2021 CHC Practice Profile

April 12, 2022

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Welcome & Introduction

- Housekeeping
- Land Acknowledgement
- Presenters: Stephanie Bale, Kendra Jones & Jennifer Sarkella |
 Quality Improvement & Performance Leads
- Q&A/Discussion

Housekeeping





- All attendees are automatically muted when joining Zoom
- Please keep your microphones muted during the presentation
- Open up the chat window to chat with other participants or ask questions

Acknowledgement of Traditional Indigenous Territories

We recognize that the work of the Alliance for Healthier Communities and Alliance members takes place across what is now called Ontario on traditional territories of the Indigenous people who have lived here since time immemorial and have deep connections to these lands. We further acknowledge that Ontario is covered by 46 treaties, agreements and land purchases, as well as unceded territories. We are grateful for the opportunity to live, meet and work on this territory.

Ontario continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories and needs, as well as constitutionally protected and treaty rights. We honour this diversity and respect the knowledge, leadership and governance frameworks within Indigenous communities. In recognition of this, we commit to building allyship relationships with First Nation, Inuit and Métis peoples in order to enhance our knowledge and appreciation of the many histories and voices within Ontario. We also commit to sharing and upholding responsibilities to all who now live on these lands, the land itself and the resources that make our lives possible.

Overview

- Introduction
 - What is the Practice Profile?
 - What are the major changes for the 2021 Practice Profile report?
 - How should the Practice Profile be used?
- Practice Profile methodology
 - Where does the data come from and how is it linked?
 - What data are included and excluded?
 - How is the SAMI score calculated?
- Provincial CHC sector trends from the 2021 Practice Profile
- O & A

What is the Practice Profile?

- Annual report produced by the Alliance for Healthier Communities (the Alliance) & the Institute for Clinical Evaluative Sciences (ICES).
- Combines CHC EMR data with data from other places CHC clients interact with the health care system to paint a comprehensive picture of the complexity and health care utilization of clients served by Ontario CHCs.
- Indicators include:
 - Complexity (SAMI)
 - Health care utilization
 - Other primary care models accessed
 - Sociodemographic characteristics
 - Cancer screening
 - Opioids dispensed

What are the major changes for the 2021 Practice Profile?

- The Practice Profile is now split into three products:
 - Main report contains select, key indicators
 - Appendices (A and B) contains all other indicators found in previous Practice Profiles
 - *New* electronic data file allows centres to easily find and select relevant peer comparators, and manipulate and analyse the data to meet their own information needs
- Technical appendix for the Practice Profile indicators has also been developed (posted to the Alliance portal)

What are the major changes for the 2021 Practice Profile (cont.)?

- Other changes to the main report include:
 - Simplified, less technical language used and more background information included
 - Links and references provided throughout
 - Tables of contents and headers used
 - Colour, graphics, and branding added
- Data for <u>all</u> Ontario CHCs are now included in the Practice Profile

How should the Practice Profile be used?

- Data can inform quality improvement efforts, including formal Quality Improvement Plans (QIPs).
 - New opioid starts is a priority indicator and cancer screenings are additional indicators for the 2022/23 individual organization QIPs.
 - Cancer screenings are also indicators for the 2022/23 Collaborative QIPs (cQIPs).
- The SAMI score is used to calculate panel size, which is part of your centre's Multi-Sectoral Accountability Agreement (MSAA).
- Data from the Practice Profile can support discussions and planning related to your Ontario Health Team (OHT).



Practice Profile Creation

Community Health Centres

PS Suite EMR Data

Data entered into EMR as part of client encounter are loaded into BIRT.

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BIRT

Data are extracted from BIRT for CHC clients who have had an encounter with a MD or NP during the study period and sent to ICFS.

ICES

Data Linkage

- Registered Persons Database
- OHIP physician billing data
- Hospital discharge data (DAD)
- Emergency department visit data (NACRS)
- Cancer screening data
- Opioid dispensing data

• Census data

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Practice Profile Report

- SAMI score
- Health service utilization
- Overlapping clients
- Sociodemographic characteristics
- Cancer screening
- Opioid dispensing











Timeframes

- Index date for cohort generation March 31, 2021
- Retrospective linkage with additional data sets

<u>Data timeframes for indicators</u>:

- Complexity (SAMI) 24 months of diagnostic data (April 1, 2019 to March 31, 2021)
- Health services utilization 12 months (April 1, 2020 to March 31, 2021)
- Cancer screening up to ten years (April 1, 2011 to March 31, 2021)
- Opioid prescribing 6 months (October 31, 2020 to March 31, 2021)

Cohort Inclusions

Inclusions:

