing professional development in the last year?</p> <ul style="list-style-type: none"> - Yes - No - Not sure - Decline to answer <p>For reporting by physician type:</p> <ul style="list-style-type: none"> - To which of the following categories do you belong?

		<ul style="list-style-type: none"> - GP/FP, - NP, - RN, - OT, - PT, - Pharmacist, and - Other professionals- specify (i.e., dietician, psychologist, chiropodist, etc.).
	Timing and frequency of data release	N/A
	Comments	N/A

*This measure was not rated as it was identified after the rating process

Measurement Priority		Practice improvement and planning
MEASURE DESCRIPTION	Measure Name	Primary care providers' involvement in quality improvement initiatives
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care providers who report that they are involved in quality improvement initiatives in their practice <ul style="list-style-type: none"> - Regularly - Infrequently
	Rating*	N/A
DEFINITION & SOURCE INFORMATION	Numerator	Number of primary care providers who reported being involved in any quality improvement initiatives in their practice
	Denominator	All respondents
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: CIHI - Provider Survey Potential data source: Provider-reported Survey question: Are you involved in any quality improvement initiatives in your practice? <ul style="list-style-type: none"> - Yes, regularly - Yes, infrequently - No, but plan to be soon - No
	Timing and frequency of data release	N/A
	Comments	TWG recommends specific quality improvement initiatives be specified in the question.

*This measure was not rated as it was identified after the rating process

Measurement Priority		Practice improvement and planning
MEASURE DESCRIPTION	Measure Name	Primary care providers who routinely receive and review the data on their patient care
	Level of reporting	System level
	Availability	Measure currently available but modified wording recommended (Province/Other provinces/Canada/International)
	Measure description	Percentage of primary care physicians who report that their practice routinely receives and reviews data on the following aspects of their patients' care: <ul style="list-style-type: none"> - clinical outcomes - surveys of patient satisfaction and experiences with care - patients hospital admissions or emergency department use - the frequency of ordering diagnostic tests; - the frequency of various conditions - the frequency of referrals to specialists/specialized services
	Rating*	N/A
DEFINITION & SOURCE INFORMATION	Numerator	Number of primary care providers who report their practice routinely receives and reviews data on the following aspects of their patient's care: <ul style="list-style-type: none"> - Clinical outcomes (e.g., percent of diabetics or asthmatics with good control) - Surveys of patient satisfaction and experiences with care - Patients hospital admissions or emergency department use - The frequency of ordering diagnostics tests - The frequency of various conditions/diagnoses - The frequency of referrals to specialists/specialized services <i>Each reported separately</i>
	Denominator	All respondents Excludes: <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: Modified - Commonwealth Fund International Health Policy Survey 2012 Potential data source: Provider-reported

		<p>Proposed survey question: Does the place where you practice routinely receive and review data on the following aspects of your patients care?</p> <ul style="list-style-type: none"> - Clinical outcomes (e.g., percent of diabetics or asthmatics with good control) - Surveys of patient satisfaction and experiences with care - Patients hospital admissions or emergency department use - The frequency of ordering diagnostics tests - The frequency of various conditions - The frequency of referrals to specialists/specialized services <ul style="list-style-type: none"> - yes - no - Not sure - Decline to answer <p>Original survey question: Does the place where you practice routinely receive and review data on the following aspects of your patients care?</p> <ul style="list-style-type: none"> - Clinical outcomes (e.g., percent of diabetics or asthmatics with good control) - Surveys of patient satisfaction and experiences with care - Patients hospital admissions or emergency department use - The frequency of ordering diagnostics tests. <ul style="list-style-type: none"> - yes - no - Not sure - Decline to answer
	Timing and frequency of data release	Every three years
	Comments	N/A

*This measure was not rated as it was identified after the rating process

Measurement Priority		Practice improvement and planning
MEASURE DESCRIPTION	Measure Name	Review of clinical performance against targets
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of primary care physicians who report that they review some areas of clinical performance against targets, at least annually
	Rating*	N/A
DEFINITION & SOURCE INFORMATION	Numerator	Number of primary care providers who report that they review some areas of their clinical performance against targets at least annually
	Denominator	All respondents Excludes: - Not sure - Decline to answer
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2012 Data source: Commonwealth Fund International Health Policy Survey 2012 Survey question: Are any areas of clinical performance reviewed against targets at least annually? - Yes - No - Not sure - Decline to answer
	Timing and frequency of data release	Every three years
	Comments	N/A

