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

**Access**
- Extent of (avoidable) emergency department, walk-in clinic, urgent care centre use *(Integration)*
- Access to a regular primary care provider *(Efficiency)*
- Access to an inter-professional primary care team *(Effectiveness)*
- Timely access at regular place of care *(Effectiveness)*
- Access to after-hours care (telephone and in-person) *(Efficiency)*
- Access to non-face-to-face care (e.g., telephone, email, etc.) *(Effectiveness)*
- Access to home visits for target populations *(Efficiency)*
- Patient access to their own health information *(Integration)*
- Extent of generic prescribing *(Efficiency)*
- Time to referred diagnostic tests (e.g., CAT scan, MRI, etc.) *(Effectiveness)*
- Shared care arrangements for patients to see a specialist in their regular primary care setting

**Integration**
- Information sharing across the continuum of care including patients and family caregivers *(Integration)*
- Care coordination with other health and community care providers and services *(Efficiency and Patient-Centredness)*
- Time to referred appointment with medical/surgical specialists or other specialized services *(Access)*
- Hospital admissions and readmissions *(Effectiveness)*
- Follow-up with regular primary care provider post hospital discharge *(Effectiveness)*
- Waiting time for community services *(Efficiency)*
- Primary care providers’ access to specialist advice via telephone, email, etc.

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

**Effectiveness**
- Management of chronic conditions including people with mental health and addictions and multiple chronic conditions *(Effectiveness)*
- Advanced disease/palliative care *(Integration)*
- Symptom management *(Patient-Centredness)*
- Negotiated care plan for patients with chronic conditions *(Patient-Centredness)*
- Shared clinical decision-making *(Patient-Centredness)*
- Chronic disease screening (e.g., cancer, diabetes, hypertension, asthma, depression, dementia) *(Effectiveness)*
- Prenatal care *(Effectiveness)*

**Focus on Population Health**
- Preventive care for infants and children (beyond immunization) *(Integration)*
- Health and socio-demographic information about the population being served (including health status) *(Integration)*
- Immunization through the life span *(Efficiency)*
- 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)*
- Infection prevention and control *(Integration)*
- Medication management, including medication reconciliation *(Integration)*
- Recognition and management of adverse events including medical errors *(Integration)*

**Safety**
- Respect for patients’ and families’ values, culture, needs and goals *(Integration)*
- Process to obtain patient/doctor and caregiver input regarding health care services *(Integration)*
- Respectful and understandable communication with patients *(Integration)*
- Injury prevention *(Integration)*
- Process for addressing suggestions’ complaints *(Integration)*

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

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

**Legend**
- = Also relevant to mentioned domain
- Measurement area for future consideration
- = System level priority
- = System & Practice level priority
- = 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.