



Primary Healthcare Panel Report (Proxy Version)



HOQA

Health Quality Council of Alberta

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2020 Report (data up to March 31, 2019)

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Summary data

Summary data

Use the list of measures below to compare your data (from **April 1, 2018** to **March 31, 2019**) to your **PCN** and **AHS Zone** .



| Measure | Your Panel | PCN Panel | Zone Panel |
|---|------------|-----------|------------|
| Panel size | 1,099 | 403,581 | 1,834,963 |
| Average age | 40.6 | 40.6 | 38.5 |
| Average physician continuity | 75.5% | 69.4% | 67.0% |
| Average clinic continuity | 88.4% | 79.2% | 77.9% |
| Percent in least privileged social quintile group | 12.6% | 15.4% | 16.6% |
| Percent in least privileged material quintile group | 0.4% | 4.0% | 10.7% |
| Diabetes screening | 92.7% | 88.6% | 78.2% |
| Lipids screening | 84.6% | 86.3% | 75.2% |
| Cervical cancer screening | 87.9% | 76.4% | 65.5% |
| Breast cancer screening | 88.2% | 74.0% | 65.4% |
| Colorectal cancer screening | 82.7% | 70.1% | 60.1% |
| Influenza vaccination | 46.9% | 34.6% | 27.1% |
| Statin use in adults over age 40 with diabetes | 65.0% | 57.8% | 56.6% |
| Kidney disease screening in adults with diabetes | 50.0% | 40.9% | 40.4% |
| Drug therapy for kidney disease in adults with diabetes | 72.7% | 75.0% | 75.8% |
| Sedating medications (Age 65+) | 34.8% | 27.2% | 25.9% |
| Antibiotics for acute sinusitis | 62.1% | 72.5% | 72.6% |
| Proton pump inhibitor use (60+ days) | 6.3% | 7.4% | 6.5% |
| Visits to any family physician | 4.3 | 5.3 | 5.5 |
| Acute hospital length of stay (LOS) vs expected LOS | 0.89 | 0.99 | 0.99 |
| 30 day hospital readmission rate | 3.6% | 6.9% | 7.0% |
| Emergency department (ED) visits | 0.23 | 0.24 | 0.29 |
| Potentially avoidable emergency department visits | 0.01 | 0.01 | 0.01 |

For the list of selected measures:

Green text indicates you are 15% above the average of physicians in your zone for that particular measure.

Orange text indicates you are 15% below the average of physicians in your zone for that particular measure.

Click to learn how to navigate the report.

Shaded backgrounds indicate higher values are less desirable.

Three year summary data

Use the list of selected measures below to compare data for three fiscal years.



| Measure | 2016-17 | 2017-18 | 2018-19 | % Difference |
|---|---------|---------|---------|--------------|
| Average physician continuity | 71.4% | 73.1% | 75.5% | 3.4% |
| Average clinic continuity | 81.7% | 82.5% | 88.4% | 7.2% |
| Diabetes screening | 96.1% | 95.2% | 92.7% | -2.6% |
| Lipids screening | 86.5% | 84.7% | 84.6% | -0.1% |
| Cervical cancer screening | 89.7% | 90.4% | 87.9% | -2.8% |
| Breast cancer screening | 91.0% | 86.4% | 88.2% | 2.0% |
| Colorectal cancer screening | 83.3% | 86.6% | 82.7% | -4.5% |
| Influenza vaccination | 42.5% | 44.9% | 46.9% | 4.4% |
| Statin use in adults over age 40 with diabetes | . | 58.5% | 65.0% | 11.0% |
| Kidney disease screening in adults with diabetes | . | 61.7% | 50.0% | -19.0% |
| Drug therapy for kidney disease in adults with diabetes | . | 69.6% | 72.7% | 4.5% |
| Sedating medications (Age 65+) | 39.2% | 34.9% | 34.8% | -0.1% |
| Antibiotics for acute sinusitis | 78.1% | 73.2% | 62.1% | -15.2% |
| Proton pump inhibitor use (60+ days) | 0.0% | 6.3% | 6.3% | 0.0% |
| Visits to any family physician | 4.3 | 4.3 | 4.3 | 0.0% |
| Acute hospital length of stay (LOS) vs expected LOS | 1.02 | 0.80 | 0.89 | 11.3% |
| 30 day hospital readmission rate | 0.0% | 1.3% | 3.6% | 171.4% |
| Emergency department (ED) visits | 0.17 | 0.20 | 0.23 | 11.6% |
| Potentially avoidable emergency department visits | 0.01 | 0.01 | 0.01 | -40.0% |

This table summarizes your data over three years.

