

Demographics*	
Iteration:	4.1
Team code:	myfht2015
Rostered Patients:	108518
Patients Served:	

*Demographics are used to determine peers

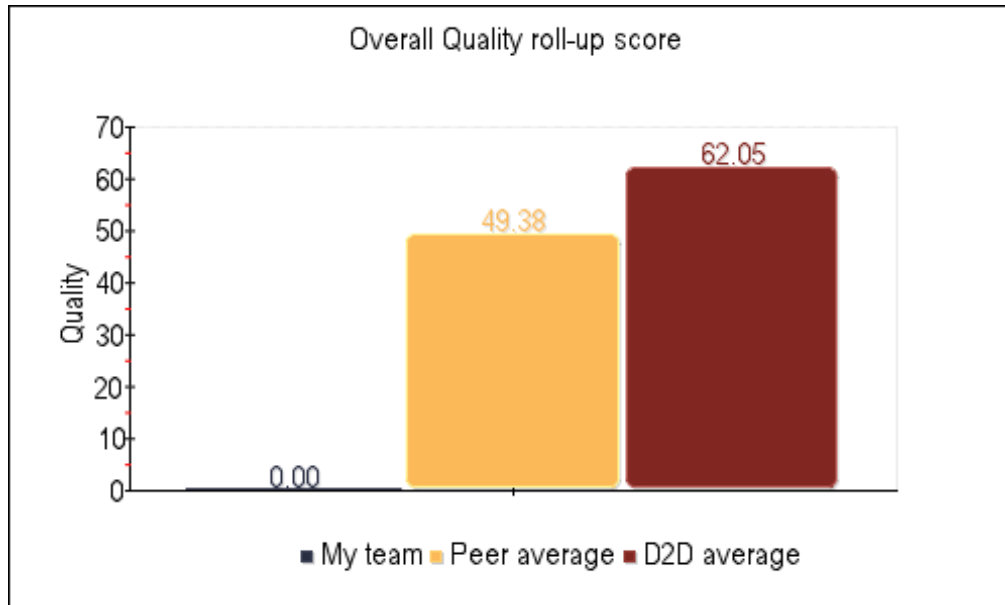
Peer demographics for comparison	
Setting:	Urban
Teaching:	Teaching
Access to hospital discharge data:	none
LHIN:	3-Waterloo Wellington
LHIN Sub-Region:	none

SAMI Score		
Standardized ACG Morbidity Index: A surrogate measure of the complexity of patients served by the health care teams. The “average” Ontario has a SAMI equal to 1. Values above 1 indicate higher than average expected resource use. Score is provided by ICES based on OHIP billing data.		
Team score	Peer average	D2D average
0.90	0.91	0.98

EMR Data Quality		
Team score	Peer average	D2D average
0.00	0.89	0.78

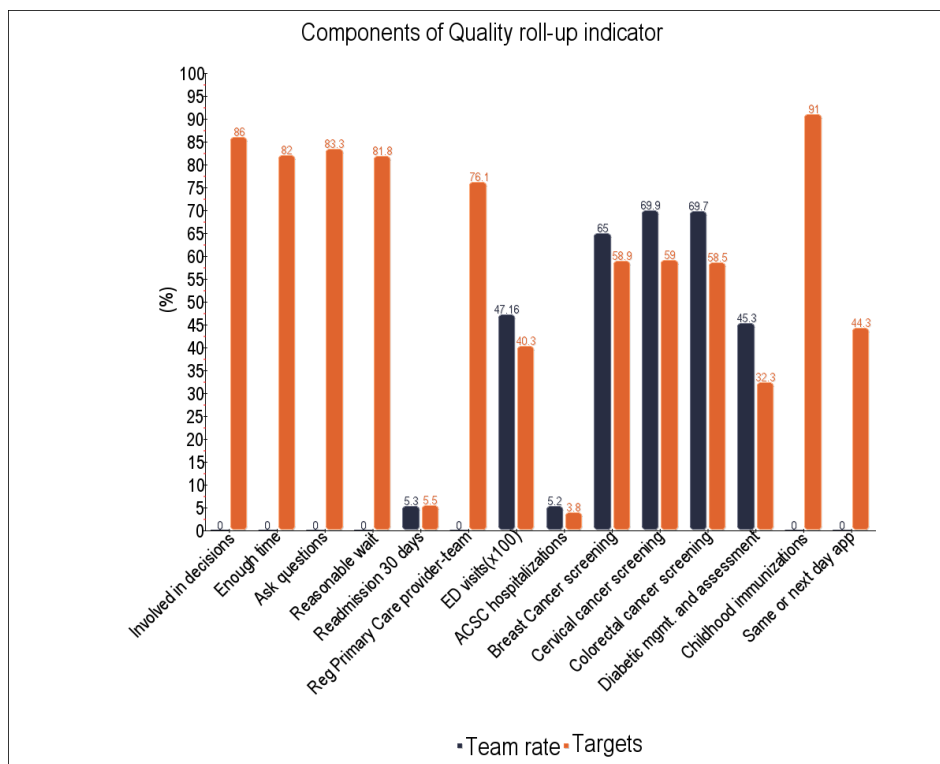
Roll-up Data

The Quality Roll-up Indicator was introduced in D2D 2.0. It is a composite measure intended to better reflect the comprehensive nature of primary care through a single measure, a measure that reflects what matters to patients in a way that also considers what is important to providers. It is part of AFHTO's efforts to advance manageable meaningful measurement in primary care.



