

PHYSICIAN INTEGRATED NETWORK
MANITOBA HEALTH

PIN Information Management Guide

Version 1.5

Updated: June 29th, 2010

1 Introduction

The purpose of this document is to provide a data extract definition for EMR vendors to support the requirements of Manitoba's Physician Integrated Network initiative (PIN). For more general information on PIN, please visit the Manitoba Health PIN website at <http://www.gov.mb.ca/health/phc/pin/index.html>.

2 Indicator Reporting

The Canadian Institute of Health Information has developed a set of primary health care indicators with which to compare and measure primary health care at multiple levels within jurisdictions across Canada.¹ A subset of these indicators, along with a few additional indicators, was chosen for the Physician Integrated Network demonstration phase to measure quality of care in the participating demonstration sites. They have been organized into the following clusters:

- Prevention
- Diabetes Management
- Asthma Management
- Congestive Heart Failure Management
- Hypertension Management
- Coronary Artery Disease Management

The following sections list the indicators in their respective categories and identifies how the indicators are calculated, describing the numerator and denominator. Also included is the CIHI number if it is a CIHI indicator.

Appendix A lists indicators that are not currently being collected as reliable data is not yet available. These indicators will be revisited should such data be accessible to PIN sites.

2.1 Prevention

2.01 Cervical Cancer Screening	
Numerator	Female core patients 18 to 69 years of age without PAP exemptions who have had a PAP test in the past 36 months Count if ((extract date – last PAP test <=36 months) & (Age >=18 and Age <=69) & (Gender = F) & (PAP Exemption = false))
Denominator	Female core patients 18 to 69 years of age without PAP exemptions Count if (Age >=18 or Age <=69) & (Gender = F) & (PAP Exemption = false)
Result	Percentage of female core patients 18 to 69 years of age without PAP exemptions who have had a PAP test in the past 36 months
CIHI	Derived from indicator # 50

¹ Canadian Institute of Health Information, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2 – Pan-Canadian Primary Health Care Indicator Development Project. 2006

2.02 Colon Cancer Screening	
Numerator	Core patients 50 to 74 years of age who have had an FOBT test in the past 24 months or colonoscopy in the last 10 years Count if (((extract date – last FOBT test <= 24 months) OR (extract date – last colonoscopy date <= 10 years)) & (Age >= 50 and Age <=74))
Denominator	Core patients 50 to 74 years of age Count if (Age >=50 and Age <=74)
Result	Percentage of core patients 50 to 74 years of age who have had a FOBT in the past 24 months or colonoscopy in the last 10 years
CIHI	Derived from indicator # 48

2.03 Breast Cancer Screening	
Numerator	Female core patients 50 to 69 years of age without mammography exemptions who have had a mammography test within the past 24 months Count if ((extract date - last Mammography test <=24 months) & (Age >=50 and Age <=69) & (Gender = F) & (Mammography Exemption = false))
Denominator	Female core patients 50 to 69 years of age without mammography exemptions Count if (Age >=50 and Age <=69) & (Gender = F) & (Mammography Exemption = false)
Result	Percentage of female core patients 50 to 69 years of age without mammography exemptions who have had a mammography test within the past 24 months
CIHI	Derived from indicator # 49

2.04 Dyslipidemia Screening for Women	
Numerator	Female core patients 55 to 69 years of age who have had a full fasting lipid test in the past 60 months Count if ((extract date - last full fasting lipid test <=60 months) & (Age >=55 and Age <=69) & (Gender = F))
Denominator	Female core patients 55 to 69 years of age Count if (Age >=55 and Age <=69) & (Gender = F)
Result	Percentage of female core patients 55 to 69 years of age who have had a full fasting lipid test in the past 60 months
CIHI	Derived from indicator # 52

2.05 Dyslipidemia Screening for Men	
Numerator	Male core patients 40 to 69 years of age who have had a full fasting lipid test in the past 60 months Count if ((extract date - last full fasting lipid test <=60 months) & (Age >=40 and Age <=69) & (Gender = M))
Denominator	Male core patients 40 to 69 years of age Count if (Age >=40 and Age <=69) & (Gender = M)
Result	Percentage of male core patients 40 to 69 years of age who have had a full fasting lipid test in the past 60 months
CIHI	Derived from indicator # 53

2.06 Fasting Blood Sugar Screening	
Numerator	Core patients 40 to 74 years of age without diabetes who have had a fasting blood sugar test in the past 36 months Count if ((extract date - last fasting blood sugar test <=36 months) & (Age >=40 and Age <=74) & (Diabetes Mellitus in Problem list = false))
Denominator	Core patients 40 to 74 years of age without diabetes Count if ((Age >=40 and Age <=74) & (Diabetes Mellitus in Problem list = false))
Result	Percentage of core patients 40 to 74 years of age without diabetes who have had a fasting blood sugar test in the past 36 months
CIHI	Not applicable

2.07 Child Immunization	
Numerator	Core patients seven years of age who have had all immunizations recommended by age seven or whose parents or guardians have been counselled on the recommended immunizations Count if ((extract date – last Childhood Immunizations Counselling <= 7 years) or (extract date – last childhood immunizations vaccination <= 7 years) & (Age = 7))
Denominator	Core patients seven years of age Count if (Age =7)
Result	Percentage of core patients seven years of age who have had all immunizations recommended by age seven or whose parents or guardians have been counselled on the recommended immunizations
CIHI	Derived from indicator # 44

2.08 Influenza Immunization 65+	
Numerator	Core patients 65 years of age and over who have received the influenza immunization or counselling for the influenza immunization in the past 12 months Count if (((extract date - last influenza immunization counselling <=12 months) or (extract date - last influenza immunization vaccination <=12 months)) & (Age >=65))
Denominator	Core patients 65 years of age and over Count if (Age >=65)
Result	Percentage of core patients 65 years of age and over who have received the influenza immunization or counselling for the influenza immunization in the past 12 months
CIHI	Derived from indicator # 41

2.09 Pneumococcal Immunization 65 - 70	
Numerator	Core patients 65 to 70 years of age who were not vaccinated prior to age 65, who have been counselled in the last 12 months or who have received the immunization at age 65 or older. Count if (65 <= core patient age <=70) and (Pneumococcal vaccination < 65 years of age = false) and ((Pneumococcal vaccination counsel <=12 months ago) or (Date of pneumococcal vaccination – Date of birth >= 65 years of age))
Denominator	Core patients 65 to 70 years of age who have not previously had the immunization Count if (65 <= core patient age <=70) and (Pneumococcal vaccination < 65 years of age = false)
Result	Percentage of core patients 65 to 70 years of age who have not previously had the immunization that have been counselled in the last 12 months or who have received the immunization at age 65 or older
CIHI	Derived from indicator # 42

2.10 Breast-Feeding Education	
Numerator	All women who have given birth in the last year who received breastfeeding support education during the last two trimesters of their pregnancy. Count if (education is between live birth and live birth – 6 months) & (Extract date - live birth <=12 months) & (Gender = F)
Denominator	All women who have given birth in the last year Count if (Extract date - live birth <=12 months) & (Gender = F)
Result	Percentage of women who have given birth in the last year who received breastfeeding support education during the last two trimesters of their pregnancy.
CIHI	Derived from indicator # 45

2.11 Blood Pressure Measurement	
Numerator	Core patients 18 years of age and over who have had a blood pressure measurement taken in the past 24 months Count if ((extract date - last blood pressure measurement <= 24 months) & (Age >=18))
Denominator	Core patients 18 years of age and over Count if (Age >=18)
Result	Percentage of core patients 18 years of age and over who have had a blood pressure measurement taken in the past 24 months
CIHI	Derived from indicator # 54

2.12 Advice on Physical Activity	
Numerator	Core patients 12 years of age and over who are sedentary and have been given physical activity advice in the past 24 months Count if ((Sedentary Patient = true) & (extract date - last weight/exercise activity advice given <=24 months) & (Age >=12))
Denominator	Core patients 12 years of age and over who are sedentary Count if ((Sedentary Patient = True) & (Age >=12))
Result	Percentage of core patients 12 years of age and over who are sedentary and have been given physical activity advice in the past 24 months
CIHI	Derived from indicator # 17

