

The following list of pan-Canadian primary health care (PHC) indicators was developed for the National Evaluation Strategy through the PHC Indicator Development Project (www.cihi.ca/phc). Indicators shaded grey are part of a sample abridged list of indicators.

OBJECTIVE 1: To increase the proportion of the population that receives ongoing care from a primary health care provider who assumes principal responsibility for their care and who knows their personal and health characteristics

Evaluation Question 1. What proportion of the population can identify a primary care provider who assumes principal responsibility for their care and knows their health needs and personal values systematically?

Indicator Number	Indicator Label
1	Population with a regular PHC provider
2	Difficulties accessing routine PHC
3	Difficulties accessing PHC health information or advice
4	Difficulties accessing urgent, non-emergent PHC

Evaluation Question 1.1. Does that proportion differ by geographic region? By socio-economic group? By health status? By cultural or ethnic group? *This question proposes a number of analytic dimensions to facilitate analysis of results for indicators included in Evaluation Question 1 and other questions.*

Additional analytical dimensions suggested:

Important additions: Age / gender / sex / recent immigration status/ special populations (people with disabilities) / rural or urban

Other dimensions (report by, if available): education / language / aboriginal people / vulnerable populations (homeless, mentally ill, drug users) / sexual orientation

OBJECTIVE 2: To increase the number of primary health care organizations who are responsible for providing planned services to a defined population

Evaluation Question 2. Do PHC organizations know the composition of their catchment and practice populations in terms of age structure, morbidity profile, cultural diversity, socio-economic status, social and physical environment?

Indicator Number	Indicator Label
5	PHC needs-based planning

Evaluation Question 2.1. Do PHC organizations have a registry of patients with chronic conditions (diabetes, asthma, heart disease, stroke, depression) for whom they develop specific programs?

Indicator Number	Indicator Label
6	PHC client/patient registries for chronic conditions
7	PHC programs for chronic conditions

Evaluation Question 3. What processes for planning services for their defined population do PHC organizations have?

Indicator Number	Indicator Label
5	PHC needs-based planning
8	Community input for PHC planning

Evaluation Question 4. Do regional authorities support PHC organizations with information and processes that allow them to target services and provide referrals to hard-to-reach individuals and communities (e.g. ethnic minorities, intravenous drug users, shut-ins, adolescent parents, those in remote areas)?

Indicator Number	Indicator Label
9	PHC outreach services for vulnerable/special needs populations
10	Specialized programs for PHC vulnerable/special needs populations
11	Support for PHC vulnerable/special needs populations

OBJECTIVE 3: To enhance the provision of whole-person, comprehensive primary health services, including acute episodic and ongoing care with increased emphasis on health promotion, disease and injury prevention and management of common mental health conditions and chronic diseases

Evaluation Question 5. Do PHC organizations have defined policies to ensure that their practice populations receive: rapid management of acute, urgent health problems; timely provision of non-urgent routine care (including well care and chronic illness management), recommended preventive services; referral to hospitals and specialist; follow-up care after hospitalization; primary mental health care; full maternity and child care; coordinated care of the frail elderly; end-of-life care?

Indicator Number	Indicator Label
12	Scope of PHC services

Evaluation Question 6. Has there been a reduction in health risk (lower BMI, lower smoking rates, higher activity, lower rates of sexually transmitted disease, lower adolescent pregnancy rates, less substance misuse)? Do people attribute reduced health risks to orientation and advice that they received in primary health care?

Indicator Number	Indicator Label
13	Health risk screening in PHC
14	Smoking cessation advice in PHC
15	Alcohol consumption advice in PHC
16	Dietary advice in PHC
17	Advice on physical activity in PHC
18	PHC initiatives for reducing health risks
19	Health region programs for reducing health risks
20	Smoking rate
21	Fruit and vegetable consumption rate
22	Overweight rate
23	Physical activity rate
24	Heavy drinking rate

Evaluation Question 7. Do PHC organizations enable patients with chronic health conditions (e.g. diabetes, asthma, coronary heart disease, depression, hypertension) develop competencies and self-efficacy for better managing their health?

