HQCA
Health Quality Council of Alberta

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Primary Healthcare Panel Report (proxy version)

Dr. Sample
Prac ID: 0000-00008

2023 report
(data up to March 31, 2022)

Welcome

You are in the Printable summary section of your report. To print or save this document, press Ctrl+P.

In accordance with section 35(1)(a) of the *Health Information Act,* the information in the report is disclosed by the HQCA to the individual custodian for the purpose of quality improvement and should not be used or further disclosed for any other reason.

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Hello **Dr. Sample**, welcome to your 2023 HQCA Primary Healthcare Panel Report (proxy version). Your PCN is set to **Mosaic Primary Care Network** and your AHS Zone is set to **Calgary**. The details above are based off of information from your request form. If any of the details above are incorrect, please contact the HQCA at primaryhealthcarereports@hqca.ca. Press Ctrl+P to print or save this document.

Summary report

Use the icon below or the tabs above to navigate through the **summary report**.

Detailed report

Click on any of the icons below to navigate through the **detailed report**.

About this report

Acknowledgements

THIS REPORT IS BASED ON YOUR PROXY PANEL

It is an estimate of your active patient panel as of March 31, 2022. Your patient panel was created using the HQCA proxy panel algorithm based on family physician billing claims for the patients you saw from **April 1, 2019 to March 31, 2022**. The algorithm predicts which family physician, from all those seen by a patient, is most likely to be the patient's main family physician. It does not consider visits the patient had with a multi-disciplinary team member where no physician visit was billed.

Consider requesting a confirmed patient list (CPL) report

The CPL report is based on a list of patients from your EMR that is produced by undergoing a paneling process like CII/CPAR. The CPL report will usually be a better choice than a proxy panel report if:
- You can produce a list of patients that are on your panel AND
- You were their main family physician from April 1, 2019 to March 31, 2022.

Request a confirmed patient list report.

WHERE DOES THE DATA COME FROM?

The measures in this report are created from administrative data received from Alberta Health and Alberta Health Services. EMR data is not used in this report. See the data dictionary for more details. All data is housed securely at the HQCA, and the SAS application is hosted by the HQCA.

PASSWORD RESET

Click here to change or reset your password.

WHY USE THIS REPORT

Measurement is integral to ongoing quality improvement. This report is one source of information that you can use to:

- Stimulate self-reflection about your practice and how you manage your patients
- Identify opportunities for improvement
- Establish baseline performance for future improvements
- Compare your results to peers within your PCN and Zone

This report provides a unique opportunity to learn how your patients use family physician services – both the services you provide and those of other physicians your patients saw. It provides information on how your patients use the health system (hospital, ED).

HOW TO USE THIS REPORT

Scan the 'Summary' page in the Printable summary:
- Where are you doing well? What surprises you or is unexpected?

Reflect on what the measure(s) means to your practice. For example,
- Do the results align with what you expected? Have the results changed over time?

Panel report toolkit

Educational videos

- Navigating panel report video
- How to print video
- Expanding the screen resolution
- Restoring default settings

Understanding the data

- Proxy algorithm - how a patient panel is estimated if requesting a proxy report
- FAQs
- Continuity module - a summary of the three continuity measures in the report and how to interpret them
- Data dictionary

Help spread the word

- Request page - form to request a panel report
- Earn CMEs for reviewing your panel report
- Panel report fact sheet
- See how physicians use the report (video)
- Recipe for discussing panel reports with physicians

For more resources

- hqca.ca/panelreports

Summary data

Use the list of measures below to compare your data (from **April 1, 2021** to **March 31, 2022**) to your **PCN** and **AHS Zone.**

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Measure	Your Panel	PCN Panel	Zone Panel
Panel size	1,318	368,016	1,636,319
Average age	49.3	36.8	39.5
Average physician continuity	80.4%	70.4%	71.6%
Percentage with high continuity	60.8%	41.7%	43.8%
Percentage with low continuity	9.2%	19.8%	18.7%
Average clinic continuity	81.4%	78.6%	79.7%
Cervical cancer screening	65.7%	61.6%	69.0%
Colorectal cancer screening	67.9%	51.2%	53.6%
Breast cancer screening	85.6%	65.2%	68.6%
Influenza vaccination	42.4%	25.6%	32.1%
Statin use in adults over age 40 with diabetes	81.1%	65.7%	61.4%
Avg. visits to any family physician	7.1	6.4	6.1

Measure	Your Panel	PCN Panel	Zone Panel
Percent in least privileged social quintile group	11.9%	13.5%	16.1%
Percent in least privileged material quintile group	31.6%	33.2%	11.4%
Sedating medications (Age 65+)	17.2%	25.5%	27.5%
Proton pump inhibitor use (60+ days)	8.3%	5.2%	6.2%
Avg. emergency department (ED) visits	0.32	0.32	0.37
Avg. potentially avoidable ED visits	0.01	0.01	0.02
30 day hospital readmission rate	3.3%	7.3%	7.1%
Acute hospital length of stay (LOS) vs expected LOS	0.94	0.99	0.99

For the list of selected measures:

Green text indicates you are 15% above the average of physicians in your zone for that particular measure.

