Updating pan-Canadian Primary Health Care Indicators – What We've Learned

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About CIHI

Data Standards

Collaborate/promote development and maintenance of health information standards

Data Holdings

27 data holdings, including physician and nursing, homecare, acute inpatient, drug utilization and emergency department

Analytic Products

Produce a variety of reports, special studies and analytic products to address questions of interest to stakeholders

Outline

1. Background
2. Objectives
3. Methodology
4. Lessons learned
5. Next steps

Background: Pan-Canadian PHC Indicators

In 2006, CIHI released pan-Canadian PHC Indicators

- Funded by Federal Government through the Primary Health Care Transition Fund
- Used National Evaluation Strategy (NES) objectives and supports as a foundation and framework
- Goal was to develop a set of agreed-upon PHC indicators with which to compare and measure PHC at multiple levels within jurisdictions across Canada.
- Developed using several rounds of a modified Delphi process, a consensus conference, and cross-country and international expert consultations.

Background: Why Update the Pan-Canadian PHC Indicators?

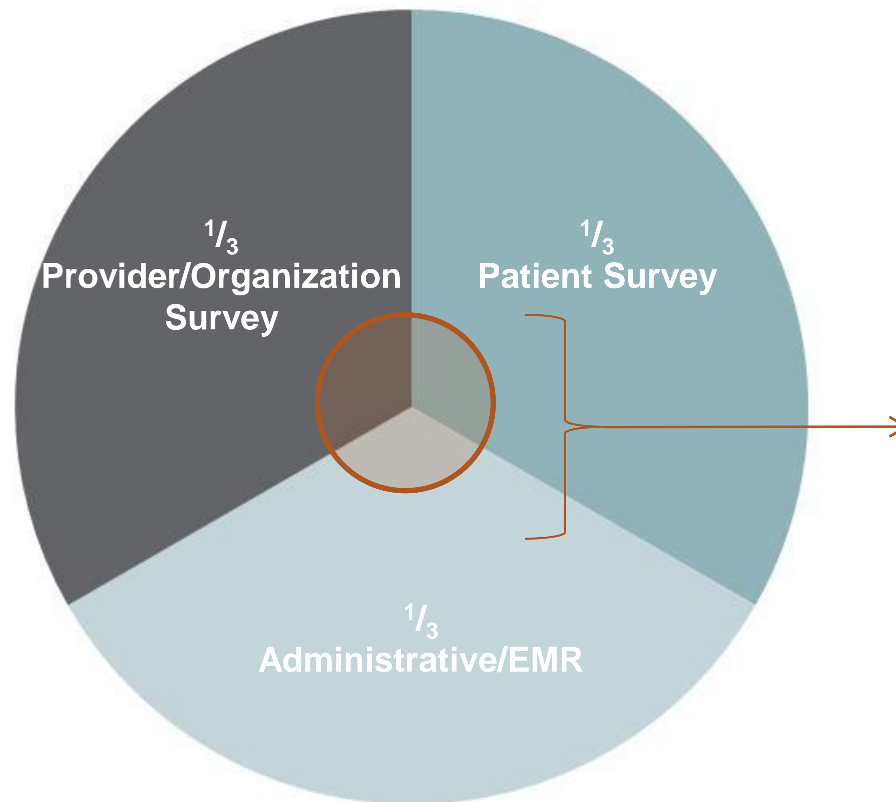
- Need to identify existing or developing data sources to ensure the indicators are measurable.

- Need to revise the definitions to ensure the indicators are operational for specific users.
  - Population-level research to inform health policy
  - Practice-level research for PHC providers.

- Need to ensure the indicators cover important dimensions of PHC in Canada.

- Need to ensure the indicators align with current, evidence-based guidelines.

