Salary-based Primary Care & Interprofessional teams: Introduction to CHC data available at ICES

Alliance for Healthier Communities
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Learning Objectives

- History of CHC data & implications on salary based primary care
- Understand the CHC data currently available at ICES and what is new
  - Review the data elements that are included in the CHC dataset
  - Highlight the new data elements (interprofessional teams, patient-level sociodemographic data)
  - Timeliness of data
- Review the data access process
- Discussion & questions

Where we started

- Model of Health & Wellbeing
  - Roadmap for service delivery
- Data standards for full staff team (e.g. physicians, nurses, community workers, health promotion)
- Ownership of Data → Data warehouse

ering primary health care as envisioned: A model of health & well-being
ng community-governed primary care organizations
://www.ncbi.nlm.nih.gov/pmc/articles/PMC6091657/

Common Data Elements

- Evaluation framework included specific data elements that would demonstrate the CHC Model of Health and Wellbeing
  - Client data including sociodemographic characteristics
  - Individual encounters – all providers record detailed, coded data reflecting type of encounter and magnitude of issues addressed
  - Personal development groups – all group level activities, priority populations, issues addressed
  - Community initiatives – summary data on activities related to community development activities
- Common set of process and outcome indicators

Ownership and use of CHC data

- CHCs own, use and share data (peer groups, transparency, clinical improvement, etc)
- Critical for on-going evidence informed decision making
  - Clinical decisions
  - Program planning
  - Quality improvement
  - Accountability
  - On-going data quality
- Data warehouse (BIRT)
  - Nightly extracts of data
  - Dashboards and ad hoc reports

Community Health Centre Data

2010

Worked in collaboration to develop a longitudinal dataset for NPs & MDs available

2018

- Interprofessional team and patient level sociodemographic data included in extract
- New data sharing agreements signed

2022

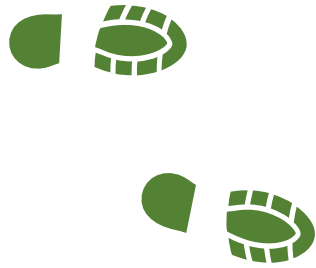- On-going interest in including CHC data – 22 requests last fiscal year

Project Specific Data Access

- 1st DSAs signed
- Comparison of Models Study and Creation of Practice Reports
- Data extracted to ICES as of March 2011

Controlled Use Data Access

- New data sharing agreement signed
- Projects approved through consent process

CHC data included in POPLAR data platform

- Alliance network within POPLAR data platform
- One of 7 PBLNs in Ontario

Community Health Centre Data

- Team-based data into a common EMR
- CHC physicians do not bill OHIP or shadow bill – salary-based model
  - CHC data not included at ICES, CIHI, MOH, etc
- More recently have added all interprofessional team data
- CHCs all have unique identifiers as well as are assigned to a peer group
- Data extracted twice yearly (current data March 31, 2022)
- CHC Data Dictionary

Clinic Workflow

- Patient details entered into registration (including sociodemographic data)
- Patient may see physician, nurse, social worker and outreach worker
- Each provider records standardized data into EMR along with their clinical note
- Every provider → unique encounter but may have multiple encounters on one day from various providers

Patient Details Currently in Use (including DOH)