Orange text indicates you are 15% below the average of physicians in your zone for that particular measure.

Press Ctrl+P to print or save this document.

Click to learn how to navigate the report.

<- For these measures in the second table, higher values are less desirable.

Three-year summary data

Use the list of selected measures below to compare data for three fiscal years.

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Measure ▲	2019-20	2020-21	2021-22	% Difference
Average physician continuity	72.8%	76.6%	80.4%	5.0%
Average clinic continuity	74.3%	77.7%	81.4%	4.8%
Cervical cancer screening	71.8%	67.4%	65.7%	-2.6%
Colorectal cancer screening	70.5%	65.9%	67.9%	3.1%
Breast cancer screening	89.0%	83.3%	85.6%	2.7%
Influenza vaccination	41.6%	46.9%	42.4%	-9.6%
Statin use in adults over age 40 with diabetes	79.2%	80.5%	81.1%	0.7%
Avg. visits to any family physician	5.6	6.3	7.1	13.2%

Measure ▲	2019-20	2020-21	2021-22	% Difference
Sedating medications (Age 65+)	16.6%	18.1%	17.2%	-4.8%
Proton pump inhibitor use (60+ days)	10.1%	7.9%	8.3%	4.6%
Avg. emergency department (ED) visits	0.38	0.27	0.32	15.9%
Avg. potentially avoidable ED visits	0.02	0.01	0.01	78.2%
30 day hospital readmission rate	10.3%	9.5%	3.3%	-65.0%
Acute hospital length of stay (LOS) vs expected LOS	1.11	0.98	0.94	-4.5%

These tables summarize your data over three years.

The 2021-22 column summarizes the data for your panel of patients.

The 2019-20 and 2020-21 columns allow you to see the data for those **same patients** in the previous two years. Keeping the panel of patients the same for all years allows you to understand how the data for your *current* panel of patients is trending.

% Difference shows the difference between the 2020-21 fiscal year and the 2021-22 fiscal year, relative to the 2020-21 value.

<- Shaded backgrounds indicate higher values are less desirable.

Practice characteristics

Dr. Sample, 0000-00008

Measure	2019-20	2020-21	2021-22
Total visits to you	5914	7470	7673
Visits by panel patients	5503	7114	7238
Visits by non-panel patients	411	356	435
Return visit rate to you	4.511	5.827	5.457
Unique patients seen	1311	1282	1406
Male visits	2618	3276	3344
Female visits	3296	4194	4329

Total visits is all patient encounters you billed for in any setting except an emergency department. Considers your billings for panel patients as well as patients of other family physicians who you saw (non-panel patients). Includes multiple visits during the year for individual patients. This represents your supply - the number of patient visits your schedule can handle.

The measure of demand for your services by your panel patients is the total visits to any family physician. You may also want to view ED visits for potentially avoidable conditions (particularly during office hours) to further understand your demand.

Unique patients seen is the number of patients with a unique personal health number who visited you.

Return visit rate to you is the rate at which all patients you saw came back to visit you. It is the total visits by all patients (panel and non-panel patients) divided by unique patients seen.

Detailed report

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Practice characteristics (virtual visits)

Dr. Sample, 0000-00008

Measure	2019-20	2020-21	2021-22
Total virtual visits	67	2893	1322
Virtual appointment during epidemi	38	774	308
Virtual assessment: 10+ minutes	27	1916	935
Virtual psychotherapy	2	203	79
Comprehensive virtual consultation	0	0	0

Comprehensive virtual consultations (03.08CV) includes patients you saw using phone, or secure video conference to complete a comprehensive consultation for a patient that was referred to you by another healthcare provider.
Virtual Appointment during epidemic (03.01AD) includes patients you provided advice to via telephone or secure video conference for a visit initiated by the patient or their agent and lasted less than 10 mins.
Virtual Assessment: 10+ minutes (03.03CV) includes patients you provided advice to via telephone or secure video conference for a visit initiated by the patient or their agent and lasted more than 10 mins.
Virtual psychotherapy (08.19CW) includes patients who saw you using phone or secure videoconference for psychiatric treatment or for a palliative care or a chronic pain visit.