Background: Data Sources

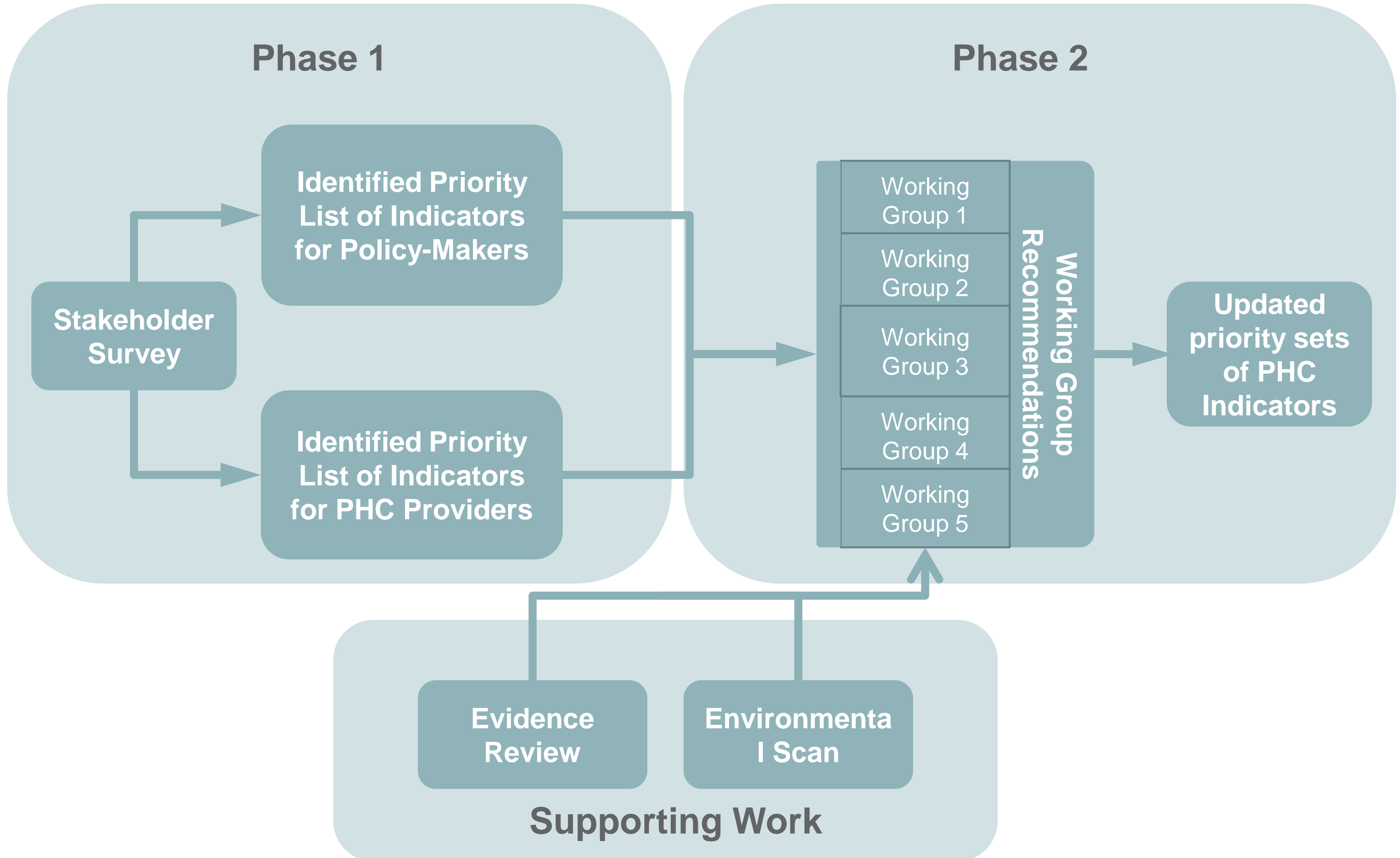


In 2006,~18 of 105 indicators could be populated using existing data sources

Objectives of Updating Pan-Canadian PHC Indicators

1. To identify two sets of priority indicators.
   - One set for **Policy Makers** in order to support population-based policy development, planning and performance reporting
   - One set for **PHC providers** in order to support practice-based measurement and quality improvement initiatives
2. To ensure the measures for the priority sets of indicators are standardized, aligned with evidence-based guidelines, and are compatible with existing and developing data sources.
3. To include broad stakeholder input in the updating process to ensure the indicators meet the needs of end-users.
   - pan-Canadian representation
   - Researchers
   - Data and subject matter experts

Methodology – Project Plan



Methodology: Indicators Cover Dimensions within PHC

Primary Health Care

Structure	Process	Outcome
Governance	Coordination	Acceptability
Workforce	Continuity*	Safety
Expenditure	Accessibility	Health Status
IT infrastructure	Efficiency	Effectiveness
	Comprehensiveness	
	Appropriateness	

Dimensions

* No direct measure

Identified Priority Indicators

Policy

- PHC needs-based planning
- PHC provider remuneration method
- Collaborative care with other health care organizations
- Emergency department visits for CHF
- Difficulties accessing routine PHC
- Difficulties obtaining urgent, non-emergent PHC on evenings and weekends
- PHC FPs/GPs/NPs working in interdisciplinary teams/networks
- Point of care access to PHC client/patient health information
- Anti-depressant medication monitoring
- Complications of diabetes
- Time with PHC provider
- Scope of PHC services
- Fruit and vegetable consumption rate
- Physical activity rate
- Smoking rate

Overlap

- Child immunization
- Colon cancer screening
- Breast cancer screening
- Cervical cancer screening
- Population with a regular PHC provider
- PHC provider full time equivalents
- Blood pressure control for hypertension
- Wait times for urgent, non-emergent PHC
- Uptake of information and communication technology in PHC organizations
- screening for modifiable risk factors in adults with diabetes
- Screening for visual impairment in adults with diabetes
- Emergency department visits for asthma
- Ambulatory care sensitive conditions
- PHC provider burnout
- Overweight rate

