



# Data Requests

## A GP for Me Evaluation



Divisions of Family Practice

A GPSC initiative



# Contact

Doctors of BC

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# Outline

**The Basics:** What do we know for sure?

**Key Metrics:** Advice for obtaining key metrics

**Guidance:** Tips from the Ministry and Health Authorities

**Resources:** Who should we talk to?

# The Basics

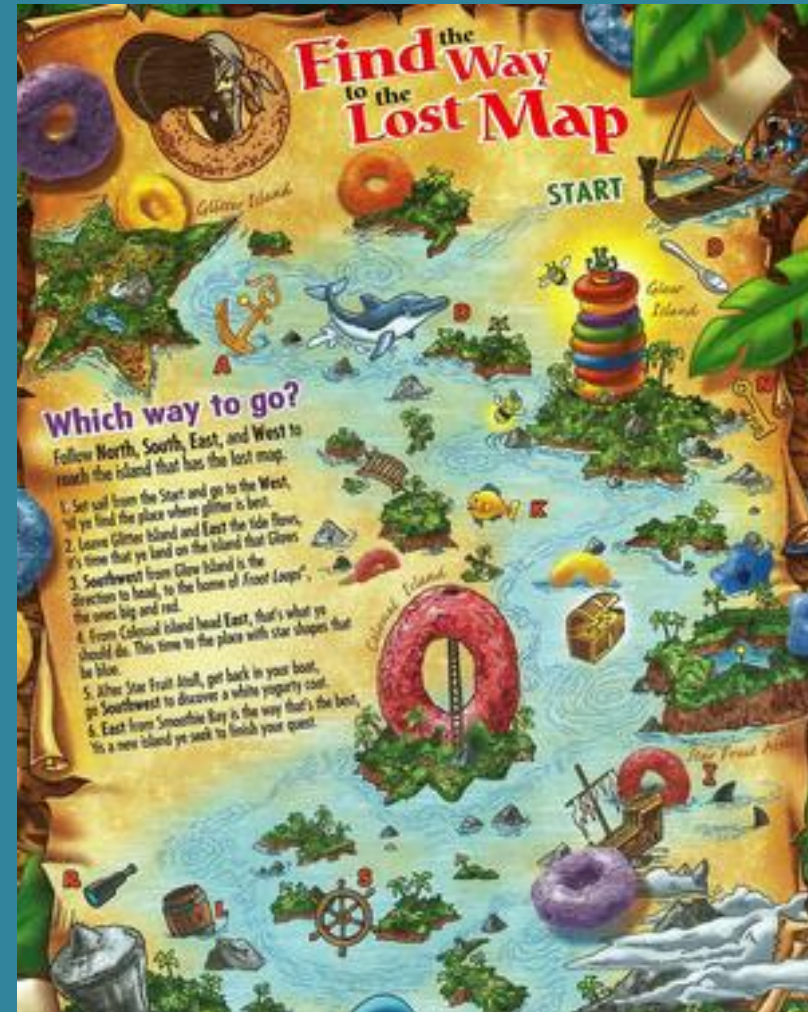
What do we know for sure?

# EASIER TO ACQUIRE INFORMATION

Aggregate information that uses pre-defined parameters or measures

for example:

- Standard geographic health boundaries (LHA, HSDA, HA);
- Standard age groupings with or without gender;
- Patient cohorts (pre-defined)
- Physician cohorts (pre-defined)



# EASIER TO ACQUIRE INFORMATION

## Ministry of Health Sourced Information on DivIT



	Year(s)	Region
<b>Community Profiles</b>	2010 or 2011	43 communities (using LHA), 5 HAs, and BC
<b>Attachment Algorithm</b>	2007/2008 to 2011/2012	LHA, HSDA, HA, BC
	2008/2009 to 2012/2013	LHA, HSDA, HA, BC
	2009/2010 to 2013/2014	LHA, HSDA, HA, BC
<b>Attachment Algorithm by Gender and Age</b>	2011/2012	LHA, HSDA, HA, BC
	2012/2013	LHA, HSDA, HA, BC
<b>Attachment Algorithm by RUB</b>	2010/2011 and 2011/2012	LHA, HSDA, HA, BC
	2011/2012 and 2012/2013	LHA, HSDA, HA, BC
<b>CCHS, and Estimates of Looking for using CCHS data</b>	2009&2010	HSDA, HA, BC
<b>MSOC 50GPs</b>	2009/2010 to 2011/2012	LHA, HA, BC
	2009/2010 to 2012/2013	LHA, HA, BC
	2008/2009 to 2013/2014	LHA, HA
<b>A GP for Me Incentive Fee Items</b>	2013 and 2014	Division
	2013, 2014 and 2015 (Jan. 1-Mar. 31)	Division
	2013, 2014 and 2015 (Jan. 1-Jun. 30)	Division

