Alliance for
Healthier Communities

Alliance pour des
communautés en santé

# Panel Size Handbook v.4.3

July 2018

***Preamble***

*The Alliance for Healthier Communities' member organizations[1] provide primary health care to individuals, families and communities. This document focuses on one component of these services: the clinical primary care services.*

*The term "panel size" refers to the list of clients under the care of a provider, usually a nurse practitioner (NP) or physician (MD). Establishing an appropriate panel size is important to optimize quality of care and efficiency. This handbook provides an overview of the methodology used to determine primary care panel size, other important considerations that may impact panel size and how this information is being used for accountability purposes within our Local Health Integrated Networks (LHINs).*

*This document is evolving as we learn more and changes are made to LHIN indicators and/or reporting requirements.*

[1] *The Alliance for Healthier Communities' member organizations include Community Health Centres, Aboriginal Health Access Centres, Nurse Practitioner Lead Clinics and Community Family Health Teams.*

# Contents

## 1. Purpose

The *Panel Size Handbook* outlines procedures that relate to (1) the calculation of current panel sizes and (2) adjusted target panel sizes for member organizations in Ontario.

Following these procedures will ensure that all member organizations calculate panel size using a consistent formula. This allows for meaningful comparisons and reliable projections.

This handbook will be updated frequently to incorporate any adjustments made to calculations, frequently asked questions and lessons learned over time.

# 2. Background

There has been increasing interest amongst member organizations to determine a defensible target panel size for primary care providers. Two studies have influenced this handbook (please contact the Alliance for Healthier Communities for copies of both studies). Both studies were comprehensive examinations of current panel sizes among member organizations and looked at possible predictive factors influencing panel size. Based on these studies, benchmark targets as well as an adjustment method have been developed.

# 3. Scope

This handbook provides an overview of primary care provider panel size management in member organizations by standardizing the definitions for calculation and providing guidance to the management of important factors that influence panel size in member organizations.

Current primary care panel size can be measured by simply counting the number of clients that have had an encounter with a Physician, Nurse Practitioner, Registered Nurse, Registered Practical Nurse, or Physician Assistant within the last 3 years AND have had an encounter with a Physician or Nurse Practitioner anytime. The number of clients per Primary Care Provider is the current panel size divided by the number of full-time Nurse Practitioners and Physicians. Recording panel size is done in a standardized way throughout the sector which allows for meaningful comparisons.

## 4. Definitions

The following definitions are used in the calculation of the primary care panel and the adjusted panel size.

a) **Primary Care Provider (PCP)**. Primary care providers are physicians, and nurse practitioners who provide ongoing and comprehensive primary care to a panel of clients at a member organization.

b) **Primary Care Client.** Any client who has had an encounter with a primary care provider within a three-year period. Clients who have not been seen in three years will be removed from the active panel but they may remain as a member organization registered client.

c) **Registered Primary Care Client**. Any active client who has previously received primary care services from an Physician or Nurse Practitioner at the member organization including people who have not had an encounter in the last 3 years, however, the member organization is still responsible for providing primary care when required

d) **Primary Care Panel**. A primary care panel is the group of clients that one primary care provider is managing.

e) **Full-time Equivalent (FTE).** All calculations are based on the number of full-time equivalent primary care provider positions. The number of FTE positions should reflect the funded positions (not filled). Vacant positions should be included in the FTE count.

f) **Standardized ACG Morbidity Index (SAMI**). The SAMI is a client complexity weight that represents the mean ACG weight of expected resource use. It is generated using provincial health care costs and can be used to examine differential morbidity at practice level and explain variation between practices. The methodology was originally developed at the Manitoba Centre for Health Policy (Reid et al., 2001). This index has been adapted for use in Ontario by the Institute of Clinical and Evaluative Sciences (ICES) and uses the full value of in-basket FHO primary care services. These weights are a reasonable measure of expected workload. The SAMI score represents the average complexity of each member organization's clients and is generated from the Johns Hopkins ACG Group® software. This data is available in the Practice Profile and is updated regularly.

g) **Baseline Target Panel.** The baseline target panel is 1137.5 clients for a full-time primary care provider. Family Health Teams (FHTs) in Ontario have set target rosters and their payments are dependent on this roster size. The lowest target roster for a

FHT is 1,300 patients per physician. Providers in member organizations work a shorter number of hours per week compared to a FHT. Therefore, this number was pro-rated to accommodate the shorter work week, generating a revised target of 1137.5 (1300 x .875).

h) **Adjusted Panel Size**. In order to account for client complexity and the workload that results from it, an adjusted panel is calculated by dividing the baseline target (1137.5) by the member organization specific SAMI. This will be updated on a regular basis.