- Date of Birth, Address, Postal Code, Health Card (If applicable)
- Gender
- Sexuality
- Disability
- Race
- Country of Origin (if not Canada year of arrival)
- Preferred Language of Service
- Household Income & # of people supported by income
- Highest Level of Education Achieved
- Inclusive definition of Francophone (2 questions)
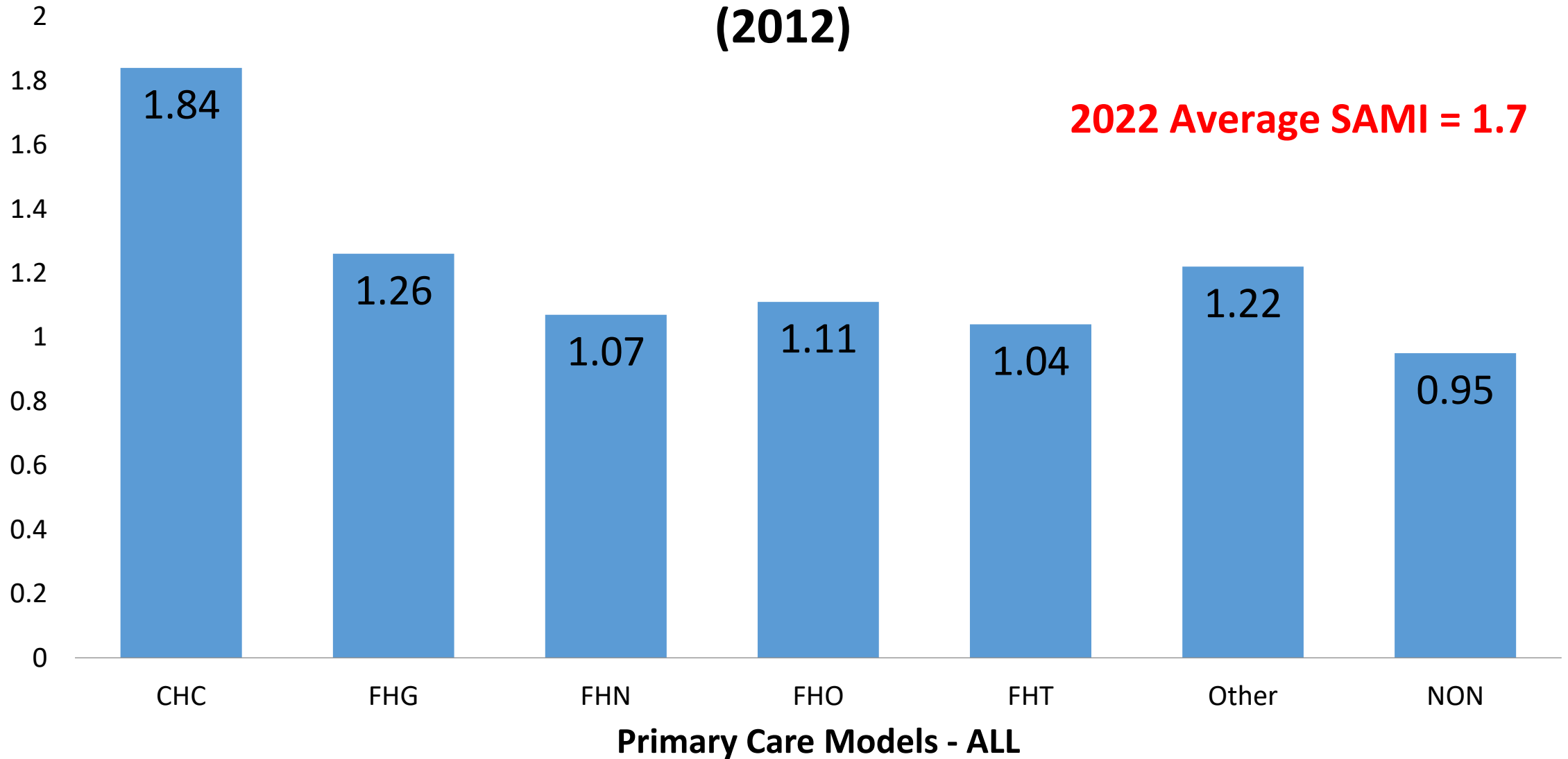- Precarious housing