Components of Quality

This graph shows the team's performance on each of the components of the quality roll-up indicator in the coloured bars. If the team did not submit data for one of the components, no bar is shown for that indicator. The order of the indicators, from left to right, reflect the importance to patients in terms of their relationship with their primary care provider. Note, however, that all of the indicators are important to patients, just to varying degrees. The graph also shows the "comparative data" available for the indicator. See the "comparative data" table for more information about where these data come from for each indicator.



Cost

Total healthcare system costs per person includes the amount of resources each person consumed for primary care costs, diagnostic tests, home care, hospitalization and long term care etc. Total cost accounts for approximately 85% of all costs that can be allocated to individual patients. Total cost is also broken down into categories (see below). Cost is one of the measures of the "triple aim". It is important to track at a membership-level as an indicator of sustainability of the healthcare system. It may not be directly amenable to team-level efforts to change.

Core D2D Indicators

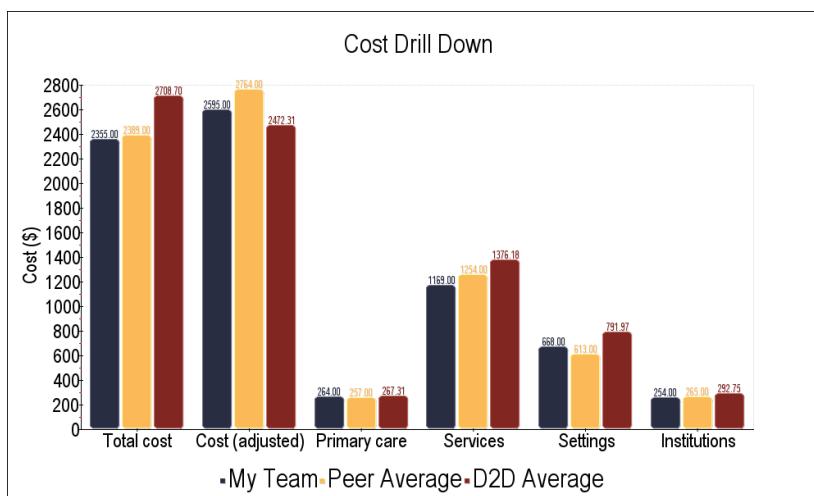
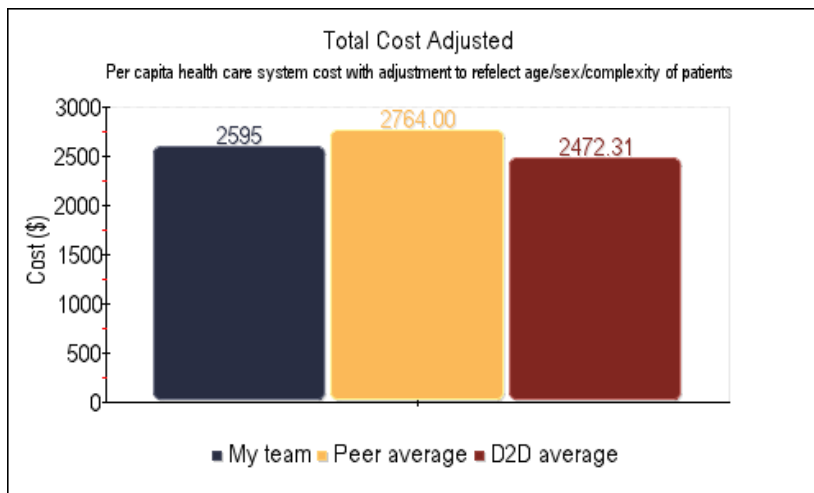
Costs are generated by ICES. See D2D data dictionary for complete definitions of each category of costs. The following definitions are examples of costs in each category

Primary Care: costs associated with family physician OHIP billing and capitation payments but not FHT budgets

