Types of Care

Pan-Canadian Primary Health Care Electronic Medical Record Content Standard, Version 3.0

Business View
Our Vision
Better data. Better decisions.
Healthier Canadians.

Our Mandate
To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values
Respect, Integrity, Collaboration,
Excellence, Innovation
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<table>
<thead>
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<th>Position</th>
<th>Organization</th>
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<tbody>
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<td>Healthy Futures, Ontario</td>
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CIHI Project Team

The core CIHI project team responsible for developing the Pan-Canadian Primary Health Care Electronic Medical Record Content Standard Priority Subset included

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This product could not have been completed without the generous support and assistance of many other CIHI teams, including classifications and terminology, information technology and services, CIHI standards working group, layout and design, translation, communications and distribution.
About the Canadian Institute for Health Information

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada’s federal, provincial and territorial governments created CIHI in 1994 as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI’s goal: to provide timely, accurate and comparable information. CIHI’s data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health. The year 2014 marks CIHI’s 20th anniversary of operation.

For more information, visit our website at www.cihi.ca.

About Primary Health Care Data and Information

CIHI is leading several initiatives to improve primary health care (PHC) data and information across Canada. Working with stakeholders from across the country, we aim to strengthen and improve PHC data available to providers and health system decision-makers. We help our stakeholders in their efforts to measure, manage and improve PHC by delivering standards, data, reporting and knowledge. The program provides national leadership, solutions and support, including

- PHC Electronic Medical Record Content Standard (PHC EMR CS);
- Analytical reports;
- PHC indicators for providers and policy-makers; and
- PHC survey questions and tools.

About This Document

This document is intended for clinicians, health system decision-makers, vendors and researchers. It articulates the business need, scope, use and anticipated benefits of the PHC EMR CS Priority Subset. The Business View has been written from a business perspective as opposed to a technical one. This document is not intended to be a data definition or specification for EMR systems.

Executive Summary

Background

For several years, the Primary Health Care Information (PHCI) program at the Canadian Institute for Health Information (CIHI) has been championing the collection and use of primary health care (PHC) information in alignment with jurisdictional electronic medical record (EMR) programs. Two major initiatives have supported this activity:

- The development and release of a pan-Canadian PHC EMR Content Standard (PHC EMR CS), consisting of 106 data elements, which was endorsed by the pan-Canadian Jurisdictional Advisory Group (JAG); and
- The PHC Voluntary Reporting System (PHC VRS) prototype, which collected data from EMR systems to inform data content and support quality improvement in participating PHC practices.

In 2013, CIHI undertook an environmental scan and business case review of its strategic approach to PHC. The feedback revealed that jurisdictions have strong support for CIHI continuing its role in PHC information and analytics. In addition, there was qualified support for the PHC EMR CS and PHC indicators, provided that they are aligned with jurisdictional priorities. Jurisdictions with advanced EMR programs recommended a smaller, more focused scope of priority data elements and corresponding Clinician-Friendly Pick-Lists (CFPLs) to enable structured EMR data collection at the point of care. Feedback from the environmental scan and insights into PHC VRS directed the PHCI program toward the following initiatives:

- Development of the PHC EMR CS Priority Subset;
- Development of CFPLs to support the Priority Subset;
- Retirement of the PHC VRS prototype; and
- Refocusing the analytics program using existing data sources, including physician claims data, survey data and other CIHI data holdings.

This document presents a business view of the PHC EMR CS Priority Subset as it supports Canadian jurisdictions and PHC providers.

Business Need and Value

The PHC VRS served as a testing ground for the PHC EMR CS to inform the quality and completeness of data elements currently collected in EMR systems. Currently, most EMR data is unstructured and free text, which makes extraction and analysis of the data labour-intensive and unsustainable on a large scale. Consequently, efforts were needed to support data standardization.

