2022

Panel Report Interpretation Guide

Table of Contents

Your Panel Report – Some frequently asked questions

What is a Panel Report?

- It is a personalized report providing aggregate information about your panel of patients
- Your panel report does not include information about individual patients, rather it provides an overview of what types of patients you see, how they are managed for cancer screening, and chronic diseases (diabetes and coronary artery disease), how much they are using hospital services and some details about their drug prescriptions
- Every physician's report is comprised of the same standardized indicators but reflects the results for their own panel. Some indicators also provide the physician's Health Network results to enable comparison.
- Each page of the report covers one topic. Each includes the results from your panel for each indicator as well as some additional information regarding the indicators.
- At the end of the report, there are some additional resources related to each topic to enable further investigation and learning.

Who created it and why?

- The Saskatchewan Medical Association (SMA) asked the Saskatchewan Health Quality Council (HQC) to help them develop reports for physicians in the province.
- Similar reports exist for physicians in British Columbia, Ontario, and Alberta and the SMA wanted to ensure similar information is available to those practicing in Saskatchewan.
- A partnership developed between physicians, HQC and eHealth Saskatchewan:
    - The SMA initiated the work and is promoting it amongst its members;
    - A panel of physicians, formed by the College of Family Physicians, generates, and selects the questions and indicators to be included;
    - HQC determines the data sources, calculations, and visualization for each indicator and designs the reports; and
    - eHealth Saskatchewan produces and distributes the individual reports.

Where did the information come from?

- All the data used to calculate each indicator came from existing administrative health data bases, such as
    - the Medical Services Branch physician billing data (for physician visits),
    - the Population Health Registry System (for patient demographics),
    - the Chronic Disease Management Quality Improvement Program (CDM-QIP), for data regarding diabetic and coronary artery disease patient care
    - the National Acute Care Registration System (emergency department visits)

- the Discharge Abstract Database (for hospitalizations), and
- The Prescription Drug Program (for drug dispensations)

- The panel-specific results in your report are based on your patients and you are the only recipient of your report

How was my network identified?

Your network was determined based on the billing records you submitted to the MSB. The network in which each patient visit occurred was identified; the network in which the highest proportion of your visits occurred was deemed your network.

- The Health Network results combine the panel-specific results of other family physicians working in the same network to enable comparison.

What period does it cover?

The report reflects health service use and the corresponding patient population for three years. The 2022 report is based on data from January 1, 2019, to December 31, 2021.

Our goal is to produce the reports annually, each based on the most recent years.

What does it tell me?

There are 6 categories of topics:

Panel Characteristics	•demographics of your patient population
Primary Care	•family physician care among your patients
Chronic Disease Management	•diabetic and coronary artery disease patient results
Emergency Department Use	•volume and acuity of visits
Acute Care Admissions	•volume and causes of admissions
Prescription drugs	•use of select types of prescription medications among your patients

How do I use it?

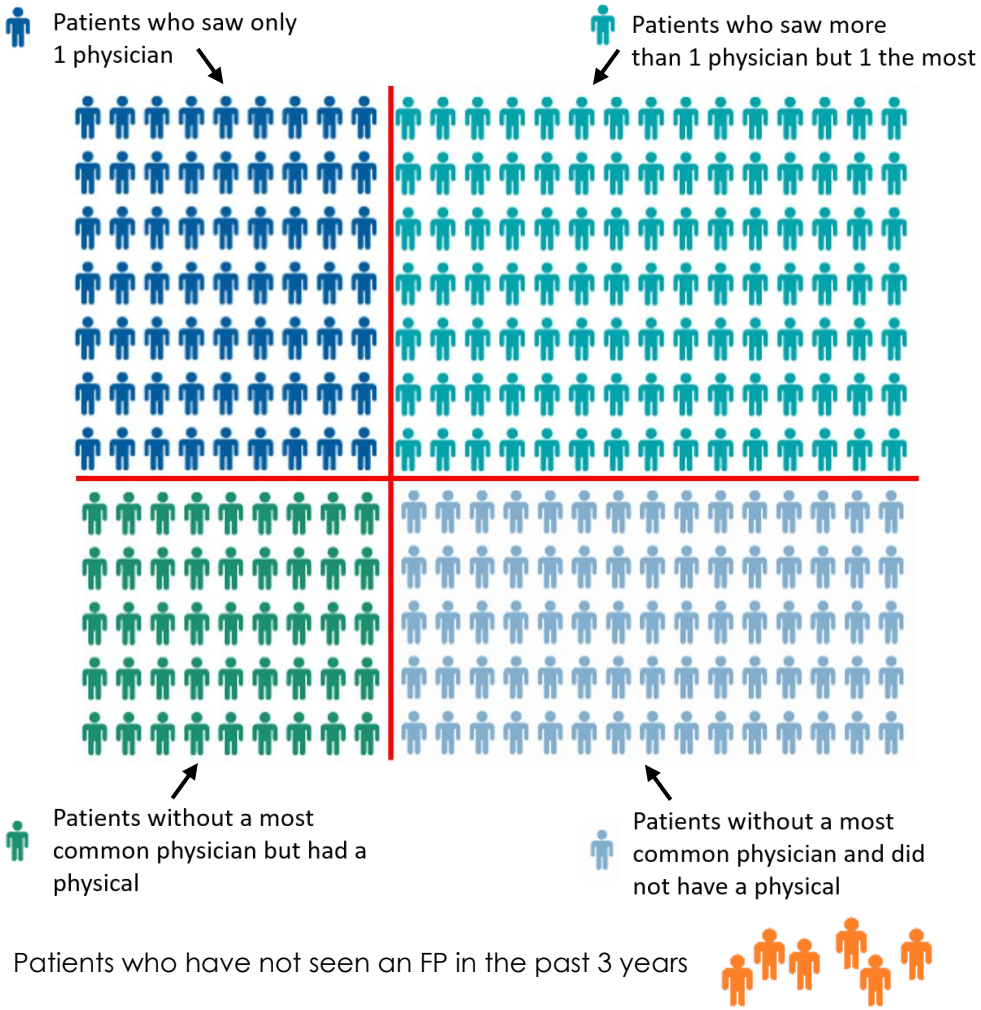
- Be curious!
- Consider…
    - Does the panel population reflect those in your EMR?
    - Are there any indicators where you see unexpected results?
    - If any of your results differ substantially from your Health Network results – are the differences reasonable? They may very well be! But ask yourself the questions, consider your context.
    - Are certain health concerns or conditions prevalent among your patients? Is there any additional programming, education or supports that your clinic can offer or that you can refer your patients to that can help them better manage their conditions?
    - Are your panel patients with chronic diseases being well-managed?
    - Are your prescription rates notably different or concerning for any of the classes of drugs assessed? Are differences warranted, taking into consideration your context and patients? Are any trends developing?
- The end of the report has some additional resources and questions you can use to help your start your thought process and can trigger additional questions.
    - To go even further, see the Investigation guide available on the BestPracticeSask.ca website, or sign up for an Investigation workshop.
    - Complete either of these for Certified Mainpro+ credits!

How did you determine which patients are included in my panel?

We applied the 4-cut methodology, developed by the Alberta Health Services. This method uses billing data to assign patients to physician panels by applying 4 criteria based on the frequency of their visits over the past 3 years. All patients are assigned to only one physicians' panel. Your panel may include patients you see regularly as well as patients you saw in a walk-in clinic or other setting. It depends on patient's other family physician interactions.

How does the 4-cut method work?

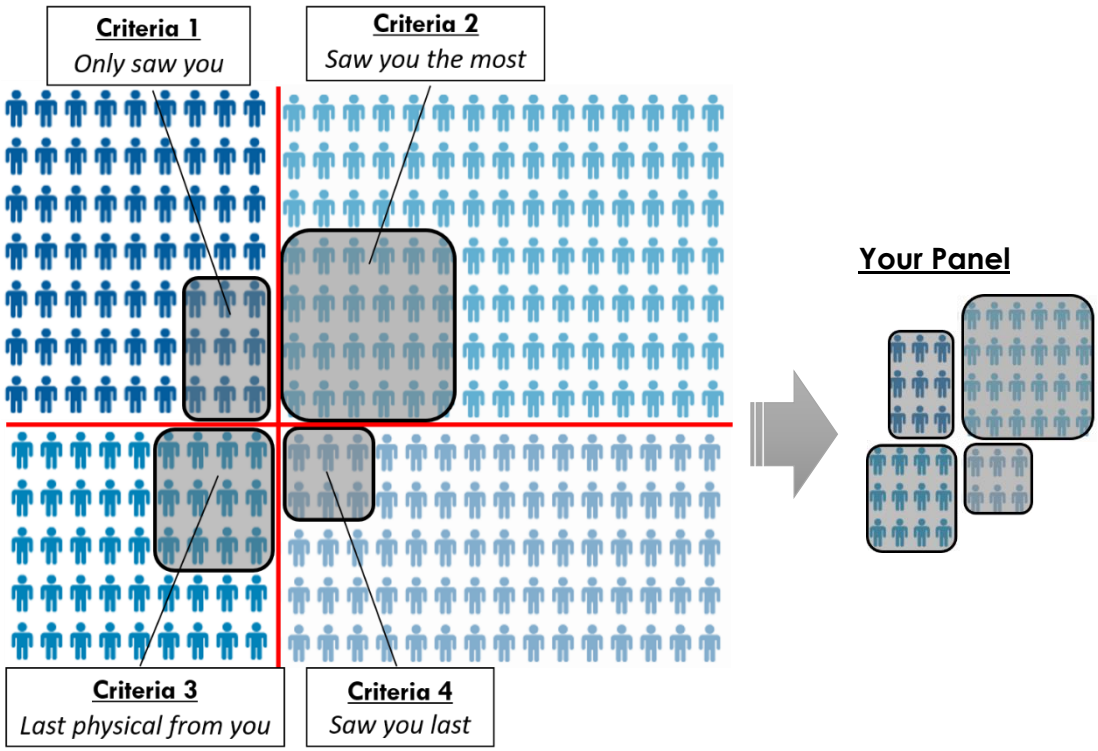
The population of SK patients is divided into 5 groups:



Within each group, patients are assigned to different physicians' panels based on the following criteria:

Patients who had all of their FP visits with 1 physician	→ The physician they saw
Patients who saw more than 1 physician but 1 the most	→ The physician they saw the most
Patients without a most common physician but had a physical	→ The physician with whom they had their most recent physical
Patients without a most common physician and did not have a physical	→ The physician they saw most recently
Patients who did not see a family physician in the past 3 years	→ Unattached in network

These criteria identify your patients within these groups:

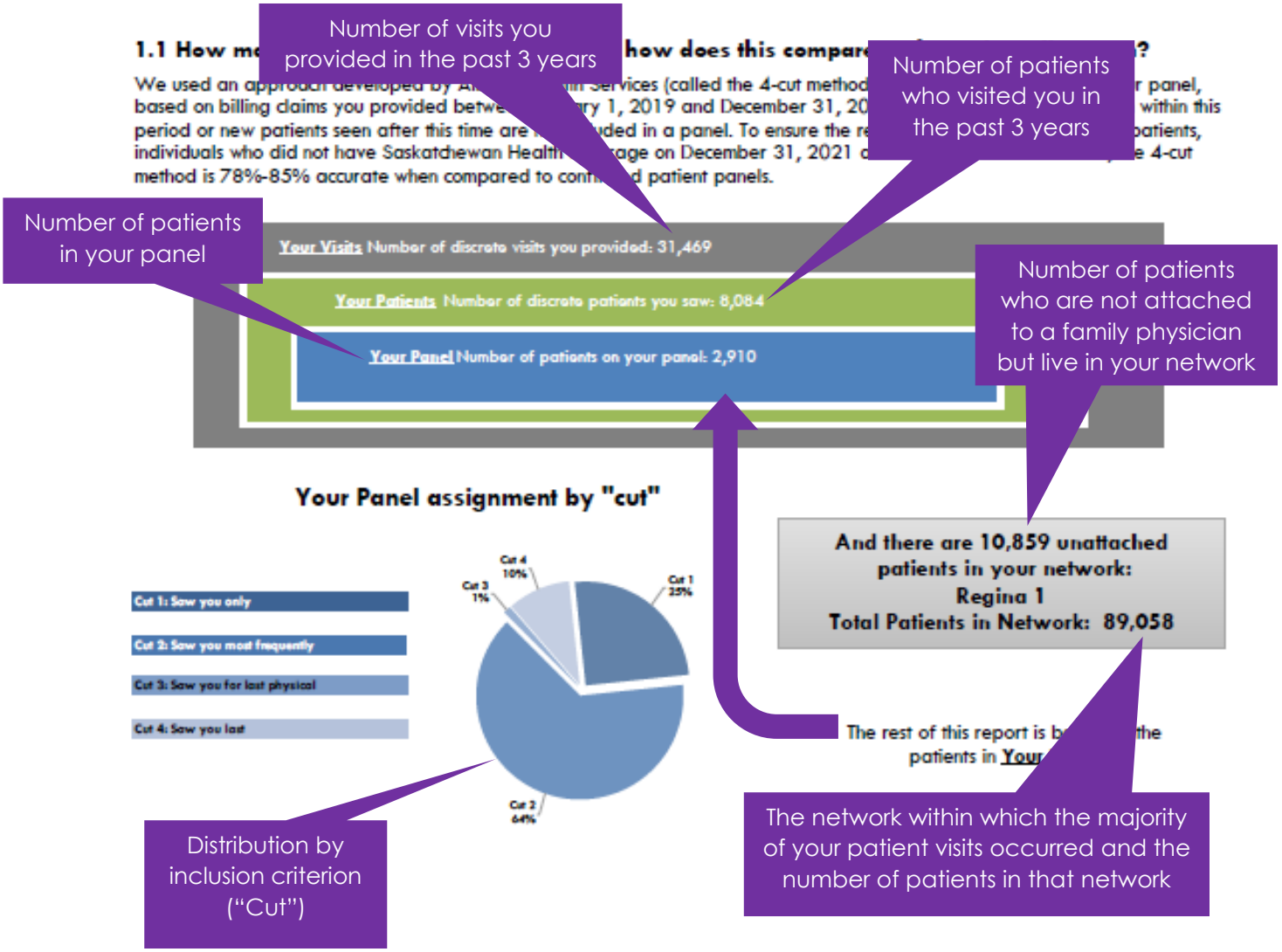


The resulting cohort of patients is being used to calculate your panel's results for the indicators in the report.

The indicators – How to interpret the numbers and figures

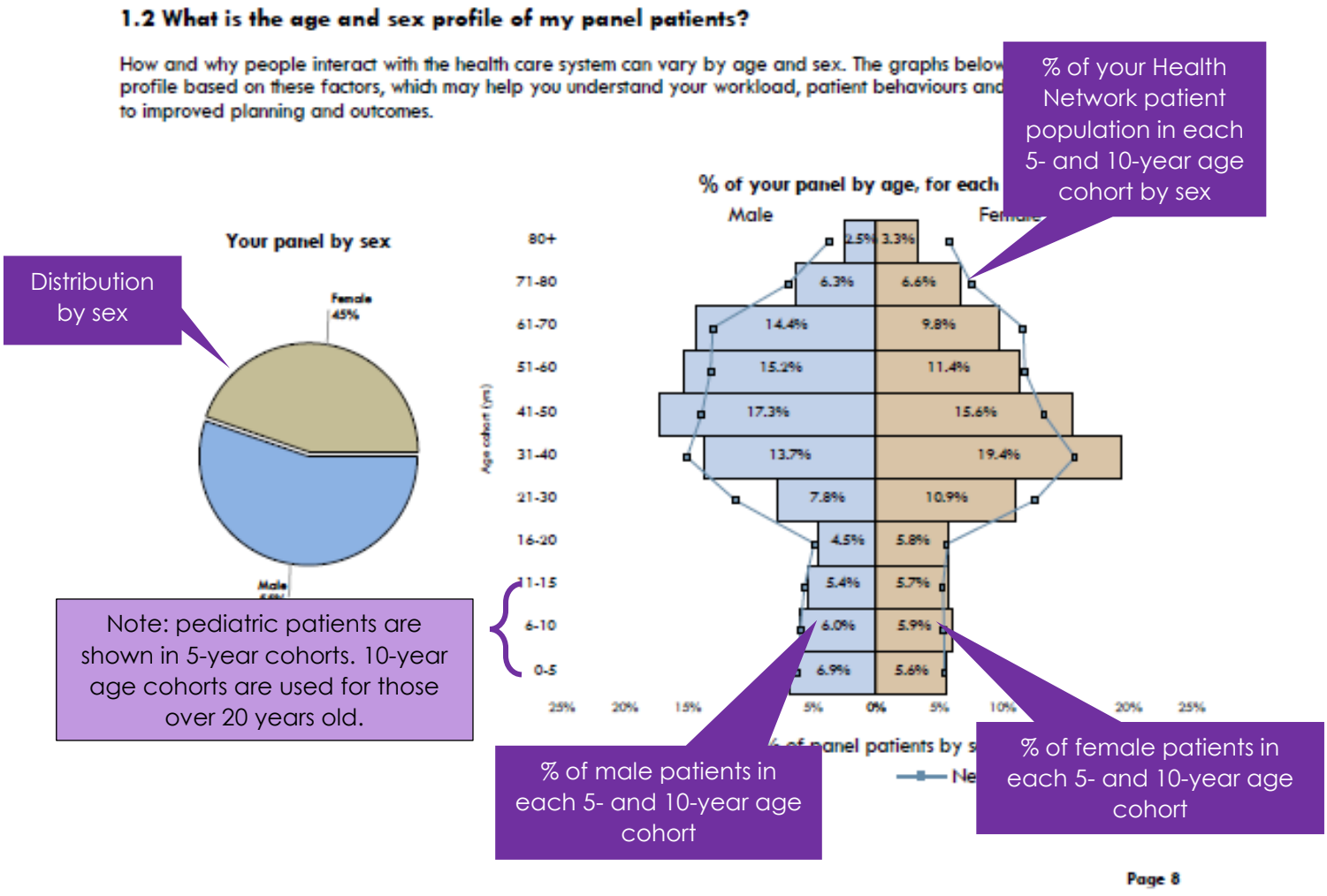
1.1 How many patients are on my panel and how does this compare to the patients I've seen?