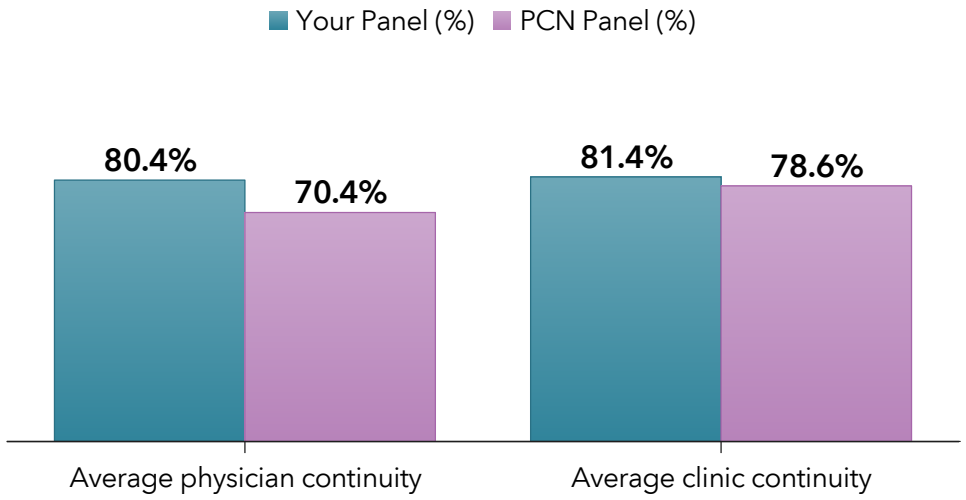
Detailed report

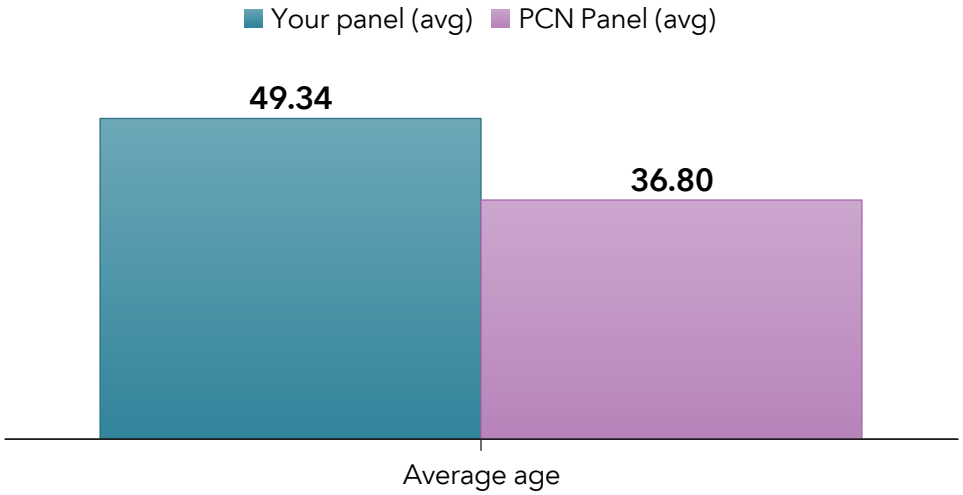
Print

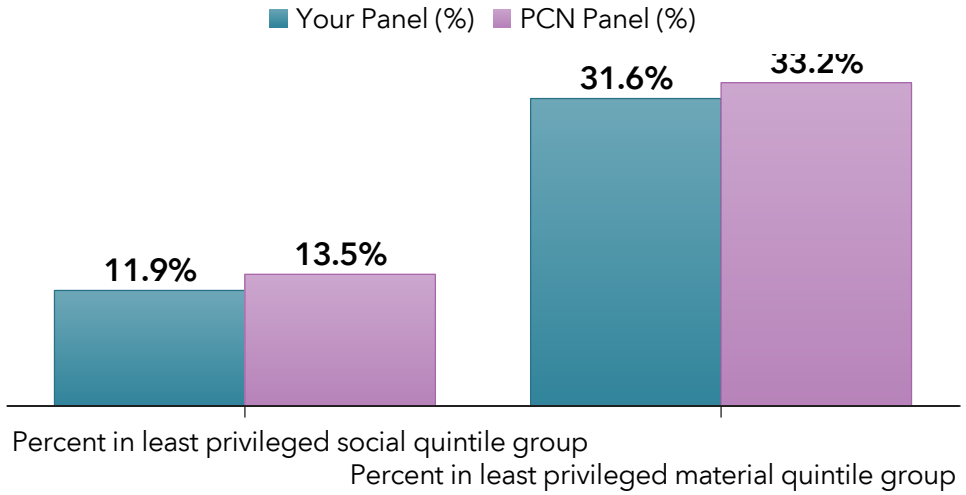
Panel characteristics

Dr. Sample, 0000-00008

Measure	Your Panel	PCN Panel
Panel size	1,318	368,016
Average age	49.3	36.8
Average physician continuity	80.4%	70.4%
Average clinic continuity	81.4%	78.6%
Percent in least privileged social quintile group	11.9%	13.5%
Percent in least privileged material quintile group	31.6%	33.2%







Detailed report
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Panel characteristics description

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Panel size (active patients) - Covered by the Alberta Healthcare Insurance Plan (AHCIP) as of March 31, 2022 and at least one physician billing between April 1, 2019 and March 31, 2022. Excludes patients who had no visit in the data period.