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ii. The Clinician-Friendly Pick-Lists are a constrained list of clinically validated terms commonly used in PHC practice at the point of care that are mapped to an appropriate code system.
Informed by consultations and environmental scans, CIHI is working with the JAG to support the adoption of EMR content standards by issuing a Priority Subset (45 of the 106 data elements) and associated CFPLs in 2014. These pick-lists are a constrained list of clinician-friendly terms mapped to a code system. It is anticipated that jurisdictions will include the Priority Subset in their EMR vendor requirements, as well as CFPLs and relevant PHC reference sets. When implemented at the point of care, the standard will increase the availability of structured, coded EMR data and comparable PHC information at the practice and system levels. The focused scope of the Priority Subset and associated CFPLs directly supports priority performance measurement for clinicians and decision-makers. For a complete list of performance measures supported by the Priority Subset, refer to Appendix A.

**Approach**

Development of the Priority Subset has been guided by the following:

- The original development of the PHC EMR CS, including a major review by clinicians, standards experts and jurisdictional representatives, the outcome of which resulted in endorsement by the JAG and the CSWG;
- The majority of Priority Subset data elements are already included in jurisdictional EMR program specifications;
- Approval of these data elements by Ontario and Alberta standards councils as a draft for use;
- Pilot use of the PHC EMR CS for data extraction, analysis and reporting within the prototype PHC VRS project; and
- Focused review of the Priority Subset to ensure alignment with immediate jurisdictional PHC data and information needs.

The following criteria/considerations were used in the selection of the Priority Subset data elements:

1. Jurisdictions capture the data element in EMRs today
2. EMR data completeness in PHC VRS is >50%
3. Performance measurement is supported—PHC indicators and additional quality measures that are priorities for clinicians and policy-makers (for example, chronic disease management, wait times and referrals).

**Scope**

The scope of the Priority Subset and associated CFPLs is focused on supporting the collection of priority EMR data that is generated within a PHC setting. It is anticipated that most of the information will be captured locally in an EMR system by a PHC provider and/or authorized support staff. Other data may populate the EMR product via an external system (for example, provincial, regional, local lab or diagnostic imaging system).
The Priority Subset supports clinical use as well as health system use (HSU). Clinical use relates to data currently and commonly required to support the delivery of primary health care. HSU is the reuse of data collected at the point of care to support PHC clinical program management, health system management, research and monitoring of the health of the population. The Priority Subset provides the major link between the clinical content of a clinician’s EMR system and the data and information necessary to support HSU. The HSU lens is less granular than the scope of EMR data required for clinical use. This will not replace the need for EMR systems to capture a broader scope for clinical care purposes. Compared with the full PHC EMR CS, the Priority Subset and CFPLs enable higher levels of structured EMR data to support areas such as clinical program management, health system planning and evaluation. The focused scope is driven by jurisdictional need to implement the standard gradually.

Through the Priority Subset and CFPL initiative, CIHI is presently focused on facilitating data capture of structured EMR data at the point of care. Previously, the pan-Canadian Data Extract Specification (DES) was developed to support the full 106 data elements and to assist with data extraction from EMR systems. The DES will not be updated by CIHI but may serve as a point of reference for future activity. Specifications and technical implementation details will be the responsibility of the jurisdictions.

Jurisdictions are able to define and collect data elements beyond the Priority Subset, as driven and supported by jurisdictional programs and needs. These additional elements may be considered in the longer term for the PHC EMR CS and associated products.

Data Elements

The PHC EMR CS Priority Subset consists of the following data elements and associated clinician-friendly Pick Lists.