- provides a summary of your panel as determined via the 4-cut method
    - total number of visits provided by you
    - total number of discrete patients who visited you
    - your total panel size (per the 4-cut method)
    - pie chart showing the proportion of your panel assigned by each of the four criteria
    - total number of "unattached" patients, those who were not assigned to a family physician, (i.e., had 0 FP visits during the 3-year period) residing in your Health Network as of December 31, 2021
    - total number of patients residing in your Health Network as of December 31, 2021



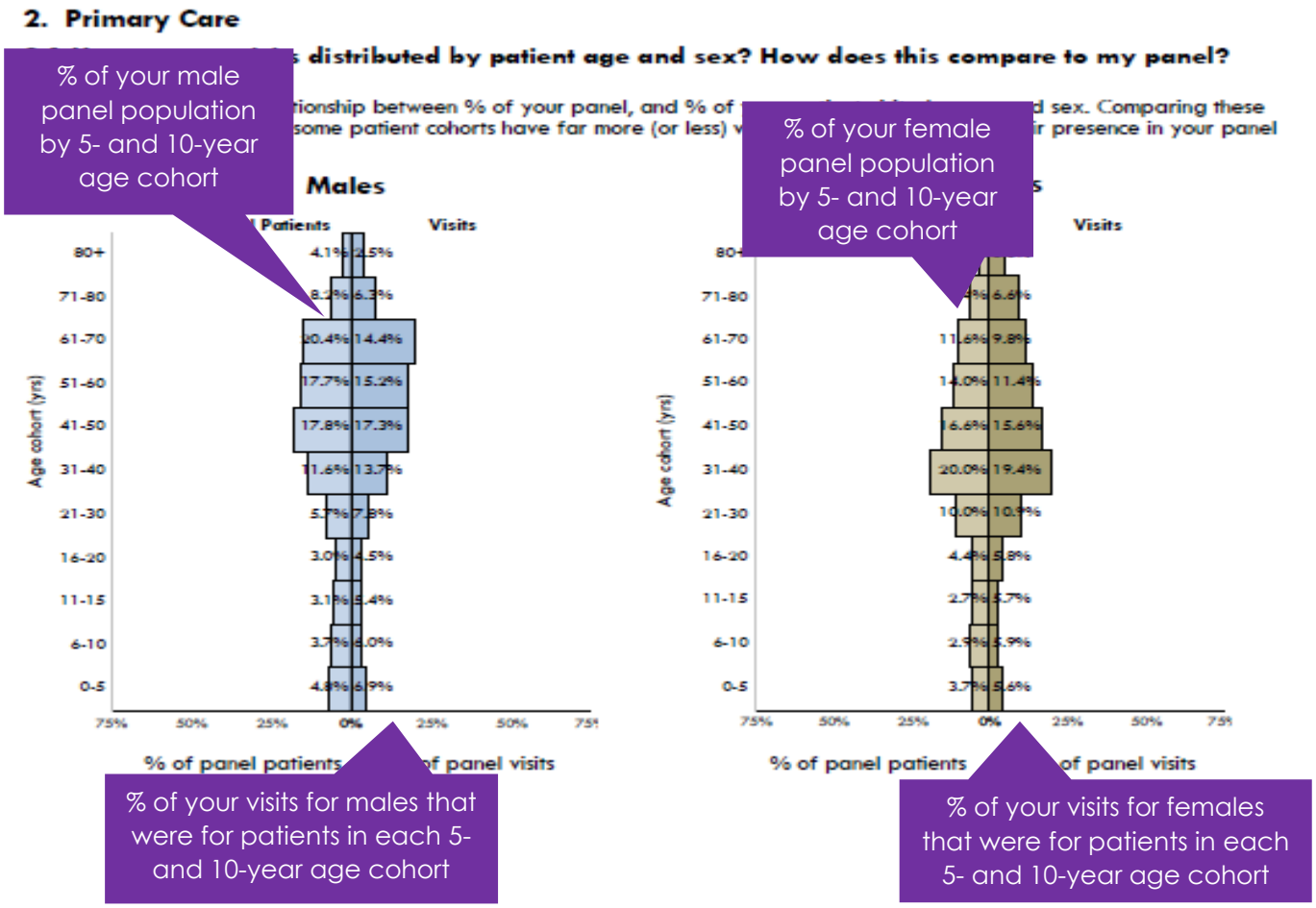
1.2 Who are the patients on my panel and how often do I see them?

- Provides the age and sex profile of your panel of patients and the panels of other physicians in your Health Network
    - Pie chart showing the proportion of female and male patients
    - Bar chart showing the proportion of your patients by sex and 5-year (up to age 20) and 10-year age cohort
        - Left hand bars display males by age cohort; right hand bars display females by age cohort
        - Line graphs on each side outline your Health Network age distributions by sex



2.1 How are my visits distributed by patient age and sex? How does this compare to the demographics of my panel overall?

- Contrasts the age and sex distribution of your panel <u>population</u> to your patient <u>visits</u>
  - Left hand graph provides results for males; right hand graph provides results for females
  - Left hand side of each graph (light bars) shows proportion of your male/female <u>panel patients</u> in each 5- and 10-year age cohort
    - These values are the same as were shown on the previous page
  - Right hand side of each graph (dark bars) shows proportion of your male/female <u>visits</u> by age cohort.



Note: as with the previous indicator, pediatric patients are shown in 5-year cohorts. 10-year age cohorts are used for those over 20 years old.

2.2 What is my panel's continuity of care?

Connectedness to you

- Shows the proportion of your patients that are
  - highly connected to you (had ≥80% of their family physician visits with you),
  - have low connectedness with you (≤40% of their visits were with you), or
  - in between, or medium connectedness (41% - 79% of their visits with you).

Imagine a patient who had 3 family physician visits in the past 3 years…

If all 3 of those visits were with you, they are 100% connected to you

- **Connectedness: high**
- They would have been assigned in "Cut 1" – saw only you

If 2 of those visits were with you, they would have 66.7% connectedness to you

- **Connectedness: medium**
- They would have been assigned in "cut 2" – most of their visits with you

If 1 of those visits was with you, they would have 33.3% connectedness to you

- **Connectedness: low**
- They would also have had only 1 visit with 2 other physicians, otherwise they would have ended up on someone else's panel. They were assigned to you in "Cut 3" or "Cut 4" – you provided their most recent physical or visit, AND they did not have another provider they saw more often.

Connectedness to your Clinic

- Shows the proportion of your patients that are
  - highly connected to your clinic (had ≥80% of their family physician visits with you or one of your colleagues),
  - have low connectedness with your clinic (≤40% of their visits were with you or one of your colleagues), or
  - in between, or medium connectedness with your clinic (41% - 79% of their visits with you or your colleagues).

Note: your panel's connectedness *to you* may be higher than *to your clinic* if you see seeing some patients outside of your primary clinic (e.g., walk-ins, community clinics)