2.13 Smoking Cessation Advice	
Numerator	Core patients 12 years of age and over who are smokers and have been given smoking cessation advice in the past 24 months Count if ((Smoker= true) & (extract date - last smoking cessation advice given <=24 months) & ((Age >=12))
Denominator	Core patients 12 years of age and over who are smokers Count if ((Smoker = true) & ((Age >=12))
Result	Percentage of core patients 12 years of age and over who are smokers and have been given smoking cessation advice in the past 24 months
CIHI	Derived from indicator # 14

2.14 Obesity/Overweight Screening	
Numerator	Core patients 12 years of age and over who have received an obesity/overweight screening in the past 24 months Count if ((extract date - Last overweight status screening date <=24 months) & (Age >= 12 years))
Denominator	Core patients 12 years of age and over Count if Age >= 12 years
Result	Percentage of core patients 12 years of age and over who have received an obesity/overweight screening in the past 24 months
CIHI	Derived from indicator # 13

2.2 Diabetes Management

3.01 HGB A1C	
Numerator	Core patients with diabetes who have had the HGB A1C test in the past 12 months Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last HGB A1C test <=12 months))
Denominator	Core patients with diabetes Count if ((Diabetes Mellitus in Problem list = true))
Result	Percentage of core patients with diabetes who have had the HGB A1C test in the past 12 months
CIHI	Derived from indicator # 57

3.02 Nephropathy Screening	
Numerator	Core patients with diabetes who have had nephropathy screening in the past 12 months Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last Nephropathy test <=12 months) OR (Documented Nephropathy = true))
Denominator	Core patients with diabetes Count if ((Diabetes Mellitus in Problem list = true))
Result	Percentage of core patients with diabetes who have had nephropathy screening in the past 12 months
CIHI	Derived from indicator # 57

3.03 Fundoscopic Exams

Numerator	Core patients 15 years of age and over with diabetes who have had a fundoscopic exam or a referral for a fundoscopic exam within the last 12 months Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last fundoscopic exam (or fundoscopic referral) <=12 months) & (Age >= 15))
Denominator	Core patients 15 years of age and over with diabetes Count if ((Diabetes Mellitus in Problem list = true) & ((Age >=15))
Result	Percentage of core patients 15 years of age and over with diabetes who have had a fundoscopic exam or a referral for a fundoscopic exam within the last 12 months
CIHI	Derived from indicator # 58

3.04 Foot Exams

Numerator	Core patients 18 years of age and over with diabetes who have had a foot exam in the past 12 months OR with documented peripheral neuropathy. Count if ((Diabetes Mellitus in Problem list = true) & ((extract date - last foot exam <= 12 months) OR (Documented Peripheral Neuropathy = true)) & (Age >=18))
Denominator	Core patients 18 years of age and over with diabetes Count if ((Diabetes Mellitus in Problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with diabetes who have had a foot exam in the past 12 months or with documented peripheral neuropathy.
CIHI	Not applicable

3.05 Full Fasting Lipid Profile Screening

Numerator	Core patients 18 to 74 years of age with diabetes who have had a full fasting lipid test in the past 12 months Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last full fasting lipid test <=12 months) & (Age >=18 and Age <=74))
Denominator	Core patients 18 to 74 years of age with diabetes Count if ((Diabetes Mellitus in Problem list = true) & (Age >=18 and Age <=74))
Result	Percentage of core patients 18 to 74 years of age with diabetes who have had a full fasting lipid test in the past 12 months
CIHI	Derived from indicator # 57

3.06 Blood Pressure Measurement	
Numerator	Core patients 18 years of age and over with diabetes who have had a blood pressure measurement taken in the past 12 months Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last blood pressure measurement <=12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with diabetes Count if ((Diabetes Mellitus in Problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with diabetes who have had a blood pressure measurement taken in the past 12 months
CIHI	Derived from indicator # 57

3.07 Obesity/Overweight Screening	
Numerator	Core patients 18 years of age and over with diabetes who have received an obesity/overweight screening in the past 12 months Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last obesity screening <=12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with diabetes Count if ((Diabetes Mellitus in Problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with diabetes who have received an obesity/overweight screening in the past 12 months
CIHI	Derived from indicator # 57

2.3 Asthma Management

4.03 Patients with Asthma Action Plans	
Numerator	Core patients 6 to 55 years of age with asthma with an asthma action plan developed and/or reviewed within the past 12 months. Count if ((Asthma in problem list = true) & ((extract date - asthma action plan developed <= 12 months) OR (extract date - asthma action plan reviewed <= 12 months)) & ((Age >=6) and (Age <=55)))
Denominator	Core patients 6 to 55 years of age with asthma Count if ((Asthma in problem list = true) & ((Age >= 6) and (Age <= 55)))
Result	Percentage of core patients 6 to 55 years of age with asthma with an asthma action plan developed and/or reviewed within the past 12 months.
CIHI	Not applicable

2.4 Congestive Heart Failure Management

5.02 Obesity/Overweight Screening	
Numerator	Core patients 18 years of age and over with congestive heart failure who have received an obesity/overweight screening in the past 12 months Count if ((Congestive Heart Failure in problem list = true) & (extract date - last obesity screening <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with congestive heart failure Count if ((Congestive Heart Failure in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with congestive heart failure who have received an obesity/overweight screening in the past 12 months
CIHI	Derived from indicator # 55

5.03 ACE Inhibitor	
Numerator	Core patients 18 years of age and over with congestive heart failure who are using ACE inhibitors or ARB Count if ((Congestive Heart Failure in problem list = true) & (Using ACE inhibitors or ARB = true) & (Age >=18))
Denominator	Core patients 18 years of age and over with congestive heart failure Count if ((Congestive Heart Failure in problem list = true) & (Age >=18))
Result	Percent of core patients 18 years of age and over with congestive heart failure who are using ACE inhibitors or ARB
CIHI	Derived from indicator # 60

5.04 Full Fasting Lipid Profile Screening	
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Numerator	Core patients 18 to 74 years of age with congestive heart failure who have had a full fasting lipid test in the past 12 months Count if ((Congestive Heart Failure in problem list = true) & (extract date - last lipids test <= 12 months) & (Age >=18 and Age <=74))
Denominator	Core patients 18 to 74 years of age with congestive heart failure Count if ((Congestive Heart Failure in problem list = true) & (Age >=18 and Age <=74))
Result	Percentage of core patients 18 to 74 years of age with congestive heart failure who have had a full fasting lipid test in the past 12 months
CIHI	Derived from indicator # 55

5.05 Blood Pressure Measurement	
Numerator	Core patients 18 years of age and over with congestive heart failure who have had a blood pressure measurement taken in the past 12 months Count if ((Congestive Heart Failure in problem list = true) & (extract date - last blood pressure measurement <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with congestive heart failure Count if ((Congestive Heart Failure in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with congestive heart failure who have had a blood pressure measurement taken in the past 12 months
CIHI	Derived from indicator # 55

5.06 Fasting Blood Sugar	
Numerator	Core patients 18 years of age and over with congestive heart failure that do not have diabetes who have had a fasting blood sugar test in the past 12 months Count if ((Congestive Heart Failure in problem list = true) & (extract date - last fasting blood sugar test <= 12 months) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Denominator	Core patients 18 years of age and over with congestive heart failure that do not have diabetes Count if ((Congestive Heart Failure in problem list = true) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Result	Percentage of core patients 18 years of age and over with congestive heart failure that do not have diabetes who have had a fasting blood sugar test in the past 12 months
CIHI	Derived from indicator # 55

2.5 Hypertension Management

6.01 Fasting Blood Sugar	
Numerator	Core patients 18 years of age and over with hypertension that do not have diabetes who

	<p>have had a fasting blood sugar test in the past 12 months</p> <p>Count if ((Hypertension in problem list = true) & (extract date - last fasting blood sugar test <= 12 months) & (Age >=18) & (Diabetes Mellitus in Problem list = false))</p>
Denominator	<p>Core patients 18 years of age and over with hypertension that do not have diabetes</p> <p>Count if ((Hypertension in problem list = true) & (Age >=18) & (Diabetes Mellitus in Problem list = false))</p>
Result	Percentage of core patients 18 years of age and over with hypertension that do not have diabetes who have had a fasting blood sugar test in the past 12 months
CIHI	Derived from indicator # 56

