D2D 5.0 Indicators: Data Dictionary – v1

(Updated June 22, 2017)

The data dictionary below describes indicators for D2D 5.0 and includes some changes from the initial set of indicators reported in previous iterations of D2D. To ensure that you access the most updated version of the data dictionary, clear your computer cache before opening the PDF.

Please ensure that you are working with **Version 1** of the data dictionary.

The definitions and references for the D2D 5.0 indicators are based on the HQO Primary Care Performance Measurement Framework (PCPMF) wherever possible.

D2D data comes from YOU – Here's where you get it to submit to D2D

1. Self-reported team characteristic and team profile data
2. Patient Experience Surveys (PES)
3. EMRs
4. Quality Improvement Plans (QIPs)
5. Ministry of Health and Long-Term Care Data Branch Portal (MOHLTC)
6. HQO – Primary Care Practice Reports (ICES)
7. Cancer Care Ontario Screening Activity Reports (CCO SAR)

Please feel free to submit data for any of the indicators, even if you can't get at data for all of them.

- The D2D Step-by-Step Guide will help you understand the process for accessing and submitting data.
- The D2D Data Input Toolkit will help you calculate the "EMR data quality" and "Diabetes Care" indicators and assist you in compiling a summary of your data before submission.

If you need help with data extraction or submission, please contact your local QIDS Specialist or the provincial QIDS program staff via Carol Mulder.

To remain consistent with the HQO Primary Care Practice Report Technical Appendix, "Unit of analysis" refers to countable units (i.e., patients, percentages, rates), rather than the entity being measured (i.e., Team, Community).

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***Note: The 14 indicators marked QRU represent those that emerged from the analysis of D2D data as being the most important in the calculation of the Quality roll-up indicator. Please help us continue to refine this measure of Quality by contributing data for as many of these indicators as possible in addition to the CORE D2D indicators.**

Team Characteristics

Setting		
DESCRIPTION	**Indicator definition**	The rurality of the community in which the health team is located.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report. Consider referencing the Primary Care Practice Report for your Rurality Index for Ontario (RIO) Score to help inform your choice (see p. 38 of Primary Care Practice Report - Technical Appendix).
	Data Elements	**Pick List:** • Rural • Urban
OTHER RELEVANT INFORMATION	**LIMITATIONS /CAVEATS**	
	Rationale	To be used for peer group comparisons.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

LHIN		
DESCRIPTION	**Indicator definition**	The LHIN in which the health team is located.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report.
	Data source	Teams via self-report.
	Data elements	**Pick List:** • 1-Erie St. Clair • 2-South West • 3-Waterloo Wellington • 4-Hamilton Niagara Haldimand Brant • 5-Central West • 6-Mississauga Halton • 7-Toronto Central • 8-Central • 9-Central East • 10-South East • 11-Champlain • 12-North Simcoe Muskoka • 13-North East • 14-North West
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Due to character limits in the pick list, the LHIN names might not appear exactly as stated above on the D2D submission page. • For teams that have sites located in multiple LHINs select the LHIN that is most meaningful for comparison purposes.
	Rationale	To be used for peer group comparisons.
ADMIN	***Drafted on***	June 23, 2016
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	Updated on	
	Updated by	
	Update history	

LHIN Sub-region		NEW
DESCRIPTION	**Indicator definition**	The LHIN Sub-region in which the health team is located.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report.
	Data source	Teams via self-report.
	Data elements	**Pick list:** **1-Erie St. Clair** • Chatham City Centre • Essex South Shore • Lambton • Rural Kent • Tecumseh Lakeshore Amherstburg LaSalle • Windsor **2-South West** • Elgin • Grey Bruce • Huron Perth • London-Middlesex • Oxford **3-Waterloo Wellington** • Cambridge-North Dumfries • Guelph-Puslinch • Kitchener-Waterloo-Wellesley-Wilmot-Woolwich • Wellington **4-Hamilton Niagara Haldimand Brant** • Brant • Burlington • Haldimand Norfolk • Hamilton • Niagara • Niagara North West **5-Central West** • Bolton Caledon • Bramalea • Brampton • Dufferin • North Etobicoke, Malton, West Woodbridge **6-Mississauga Halton** • East Mississauga • Halton Hills • Milton • North West Mississauga • Oakville • South Etobicoke • South West Mississauga **7-Toronto Central** • East Toronto • Mid-East Toronto • Mid-West Toronto • North Toronto • West Toronto **8-Central** • Eastern York Region • North York West • North Your Central • Northern York Region • South Simcoe • Western York Region **9-Central East** • Durham North East • Durham West • Haliburton County and City of Kawartha Lakes • Northumberland County • Peterborough City and County • Scarborough North • Scarborough South

		10-South East • Kingston • Leeds, Lanark & Grenville • Lennonx & Addington • Quinte • Rural Frontenac • Rural Hastings **11-Champlain** • Central Ottawa • Eastern Champlain • Eastern Ottawa • Western Champlain • Western Ottawa **12-North Simcoe Muskoka** • Barrie and Area • Collingwood and Area • Midland and Penetanguishene Area • Muskoka • Orillia and Area **13-North East** • Algoma • Cochrane • James and Hudson Bay Coasts • Nipissing-Temiskaming • Sudbury-Manitoulin-Parry Sound **14-North West** • City of Thunder Bay • District of Kenora • District of Rainy River • District of Thunder Bay • Northern
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Due to character limits in the pick list, the LHIN sub region names might not appear exactly as stated above on the D2D submission page. • For teams that have sites located in multiple LHIN Sub-regions select the LHIN Sub-region that is most meaningful for comparison purposes.
	Rationale	To be used for a stand-alone peer group comparison.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Teaching Status		
DESCRIPTION	**Indicator definition**	Participation in teaching.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report.
	Data Source	Teams via self-report.
	Data elements	**Pick List:** • **Academic:** The team participates in a formal agreement with and designation by a medical school. • **Teaching:** The team hosts a variety of clinical trainees. • **Non-teaching**: The team may host non-clinical, undergraduate and/or high-school students.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	To be used for peer group comparisons.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Access to Hospital Discharge Data		
DESCRIPTION	**Indicator definition**	Complete implementation of a service to update EMR automatically with hospital discharge information.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report.
	Data source	Teams via self-report.
	Data elements	**Pick List:** • Hospital Report Manager (HRM) • Physician Office Integration (POI) • Timely Discharge Information System (TDIS) • Southwest Physician Office Interface to Regional EMR (SPIRE) • None • Unknown
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	To be used for peer group comparisons.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Core D2D 5.0 Indicators

Cost		
DESCRIPTION	**Indicator definition**	Per capita health care system cost with adjustment to reflect age/sex/complexity of patients.
	Reference	Primary Care Performance Measurement Framework, p. 221. **For more information, see Guidelines on Personal Level Costing.**
	Type	Outcome Indicator
	External Alignment	Primary Care Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Per capita (per person)
	Calculation	For details of the calculation, see p. 43 of Primary Care Practice Report Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data source	Primary Care Practice Team Report (ICES); see additional Excel worksheet (addendum to core report): *Cost*. Access via HQO Portal
	Data Elements	• Total unadjusted Cost • Adjusted Total Cost • Primary Care Costs • Physician, Lab, drug, ED and outpatient Costs • Inpatient and same day surgery Costs • Long Term Care, Complex Continuing Care and Rehab Costs **Note*: To be entered separately on D2D data submission form. Please see PCPMF reference for descriptions of each cost element.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report and therefore will not be able to report on this indicator. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	Cost is one component of the Starfield Model triple aim for measuring primary care. The model states that one of the goals of comprehensive primary care is to support a sustainable health care system by reducing the total cost of care.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Updated Data Elements to reflect current categories.