Network Average

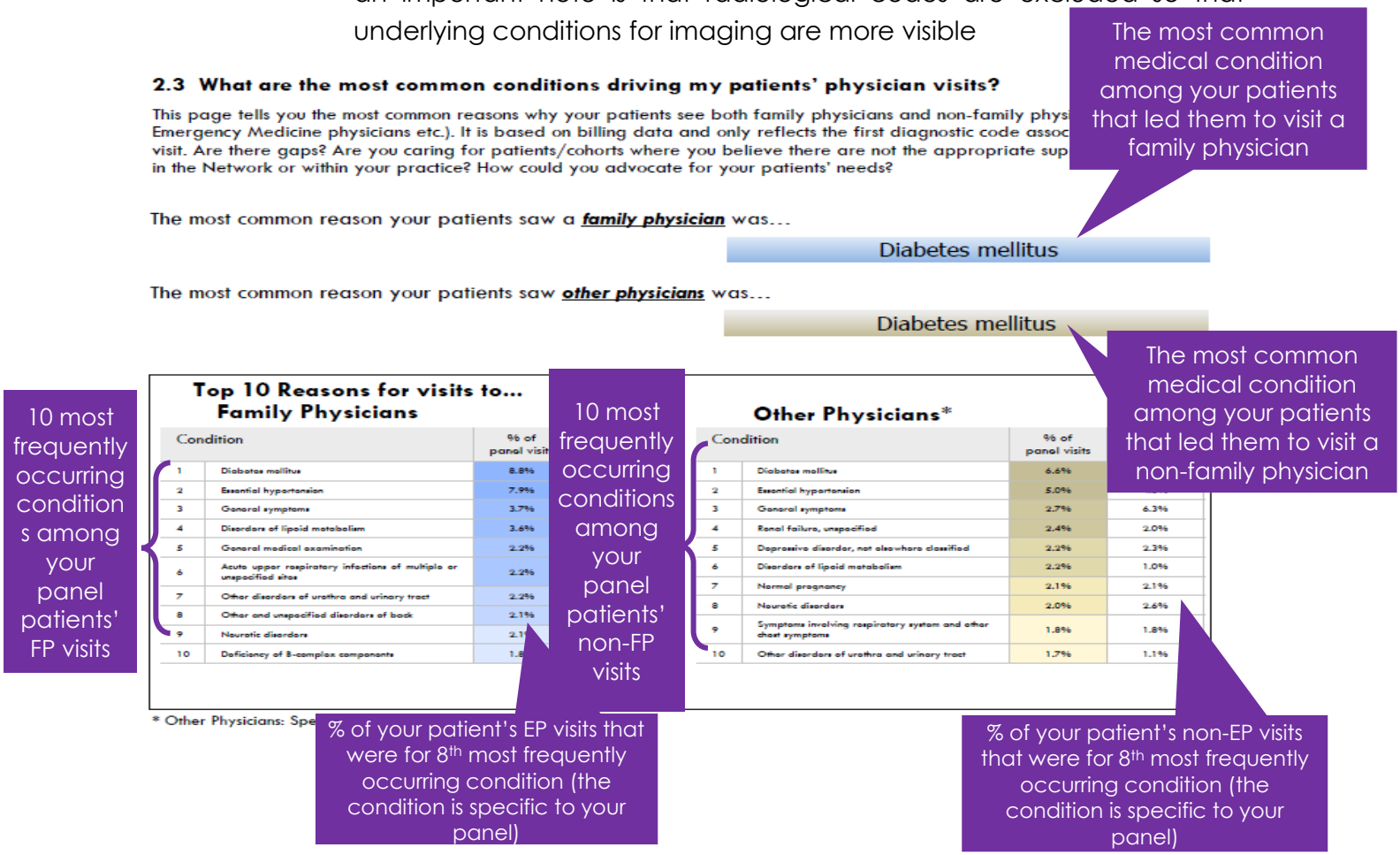
- Provides your Health Network results as a comparison
  - The average proportion of patients at each level of connectedness to their panel physician across all other family physicians in your network

% of your panel patient's panel's visits each year by provider type

- The bar chart shows where your panel patients received primary care over the past 3 years and any trends that may exist.
-

2.3 What is my panel's most common conditions?

- Provides a summary of the top 10 most common reasons your patients saw a family or a non-family physician.
- These results are based on the ICD codes submitted with billing claims, which leads to some limitations:
    - Physician billing data only includes 1 diagnostic code per patient visit - this may affect the results shown as the code on record may not be the most responsible diagnosis
    - Diagnostic codes exclude decimals which may also limit the level of detail available
    - Physician billing data may not be complete as records might not be complete for physicians who are not paid on a fee-for-service basis due to varying shadow billing practices
  - Left hand graph provides the top 10 reasons for visits to <u>family physicians</u>, the percentage of your patients' FP visits associated with that condition, and the network average
  - Right hand graph shows the top 10 reasons for your panel patients' visits to <u>non-family physicians,</u> the percentage of their non-FP visits associated with each condition, and the network average
    - an important note is that radiological codes are excluded so that underlying conditions for imaging are more visible



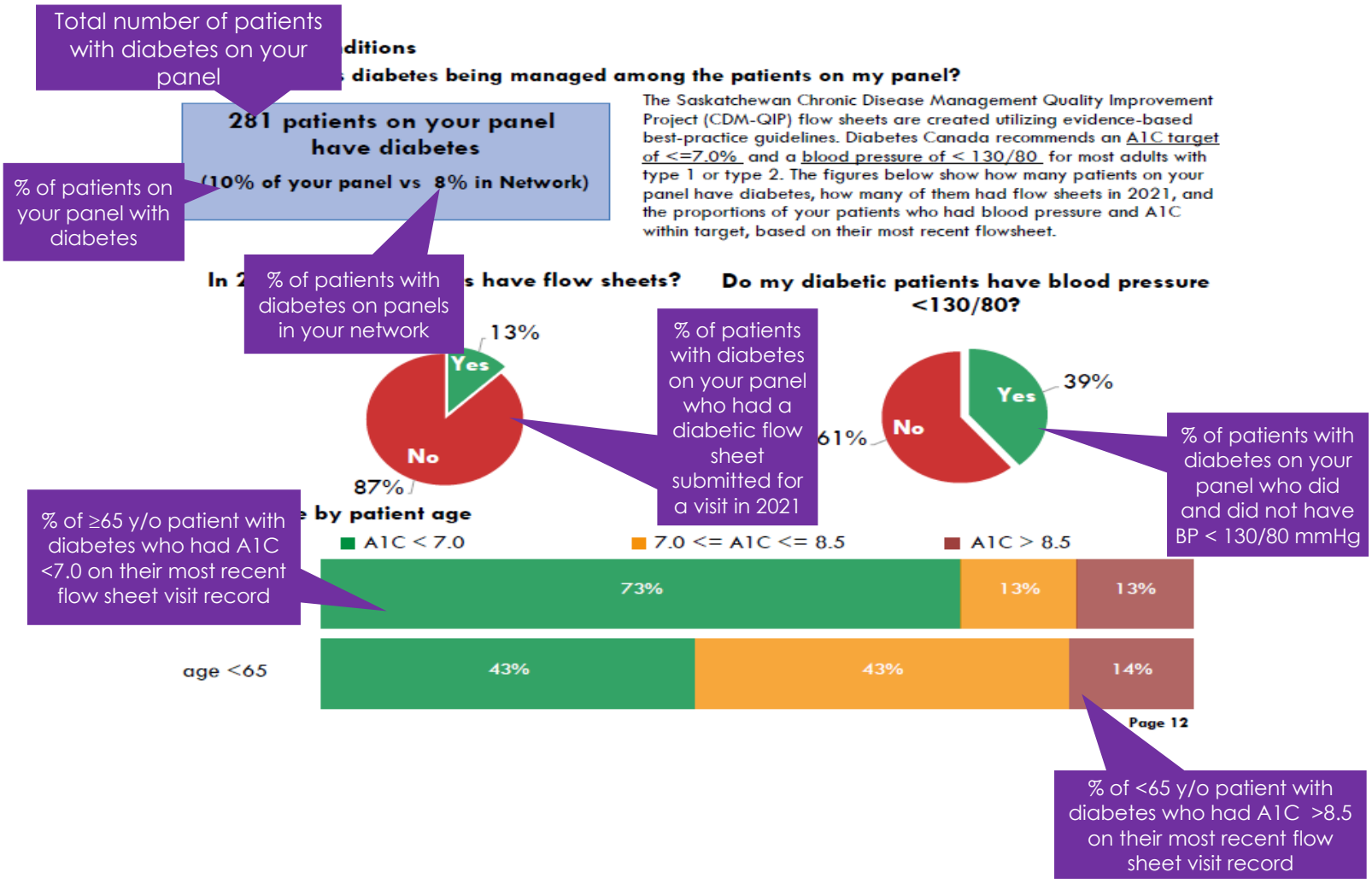
3.1 How well is diabetes being managed among the patients on my panel?