Material and social deprivation - Material deprivation includes indicators related to education, employment and income drawn from the 2016 Canadian census data. It represents economic conditions at the neighbourhood level. Social deprivation includes indicators related to being separated, divorced, or single-parent family drawn from the 2016 Canadian census data. It represents social conditions at the neighbourhood level. Each quintile includes 20 per cent of the Canadian population.

Average physician continuity - The percentage of all family physician visits by that patient to you. In each fiscal year, average continuity of each panel patient to their physician is calculated using three years of physician claims data (e.g., 2021-22 is based on data from April 1, 2019 to March 31, 2022). Each individual patient's continuity to the physician is added and then divided by the total number of patients in the panel. This represents on average, the continuity the paneled patients have to the physician.

Average clinic continuity - Reflects the concept of a patient medical home. It is the percentage of all visits by your panel patients that were to you or one of your practice colleagues in the main clinic where you practice. Does not include visits to a multi-disciplinary team member when a physician visit is not billed.

Clinic continuity of each panel patient is calculated using three years of claims data (e.g., 2021-22 uses data from April 1, 2019 to March 31, 2022). Each patient's clinic continuity is added and then divided by the total number of patients on the panel. This represents on average the continuity panel patients have to the clinic.

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Preventive care

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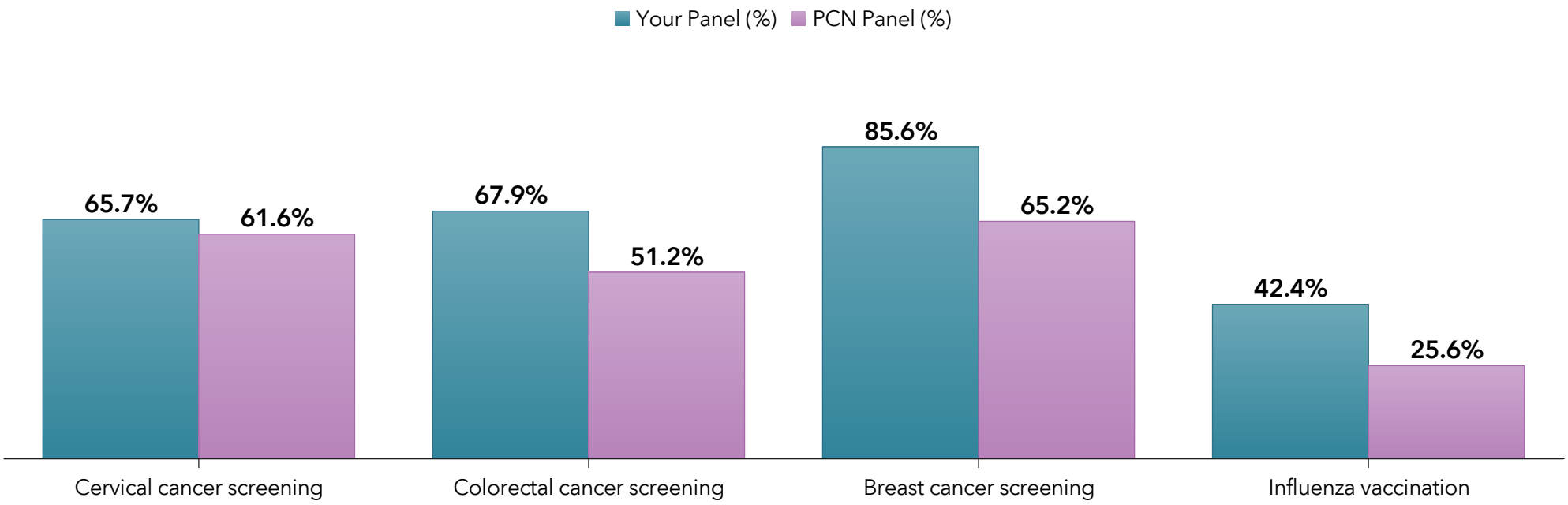

Measure	Your Panel	PCN Panel
Cervical cancer screening	65.7%	61.6%
Colorectal cancer screening	67.9%	51.2%
Breast cancer screening	85.6%	65.2%
Influenza vaccination	42.4%	25.6%

Detailed report
Click here to view trends and adjust filters.

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Preventive care description

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Diabetes - Diabetes screening includes a laboratory test for hemoglobin A1c, or fasting glucose, or diagnostic code (V77.1) for diabetes screening. Excludes patients younger than age 40 years, and patients with diabetes. The screening period (within the last five years) follows the Alberta Screening and Prevention Program guidelines.