The 2018-19 column summarizes the data for your panel of patients. The 2016-17 and 2017-18 columns allow you to see the data for those **same patients** in the previous two years. Keeping the panel of patients the same for all years allows you to understand how the data for your *current* panel of patients is trending. If you are interested in comparing your data for your current panel of patients to the patients that were on your panel last year, please refer to your report from last year.

Shaded backgrounds indicate higher values are less desirable.

% Difference shows the difference between the 2017-18 fiscal year and the 2018-19 fiscal year, relative to the 2017-18 value.

Practice Characteristics



| Measure | 2016-17 | 2017-18 | 2018-19 |
|------------------------------|---------|---------|---------|
| Visits by panel patients | 3075 | 3084 | 2987 |
| Visits by non-panel patients | 316 | 352 | 620 |
| Unique patients seen | 1144 | 1152 | 1132 |
| Total visits to you | 3391 | 3436 | 3607 |
| Return visit rate to you | 2.964 | 2.983 | 3.186 |
| Male visits | 1056 | 1077 | 1142 |
| Female visits | 2335 | 2359 | 2465 |

Total visits is all patient encounters you billed for in any setting except an emergency department. Considers your billings for panel patients as well as patients of other family physicians who you saw (non-panel patients). Includes multiple visits during the year for individual patients. This represents your supply - the number of patient visits your schedule can handle.

The measure of demand for your services by your panel patients is the total visits to any family physician. You may also want to view ED visits for potentially avoidable conditions (particularly during office hours) to further understand your demand.

Unique patients seen is the number of patients with a unique personal health number who visited you.

Return visit rate to you is the rate at which all patients you saw came back to visit you.

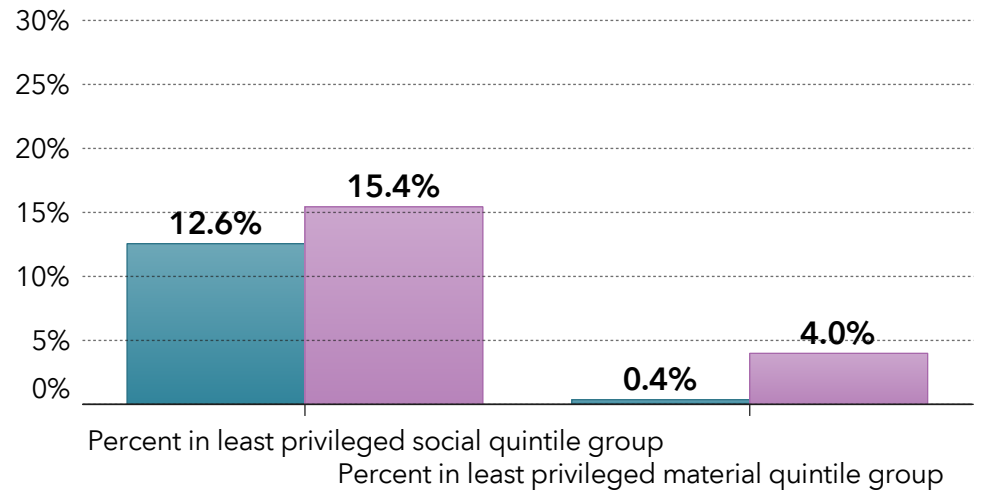
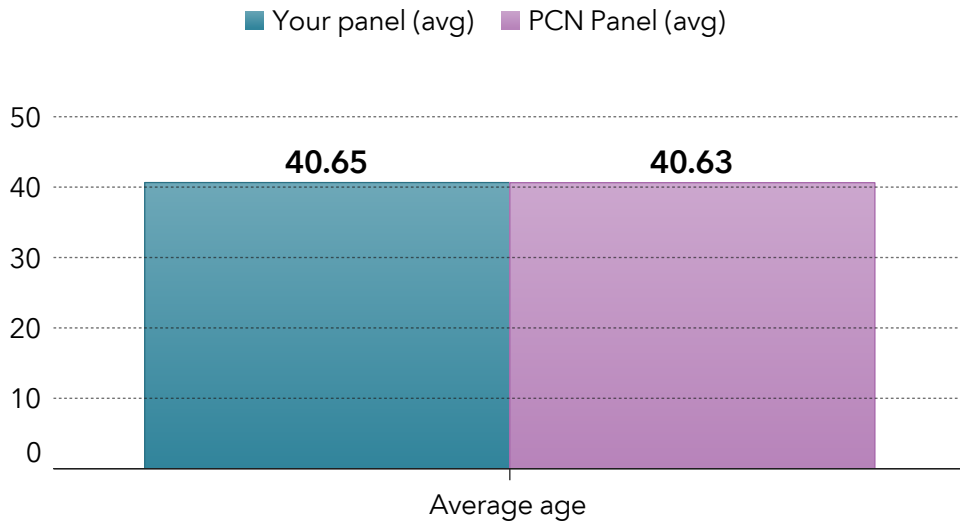
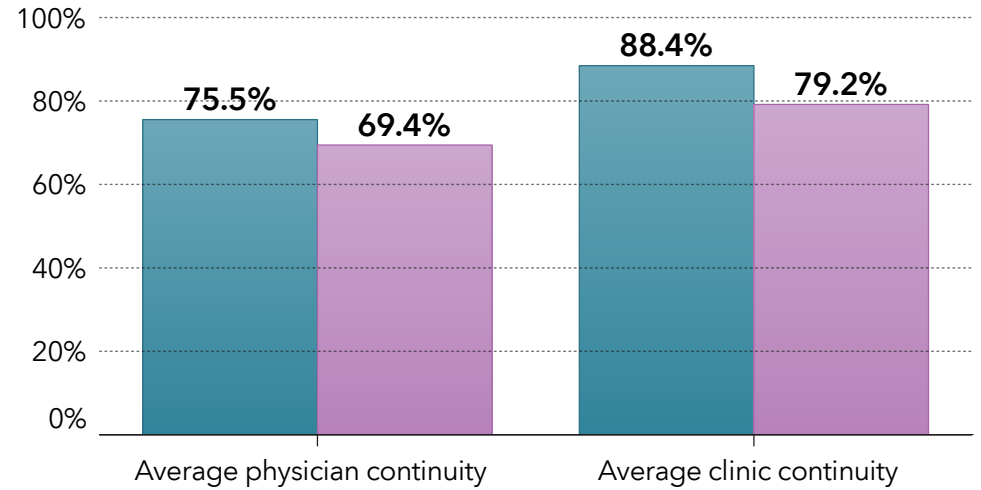
Return visit rate is the total visits by all patients (panel and non-panel patients) divided by unique patients seen.