*This measure was not rated as it was identified after the rating process

Measurement Priority		Practice improvement and planning
MEASURE DESCRIPTION	Measure Name	Comparison clinical performance to the performance of other practices
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (Province/Other provinces/Canada/International)
	Measure description	Percentage of primary care physicians who report that they receive information on how the clinical performance of their practice compares to other practices: <ul style="list-style-type: none"> - Routinely - Occasionally
	Rating*	N/A
DEFINITION & SOURCE INFORMATION	Numerator	Number of primary care providers who reported that they routinely or occasionally receive information on how the clinical performance of their practice compares to other practices
	Denominator	All respondents Excludes: <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: Commonwealth Fund International Health Policy Survey 2012 Data source: Commonwealth Fund International Health Policy Survey 2012 Survey question: Do you receive information on how the clinical performance of your practice compares to other practices? Would you say <ul style="list-style-type: none"> - Yes, routinely - Yes, occasionally - No - Not sure - Decline to answer
	Timing and frequency of data release	Every three years
	Comments	N/A

*This measure was not rated as it was identified after the rating process

Measurement Priority		Practice improvement and planning
MEASURE DESCRIPTION	Measure Name	Community input for planning primary care services
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations reporting that they have processes to obtain community input for planning the organization's services
	Rating*	N/A
DEFINITION & SOURCE INFORMATION	Numerator	Number of PHC organizations who currently have processes to obtain community input into planning the organization's services (e.g. advisory committees, focus groups)
	Denominator	All respondents Excludes: - Not sure - Decline to answer
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: Pan - Canadian Primary Health Care Indicator Project: CIHI 2006 Potential data source: Organization-reported Proposed survey question: Does your primary care organization have processes to obtain community input for planning the organization's services (e.g. advisory committees, focus groups)? - Yes - No - Not sure - Declined to answer
	Timing and frequency of data release	N/A
	Comments	N/A

*This measure was not rated as it was identified after the rating process

Measurement Priority		Practice improvement and planning
MEASURE DESCRIPTION	Measure Name	Changes in clinical practice as a result of quality improvement initiatives
	Level of reporting	System level
	Availability	Measure not currently available; new infrastructure required for data collection, analysis and reporting (province/LHIN)
	Measure description	Percentage of primary care organizations reporting that they implemented one or more changes in clinical practice as a result of quality-improvement initiatives during the past 12 months
	Rating*	N/A
DEFINITION & SOURCE INFORMATION	Numerator	Number of primary care organizations that implemented at least one or more changes in clinical practice as a result of quality improvement initiatives over the past 12 months
	Denominator	<p>Number of primary health care organization survey with quality initiatives implemented In the past 12 months</p> <p>Base (respondents who answered yes): Did your organization implement quality initiative in the past 12 months</p> <p>Excludes:</p> <ul style="list-style-type: none"> - Not sure - Decline to answer
	Measure source/ Data source /data elements/ infrastructure requirements	<p>Measure source: Pan - Canadian Primary Health Care Indicator Project: CIHI 2006</p> <p>Potential data source: Organization-reported</p> <p>Proposed survey question: Did your organization make one or more changes to your clinical practice as a result of quality improvement initiatives over the past 12 months?</p> <ul style="list-style-type: none"> - Yes, - No - Don't know - Decline to answer
	Timing and frequency of data release	N/A
	Comments	N/A

*This measure was not rated as it was identified after the rating process

Measurement Priority		Comprehensive scope of practice
MEASURE DESCRIPTION	Measure Name	Primary care physicians providing comprehensive care
	Level of reporting	System level
	Availability	Measure currently reported in recommended form (province/LHIN)
	Measure description	Percentage of primary care physicians who provide a broad scope of primary care physician services
	Rating*	N/A
DEFINITION & SOURCE INFORMATION	Numerator	<p>Number of GP/FPs that comply with any of the following criteria:</p> <ul style="list-style-type: none"> - working in PEMs - not working in PEMs and not in focused practice but billing 7 or more activity areas <p>Activity areas:</p> <ul style="list-style-type: none"> - Mini/minor assessments - General assessments/re-assessments - Intermediate assessments - Annual health exam –child - Geriatric care - Primary mental health care - Hospital care - House calls - Chronic care/long-term care visits - Emergency department or equivalent - Vision care - Palliative care - Flu shots - Other immunization - Office lab procedures - Allergy shots - Other injections - Pap smears - Anticoagulant therapy - Pre-operative assessment - Diabetes management - Smoking secession
	Denominator	Physicians with functional status as GP/FP