Encounter Details

- Date of Contact
- Provider involved (provider type → physicians, nurse practitioners, nurses, social workers, outreach workers, etc
- Diagnoses – ICD (ENCODE-FM used that is mapped to ICD and ICPC)
- Services – assessments, counselling, etc
- Procedures
- Immunizations
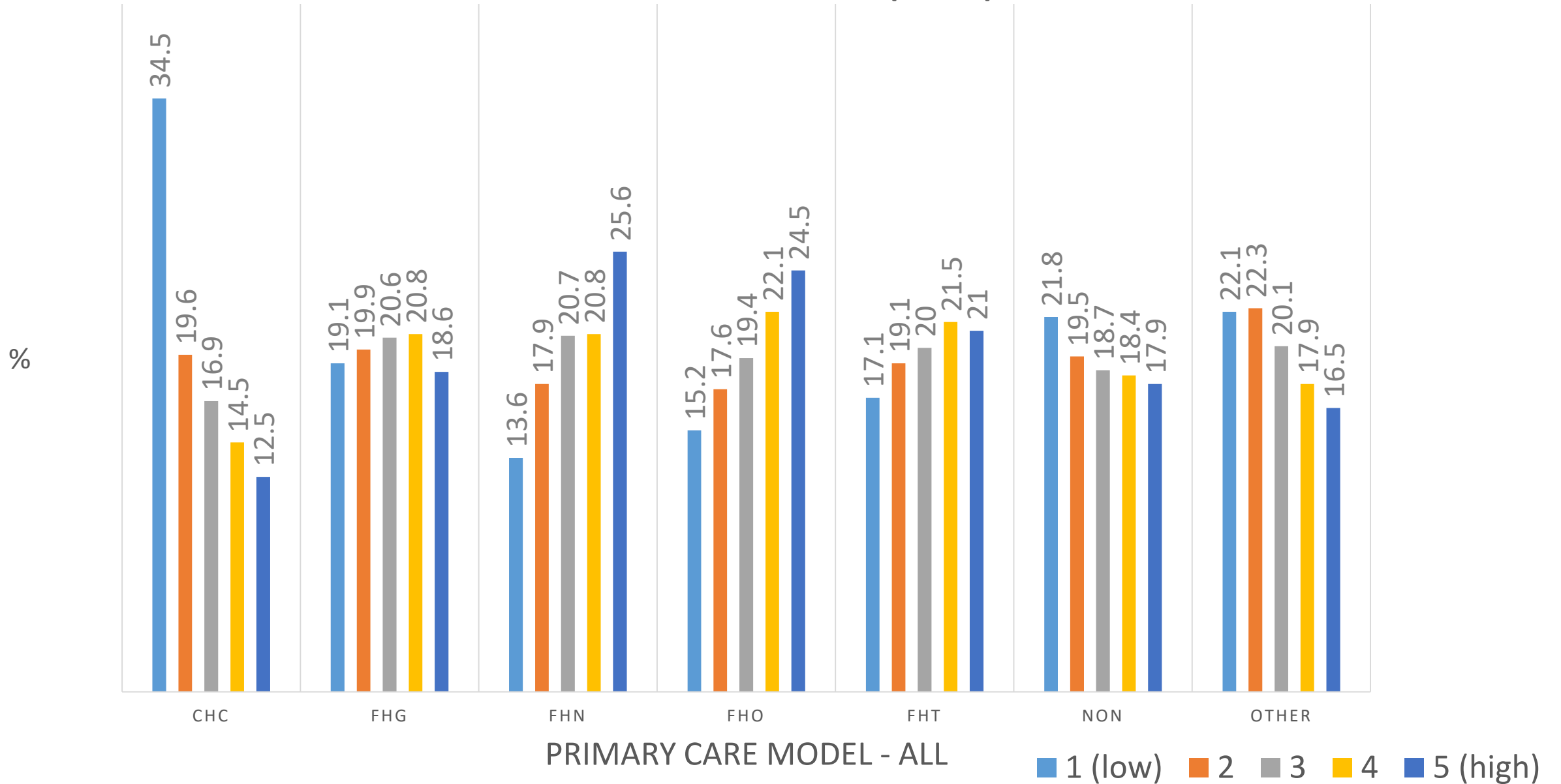
Notes re: CHC data

- ~14% of CHC clients do not have OHIP numbers (range 2.5-56%)
- CHC client & encounter data included for people without health insurance
- CHCs do not formally enroll patients (some MDs and NPs may provide care for people enrolled elsewhere)
- Nurse Practitioners carry a panel of patients
- Provide interprofessional team support in collaboration with other physicians (TeamCare)
- Multiple diagnostic codes entered per visit