Patients Served		
DESCRIPTION	**Indicator definition**	Number of patients in the EMR who have had a visit (i.e., appointment) in the past 3 years.
	Reference	AFHTO in consultation with AOHC and EMR vendors (regarding how they define “active” patients)
	Type	Process Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Patients
	Calculation	N/A
	Data Source	EMR: Use the patients served queries developed by QIDS Specialists and the EMR Communities of Practice as posted on the AFHTO website.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	For D2D 5.0 the technical limitations of data extraction from EMRs dictate that only in-person encounters can be included in the definition.
	Rationale	This indicator is intended to reflect the ENTIRE patient population served by a team, not just those who are rostered to the team. The definition will continue to evolve in subsequent iterations of D2D as EMRs are increasingly capable of recording other meaningful patient encounters (e.g., phone calls) in such a way that the data can easily be extracted.
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	Updated on	
	Updated by	
	Update history	

Patients Rostered		
DESCRIPTION	**Indicator definition**	Number of patients formally rostered to the team.
	Reference	MOHLTC - Roster and Capitation Payment Reconciliation Report
	Type	Process Indicator
	External Alignment	MOHLTC
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Patients
	Calculation	N/A
	Data Source	There are 3 options for accessing your data: **1. Primary Care Practice Team Report (ICES): *Percentage of patients who are rostered*.** • Access via HQO Portal. • See additional Excel worksheet (addendum to core report): *Rostered*. **2. Through the MCEDT portal.** • Go to the MCEDT web page, login with your credentials or the designee credentials, and look at/download the PDF report. • To assign a designee, see MCEDT reference guide. **3. Through your EMR – Telus PS users only.** • QIDSS and other users can access this report from your EMR. A how to guide is posted on the AFHTO website.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• MOHLTC roster and capitation payment reconciliation report contains a roster number per physician. Please report at the team level. • The direct download function is limited to Telus PS because not all EMR vendors have agreed to develop direct download capability from the MCEDT portal.
	Rationale	To be used for peer group comparisons.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Standardized ACG Morbidity Index (SAMI) Score		
DESCRIPTION	**Indicator definition**	A surrogate measure of the complexity of patients served by the health team, informed by the Johns Hopkins ACG formula.
	Reference	For details on the index: • Measuring Morbidity in Populations • Measuring the Casemix of physician practices in primary-care reform models in Ontario, Canada
	Type	Descriptive Indicator
	External Alignment	ICES
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	For details of the calculation, see p. 46 of Primary Care Practice Report Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES); see additional Excel worksheet (addendum to core report): *SAMI*. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report and therefore will not be able to report on this indicator. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	SAMI score is essentially a description of patient primary care needs. It is not a reflection of quality of care. To be used for peer and D2D comparisons; see interpretive notes.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Patients Involved in Decisions		QRU
DESCRIPTION	**Indicator definition**	Percentage of patients who report their family physician, nurse practitioner or someone else in their office involved them as much as they want in decisions about their care or treatment.
	Reference	Primary Care Performance Measurement Framework (PCPMF) p. 50
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g., *always* or *often*).
		Denominator: Compile the total number of survey responses for each question. **Exclude:** Not applicable (don't know/ refused).
		Rate: (Numerator/Denominator) *100
		Adjustment: N/A
	Data Source	Please use your most recent patient experience survey (PES) responses.
	Data Elements	**HQO PES standardized question** • *When you see your doctor or nurse practitioner, how often do they or someone else in the office involve you as much as you want to be in decisions about your care and treatment?* **PES Questions - AFHTO variations** *Note*: the variations below are reported to be in use and are acceptable as sources of data for D2D. • *When you see your (family doctor, nurse practitioner) or someone else in their office, how often do they involve you as much as you want to be in decisions about your care and treatment?* • *When you see (or visit) your doctor or nurse practitioner, Do they involve you as much as you would like in decisions about your care and treatment?* • *Did the person (you saw during your visit today) involve you in decisions about your care?* • *In general, does the doctor involve you in decisions about your care as much as you would like?*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant questions will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that illustrates respect for patients' and families' values, culture, needs and goals.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Added exclusion criteria to denominator based on PCPMF.

Courtesy of Office Staff		
DESCRIPTION	**Indicator definition**	Percentage of patients who report that they are satisfied with their experience with office staff.
	Reference	Primary Care Performance Measurement Framework (PCPMF) p. 79
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework, Conference Board of Canada
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g., *excellent* or *very good*).
		Denominator: Compile the total number of survey responses for each question.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	Please use your most recent patient experience survey (PES) responses.
	Data Elements	**HQO PES standardized question** • Thinking about your most recent visit, on a scale of poor to excellent, how would you rate your overall experience with our reception staff? **PES Questions – AFHTO variations** *Note*: the variations below are reported to be in use and are acceptable as sources of data for D2D. The preference is to refer to OFFICE STAFF, not clerk or receptionist or other roles that might identify a specific person. • *When making an appointment, how would you rate the clerk's service?* (e.g., *courteous*) • *When making an appointment, how would you rate your experience with the receptionist's service*? (e.g., *courteous*) • *Thinking about making the appointment for your visit today, was the person who scheduled your appointment generally courteous and helpful?* • *Level of agreement that receptionist is courteous and helpful.* • *Satisfaction with interaction with reception staff at the office.*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant questions will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	See AFHTO's summary of the Conference Board of Canada's Final Report - An External Evaluation of the Family Health Team (FHT) Initiative.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Same/Next Day Appointments		QRU
DESCRIPTION	**Indicator definition**	Percentage of patients who report that they were able to see their family physician, nurse-practitioner, or someone else in their office on the same or next day.
	Reference	Primary Care Performance Measurement Framework (PCPMF), p. 32
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g., *same day* or *next day*).
		Denominator: Compile the total number of survey responses for each question. **Exclude:** • Not applicable (don't know/ refused).
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	Please use your most recent patient experience survey (PES) responses.
	Data Elements	**HQO PES standardized question** • *The last time you were sick or were concerned you had a health problem, 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?*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant questions will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that reflects timely access at regular place of care.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Added exclusion criteria to denominator based on PCPMF.