## 5. Primary Care Panel Size

Each member organization must establish the maximum panel size for all primary care providers. This panel consists of clients for whom the provider delivers primary care. The panel size is calculated using a standardized query provided in the member organization's data warehouse (BIRT).

This query extracts the total number of clients who have had an encounter with a Physician or Nurse Practitioner over a three year period or have seen a physician or nurse practitioner at some point and have seen a Registered Nurse, Registered Practical Nurse or Physician Assistant within three years.

## 6. Adjustments to Panel Size

The SAMI score represents the average complexity of member organization's clients within a specific member organization. A score above 1.0 indicates a client population that is sicker and that requires more resources than the average. A score below 1.0 indicates that the client population has a lower burden of illness and requires fewer resources than average. Given that the SAMI is a good estimator of workload and complexity of clients; this will be used as the adjustment method. All member organizations begin with the same baseline number (1137.5) and this number is then adjusted for the specific client characteristics at individual member organizations. Adjustments in target panel sizes based upon the member organization's specific population characteristics need to be made as follows: 1137.5/SAMI score x funded FTEs for each member organization.

Recent studies indicate that current levels of support staff, client complexity (SAMI), and the number of exam/consult rooms are significant factors that influence the number of primary care clients that can be managed. If the number of exam rooms and/or the clinic support staff are considerably lower than the recommendations, it may be impossible to meet the suggested adjusted targets. Veterans Health Administration (VHA) has recommended a

support staff ratio of at least 2.5 FTE support staff (as defined above) per primary care provider.

The VHA recommends 3 exam/consult rooms per primary care provider.

There are several additional factors that influence the panel size for a provider. These will vary across member organizations and are important to consider when determining an appropriate adjusted panel size. The Clinical Advisory Working Group has developed a basket of contextual and balancing indicators that can be used to further describe services at a member organization and to ensure that high quality of care and access is being maintained and that panel sizes are sustainable. It is expected that each member organization will select 3 to accompany the Access to Primary Care data that is reported to the LHIN.

| Quality | Sustainability |
|---|---|
| Client Experience – Access | # of new clients |
| Third next available appointment | # of registered clients |
| Interpretation Services | Clinic Support/primary care provider |
| Non-Insured | Specialized Care |
| Non-Insured | Exam rooms/primary care provider |
| | Non-clinical activities |
| | New grads/New hires |
| | Student supervision |
| | Vacancies |
| | Travel Time |
| | High Risk Urban Population |

See Appendix B for technical specifications.

## 7. Monitoring and Reporting

The primary care panel size should be calculated on an on-going basis within your own organization. The SAMI will be refreshed yearly with new data and SAMI scores will be distributed to individual member organizations. Therefore, the adjusted target panel sizes for each member organization may change based on the specific client characteristics. However, the panel size negotiated with the LHINs will not change until the beginning of the next fiscal year (April 1st).

The adjusted panel size was added to the LHIN Multi-Sectoral Accountability Agreements (MSAA) in April 2014 as an accountability indicator. This indicator is labelled as ‘Access to Primary Care’. Member organizations are required to set targets and different corridors have

been established for centres who are required to increase their panel size (rapid growth) and also those who will increase slightly or maintain their current panel size (continued high level of service). The indicator will be evaluated over time to ensure that it is appropriate.

See appendix A for the technical specifications for the panel size indicator.

## Appendix A

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Access to Primary Care** |
| | **INDICATOR DESCRIPTION**<br><br>Detailed description of indicator | The indicator calculates the current number of clients provided clinical services as a percentage of the total number of clients the member organization is expected to serve.<br><br>Where the "expected" client count or full potential of the member organization assumes a fully staffed clinical team and the client complexity is factored into the count. |
| | **INDICATOR CLASSIFICATION** | Performance |
| | **PERFORMANCE STANDARD** | **Performance Target:**<br>LHIN-negotiated target<br>**Performance Corridor:**<br>**Rapid Growth: +/- 10% of Target Value**<br>**Continue High Level of service: +/- 5% of Target**<br>**Rapid growth** is defined when a target is agreed to and this target is greater than 10% of their current value. (Example current level = 45% where agreed to target is 60%. (60-45)/45 = 33% growth |
| **NUMERATOR** | **CALCULATION** | Number of clients that have had an encounter with an Physician, Nurse Practitioner, Registered Nurse, Registered Practical Nurse, or Physician Assistant within the last 3 years AND have had an encounter with an Physician or Nurse Practitioner anytime |
| | **DATA SOURCE** | BIRT data repository |