- Have had an encounter with a CHC physician or nurse practitioner in the two years prior to the index date (April 1, 2019 - March 31, 2021)
- Client must be alive at index date
- Eligible to receive health care services in Ontario (i.e., have a valid OHIP number)
- A resident of Ontario

Cohort Exclusions

Exclusions:

- < 1 year of age</p>
- Palliative care clients identified from hospital and physician billing claims (included if CHC only)
- Non-PS Suite EMR

Sector wide 13.8% of clients are excluded (~41,000 clients)

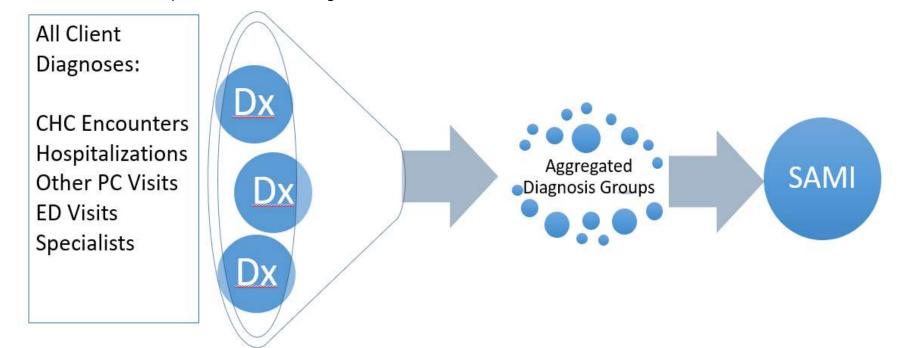
- Range per centre = 2.6 51.4%
- 10% of clients are excluded due to lack of OHIP numbers, ~4% due to ineligibility
- * Also indicator-specific inclusions and exclusions. See Technical Appendix.

Standardized ACG Morbidity Index (SAMI)

- Measures the complexity of the client population served by your CHC
- Predictor of primary care utilization
- Used in the calculation of panel size as a complexity weight
 - Complexity/SAMI
 - Panel size
- Standardized so that average Ontarian has a SAMI of 1.0
 - SAMI of 1.5 = expected need for primary care 50% greater than average Ontario population

SAMI Methodology

- Generated from Issues Addressed section of the Encounter Details Form in PSS
- Data from encounters with MDs and NPs only
- Two-year timeframe every diagnosis in the health system included
- Uses Johns Hopkins ACG System



Where can I find more information?

- Practice Profile Technical Appendix
- SAMI Guide for Clinicians
- Johns Hopkins ACG methodology
- SAMI 101: An introduction to SAMI and Panel Size (coming soon)
- SAMI 201: SAMI and Panel Size (coming soon)
- Email <u>EPIC@allianceon.org</u>

Provincial trends from the 2021 Practice Profile

Figure 1: Provincial SAMI score (2017-2021)