Reasonable Wait for Appointment (Appt.)		QRU
DESCRIPTION	**Indicator definition**	Percentage of patients who report they were able to get an appointment within a reasonable amount of time.
	Reference	HQO Patient Experience Survey (PES)
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g., *excellent* or *very good*).
		Denominator: Compile the total number of survey responses for each question.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	Please use your most recent patient experience survey (PES) responses.
	Data Elements	**HQO PES standardized question** • *Thinking about your most recent visit, on a scale of poor to excellent, how would you rate the length of time it took between making your appointment and the visit you just had?* **PES Questions – AFHTO variations** *Note*: the variations below are reported to be in use and are acceptable as sources of data for D2D. • *I can usually book an appointment within a reasonable time* [5-point Likert agree scale]. • *Do you feel that the appointment offered to you was within a reasonable amount of time?* • *Do you consider the amount of time you usually have to wait to get an appointment with your doctor reasonable?*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Teams whose survey questions have only three response options with one being neutral (e.g., *Yes*, *Somewhat*, *No*) should only include the top response (e.g., *Yes*). • Teams whose surveys did not include the relevant questions will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that reflects patient access to primary care.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Added caveat to clarify numerator for AFHTO variation of the question.

Regular Primary Care Provider – Individual (unadjusted)		
DESCRIPTION	**Indicator definition**	Percentage of primary care visits for a core service that are made to the physician to whom the patient is rostered or virtually rostered.
	Reference	Primary Care Practice Report - Technical Appendix p. 28
	Type	Process Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 28 of Primary Care Practice Report Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES): *Percentage of visits by patients to own physician (continuity of care)* **unadjusted value**. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	This indicator demonstrates continuity of care with a primary care physician and is a measure in the *access* domain.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Regular Primary Care Provider – Team (unadjusted)		QRU
DESCRIPTION	**Indicator definition**	Percentage of primary care visits for a core service, that are made to a physician that belongs ***to the same team*** as the physician to whom the patient is rostered or virtually rostered.
	Reference	AFHTO, adapted from Primary Care Performance Measurement Framework (PCPMF), p. 24
	Type	Process Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 44 of Primary Care Practice Report - Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES); see additional excel worksheet (addendum to core report): *Same provider of care* **unadjusted value**. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report and therefore will not be able to report on this indicator. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	This indicator demonstrates continuity of care with a ***primary care team*** (as opposed to continuity with a particular physician) and is a measure in the *access* domain.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Colorectal Cancer Screening (unadjusted)		QRU
DESCRIPTION	**Indicator definition**	Percentage of patients aged 52 to 74 years with a fecal occult blood test (FOBT) within past two years, other investigations within 5 years or a colonoscopy within the past 10 years.
	Reference	HQO Primary Care Practice Report
	Type	Process Indicator
	External Alignment	Ministry of Health and Long-Term Care (MOHLTC) and Cancer Care Ontario (CCO)
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 9 of Primary Care Practice Report - Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES): *Percentage of patients aged 52 to 74 years old with a fecal occult blood test (FOBT) within past two years, other investigations within 5 years or a colonoscopy within the past 10 years* **unadjusted value.** Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal. • HQO Primary Care Practice Report and CCO SAR use different age ranges for this indicator D2D is aligned with the PCPR.
	Rationale	A measurement priority that reflects screening and management of risk factors for cancer.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Cervical Cancer Screening (unadjusted)		QRU
DESCRIPTION	**Indicator definition**	Percentage of female patients aged 23 to 69 years who had a Papanicolaou (Pap) smear within the past three years.
	Reference	HQO Primary Care Practice Report
	Type	Process Indicator
	External Alignment	Ministry of Health and Long-Term Care (MOHLTC) and Cancer Care Ontario (CCO)
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 6 of Primary Care Practice Report - Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES): *Percentage of female patients aged 23 to 69 who had a Papanicolaou (Pap) smear within the past three years* **unadjusted value**. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal. • HQO Primary Care Practice Report and CCO SAR use different age ranges for this indicator D2D is aligned with the PCPR.
	Rationale	A measurement priority that reflects screening and management of risk factors for cancer.
ADMIN	***Drafted on***	Nov. 17, 2015
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	Updated on	
	Updated by	
	Update history	

Readmissions to Hospital (adjusted)		QRU
DESCRIPTION	**Indicator definition**	Percentage of hospital readmissions (within 30 days) of admitted patients.
	Reference	HQO Primary Care Practice Report
	Type	Process Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 21 of Primary Care Practice Report - Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report *Percentage of hospital readmissions (within 30 days) of admitted patients* **adjusted value**. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	This is a measurement priority reflecting health service utilization.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Removed incorrect caveat

Childhood Immunizations – All		QRU
DESCRIPTION	**Indicator definition**	Percentage of patients 30 to 42 months (inclusive) who have received all of the ministry-supplied immunizations as recommended by the National Advisory Committee on Immunization.
	Reference	Publically Funded Immunization Schedule for Ontario – March 2015
	Type	Process Indicator
	External Alignment	MOHLTC, National Advisory Committee on Immunizations
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients aged 30 to 42 months inclusive with immunizations: • 4 instances of - DTaP-IPV-Hib - Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type B • 3 instances of - Pneu-C-13 - Pneumococcal Conjugate 13 • 2 instances of - Rot-1 - Rotavirus • 1 instance of - Men-C-C - Meningococcal Conjugate C • 1 instance of - MMR - Measles, Mumps, Rubella • 1 instance of - Var - Varicella
		Denominator: Number of patients aged 30 to 42 months inclusive
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR: Please use the childhood immunization queries developed by QIDS Specialists and the EMR Communities of Practice.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Rotavirus is included to align with the Public Health definition. It is not a vaccine that is included in the MOHLTC's Cumulative Preventive Care Bonus, therefore results may appear lower than in reports which do not include Rotavirus. • This indicator, like many others, does not reflect patient choice – i.e., patients who choose intentionally not to be immunized appear as *unimmunized* with no explanation or adjustment to the rate.
	Rationale	This indicator reflects care for children, while most other measures are focused on adults.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Diabetes Care		
DESCRIPTION	**Indicator definition**	Composite indicator based on % of patients with diabetes with appropriate performance for at least one of the following indicators: HbA1C testing, HbA1C level, blood pressure, and cardiovascular protection via statin therapy.
	Reference	• Following the lead of the EMRALD project the composite will be calculated reflecting patient progress towards appropriate levels for ANY of the following measures (even if a patient only meets one). • **Glycemic targets:** Canadian Diabetes Association guidelines • **BP targets:** Canadian Diabetes Association guidelines • **Cardiovascular protection:** Canadian Diabetes Association guidelines
	Type	Composite Process/Outcome Indicator
	External Alignment	Canadian Diabetes Association
DEFINITION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerators:** • Number of patients with ONE of the four measures at target (weighted). • Number of patients with TWO of the four measures at target (weighted). • Number of patients with THREE of the four measures at target (weighted). • Number of patients with FOUR of the four measures at target (weighted).
		Denominator: Number of patients with diabetes
		Rate: You may choose to submit data for one or all of the components included in this indicator. See ***D2D Data Input Toolkit*** to help calculate the composite as follows: • Number of patients with only ONE of the measures at target, *1/4. • PLUS number of patients with TWO of the measures at target, *2/4. • PLUS number of patients with THREE of the measures at target, *3/4. • PLUS number of patients with FOUR of the measures at target, *4/4. • Divide total by the total number of patients with diabetes. Note: Calculation is adjusted based on components reported.
		Adjustment: N/A
	Data Source	EMR: Please use the diabetes queries developed by QIDS Specialists and the EMR Communities of Practice posted on the AFHTO website.
	Data Elements	• HbA1C testing: Last result within past 6 months. • HbA1C level: Most recent ≤ 8.5 in past 12 months. • Blood pressure: Most recent <150/90 in past 12 months. *See caveat below. • Cardiovascular protection: Aged ≥40 years and prescribed a statin therapy, or aged <40 years. 0

OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• For this indicator the less stringent targets for both glycemic targets and BP targets have been selected to adjust for differences in the population.
		• Blood pressure must comply with both aspects (i.e., systolic and diastolic) to satisfy the criteria (e.g., BP = 155/75 is not in the appropriate range even though diastolic is <90).
		• Stain therapy is recommended for all patients with diabetes aged ≥40 years. To keep the denominator consistent (i.e., all patients with diabetes) all patients with diabetes aged <40 years should be included in the numerator.
		• For future consideration, inclusion of patients:
		  ○ Who received a retinal exam in the last two years.
		  ○ Who have been checked for peripheral neuropathy in the last year.
		  ○ With HbA1C levels at their individualized target (ie ≤7.0% or 7.1-8.5%) in the last year.