Indicator Number	Indicator Label
25	PHC resources for self-management of chronic conditions
26	PHC support for informal caregivers
27	Time with PHC provider
28	Client/patient participation in PHC treatment planning

Evaluation Question 7.1. Do self-management strategies for patients with chronic conditions significantly improve quality of life, reduce the number of visits to specialists, reduce hospital admissions (number and length of stay) and achieve better health outcomes? *Other analytic approach required.*

OBJECTIVE 4: To enhance 24/7 access for patient-initiated urgent care which is effectively linked with the patients' usual primary health care provider

Indicator Number	Indicator Label
29	Difficulties obtaining urgent, non-emergent PHC on evenings and weekends

Evaluation Question 8. What proportion of the population has a usual primary health care provider that has organizational arrangements for 24/7 access that are effectively linked to the usual provider?

Indicator Number	Indicator Label
30	PHC after hours coverage
31	Average number of PHC extended hours

Evaluation Question 9. What are the costs and consequences of providing 24/7 access alternatives for patient-initiated urgent care (other than physician contact services) in terms of health outcomes, patient and provider satisfaction, and utilization of health care? *Other analytic approach required.*

Evaluation Question 10. What is the wait time for acute and episodic care? For routine non-urgent care (including well care and chronic illness management)? For referred care?

Indicator Number	Indicator Label
32	Wait time for PHC urgent, non-emergent PHC

Evaluation Question 10.1. What is the level of patient satisfaction with wait times?

Indicator Number	Indicator Label
33	Satisfaction with wait times for urgent, non-emergent PHC
34	Satisfaction with wait times for routine PHC

Evaluation Question 10.2. Do wait times differ systematically by urban/rural/remote region? By socio-economic group? By ethnic group? *This question proposes a number of analytic dimensions to facilitate analysis of results for indicators included in Evaluation Question 10.2 and other questions.*

OBJECTIVE 5: To deliver high quality and safe primary health services and to promote a culture of quality improvement in primary health care organizations

Indicator Number	Indicator Label
35	Ambulatory care sensitive conditions
36	Complications of diabetes
37	Emergency department visits for asthma
38	Emergency department visits for congestive heart failure
39	Glycemic control for diabetes
40	Blood pressure control for hypertension

Evaluation Question 11. What percent of recommended preventive care guidelines by the Canadian Task Force on Preventive Health Services are implemented by PHC providers?

Health Promotion, Screening and Prevention

Indicator Number	Indicator Label
41	Influenza immunization, 65+
42	Pneumococcal immunization, 65+
43	Well baby screening
44	Child immunization
45	Breast-feeding education
46	Depression screening for pregnant and post-partum women
47	Counselling on home risk factors for children
48	Colon cancer screening
49	Breast cancer screening
50	Cervical cancer screening
51	Bone density screening
52	Dyslipidemia screening for women
53	Dyslipidemia screening for men
54	Blood pressure testing

Secondary Prevention for PHC Clients/Patients with Coronary Artery Disease, Hypertension and Diabetes Mellitus

Indicator Number	Indicator Label
55	Screening for modifiable risk factors in adults with coronary artery disease
56	Screening for modifiable risk factors in adults with hypertension
57	Screening for modifiable risk factors in adults with diabetes

Evaluation Question 12. Does the care for specific key conditions (diabetes, COPD/asthma, congestive heart failure, depression, hypertension, smoking) conform to current evidence and commonly accepted standards?

Diabetes Mellitus

Indicator Number	Indicator Label
58	Screening for visual impairment in adults with diabetes

Asthma

Indicator Number	Indicator Label
59	Asthma control

Congestive Heart Failure (CHF)

Indicator Number	Indicator Label
60	Treatment of congestive heart failure

Coronary Artery Disease

Indicator Number	Indicator Label
61	Treatment of dyslipidemia
62	Treatment of acute myocardial infarction

Mental Health

Indicator Number	Indicator Label
63	Antidepressant medication monitoring
64	Treatment of depression
65	Treatment of anxiety

Addictive Substance(s) Use Problems

Indicator Number	Indicator Label
66	Treatment for illicit or prescription drug use problems

Evaluation Question 12.1. Does the emphasis on management of common chronic diseases (diabetes, COPD/asthma, heart disease, depression) compromise the quality of care received by people with other chronic diseases or with multiple co-morbidities? *Other analytic approach required.*

Evaluation Question 13. Do PHC organizations have defined, non-prejudicial, confidential processes for staff to report potential errors in delivery, treatment or management?