Lipids - Lipids screening is a laboratory test for either plasma lipid profile or cholesterol.
The Alberta Screening and Prevention (ASaP) program recommends screening with a non-fasting lipid profile at least every five years for all patients age 40 to 74. Excludes patients younger than age 40 or older than age 74.

Colorectal cancer - Includes at least one of the following colorectal cancer screening tests within the period recommended by the Alberta Screening and Prevention (ASaP) program for each: Fecal immunochemical test (FIT) within two years; flexible sigmoidoscopy within five years; colonoscopy within 10 years.
Excludes patients younger than age 50 and older than age 74.

Cervical cancer - Excludes any females who had a hysterectomy performed since April 1, 2005. As of May 2016, the ASaP recommedation is to screen women age 25 to 69 every three years. The screening time period in this report is 42 months as the Alberta Health Services Cervical Cancer Screening Program (ACCSP) calculates screening rates with an additional six-month buffer. Alberta Health Services Cancer Screening Program (AHSCP) notifies patients when they are due for screening.

Breast cancer - Excludes female patients younger than age 50 or older than age 74, and those with a history of invasive breast cancer. A patient is counted only once. The ASaP program and Alberta Breast Cancer Screening Program (ABCSP) recommendation is to screen every 2 years. The screening time period in this report is 30 months as ABCSP calculates screening rates with an additional six-month buffer. Alberta Health Services Cancer Screening Program (AHSCP) notifies patients when they are due for screening.

Influenza vaccination - Includes vaccinations done by public health professionals, community pharmacists, and physicians. Excludes vaccinations done by office staff (unless billed by the physician) or PCN staff (e.g., nurse or pharmacist), long-term care facilities, and those done through employer work-based occupational health and safety programs. Approximately 90% of influenza data is captured.

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Chronic conditions

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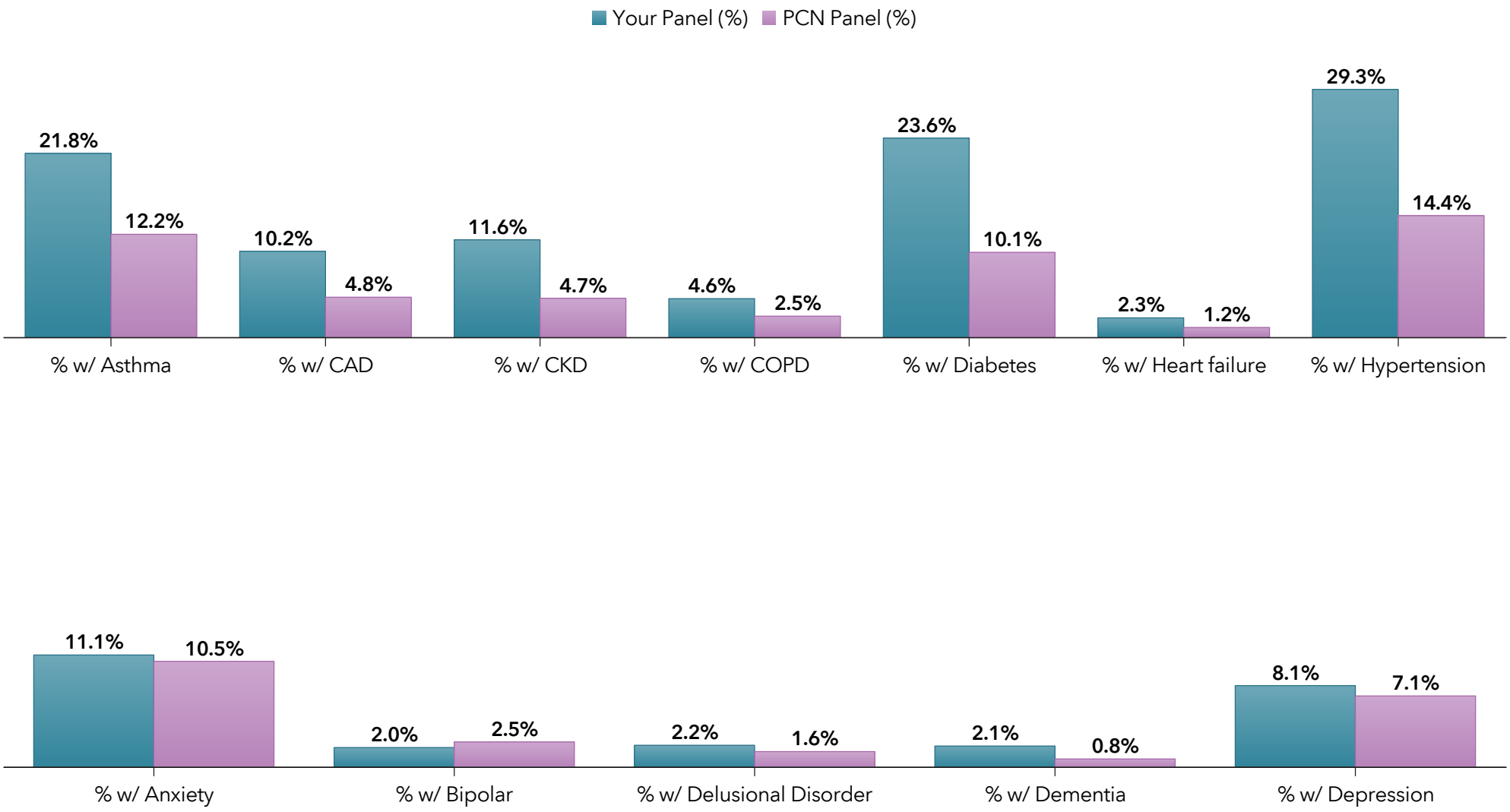