		Excludes: <ul style="list-style-type: none"> - GP/FPs in focused practice - GP/FPs who did not work at least 1 day a week
	Measure source/ Data source /data elements/ infrastructure requirements	Measure source: ICES Data source: OHIP, provided by ICES
	Timing and frequency of data release	Potentially available annually
	Comments	N/A

*This measure was not rated as it was identified after the rating process

Appendix 14: Recommended Population Characteristics for Assessing Primary Care Equity

Age			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data
<p><u>Registered Persons Database (RPDB)</u> “BDATE” – Birth date on RPDB</p> <p><u>Canadian Institute for Health Information-Discharge Abstract Database (CIHI-DAD)</u> “AGE” – Age in years “AGECAT” – Age category “AGEGR” – Age group</p>	<p><u>Canadian Community Health Survey (CCHS)</u> ANDB_Q01 – “What is [patients name]’s age?” [] [] [] Age in years (MIN: 0) (MAX: 130) (DK, RF are not allowed)</p> <p><u>Health Care Experience Survey (MOHLTC)</u> Sociodemographics: yr_birth – “In what year were you born?” 1900-1997 enter year Don’t know Refuse</p>	<p><u>Registered Persons Database (RPDB)</u> “BDATE” – Birth date on RPDB</p> <p><u>Canadian Institute for Health Information-Discharge Abstract Database (CIHI-DAD)</u> “AGE” – Age in years “AGECAT” – Age category “AGEGR” – Age group</p>	<p>“In what year were you born?”</p>
Gender / Sex			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data

Registered Persons Database (RPDB) “SEX” – Sex listed on RPDB Canadian Institute for Health Information-Discharge Abstract Database (CIHI-DAD) “SEX” – Sex listed on CIHI-DAD	Canadian Community Health Survey (CCHS) SEX_Q01 – “Enter [patients name]’s sex.” 1 Male 2 Female (DK, RF are not allowed) Health Care Experience Survey (MOHLTC) Warm-up Questions: “Enter respondent’s gender please” 1 Male 5 Female d Don’t know	Registered Persons Database (RPDB) “SEX” – Sex listed on RPDB Canadian Institute for Health Information-Discharge Abstract Database (CIHI-DAD) “SEX” – Sex listed on CIHI-DAD	What is your gender? Female Intersex Male Trans-female to male Trans-male to female Other Prefer not to answer Don’t know Source: Toronto Central LHIN Equity Core & Optional Questions <i>Note: This question was taken from a pilot survey and will be updated pending feedback.</i>
Urban/rural location			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data
Statistics Canada (based on postal code) Metropolitan Area and Census Agglomeration Influenced Zones (MIZ) 1 =Census Metropolitan Area (CMA)/Census Agglomeration (CA); 2 = Strong MIZ; 3 = Moderate MIZ; 4 = Weak MIZ; 5 = No MIZ Census subdivisions (CSDs) outside CMAs and CAs are classified into one of four categories listed below according to the degree of influence that CMAs and CAs have on them. CSDs are assigned to one	Statistics Canada (based on postal code) Metropolitan Area and Census Agglomeration Influenced Zones (MIZ) 1 =Census Metropolitan Area (CMA)/Census Agglomeration (CA); 2 = Strong MIZ; 3 = Moderate MIZ; 4 = Weak MIZ; 5 = No MIZ Census subdivisions (CSDs) outside CMAs and CAs are classified into one of four categories listed below according to the degree of influence that CMAs and CAs have on them. CSDs are assigned to one	(based on postal code) Metropolitan Area and Census Agglomeration Influenced Zones (MIZ) 1 =Census Metropolitan Area (CMA)/Census Agglomeration (CA); 2 = Strong MIZ; 3 = Moderate MIZ; 4 = Weak MIZ; 5 = No MIZ Census subdivisions (CSDs) outside CMAs and CAs are classified into one	(based on postal code) Metropolitan Area and Census Agglomeration Influenced Zones (MIZ) 1 =Census Metropolitan Area (CMA)/Census Agglomeration (CA); 2 = Strong MIZ; 3 = Moderate MIZ; 4 = Weak MIZ; 5 = No MIZ Census subdivisions (CSDs) outside CMAs and CAs are classified into one of four categories listed