	Rationale	QIDS Steering Committee, in conversation with the AFHTO Board identified diabetes care as a priority to advance IMPROVEMENT of primary care across AFHTO membership. For more information about this clinical initiative, see posting on AFHTO website.
ADMIN	***Drafted on***	Nov. 18, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Added cardiovascular protection measure based on direction from members.

EMR Data Quality		UPDATED
DESCRIPTION	**Indicator definition**	The EMR Data Quality Indicator consists of a number of components that reflect if and how well information is recorded in the EMR, which is distinct from how well care is delivered.
	Reference	Cancer Care Ontario Primary Care Performance Measurement Framework (PCPMF)
	Type	Process Indicator
	External Alignment	N/A
DEFINITION & SOURCE INFORMATION	**Unit of analysis**	Average
	Calculation	**Numerators:** • EMR screening rate (Colorectal) • EMR screening rate (Cervical) • Number of patients ≥ 12 yrs. with smoking status documented • Number of patients with diagnosis of diabetes recorded as a code • Number of patients with diagnosis of chronic obstructive pulmonary disease (COPD) recorded as a code • Number of patients with diagnosis of chronic heart failure (CHF) recorded as a code • Number of patients with diagnosis of depression recorded as a code
		Denominators: • SAR screening rate (Colorectal) • SAR screening rate (Cervical) • Number of patients ≥ 12 yrs. • Number of patients with diabetes • Number of patients with COPD • Number of patients with CHF • Number of patients with depression
		Rate: You may choose to submit data for one or all of the components included in this indicator. See ***D2D Data Input Toolkit*** to help calculate the composite. • Colorectal cancer screening (EMR/SAR ratio) • Cervical cancer screening (EMR/SAR ratio) • Smoking status complete • Coded diagnosis of diabetes • Coded diagnosis of COPD • Coded diagnosis of CHF • Coded diagnosis of depression
		Adjustment: N/A

DEFINTION & SOURCE INFORMATION	**Data Source**	EMR and the CCO SAR 1. **For cancer screening:** Use the following: • EMR cancer screening queries developed by QIDS Specialists and the EMR Communities of Practice posted on the AFHTO website. AND • The Cancer Care Ontario (CCO) Screening Activity Report (SAR). ○ This requires access to SAR for at least one physician, which in turn requires enrolment with eHealth Ontario ONE ID. ○ Enrollment takes up to 2 weeks to process the request to create an account. 2. **For smoking status complete:** Use the following: • EMR smoking status complete queries developed by QIDS Specialists and the EMR Communities of Practice as posted on the AFHTO website. 3. **For coded diagnosis of diabetes, COPD, CHF, depression**: Use the following: • EMR coded diagnosis queries developed by QIDS Specialists and the EMR Communities of Practice as posted on the AFHTO website.
	Data Elements	**Colorectal cancer screening** • Percentage of rostered patients aged 50 to 74 years with a fecal occult blood test (FOBT) within 24 months, a flexible sigmoidoscopy within five years, or a colonoscopy within 10 years. **Cervical cancer screening** • Percentage of rostered female patients aged 21 to 69 years who had a Papanicolaou (Pap) smear within the past three years. **Smoking status complete** • Percentage of all patients aged ≥12 years with smoking status documented in appropriate place in their electronic medical record. **Coded diagnosis of diabetes** • Percentage of patients with diabetes whose diagnosis is recorded with a code in the appropriate place in the EMR. **Coded diagnosis of COPD** • Percentage of patients with COPD whose diagnosis is recorded with a code in the appropriate place in the EMR. **Coded diagnosis of CHF** • Percentage of patients with CHF whose diagnosis is recorded with a code in the appropriate place in the EMR. **Coded diagnosis of depression** • Percentage of patients with depression whose diagnosis is recorded with a code in the appropriate place in the EMR.

OTHER RELEVANT INFORMATION	**Limitations/Caveats**	This indicator covers only a few of the components of data quality. Work continues to further refine the measurement of EMR Data quality even as efforts are underway to improve it.
	Rationale	This indicator is intended to measure and thus focus attention on EMR data quality for the purposes of improving it. EMRs are a key source of data for measurement in primary care as they are one of the only sources of real-time data that reflect the contribution of the entire team to care. As well, EMRs are the most up-to-date source of data about the whole person available in primary care. The goal is for teams to better understand the value and importance of having data in the EMR that is consistent, complete, and collectable.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 22, 2017
	Updated by	AFHTO Staff
	Update history	Added measure of coded diagnosis of COPD, CHF, and depression based on direction from members.

Follow-up after hospitalization		UPDATED
DESCRIPTION	**Indicator definition**	Percentage of those hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.
	Reference	AFHTO, adapted from Primary Care Performance Measurement Framework (PCPMF), p. 113
	Type	Process Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of hospital discharges (any condition) where timely (within 48 hours) notification was received, for which follow-up was done (by any mode, any clinician) within 7 days of discharge.
		Denominator: Number of hospital discharges for which timely (within 48 hours) notification was received.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR: Please use the follow-up after hospitalization queries developed by QIDS Specialists and the EMR Communities of Practice as posted on the AFHTO website.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Please note that the time period for this indicator is self-defined. Longer time periods (e.g.,12 months) will yield more stable/reliable data, but we recognize that some teams may only be able to report on this indicator for a short period, and this should not be a barrier to participation.
	Rationale	Follow-up of patients by primary care providers after hospitalization is a valuable way to improve patient outcomes.
ADMIN	***Drafted on***	June 23, 2016
	Drafted by	AFHTO Staff
	Updated on	June 22, 2017
	Updated by	AFHTO Staff
	Update history	Moved indicator from Exploratory to Core.