Provides insight into management of patients with diabetes through 4 indicators:

- Total number and proportion of patients on your panel with diabetes
  - With average proportion of patients with diabetes across panels of all physicians in your network as a comparator
- The proportion of the patients with diabetes on your panel who had at least 1 diabetic CDM-QIP flow sheet submitted for a visit in 2019
  - With corresponding proportion without a flow sheet

Among the panel patients with diabetes with a diabetic flow sheet:

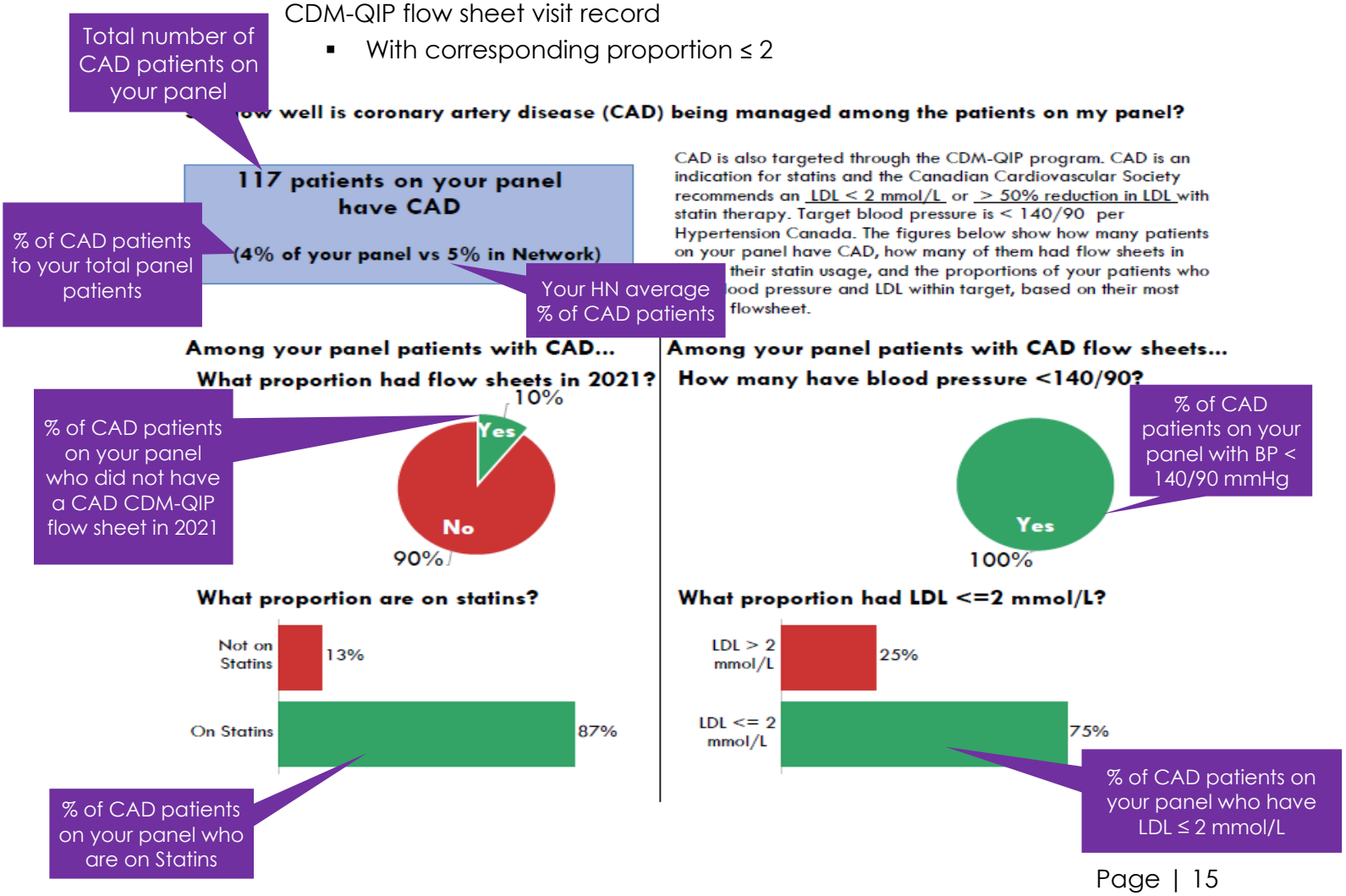
- the proportion of patients whose blood pressure was below 130/80 mmHg on their most recent diabetic CDM-QIP flow sheet visit record
  - With corresponding proportion at or above 130/80
- The proportion of patients who had A1C levels <7.0, >8.5, or in-between stratified by their age (<65 or 65+ y/o) on their most recent CDM-QIP flow sheet visit record



3.2 How well is coronary artery disease (CAD) being managed among the patients on my panel?

Provides insight into the management of patients with CAD through 5 indicators:

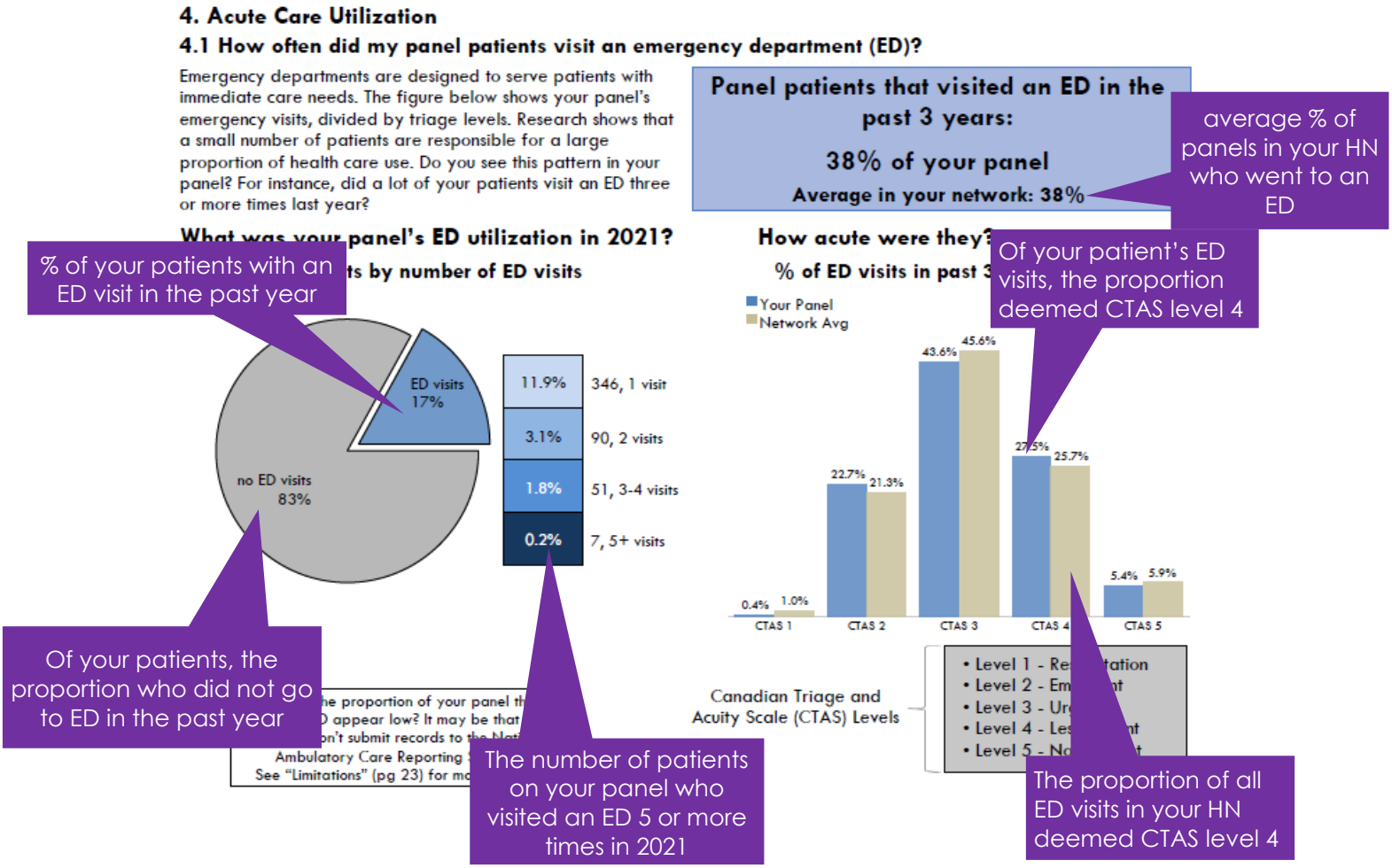
- Total number and proportion of patients on your panel with CAD
    - With average proportion of patients with CAD across panels of all physicians in your network as a comparator
- The proportion of the patients with CAD on your panel who had at least 1 CAD CDM-QIP flow sheet submitted for a visit in 2019
    - With corresponding proportion without a flow sheet
- The proportion of patients with CAD who are receiving statins (i.e., who filled a prescription for statins in 2019), and those who are not
- Among the panel patients with CAD and a CAD flow sheet:
    - the proportion of patients whose blood pressure was below 140/90 mmHg on their most recent CAD CDM-QIP flow sheet visit record
        - With corresponding proportion at or above 140/90
    - The proportion of patients who had LDL levels > 2 mmol/L on their most recent CDM-QIP flow sheet visit record
        - With corresponding proportion ≤ 2



4.1 How often did my panel patients visit an emergency department (ED)?

Provides insight into your patients' use of EDs through three indicators:

- The proportion of your patients who visited emergency department in the past year as well as the proportion of other panels in your Health Network
- Going into more detail:
    - the proportion who did not visit an ED vs number with 1, 2, 3 or 4, or 5+ ED visits in 2019
    - the proportion of all of your panel patients' ED visits during the report period by CTAS level, and the comparable results for other panels in your network.
    - for more information on CTAS levels see www.bestpracticesask.ca/resources)
- Important limitations to consider are:
    - Not all emergency departments are reporting visit data to the National Ambulatory Care Reporting System, and those that are provide varying levels of detail, thus data may be missing.
        - see the FAQ at www.bestpracticesask.ca/resources for details regarding included/excluded sites.