<p>(CSDs) outside CMAs and CAs are classified into one of four categories listed below according to the degree of influence that CMAs and CAs have on them. CSDs are assigned to one of the following categories based on the percentage of their resident employed labour force that work in the urban core of any CMA and CA:</p> <ul style="list-style-type: none"> • Strongly influenced at 30% or more • Moderately influenced at more than 5% but less than 30% • Weakly influenced at more than 0% but less than 5% • Not influenced at 0% 	<p>of the following categories based on the percentage of their resident employed labour force that work in the urban core of any CMA and CA:</p> <ul style="list-style-type: none"> • Strongly influenced at 30% or more • Moderately influenced at more than 5% but less than 30% • Weakly influenced at more than 0% but less than 5% • Not influenced at 0% 	<p>of four categories listed below according to the degree of influence that CMAs and CAs have on them.</p> <p>CSDs are assigned to one of the following categories based on the percentage of their resident employed labour force that work in the urban core of any CMA and CA:</p> <ul style="list-style-type: none"> • Strongly influenced at 30% or more • Moderately influenced at more than 5% but less than 30% • Weakly influenced at more than 0% but less than 5% • Not influenced at 0% <p>Source: Statistics Canada</p>	<p>below according to the degree of influence that CMAs and CAs have on them.</p> <p>CSDs are assigned to one of the following categories based on the percentage of their resident employed labour force that work in the urban core of any CMA and CA:</p> <ul style="list-style-type: none"> • Strongly influenced at 30% or more • Moderately influenced at more than 5% but less than 30% • Weakly influenced at more than 0% but less than 5% • Not influenced at 0% <p>Source: Statistics Canada</p>
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Ethno-cultural Identify

Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data
Not generally available in administrative	Canadian Community Health Survey (CCHS) SDC_Q4A – “To which	Use measure from linked survey when	“To which ethnic or cultural groups did your ancestors

data except when linked at the individual level to survey data (e.g., CCHS)	ethnic or cultural groups did your ancestors belong?" 01 Canadian 02 French 03 English 04 German 05 Scottish 06 Irish 07 Italian 08 Ukrainian 09 Dutch (Netherlands) 10 Chinese 11 Jewish 12 Polish 13 Portuguese 14 South Asian (e.g. East Indian, Pakistani, Sri Lankan) 15 Norwegian 16 Welsh 17 Swedish 18 First Nations (North American Indian) 19 Métis 20 Inuit 21 Other - Specify (Go to SDC_S4A) DK, RF	available	belong?" 01 Canadian 02 French 03 English 04 German 05 Scottish 06 Irish 07 Italian 08 Ukrainian 09 Dutch (Netherlands) 10 Chinese 11 Jewish 12 Polish 13 Portuguese 14 South Asian (e.g. East Indian, Pakistani, Sri Lankan) 15 Norwegian 16 Welsh 17 Swedish 18 First Nations (North American Indian) 19 Métis 20 Inuit 21 Other - Specify (Go to SDC_S4A) DK, RF <i>Source: CCHS</i>
Disability			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data