Click [here](#) to dive deeper into your data, see your data trends, and adjust filters. Click the "snowman" (the three stacked dots) in the top right corner and select "Print" to print.

Panel Characteristics



| Measure | Your Panel | PCN Panel |
|---|------------|-----------|
| Panel size | 1,099 | 403,581 |
| Average age | 40.6 | 40.6 |
| Average physician continuity | 75.5% | 69.4% |
| Average clinic continuity | 88.4% | 79.2% |
| Percent in least privileged social quintile group | 12.6% | 15.4% |
| Percent in least privileged material quintile gr... | 0.4% | 4.0% |



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Panel Characteristics Measure Description



Panel size (active patients) - Covered by the Alberta Healthcare Insurance Plan (AHCIIP) as of March 31, 2019 and at least one physician billing between April 1, 2016 and March 31, 2019. Excludes patients who had no visit in the data period.

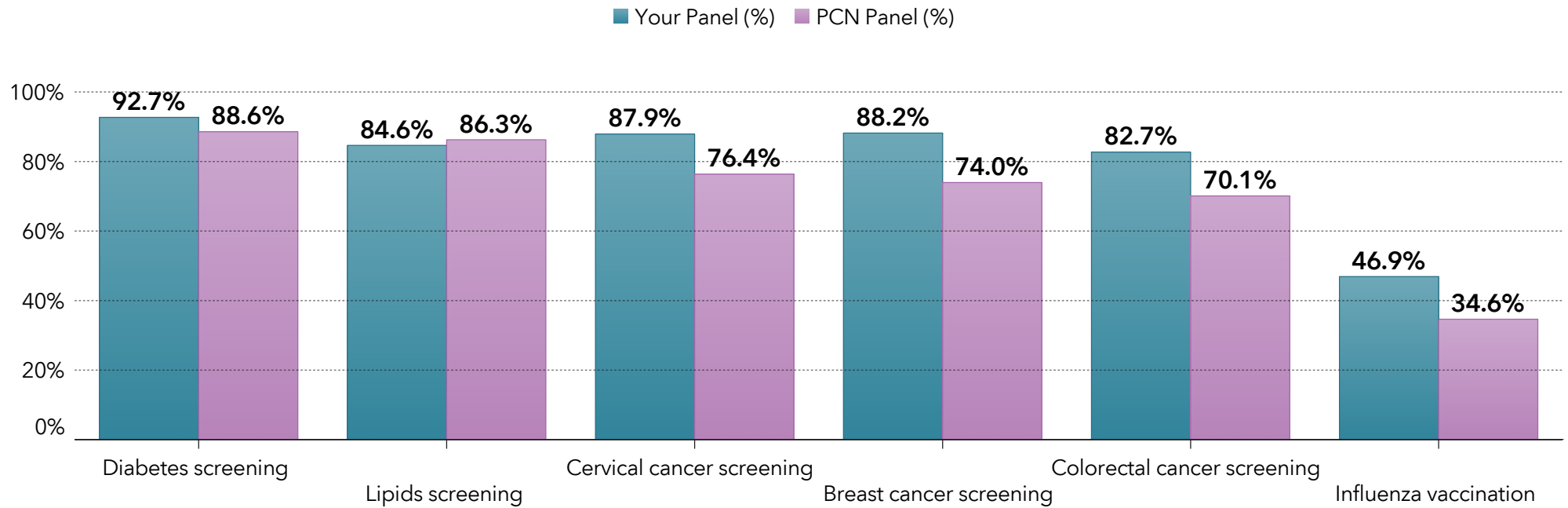
Material and social deprivation- Material deprivation includes indicators related to education, employment and income drawn from the 2016 Canadian census data. It represents economic conditions at the neighbourhood level. Social deprivation includes indicators related to being separated, divorced, or single-parent family drawn from the 2016 Canadian census data. It represents social conditions at the neighbourhood level. Each quintile includes 20 per cent of the Canadian population.