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<thead>
<tr>
<th>DE #</th>
<th>Data Element Name</th>
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<tr>
<td>A1</td>
<td>Client Identifier</td>
<td>E29</td>
<td>Observation Height Unit of Measure Code</td>
</tr>
<tr>
<td>A2</td>
<td>Client Identifier Type Code</td>
<td>E30</td>
<td>Observation Weight Number</td>
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<td>Client Identifier Assigning Authority Code</td>
<td>E31</td>
<td>Observation Weight Unit of Measure Code</td>
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<td>A4</td>
<td>Client Birth Date</td>
<td>E34</td>
<td>Observation Encounter Clinical Assessment Code</td>
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<td>A5</td>
<td>Client Administrative Gender Code</td>
<td>F1</td>
<td>Intervention Code</td>
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<td>A9</td>
<td>Client Status Code</td>
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<td>Intervention Date</td>
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<td>A14</td>
<td>Client Residence Postal Code</td>
<td>G1</td>
<td>Laboratory Test Name Ordered Code</td>
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<tr>
<td>B4</td>
<td>Provider Identifier</td>
<td>G2</td>
<td>Laboratory Test Order Date</td>
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<tr>
<td>B5</td>
<td>Provider Identifier Type Code</td>
<td>H1</td>
<td>Laboratory Test Performed Date</td>
</tr>
<tr>
<td>B6</td>
<td>Provider Identifier Assigning Authority Code</td>
<td>H2</td>
<td>Laboratory Test Result Name Code</td>
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(cont’d on next page)
Table 1: PHC EMR CS Priority Subset and Associated Clinician-Friendly Pick-Lists (cont’d)

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<td>Laboratory Test Result Unit of Measure Code</td>
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<td>Service Delivery Location Postal Code</td>
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Source
Canadian Institute for Health Information.

PHC Indicators

Working with the Primary Health Care Advisory Group, CIHI updated two sets of priority PHC indicators in 2012—one set for policy-makers and the other for PHC providers. The pan-Canadian PHC indicators fill an information gap in standardizing PHC measurement across Canada. Indicators can be used at multiple reporting levels to compare health status and health system performance.

At the system level, indicators can be used to inform and guide health policy and planning. For example, they can be used to

- Support population-based policy development and planning;
- Assess the performance of the health care system;
- Monitor changes over time and variations across health care regions;
- Provide evidence to inform health programs, policies and funding decisions; and
- Identify gaps in the health and well-being of a population or community.

At the practice level, indicators can be used to support the development and evaluation of quality improvement initiatives by

- Providing a basis for comparing performance;
- Measuring key processes and outcomes over time;
• Supporting program sharing and performance monitoring; and
• Identifying opportunities for improvement in the health and well-being of the practice population.

CIHI has led and will continue to lead the development and support of pan-Canadian standards for measurement of the PHC system in Canada. EMRs were identified as the preferred data source for selected PHC priority indicators. For a complete list of performance measures supported by the Priority Subset, refer to Appendix A.

Clinician-Friendly Pick-Lists

The CFPLs are a constrained list of clinically validated terms commonly used at the point of care that are mapped to an appropriate code system. Development of the CFPLs will occur in stages and involve clinician validation and JAG endorsement. The selection of appropriate coding systems will be informed by granularity required to support PHC indicators, as well as through stakeholder input.

The CFPLs will support the following priority PHC EMR CS data elements:
• D2 Reason for Visit
• F1 Intervention
• E11 Health Concern
• E14 Social Behaviour
• E34 Clinician Assessment
• I1 Diagnostic Imaging Test Ordered
• K1 Referral Service
• O1 Vaccine Administered

The CFPL scope is focused on supporting the calculation of PHC indicators, specifically in the areas of immunization, screening, treatment, education, wait times, referrals and chronic disease management. Additionally, terms will also be identified to support priority PHC information needs, as well as other areas informed through clinician input.

PHC reference sets (ref sets) will be leveraged to support Priority Subset data elements. For instance, smaller ref sets (including Patient Gender and Patient Status) should be adopted as is. Other ref sets, such as Vaccine Administered and Referral, will be constrained to support jurisdictional needs and performance measurement and provide a more reasonable number of options for clinicians. The recommended CFPLs will form an important implementation bridge to PHC ref sets, and these clinician-friendly terms could be mapped to relevant SNOMED CT codes as well as to high-level code systems such as ICD-10-CA/ICD-9 to support a range of reporting needs. The Implementation Guide will address considerations for mapping, pick-list use and alignment to ref sets.
Additionally, CIHI will leverage other appropriate sources as required such as PHC VRS data (to inform frequency of terms used), jurisdictional pick-lists, billing codes, the Canadian Emergency Department Information Systems (CEDIS) Pick-Lists and international reference sets from the International Health Terminology Standards Development Organisation (IHTSDO) and other standards development/management organizations.

