

# Patients with a primary care visit within 7 days of acute discharge

Resource for Indicator Standards (RIS)

Health Analytics Branch, Ministry of Health and Long-Term Care

## Indicator description

### RIS indicator name

Patients with a primary care visit within 7 days of acute discharge for Quality Improvement Plans - Primary Care

### Other names for this indicator

- 7-day post-hospital discharge follow-up rate for selected conditions

### Indicator description

The percent of enrolled patients with an acute inpatient hospital stay for:

- Acute Myocardial Infarction
- Cardiac Conditions
- Congestive heart failure
- Chronic Obstructive Pulmonary Disease
- Pneumonia
- Diabetes
- Stroke
- Gastrointestinal Disease

Who after discharge sees within 7 days their primary care provider or any primary care provider in the group they are enrolled with.

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

- Quality Improvement Plan (primary care)

# Numerator

## Data source

- Discharge Abstract Database (DAD), Canadian Institute for Health Information (CIHI), MOHLTC SAS Server file
- Claims History Database (CHDB), Ontario Ministry of Health and Long-Term Care (MOHLTC)
- Client Agency Program Enrolment (CAPE), Ontario Ministry of Health and Long-Term Care (MOHLTC)
- Corporate Provider Database (CPDB)

## Inclusion/exclusion criteria

### Includes:

1. A physician visit is counted if there is a service claim billed:
  - a. by any primary care physician in the group in which the patient is enrolled;
  - b. within 0 to 7 days of their discharge from hospital, and;
  - c. where the fee schedule code is classified as “Professional”.

Note: These criteria allow for the inclusion of inpatient visits; for example, claims with a fee schedule code C124 (Day of discharge visit – most responsible physician), are eligible to be counted (assuming the claim meets the other criteria listed above).

Similarly, claims for visits that take place in the Emergency Department are eligible to be counted (again, assuming the claim meets the other criteria listed above).

### Excludes:

1. Hospital discharge records with missing or invalid discharge date, admission date, health number, age and gender;
2. Ontario Health Insurance Plan (OHIP) claims that are negated, duplicates, physician claims from laboratory groups, and claims paid by the Workplace Safety and Insurance Board (WSIB).

## Calculation

### Steps:

Identify enrolled patients with primary care visit within 7 days of discharge to any physician in the group they are enrolled with:

1. Link discharge records for enrolled patient (see denominator) to the Claims History Database on health number to find services billed by an Ontario primary care physician where the service date of the claim is within 7 days of the hospital discharge date. Negated claims, duplicate claims and lab claims are excluded.
2. For clients with services, determine if the billing physician is in the group the patient is rostered to:

- a. Link the records of OHIP services 7 days after discharge to the Corporate Provider Database (CPDB) on the billing number of the physician who provided the service.
- b. Extract the group membership(s) for that physician and verify if it matches the group number on the patient's enrollment record.

## Denominator

### Data source

- DAD, CIHI
- Client Agency Program Enrolment (CAPE), Ontario Ministry of Health and Long-Term Care (MOHLTC)

### Inclusion/exclusion criteria

#### Includes:

1. Acute inpatients in the specified HBAM Inpatient Grouper (HIGs) (see Appendix A) enrolled with a primary care physician at the time of discharge;
2. Cases that are typical, transfer in, short stay, long stay or long stay transfer in per the HIG atypical indicator (i.e. the HIG atypical indicator must be '00', '01', '09', '10', '11');
3. Included ages are cohort specific:
  - a. patients  $\geq 45$  for acute myocardial infarction (AMI), stroke, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF);
  - b. patients  $\geq 40$  for cardiac HIGs;
  - c. all ages for pneumonia, diabetes, and gastrointestinal (GI).

#### Excludes:

1. Death in hospital, acute transfers, patient sign-outs against medical advice;
2. Records with missing valid data on discharge/admission date, health number, age and gender;
3. Transfers to other hospital care and to other (palliative care/hospice, addiction treatment centre....) as defined by Discharge disposition '01'(for FY 2018 and onwards, discharge disposition '10'), '03' (for FY 2018 and onwards, discharge disposition '20', '30', '40', '90') or institution to type '2', '3', '7'.

## Calculation

### Steps:

Identify index cases for enrolled patients:

1. Select all inpatient episodes for selected HIGs with discharge dates in the reporting period and the restrictions described by the inclusion/exclusion criteria above.
2. Link episodes to CAPE database by health number and keep only the records where the patient was found to be enrolled to at the time of discharge. Keep the physician billing number and group billing number from the CAPE record.

