PCN QI and Evaluation Framework - New Indicators

June 2021

Data collected from Kootenay Boundary clinics for the purposes of PCN evaluation and QI is enabled by the [PCN Information Sharing Agreement (ISA)](https://docs.google.com/document/d/1zwDJiWiluqc1naopMBFvjLKIgGhHv3HFKnwCs0JRcjA/edit) signed by private PCN clinics and Interior Health. The ISA lists the specific information to be collected from the clinic as per the PCN QI and Evaluation Framework in section 6.3 and outlines how that information will be managed. This approach was taken to give clinics comfort with the precise data to be collected.

The ISA does not have a clear process for adding additional information that has not been specifically requested by the Ministry of Health, but does state that the PCN Steering Committee is the governance body for the addition of new information. In May 2021, the PCN Steering Committee approved the addition of the following new indicators.

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| **Indicator** | **Reason for Adding** |
| Average # of appts per day/primary care provider from baseline to present | - Would help to understand whether PCN staff or virtual care have enabled PCN primary care providers to increase the number of appts they undertake per day- Would help to normalize access data and enable additional correlations to be run to understand influence of appts/day on access |
| # of uses of team-based care billing codes (14077, 14076, 14029, 14019) per primary care provider/clinic per quarter | - To understand if physicians are taking advantage of team-based care billing- To serve as a reflection of the occurrence of “team-based care”- To understand if the use of these billing codes is increasing over time |
| Total number of all types of appointments **in a quarter** booked at each of the following target intervals, by primary care provider: Same day, Next day, 2-7 days, 8-14 days, 15-31 days, 31-100 days | - Note that most of this data is already collected and is identified in the ISA in a slightly different form. This would change the data collection method from manual to EMR query and instead of “sampling” the data for 8 days per year, a full quarter of data could be examined.  |
| % of patients seen in last 5 years, 4 years, 3 years, 2 years and 1 year | - The panel size data for clinics has been questioned because it is a “look-back” query developed through the PSP panel workbook where some clinics go back 5 years, but some go back only 3 years. With this methodology, patients who “think” they are attached but have not been to their doctor in three years could still be ostensibly attached but not counted. This query will help us to understand what percentage of patients seen in the last 5 years have also been seen in the last 3 years (about 85-90% in test runs) to give a sense of how many patients might be missed in a three year look back. |

**Process:**

1. **August:** Start the EMR Query Team working on queries for Profile and for Med Access for these indicators. Get permission from Greenwood/Riverside for query development as needed. Jen to develop instructions for how to run the queries, what data to download, how to blind it and where to send it.
2. **September:** Email all private clinic leads to inform them that these new indicators have been approved by the PCN Steering Committee and the rationale for them - to give us better understanding of how to interpret existing indicators and to reduce clinic workload and provide a more accurate picture of the data in the case of the wait time query. Propose that these new indicators be added without an ISA amendment and stress that the data collected will be treated in the same manner that data under the ISA is treated (only shared in aggregate or deidentified). Indicate that the new indicators are voluntary. Indicate that an ISA amendment can be developed if they would prefer. Propose following processes:
	1. Riverside and Columbia: Christina to upload and run queries
	2. Greenwood: Tamara to upload and run queries
	3. Castlegar and Kootenay Med: Jen to email queries to Debbie S and Debbie P with instructions on on how to run and where to put data
	4. Nelson Med, Saddle Mtn: Instructions for running queries to be emailed to Terez and Michelle with tutorials set up
3. **September:** Work with IH IMIT to determine a potential process for Waneta, East Shore, Salmo, Kaslo and Rock Creek. ISA amendment requirement likely. Share queries developed as requested.
4. **October:** Run queries in all participating clinics for the first time.