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Chronic conditions

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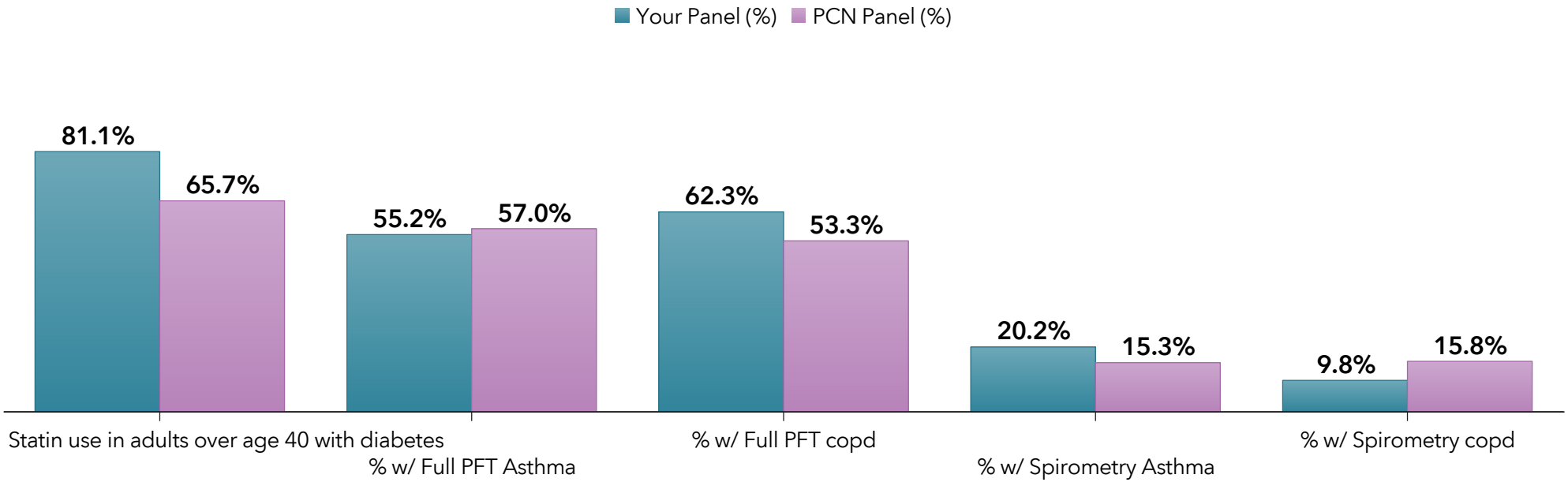

Measure	Your Panel	PCN Panel
Statin use in adults over age 40 with diabetes	81.1%	65.7%
% w/ Full PFT Asthma	55.2%	57.0%
% w/ Full PFT copd	62.3%	53.3%
% w/ Spirometry Asthma	20.2%	15.3%
% w/ Spirometry copd	9.8%	15.8%

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Chronic conditions description

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Kidney disease screening in adults - Includes patients with diabetes who had a urine albumin/creatinine ratio (ACR) test and at least one creatinine / estimated glomerular filtration rate (eGFR) test completed. Diabetes Canada (formerly the Canadian Diabetes Association) Clinical Practice Guidelines suggests annual screening with both ACR and eGFR in adults with diabetes. Excludes patients under age 18.

Drug therapy for kidney disease in adults - Includes adults who had an elevated (>=30 mg/g) urine albumin/creatinine ratio (ACR) or a lower (<60 mL/min/1.73 cubic meters) estimated glomerular filtration rate (eGFR), and who were dispensed an angiotensin converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB). The prescriptions dispensed may have been written by any physician, including specialists.

Statin use in patient with diabetes - Statins include any HMG-CoA reductase inhibitor dispensed on new and refill prescriptions. Includes combination products with a statin. The prescriptions dispensed may have been written by any physician, including specialists.