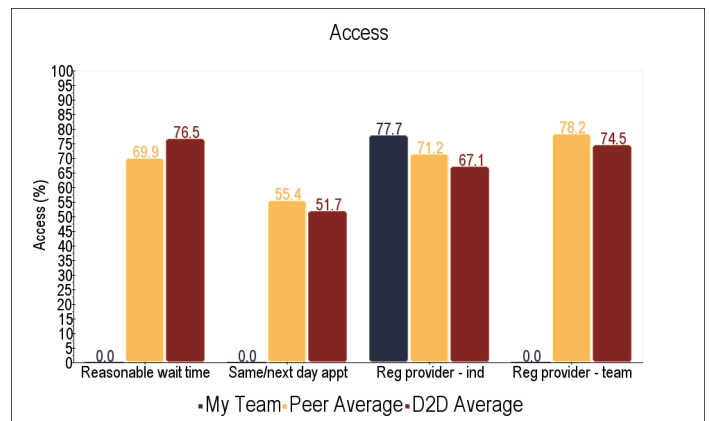
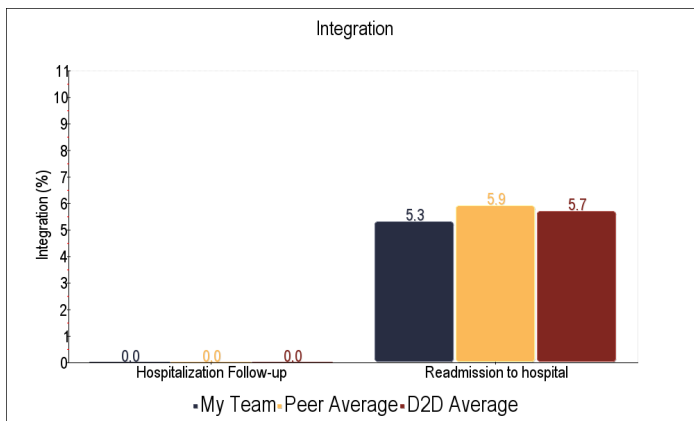
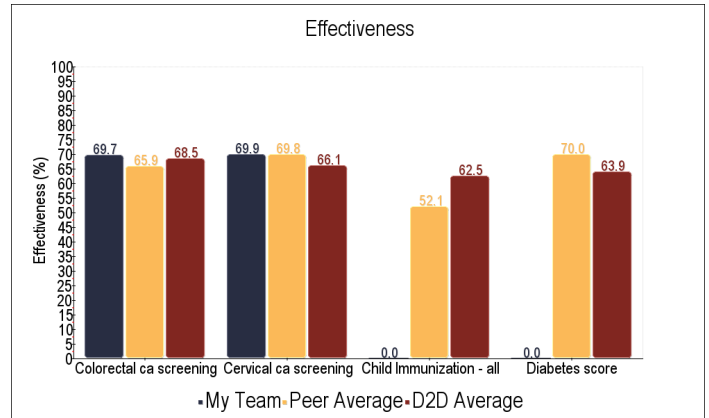
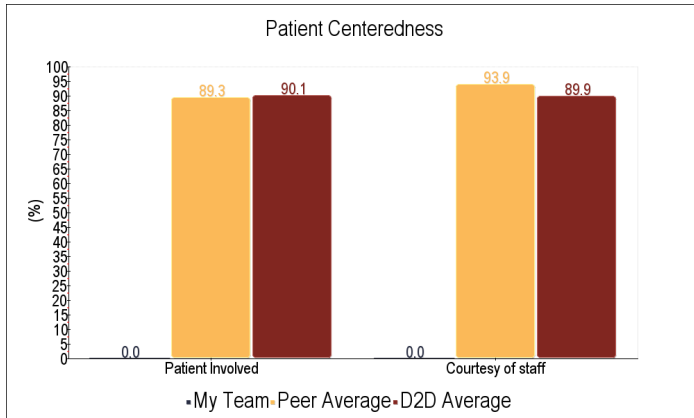
Services: ED visits, home care, diagnostic tests, drugs and specialists OHIP billing

Settings: hospitalizations and same-day surgery

Institutions: long term and chronic care, rehab and inpatient mental health



Core D2D Data



Primary Care Performance Measurement Framework	D2D Indicator	Source	Team (%)	Peer (%)	D2D Avg (%)	D2D Range (min-max)
Patient experience	Patient Involved	Patient experience surveys	0.0	89.3	90.1	69.2 - 99.2
	Courtesy of staff	Patient experience surveys	0.0	93.9	89.9	71.0 - 100.0
Effectiveness	Colorectal ca screening	HQO PCPR (ICES)	69.7	65.9	68.5	46.1 - 81.6
	Cervical ca screening	HQO PCPR (ICES)	69.9	69.8	66.1	21.0 - 84.3
	Child Immunization - all	Data from EMR	0.0	52.1	62.5	5.9 - 100.0
	Diabetes score		0.0	70.0	63.9	24.4 - 90.3
Access	Reasonable wait time	Patient experience surveys	0.0	69.9	76.5	47.0 - 100
	Same/next day appt	Patient experience surveys	0.0	55.4	51.7	20.4 - 94.1
	Reg provider - ind	HQO PCPR (ICES)	77.7	71.2	67.1	28.3 - 86.7
	Reg provider - team	HQO PCPR (ICES)	0.0	78.2	74.5	4.2 - 93.1
Integration	Hospitalization Follow-up		0.0	0.0	0.0	---
	Readmission to hospital	HQO PCPR (ICES)	5.3	5.9	5.7	1.6 - 15.5

Regular Primary Care Provider Individual vs Team: Percentage of primary care visits that are made to the physician to whom the Patient is rostered vs visits made to a physician who belongs to the same TEAM as the physician to whom the patient is rostered. Based on OHIP billing data.

Trend data for Core D2D Indicators