Indicator Number	Indicator Label
67	PHC support for medication incident reduction

Evaluation Question 14. Do PHC organizations measure their performance against recognized standards and modify their practices in response (including issues of patient safety)?

Indicator Number	Indicator Label
68	Use of medication alerts in PHC
69	Implementation of PHC clinical quality improvement initiatives

Evaluation Question 14.1. Are there structures and processes in place to ensure optimal and safe medication management?

Indicator Number	Indicator Label
70	Maintaining medication and problem lists in PHC
71	Information about prescribed medication by PHC providers

Evaluation Question 14.2. Do PHC professionals participate in continuing professional development that reflects the needs of the PHC organization and the local health needs of the community?

Indicator Number	Indicator Label
72	Professional development for PHC providers and support staff

OBJECTIVE 6: To ensure that primary health care is acceptable to patients and that it meets their reasonable expectations of how they should be treated (responsiveness)

Indicator Number	Indicator Label
73	Client/patient satisfaction with PHC providers
74	Client/patient satisfaction with telephone health lines
75	Recommendation of PHC provider to others
76	Client/patient participation in PHC clinical decision-making

Evaluation Question 15. Are patients satisfied that the PHC organization and providers respect their right to privacy, confidentiality and dignity?

Indicator Number	Indicator Label
77	Client/patient satisfaction with PHC privacy practices

Evaluation Question 16. Are patients confident that PHC organizations and providers are responsive to their culture and language needs?

Indicator Number	Indicator Label
78	Language barriers when communicating with PHC providers

OBJECTIVE 7: To facilitate integration and coordination between healthcare institutions and healthcare providers to achieve informational and management continuity of patient care

Evaluation Question 17. What types of structures and activities have been developed to link primary health care organizations with other health care organizations?

Indicator Number	Indicator Label
79	Use of standardized tools for coordinating PHC
80	Collaborative care with other health care organizations
81	Intersectoral collaboration

Evaluation Question 17.1. Do these structures and activities lead to active collaboration and facilitated referral and feedback between primary health care organizations and other health care organizations? *Other analytic approach required.*

Evaluation Question 18. Do patients experience management continuity of care?

Indicator Number	Indicator Label
82	PHC client/patient experiences with duplicate medical tests

Evaluation Question 18.1. Do patients undergo repeated investigations when they see different providers?

Indicator Number	Indicator Label
83	Unnecessary duplication of medical tests reported by PHC providers

Evaluation Question 19. Do providers experience informational continuity of care?

Indicator Number	Indicator Label
83	Unnecessary duplication of medical tests reported by PHC providers

Evaluation Question 19.1. Do providers have complete information at the point of care about individual patients' health and previous care received from other providers?

Indicator Number	Indicator Label
84	Point of care access to PHC client/patient health information

Evaluation Question 19.2. Are providers confident that their care plan and actions will be recognized and considered by other providers? *Other analytic approach required.*

SUPPORT 1: Adequate supply of health human resources to meet primary health care needs

Evaluation Question 1. Are there sufficient number of PHC health professionals, in particular primary care nurse practitioners and family physicians, to meet the demand for PHC?

Indicator Number	Indicator Label
85	PHC provider full time equivalents
86	PHC providers entering/leaving the workforce
87	PHC organizations accepting new clients/patients

Evaluation Question 2. What incentives attract and retain health professionals in PHC organizations (financial, work flexibility, continuing professional development)? *Other analytic approach required.*

Evaluation Question 3. Are PHC professionals working to their full scope of practice (as per training and regulation)?

Indicator Number	Indicator Label
88	PHC provider satisfaction with use of professional skills

Evaluation Question 4. Is the quality of work-life acceptable to staff and health care providers?