Average physician continuity - the percentage of all family physician visits by that patient that were to you. Continuity is calculated using three fiscal years of physician claims data. The 2018-19 result is based on data from 2016-17 to 2018-19. In each fiscal year, average continuity of each panel patient to their physician is calculated using three years of physician claims data (e.g., 2017-18 is based on data from April 1, 2015 to March 31, 2018). Each individual patient's continuity to the physician is added and then divided by the total number of patients in the panel. This represents on average, the continuity the paneled patients have to the physician.

Average clinic continuity - reflects the concept of a patient medical home. It is the percentage of all visits by your panel patients that were to you or one of your practice colleagues in the main clinic where you practice. Does not include visits to a multi-disciplinary team member when a physician visit is not billed. Clinic continuity of each panel patient is calculated using three years of claims data (e.g., 2017-18 uses data from April 1, 2015 to March 31, 2018). Each patient's clinic continuity is added and then divided by the total number of patients on the panel. This represents on average the continuity panel patients have to the clinic.

Click the "snowman" (the three stacked dots) in the top right corner and select "Print" to print.

Preventive Care



| Measure | Your Panel | PCN Panel |
|-----------------------------|------------|-----------|
| Diabetes screening | 92.7% | 88.6% |
| Lipids screening | 84.6% | 86.3% |
| Cervical cancer screening | 87.9% | 76.4% |
| Breast cancer screening | 88.2% | 74.0% |
| Colorectal cancer screening | 82.7% | 70.1% |
| Influenza vaccination | 46.9% | 34.6% |

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Preventive Care Measure Description



Diabetes- Diabetes screening includes a laboratory test for hemoglobin A1c, or fasting glucose, or diagnostic code (V77.1) for diabetes screening. Excludes patients younger than age 40 years, and patients with diabetes. The screening period (within the last five years) follows the Alberta Screening and Prevention Program guidelines.

Lipids- Lipids screening is a laboratory test for either plasma lipid profile or cholesterol. The Alberta Screening and Prevention (ASaP) program recommends screening with a non-fasting lipid profile at least every five years for all patients age 40 to 74. Excludes patients younger than age 40 or older than age 74.

Colorectal cancer- Includes at least one of the following colorectal cancer screening tests within the period recommended by the Alberta Screening and Prevention (ASaP) program for each: Fecal immunochemical test (FIT) within two years; Flexible sigmoidoscopy within five years; Colonoscopy within 10 years.