# EASIER TO ACQUIRE INFORMATION

## Ministry of Health Attachment Algorithm

- Using MSP billing data, the Algorithm is a measure to estimate an **ongoing health care relationship** with a family physician practice based on their GP service utilization.
- See Technical documentation on DivIT.
- Available broken down by:
  - LHA, HSDA and HA;
  - RUB (Resource Utilization Band);
  - Age group and gender.

# EASIER TO ACQUIRE INFORMATION

## Community based GPs

### aka Majority Source of Care 50+ GPs

- Proxy measure to define a community-based GP.
- Any GP who had 50 or more MSOC (majority source of care) patients is considered community-based.



# EASIER TO ACQUIRE INFORMATION

## 4. Patient complexity based on RUBs and/or Health System Matrix population segments



Idea: Look for the attachment algorithm broken down by RUB

# EASIER TO ACQUIRE INFORMATION

**Information where the latest time period includes fiscal year 2013/2014 (varies by data source).**

# Information only available at Ministry of Health

Database/Data Sets	Description
Medical Services Plan	Fee-for-service medical visit data
PharmaCare/PharmaNet	Pharmaceutical data
Attachment Algorithm	Patient attachment status to Practice/GP
Chronic Disease Registries	Chronic disease statistics
Health System Matrix	Healthcare system utilization by population segment
Majority Source of Care 50+ GPs	Community based GPs
Adjusted Clinical Groups – John Hopkins (e.g. ACGs, RUBs)	Specialized view of service use and patient complexity

# MORE DIFFICULT TO ACQUIRE INFORMATION

- Information (aggregate and non-aggregate) **that does not use pre-defined parameters**
- Information where that requires **sharing the patient PHN or physician practitioner number** with the Ministry.
- Information where the Division receives back detailed data and in particular personal information, such as **PHN or physician practitioner number.**
- Information that **link Health Authority and Ministry data.**
- Data for **2014/15** due to data availability and updates; likely not available for **2016** (confirm with contacts).

# Key Metrics

Advice for obtaining key metrics

# Key Metrics for A GP for Me Identified by Divisions June 12<sup>th</sup> 2015

See MoH Background Info spreadsheet

- # of attached patients
- RUB band (a measure of patient complexity)
- In patient admission and readmission rates
- Length of Stay (LOS)
- Ambulatory care (e.g. sensitive conditions)

# Key Metrics for A GP for Me Identified by Divisions June 12<sup>th</sup> 2015 (continued)

## Non-administrative data source:

- 3<sup>rd</sup> next available appointment
- GP Experience
- Meeting patient needs

# What and how data is available

Metric		LHA/HSDA	Demographic breakdown	Latest available	Source
# of attached patients/ % of attached patients	Canadian Community Health Survey (CCHS)	HSDA/HA/BC	age group, gender,	2014, 2013&2014	Statistic Canada, CANSIM Tables (web based), DivIT
	Attachment Algorithm	LHA/HSDA/HA/BC	Age group, gender, Complexity (RUB, Health System Matrix Population Segment)	2013/2014 (but breakdown by RUB, 2012/2013)	DivIT (LHA/HSDA/HA/BC), Data request to MoH (Div. level) through local HA



# What and how data is available

# of population without a regular medical doctor, but look for	Annually (calendar year), every two years (calendar year)	HSDA/(HA)/BC	N/A	2009&2010 data on DivIT (HSDA/HA/BC); 2011&2012 (HSDA/HA/BC) and 2013&2014 (HSDA/BC) request to MoH through local HA. Plan to post on DivIT later.
RUB band (a measure of patient complexity)	Annually (fiscal year)	LHA/HSDA/HA/BC	age group, gender	2012/2013 DivIT (LHA/HSDA/HA/BC), Data request to MoH (Div. level) through local HA

# What and how data is available

Health System Matrix	Annually (fiscal year)	LHA/HSDA/HA /BC	age group, gender, and etc.	2013/2014	Data request to MoH through local HA. Plan to post on DivIT later.
In patient admission and readmission rates	Annually (fiscal year)	Facilities, possible for LHA/HSDA/HA /BC. Need determine details		2013/2014	Data request to MoH through local HA.