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| | **EXCLUSION/INCLUSION CRITERIA** | **Includes:**<br>1. Primary care clients seen by Physicians, Nurse Practitioners, Physician Assistants, Registered Practical Nurses or Registered Nurses in a three year period AND seen by a Physician or Nurse Practitioner at any time.<br>**2.** All active or inactive clients seen in the past 3 years |
| **DENOMINATOR** | **CALCULATION** | Target Adjusted Panel Size for the member organization =<br>1137.5/ member organization specific Standardized ACG Morbidity Index (SAMI) x FTE primary care providers (Physicians +Nurse Practitioners) |
| | **DATA SOURCE** | ICES practice profile (SAMI) + member organization budget (FTE Count) |
| | **EXCLUSION/INCLUSION CRITERIA** | **Includes:**<br>1. Funded FTE count of Primary Care Providers (Physician+ Nurse Practitioner)<br>**Excludes:**<br>1. Any practitioner that is not funded to provide clinical services as part of an approved budget for a member organization |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br>How often, and when, are data being released<br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Denominator: Recalculation will be done annually.<br>Reported: Quarterly |
| | **LEVELS OF COMPARABILITY**<br>Levels of geography for comparison | |

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| | **TRENDING**<br><br>Years available for trending | Trending of panel size began in April 2014, however the numerator was changed in April 2016 to include primary care that was provided by a Registered Nurse, Registered Practical Nurse or Physician Assistant over three years. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | Denominator refresh is done annually.<br><br>As there is no way of distinguishing an Physician, Nurse Practitioner, Registered Nurse, Registered Practical Nurse, or Physician Assistant who delivers primary care services from those who do not, this indicator may inadvertently capture community individuals who are not primary care clients. It is anticipated that since the client was seen at one time by a Physician or Nurse Practitioner that they continue to be primary care clients, however, this may not always be the case. It is projected that the impact of this limitation will be low. |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | This indicator does not describe the full picture of the clients receiving primary care such as: equity, sustainability and quality. Therefore, this indicator has been implemented with additional explanatory indicators. These indicators provide contextual information for the member organizations to describe their services and/or priority populations.<br><br>The adjusted target panel size will vary depending on the complexity of clients (SAMI). New member organizations or member organizations that are in a period of growth may have changing SAMIs.<br><br>If a member organization's current panel is greater than the adjusted target panel size it is recommended that at least their current panel be used for calculating the denominator for the MSAA indicator (MSAA target should not exceed 100%)<br><br>Select three explanatory measures for this indicator. |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | Glazier RH, Zagorski BM, Rayner J. Comparison of Primary Care Models in Ontario by Demographics, Case Mix and Emergency Department Use, 2008/09 to 2009/10. ICES Investigative Report. Toronto: Institute for Clinical Evaluative Sciences; 2012.<br><br>Muldoon L, Dahrouge S, Russell G, Hogg W, Ward N. How many patients should a family doctor have? Factors to consider in answering a deceptively simple question. |

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| | | Healthcare Policy 2012 7(4)<br><br>Family Health Teams Guide to Physician Compensation<br><br>https://www.rtso.ca/wp-content/uploads/2015/06/MOHLTC-fht_inter_provider-Oct-2013.pdf |
| | **REPORTING RESPONSIBILITY** | Health Service Providers |
| | **DATE CREATED (YYYY-MM-DD)** | 2012-06-09 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

## Appendix B

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Client Satisfaction – Access** |
| | **INDICATOR DESCRIPTION**<br><br>Detailed description of indicator | The percentage of clients that report that they have timely access to their Physician, Nurse Practitioner, Physician Assistant, Registered Nurse or Registered Practical Nurse. |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | Number of respondents who stated 'same day' or 'next day' access to a primary care provider at their organization |
| | **DATA SOURCE** | Client Experience Survey |
| | **EXCLUSION/INCLUSION CRITERIA** | **Includes:**<br>All clinical survey respondents<br><br>**Excludes:**<br>Clients who selected 'not applicable' |
| **DENOMINATOR** | **CALCULATION** | Total number of respondents |
| | **DATA SOURCE** | Client Experience Survey |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br><br>Clients who selected 'not applicable' |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br><br>How often, and when, are data being released<br><br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Yearly |
| | **LEVELS OF COMPARABILITY** | |