Indicator Number	Indicator Label
89	PHC workplace safety
90	PHC workplace injuries
91	PHC provider burnout
92	PHC provider satisfaction with work-life balance

Evaluation Question 5. Does the regional authority have an assessment of health human resources to meet the community's needs?

Indicator Number	Indicator Label
93	Needs-based health human resources planning for PHC

Evaluation Question 6. Do provincial authorities have plans to recruit and train health human resource requirements to meet the needs of the jurisdiction? *Other analytic approach required.*

SUPPORT 2: Interdisciplinary primary health care teams

Evaluation Question 7. What is the extent and nature of interdisciplinary teams?

Indicator Number	Indicator Label
94	Access to interdisciplinary PHC organizations
95	PHC physicians working in solo practice
96	PHC physicians working in group practice
97	PHC FPs/GPs/NPs working in interdisciplinary teams/networks
98	Client/patient satisfaction with available PHC services

Evaluation Question 7.1. How should the mix and number of providers on an interdisciplinary team reflect the needs of the community or practice population? *Other analytic approach required.*

Evaluation Question 8. How do changes in the mix and number of providers on the PHC team impact on the responsiveness, quality and the cost-effectiveness of care? *Other analytic approach required.*

Evaluation Question 9. What factors facilitate health care providers working together to provide comprehensive PHC (scope of practice regulations, primary health care funding, training, continuing professional development)?

Indicator Number	Indicator Label
99	PHC team effectiveness score

SUPPORT 3: Information technology that is adapted to primary health care and links primary health care organizations with the rest of the health care system

Evaluation Question 10. Do PHC organizations have computerized information systems to support clinical activities? (decision support, electronic health records, electronic prescribing, electronic test requisitions and reporting, electronic consultation reporting)? Which systems are being used?

Indicator Number	Indicator Label
100	Uptake of information and communication technology in PHC organizations

Evaluation Question 11. Do PHC organizations, in different geographic settings, have communication linkages with teletriage and advice services? with telehealth services? with emergency services? with hospitals? with laboratories? with long-term care facilities?

Indicator Number	Indicator Label
101	Use of information and communication technology modalities in PHC organizations
102	Use of two-way electronic communication in PHC organizations

SUPPORT 4: Needs-based resource allocations for primary health care

Evaluation Question 12. Do regional funding allocations for PHC reflect population age and morbidity structure and vulnerable groups? *Other analytic approach required.*

Evaluation Question 13. Has the range of publicly funded services provided (directly or indirectly) by PHC organizations increased over time? *Other analytic approach required.*

Evaluation Question 14. What is the per capita operational cost of providing primary health care services at a practice level? At a regional health authority level (accounting for geographic location)?

Indicator Number	Indicator
103	Average per capita PHC operational expenditures

Evaluation Question 15. Have capital investments increased for new technology and equipment for PHC? For physical facilities? For information technology? *Other analytic approach required.*

SUPPORT 5: Provider payment methods that align with primary health care goals

Evaluation Question 16. How are PHC providers paid?

Indicator Number	Indicator
104	PHC provider remuneration method
105	Average PHC provider income by funding model

Evaluation Question 17. How does provider remuneration method affect the volume, type and quality of services that are provided? *Other analytic approach required.*

Evaluation Question 17.1. Do non-FFS payment systems for physicians increase the proportion of clinical time dedicated to prevention and chronic disease management activities? To planning and quality improvement activities? *Other analytic approach required.*

SUPPORT 6: Ongoing support from policy-makers for primary health care

Other analytic approach required for all questions in Support 6

Evaluation Question 18. What kind of policies are in place to influence or contribute to ongoing renewal and sustainability of PHC? (e.g. FPT agreements, provincial plans, tripartite agreements, legislation)

Evaluation Question 19. Have the responsibilities of PHC organizations been clearly identified in the health system, especially related to a central role in coordination of patient care?

Evaluation Question 20. What amounts of financial and human resources are dedicated to PHC? Are there gaps in whole-person, comprehensive care because of resource limitations?