# What and how data is available

Length of Stay (LOS)	Annually (fiscal year), Quarterly	Facilities, possible for LHA/HSDA/HA/BC, but need determine details	2013/2014	Data request to MoH through local HA.
Ambulatory care Sensitive Conditions (ACSC)	Annually (fiscal year), Quarterly	LHA/HSDA/HA/BC, need determine details	2013/2014	Data request to MoH through local HA.

# Guidance

Tips from the Ministry  
and Health Authorities



Ministry of Health

# Considerations when requesting information for A GP for Me evaluations

1. What evaluation question is being answered with this information?
2. Have you worked with your local CSC co-chairs to access the information?
3. Is the information available from your local health authority?
4. Is the information available on DivIT?
5. If you answered 'No' to questions 3 & 4 above, is the information only available at the Ministry of Health? (see slide for what's only at the Ministry)

# Considerations when requesting information for A GP for Me evaluations

6. Is the request for aggregate information?
7. Is the information required for a specific cohort? If so, is the cohort known?
8. Have privacy and information sharing requirements such as consent, privacy impact assessment and/or information sharing agreement been addressed? Do any of these exist?
9. By what date is the information required? Information requests can take weeks to complete because of multiple demands on limited resources and depending on the request's complexity.

# Considerations when requesting information for A GP for Me evaluations

## Connect with the Health Authority:

- Connect with program area of interest
  - Where do they collect their data?
  - Do they have a program specific or shared system?
- Connect with appropriate support department
  - Is data already collected on this topic?
  - Does a formal request process exist?
  - Identify key contacts for access and understanding of program specific or shared system.



# Sample Evaluation Questions

- Have GPs attached more patients due to the Division-sponsored education sessions about Attachment fee codes?
- Did the team-based care approach improve health outcomes for frail elderly patients?
- Did the matching tool increase the number of attached patients in our community?

# Island Health

# Considerations when requesting Health Authority data for GP4Me

- Is the data held by the Health Authority (e.g., ED use, hospital admissions)
- Is the request for aggregate information?
- What evaluation question is being answered through this information?
- When is the information required by and over what period of time?
- Is the cohort known?
  - How will this information be shared with the Health Authority?
  - Is a PIA required to share this information?

# Processes for Determining Available Data for GP4Me

- Seek approval for data requests at your local Collaborative Services Committees
  - Sign off from the CSC Co-Chairs
  - Work with your local Island Health CSC Staff Support person and/or Evaluator (Shelley.Tice@viha.ca) who can steward your request within the Health Authority
  - No formal intake process

Vancouver Coastal Health

# What Data, Where and Who to contact?

Data Source	What types of Data	Contact(s)
VCH Population Health	<ul style="list-style-type: none"> <li>• Population Health Data</li> <li>• My Health, My Community</li> <li>• Socio-Demographic Profiles</li> <li>• Health Status &amp; Outcomes</li> <li>• Population Demographic Data</li> <li>• Other</li> </ul>	Jat Sandu &/or Local Medical Health Officer  phsu@vch.ca
VCH Decision Support	<ul style="list-style-type: none"> <li>• Acute &amp; ED Utilization</li> <li>• Home &amp; Community Care Utilization</li> <li>• Mental Health &amp; Addiction Utilization</li> <li>• (Some) Primary Clinic Data</li> <li>• (Some) Population Data</li> <li>• BC/CIHI Comparators</li> <li>• Other</li> </ul>	View by: <ul style="list-style-type: none"> <li>• <b>type</b> of service (e.g. Home Support)</li> <li>• <b>location</b> (e.g. VGH)</li> <li>• pt/client <b>residency</b></li> <li>• <b>use rate</b> by population</li> </ul>
		Michael Johnson <a href="mailto:Michael.Johnson@vch.ca">Michael.Johnson@vch.ca</a>

# Request Form/Details needed by Decision Support

## Demand for Primary Care Services

GP Attachment Knowledge Sought – Reason for Request	Data Requested to Support Knowledge Sought	Level of Data Aggregation/Segregation	Date Timeframe
Insert	Insert	Insert	Insert

Adapted from FH Data Request Form

Fraser Health



# What is Available?

- Utilization Data:
  - Acute Care Utilization Data (Inpatient Admissions, bed day utilization).
  - ED visits.
  - Residential Care utilization (Not all facilities).
  - Community Service utilization.
- Clinical Data (where available), examples include:
  - Diagnostic information
  - Medication (available for a small number of projects).
  - Assessment / test results (where available).