6.02 Full Fasting Lipid Profile Screening	
Numerator	<p>Core patients 18 to 74 years of age with hypertension who have had a full fasting lipid test in the past 12 months</p> <p>Count if ((Hypertension in problem list = true) & (extract date - last lipids test <= 12 months) & (Age >=18 and Age <=74))</p>
Denominator	<p>Core patients 18 to 74 years of age with hypertension</p> <p>Count if ((Hypertension in problem list = true) & (Age >=18 and Age <=74))</p>
Result	Percentage of core patients 18 to 74 years of age with hypertension who have had a full fasting lipid test in the past 12 months
CIHI	Derived from indicator # 56

6.03 Test to detect renal dysfunction (e.g. serum creatinine)	
Numerator	<p>Core patients 18 years of age and over with hypertension who have had a test to detect renal dysfunction in the past 12 months</p> <p>Count if ((Hypertension in problem list = true) & (extract date - last test to detect renal dysfunction <=12 months) & (Age >=18))</p>
Denominator	<p>Core patients 18 years of age and over with hypertension</p> <p>Count if ((Hypertension in problem list = true) & (Age >=18))</p>
Result	Percentage of core patients 18 years of age and over with hypertension who have had a test to detect renal dysfunction in the past 12 months
CIHI	Derived from indicator # 56

6.04 Blood Pressure Measurement	
Numerator	Core patients 18 years of age and over with hypertension who have had a blood pressure measurement taken in the past 12 months Count if ((Hypertension in problem list = true) & (extract date - last blood pressure measurement <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with hypertension Count if ((Hypertension in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with hypertension who have had a blood pressure measurement taken in the past 12 months
CIHI	Derived from indicator # 56

6.05 Obesity/Overweight Screening	
Numerator	Core patients 18 years of age and over with hypertension who have received an obesity/overweight screening in the past 12 months Count if ((Hypertension in problem list = true) & (extract date - last obesity screening <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with hypertension Count if ((Hypertension in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with hypertension who have received an obesity/overweight screening in the past 12 months
CIHI	Derived from indicator # 56

2.6 Coronary Artery Disease Management

7.01 Fasting Blood Sugar	
Numerator	Core patients 18 years of age and over with coronary artery disease that do not have diabetes who have a fasting blood sugar test in the past 12 months Count if ((Coronary Artery Disease in problem list = true) & (extract date - last fasting blood sugar test <= 12 months) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Denominator	Core patients 18 years of age and over with coronary artery disease that do not have diabetes Count if ((Coronary Artery Disease in problem list = true) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Result	Percentage of core patients 18 years of age and over with coronary artery disease that do not have diabetes who have a fasting blood sugar test in the past 12 months
CIHI	Derived from indicator # 55

7.02 Full fasting lipid profile screening	
Numerator	Core patients 18 to 74 years of age and over with coronary artery disease who have a fasting blood sugar test in the past 12 months Count if ((Coronary Artery Disease in Problem list = true) & (extract date - last lipids test <= 12 months) & (Age >=18 and Age <=74)
Denominator	Core patients 18 to 74 years of age and over with coronary artery disease Count if ((Coronary Artery Disease in problem list = true) & (Age >=18 and Age <=74)
Result	Percentage of core patients 18 to 74 years of age and over with coronary artery disease who have a fasting blood sugar test in the past 12 months
CIHI	Derived from indicator # 55

7.03 Blood Pressure Measurement	
Numerator	Core patients 18 years of age and over with coronary artery disease who have had a blood pressure measurement taken in the past 12 months Count if ((Coronary Artery Disease in problem list = true) & (extract date - last blood pressure measurement <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with coronary artery disease Count if ((Coronary Artery Disease in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with coronary artery disease who have had a blood pressure measurement taken in the past 12 months
CIHI	Derived from indicator # 55

7.04 Obesity/Overweight Screening	
Numerator	Core patients 18 years of age and over with coronary artery disease who have received an obesity/overweight screening in the past 12 months Count if ((Coronary Artery Disease in problem list = true) & (extract date - last obesity screening <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with coronary artery disease Count if ((Coronary Artery Disease in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with coronary artery disease who have received an obesity/overweight screening in the past 12 months
CIHI	Derived from indicator # 55

7.05 Lipid Reduction Counselling	
Numerator	<p>Core patients between 18 and 74 years of age and over with coronary artery disease and with LDL levels greater than 2.0 mmol/L within the last 12 months who have received lipid reduction counselling or a prescription for lipid lowering medication within the past 12 months</p> <p>Count if ((Coronary Artery Disease in problem list = true) & (LDL Level >2.0 mmol/L within the last 12 months) & ((Date of Last Lipid Reduction Counselling given <= 12 months) OR (Last lipid lowering medication prescription date <= 12 months) & (Age >=18 and Age <=74))</p>
Denominator	<p>Core patients between 18 and 74 years of age and over with coronary artery disease and with LDL levels greater than 2.0 mmol/L within the last 12 months</p> <p>Count if ((Coronary Artery Disease in problem list = true) & (LDL Level >2.0 mmol/L within the last 12 months) & (Age >=18 and Age <=74))</p>
Result	Percentage of core patients between 18 and 74 years of age and over with coronary artery disease and with LDL levels greater than 2.0 mmol/L within the last 12 months who have received lipid reduction counselling or a prescription for lipid lowering medication within the past 12 months
CIHI	Derived from indicator # 61

7.06 Beta Blockers	
Numerator	<p>Core patients less than or equal to 74 years of age with coronary artery disease, who have had an acute myocardial infarction (AMI) and who do not have asthma who currently are prescribed a beta-blocking drug</p> <p>Count if ((Coronary Artery Disease in problem list = true) & (Has patient had an acute myocardial infarction (AMI) = true) & (Patient currently prescribed a beta-blocking drug=true) & (Age <=74)) & (Asthma in Problem list = false))</p>
Denominator	<p>Core patients less than or equal to 74 years of age with coronary artery disease, who have had an acute myocardial infarction (AMI) and who do not have asthma</p> <p>Count if ((Coronary Artery Disease in problem list = true) & (Has patient had an acute myocardial infarction (AMI) = true) & (Age <=74)) & (Asthma in Problem list = false))</p>
Result	Percentage of core patients less than or equal to 74 years of age with coronary artery disease, who have had an acute myocardial infarction (AMI) and who do not have asthma who currently are prescribed a beta-blocking drug
CIHI	Derived from indicator # 62

2.7 Trial Depression Screening Indicators

This virtual cluster includes trial depression screening indicators reported by PIN sites participating in the “Depression Screening” trial initiative. Only PIN sites participating in trialling indicators listed below are expected to produce quarterly extracts containing data elements associated with the “8.01 - Depression Screening” and “8.02 – Depression Screening Follow-up” indicators.

PIN Sites not participating in the trial initiative are not required to capture or report data associated with these indicators.

The trial period will end March 31, 2011.

8.01 Depression Screening (Trial)	
Numerator	<p>Core patients 18 to 69 years of age who:</p> <ul style="list-style-type: none"> • Have been administered PHQ-2 in the last 12 months, and • Have answered both PHQ-2 questions, and • Did not have an active depression diagnosis prior to administration of PHQ-2, and • Have one or more of the following chronic diseases or conditions: <ul style="list-style-type: none"> ➤ Diabetes ➤ Congestive heart failure ➤ Coronary artery disease ➤ Women who have given birth within the past 12 months <p>Count if (((date of active depression diagnosis = NULL) OR (date of active depression diagnosis >= date of PHQ-2 administration)) & (extract date – date of last PHQ-2 administration <= 12 months) & (both PHQ-questions answered = true) & ((Diabetes Mellitus in Problem list = true) OR (CHF in Problem list = true) OR (CAD in Problem list = true) OR (extract date - live birth <= 12 months)) & (18 <= core patient age <= 69))</p>
Denominator	<p>Core patients 18 to 69 years of age who:</p> <ul style="list-style-type: none"> • Did not have an active depression diagnosis prior to administration of PHQ-2, and • Have one or more of the following chronic diseases or conditions: <ul style="list-style-type: none"> ➤ Diabetes ➤ Congestive heart failure ➤ Coronary artery disease ➤ Women who have given birth within the past 12 months <p>Count if (((date of active depression diagnosis = NULL) OR (date of active depression diagnosis >= date of PHQ-2 administration)) & ((Diabetes Mellitus in Problem list = true) OR (CHF in Problem list = true) OR (CAD in Problem list = true) OR (extract date - live birth <= 12 months)) & (18 <= core patient age <= 69))</p>
Result	Percentage of core patients 18 to 69 years of age identified as high risk who have answered both PHQ-2 questions within the last 12 months
CIHI	N/A