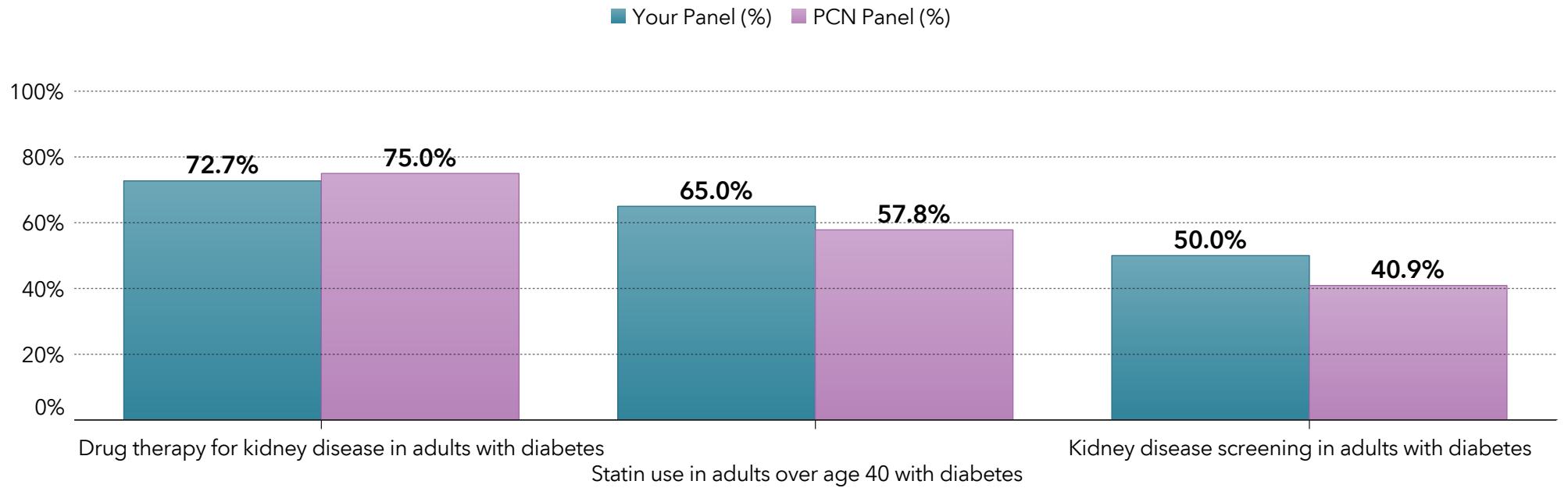
Excludes patients younger than age 50 and older than age 74.

Cervical cancer- Excludes any females who had a hysterectomy performed since April 1, 2005. As of May 2016, the ASaP recommendation is to screen women age 25 to 69 every three years. The screening time period in this report is 42 months as the Alberta Health Services Cervical Cancer Screening Program (ACCSP) calculates screening rates with an additional six-month buffer. Alberta Health Services Cancer Screening Program (AHSCP) notifies patients when they are due for screening.

Breast cancer- Excludes female patients younger than age 50 or older than age 74, and those with a history of invasive breast cancer. A patient is counted only once. The ASaP program and Alberta Breast Cancer Screening Program (ABCSP) recommendation is to screen every 2 years. The screening time period in this report is 30 months as ABCSP calculates screening rates with an additional six-month buffer. Alberta Health Services Cancer Screening Program (AHSCP) notifies patients when they are due for screening.

Influenza vaccination- Includes vaccinations done by public health professionals, community pharmacists, and physicians. Excludes vaccinations done by office staff (unless billed by the physician) or PCN staff (e.g., nurse or pharmacist), long-term care facilities, and those done through employer work-based occupational health and safety programs. Approximately 90% of influenza data is captured.

Chronic Conditions



| Measure | Your Panel | PCN Panel |
|---|------------|-----------|
| Statin use in adults over age 40 with diabetes | 65.0% | 57.8% |
| Kidney disease screening in adults with diabetes | 50.0% | 40.9% |
| Drug therapy for kidney disease in adults with diabetes | 72.7% | 75.0% |

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Chronic Condition Measure Description



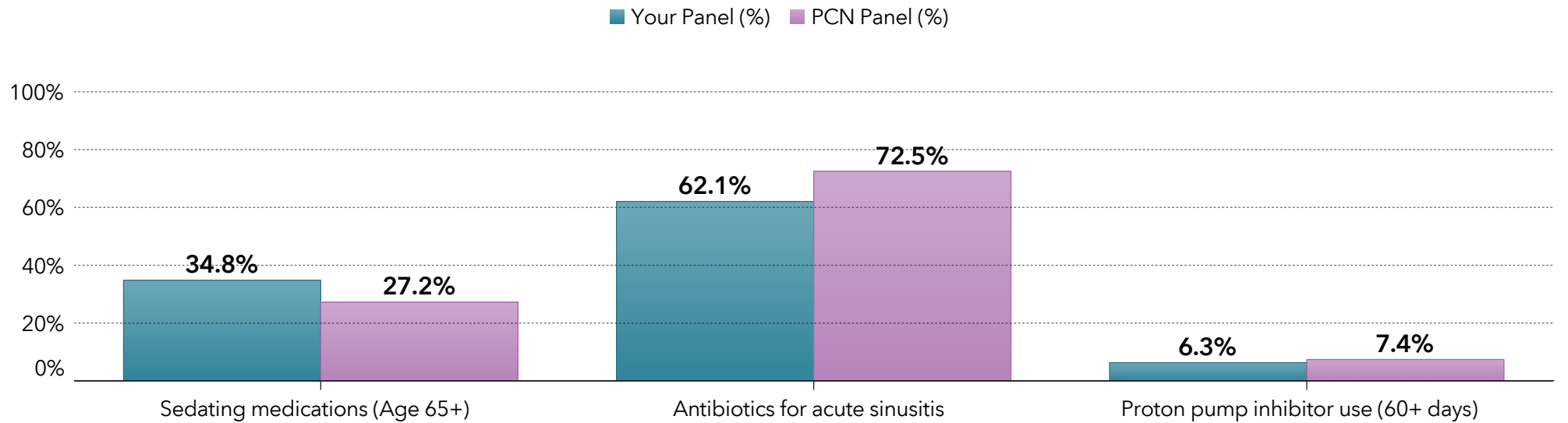
Kidney disease screening in adults- Includes patients with diabetes who had a urine albumin/creatinine ratio (ACR) test and at least one creatinine / estimated glomerular filtration rate (eGFR) test completed. Diabetes Canada (formerly the Canadian Diabetes Association) Clinical Practice Guidelines suggests annual screening with both ACR and eGFR in adults with diabetes. Excludes patients under age 18.