Not generally available in administrative data except when linked at the individual level to survey data (e.g., CCHS)	<p>Canadian Community Health Survey (CCHS)</p> <p>Activity-limiting disability: Number of activities that are limited because of individual's long-term physical or mental condition or health problem, out of the following 4 kinds of activity: 1) at home, 2) at school, 3) at work, 4) other activities such as transportation to or from work or leisure time activities</p> <p>RAC_Q2A RAC_2A INTERVIEWER: Read categories to respondent. Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do: ... at home? 1 Sometimes 2 Often 3 Never DK RF (Go to RAC_END)</p> <p>RAC_Q2B_1 RAC_2B1 (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:) ... at school? 1 Sometimes 2 Often</p>	Use measure from linked survey when available	<p>Activity-limiting disability: Number of activities that are limited because of individual's long-term physical or mental condition or health problem, out of the following 4 kinds of activity: 1) at home, 2) at school, 3) at work, 4) other activities such as transportation to or from work or leisure time activities</p> <p>RAC_Q2A RAC_2A INTERVIEWER: Read categories to respondent. Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do: ... at home? 1 Sometimes 2 Often 3 Never DK RF (Go to RAC_END)</p> <p>RAC_Q2B_1 RAC_2B1 (Does a long-term physical condition or mental condition or health problem, reduce</p>
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	<p>3 Never 4 Does not attend school DK RF (Go to RAC_END)</p> <p>RAC_Q2B_2 RAC_2B2 (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:) ... at work? 1 Sometimes 2 Often 3 Never 4 Does not work at a job DK RF (Go to RAC_END)</p> <p>RAC_Q2C RAC_2C (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:) ... in other activities, for example, transportation or leisure? 1 Sometimes 2 Often 3 Never DK RF (Go to RAC_END)</p>		<p>the amount or the kind of activity ^YOU1 can do:) ... at school? 1 Sometimes 2 Often 3 Never 4 Does not attend school DK RF (Go to RAC_END)</p> <p>RAC_Q2B_2 RAC_2B2 (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:) ... at work? 1 Sometimes 2 Often 3 Never 4 Does not work at a job DK RF (Go to RAC_END)</p> <p>RAC_Q2C RAC_2C (Does a long-term physical condition or mental condition or health problem, reduce the amount or the kind of activity ^YOU1 can do:) ... in other activities, for example, transportation or</p>
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			leisure? 1 Sometimes 2 Often 3 Never DK RF (Go to RAC_END) Source: CCHS
Social support			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data

<p>Not generally available in administrative data except when linked at the individual level to survey data (e.g., CCHS)</p>	<p>Canadian Community Health Survey (CCHS) SPS_R01 (optional) - The next questions are about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people.”</p> <ul style="list-style-type: none"> • There are people I can depend on to help me if I really need it. • There are people who enjoy the same social activities I do. • I have close relationships that provide me with a sense of emotional security and wellbeing. • There is someone I could talk to about important decisions in my life. • I have relationships where my competence and skill are recognized. • There is a trustworthy person I could turn to for advice if I were having problems. • I feel part of a group of people who share my attitudes and beliefs. • I feel a strong emotional bond with at least one other person. • There are people who admire my talents and abilities. • There are people I can count on in an emergency. 	<p>Use measure from linked survey when available</p>	<p>The next questions are about your current relationships with friends, family members, co-workers, community members, and so on. Please indicate to what extent each statement describes your current relationships with other people.”</p> <ul style="list-style-type: none"> • There are people I can depend on to help me if I really need it. • There are people who enjoy the same social activities I do. • I have close relationships that provide me with a sense of emotional security and wellbeing. • There is someone I could talk to about important decisions in my life. • I have relationships where my competence and skill are recognized. • There is a trustworthy person I could turn to for advice if I were having problems. • I feel part of a group of people who share my attitudes and beliefs.
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	<p>1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree DK, RF</p> <p>The variable 'SPSDCON', based on responses to the items above, is used to measure the overall score for the Social Provisions Scale. The score is calculated by inverting the scores to each of the items and adding them. The range is 10-40, where a higher score reflects a higher level of perceived social support.</p>		<ul style="list-style-type: none"> • I feel a strong emotional bond with at least one other person. • There are people who admire my talents and abilities. • There are people I can count on in an emergency. <p>1 Strongly agree 2 Agree 3 Disagree 4 Strongly disagree DK, RF</p> <p>The variable 'SPSDCON', based on responses to the items above, is used to measure the overall score for the Social Provisions Scale. The score is calculated by inverting the scores to each of the items and adding them. The range is 10-40, where a higher score reflects a higher level of perceived social support.</p> <p>Source: CCHS</p>
Income			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data