8.02 Depression Screening Follow-up (Trial)	
Numerator	<p>Core patients 18 to 69 years of age who:</p> <ul style="list-style-type: none"> • Have been administered PHQ-2 in the last 12 months, and • Have answered both PHQ-2 questions, and • Answered one or both PHQ-2 questions positively, and • Have had a follow-up appointment within 4 weeks of PHQ-2 administration, and • Did not have an active depression diagnosis prior to administration of PHQ-2, and • Have one or more of the following chronic diseases or conditions: <ul style="list-style-type: none"> ➤ Diabetes ➤ Congestive heart failure ➤ Coronary artery disease ➤ Women who have given birth within the past 12 months <p>Count if ((date of follow-up assessment - date of PHQ-2 administration <= 4 weeks) & (follow-up outcome selected = TRUE) & ((date of active depression diagnosis = NULL) OR (date of active depression diagnosis >= date of PHQ-2 administration)) & (extract date - date of PHQ-2 administration <= 12 months) & (both PHQ-questions answered = true) & (One or both PHQ-2 questions answered positively) & ((Diabetes Mellitus in Problem list = true) OR (CHF in Problem list = true) OR (CAD in Problem list = true) OR (extract date - live birth <= 12 months)) & (18 <= core patient age <= 69))</p>
Denominator	<p>Core patients 18 to 69 years of age who:</p> <ul style="list-style-type: none"> • Have been administered PHQ-2 in the last 12 months, and • Have answered both PHQ-2 questions, and • Answered one or both PHQ-2 questions positively, and • Did not have an active depression diagnosis prior to administration of PHQ-2, and • Have one or more of the following chronic diseases or conditions: <ul style="list-style-type: none"> ➤ Diabetes ➤ Congestive heart failure ➤ Coronary artery disease ➤ Women who have given birth within the past 12 months <p>Count if (((date of active depression diagnosis = NULL) OR (date of active depression diagnosis >= date of PHQ-2 administration)) & (extract date - date of PHQ-2 administration <= 12 months) & (both PHQ-2 questions answered = true) & (One or both PHQ-2 questions answered positively) & ((Diabetes Mellitus in Problem list = true) OR (CHF in Problem list = true) OR (CAD in Problem list = true) OR (extract date - live birth <= 12 months)) & (18 <= core patient age <= 69))</p>
Result	Percentage of core patients 18 to 69 years of age identified as high risk who have given a positive answer to one or more PHQ-2 questions within the last 12 months and had a follow-up assessment completed within 4 weeks of the initial depression screening
CIHI	N/A

3 Data Collection

The purpose of this section is to describe the data elements that are required to support quality indicator reporting. For the most part, the requirement is for the date that the last screening, discussion, or test was conducted and not the result of the screening, discussion, or test. However, for some indicators, it is important to know the results, such as if the patient is a smoker, is sedentary, or is overweight.

When new development is required, the data elements described here, along with clinic practices, should guide the screen layout and database design for capturing the indicator data.

If the clinic's software already has flow sheets available for the indicator clusters, or an existing data extract that can be reused, the following sections are helpful checklists to ensure that the minimum data set is provided by the existing flow sheets and/or extracts.

The clinic's data extract files must comply with all relevant requirements in the clinic's PIN Service Purchase Agreement (SPA). These include reporting one record per core patient and including all of the clinic's core patients. Please refer to the SPA for a complete list of requirements and for a definition of core patients.

3.1 Demographic Data

The following represents the basic demographic data elements that need to be collected to support reporting of the indicators. The demographic file will include one record per patient, and will include all of the clinic's core patients.

The demographic file is to be entitled "demographic.csv".

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format
1	Clinic Identifier	Clinic Identifier assigned by PIN	Type = Character Format = #####
2	Manitoba Health Physician Billing Number	Billing ID to uniquely identify the provider of service providing health care to an individual. Billing ID, will be scrambled by Manitoba Health prior to the production of reports.	Type = Character Format = #####
3	Patient Identifier	This is the unique number assigned to the patient by the clinic for identification within the clinic's EMR.	Type = Character Format = #####
4	Manitoba Health Personal Health Identification Number (PHIN)	Used to uniquely identify the individual for health care purposes. Will be used to track quality indicators by patient.	Type = Character Format = ##### (must be 9 numeric characters)
5	Manitoba Health Registration Number	Used to identify an individual under the family unit for health care purposes. Will be used to track quality indicators by patient.	Type = Character Format = ##### (Must be 6 numeric characters)
6	Date of Birth	Used to determine age, which is necessary for several indicators	Type = Date Format = MMDDYYYY
7	Gender	Used to determine eligibility for several indicators	Type = Character Format = 'M' or 'F' or "U"
8	Postal Code	Used to determine the general geographical location of a client's residence.	Type = Character Format = A#A #A#
9	Core Patient	Expect that they will all equal 1 since the file should only contain core patients.	Type = NUMERIC Flag Format = 1 for true or

			yes or 0 for false or no
10	Date of last visit	The date of the patient's most recent visit to the clinic or group practice.	Type = Date Format = MMDDYYYY

3.2 Prevention

The following represents the data elements that need to be collected for Prevention. The prevention file will include one record per patient and will include all the core patients. I.e. the Prevention file should have the same number of patients as the Demographics file.

The prevention file is to be entitled "prevention.csv".

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
1	Clinic Identifier	Clinic Identifier assigned by PIN	Type = Character Format = #####	n/a
2	Patient Identifier	This is the unique number assigned to the patient by the clinic for identification within the clinic's EMR.	Type = Character Format = #####	n/a
3	Date of last cervical cancer screening	The date of the last PAP test. Only needs to be collected for women between the ages of 18 and 69 (inclusive).	Type = Date Format = MMDDYYYY	2.01
4	Exemption from cervical cancer screening	This is a true/false value. For example, if the patient has had a hysterectomy, or has not been sexually active, they would be exempt from cervical cancer screening. Only needs to be collected for women between the ages of 18 and 69 years (inclusive).	Type: Binary Format: 1 for true or yes or 0 for false or no	2.01
5	Date cervical cancer screening advice was last provided	The date that the patient was most recently given advice about the benefits of cervical cancer screening. This won't be used in the calculation of the indicator, but will be used as part of the PIN research study.	Type: Date Format: MMDDYYYY	n/a
6	Date of last colon cancer screening	The date of the last FOBT test. Only needs to be collected for patients aged 50 to 74 years (inclusive).	Type: Date Format: MMDDYYYY	2.02

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
7	Date colon cancer screening advice was last provided	The date that the patient was most recently given advice about the benefits of colon cancer screening. This won't be used in the calculation of the indicator, but will be used as part of the PIN research study.	Type: Date Format: MMDDYYYY	n/a
8	Date of last breast cancer screening	The date of the last mammography test. Only needs to be collected for women between the ages of 50 and 69 years (inclusive).	Type: Date Format: MMDDYYYY	2.03
9	Exemption from breast cancer screening	This is a true/false value. For example, if the patient has had a radical mastectomy she would be exempt from breast cancer screening. Only needs to be collected for women between the ages of 50 and 69 years (inclusive).	Type: Binary Format: 1 for true or yes or 0 for false or no	2.03
10	Date breast cancer screening advice was last provided	The date that the patient was most recently given advice about the benefits of breast cancer screening.	Type: Date Format: MMDDYYYY	n/a
11	Date of last lipid test	For dyslipidemia screening. Collected for women ages 55 to 69 and men aged 40 to 69 years (inclusive). Date of the last lipid to be taken back due to clinical evidence.	Type: Date Format: MMDDYYYY	2.04 2.05
12	Date dyslipidemia screening advice was last provided	The date that the patient was most recently given advice about the benefits of dyslipidemia screening. This won't be used in the calculation of the indicator, but will be used as part of the PIN research study.	Type: Date Format: MMDDYYYY	n/a
13	Date of last fasting blood sugar screening	Collected for everyone aged 40 to 74 years (inclusive).	Type: Date Format: MMDDYYYY	2.06
14	Date fasting blood sugar screening advice was last provided	The date that the patient was most recently given advice about the benefits of fasting blood sugar screening. This won't be used in the calculation of the indicator, but will be used as part of the PIN research study.	Type: Date Format: MMDDYYYY	n/a
15	Date of Childhood immunizations counselling	The date on which all immunizations recommended by age seven have been confirmed or the date on which parents or guardians have been counselled on the recommended immunizations	Type: Date Format: MMDDYYYY	2.07