Exploratory Indicator

Recording Individualized HbA1C targets		New
DESCRIPTION	**Indicator definition**	Percentage of patients with diabetes for whom an individual HbA1C target has been recorded in the EMR.
	Reference	Canadian Diabetes Association guidelines
	Type	Process Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients with diabetes who have an individual HbA1C target recorded in the EMR.
		Denominator: Number of patients with diabetes.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR: Please use the recording individualized HbA1C targets developed by QIDS Specialists and the EMR Communities of Practice as posted on the AFHTO website.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	This indicator does not measure how many patients' HbA1C level meets their target, or how many have a particular target. It measures how many patients have any target set and recorded in the EMR.
	Rationale	• Based on clinical best practice to set individualized HbA1C target for patients based on considerations like how old and/or frail they are. • Allows us to estimate how many teams are already recording individualized HbA1C targets in their EMRs. • May encourage teams who are not already recording individualized HbA1C targets in a standard way in their EMRs to start doing so. • Is the first step towards including this measure and other patient-centred measures in the diabetes care composite indicator.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Expanded D2D 5.0 Indicators

Personal Problems Related To Health Condition		
DESCRIPTION	**Indicator definition**	Percentage of patients who report that they feel comfortable talking with their family physician/nurse-practitioner about personal problems related to their health condition.
	Reference	Primary Care Performance Measurement Framework (PCPMF) p. 75
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question.
		Denominator: Compile the total number of survey responses for this question.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	Please use your most recent patient experience survey (PES) responses.
	Data Elements	**PES Question** *How comfortable do you feel talking with your doctor about personal problems related to your health condition?*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that reflects respectful and understandable communication with patients.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Opportunity to Ask Questions		QRU
DESCRIPTION	**Indicator definition**	Percentage of patients who report that they were given an opportunity to ask questions about recommended treatment when they saw their doctor or nurse practitioner.
	Reference	Primary Care Performance Measurement Framework (PCPMF) p. 76
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g., all *always* and *often* responses).
		Denominator: Compile the total number of survey responses for this question. **Exclude:** Not applicable (don't know/ refused)
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	Please use your most recent patient experience survey (PES) responses.
	Data Elements	**HQO PES Standardized Question** • *When you see your doctor or nurse practitioner, how often do they or someone else in the office give you an opportunity to ask questions about recommended treatment?* **PES Questions – AFHTO variation** *Note*: the variations below are reported to be in use and are acceptable as sources of data for D2D. • *Did the person (you saw during your visit today) give you an opportunity to ask your questions/share your concerns?*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that reflects respectful and understandable communication with patients.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Added exclusion criteria to denominator based on PCPMF.

Spend Enough Time		QRU
DESCRIPTION	**Indicator definition**	Percentage of patients who report that when seen, they feel their doctor or nurse practitioner spends enough time with them.
	Reference	Primary Care Performance Measurement Framework (PCPMF) p. 48
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g., all *always* and *often* responses). **Denominator:** Compile the total number of survey responses for this question. **Exclude:** Not applicable (don't know/ refused) **Rate:** (Numerator/Denominator)*100 **Adjustment:** N/A
	Data Source	Please use your most recent patient experience survey (PES) responses.
	Data Elements	**HQO PES Standardized Question** • *When you see your doctor or nurse practitioner, how often do they or someone else in the office spend enough time with you?* **PES Questions – AFHTO variations** *Note*: the variations below are reported to be in use and are acceptable as sources of data for D2D. • *The Doctor/Nurse Practitioner spends enough time with me.* [5-point Likert agree scale] • *In general, does the doctor spend enough time with you?*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that reflects respect for patients' and families' values, culture, needs and goals.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Added exclusion criteria to denominator based on PCPMF.

Find Out Your Concerns		
DESCRIPTION	**Indicator definition**	Percentage of patients who report that during their visit their MAIN health care provider listened to their concerns.
	Reference	Primary Care Performance Measurement Framework (PCPMF) p. 53
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question (e.g., all *excellent* and *very good* responses).
		Denominator: Compile the total number of survey responses for this question.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	Please use your most recent patient experience survey (PES) responses.
	Data Elements	**HQO PES Standardized Question** • *Thinking about the MAIN health care provider you spoke with during the visit, on a scale of poor to excellent, how would you rate this person on the following: they listened to your concerns?* **PES Questions – AFHTO variations** *Note*: the variations below are reported to be in use and are acceptable as sources of data for D2D. • *Did your doctor really find out what your concerns were?*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that reflects respect for patients' and families' values, culture, needs and goals.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Say What Was Important		
DESCRIPTION	**Indicator definition**	Percentage of patients who report that their doctor let them say what was important to them during the visit.
	Reference	Existing patient experience surveys (PES) - AFHTO
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question.
		Denominator: Compile the total number of survey responses for this question.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	Please use your most recent PES responses.
	Data Elements	**PES Question** • Did your doctor let you say what was important?
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that reflects respectful and understandable communication with patients.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Take Your Concerns Seriously		
DESCRIPTION	**Indicator definition**	Percentage of patients who report that they felt their doctor took their health concerns seriously during the visit.
	Reference	Existing patient experience surveys (PES) - AFHTO
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question.
		Denominator: Compile the total number of survey responses for this question.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	Please use your most recent PES responses.
	Data Elements	**PES Question** • *Did your doctor take your health concerns seriously?*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that reflects respect for patients' and families' values, culture, needs and goals.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Concerned About Your Feelings		
DESCRIPTION	**Indicator definition**	Percentage of patients who report that they felt their doctor was concerned about their feelings during the visit.
	Reference	Existing patient experience surveys (PES) - AFHTO
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Compile the top two positive survey responses for each question
		Denominator: Compile the total number of survey responses for this question.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	Please use your most recent PES responses.
	Data Elements	**PES Question** • *Was your doctor concerned about your feelings?*
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Teams whose surveys did not include the relevant question will not be able to contribute data for this indicator. They may consider including this question in subsequent surveys.
	Rationale	A measurement priority that reflects respect for patients' and families' values, culture, needs and goals.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Hospitalizations for Ambulatory Care Sensitive Conditions (adjusted)		QRU
DESCRIPTION	**Indicator definition**	Rate of hospital admissions for one or more of the following conditions: asthma, CHF, COPD and diabetes per 1,000 patients.
	Reference	HQO Primary Care Practice Report
	Type	Outcome Indicator
	External Alignment	Quality Improvement Plans (QIPs), HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Per 1,000 patients
	Calculation	For details of the calculation, see p. 23 of Primary Care Practice Report - Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES): *Rate of hospital admissions for one or more of the following conditions: asthma, CHF, COPD and diabetes per 1,000 patients* **adjusted value**. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	This is a measurement priority reflecting health service utilization.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Emergency Department Visits (adjusted)		QRU
DESCRIPTION	**Indicator definition**	Rate of emergency department visits per 1,000 patients.
	Reference	HQO Primary Care Practice Report
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Rate per 1,000 patients
	Calculation	**Numerator:** For details of the calculation, see p. 17 of Primary Care Practice Report - Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
		Denominator: 1000
	Data Source	Primary Care Practice Team Report (ICES): *Rate of emergency department visits per 1,000 patients* **adjusted value**. Divide this number by 1,000 and enter the result on the D2D submission platform. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	A measurement priority that reflects health service utilization.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Clarification added to data source to align with report and submission platform.