<p>Neighbourhood /household income quintile – based on Census data and postal code</p> <p><u>Registered Persons Database (RPDB)</u> Using “Incquint” Income quintile variable, from RPDB</p> <p>Average neighbourhood income is calculated by Statistics Canada and is updated every five years when new Census data become available. Income is calculated using the neighbourhood income per person equivalent (IPPE), which is a household size adjusted measure of household income based on 2006 census summary data at the dissemination area level and using person-equivalents implied by the 2006 low income cut-offs. Average income estimates</p>	<p><u>Health Care Experience Survey (MOHLTC)</u> inc1. Could you please tell me how much income you and other members of your household received in the year ending December 31st 2012, before taxes. Please include income from all sources such as savings, pensions, rent, as well as wages. To the nearest thousand dollars, what was your total household income before taxes and other deductions were made? 0 less than one thousand dollars 1-997 enter amount (2 for \$2,000, 20 for \$20,000, 120 for \$120,000, etc.) d don't know r refused</p> <p><u>Canadian Community Health Survey (CCHS)</u> INC_Q5A– “Can you estimate which of the following groups your household income falls? Was the total household income in the past 12 months...?” – following questions sort income into categories: INC_5B- less than \$5,000 to less than \$50,000; INC_5C- more than \$50,000 to \$150,000 and over</p>	<p>Neighbourhood /household income quintile – based on Census data</p> <p><u>Registered Persons Database (RPDB)</u> “Incquint” - Income quintile variable, from RPDB</p> <p>Average neighbourhood income is calculated by Statistics Canada and is updated every five years when new Census data become available. Income is calculated using the neighbourhood income per person equivalent (IPPE), which is a household size adjusted measure of household income based on 2006 census summary data at the dissemination area level and using person-equivalents implied by the 2006 low income cut-offs. Average income estimates were calculated by dissemination area. Ontario</p>	<p>Which of the following income groups would best represent your annual HOUSEHOLD income?</p> <ul style="list-style-type: none"> • Less than \$10,000 • \$10,000 to less than \$20,000 • \$20,000 to less than \$40,000 • \$40,000 to less than \$60,000 • \$60,000 to less than \$80,000 • \$80,000 to less than \$100,000 • \$100,000 to less than \$120,000 • \$120,000 to less than \$140,000 • More than \$140,000 <p>Source: Practice-Level Patient Experience Survey (HQO)(under development)</p>
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<p>were calculated by dissemination area. Ontario neighbourhoods are classified into quintiles, ranked from poorest (Q1) to wealthiest (Q5). Postal codes are used to assign people to enumerations areas or dissemination areas (using the Statistics Canada Postal Code Conversion File) and thus to one of the income quintiles.</p>		<p>neighbourhoods are classified into quintiles, ranked from poorest (Q1) to wealthiest (Q5). Postal codes are used to assign people to enumerations areas or dissemination areas (using the Statistics Canada Postal Code Conversion File) and thus to one of the income quintiles.</p>	
Education			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data
<p>Not generally available in administrative data except when linked at the individual level to survey data (e.g., CCHS, HCES)</p>	<p>Health Care Experience Survey (MOHLTC) Edu. What is the highest level of education you have completed to date?</p> <p>1 less than high school 2 some high school 3 high school graduate or equivalent 4 some community college, technical, trade, or vocational college 5 completed community college, technical, trade, or vocational college</p>	<p>Use measure from linked survey when available</p>	<p>What is the highest level of schooling that you have completed?</p> <ul style="list-style-type: none"> • Less than elementary school • Elementary School • High School • Community College • Some University • Completed University • Graduate Degree <p>Source: Practice-Level Patient Experience Survey (HQP)(under</p>