# 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)**

Annual reporting. First report capturing FY 2011/12 was released in February 2013.

## Trending

**Years available for trending**

Latest 4 years.

## Levels of comparability

**Levels of geography for comparison**

Data are available at the provincial, Local Health Integration Network (LHIN) and primary care practice level.

# Additional information

## Limitations

**Specific limitations**

There are data quality issues (e.g. incomplete and incorrect data) with interim data. For reports that are based on interim data the indicator values may change substantially once complete data is analyzed.

## Comments

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

It has been indicated that many appropriate 7 day post discharge actions in a Family Health Team FHT are not detectable by the Claims History database. As such it is important to note that this indicator does not track follow-up visit with a Nurse Practitioner (NP), a call to patient by primary care physician, or a call to patient by Registered Nurse (RN) or NP. This is a developmental indicator. The methodology and extraction criteria are subject to change.

The Indicator is reported at the FHT level but visits can only be tracked to physicians with the same group claim submission number. The FHT level results are the sum of the results for the individual groups in the FHT.

Results released prior to FY 2015 tracked follow-up for enrolled patients belonging to select CMGs (rather than HIGs) and did not include patients discharged after Acute Myocardial Infarction.

As with any indicator, variation in coding practices across PEMs will affect the comparability of the results across PEMs. For example, variation in PEM practices with respect to submitting claims for hospital discharge visits may affect the comparability of the results across PEMs.

Differences in rural and urban practices must be considered when comparing the indicator results for urban and rural PEMs. For example, it is important to bear in mind that day of discharge visits are more likely to occur in rural settings than urban ones, and claims for these types of visits can be counted in the numerator (assuming the other criteria are met).

## 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](mailto:RIS@ontario.ca).

## Date RIS document created (YYYY-MM-DD)

2012-05-28

## Date last reviewed (YYYY-MM-DD)

2018-09-13

# Appendix A: List of Eligible Conditions (HIGs)

## HIG      HIG description

### Acute Myocardial Infarction (Age ≥ 45)

193a	Myocardial Infarction/Shock/Arrest with Coronary Angiogram
193b	Myocardial Infarction/Shock/Arrest with Coronary Angiogram with Comorbid Cardiac Conditions
194a	Myocardial Infarction/Shock/Arrest without Coronary Angiogram
194b	Myocardial Infarction/Shock/Arrest without Coronary Angiogram with Comorbid Cardiac Conditions

### Stroke (Age ≥ 45)

25	Hemorrhagic Event of Central Nervous System
26	Ischemic Event of Central Nervous System
28	Unspecified Stroke

### COPD (Age ≥ 45)

139c	Chronic Obstructive Pulmonary Disease with Lower Respiratory Infection
139d	Chronic Obstructive Pulmonary Disease without Lower Respiratory Infection

### Pneumonia (All ages)

136	Bacterial Pneumonia
138	Viral/Unspecified Pneumonia
143	Disease of Pleura

### Congestive Heart Failure (Age ≥ 45)

196	Heart Failure without Cardiac Catheter
-----	--

### Diabetes (All ages)

437a	Diabetes, Other
437b	Diabetes with renal complications
437c	Diabetes with ophthalmic, neurological, or circulatory complications
437d	Diabetes with multiple complications

### Cardiac CMGs (Age ≥ 40)

202	Arrhythmia without Coronary Angiogram
204a	Unstable Angina/Atherosclerotic Heart Disease without Coronary Angiogram

- 204b Unstable Angina/Atherosclerotic Heart Disease without Coronary Angiogram with Comorbid Cardiac Conditions
- 208a Angina (except Unstable)/Chest Pain without Coronary Angiogram
- 208b Angina (except Unstable)/Chest Pain without Coronary Angiogram with Comorbid Cardiac Conditions

### **Gastrointestinal HIGs (All ages)**

- 231 Minor Upper Gastrointestinal Intervention
- 248 Severe Enteritis
- 251 Complicated Ulcer
- 253 Inflammatory Bowel Disease
- 254 Gastrointestinal Hemorrhage
- 255 Gastrointestinal Obstruction
- 256 Esophagitis/Gastritis/Miscellaneous Digestive Disease
- 257 Symptom/Sign of Digestive System
- 258 Other Gastrointestinal Disorder
- 285 Cirrhosis/Alcoholic Hepatitis
- 286 Liver Disease except Cirrhosis/Malignancy
- 287 Disorder of Pancreas except Malignancy
- 288 Disorder of Biliary Tract