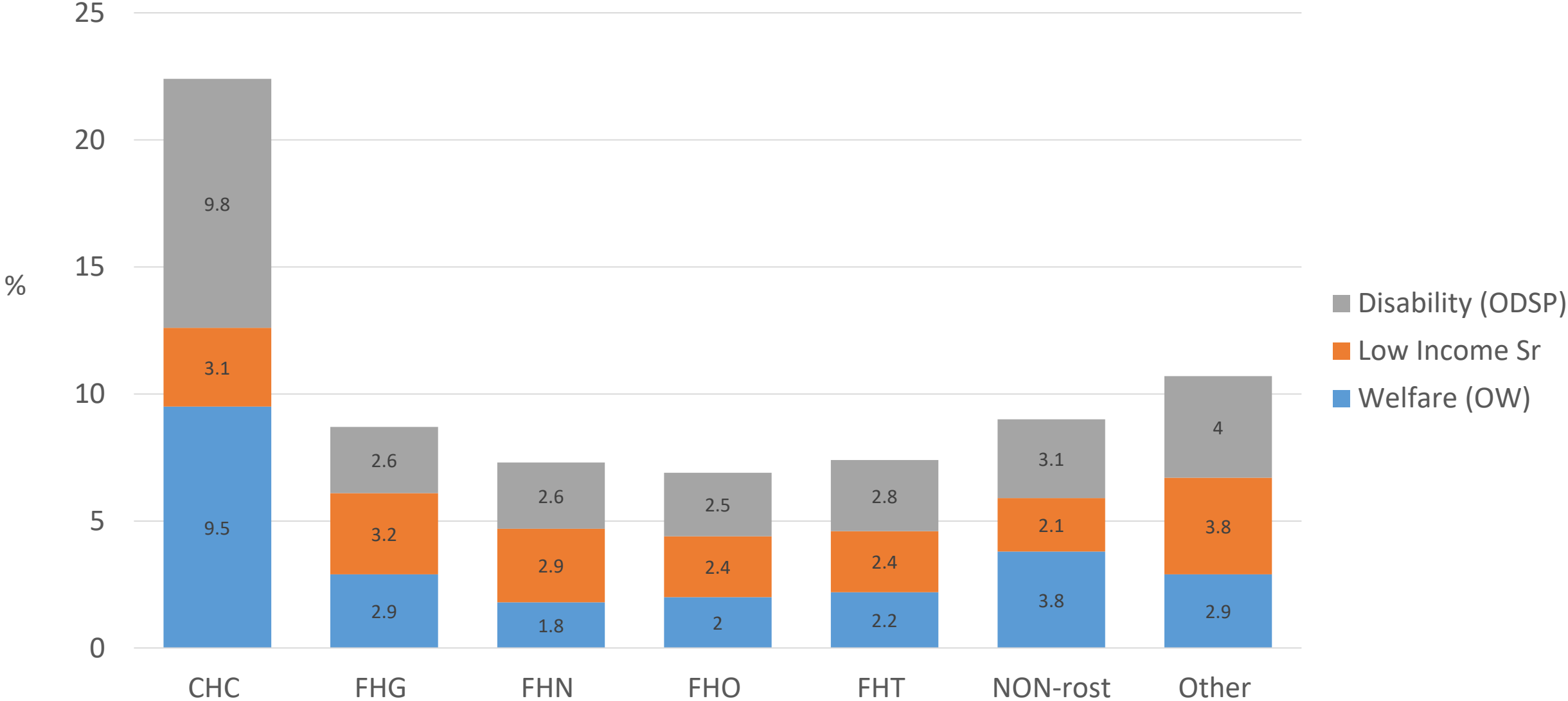Standardized ACG Morbidity Index by primary care model (2012)

2022 Average SAMI = 1.7

CHC: 1.84
FHG: 1.26
FHN: 1.07
FHO: 1.11
FHT: 1.04
Other: 1.22
NON: 0.95

Primary Care Models - ALL

Comparison of Primary Care Models in Ontario, 2012

INCOME QUINTILES BY PRIMARY CARE MODEL (2012)

PRIMARY CARE MODEL - ALL

Legend: 1 (low) | 2 | 3 | 4 | 5 (high)

CHC: 34.5, 19.6, 16.9, 14.5, 12.5
FHG: 19.1, 19.9, 20.6, 20.8, 18.6
FHN: 13.6, 17.9, 20.7, 20.8, 25.6
FHO: 15.2, 17.6, 19.4, 22.1, 24.5
FHT: 17.1, 19.1, 20, 21.5, 21
NON: 21.8, 19.5, 18.7, 18.4, 17.9
OTHER: 22.1, 22.3, 20.1, 17.9, 16.5

Clients receiving ODB assistance
by primary care model (2012)

Accessing CHC data

- Controlled data set
- The CHC data requires pre-approval and that staff can review the process describe in our Data Holdings Obligations page

Data Use and Possibilities

- Primary Care, Mental Health, Equity based studies, OHT metrics

- Primary care in Ontario – studies often exclude CHC data

- Very few requests to use team-based data

Discussion and Questions

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