	<p>6 some university but no degree</p> <p>7 completed bachelor's degree (Arts, Science, Eng, etc.)</p> <p>8 post graduate training: MA, MSc, MLS, MSW, MBA, etc.</p> <p>9 post graduate training: PhD, "doctorate"</p> <p>10 professional degree (Law, Medicine, Dentistry)</p> <p>d don't know r refused</p> <p><u>Canadian Community Health Survey (CCHS)</u></p> <p>For patients aged 14 and older –</p> <p>EDU1_Q04A – “What is the highest certificate, diploma, or degree that you have completed?”</p> <p>1 Less than high school diploma or its equivalent</p> <p>2 High school diploma or a high school equivalency certificate training</p> <p>3 Trade Certificate or Diploma</p> <p>4 College, cegep or other non-university certificate or diploma (other than trades certificates or diplomas)</p> <p>5 University certificate or diploma below the bachelor's level</p> <p>6 Bachelor's degree (eg. B.A., B.Sc., LL.B.)</p>		development)
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	7 University certificate, diploma or degree above the bachelor's level DK, RF		
Sexual Orientation/Identity			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data
Not generally available in administrative data except when linked at the individual level to survey data (e.g., CCHS)	<u>Canadian Community Health Survey (CCHS)</u> SDC_Q7B – “Do you consider yourself to be?” 1. heterosexual (sexual relations with people of the opposite sex) 2. homosexual, that is lesbian or gay (sexual relations with people of your own sex) 3. bisexual (sexual relations with people of both sexes DK, RF5B	Use measure from linked survey when available	What is your sexual orientation? Bisexual Gay Heterosexual (“straight”) Lesbian Queer Two-spirit Other Prefer not to answer Don't know Source: Toronto Central LHIN Equity Core and Optional Questions <i>Note: This question was taken from a pilot survey and will be updated pending feedback.</i>
Language			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data
Not generally available in administrative data except when linked at the individual level to survey data (e.g.,	<u>Health Care Experience Survey (MOHLTC)</u> lang_home. What language do you speak most often at home? 1 English 2 French	Use measure from linked survey when available	What language would you feel most comfortable speaking in with your healthcare provider? - American Sign Language

CCHS, HCES)	3 English & French 4 English & other 5 Czech 6 Croatian 7 Danish 8 Dutch 9 German 10 Greek 11 Hungarian 12 Italian 13 Polish 14 Portuguese 15 Russian 16 Spanish 17 Ukrainian 18 Yugoslavian 19 Other European language 20 African language 21 Chinese (Mandarin or Cantonese) 22 Filipino or Tagalog 23 Vietnamese 24 Other Asian language 25 Hindi 26 Punjabi 27 Tamil 28 Urdu 29 Other East Indian language 30 Hispanic languages 31 Arabic 32 Other Middle Eastern languages 33 Native & Aboriginal languages 0 Other, specify 97 Not codeable 98 Don't know 99 Refused <u>Canadian Community Health Survey (CCHS)</u> SDC_B5B – “What language do you speak		<ul style="list-style-type: none"> - Arabic - Bengali - Chinese (Cantonese) - Chinese (Mandarin) - Cree - Dari - English - French - German - Greek - Gujarati - Hebrew - Hindi - Hungarian - Italian - Korean - Ojibwe - Oji-Cree - Farsi (Persian) - Polish - Portuguese - Punjabi - Russian - Spanish - Somali - Tagalog - Tamil - Urdu - Vietnamese - Other (please specify) - Prefer not to answer - Do not know <p>Source: Toronto Central LHIN Equity Core and Optional Questions</p> <p><i>Note: This question was taken from a pilot survey and will be updated pending feedback.</i></p>
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	most often at home?" <i>The patients can give up to three responses.</i>		
Immigration			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data
Ontario Health Insurance Plan Claims Database Recent OHIP registrants <u>Citizenship and Immigration database (CIC) – linked file at ICES</u>	<u>Canadian Community Health Survey (CCHS)</u> SDC_Q3 - In what year did ^YOU1 first come to Canada to live? <i>User enters the year or approximate year if he/she cannot give the exact year</i>	Ontario Health Insurance Plan Claims Database Recent OHIP registrants or <u>Citizenship and Immigration database (CIC) – linked file at ICES</u>	SDC_Q3 - In what year did ^YOU1 first come to Canada to live? <i>User enters the year or approximate year if he/she cannot give the exact year</i> Source: CCHS
Aboriginal Status			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data

Employment Status			
Measures in Existing Data Sources		Recommended Measures	
Administrative data	Survey data	Administrative data	Survey data
Not generally available in administrative data except when linked at the individual level to survey data (e.g., CCHS,)	<u>Canadian Community Health Survey (CCHS)</u> GEN_08 - Have you worked at a job or business at any time in the past 12 months? 1 Yes 2 No DK, RF	Use measure from linked survey when available	Last week, did ^YOU2 work at a job or a business? Please include part time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number

	<p>LBS_01 - Last week, did ^YOU2 work at a job or a business? Please include part time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked.</p> <p>1 Yes 2 No 3 Permanently unable to work DK, RF DK, RF</p>		<p>of hours worked.</p> <p>1 Yes 2 No 3 Permanently unable to work DK, RF DK, RF Source: CCHS</p>
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