Drug therapy for kidney disease in adults- Includes adults who had an elevated (≥ 30 mg/g) urine albumin/creatinine ratio (ACR) or a lower (< 60 mL/min/1.73 cubic meters) estimated glomerular filtration rate (eGFR), and who were dispensed an angiotensin converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB). The prescriptions dispensed may have been written by any physician including specialists.

Statin use in patient with diabetes- Statins include any HMG-CoA reductase inhibitor dispensed on new and refill prescriptions. Includes combination products with a statin. The prescriptions dispensed may have been written by any physician including specialists.

Click the "snowman" (the three stacked dots) in the top right corner and select "Print" to print.

Pharmaceuticals



| Measure | Your Panel | PCN Panel |
|--------------------------------------|------------|-----------|
| Sedating medications (Age 65+) | 34.8% | 27.2% |
| Antibiotics for acute sinusitis | 62.1% | 72.5% |
| Proton pump inhibitor use (60+ days) | 6.3% | 7.4% |

Click [here](#) to see trends, and adjust filters. Click the "snowman" (the three stacked dots) in the top right corner and select "Print" to print.

Pharmaceutical Measure Description



Sedating medication use in older adults- Includes any sedating medication dispensed to your panel patients age 65 and over on new and refill prescriptions written by any physician including specialists.

Proton pump inhibitor use-

Long term therapy is defined as:

Continuous therapy for more than 60 days OR

Two or more short courses of any PPI dispensed at less than a 60 day interval that totalled more than 60 days of therapy.