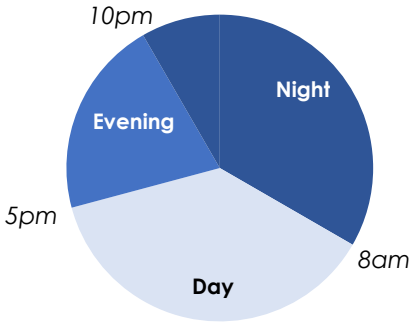
4.2 What are my patients' ED visits for minor conditions by time of day?

This page repeats the proportion of your panel patient's ED visits by CTAS level from the previous page, highlighting the CTAS 4 and 5 visits, and shows how many of these CTAS 4 & 5 visits occurred by time of day by year.

Note that CTAS 4 & 5 conditions differ from Ambulatory Care Sensitive Conditions (ACSCs) (see www.bestpracticesask.ca/resources)

Time of day periods are defined as

- day: 8am – 5pm
- evening: 5pm – 10pm
- night: 10pm – 8am

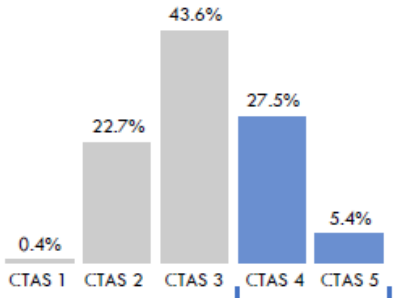


4.2 How often did my patients visit an emergency department (ED) for minor conditions?

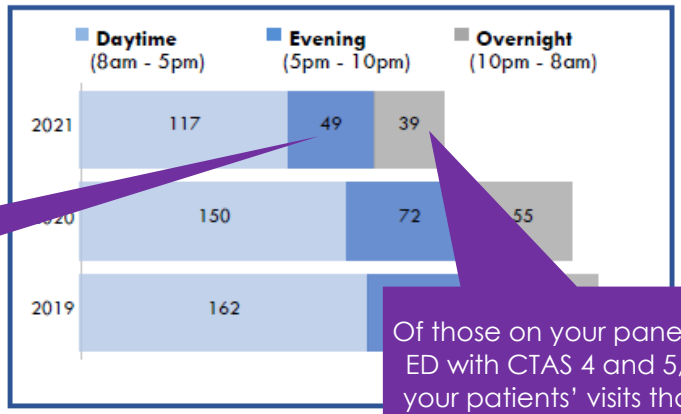
This indicator shows ED visits for patients in your panel based on their CTAS level, further divided by the time of day they arrived at the ED.

Avoidable ED visits:
- Delay treatment for more urgent patients
- Can lead to unnecessary treatments
- Increase care costs
- Can put patient safety at risk.

% of your panel's ED visits by CTAS level



Your panel's CTAS 4/5 ED visits by time of day and year



Of those on your panel who visited ED with CTAS 4 and 5, number of your patients' visits that occurred in the evening in 2021.

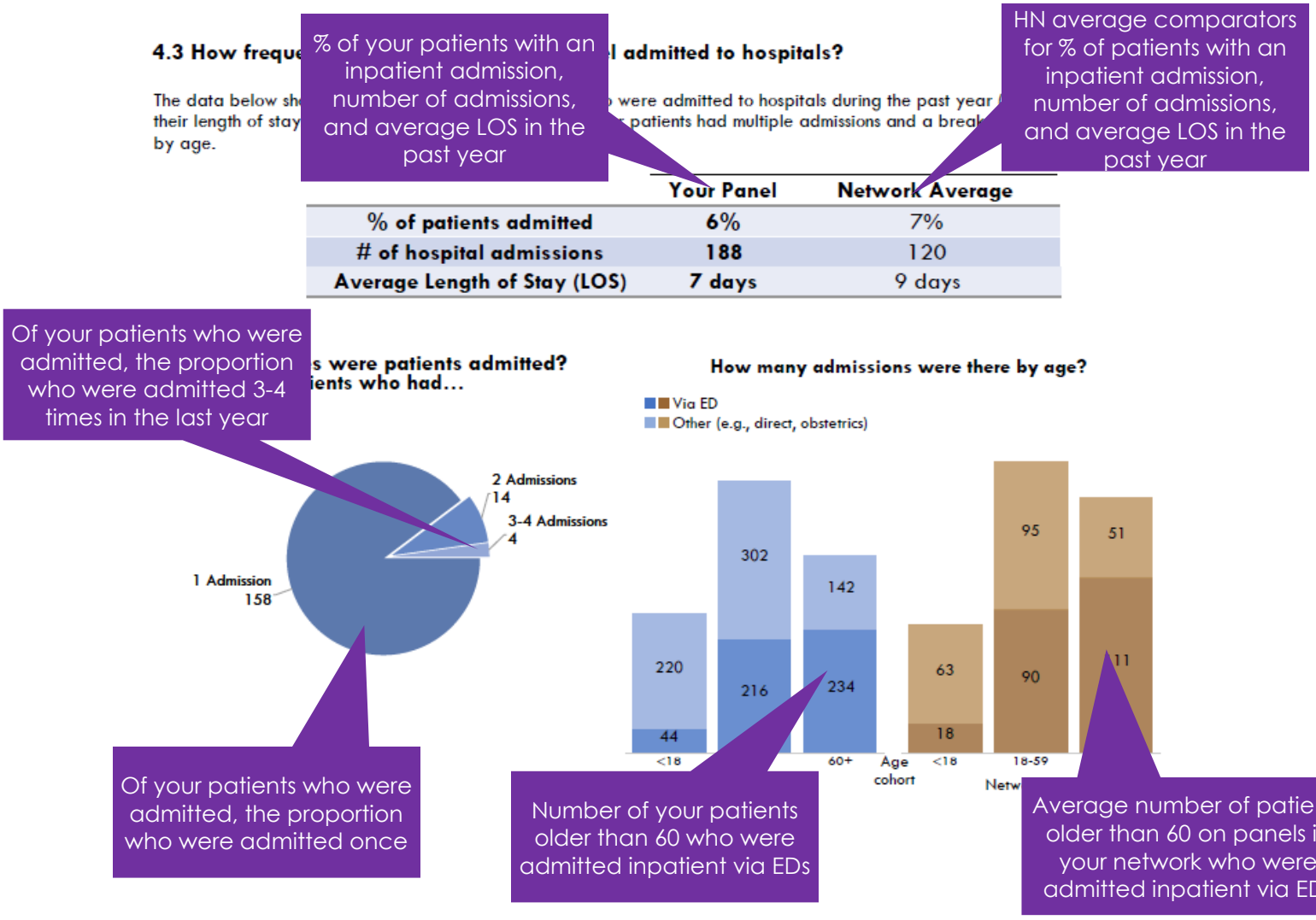
Of those on your panel who visited ED with CTAS 4 and 5, number of your patients' visits that occurred in the overnight in 2021.

Interested in learning how CTAS 4/5 conditions differ from Ambulatory Care Sensitive Conditions (ACSCs)? See: www.bestpracticesask.ca/resources