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
16	Date of last influenza vaccination counselling	Collected for patients aged 65+. The date of the patient's last influenza vaccination counselling.	Type: Date Format: MMDDYYYY	2.08
17	Date of Pneumococcal vaccination	Collected for patients aged 65 to 70 years. The date the patient's pneumococcal vaccination was given.	Type: Date Format: MMDDYYYY	2.09
18	Date of most recent live birth	Used to determine eligibility for breast feeding education indicator.	Type: Date Format: MMDDYYYY	2.10
19	Date of most recent breast feeding support/counselling	Collected for female patients who have had a live birth within the last 12 months.	Type: Date Format: MMDDYYYY	2.10
20	Date of last blood pressure measurement	Collected for all patients aged 18+.	Type: Date Format: MMDDYYYY	2.11
21	Date blood pressure screening advice was last provided	The date that the patient was most recently given advice about the benefits of blood pressure screening. This won't be used in the calculation of the indicator, but will be used as part of the PIN research study.	Type: Date Format: MMDDYYYY	n/a
22	Sedentary patient	True/false value to indicate if the patient undertakes regular physical activity, more specifically, whether a patient performs at least 20 minutes of light exercise three times per week. Used to determine eligibility for Physical Activity Advice indicator.	Type: Binary Format: 1 for true or yes or 0 for false or no	2.12
23	Date of last physical activity advice	Collected for all patients 12 of age and over who are sedentary (as defined above).	Type: Date Format: MMDDYYYY	2.12
24	Smoker	True/false value to indicate if the patient is a smoker. Used to determine eligibility for Smoking Cessation Advice indicator.	Type: Binary Format: 1 for true or yes or 0 for false or no	2.13

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
25	Date smoking cessation advice was last provided	The date that the patient was most recently given advice about the benefits of quitting smoking.	Type: Date Format: MMDDYYYY	2.13
26	Date of last influenza vaccination	Collected for patients aged 65+. The date of the patient's last influenza vaccination.	Type: Date Format: MMDDYYYY	2.08
27	Date of last pneumococcal vaccination counselling	Collected for patients aged 65 To 70. The date of the patient's last pneumococcal vaccination counselling.	Type: Date Format: MMDDYYYY	2.09
28	Date of last obesity / overweight screening	Collected for all patients age 12+.	Type: Date Format: MMDDYYYY	2.14
29	Date of last colonoscopy	The date of the last colonoscopy. Calculated for patients 50 to 74 years of age (inclusive)	Type: Date Format: MMDDYYYY	2.02
30	Date of childhood immunizations confirmation	The date on which all immunizations recommended by age seven have been confirmed	Type: Date Format: MMDDYYYY	2.07

Prevention Cluster trial data elements:

The following data elements are exported by a select number of Approved Electronic Medical Record solutions employed by PIN sites participating in the "Depression Screening" trial initiative. Only PIN sites participating in trialling the "8.01 - Depression Screening" and "8.02 – Depression Screening Follow-up" indicators are required to capture and produce these data elements.

PIN Sites not participating in the trial initiative are not required to capture or report the following data elements in their quarterly extracts.

31*	Date of last PHQ-2 administration	The date PHQ-2 (Patient Health Questionnaire-2) most recently verbally administered by a physician/other health care provider or self-administered on paper	Type: Date Format: MMDDYYYY	Trial Depression Screening Indicator 8.01
32*	The character response to the PHQ-2 questions	Response to the PHQ-2 questions according to the following matrix: Q1 Yes & Q2 Yes – 1, Q1 Yes & Q2 No – 2, Q1 No & Q2 Yes – 3, Q1 No & Q2 No – 4.	Type = Character Format = #	Trial Depression Screening Indicator 8.01
33*	The date a depression screening follow-up assessment had occurred	The date one or more outcomes have been selected by a physician or other health care provider during the follow-up assessment	Type: Date Format: MMDDYYYY	Trial Depression Screening Follow-up Indicator 8.02
34*	The depression screening follow-up outcome selected	Character to be exported a selected - 1 b selected - 2 c selected - 3 d selected - 4 b AND c selected - 5	Type = Character Format = #	Trial Depression Screening Follow-up Indicator 8.02
35*	Date of active depression diagnosis	The date patient had been diagnosed with depression. Exported only if the depression diagnosis is active (not historical). This field refers to the date diagnosis was entered, not the onset date. No date should be exported in cases the patient has history of depression, but no active (current) depression diagnosis on file.	Type: Date Format: MMDDYYYY	Trial Depression Screening Indicator 8.02

* Data elements extracted by a select number of Approved Electronic Medical Record solutions in support of the “8.01 - Depression Screening” and “8.02 – Depression Screening Follow-up” trial indicators, supplied only by the sites participating in the trial initiative

3.3 Diabetes Management

The following represents the data elements that need to be collected for Diabetes Management. The file will include one record per patient, and will include all patients with a diagnosis of Diabetes.

The diabetes file is to be entitled "diabetes.csv".

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
1	Clinic Identifier	Clinic Identifier assigned by PIN	Type = Character Format = #####	n/a
2	Patient Identifier	This is the unique number assigned to the patient by the clinic for identification within the clinic's EMR.	Type = Character Format = #####	n/a
3	Patient has Diabetes	To determine eligibility for diabetes indicators.	Type: Binary Format: 1 for true or yes or 0 for false or no	All diabetes indicators
4	Date of last HGB A1C	Collected for all diabetic patients.	Type: Date Format: MMDDYYYY	3.01
5	Date of last nephropathy test	Collected for all diabetic patients.	Type: Date Format: MMDDYYYY	3.02
6	Patient has documented nephropathy	True/false value collected for all diabetic patients.	Type: Binary Format: 1 for true or yes or 0 for false or no	3.02
7	Date of last fundoscopic exam	Collected for all patients aged 15+. Note that fundoscopic exams are not always conducted in the primary care clinic. This information will likely come from the patient interview.	Type: Date Format: MMDDYYYY	3.03
8	Date of last foot exam	Collected for all diabetic patients aged 18+.	Type: Date Format: MMDDYYYY	3.04
9	Patient has documented peripheral neuropathy	True/false value collected for all diabetic patients aged 18+.	Type: Binary Format: 1 for true or yes or 0 for false or no	3.04
10	Date of last full fasting lipid test	Collected for all diabetic patients aged 18 to 74 (inclusive).	Type: Date Format: MMDDYYYY	3.05

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
11	Date of last blood pressure measurement	Collected for all diabetic patients aged 18+.	Type: Date Format: MMDDYYYY	3.06
12	Date of last obesity / overweight screening	Collected for all diabetic patients aged 18+.	Type: Date Format: MMDDYYYY	3.07
13	Date of last fundoscopic exam referral	Collected for all diabetic patients aged 15+. This is the date of the fundoscopic referral, and not the date of the exam itself.	Type: Date Format: MMDDYYYY	3.03

3.4 Asthma Management

The following represents the data elements that need to be collected for Asthma Management. The file will include one record per patient, and will include all patients with a diagnosis of Asthma.

The asthma file is to be entitled "asthma.csv".

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
1	Clinic Identifier	Clinic Identifier assigned by PIN	Type = Character Format = #####	n/a
2	Patient Identifier	This is the unique number assigned to the patient by the clinic for identification within the clinic's EMR.	Type = Character Format = #####	n/a
3	Patient has Asthma	To determine eligibility for asthma indicators.	Type: Binary Format: 1 for true or yes or 0 for false or no	All asthma indicators
4	Number of canisters of SABA prescribed within past 12 months	Collected for all asthma patients between the ages of 6 and 55 (inclusive). The calculation of this indicator has been temporarily postponed until further notice.	Type = Numeric Format = ###	Formerly used in indicator 4.01

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
5	Patient has received preventer / controller medicine within past 12 months	True/false value. Could also be last date the patient was given preventer / controller medicine. Collected for all asthma patients between the ages of 6 and 55 (inclusive). The calculation of this indicator has been temporarily postponed until further notice.	Type: Binary Format: 1 for true or yes or 0 for false or no	Formerly used in indicator 4.01
6	Date patient last visited emergency department for asthma	Collected for all asthma patients between the ages of 6 and 55 (inclusive). The calculation of this indicator has been temporarily postponed until further notice.	Type: Date Format: MMDDYYYY	Formerly used in indicator 4.02
7	Patient has self care plan	True/false value collected for all asthma patients between the ages of 6 and 55 (inclusive).	Type: Binary Format: 1 for true or yes or 0 for false or no	4.03
8	The date of the most recent Asthma Action Plan review	The date of the last Asthma Action Plan Review or the date Asthma Action Plan was developed (if no subsequent review was made)	Type: Date Format: MMDDYYYY	4.03

3.5 Congestive Heart Failure Management

The following represents the data elements that need to be collected for Congestive Heart Failure Management. The file will include one record per patient, and will include all patients with a diagnosis of Congestive Heart Failure.