# Data Sources

- The Principal Data Sources Include:
  - Meditech (Acute Care).
  - PARIS (community services).
  - EMRs (in some community clinics).
  - Local, project-specific Databases (when available can constitute a rich source of information).

**SAMPLE ACUTE CARE DATA ELEMENTS**

The following are based on data fields used in previous projects. These lists are not exhaustive.

Table 1 - ACUTE INPATIENT	Table2 - EMERGENCY DEPARTMENT	Table 4 - OTHER INFO IF AVAILABLE
Field Name	Field Name	Field Name
PHN	PHN	LOCATION_CODE
UNIQ	FISCALYEAR	LOCATION_DESCRIPTION
PERIOD	QTR	LHA
SITENAME	FP	LHA_DESCRIPTION
FACNAME	FACILITY	REGION_CODE
ADATE	CHART#	REGION_DESCRIPTION
DISDATE	ACCOUNT	Birth Year
LOS	AGE	Birth Month
SEX	SEX	
AGE	RegDT	
DISPOSITION	AdmitDT	
RCODE	VALIDSTATUS	
ALC	PRIORITY	
CMGNO	CHIEFCOMPLCODE	
CMGNAME	CHIEFCOMPLAINT	
MRDX code	TransferDT	
MRDX Description	TRANSFERWARD	
	POSTALCODE	
	RESCODE	

# How Accessible are these Data?

- There are processes to be followed and it helps if you have the following in place:
  - Proof that you have conducted a Privacy and Security Assessment indicating how patient privacy will be protected (No exceptions).
  - Proof that there is a Data Sharing Agreement in place (Sharing with external organizations).
  - You need to have a good idea that the data you require do in fact exist, and
  - Have a contact person knowledgeable about both the data, the data sources and the processes to be followed.




# Northern Health

# What Data, Where and Who to contact?

- Identify data needs, see contact below for support:
  - What type of data are you looking for (administrative, utilization, process)?
  - Do you have the necessary ethics approval, have you considered privacy?
  - What questions are you trying to answer?
  - Is your request specific to one data source or department?
- Contact internal champion or *Outcomes Analysts* for support identifying availability and source of data, data requests and data limitations:
  - Individual contact depends on data needed, for GP4Me initiatives, please contact: [Denys.Smith@northernhealth.ca](mailto:Denys.Smith@northernhealth.ca)  
[Kristin.Turnbull@northernhealth.ca](mailto:Kristin.Turnbull@northernhealth.ca)
  - Process depends on data source
  - Importance of partnerships and identifying champion within Health Authority as roles and responsibilities change
  - General Research and Evaluation inquiries [IDC@northernhealth.ca](mailto:IDC@northernhealth.ca)

# Interior Health

# Data Available and Process

	ER Admissions
	Hospital Admissions
	Hospital Re-Admissions within 30 days
	Av Length of Stay in Hospital

## Types of Data Available

- Acute care utilization data
- Clinical data – where available
- Project specific database

## Process for Data Request

- Obtain Data Request form from CSC
- Complete and get approval from CSC co-chairs
- Submit to IMIT Data Steering Committee
- Follow up on Data request can be made through your local Interior Health CSC Staff Support person and/or Evaluator ([oluseyi.oyedele@interiorhealth.ca](mailto:oluseyi.oyedele@interiorhealth.ca))



# Resources

Who should we talk to?

# Copy all enquiries and requests to Petra Lolic

## Doctors of BC

Petra Lolic: [plolic@doctorsofbc.ca](mailto:plolic@doctorsofbc.ca)

## Island Health

Shelley Tice: [Shelley.Tice@viha.ca](mailto:Shelley.Tice@viha.ca)

## Vancouver Coastal Health

Venie Dettmers: [Venie.Dettmers@vch.ca](mailto:Venie.Dettmers@vch.ca)

## Interior Health

Seyi Oyedele: [Oluseyi.Oyedele@interiorhealth.ca](mailto:Oluseyi.Oyedele@interiorhealth.ca)

## Northern Health

Kristin Turnbull: [Kristin.Turnbull@northernhealth.ca](mailto:Kristin.Turnbull@northernhealth.ca)

## Fraser Health:

Division Collaborative Services Committee

## Ministry of Health

Linda Low: [Linda.low@gov.bc.ca](mailto:Linda.low@gov.bc.ca)