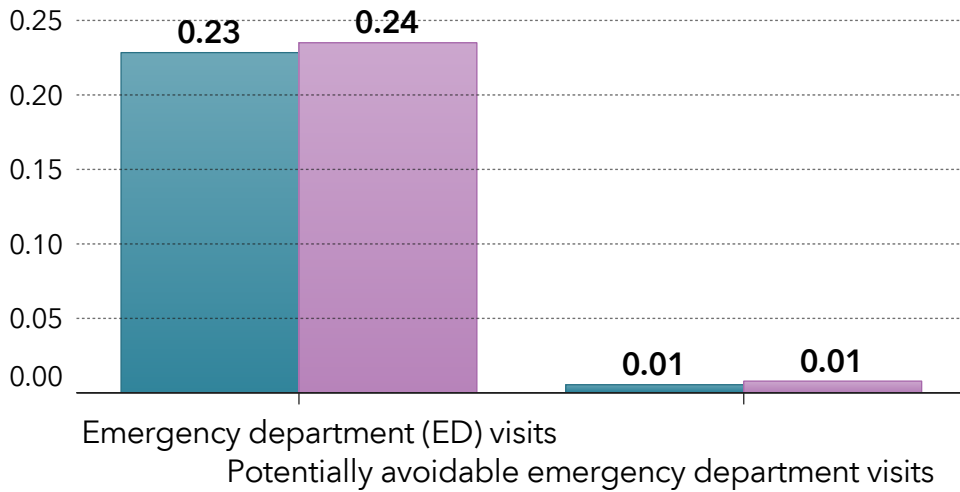
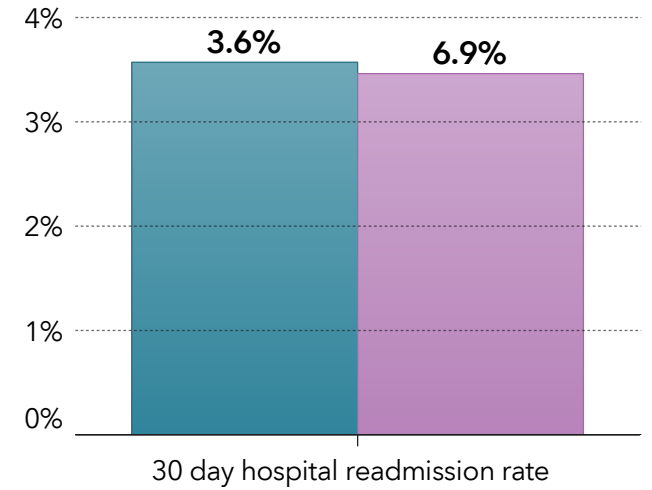
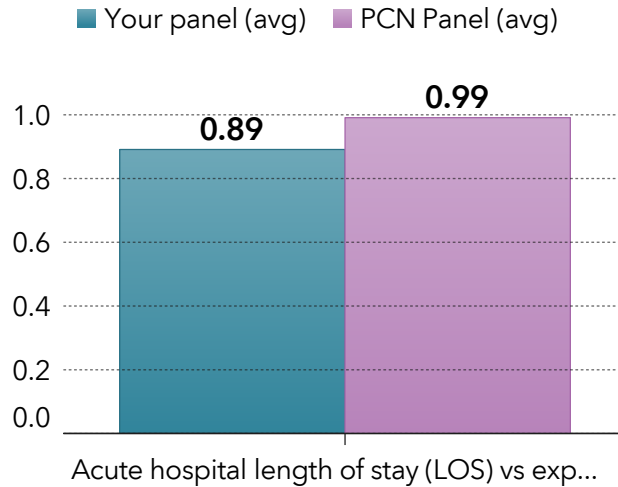
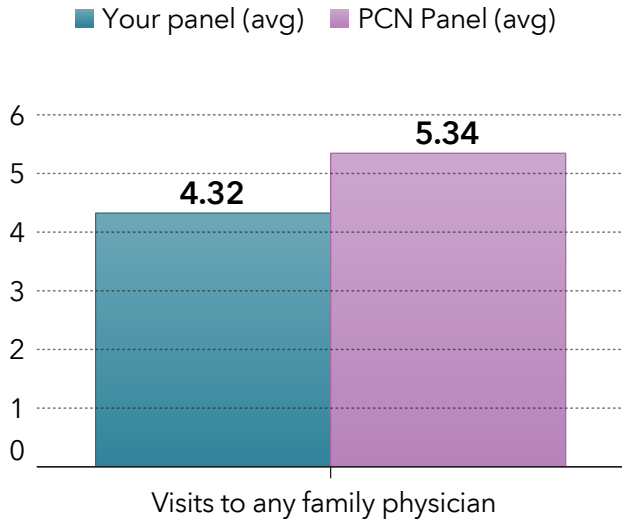
Includes any single ingredient PPI dispensed on a new or refill prescription written by any physician, including specialists.

Antibiotics for acute sinusitis- The diagnosis of acute sinusitis is based on billing codes.

Includes any antibiotic dispensed on new and refill prescriptions written by any physician including specialists. Includes family physician visits in an office, ambulatory care setting, or long term care facility. Excludes family physician visits in an emergency department.

Click the "snowman" (the three stacked dots) in the top right corner and select "Print" to print.

Utilization



Utilization

| Measure | Your Panel | PCN Panel |
|--|------------|-----------|
| Visits to any family physician | 4.3 | 5.3 |
| Acute hospital length of stay (LOS) vs expected... | 0.89 | 0.99 |
| 30 day hospital readmission rate | 3.6% | 6.9% |
| Emergency department (ED) visits | 0.23 | 0.24 |
| Potentially avoidable emergency department vi... | 0.01 | 0.01 |

Click [here](#) to dive deeper into your data, see your data trends, and adjust filters. Click the "snowman" (the three stacked dots) in the top right corner and select "Print" to print.

Utilization Measure Description



Visits to any family physician - Includes visits by your panel patients to any family physician (including you), except visits that happen in a hospital or emergency department. Maximum of one visit per day per patient is counted. Average visit rate is the total number of visits by your patients to a family physician divided by the number of patients on your panel.

Family physician visits- Includes visits by your panel patients to any family physician (including you), except visits that happen in a hospital or emergency department. Maximum of one visit per day per patient is counted. Total visits is the number of visits your patients made to any family physician. This reflects the demand for your services by your panel patients. Average visit rate is the total number of visits by your patients to a family physician divided by the number of patients on your panel. Includes visits by your patients to an emergency department. Excludes urgent care centre visits. Patients can have multiple visits per day.

