Primary Care Performance Measurement Framework
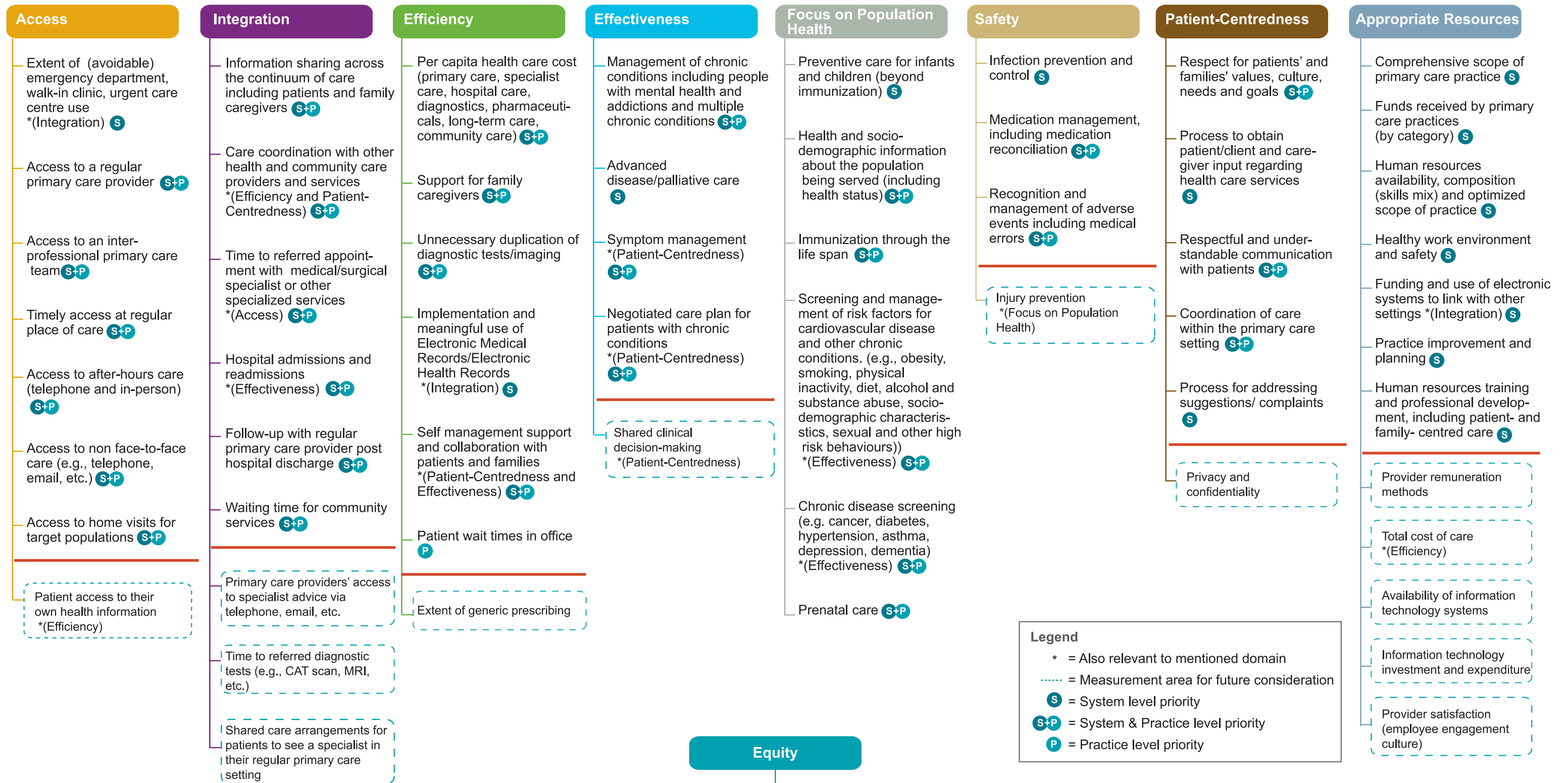
(Ontario Primary Care Performance Measurement Steering Committee, May 2014)

