

Percentage diabetes management code (OHIP) claimed

Resource for Indicator Standards (RIS)
Health Analytics Branch, Ministry of Health and Long-Term Care

Indicator description

RIS indicator name

Percentage diabetes management code (OHIP) claimed

Other names for this indicator

Percentage of adults with diabetes for whom a diabetes management code (OHIP) was claimed in the past year

Indicator description

Percentage of adults with diabetes for whom a diabetes management code (OHIP) was claimed in the past year.

Accountability agreement(s) or ministry initiative(s) the indicator supports

- The Quarterly

Numerator

Data source

OHIP claims, Ontario Ministry of Health and Long-Term Care. Inclusion/exclusion criteria

Includes:

1. Claims with OHIP fee schedule codes related to diabetes management (Q040, K030 K045, K046).

Excludes:

N/A

Calculation

Steps:

1. From OHIP claims data, identify claims, which occurred during the period of interest, with a fee schedule code related to diabetes management;
2. Link identified OHIP claims with diabetes patient list as of April 1st of the fiscal year of interest, by Health Card Number, to identify diabetes patients who were provided with a service related to diabetes management.

Denominator

Data source

Diabetes patient list (as identified using NACRS, DAD and OHIP claims), Registered Persons Database (RPDB), Ontario Ministry of Health and Long-Term Care.

Inclusion/exclusion criteria

Includes:

1. Diabetes patients on April 1st of the fiscal year of interest.

Excludes:

1. Patients who were diagnosed on or after April 1st of the fiscal year of interest;
2. Patients who were dead or became ineligible before April 1st of the fiscal year of interest;
3. Patients who were less than 18 years of age on April 1st of the fiscal year of interest;
4. Patients who had gestational diabetes.

Calculation

Steps:

1. Distinct diabetes patient list as of April 1st of fiscal year of interest is prepared using the most recent available CIHI hospital data, OHIP claims data, and RPDB death/eligibility/geography data.

Timing and geography

Timing/frequency of release

How often and when data are being released (e.g., be as specific as possible...data are released annually in mid-May)

For DAD and NACRS, the fiscal year data are available annually (usually by September); for OHIP claims, data is mostly complete seven months after the service date of the claim.

Trending

Years available for trending

Trending is possible from 2009/10.

Levels of comparability

Levels of geography for comparison

Data are available at the provincial and LHIN levels.

Additional information

Limitations

Specific limitations

There is no differentiation between Type I & II cases. Some individuals will be missed including the small percent of the aboriginal population who decline provincial health insurance, Royal Canadian Mounted Police (RCMP), military personnel, veterans, and prison inmates.

Comments

Additional information regarding the calculation, interpretation, data source, etc.

The diabetes patient file was created using an algorithm to identify Ontario residents with diabetes, age 18+, as of start of a given fiscal year. The algorithm uses physician claims and hospital inpatient data (OHIP and DAD) starting from 2000 to currently available and ambulatory/emergency department data (NACRS) starting from 2002 to identify potential diabetes patients. Individuals are identified as having diabetes if they have had at least one hospitalization or two physician service claims over a two year period with a diabetes related diagnostic code. Women with gestational diabetes are not included.

References

Provide URLs of any key references (e.g., Diabetes in Canada, [http:// ...](#))

N/A

Contact information

For more information about this indicator, please contact RIS@ontario.ca.

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