Page 15

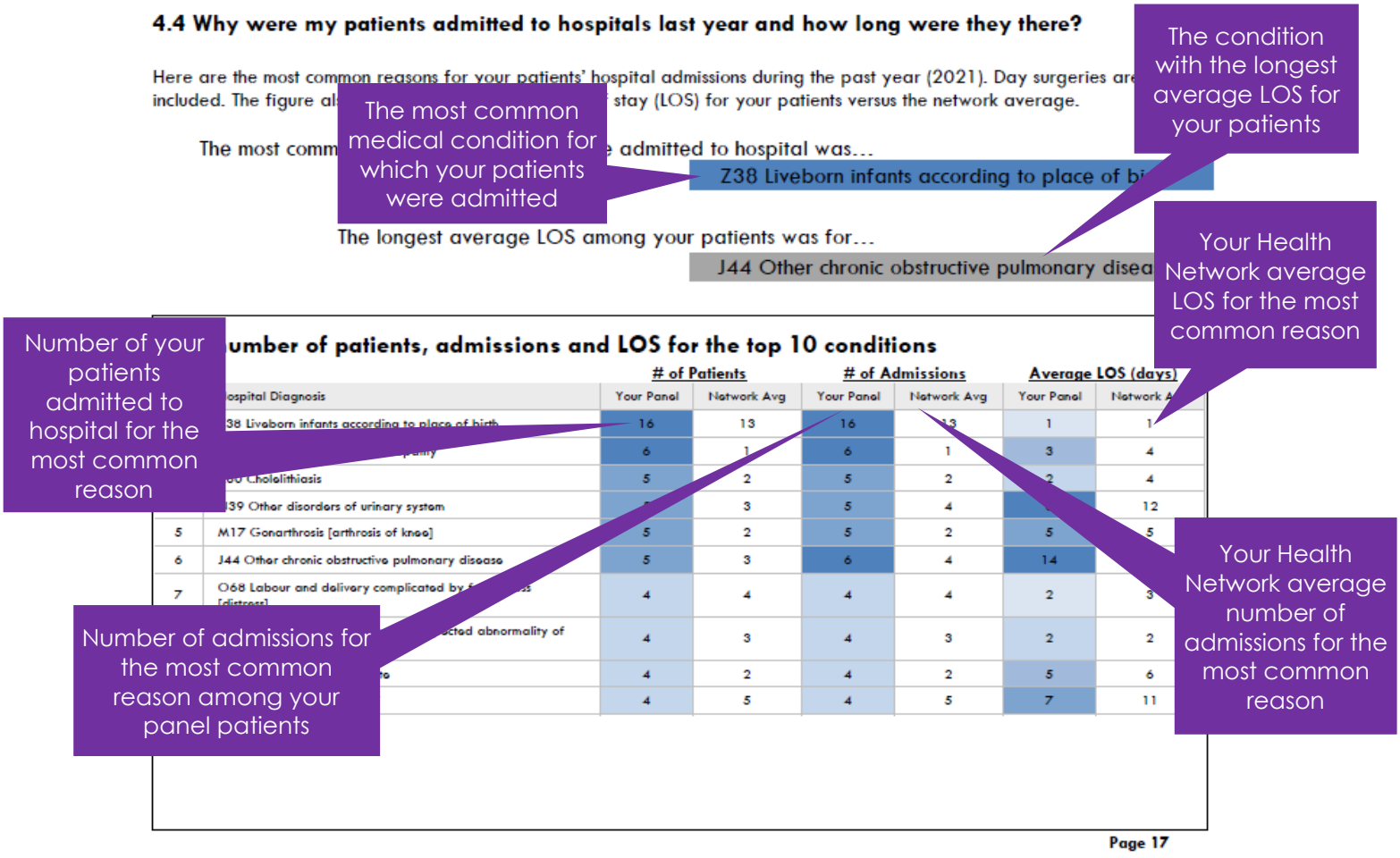
4.3 What percentage of my patients were admitted to a hospital?

- Provides information summarizing your patients' hospital admission frequency and length of stay (LOS), specifically:
    - The proportion of your patients that were admitted to a hospital in the past year
    - The total number of admissions for your patients
    - Your patients' average LOS in days
    - Of your patients who were admitted, the proportion of your patients who had 1, 2, 3-4, and 5+ times admissions in the past year
    - Total number of admissions by age (<18, 18-59, 60+) and from where they were admitted (via ED or Other).
- Your Health Network results are provided for frequency, proportion of admissions, and LOS as comparators



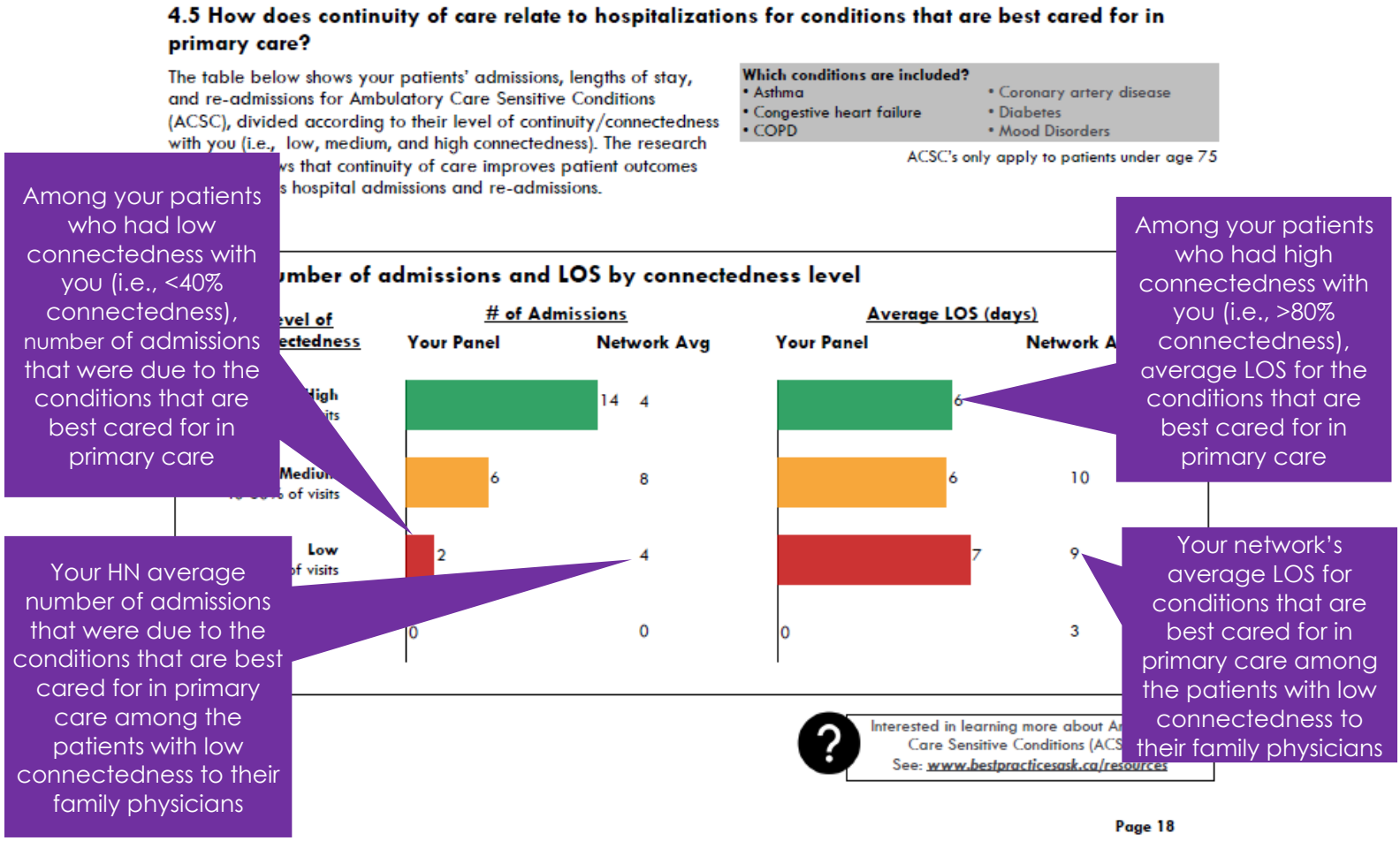
4.4 Why were my patients admitted to hospital during last year and how long were they there?

- The first line provides the most common reason your patients were admitted to hospital(s)
- The second line provides the longest average length of stay in hospital for your patients
- The bar graphs provide a list of the 10 most common reasons your patients were admitted to an acute care hospital during the past year based on ICD-10 codes. It also shows:
    - The number of <u>patients</u> admitted for each reason
    - The number of <u>admissions</u> occurring for each reason
    - The <u>average length of stay</u> for your panel patients (in days)
- Your Health Network results are provided for the number of patients, admissions, and LOS for each reason as comparators



4.5 How does continuity of care relate to hospitalizations for conditions that are best cared for in primary care?

- Provides information relating your patients' continuity of care and their hospitalizations for the conditions that are best cared for in primary care known collectively as Ambulatory Care Sensitive Conditions (ACSCs)
    - The left bar graph shows the number of admissions for your patients with conditions that are best cared for in primary care stratified by the patient's level of connectedness to you. (See page "What is my panel's continuity of care" for more details on this calculation).
    - The right bar graph shows the average LOS in days for your patients with conditions that are best cared for in primary care stratified by patient's level of connectedness to you.
    - Patients with only 1 visit in the past three years are not assigned any level of connectedness but are shown at the bottom to ensure their ACSC visits are represented.