A release date for the CFPLs is targeted for fall 2014.

**Companion Products**

Companion products supporting the Priority Subset will include the following:

1. PHC EMR CS Information Sheet
2. Data models and technical guidance
3. Implementation Guide
4. Clinician-Friendly Pick-Lists

Implementers that have data extraction as part of their scope may reference the PHC Data Extract Specification (DES). However, implementers are advised that the DES requires modifications in order to align with the updated data models supporting the Priority Subset.

**Adoption, Maintenance and Governance**

**Adoption**

CIHI will publish the Priority Subset and companion products and provide implementation guidance in accordance with our mandate. Individual jurisdictions will decide if and when they will adopt and implement the Priority Subset. It is anticipated that the Priority Subset is a starter set and will evolve over time. It is unlikely that frequent updates will occur, as periods of stability are required to encourage implementation and use. However, future changes will be guided by implementation partners.

Jurisdictions may also define and collect data elements beyond the Priority Subset, as driven and supported by jurisdictional programs and needs. These additional elements may be considered for inclusion in the Priority Subset in the longer term. CIHI will continue environmental scanning to assess evolving PHC data and information needs to inform future Priority Subset scope.

It will be critical for jurisdictions to include the Priority Subset and associated CFPLs in their EMR specification to realize the benefits of structured EMR data collection at the point of care. However, incorporating the Priority Subset into a provincial EMR specification does not, on its own, translate into the collection of meaningful, structured EMR data at the point of care. Other key components of success include jurisdictional and clinician leadership, clear data governance, collaborative partnerships, change management, capacity-building and engagement.
Maintenance

CIHI will work with jurisdictions and other key partners such as Canada Health Infoway via the JAG to evolve the Priority Subset over time. Updates will be driven by jurisdictional priorities and information needs as well as the capability and interest of clinicians to collect additional data in a structured format. Canada Health Infoway will continue to retain accountability for existing PHC ref sets associated with the PHC EMR CS. CIHI will continue to collaborate with Canada Health Infoway in the area of standards and other opportunities to influence the standardization of EMR data.

Governance

Oversight and approval of the Priority Subset and associated CFPLs will be the responsibility of the PHCI program at CIHI. Governance and endorsement of these products will continue to be driven through the JAG.

It should be noted that the use of the Priority Subset and CFPLs is on a voluntary basis by the jurisdictions and by PHC providers. Jurisdictions may choose to endorse these products and/or mandate their use by all PHC providers within their jurisdictions or by subsets of regional/local providers; they may also choose to encourage their use through other accountability mechanisms and agreements. CIHI does not have the authority to mandate the use of these products or the collection of data using these standards.

Next Steps

Jurisdictions or primary care stakeholders should discuss the potential use of these products through PHC EMR programs and with jurisdictional providers.

As stakeholders consider implementation planning using these tools, it is important that PHC providers commit to the collection of structured data. This is a critical step before any consideration is given to data collection and analysis.

For more information on the PHC EMR CS Priority Subset or CFPLs, please send an email to phc@cihi.ca or contact the respective JAG member. Visit us online at www.cihi.ca/phc.
## Appendix A: Pan-Canadian Primary Health Care Performance Measures

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<tr>
<th>PHC Domain</th>
<th>PHC Indicators</th>
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<tbody>
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<tr>
<td><strong>Education</strong></td>
<td>Smoking cessation advice in PHC*</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
<td>Blood pressure control for hypertension*</td>
</tr>
<tr>
<td></td>
<td>Complications of diabetes</td>
</tr>
<tr>
<td></td>
<td>Glycemic control for diabetes</td>
</tr>
</tbody>
</table>