The congestive heart failure file is to be entitled "CHF.csv".

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
1	Clinic Identifier	Clinic Identifier assigned by PIN	Type = Character Format = #####	n/a
2	Patient Identifier	This is the unique number assigned to the patient by the clinic for identification within the clinic's EMR.	Type = Character Format = #####	n/a

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
3	Patient has Congestive Heart Failure	To determine eligibility for congestive heart failure indicators.	Type: Binary Format: 1 for true or yes or 0 for false or no	All CHF indicators
4	Date patient last visited emergency department for congestive heart failure	Collected for all CHF patients aged 20+. The calculation of this indicator has been temporarily postponed until further notice.	Type: Date Format: MMDDYYYY	Formerly used in indicator 5.01
5	Date of last obesity / overweight screening	Collected for all CHF patients aged 18+.	Type: Date Format: MMDDYYYY	5.02
6	Patient using ACE inhibitors or ARB	True/false value collected for all CHF patients aged 18+.	Type: Binary Format: 1 for true or yes or 0 for false or no	5.03
7	Date of last full fasting lipid test	Collected for all CHF patients aged 18 to 74 years (inclusive).	Type: Date Format: MMDDYYYY	5.04
8	Date of last blood pressure measurement	Collected for all CHF patients aged 18+	Type: Date Format: MMDDYYYY	5.05
9	Date of last fasting blood sugar test	Collected for all CHF patients aged 18+.	Type: Date Format: MMDDYYYY	5.06

3.6 Hypertension Management

The following represents the data elements that need to be collected for Hypertension Management. The file will include one record per patient, and will include all patients with a diagnosis of Hypertension.

The hypertension file is to be entitled "hypertension.csv".

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
1	Clinic Identifier	Clinic Identifier assigned by PIN	Type = Character Format = #####	n/a

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
2	Patient Identifier	This is the unique number assigned to the patient by the clinic for identification within the clinic's EMR.	Type = Character Format = #####	n/a
3	Patient has Hypertension	To determine eligibility for hypertension indicators.	Type: Binary Format: 1 for true or yes or 0 for false or no	All hypertension indicators
4	Date of last fasting blood sugar test	Collected for all hypertensive patients aged 18+.	Type: Date Format: MMDDYYYY	6.01
5	Date of last full fasting lipid test	Collected for all hypertensive patients aged 18 to 74 years (inclusive).	Type: Date Format: MMDDYYYY	6.02
6	Date of last test to detect renal dysfunction (e.g. serum creatinine)	Collected for all hypertensive patients aged 18+.	Type: Date Format: MMDDYYYY	6.03
7	Date of last blood pressure measurement	Collected for all hypertensive patients aged 18+.	Type: Date Format: MMDDYYYY	6.04
8	Date of last obesity / overweight screening	Collected for all hypertensive patients aged 18+.	Type: Date Format: MMDDYYYY	6.05

3.7 Coronary Artery Disease Management

The following represents the data elements that need to be collected for Coronary Artery Disease Management. The file will include one record per patient, and will include all patients with a diagnosis of Coronary Artery Disease.

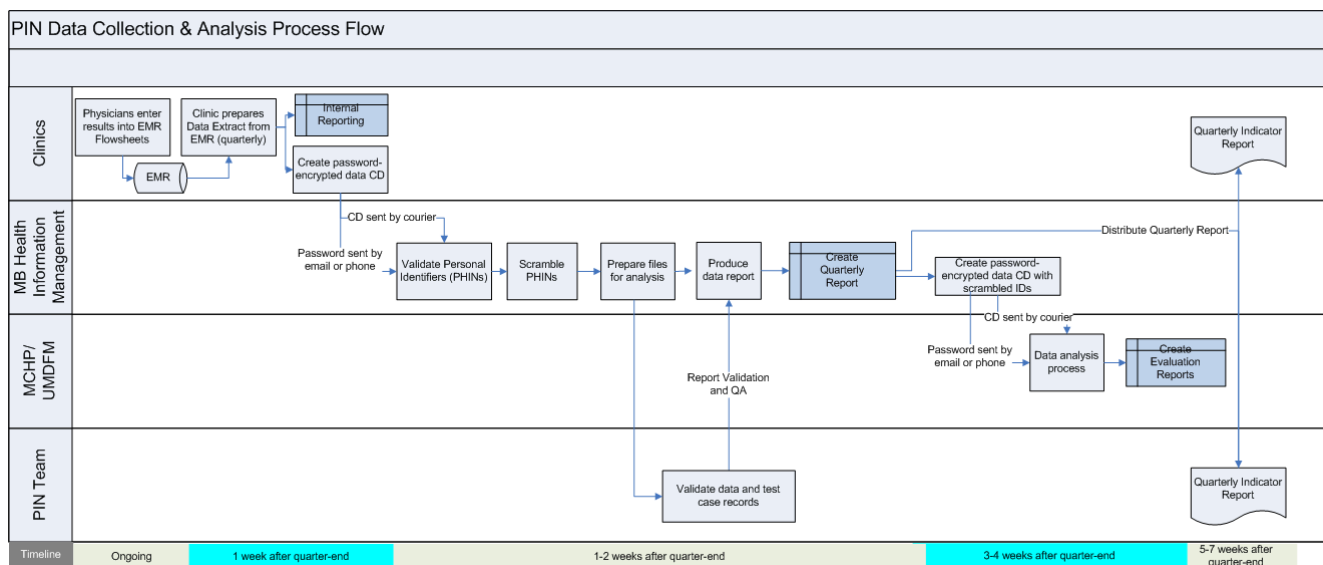
The coronary artery disease file is to be entitled "CAD.csv".

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
1	Clinic Identifier	Clinic Identifier assigned by PIN	Type = Character Format = #####	n/a

Order in Extract	Data Element Description	Purpose / Patient Population	Type and Format	Indicators Affected
2	Patient Identifier	This is the unique number assigned to the patient by the clinic for identification within the clinic's EMR.	Type = Character Format = #####	n/a
3	Patient has Coronary Artery Disease	To determine eligibility for Coronary Artery Disease (CAD) indicators.	Type: Binary Format: 1 for true or yes or 0 for false or no	All CAD indicators
4	Date of last fasting blood sugar test	Collected for all CAD patients aged 18+.	Type: Date Format: MMDDYYYY	7.01
5	Date of last full fasting lipid test	Collected for all CAD patients aged 18 to 74 years (inclusive).	Type: Date Format: MMDDYYYY	7.02
6	Date of last blood pressure measurement	Collected for all CAD patients aged 18+.	Type: Date Format: MMDDYYYY	7.03
7	Date of last obesity / overweight screening	Collected for all CAD patients aged 18+.	Type: Date Format: MMDDYYYY	7.04
8	LDL Level >2.0 in last 12 months	Collected for all CAD patients aged 18 to 74 years (inclusive). A level greater than 2.0 within the last 12 months determines eligibility for CAD indicator 7.05, Lipid Reduction Counselling.	Type: Binary Format: 1 for true or yes or 0 for false or no	7.05
9	Date of last lipid reduction counselling	Collected for all CAD patients aged 18 to 74 years (inclusive). Note that the medications listed under ATC code C10 can be used for this item.	Type: Date Format: MMDDYYYY	7.05
10	Date of last lipid lowering medication prescription	Collected for all CAD patients aged 18 to 74 years (inclusive).	Type: Date Format: MMDDYYYY	7.05
11	Patient has had acute myocardial infarction	True/false value to determine eligibility for indicator 7.06, Beta Blockers.	Type: Binary Format: 1 for true or yes or 0 for false or no	7.06
12	Patient has a current prescription for a beta blocking drug	True/false value collected for all CAD patients up to 74 years of age (inclusive) who have had an AMI and are currently prescribed beta blocking drugs.	Type: Binary Format: 1 for true or yes or 0 for false or no	7.06

4 Data Extract and Reporting Process

Indicator data will be collected on a quarterly basis to allow clinics and the PIN team to see how the clinics are progressing towards their quality targets. The process is currently as follows, but is subject to change as PIN expands in Manitoba:



- 1 The Clinic extracts the indicator data using their EMR and copies the extracted data to a CD. The data is password protected and encrypted. The CD is delivered via courier to the Health Information Management (HIM) Group at Manitoba Health. The clinic provides the password to the HIM Group via e-mail or telephone.