Breast Cancer Screening (unadjusted)		QRU
DESCRIPTION	**Indicator definition**	Percentage of female patients aged 52 to 69 years who had a mammogram within past two years.
	Reference	HQO Primary Care Practice Report
	Type	Process Indicator
	External Alignment	Ministry of Health and Long-Term Care (MOHLTC), Cancer Care Ontario (CCO), HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 7 of Primary Care Practice Report - Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES): *Percentage of female patients aged 52 to 69 who had a mammogram within past two years* **unadjusted value**. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	A measurement priority that reflects screening and management of risk factors for cancer.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Diabetic Management Assessment – Billing Code K030 (unadjusted)		QRU
DESCRIPTION	**Indicator definition**	Percentage of patients with diabetes for whom physicians billed the diabetes management assessment code K030 at least once during the past year.
	Reference	HQO Primary Care Practice Team Report
	Type	Process Indicator
	External Alignment	Ontario Diabetes Strategy (ODS), Ministry of Health and Long-Term Care (MOHLTC) Health Analytics Branch, Baseline Diabetes Dataset Initiative (BDDI), Canadian Institute of Health Information (CIHI), HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 39 of Primary Care Practice Report - Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES): *Percentage of patients with diabetes for whom physicians billed the diabetes management assessment code K030 at least once during the past year* **unadjusted value**. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	A measurement priority that reflects management of chronic conditions.
ADMIN	***Drafted on***	Nov. 18, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Diabetic Blood Sugar Management		
DESCRIPTION	**Indicator definition**	Percentage of patients with diabetes whose glycemic index in the last 12 months was in the following range: HbA1c ≤ 7%.
	Reference	Primary Care Performance Measurement Framework p. 136
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients with diabetes whose most recent HbA1C within the last 12 months was ≤ 7%
		Denominator: Number of patients with diabetes
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Note that this is a different target level than for Diabetes care composite indicator for the reasons explained in that indicator.
	Rationale	Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Coumadin Management		
DESCRIPTION	**Indicator definition**	Percentage of patients on Coumadin with INR level 2-3 (assuming no other complicating conditions e.g., artificial heart valve, etc.).
	Reference	AFHTO; see Warfarin INR Targets, Thrombosis Canada.
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients whose most recent (within the last 3 months) INR level was 2-3
		Denominator: Number of patients on Coumadin
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Consideration for refinement in future iterations: • Measure time between INR tests (i.e., process measure) since an ideally-managed patient on anticoagulants should have an INR test every 4 weeks. • Measure percentage of patients diagnosed with atrial fibrillation who are on anticoagulants and have an INR level between 2-3, excluding all patients with DVT or artificial valves.
	Rationale	To understand how well teams are doing at preventing stroke in at-risk patients.
ADMIN	***Drafted on***	Nov. 18, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Further defined the numerator to avoid confusion based on clinical feedback.

Hypertension Screening		
DESCRIPTION	**Indicator definition**	Percentage of adult patients who had their blood pressure measured less than 1 year ago.
	Reference	AFHTO, adapted from Primary Care Performance Measurement Framework p. 194 and Hypertension Canada
	Type	Process Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients aged ≥18 years with blood pressure measured with in the last year.
		Denominator: Number of patients aged ≥18 years.
		Rate: (Numerator/Denominator) *100
		Adjustment: N/A
	Data Source	EMR
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• This is an EMR-based indicator that uses the boundaries (i.e., 1 year ago) proposed by the survey question in the PCPMF. • Hypertension Canada states that all adults should have their blood pressure assessed at all appropriate clinical visits. For the purposes of this indicator *adult* is defined as a patient aged ≥18 years.
	Rationale	Screening and management of risk factors for cardiovascular disease (CVD) and other chronic conditions.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 23, 2016
	Updated by	AFHTO Staff
	Update history	Added age criteria to align with guidelines.

Diabetes Screening		
DESCRIPTION	**Indicator definition**	Percentage of patients with Coronary Artery Disease who received the following tests within the last 12 months: Glycated hemoglobin (HbA1c) or fasting blood sugar.
	Reference	AFHTO, adapted from Primary Care Performance Measurement Framework p. 129
	Type	Process Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients with Coronary Artery Disease who received the following tests within the last 12 months: Glycated hemoglobin (HbA1c) or fasting blood sugar
		Denominator: Total number of patients with Coronary Artery Disease excluding patients with existing diabetes diagnosis
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• *Note*: this is different than Diabetes care composite indicator.
	Rationale	Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	June 24, 2016
	Updated by	AFHTO Staff
	Update history	Denominator exclusion added to clarify indicator.

Diabetic Cholesterol Management		
DESCRIPTION	**Indicator definition**	Percentage of patients with diabetes whose most recent LDL cholesterol test in the last 12 months was in the following range: ≤ 2.0 mmol/l.
	Reference	Primary Care Performance Measurement Framework p. 137
	Type	Outcome Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients with diabetes whose most recent LDL cholesterol test in the last 12 months was in the following range: ≤ 2.0 mmol/l.
		Denominator: Total number of patients with diabetes.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Note that this indicator was dropped from the diabetes care composite indicator because of clinical input that a more clinically meaningful measure was related to use of statins. However, it remains here as an option to explore the impact of this indicator to the Quality roll-up indicator.
	Rationale	Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Reconciliation of Diagnoses		
DESCRIPTION	**Indicator definition**	Percentage of patients with reconciliation of diagnosis list in the past year, based on provider report (e.g., % of patients with Cumulative Patient Profile updated within past year).
	Reference	AFHTO
	Type	Process Indicator
	External Alignment	College of Physicians and Surgeons of Ontario
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients with reconciliation of diagnosis list in the past year
		Denominator: Number of patients with a visit in the past year
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• The definition of this indicator is based conceptually on the following recommendations from the College of Physicians and Surgeons of Ontario (2012): *The CPP should be completed during the first or second patient encounter, and should feature prominently in the patient's record to allow for easy access and reference. However, physicians should commence keeping a CPP for all patients in an existing practice, even where this has not been done before. Physicians should review the information in the CPP at each visit and revise this information as it becomes outdated. This is equally important for physicians who use EMRs.*
	Rationale	Maintenance of complete patient records and possible indicator of data quality.
ADMIN	***Drafted on***	Nov. 17, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Medication Reconciliation		UPDATED
DESCRIPTION	**Indicator definition**	Percentage of patients with reconciliation of medications in the past year.
	Reference	HQO Quality Improvement Plan (QIP)
	Type	Process Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients with medication reconciliation in the past year
		Denominator: Number of patients with a visit in the past year
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR- Medication reconciliation is considered complete when the following four main activities have been completed (as defined in Ontario Primary Care Medication Reconciliation Guide): 1. Collect and document an accurate and up-to-date medication list, called the Best Possible Medication History (BPMH). This can be done, for example, during an office visit for any patient who takes numerous medications, has been recently discharged from hospital, or has been referred to numerous specialists. 2. Compare the BPMH with information in the patient's chart and identify discrepancies (i.e., differences between various sources of medication information). 3. Correct the discrepancies as appropriate through discussion with the primary care provider and the patient and then update the BPMH with the resolved discrepancies, thereby creating a reconciled list. 4. Communicate the resulting medication changes to the patient and verify the patient's understanding of their medication regimen.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Refinement of this indicator in future iterations will include consideration of the following measures from the Ontario Primary Care Medication Reconciliation Guide (P. 55-58): • Percentage of patient charts with a reconciled list documented. • Percentage of patients whose medications were reconciled on or within 7 days of discharge. • Percentage of patients who bring up-to-date medication list/meds to appointment. • Percentage of referrals with current med list documented on it.
	Rationale	A measurement priority in medication management, designed to prevent adverse drug events (i.e., reducing harm)
ADMIN	***Drafted on***	Nov. 18, 2015
	Drafted by	AFHTO Staff
	Updated on	June 22, 2017
	Updated by	AFHTO Staff
	Update history	Updated with definition of medication reconciliation.