### PHC Domain

<table>
<thead>
<tr>
<th>PHC Domain</th>
<th>Additional Quality Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility</td>
<td>Wait times</td>
</tr>
<tr>
<td></td>
<td>Wait times for PHC provider</td>
</tr>
<tr>
<td></td>
<td>Wait times for specialist referral</td>
</tr>
<tr>
<td>Coordination</td>
<td>Referral</td>
</tr>
<tr>
<td></td>
<td>Referrals for patients with chronic conditions</td>
</tr>
</tbody>
</table>
## Appendix B: Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Emergency Department Information System</td>
<td>CEDIS</td>
<td>The Presenting Complaint List (PCL) was developed by the Canadian Emergency Department Information System (CEDIS) Working Group. It includes common symptoms, complaints, problems or reasons for seeking medical care. The CEDIS list includes more than 800 diagnoses in common terms, which are mapped to ICD-10-CA codes.¹</td>
</tr>
<tr>
<td>Canadian Institute for Health Information</td>
<td>CIHI</td>
<td>The Canadian Institute for Health Information is an independent, not-for-profit organization that provides essential data and analysis on Canada’s health system and the health of Canadians.</td>
</tr>
<tr>
<td>Clinician-Friendly Pick-Lists</td>
<td>CFPLs</td>
<td>The Clinician-Friendly Pick-Lists are a constrained list of clinician-friendly terms mapped to one appropriate code system, aimed at supporting adoption of the PHC EMR CS Priority Subset. The scope of the CFPLs is focused on supporting PHC indicators for clinicians and jurisdictions.</td>
</tr>
<tr>
<td>Content Standard Working Group</td>
<td>CSWG</td>
<td>The Content Standard Working Group (CSWG) provides input and expert advice on the adoption, implementation and maintenance of the PHC EMR CS to ensure that it remains clinically and technically relevant and aligned with existing standards where applicable. The group comprises jurisdictional standards experts, PHC providers, researchers and Canada Health Infoway.</td>
</tr>
<tr>
<td>Electronic Medical Record</td>
<td>EMR</td>
<td>An EMR is a partial health record under the custodianship of a health care provider(s) that holds a portion of the relevant health information about a person over his or her lifetime. This is often described as a provider-centric or health organization-centric health record of a person.²</td>
</tr>
<tr>
<td>Health System Use</td>
<td>HSU</td>
<td>HSU refers to the use of health data collected at the point of care to strengthen the health system. Health system use of data generally comprises the use of health information to support clinical programs (for example, through decision-support or quality improvement initiatives), health system management, population and public health, and health research.³</td>
</tr>
<tr>
<td>International Health Terminology Standards Development Organisation</td>
<td>IHTSDO</td>
<td>The International Health Terminology Standards Development Organisation is an international not-for-profit organization based in Denmark. IHTSDO owns and administers the rights to SNOMED CT and related terminology standards.</td>
</tr>
<tr>
<td>Jurisdictional Advisory Group</td>
<td>JAG</td>
<td>The Jurisdictional Advisory Group (JAG) is a pan-Canadian working group that supports adoption and implementation of the Primary Health Care Electronic Medical Record Content Standard by providing approval, advice and strategic guidance on adoption, implementation, stakeholder engagement and ongoing governance. The group consists of senior-level representatives from jurisdictions across Canada.</td>
</tr>
<tr>
<td>Primary Health Care Electronic Medical Record Content Standard</td>
<td>PHC EMR CS</td>
<td>The PHC EMR CS is composed of priority data elements that are commonly captured in EMRs in a PHC setting and that support both primary use of EMR data and health system use.</td>
</tr>
<tr>
<td>Primary Health Care Reference Sets</td>
<td>PHC Ref Sets</td>
<td>The PHC reference sets provide implementers with a list of allowable coded values to be collected at the point of service, supporting 48 coded data elements outlined in the PHC EMR Content Standard. When implemented in EMRs, the PHC reference sets will yield data that enables EMR functionality and provides information that can be used to improve both the quality of patient care and the management of the broader health care system. They are designed to support both primary health care and health system use.⁴</td>
</tr>
</tbody>
</table>
References


Bibliography