2

- a) Manitoba Health Information Management (HIM) receives the CD containing the data files (one file for each indicator cluster and another for the demographics export) and the password to decrypt the files.

The PHINs contained within each record are manually cross-referenced against the Health Registry. A record containing an invalid PHIN for which a valid match cannot be found in the Health Registry has its PHIN field blanked out. The data file then has all of its PHINs scrambled in order to de-identify the data in the file.

The file is run through the SAS environment in order to perform this de-identification process.

The SAS environment is also used to compile the data files into a common file format. The Health Information Management group performs specific tasks around transforming the received data into the common file format. As a final audit of the input and output files, the number of records in the SAS-outputted files is then compared against those in the original files sent by the clinic.

- b) MB HIM creates the quarterly summary reports for each clinic. The department distributes copies of the summary reports to the clinics and to the PIN team. Note that each clinic only receives its own report.

- c) MB HIM then encrypts the de-identified data files and burns them onto a CD. This CD is delivered via courier to the Department of Family Medicine at the University of Manitoba (UMDFM) for PIN Evaluation reporting. The HIM group provides the password to Dr. Katz at the UMDFM via email or telephone. This data is requested by UMDFM on an ad hoc basis.

4.1 Sample Report by Indicator Cluster

In order to assist clinics attain their indicator goals, the Approved Vendor will provide the clinics with reports to track their progress. Pictured below is a sample layout of a data report broken down by indicator cluster.

PIN Data Report						
Name of Clinic				7/24/2008		
Diabetes Management						
					Compliance	
Identifier	CIHI Indicator	Description	# Patients	#	%	
3.01	57	HGB A1C	0	0	#DIV/0!	
3.02	57	Nephropathy Screening	0	0	#DIV/0!	
3.03	57	Fundoscopy Exams	0	0	#DIV/0!	
3.04	57	Foot Exams	0	0	#DIV/0!	
3.05	57	Full Fasting Lipid Profile Screening	0	0	#DIV/0!	
3.06	57	Blood Pressure Testing	0	0	#DIV/0!	
3.07	57	Obesity/Overweight Screening	0	0	#DIV/0!	
Coronary Artery Disease Management						
					Compliance	
Identifier	CIHI Indicator	Description	# Patients	#	%	
7.01	55	Fasting Blood Sugar	0	0	#DIV/0!	
7.02	55	Full Fasting Lipid Profile Screening	0	0	#DIV/0!	
7.03	55	Blood Pressure Measurement	0	0	#DIV/0!	
7.04	55	Obesity/Overweight Screening	0	0	#DIV/0!	
7.05	61	Lipid Reduction Counselling	0	0	#DIV/0!	
7.06	62	Beta Blockers	0	0	#DIV/0!	
Hypertension Management						
					Compliance	
Identifier	CIHI Indicator	Description	# Patients	#	%	
6.01	56	Fasting Blood Sugar	0	0	#DIV/0!	
6.02	56	Full Fasting Lipid Profile Screening	0	0	#DIV/0!	
6.03	56	Test to Detect Renal Dysfunction	0	0	#DIV/0!	
6.04	56	Blood Pressure Measurement	0	0	#DIV/0!	
6.05	56	Obesity/Overweight Screening	0	0	#DIV/0!	

4.2 Sample Report by Physician

Pictured below is a sample layout of a data report broken down by specific physician, across multiple indicators.

PIN Data Report (by Physician)										Name of Clinic										
7/24/2008																				
Coronary Artery Disease (CAD) Indicators																				
Physicia n ID	Blood Sugar FBS <=12mos			Lipid Screening LDL <=12mos			Blood Pressure bp <=12mos			Obesity/Overweight BMI <=12mos			Lipid Reduction Counseling Y/N			Beta Blocker Prescribed Y/N			TOTAL CAD Compliance	
	Total Reg'd	#	%	Total Reg'd	#	%	Total Reg'd	#	%	Total Reg'd	#	%	Total Reg'd	#	%	Total Reg'd	#	%	%	%
111	0	0		0	0		0	0		0	0		0	0		0	0		#DIV/0!	
222	0	0		0	0		0	0		0	0		0	0		0	0		#DIV/0!	
3333	0	0		0	0		0	0		0	0		0	0		0	0		#DIV/0!	
4444	0	0		0	0		0	0		0	0		0	0		0	0		0%	
5555	0	0		0	0		0	0		0	0		0	0		0	0		0%	
6666	0	0		0	0		0	0		0	0		0	0		0	0		0%	
7777	0	0		0	0		0	0		0	0		0	0		0	0		0%	
888	0	0		0	0		0	0		0	0		0	0		0	0		0%	
999	0	0		0	0		0	0		0	0		0	0		0	0		0%	
1010	0	0		0	0		0	0		0	0		0	0		0	0		0%	
2020	0	0		0	0		0	0		0	0		0	0		0	0		0%	
3030	0	0		0	0		0	0		0	0		0	0		0	0		0%	
Total	0	0		0	0		0	0		0	0		0	0		0	0		0%	

PIN Data Report (by Physician)										Name of Clinic													
7/24/2008																							
Diabetes Management (DM) Indicators																							
Physicia n ID	HGB A1C <= 12 mos			Nephropathy ac ratio <= 12 mos			Fundoscopic eye exam <= 12 mos			Foot Exams within last 12 mos			Lipid Screening LDL <= 12 mos			Blood Pressure bp <= 12 mos			Obesity/Overweight BMI <= 12 mos			Total DM Compliance	
	Total Reg'd	#	%	Total Reg'd	#	%	Total Reg'd	#	%	Total Reg'd	#	%	Total Reg'd	#	%	Total Reg'd	#	%	Total Reg'd	#	%	%	%
111	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
222	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
3333	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
4444	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
5555	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
6666	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
7777	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
888	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
999	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
1010	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
2020	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
3030	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	
Total	0	0		0	0		0	0		0	0		0	0		0	0		0	0		###	

PIN Data Report (by Physician)										Name of Clinic									
7/24/2008																			
Hypertension Management (HTN) Indicators																			
Blood Sugar			Lipid Screening			Renal			Blood Pressure			Obesity/Overweight			TOTAL HTN				

4.3 Revision Log

Version No.	Description of revision	Date of revision
1.5	<p>2.02 – Colon Cancer Screening</p> <ul style="list-style-type: none"> • Colonoscopy procedure within the last 10 years is added as an acceptable substitute to the FOBT test within past 24 months for the purpose of the indicator calculation <p>4.03 – Patients with Asthma Action Plans</p> <ul style="list-style-type: none"> • References to “Asthma Self Care Plan” have been changed to “Asthma Action Plan” within the indicator and the Approved Electronic Medical solutions • Review frequency of the asthma action plan of 12 months is added to the indicator calculation <p>7.05 - Lipid Reduction Counselling</p> <ul style="list-style-type: none"> • Lipid level threshold has been changed from 2.5 mmol/L to 2.0 mmol/L <p>8.01 – Depression Screening <u>Trial</u> Indicator</p> <ul style="list-style-type: none"> • This trial indicator reported only by sites participating in the trial initiative. PIN Sites not participating in the “Depression Screening” trial initiative are not required to capture or report data associated with this indicator <p>8.02 – Depression Screening Follow-up <u>Trial</u> Indicator</p> <ul style="list-style-type: none"> • This trial indicator reported only by sites participating in the trial initiative. PIN Sites not participating in the “Depression Screening” trial initiative are not required to capture or report data associated with this indicator <p>The following data elements have been added and/or revised in this edition of the Information Management Guide:</p> <p>Prevention Cluster:</p> <ul style="list-style-type: none"> • Field 29 Date of last colonoscopy • Field 30 Date of childhood immunizations confirmation • Field 31 Date of last PHQ-2 administration* • Field 32 The character response to the PHQ-2* • Field 33 The date of the depression screening follow-up assessment* • Field 34 The depression screening follow-up outcome selected* • Field 35 Date of the active depression diagnosis* <p>Asthma Cluster:</p> <ul style="list-style-type: none"> • Field 8 Date of the most recent Asthma Action Plan review <p>Coronary Artery Disease Cluster</p>	June 2010