Provider

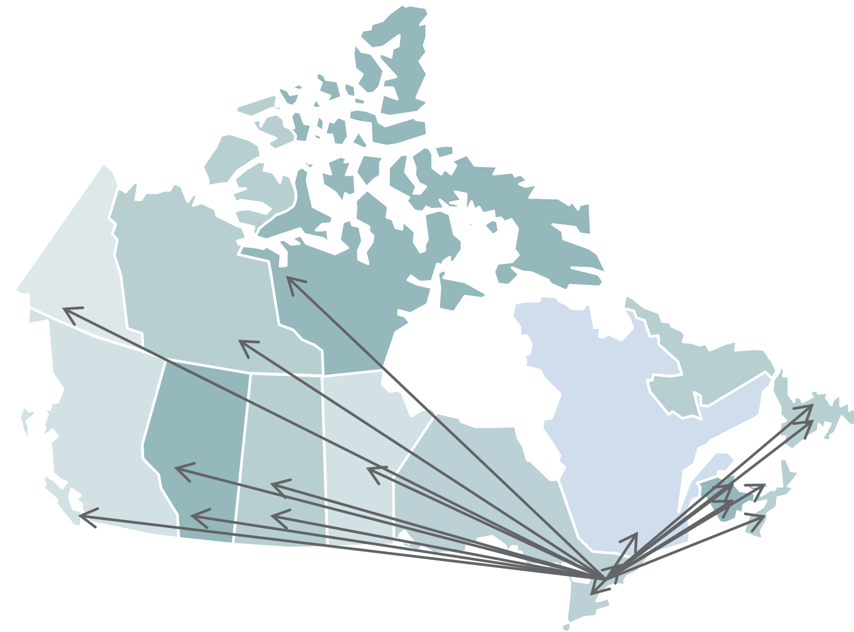
- Treatment of AMI
- Treatment of anxiety
- Treatment of dyslipidemia
- PHC team effectiveness score
- Smoking cessation advice in PHC
- PHC resources for self-management of chronic conditions
- Screening for modifiable risk factors in adults with CAD
- Screening for modifiable risk factors in adults with hypertension
- Unnecessary duplication of medical tests reported by PHC providers
- Client/patient satisfaction with available PHC services
- Maintaining medication and problem lists in PHC
- Average per capita PHC operational expenditures
- Influenza immunization, 65+
- Blood pressure testing
- Well baby screening

First Key Lesson Learned

CIHI ICIS

Interaction through virtual environments allows for greater inclusiveness across Canada and helps controls costs, but requires more flexibility for scheduling and sacrifices personal interactions

- Virtual environments
  - Review and information gathering through on-line surveys
  - Dissemination of information through videoconferencing
  - Discussion through web forums and message boards
  - Correspondence through e-mail
- Low cost, increased capacity for representation
  - Avoid: airfare, hotels, per diem, meeting locations
  - Handle large volume of indicators
  - Approximately 55 working group members and 13 advisory committee members
  - Pan-Canadian representation
- Requires flexibility for scheduling
  - Participants may not always check on-line communications
  - Increased flexibility in participation may lead to need for frequent reminders and follow up
  - Overall, takes longer
- Sacrifice personal interactions
  - Reduced likelihood for direct discussion between participants
  - Comprehension of comments is dependent on the writing skills of the author



Second Key Lesson Learned

CIHI ICIS

Indicator definitions should be adapted to the user and the goal of measurement.

- Consider end-users of indicators. What is the goal of measurement?
  - Indicators designed to inform health policy and measure health care system performance.
  - Indicators designed to support quality improvement programs and initiatives within a practice/organization.
- Consider units of measurement.
  - General population versus patient population
  - All PHC providers versus PHC providers within a practice/organization
  - PHC organizations
- Consider availability of data source.
  - Existing data source
  - Implementable (surveys)
  - Accessible and at what frequency
- Broad stakeholder consultations from across Canada of experts and end-users allowed us to learn about the needs of those calculating and interpreting indicators.
  - Priorities differ by region.
  - Availability of data differ by region

Third Key Lesson Learned

CIHI ICIS

It is important to understand the balance between measurability, validity and specificity when updating indicators.

- Balance between what is measurable from the data source and what you are trying to report.
  - For example, surveys are often limited to the perceptions of the respondent (Did your provider spend enough time with you? Give you an opportunity to ask questions?)
- Include notes with the indicator on interpretation and further analysis.
  - Example of recommended care for diabetics (multiple activities) within an indicator. Further analysis can be to break down the indicator by activity to determine to what extent each activity was being performed.
- Large number of inclusion criteria can reduce the validity of the indicator.
  - Example of uptake of information and communication technology in PHC practices. If too many inclusion criteria need to be met for inclusion in the numerator, the intended measure may be underestimated.

Next steps

CIHI ICIS

Maintain the existing sets of PHC indicators to ensure they align with clinical guidelines and available data sources.

Collect feedback on the PHC indicators, for example, sensitivity, specificity, reliability.

Identify gaps in the indicator sets and determine if there are existing indicators or develop new indicators to fill those gaps.

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