Influenza Immunization		
DESCRIPTION	**Indicator definition**	Percentage of patient/client population aged ≥65 years who received influenza immunization in the past year.
	Reference	HQO Quality Improvement Plan (QIP)
	Type	Process Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients aged ≥65 years who received influenza immunization in the past year.
		Denominator: Number of patients aged ≥65 years.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• Current definition excludes patients immunized by someone other than the primary care team for whom no record of immunization has been forwarded to the team. Because this was assumed to be a considerable number of patients, this indicator was dropped from among the core D2D indicators, although it remains as part of the expanded indicator set for the Quality roll-up indicator. • Refinements in the future may be informed by the PCPMF definition which assumes patient report of immunization: *Percentage of patients who report having a seasonal flu shot in the past year (patient experience survey question)*; see Primary Care Performance Measurement Framework, p. 204.
	Rationale	This is part of a measurement priority that reflects immunization through the life span.
ADMIN	***Drafted on***	Nov. 18, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Smoking Status		
DESCRIPTION	**Indicator definition**	Percentage of patients aged ≥12 years for whom smoking status is recorded.
	Reference	AFHTO, informed by the PCPMF patient-report indicator about smoking behaviour: see Primary Care Performance Measurement Framework, p. 183.
	Type	Process Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients aged ≥12 years for whom smoking status has been recorded.
		Denominator: Number of patients aged ≥ 12 years.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR: use EMR smoking status complete queries developed by QIDS Specialists and the EMR Communities of Practice as posted on the AFHTO website.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	• This may also be used in the calculation of the EMR data quality indicator. • Consideration for refinement in future iterations: ○ Frequency of smoking status update.
	Rationale	Health and socio-demographic information about the population being served (including health status).
ADMIN	***Drafted on***	Nov. 18, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Review of Registries of Specific Chronic Conditions		
DESCRIPTION	**Indicator definition**	Percentage of patients with specific chronic conditions who had a review in the past 12 months.
	Reference	Primary Care Performance Measurement Framework p. 118
	Type	Process Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients with an associated assessment within the past 12 months for one of the conditions (6 months for diabetes)
		Denominator: Number of patients who have had a diagnosis of one of the conditions for more than 12 months (6 months for diabetes)
		Rate: (Numerator/Denominator)*100 each reported separately
		Adjustment: N/A
	Data Source	EMR
	Data Elements	Data for each of the following chronic conditions to be entered separately on data submission form: • Hypertension registry • Stroke registry • Congestive heart failure registry • Depression registry • Arteriosclerotic heart disease registry • Bipolar affect disease registry • Schizophrenia registry • Asthma registry • COPD registry • Epilepsy registry • Hypothyroidism registry • Diabetes registry
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	Management of chronic conditions including people with mental health and addictions and multiple chronic conditions.
ADMIN	***Drafted on***	Nov. 18, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Emergency Department Visits for Conditions Best Managed Elsewhere		
DESCRIPTION	**Indicator definition**	Percentage of patients/clients who visited the Emergency Department (ED) for conditions best managed elsewhere (BME).
	Reference	HQO Quality Improvement Plans (QIPs)
	Type	Process Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 29 of QIP Indicator Technical Specifications 2016/17. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Teams with rostered patients will be able to access data on the MOHLTC Health Data Branch Web Portal . Click on *Primary Care* then *Quality Improvement Plan*.
	Data Elements	Conditions designated as *BME* include: • Conjunctivitis. • Cystitis. • Otitis media. • Upper respiratory infections (e.g., common cold, acute or chronic sinusitis and tonsillitis, acute pharyngitis, laryngitis or tracheitis, and others).
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	ED visits in this grouping are perceived to be sensitive to primary care intervention and thus represent an opportunity for primary care providers to contribute to reduction in ED visits.
ADMIN	***Drafted on***	Nov. 18, 2015
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Bone Mineral Density Testing		New
DESCRIPTION	**Indicator definition**	Percentage of patients aged ≥70 years who have received a Bone Mineral Density test.
	Reference	Osteoporosis Canada
	Type	Process Indicator
	External Alignment	Choosing Wisely Canada
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	**Numerator:** Number of patients aged ≥70 years who have received a Bone Mineral Density test in the last 5 yrs.
		Denominator: Number of patients aged ≥ 70 years.
		Rate: (Numerator/Denominator)*100
		Adjustment: N/A
	Data Source	EMR
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator is of increasing interest among members, due to interest in Choosing Wisely Canada, and falls prevention programs.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Team Profile D2D 5.0 Indicators NEW

Income Quintiles		NEW
DESCRIPTION	**Indicator definition**	Percentage of patients living in postal code areas within low income quintile 1 and 2.
	Reference	Primary Care Practice Report - Technical Appendix p. 37
	Type	Descriptive Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 37 of Primary Care Practice Report Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES): *Percentage of your patients by income quintile (combine quintile 1 and 2)*. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Recent Immigrants		NEW
DESCRIPTION	**Indicator definition**	Percentage of patients whose first OHIP registration was within the last 10 years excluding children <10 yrs old.
	Reference	Primary Care Practice Report - Technical Appendix p. 47
	Type	Descriptive Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 47 of Primary Care Practice Report Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES): *Percentage of recent immigrant*. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Seniors		NEW
DESCRIPTION	**Indicator definition**	Percentage of patients 65+ years old.
	Reference	Primary Care Practice Report - Technical Appendix p. 36
	Type	Descriptive Indicator
	External Alignment	HQO Primary Care Performance Measurement Framework
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Percentage
	Calculation	For details of the calculation, see p. 36 of Primary Care Practice Report Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES): *Age cohorts - 65+*. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	Some teams might not have access to the Primary Care Practice Team Report BUT they still might have access to individual physician-level reports. With physician approval, data from the individual reports can be aggregated, averaged and entered into the D2D platform. Those that have not signed up for the Primary Care Practice Team Report may consider signing up via the HQO Portal.
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

RIO Score- Rural		NEW
DESCRIPTION	**Indicator definition**	The percent of patients living in areas with RIO score 40+ (rural).
	Reference	Primary Care Practice Report - Technical Appendix p. 38
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	For details of the calculation, see p. 38 of Primary Care Practice Report Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES); see additional Excel worksheet (addendum to core report): *Patient Rurality Index of Ontario (RIO) (%) – Rural – 40+*. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**LIMITATIONS /CAVEATS**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