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| | Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | The following question must be included in the client experience survey.<br><br>The last time you were sick, how many days did it take from when you first tried to see your doctor or nurse practitioner to when you actually SAW him/her or someone else in their office?<br><br>a) same day<br>b) next day<br>c) 2-19 days (enter number of days:___)<br>d) 20 or more days<br>e) Not applicable |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-access-primary-care-provider-patient/EN |
| | **KEYWORDS** | Community Health Centre, Access, Client Experience, Quality |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Clinic Support Staff per Primary Care Provider** |
| | **INDICATOR DESCRIPTION**<br>Detailed description of indicator | The percentage of clinical support staff per Physician and Nurse Practitioner. |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | The total number of clinical support staff |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION CRITERIA** | Includes: Physician Assistants, Registered Nurses, Registered Practical Nurses, Medical Secretaries, Pharmacists, Medical Assistants, Health Technicians, and Lab Technicians. |
| **DENOMINATOR** | **CALCULATION** | Total number of funded primary care providers (Physicians and Nurse Practitioners) |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br>How often, and when, are data being released<br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |

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| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | Dietitians, social workers, and other staff are valuable members of the primary care team, but for the purposes of this measure only support staff who work directly in the clinic should be included. This measure reflects the number of staff available to assist and manage primary care clients alleviating some of the work that Physicians or Nurse Practitioners would manage otherwise. |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2017 |
| | **KEYWORDS** | Community Health Centre, Clinic Support, Sustainability |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Interpretation** |
| | **INDICATOR DESCRIPTION**<br>Detailed description of indicator | The percentage of encounters by a primary care provider (Physician, Nurse Practitioner, Physician Assistant, Registered Nurse or Registered Practical Nurse) that include interpretation services. |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | The total number of encounters by a primary care provider (Physician, Nurse Practitioner, Physician Assistant, Registered Nurse or Registered Practical Nurse) that require interpretation services. |
| | **DATA SOURCE** | BIRT |
| | **EXCLUSION/INCLUSION CRITERIA** | None |
| **DENOMINATOR** | **CALCULATION** | The total number of encounters by a primary care provide (Physician, Nurse Practitioner, Physician Assistant, Registered Nurse or Registered Practical Nurse). |
| | **DATA SOURCE** | BIRT |
| | **EXCLUSION/INCLUSION CRITERIA** | **Includes:**<br>1. Primary care clients seen by a Physician, Nurse Practitioner, Physician Assistant, Registered Practical Nurse or Registered Nurse in a three year period AND seen by a Physician or Nurse Practitioner at any time.<br>2. All active or inactive clients seen in the past 3 years |

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| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br><br>How often, and when, are data being released<br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |
| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br>Specific limitations | |
| | **COMMENTS**<br>Additional information regarding the calculation, interpretation, data source, etc. | |
| | **REFERENCES**<br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | |
| | **KEYWORDS** | Community Health Centre, Specialty Clinics, High-Risk Populations, Complex Populations, Equity |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Exam Rooms per Primary Care Provider** |
| | **INDICATOR DESCRIPTION**<br><br>Detailed description of indicator | The number of exam rooms per primary care provider (Physician, Nurse Practitioner, Physician Assistant, Registered Nurse and Registered Practical Nurse) |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | The total number of exam and consult rooms used for provision of client care. |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION**<br><br>**CRITERIA** | **Includes:**<br><br>All rooms that are equipped to interview, assess and treat clients |
| **DENOMINATOR** | **CALCULATION** | Total number of primary care providers (Physician, Nurse Practitioner, Physician Assistant, Registered Nurse and Registered Practical Nurse) |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION**<br><br>**CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br><br>How often, and when, are data being released<br><br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |

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| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | Exam rooms are defined as full-equipped rooms in which providers and other staff can interview and assess clients. Consult/interview rooms should be counted when they are used by clinical staff for the provision of care. The total number of exam rooms in the clinic is counted. |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2017 |
| | **KEYWORDS** | Community Health Centre, Exam Rooms, Sustainability |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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|---|---|---|
| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **New Grads/New Staff** |
| | **INDICATOR DESCRIPTION**<br>Detailed description of indicator | This indicator calculates the percentage of Physician and Nurse Practitioner staff who are defined as a new grad or newly hired positions. |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | Total number of new staff and/or new grads (Physician, Nurse Practitioner) |
| | **DATA SOURCE** | Manual – Organizational Data |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **DENOMINATOR** | **CALCULATION** | Total number Physicians and Nurse Practitioners |
| | **DATA SOURCE** | Manual – Organizational Data |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br>How often, and when, are data being released<br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |

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| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | Newly-hired providers who are building a panel of new patients may take 12-15 months to achieve a full panel equal to that of an established provider. It is also recognized that if a newly-hired provider is assuming the responsibility for an established panel, approximately 9 months may be required before they have the ability to care for the panel of a fully-established provider. |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2017 |
| | **KEYWORDS** | Community Health Centre, Sustainability, New Grads, New Hires |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Non-Primary Care Activities** |
| | **INDICATOR DESCRIPTION**<br>Detailed description of indicator | The FTE percentage of Physician and Nurse Practitioner time spent on non-primary care activities. This includes time spent in clinical management, teaching/research, and or community development activities |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | Total FTE Physician, Nurse Practitioner time spent on non-primary care activities |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **DENOMINATOR** | **CALCULATION** | Total FTE time for all Physicians and Nurse Practitioners |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br>How often, and when, are data being released<br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |

| | | |
|---|---|---|
| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | The FTE count for the Access to Primary Care includes all funded Physicians and Nurse Practitioners. Some of these providers spend their time in other activities such as broad community outreach activities, personal development activities, advocacy, management, research activities or other activities not specifically related to client care. |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | |
| | **KEYWORDS** | Community Health Centre, Non-primary care activities, Sustainability |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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| **INDICATOR DESCSIPTION** | **INDICATOR NAME** | **Number of New Clients** |
| | **INDICATOR DESCRIPTION**<br><br>Detailed description of indicator | This indicator calculates the percentage of Primary Care Clients who had their first encounter a Physician or Nurse Practitioner within the last 3 years. |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | The total number Primary Care Clients who had their first encounter with a Physician or Nurse Practitioner in the last 3 years |
| | **DATA SOURCE** | BIRT |
| | **EXCLUSION/INCLUSION**<br><br>**CRITERIA** | **Includes:**<br>All active or inactive clients seen in the past 3 years |
| **DENOMINATOR** | **CALCULATION** | The total number of all Primary Care Clients seen in the last 3 years. |
| | **DATA SOURCE** | BIRT |
| | **EXCLUSION/INCLUSION CRITERIA** | **Includes:**<br>1. Primary care clients seen by a Physicians, Nurse Practitioners, Physician Assistants, Registered Practical Nurses or Registered Nurses in a three year period AND seen by a Physician or Nurse Practitioner at any time.<br>2. All active or inactive clients seen in the past 3 years |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br><br>How often, and when, are data being released<br><br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |

| | | |
|---|---|---|
| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | |
| | **KEYWORDS** | Community Health Centre, New Clients, Access, Sustainability |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

| | | |
|---|---|---|
| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Number of Registered Clients** |
| | **INDICATOR DESCRIPTION**<br><br>Detailed description of indicator | Total number of clients registered to a Physician or Nurse Practitioner. |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **CALCULATION** | **CALCULATION** | Total number of active clients who have received primary care services from an Physician or Nurse Practitioner at any time including people who have not had an encounter in the last 3 years, however, the member organization is still responsible for providing primary care when required |
| | **DATA SOURCE** | BIRT |
| | **EXCLUSION/INCLUSION**<br><br>**CRITERIA** | **Excludes:**<br><br>Inactive Clients |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br><br>How often, and when, are data being released<br><br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |
| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |

| | | |
|---|---|---|
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | This measure reflects the total number of clients who, despite not having had an encounter in 3 years (therefore excluded from panel size) still consider the member organization as their primary care provider and will return if the need arises. This is an important measure for some member organizations who have a stable population. |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | |
| | **KEYWORDS** | Community Health Centre, Registered Clients |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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|---|---|---|
| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Specialized Care** |
| | **INDICATOR DESCRIPTION**<br>Detailed description of indicator | The percentage of FTE time spent on specialized care. This includes specialty clinics such as palliative care, obstetrics and may include priority populations (e.g. geriatric) |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | The total FTE time spent on provision of specialized care by Physician and Nurse Practitioner. |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **DENOMINATOR** | **CALCULATION** | The total FTE time spent on clinical activities by Physicians and Nurse Practitioners. |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br>How often, and when, are data being released<br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |

| | | |
|---|---|---|
| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | This measure accounts for highly-specialized panels not various priority populations. This may include a priority population that requires home visits. |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=2017 |
| | **KEYWORDS** | Community Health Centre, Specialty Clinics, High-Risk Populations, Complex Populations, Sustainability |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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|---|---|---|
| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Supervision of Students** |
| | **INDICATOR DESCRIPTION**<br>Detailed description of indicator | The percentage of Physician and Nurse Practitioner time spent supervising students |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | Total FTE time spent supervising/teaching Physician and Nurse Practitioner students |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **DENOMINATOR** | **CALCULATION** | The total FTE time spent on clinical activities by Physicians and Nurse Practitioners |
| | **DATA SOURCE** | Manual |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br>Any practitioner that is not funded as part of an approved budget for a member organization to provide clinical services |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br>How often, and when, are data being released<br>*E.g. Be as specific as possible…..data are released annually in* | Reported: Quarterly |

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|---|---|---|
| | *mid-May* | |
| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | http://www.rrh.org.au/publishedarticles/article_print_403.pdf |
| | **KEYWORDS** | Community Health Centre, Student Supervision, Sustainability |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Third Next Available Appointment (3NAA)** |
| | **INDICATOR DESCRIPTION**<br><br>Detailed description of indicator | Average length of time in days between the day a client makes a request for an appointment with a Physician or Nurse Practitioner and the third next available appointment for a new client, routine exam, or a return visit. |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **CALCULATION** | **CALCULATION** | Count the number of days between a fictitious or real request for an appointment and the third next available appointment in your schedule. |
| | **DATA SOURCE** | Manual/Scheduler |
| | **EXCLUSION/INCLUSION CRITERIA** | **Include:**<br>1. Vacation days<br>2. Weekends<br><br>**Exclude:**<br>1. Statutory holidays |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br><br>How often, and when, are data being released<br><br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |
| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |

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| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | Difficult to include providers that work less than a 0.5 FTE. |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | Continuity is an important element of quality care and access. Continuity measures may be important to measure with 3NAA to ensure that clients have the ability to see their own provider. |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | http://www.ihi.org/knowledge/Pages/Measures/ThirdNextAvailableAppointment.aspx<br><br>http://www.health.gov.on.ca/en/pro/programs/ris/docs/third_next_available_appointment_en.pdf |
| | **KEYWORDS** | Community Health Centre, Access to Care, 3NAA, Third Next Available Appointment |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | 2013-02-24 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Non-Insured Clients** |
| | **INDICATOR DESCRIPTION**<br><br>Detailed description of indicator | This indictor calculates the percentage of clients who do not have Ontario Health Insurance (OHIP). |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | The number of primary care clients who do not have Ontario Health Insurance (OHIP) |
| | **DATA SOURCE** | Practice Profile (or BIRT) |
| | **EXCLUSION/INCLUSION CRITERIA** | **Includes:**<br>1. Primary care clients seen by a Physician, Nurse Practitioner, Physician Assistant, Registered Practical Nurse or Registered Nurse in a three year period AND seen by a Physician or Nurse Practitioner at any time.<br>2. All active or inactive clients seen in the past 3 years |
| **DENOMINATOR** | **CALCULATION** | Number of primary care clients seen by a Physicians, Nurse Practitioners, Physician Assistants, Registered Practical Nurses or Registered Nurses in a three year period AND seen by a Physician or Nurse Practitioner at any time. |
| | **DATA SOURCE** | BIRT |
| | **EXCLUSION/INCLUSION CRITERIA** | **Includes:**<br>1. Primary care clients seen by a Physician, Nurse Practitioner, Physician Assistant, Registered Practical Nurse or Registered Nurse in a three year period AND seen by a Physician or Nurse Practitioner at any time.<br>2. All active or inactive clients seen in the past 3 years |