% w/ full PFT - Percentage of patients with asthma, 12 years old and older, who received a full pulmonary function test.

% w/ spirometry - Percentage of patients with asthma, 12 years old and older, who received a spirometry test.

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Pharmaceuticals

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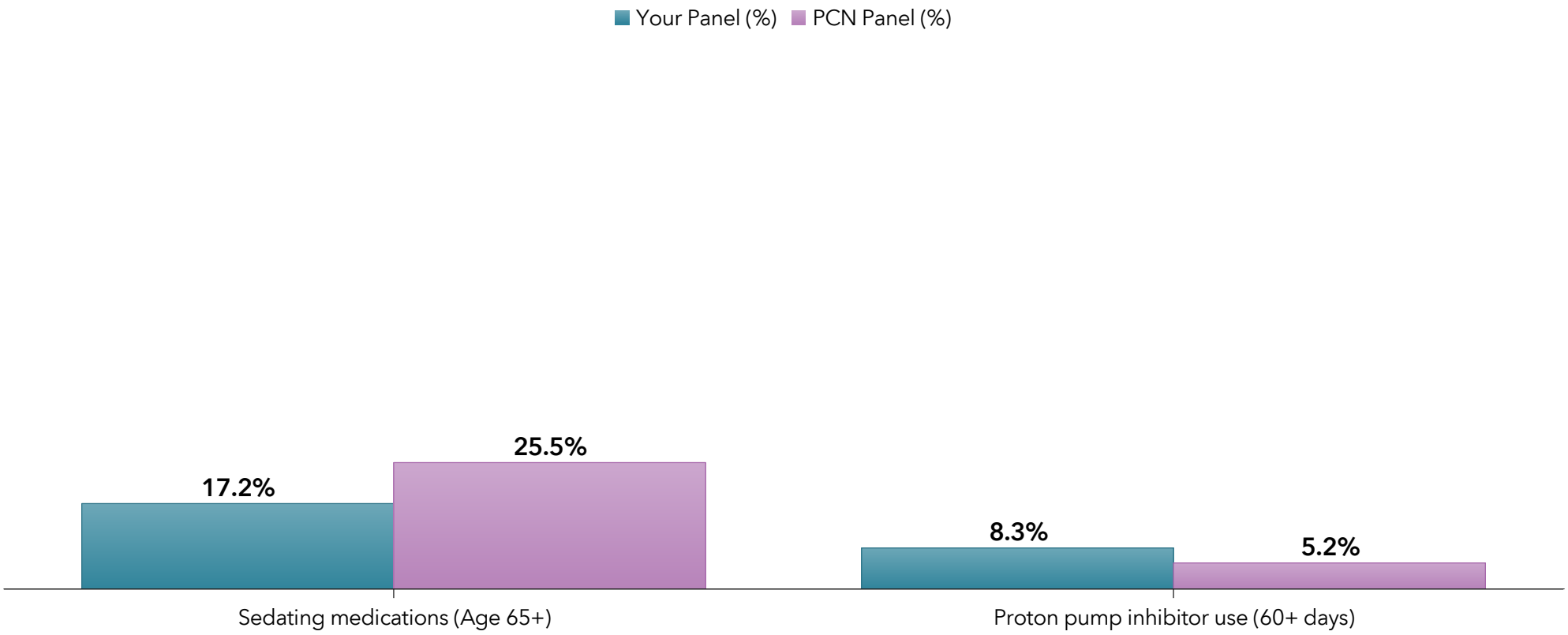

Measure	Your Panel	PCN Panel
Sedating medications (Age 65+)	17.2%	25.5%
Proton pump inhibitor use (60+ days)	8.3%	5.2%

Detailed report
Click here to view trends and adjust filters.

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Pharmaceuticals description

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Sedating medication use in older adults - Includes any sedating medication dispensed to your panel patients age 65 and over on new and refill prescriptions written by any physician including specialists.

Proton pump inhibitor use -
Long term therapy is defined as:
Continuous therapy for more than 60 days OR
Two or more short courses of any PPI dispensed at less than a 60 day interval that totalled more than 60 days of therapy.
Includes any single ingredient PPI dispensed on a new or refill prescription written by any physician, including specialists.