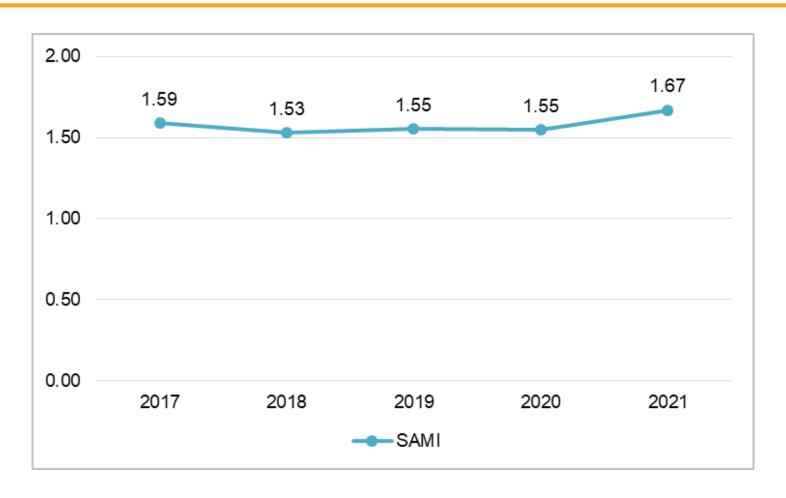


Figure 2: 2021 SAMI

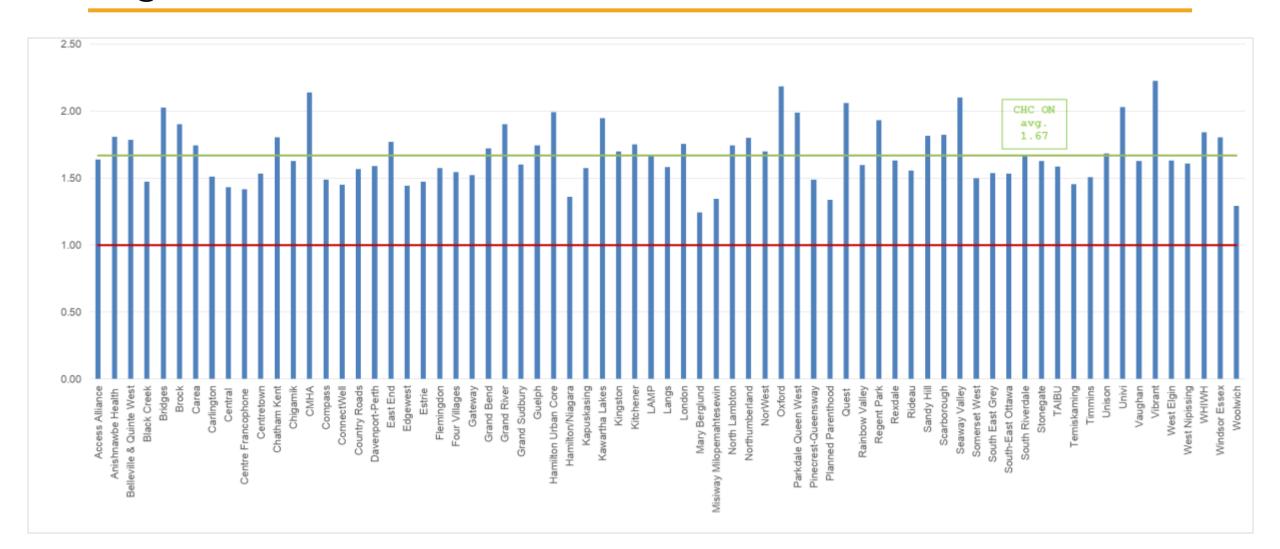


Figure 3: Provincial cancer screening rates (2017-2021)

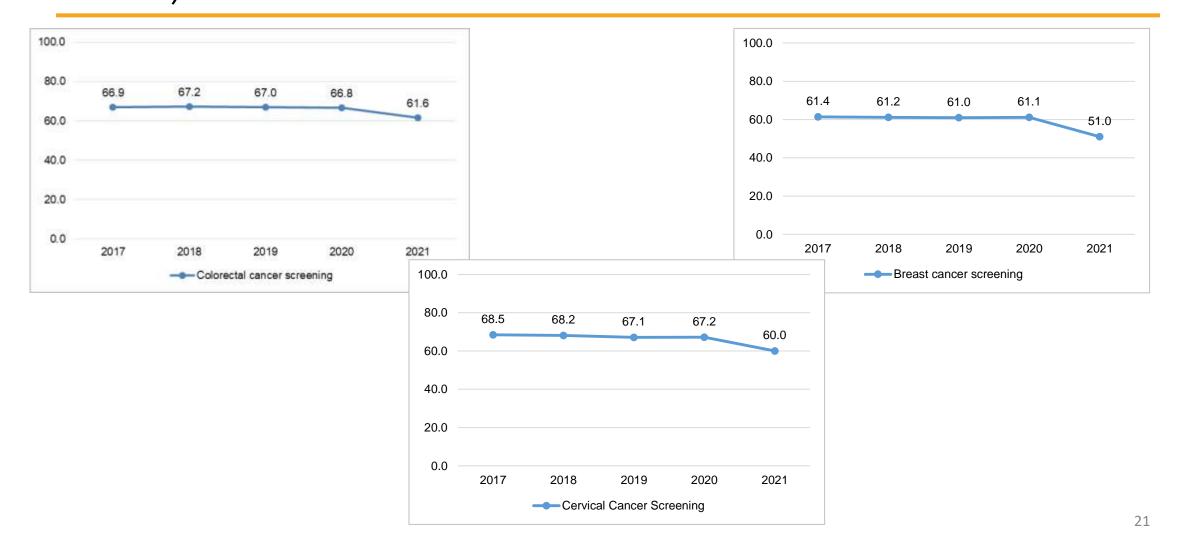


Figure 4: Provincial new opioid starts (2017-2021)