RIO Score- Non-Rural		NEW
DESCRIPTION	**Indicator definition**	The percent of patients living in areas with RIO score <40.
	Reference	Primary Care Practice Report - Technical Appendix p. 38
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	For details of the calculation, see p. 38 of Primary Care Practice Report Technical Appendix. *Note*: We are linking directly to the HQO source as they are responsible for reporting any updates that may occur to how the indicator is calculated.
	Data Source	Primary Care Practice Team Report (ICES); see additional Excel worksheet (addendum to core report): *Patient Rurality Index of Ontario (RIO) (%) – Major Urban – 0 to 9 and 10-39*. Access via HQO Portal.
OTHER RELEVANT INFORMATION	**LIMITATIONS /CAVEATS**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Clinician Champion		NEW
DESCRIPTION	**Indicator definition**	If there is a clinician champion for quality improvement on the health team.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Pick List:** • Yes • No • Sort of • Other (please specify)
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Physician Conversations		NEW
DESCRIPTION	**Indicator definition**	If there are regular conversations with physicians on the team about performance.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Pick List:** • Yes • No • Sort of • Other (please specify)
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

QIDS Specialist Partnership		NEW
DESCRIPTION	**Indicator definition**	Teams involvement in a QIDS Specialist Partnership.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Pick List:** • QIDS Specialist host team • QIDS Specialist partner team • Not part of a QIDS Specialist partnership • Other (please specify)
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

EMR maturity score		NEW
DESCRIPTION	**Indicator definition**	Availability of EMR maturity result from the OMD EMR Progress Assessment for team's physicians.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report, using results from the OMD EMR Progress Assessment tool.
	Data Elements	**Pick List:** • Yes • No • For some physicians • Other (please specify)
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Wave		NEW
DESCRIPTION	**Indicator definition**	Wave in which the team was announced.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Pick List:** • Wave 1 • Wave 2 • Wave 3 • Wave 4 • Wave 5
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Board Composition (Governance Type)		NEW
DESCRIPTION	**Indicator definition**	The composition (governance type) of the Board of Directors for the Family Health Team.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Pick List:** • Physician-led board of directors • Community-based board of directors • Mixed board of directors • Other, please specify
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Launch Year (Year the Team Became Operational)		NEW
DESCRIPTION	**Indicator definition**	Year the team became operational.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Pick List:** • 2005 • 2006 • 2007 • 2008 • 2009 • 2010 • 2011 • 2012 • 2013
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Number of Sites		NEW
DESCRIPTION	**Indicator definition**	The number of sites where the team operates clinics.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Pick List:** • Single location • Multiple locations • Other (please specify) **If multiple sites, please specify:** • Number of sites • Number of km apart (maximum distance between sites)
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

FHT Staff		NEW
DESCRIPTION	**Indicator definition**	Total number of FHT staff (FTE and part-time) by profession.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	Number of staff (whole number) and FTE for each of the following professions. • Family physician • Registered nurse • Registered practical nurse • Nurse practitioners • Psychiatric nurse • Community/home care nurse • Other specialized nurse, if so state role • Receptionist/med. secretary • Social work • Nutritionist/Dietitian • Physical therapist • Physiotherapist • Dentist • Pharmacist • Psychologist/Psychiatrist • Speech and language pathologist • Respiratory therapist • Case manager/care coordinator/care navigator • Other clinical staff, please specify • Other non-clinical staff, please specify • Occupational therapist • Manager of the centre or practice (not a physician)
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Quality Improvement initiatives		NEW
DESCRIPTION	**Indicator definition**	The quality improvement (QI) initiatives used by the health team.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Which of the following quality improvement initiatives are used by your practice (choose all that apply)?** • An individual or team is responsible for leading quality improvement efforts in your practice • Regular feedback is provided on individual or team performance • Formal training is provided on quality improvement methods/strategies • There is a structured/formal process to obtain feedback from colleagues • Information about patient satisfaction or patient experience is shared with providers/practice staff • There is a formal process for self-assessment (e.g.,Physician Assessment Review) • Regular feedback is provided on the extent of collaboration/ teamwork within your practice team • There are incentives to improve quality of care (i.e., financial or non-financial incentives) • Other (please specify)
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Information Technology		NEW
DESCRIPTION	**Indicator definition**	The characteristics of the Information Technology platform used by the health team.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Does your practice use an Information Technology platform that offers (choose all that apply)?** • Sharing of patient information between providers in the practice • Scheduling appointments • Electronic medical records (EMR) (i.e., electronic charts) • EMR that is accessible to all providers in the practice team • EMR that allows external data (e.g., hospital or specialist) to be viewed • Electronic/computerized tools to support medical decision-making tools (e.g., decision trees, alerts & recalls, and/or integration of clinical practice guidelines, etc.) • Patient registries to enable targeted programming (i.e., screening and follow-up) • Electronic reminder system for recommended patient care (e.g., screening) • Electronic interface to laboratory services (including diagnostic imaging) • Electronic interface to share prescriptions with pharmacies • Other, please specify
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Centralized processes		NEW
DESCRIPTION	**Indicator definition**	The processes which your team have centralized.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**Does your practice have a centralized process for the following (choose all that apply)?** • Registering/enrolling patients • Organizing team meetings for case conferences/discussion • Sharing patient information between providers within your practice • Sharing patient information with providers outside your practice (i.e., other organizations in the community, specialists etc.) • Referring patients to other providers/services within the practice team • Referring patients to services to other organizations (in the community) • Other, please specify
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Shared resources		NEW
DESCRIPTION	**Indicator definition**	The resources shared between providers in the health team.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**What types of resources are shared between providers in your practice (choose all that apply)?** • Shared spaces • Educational or medical decision-making resources • Operating costs for the practice • Support staff (secretary and receptionist) • Nursing staff • Appointment management system • EMR/Medical records system • Access to diagnostic services (e.g., radiology, laboratory) • Other, please specify
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
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	Updated on	
	Updated by	
	Update history	

Information sharing – content		NEW
DESCRIPTION	**Indicator definition**	The types of information shared between providers in the health team.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**What types of information is shared among providers in your practice (choose all that apply)?** • Information around patient needs assessment/management (i.e., standardized assessment results such as inter-RAI assessment scores etc.) • Patient and caregiver goals/preferences • Changes in patient health status/condition (i.e., hospitalization, exacerbation of symptoms etc.) • Information around referrals made to providers/services within the primary care practice • Information about referrals made to providers/organizations outside of the primary care practice • Other, please specify
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
	Drafted by	AFHTO Staff
	Updated on	
	Updated by	
	Update history	

Information sharing – process		NEW
DESCRIPTION	**Indicator definition**	The mechanism for sharing information between providers in the health team.
	Reference	AFHTO
	Type	Descriptive Indicator
	External Alignment	N/A
DEFINTION & SOURCE INFORMATION	**Unit of analysis**	Unitless
	Calculation	Self-report
	Data Source	Teams via self-report.
	Data Elements	**How is information shared among providers within your practice (choose all that apply)?** • Informal or ad hoc exchanges between providers in your practice (i.e., face-to-face chat, phone calls, etc.) • Electronic communication through EMRs • Computerized messaging systems • Regular team meetings or case conferences/discussions • Pre-established care protocols for specific conditions/client groups that guide information exchange between providers • Written communication shared via electronic means or hard copy (i.e., care/treatment plans, communication logs/progress notes, sticky notes etc.) • Other, please specify
OTHER RELEVANT INFORMATION	**Limitations/Caveats**	
	Rationale	This indicator will provide team profile information about your team. Along with the other team profile indicators it will provide information to help members to identify what team characteristics are enablers of quality improvement.
ADMIN	***Drafted on***	June 22, 2017
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