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Utilization

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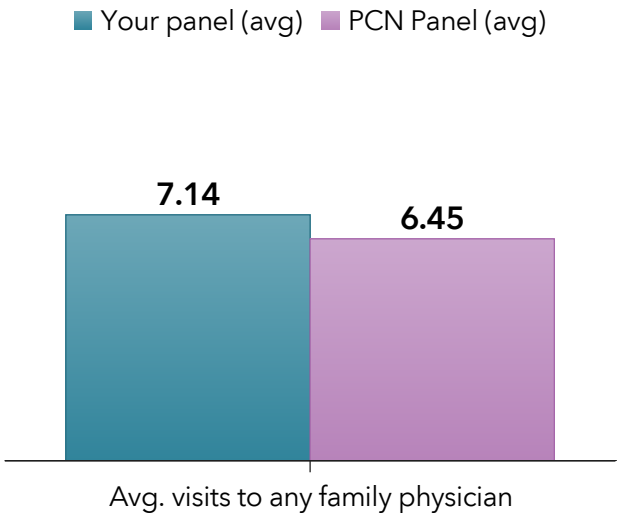

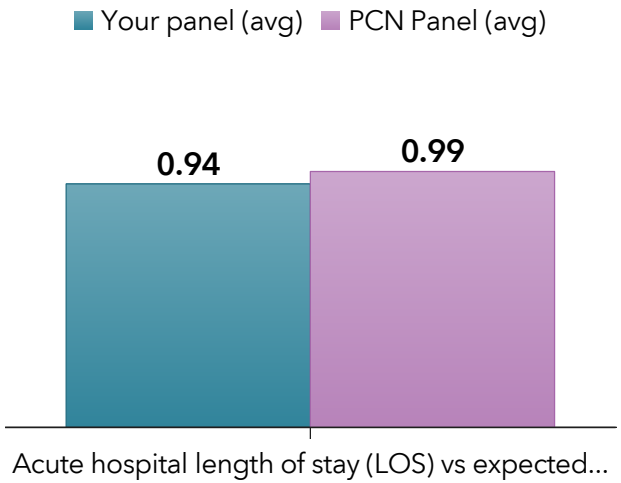

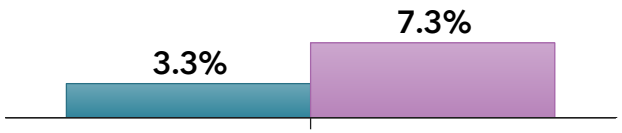

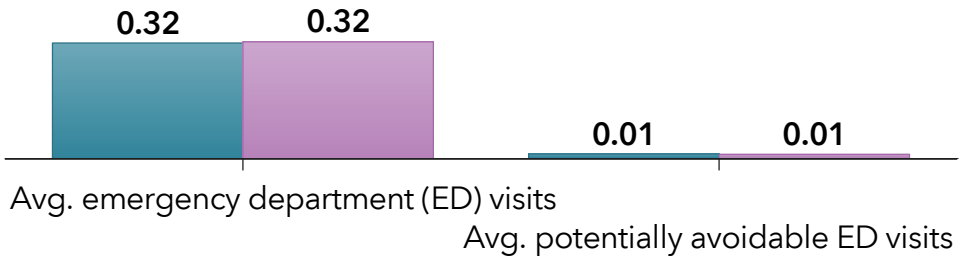

Utilization

Measure	Your Panel	PCN Panel
Avg. visits to any family physician	7.1	6.4
Avg. emergency department (ED) visits	0.32	0.32
Avg. potentially avoidable ED visits	0.01	0.01
30 day hospital readmission rate	3.3%	7.3%
Acute hospital length of stay (LOS) vs expected LOS	0.94	0.99

Detailed report
Click here to view trends and adjust filters.

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Utilization description

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Visits to any family physician - Includes visits by your panel patients to any family physician (including you), except visits that happen in a hospital or emergency department. Maximum of one visit per day per patient is counted. Average visit rate is the total number of visits by your patients to a family physician divided by the number of patients on your panel.

ED visits - Average visits per patient relates to how your panel, on average, uses the ED. For example, an average visit of 0.25 means that on average for every four patients on your panel, there is one visit to the ED.

Potentially avoidable ED visits - Potentially avoidable visits are those with an ED triage score of CTAS 4 or 5 (non-urgent), and a discharge diagnosis that is considered to be potentially treatable by a family physician in the office.Type of visit category is determined by the final diagnosis recorded by the emergency physician for each ED visit. Patients with these conditions have a low likelihood (<1%) of being admitted to hospital for treatment. Patients can have multiple visits per day.

Percentage of patients with a visit for a condition that is potentially treatable in primary care may represent a need for short notice access to a family physician in the community. However, in rural areas, patients may be seen by their usual family physician in the ED for minor conditions, which strengthens continuity.

ALOS/ELOS - ALOS vs ELOS indicates appropriateness and efficiency of care for acute care patients. A ratio of less than one suggests that your patients' overall length of stay is shorter than expected. A ratio of greater than one suggests it is longer than expected. Only the acute portion of the inpatient stay is included (excludes alternate level of care (ALC) days). The expected length of stay for patients with similar disease intensity is based on data from the Canadian Institute for Health Information (CIHI).

Readmission rate - Includes all panel patients readmitted to hospital within 30 days of discharge from hospital for any cause. Excludes patients who had a planned hospital admission for an elective procedure. Discharges and readmissions are counted as many times as they occur (not limited to one per patient).

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