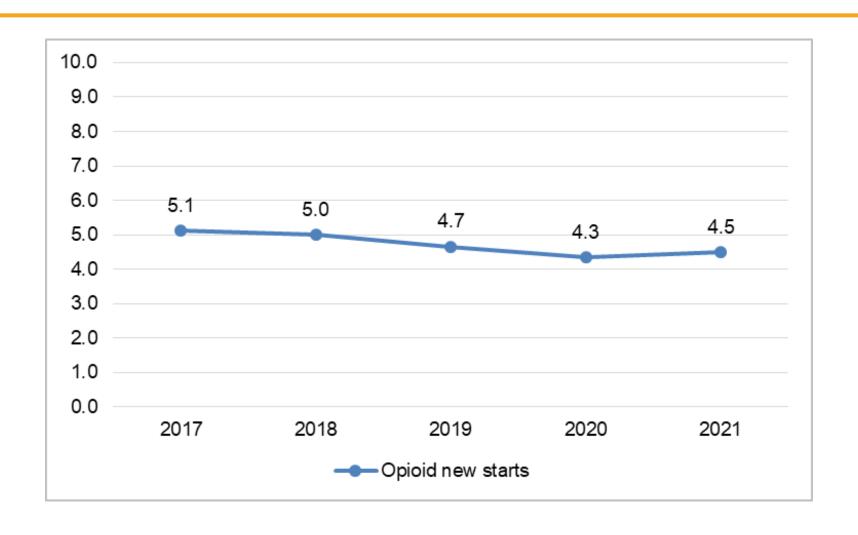


Figure 5: Provincial emergency department visits better managed elsewhere (2017-2021)

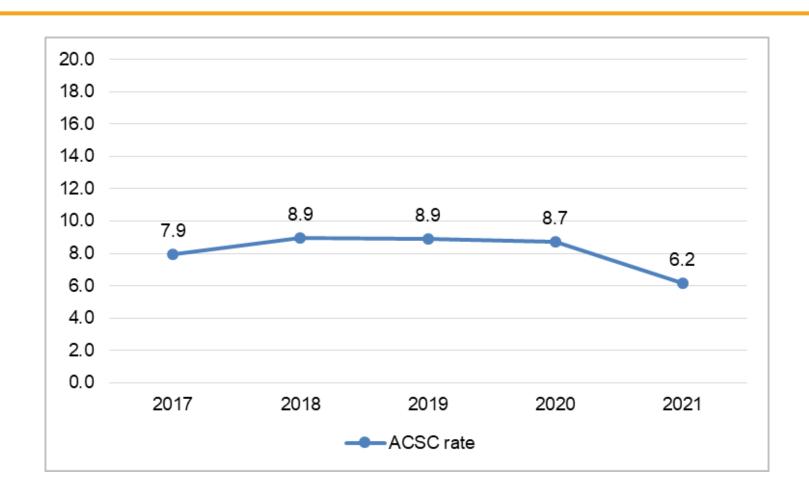
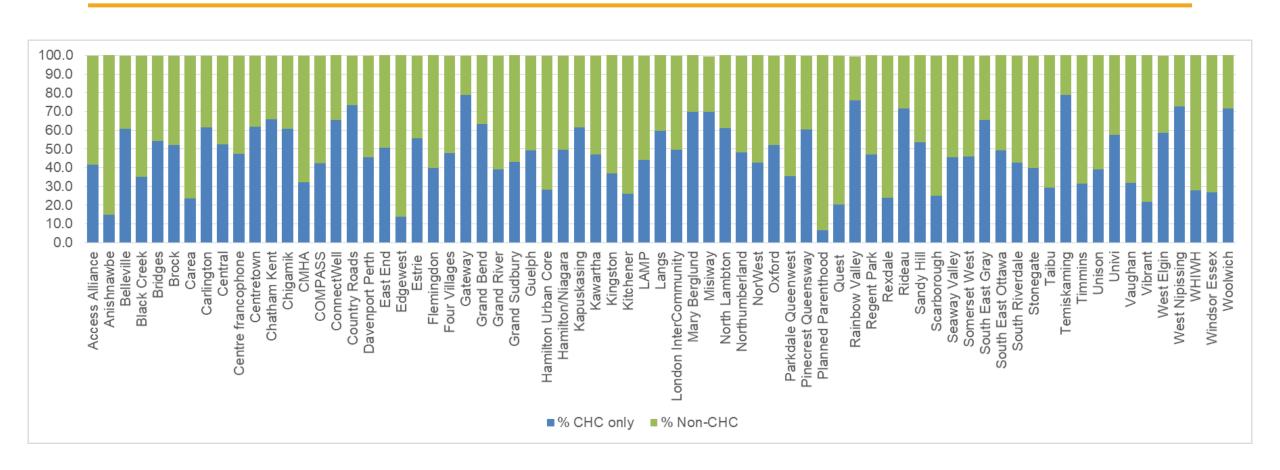


Figure 6: Overlapping clients(2021)





Thank you

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