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| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br><br>How often, and when, are data being released<br><br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |
| | **LEVELS OF COMPARABILITY**<br><br>Levels of geography for comparison | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | Individuals without Ontario health insurance (OHIP) are not included in the SAMI calculation. |
| | **REFERENCES**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | |
| | **KEYWORDS** | Non-Insured |
| **INDICATOR DETAILS** | **DATE CREATED (YYYY-MM-DD)** | |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Retention Rate (Physicians and Nurse Practitioners)** |
| | **INDICATOR DESCRIPTION**<br><br>DETAILED DESCRIPTION OF INDICATOR | This indicator calculates the percentage of Physician and Nurse Practitioner permanent full-time equivalent (FTE) positions that are occupied over the reporting period. |
| | **INDICATOR CLASSIFICATION** | Explanatory to the Access to Primary Care indicator |
| **NUMERATOR** | **CALCULATION** | The sum of the number of hours worked by Physician and Nurse Practitioner cumulative to the end of the reporting period.<br><br>Physician and Nurse Practitioner staff who are replacing a leave (i.e. maternity leave, educational leave) should be included in the calculations |
| | **DATA SOURCE** | Individual Human Resources (HR) records |
| | **EXCLUSION/INCLUSION CRITERIA** | |
| **DENOMINATOR** | **CALCULATION** | The sum of the number of hours worked by Physician and Nurse Practitioner if the complement was fully occupied over the time period. |
| | **DATA SOURCE** | Individual HR records |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br><br>Contract staff, secondments and transfers. |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br><br>How often, and when, are data being released<br><br>*E.g. Be as specific as possible…..data are* | Reported: Quarterly |

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| | *released annually in mid-May* | |
| | **LEVELS OF COMPARABILITY** | |
| | **TRENDING**<br><br>Years available for trending | Data available from April 2015 (prior to 2015 collected as vacancy rate) |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | A common sector-wide data source does not exist. Data is self-reported by HR staff.<br><br>Vacations and Statutory Holidays to be included in worked hours as per standard practice. |
| | **references**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | Quality workplace Quality Healthcare Collaborative. http://www.qwqhc.ca/take-action-measure.aspx#sec4 |
| | **DATE CREATED (YYYY-MM-DD)** | 2014-10-01 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | 2018-07-10 |

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| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **Travel Time** |
| | **INDICATOR DESCRIPTION**<br><br>DETAILED DESCRIPTION OF INDICATOR | This indicator calculates the percentage of total time Physician, Nurse Practitioner, Physician Assistant, Registered Nurse and Registered Practical Nurse spend travelling for the purpose of direct service delivery to clients. |
| | **INDICATOR CLASSIFICATION** | Explanatory |
| **NUMERATOR** | **CALCULATION** | The sum of the number of hours spent travelling by Physician, Nurse Practitioner, Physician Assistant, Registered Nurse AND Registered Practical Nurse cumulative to the end of the reporting period. |
| | **DATA SOURCE** | Individual Human Resources (HR) records |
| | **EXCLUSION/INCLUSION CRITERIA** | Contract staff, secondments and transfers |
| **DENOMINATOR** | **CALCULATION** | The sum of the total number of hours worked by Physicians and Nurse Practitioners cumulative to the end of the reporting period. |
| | **DATA SOURCE** | Individual HR records |
| | **EXCLUSION/INCLUSION CRITERIA** | **Excludes:**<br><br>Contract staff, secondments and transfers |
| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br>How often, and when, are data being released<br>*E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |

| | | |
|---|---|---|
| | **LEVELS OF COMPARABILITY** | |
| | **TRENDING**<br><br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br><br>Specific limitations | |
| | **COMMENTS**<br><br>Additional information regarding the calculation, interpretation, data source, etc. | A common sector-wide data source does not exist. Data is self-reported by HR staff.<br><br>Vacations and Statutory Holidays to be included in worked hours as per standard practice. |
| | **references**<br><br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | |
| | **DATE CREATED (YYYY-MM-DD)** | 2018-07-05 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | |

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|---|---|---|
| **INDICATOR DESCRIPTION** | **INDICATOR NAME** | **High Risk Urban Population** |
| | **INDICATOR DESCRIPTION**<br><br>DETAILED DESCRIPTION OF INDICATOR | This indicator identifies Community Health Centres who provide services to a high risk urban population. |
| | **INDICATOR CLASSIFICATION** | Explanatory |
| **NUMERATOR** | **CALCULATION** | A positive answer to the following question:<br><br>Does your centre provide services to individuals (as a priority population) who:<br><br>• are homeless or at risk of being homeless<br>• live with mental health issues or mental illness<br>• live with an addiction<br>• are living in poverty or with low income<br>• are street involved youth |
| | **DATA SOURCE** | Individual HR records |
| | **EXCLUSION/INCLUSION CRITERIA** | |
| **DENOMINATOR** | **CALCULATION** | N/A |
| | **DATA SOURCE** | N/A |
| | **EXCLUSION/INCLUSION CRITERIA** | N/A |