ED visits- Average visits per patient relates to how your panel, on average, uses the ED. For example, an average visit of 0.25 means that on average for every four patients on your panel, there is one visit to the ED.

Potentially avoidable ED visits- Potentially avoidable visits are those with an ED triage score of CTAS 4 or 5 (non-urgent), and a discharge diagnosis that is considered to be potentially treatable by a family physician in the office. Type of visit category is determined by the final diagnosis recorded by the emergency physician for each ED visit. Patients with these conditions have a low likelihood (<1%) of being admitted to hospital for treatment. Patients can have multiple visits per day.

Percentage of patients with a visit for a condition that is potentially treatable in primary care may represent a need for short notice access to a family physician in the community. However, in rural areas, patients may be seen by their usual family physician in the ED for minor conditions, which strengthens continuity.

ALOS/ELOS- ALOS vs ELOS indicates appropriateness and efficiency of care for acute care patients. A ratio of less than one suggests that your patients' overall length of stay is shorter than expected. A ratio of greater than one suggests it is longer than expected. Only the acute portion of the inpatient stay is included (excludes alternate level of care (ALC) days). The expected length of stay for patients with similar disease intensity is based on data from the Canadian Institute for Health Information (CIHI).

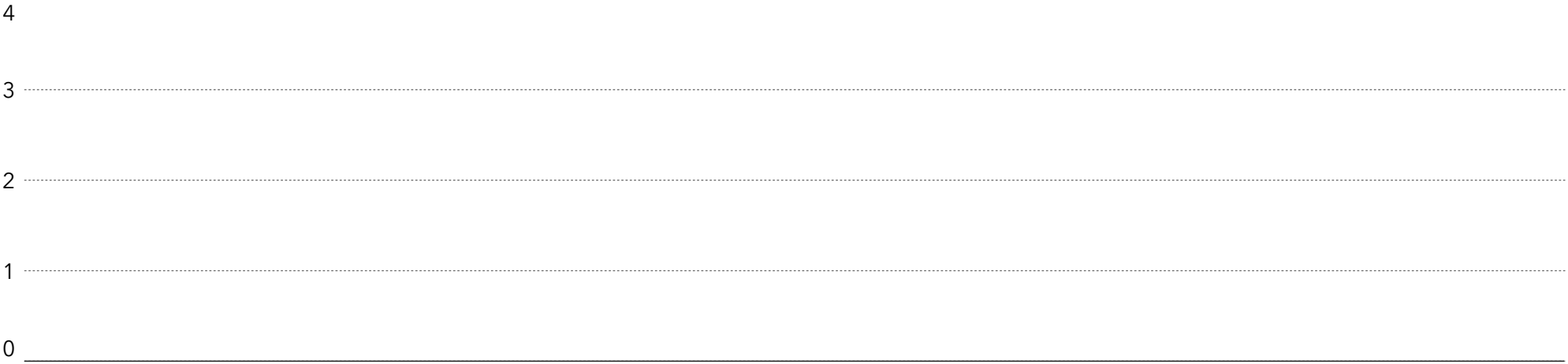
Readmission rates- Includes all panel patients readmitted to hospital within 30 days of discharge from hospital for any cause. Excludes patients who had a planned hospital admission for an elective procedure. Discharges and readmissions are counted as many times as they occur (not limited to one per patient).

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Lab Utilization



■ Your Panel ■ PCN Panel



| Measure | Your panel (avg) | PCN Panel (avg) |
|---------|------------------|-----------------|
| | | |

Click [here](#) to dive deeper into your data, see your data trends, and adjust filters. Click the "snowman" (the three stacked dots) in the top right corner and select "Print" to print.

Lab Utilization Measure Description



Overall test rate includes all tests for CBC, TSH, lipids, hemoglobin A1c and urinalysis ordered by all physicians for your patient panel divided by the number of patients in your panel.

CBC test rate includes all complete blood count tests ordered by all physicians for your patient panel divided by the number of patients in your panel.

TSH test rate includes all thyroid stimulating hormone tests ordered by all physicians for your patient panel divided by the number of patients in your panel.

Lipids test rate includes all lipids tests ordered by all physicians for your patient panel divided by the number of patients in your panel.

Hemoglobin A1c test rate includes all hemoglobin A1c tests ordered by all physicians for your patient panel divided by the number of patients in your panel.

Urinalysis test rate includes all urinalysis tests ordered by all physicians for your patient panel divided by the number of patients in your panel.

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