Access

- Extent of (avoidable) emergency department, walk-in clinic, urgent care centre use *(Integration) (S)
- Access to a regular primary care provider (S+P)
- Access to an inter-professional primary care team (S+P)
- Timely access at regular place of care (S+P)
- Access to after-hours care (telephone and in-person) (S+P)
- Access to non face-to-face care (e.g., telephone, email, etc.) (S+P)
- Access to home visits for target populations (S+P)

- Patient access to their own health information *(Efficiency)

Integration

- Information sharing across the continuum of care including patients and family caregivers (S+P)
- Care coordination with other health and community care providers and services *(Efficiency and Patient-Centredness) (S+P)
- Time to referred appointment with medical/surgical specialist or other specialized services *(Access) (S+P)
- Hospital admissions and readmissions *(Effectiveness) (S+P)
- Follow-up with regular primary care provider post hospital discharge (S+P)
- Waiting time for community services (S+P)

- Primary care providers' access to specialist advice via telephone, email, etc.
- Time to referred diagnostic tests (e.g., CAT scan, MRI, etc.)
- Shared care arrangements for patients to see a specialist in their regular primary care setting

Efficiency

- Per capita health care cost (primary care, specialist care, hospital care, diagnostics, pharmaceuticals, long-term care, community care) (S+P)
- Support for family caregivers (S+P)
- Unnecessary duplication of diagnostic tests/imaging (S+P)
- Implementation and meaningful use of Electronic Medical Records/Electronic Health Records *(Integration) (S)
- Self management support and collaboration with patients and families *(Patient-Centredness and Effectiveness) (S+P)
- Patient wait times in office (P)

- Extent of generic prescribing

Effectiveness

- Management of chronic conditions including people with mental health and addictions and multiple chronic conditions (S+P)
- Advanced disease/palliative care (S)
- Symptom management *(Patient-Centredness) (S+P)
- Negotiated care plan for patients with chronic conditions *(Patient-Centredness) (S+P)

- Shared clinical decision-making *(Patient-Centredness)

Focus on Population Health

- Preventive care for infants and children (beyond immunization) (S)
- Health and socio-demographic information about the population being served (including health status) (S+P)
- Immunization through the life span (S+P)
- Screening and management of risk factors for cardiovascular disease and other chronic conditions. (e.g., obesity, smoking, physical inactivity, diet, alcohol and substance abuse, socio-demographic characteristics, sexual and other high risk behaviours)) *(Effectiveness) (S+P)
- Chronic disease screening (e.g. cancer, diabetes, hypertension, asthma, depression, dementia) *(Effectiveness) (S+P)
- Prenatal care (S+P)

- Injury prevention *(Focus on Population Health)

Safety

- Infection prevention and control (S)
- Medication management, including medication reconciliation (S+P)
- Recognition and management of adverse events including medical errors (S+P)

- Privacy and confidentiality

Patient-Centredness

- Respect for patients' and families' values, culture, needs and goals (S+P)
- Process to obtain patient/client and care-giver input regarding health care services
- Respectful and under-standable communication with patients (S+P)
- Coordination of care within the primary care setting (S+P)
- Process for addressing suggestions/ complaints (S)

Appropriate Resources

- Comprehensive scope of primary care practice (S)
- Funds received by primary care practices (by category) (S)
- Human resources availability, composition (skills mix) and optimized scope of practice (S)
- Healthy work environment and safety (S)
- Funding and use of electronic systems to link with other settings *(Integration) (S)
- Practice improvement and planning
- Human resources training and professional develop-ment, including patient- and family- centred care (S)

- Provider remuneration methods
- Total cost of care *(Efficiency)
- Availability of information technology systems
- Information technology investment and expenditure
- Provider satisfaction (employee engagement culture)

Legend

- * = Also relevant to mentioned domain
- ⋯⋯ = Measurement area for future consideration
- (S) = System level priority
- (S+P) = System & Practice level priority
- (P) = Practice level priority

Equity

Equity is a cross-cutting domain and will be assessed in relation to a variety of economic and social variables such as income, education, gender, disability, social support, mental health status, urban/rural location, age, sexual orientation/identity, language, immigration, ethno-cultural identity and Aboriginal status.