

**2024 OHT Indicator Report Discussions FAQ\***

\*Also anticipated and asked questions

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# Non-Rostered Patients

## Can we the non-rostered group as a proxy to understand more about the unattached population?

* The PCM data (non-rostered) are a good proxy for patients who are not attached to primary care. The data are intended to reflect the model of care that patients are able to access. Any patient not rostered is considered not to be ‘attached’ to a physician. This is about 25% of Ontario.

## What do we know about who makes up the non-rostered group?

* Of those individuals, an interpretation of the INSPIRE reports is that 15% see primarily pediatricians (mostly in large urban areas), 15% access primary care through walk-in clinics, through CHCs, or from physicians who do not participate in enrolment models or even through regular primary care physicians who do have enrolment models and who are willing to see non-rostered patients (that is allowed) and most (70%) of non-rostered individuals did not see a physician over the course of a year.

## Will there be more data on non-rostered patients in the future?

* In future HSPN reports there may be way to tease out more about this grouping thought a new algorithm that separated out from the non-rostered patients three types of ‘uncertain’ attachment based on claims: 1) children who primarily see a pediatrician; 2) patients who visit a physician who has a high degree of continuity (I think this is defined as the total number of visits to this physician comprise at least 10% of all the primary care visits that their patients have in the course of a year – which is a very low threshold); and 3) patients who are seen in CHCs (unsure whether it matters who they see in the CHC … whether it has to be a physician).

# Useful Stratifications

## Has HSPN thought of stratifying by other useful variables such as Postal Code/Neighbourhood?

* In future HSPN may explore presenting results by neighbourhoods or postal codes to provide more granular data to OHT’s. This will help OHT’s really target their initiatives to struggling neighbourhoods.

## Has HSPN explored providing race-based data (i.e. stratifying these indicators by race/ethnicity)?

* Yes, and HSPN understands the value of providing this data and this is something HSPN is always thinking about striving towards. However, there are some challenges that need to be overcome (such as data availability).

## Can CIHI Groupings be stratified by Material Deprivation?

* Yes, CIHI, BC Matrix, and PEM can be further stratified by Material deprivation. In the excel sheets provided, you will find the material deprivation variable running along the columns and the other variable (BC Matrix, CIHI, PEM) running along the rows.

## Can you talk a bit about CIHI grouper and BC Matrix System?

* The CIHI Population Grouping Methodology provides results that have similarities to those of the BCHSM (for example, the largest screening opportunities amongst those with few or no health conditions or who did not access health care). There are differences between the BCHSM and CIHI Population Grouper because of definitional differences. For example - The palliative population for example is smaller in the CIHI system because fewer community-based patients with palliative care needs are identified in the CIHI system. The CIHI system also does not consider individuals living in long-term care facilities separate from community-dwelling individuals, and the CIHI system also does not have a frailty modifier included in the characterization of population health needs (associated individuals with dementia, for example, are captured in major mental health). The CIHI grouper, however, provides distinctions between minor and major acute, minor and major cancers, and has three levels of chronic condition severity which BC Matrix doesn’t have.
* HSPN WEBINAR: <https://hspn.ca/wp-content/uploads/2022/06/HSPN_PPT_Sept_28_2021_Clean.pdf>
* CIHI POP grouper methodology: <https://www.cihi.ca/sites/default/files/document/cihi-population-grouping-methodology-v1.4-overview-outputs-manual-en.pdftem>
* BC Matrix Group Definitions: <https://www2.gov.bc.ca/assets/gov/health/forms/5511datadictionary.pdf>

# Radar Diagrams

## What exactly is the numerical rank among other OHT and can we figure that our from the excel?

* The exact rank of your OHT cannot be parsed out from the spider diagrams or the excel sheets. The point of the spider diagram is get an overall sense of how your OHT is doing compared to others. This gives you a starting point on which indicators your OHT may have to pay more close attention to within the excel sheets.

# Indicators

## For the caregiver distress indicator, when I look at the BC or CIHI segmentation approach is it classifying the caregiver by their condition?

* It is not and that it is classifying the caregiver by the condition which the individual they’re caring for has (e.g., the individual for which they care is experiencing high chronic conditions).

## Are these rates adjusted to be able to compare across OHT’s?

* All our ‘outcome’ measures are age-sex adjusted when reported for the overall OHT and NOT when reported within stratifications. The reason being that overall rates are meant to be compared across OHTs while the stratifications are intended for quality improvement where the focus is on counts and rates to identify opportunities for improvement on specific indicators. Process measures (such as physician follow-up, continuity of care etc) are not adjusted in any case.

# General Questions

## Can we see other OHT’s excel sheet?

* Currently, OHT’s only have access to their own excel sheet and the provincial excel sheet that can be found on our website: <https://hspn.ca/evaluation/oht/reports/> .OHT’s can use the provincial excel sheet to compare results.

## Has HSPN considered creating a dashboard to showcase these results as opposed to a static document?

* HSPN is working on creating a dashboard for these indicators to provide a more user-friendly experience to OHT’s. It will allow OHT’s to create visuals using the data as well can compare other OHT’s results as well. We will reach out to OHT’s closer to the date of launch of this dashboard.