	<ul style="list-style-type: none"> Field 8 LDL Level >2.0 in last 12 months <p>* - Data elements extracted by a select number of Approved Electronic Medical Record solutions in support of the "Depression Screening" trial initiative, reported only by sites participating in the trial initiative. PIN sites not participating in trialling the "8.01 - Depression Screening" and "8.02 – Depression Screening Follow-up" indicators are not required to capture or report the following data elements in their quarterly extracts.</p>	
Internal number 1.44	<p>Easy to understand descriptions of each indicator added to section 2</p> <p>Section 3, Data Collection, modified to include information formerly included within the data extract spreadsheet such as type and format, indicators affected, and order in extract. The spreadsheet referenced in Appendix A has been eliminated.</p> <p>Appendix A added illustrating the indicators that have been placed on hold.</p> <p>All discussions of the Nov 26 Evaluation Committee meeting are reflected:</p> <ul style="list-style-type: none"> 2.07, 2.08, and 2.09 immunization indicators will continue to measure counselling or confirmation of immunizations 2.09 pneumococcal age range has been changed from everyone 65 and over to everyone 65 to 70 years of age 2.10 breastfeeding education has been changed to measure education provided in the last two trimesters of pregnancy. There remains a challenge in that not all EMRs have the ability to flag pregnant women. For this reason, PIN will continue to rely upon the live birth date field unless a clinic has developed a mechanism to flag pregnant women. In these unique situations, the PIN team will work with the clinic to determine how the calculation will be performed. 2.12 Physical Activity counselling will continue to use the term "sedentary". The denominator population will be changed from those 12 to 74 to everyone 12 years of age and over (upper limit has been removed). The interval for providing advice has been changed from every 12 months to every 24 months. 7.05 lipid reduction counselling. While it was decided that the trigger for counselling should be reduced from 2.5 mmol/L to 2.0 mmol/L, this version of the IM guide continues to reference 2.5 mmol/L until required EMR changes have been discussed. 	December 2009
1.43	<p>Indicator Revisions following the June 25 PIN Evaluation Committee meeting:</p> <p>2.02 – Colon Cancer Screening</p> <ul style="list-style-type: none"> FOBT Exemption temporarily removed until changes have been made to the EMRs to allow for the recording of exemption information. Any clinics currently collecting this information should continue to do so as these exemptions will be taken into consideration in the calculations. <p>2.06 - Fasting Blood Sugar Screening</p>	November 2009

	<ul style="list-style-type: none"> • Eligible age has been reduced from 50 to 40 years of age • Persons with Diabetes are excluded from the test <p>2.14 - Obesity / Overweight Screening</p> <ul style="list-style-type: none"> • Frequency of screening has been decreased from every 12 months to every 24 months <p>3.03 - Fundoscopic Exams</p> <ul style="list-style-type: none"> • Eligible age has been reduced from 18 to 15 years of age • Frequency of screening has been increased from 24 to every 12 months <p>4.01 - Asthma Control (number of SABA canisters)</p> <ul style="list-style-type: none"> • Data calculation has been temporarily postponed until further notice; removed from section 2 but retained in section 3 <p>4.02 - Emergency Department Visits for Asthma</p> <ul style="list-style-type: none"> • Data calculation has been temporarily postponed until further notice; removed from section 2 but retained in section 3 <p>5.01 - Emergency Department Visits for Congestive Heart Failure (CHF)</p> <ul style="list-style-type: none"> • Data calculation has been temporarily postponed until further notice; removed from section 2 but retained in section 3 <p>5.03 - ACE Inhibitor</p> <ul style="list-style-type: none"> • References to ACE inhibitors or ARB as the first line of treatment have been removed <p>5.06 - Fasting Blood Sugar</p> <ul style="list-style-type: none"> • Persons with Diabetes are excluded from the test <p>6.01 - Fasting Blood Sugar</p> <ul style="list-style-type: none"> • Persons with Diabetes are excluded from the test <p>7.01 - Fasting Blood Sugar</p> <ul style="list-style-type: none"> • Persons with Diabetes are excluded from the test <p>7.06 – Beta Blockers</p> <ul style="list-style-type: none"> • Persons with Asthma are excluded <p>Section 3 Data Collection: descriptions modified to better match those descriptions within the Extract Layout spreadsheet.</p> <p>Hyperlink to Extract Layout spreadsheet added to section 3.</p> <p>Page numbers added.</p>	
1.42	<p>From the December 4, 2008 PIN Evaluation Committee meeting - reclassification of the Obesity/Overweight Screening indicator from the Health Risk cluster to the Prevention cluster. Appears as Indicator 2.14 under Prevention.</p> <p>A change has also been made to the data extract layout to reflect this addition to the Prevention extract.</p>	January 2009
1.41	<p>From the December 4, 2008 PIN Evaluation Committee meeting. Revision to indicators with an upper age limit of 75 years. Evaluation Committee agrees that the upper age range for these indicators should be up to 74 years of age, inclusive.</p> <p><u>Indicators revised:</u></p> <p>2.02 – Colon Cancer Screening</p> <p>2.06 – Fasting Blood Sugar Screening</p>	December 2008

	2.12 - Advice on Physical Activity in PHC 3.05, 5.04, 6.02, 7.02 – Full Fasting Lipid Profile Screening 7.05 – Lipid Reduction Counselling 7.06 – Beta Blockers	
1.4	Revision to the upper age limits of the Prevention indicators based on the PIN Evaluation Committee discussion. Added revision log.	November 2008

Appendix A

The following indicators have been placed on hold pending further discussions around how technology may enable the provision of information needed for these indicators.

4.01 Asthma Control	
Numerator	Core patients 6 to 55 years of age with asthma who have been prescribed more than 4 canisters of SABA in the past 12 months and who received preventer/controller medicine in the past 12 months Count if ((Asthma in problem list = true) & (Number of canisters of SABA prescribed within the past 12 months >4) & (Patient received preventer/controller medicine in last 12 months=True) & ((Age >= 6) and (Age <= 55)))
Denominator	Core patients 6 to 55 years of age with asthma Count if ((Asthma in problem list = true) & ((Age >= 6) and (Age <= 55)))
Result	Percentage of core patients 6 to 55 years of age with asthma who have been prescribed more than 4 canisters of SABA in the past 12 months and who received preventer/controller medicine in the past 12 months
CIHI	Derived from Indicator # 59

4.02 Emergency Department Visits for Asthma	
Numerator	Core patients 6 to 55 years of age with asthma who have been to the ER for asthma-related reasons in the past 12 months Count if ((Asthma in problem list = true) & (extract date - last ER visit for Asthma > 12 months) & ((Age >=6) and (Age <=55)))
Denominator	Core patients 6 to 55 years of age with asthma Count if ((Asthma in problem list = true) & ((Age >= 6) and (Age <= 55)))
Result	100% minus the percentage of core patients 6 to 55 years of age with asthma who have been to the ER for asthma-related reasons in the past 12 months
CIHI	Derived from Indicator # 37

5.01 Emergency Department Visits for Congestive Heart Failure (CHF)	
Numerator	Core patients 20 years of age and over with congestive heart failure who have been to the ER for CHF-related reasons in the past 12 months Count if ((Congestive Heart Failure in problem list = true) & (extract date - last ER visit for CHF > 12 months) & (Age >=20))
Denominator	Core patients 20 years of age and over with congestive heart failure Count if ((Congestive Heart Failure in problem list = true)

	& ((Age >=20)
Result	100% minus the percentage of core patients 20 years of age and over with congestive heart failure who have been to the ER for CHF-related reasons in the past 12 months
CIHI	Derived from indicator # 38