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| **GEOGRAPHY & TIMING** | **TIMING/FREQUENCY OF RELEASE**<br>How often, and when, are data being released *E.g. Be as specific as possible…..data are released annually in mid-May* | Reported: Quarterly |
| | **LEVELS OF COMPARABILITY** | |
| | **TRENDING**<br>Years available for trending | Data is available from April 2014. |
| **ADDITIONAL INFORMATION** | **LIMITATIONS**<br>Specific limitations | |
| | **COMMENTS**<br>Additional information regarding the calculation, interpretation, data source, etc. | Member organizations that provide services the High Risk Urban clients tend to have a higher SAMI, and therefore have a higher than expected resource use thus resulting in a reduced ability to see the same number of clients as a centre with a lower SAMI. It is to note that social conditions confounded with mental health addictions add to complexity and are not properly adjusted with the SAMI.<br><br>A common sector-wide data source does not exist. Data is self-reported by HR staff. |
| | **references**<br>Provide URLs of any key references *E.g. Diabetes in Canada, HTTP://....* | Glazier RH, Zagorski BM, Rayner J. Comparison of Primary Care Models in Ontario by Demographics, Case Mix and Emergency Department Use, 2008/09 to 2009/10. ICES Investigative Report. Toronto: Institute for Clinical Evaluative Sciences; 2012. |
| | **DATE CREATED (YYYY-MM-DD)** | 2018-07-05 |
| | **DATE LAST REVIEWED (YYYY-MM-DD)** | |

## Frequently Asked Questions

1. The SAMI is provided for the entire organization – how do we account for provider's who see considerably more complex client groups?

    - The adjusted panel sizes are per member organization and not per provider. This means that there is flexibility for different providers within a particular member organization to have different panel sizes however this requires an understanding of the characteristics in each provider's panel. Work is underway to develop an individual client complexity weight that will help member organizations manage this issue.

2. Does the Panel Size query include all clients, including people without health insurance or people who are not on-going primary care clients (OPCC)?

    - The panel size query includes all individuals who have had an encounter with a Physician, Nurse Practitioner, Registered Nurse/Registered Practical Nurse or Physician Assistant over a three year period. The query includes everyone regardless of OPCC and insurance status

3. Is there an expectation that all member organizations will reach 100% of their target panel size?

    - Some member organizations may not reach 100% of their full capacity due to contextual issues related to panel size. If a specific member organization has an inadequate number of exam rooms or no support staff the ability to work efficiently will be diminished and panel size may not be achieved.

4. Why does the indicator include funded positions and not filled positions?

    - The LHIN is interested in measuring a member organization's full capacity which reflects the number of primary care positions that they have provided funding for. This helps the LHIN plan primary care in the region, understand resource allocation and ensure that there is continued access to primary care.

5. Other primary care models suggests that Nurse Practitioners should have a lower panel size – why are the expectations the same for both Physicians and Nurse Practitioners in member organizations?

    - The data did not suggest that Nurse Practitioners saw fewer clients. On average, Nurse Practitioners had similar or higher client panels compared to physicians in the sector.

6. Who is included in the clinical support measure?

- This includes staff that provides specific clinical support to the primary care providers and includes activities such as: checking clients in and out of primary care appointments; obtaining vital signs, collecting medical information; nursing activities; telephone triage or advice.

- Staff time dedicated to business office functions, file room activities, or supporting non-primary care clinics should not be included or should be pro-rated for the amount of time spent supporting PC. Typical staff types that include: Registered Nurses, Registered Practical Nurses, Pharmacists, Medical Office Assistants, Medical Assistants, Lab Technicians.

7. How does the SAMI adjust for complexity and why not use revisit rate?

- The method of adjusting panel size by SAMI assumes a linear relationship for workload, ie that an individual with a score of 2 would be seen twice as frequently as one with a score of 1.

- The SAMI includes all diagnoses that have been recorded in the health system over a three-year period of time. The SAMI should come close to representing the number of primary care encounters expected for that person. The ACG software has adjusted for any non-linearity and has been widely validated. The use of revisits would need to assume that all encounters are appropriate rather than basing the adjustment factor on what is expected based on client characteristics.

8. If a member organization has non-LHIN funded primary care provider staff should they be included in the FTE count?

- The LHIN have instructed us to only include LHIN funded staff in the FTE count.