Among your patients who had low connectedness with you (i.e., <40% connectedness), number of admissions that were due to the conditions that are best cared for in primary care

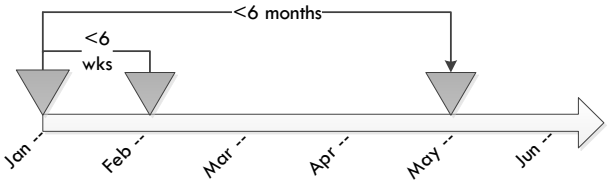
Among your patients who had high connectedness with you (i.e., >80% connectedness), average LOS for the conditions that are best cared for in primary care

Your HN average number of admissions that were due to the conditions that are best cared for in primary care among the patients with low connectedness to their family physicians

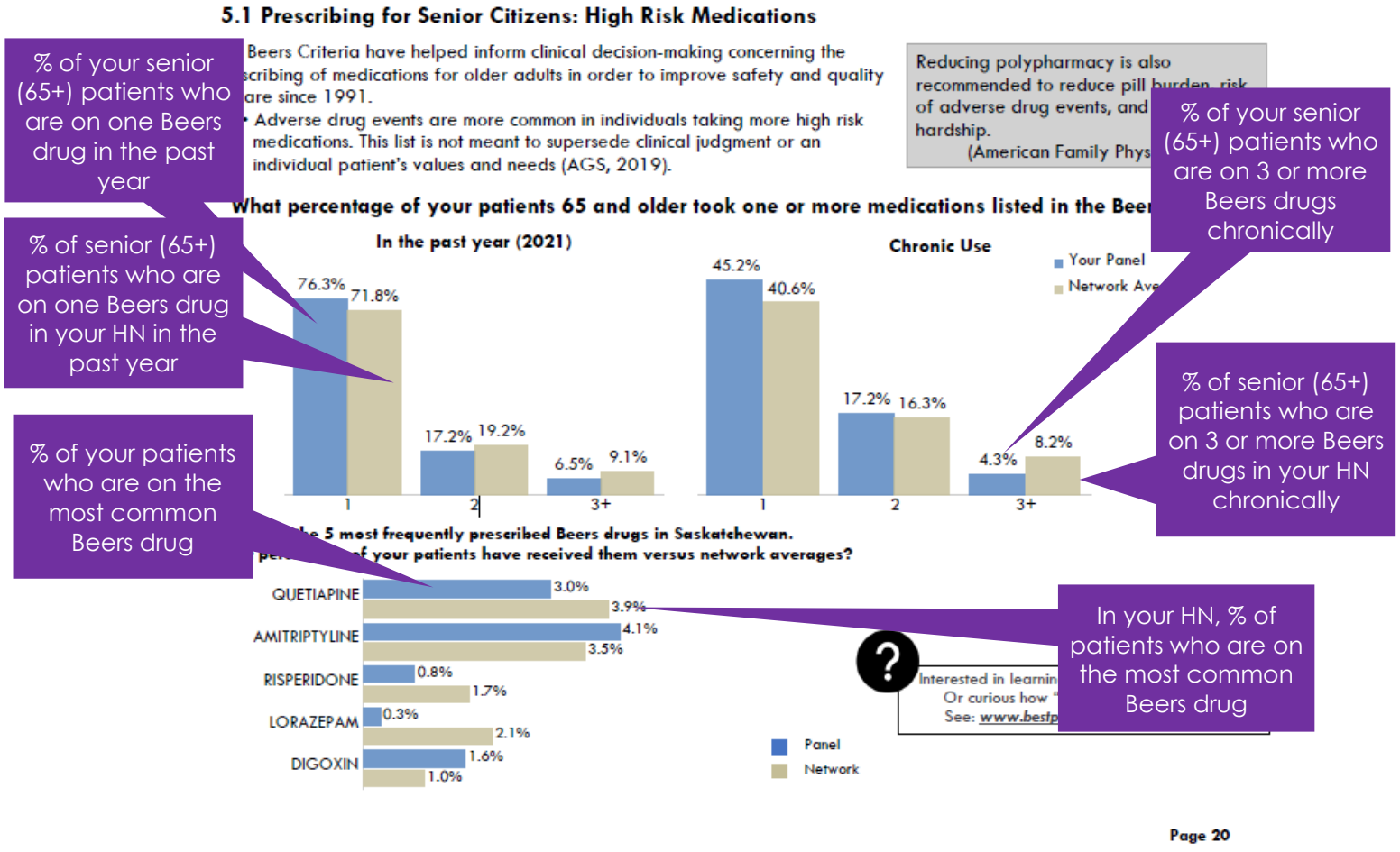
Your network's average LOS for conditions that are best cared for in primary care among the patients with low connectedness to their family physicians

5.1 What percentage of my senior patients (65+) are on one or more medications listed in Beers Criteria?

- Provides information about the dispensation of Beers drugs among your panel patients:
    - The top column chart shows the proportion of your senior patients that were on 1, 2, or 3+ drugs on the Beers list at any point in the past year (2021) as well those using them chronically. Chronic use is defined within this report as at least 2 dispensations of a medication within 6-weeks of each other, and at least 2 dispensations of the drug within 6-months. For example:



    - The bar chart shows the proportion of your panel patients on the top 5 most common Beers list drugs in the province
- Your Health Network (HN) results are provided for comparison



5.2 What percentage of my senior patients (65+) filled prescriptions for anti-psychotic medications?

The column graph provides the proportion of your patients aged 65 years and older who have filled prescriptions for anti-psychotic medications, by year for the past 3 years.

- Your Health Network average rates are provided as a comparator

The table shows, among the patients that had anti-psychotics dispensed to them, the proportion that received those prescriptions from:

- You only
- You and your clinic colleagues (based on your primary practice location)
- You and others
- You and clinic colleagues and others
- Clinic colleagues only
- Clinic colleagues and others
- Others only
    - For example:
        - if Patient A only filled a prescription for anti-psychotic medication once and it had been prescribed by you, Patient A would be counted in the "You only" category.
        - If Patient B filled one prescription for anti-psychotic medication that was written by you and then written from another provider, Patient B would be in the "You and Others" category.

The second column graph shows the number of days in 2021 for which they have received antipsychotic medication (days supplied). An important note is that this is based on data provided by pharmacies and has not yet been validated by the Ministry of Health.

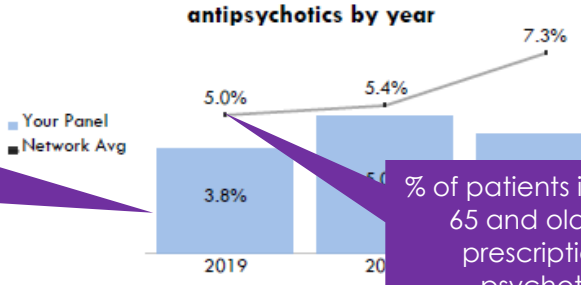
- Your Health Network average rates are provided as a comparator

5.2 Prescribing for Senior Citizens: Antipsychotic Medications

Antipsychotics are commonly prescribed to seniors with dementia who experience behavioural and psychological symptoms, including delusions, aggression, and agitation (CIHI, 2016).

- The American Geriatric Society recommends avoiding their use unless non-pharmacologic options have failed, and patient is a threat to self or others (strong recommendation, moderate quality of evidence).
- Studies have found that antipsychotics may be overused in lo… are associated… mortality in pe…

% of your patients over age 65 receiving antipsychotics by year



% of your patients aged 65 and older who filled prescriptions for anti-psychotics in 2019

% of patients in your HN aged 65 and older who filled prescriptions for anti-psychotics in 2019

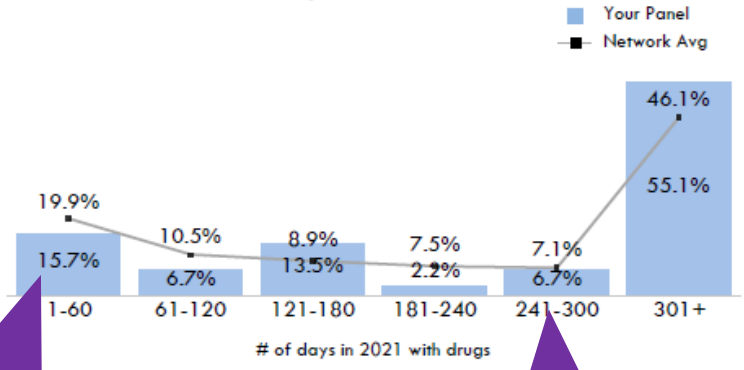
For seniors (age 65+) receiving antipsychotics:

Who prescribed them?
% by prescribing source

You only	0%
You & your clinic colleagues	50%
	15%
…others	0%
	0%
…thers	0%
	35%

Among your patient's aged 65 and older, this % only filled prescriptions for anti-psychotics obtained from you only

% of senior patients by # of days in past year (2021) for which they received medication



Page 21

% of patients in your HN aged 65 and older receiving antipsychotics who received 1-60 days supply of antipsychotics in 2021

% of your patients aged 65 and older receiving antipsychotics who received 241-300 days supply of antipsychotics in 2021

5.3 What percentage of my patients filled prescriptions for opioid medications?

The column graph provides the proportion of your patients who have filled prescriptions for opioid medications, by year for the past 3 years.

- Your Health Network average rates are provided as a comparator

The table shows, among the patients that had opioid dispensed to them, the proportion that received those prescriptions from:

- You only
- You and your clinic colleagues (based on your primary practice location)
- You and others
- You and clinic colleagues and others
- Clinic colleagues only
- Clinic colleagues and others
- Others only
    - For example:
        - if Patient A only filled a prescription for opioid medication once and it had been prescribed by you, Patient A would be counted in the "You only" category.
        - If Patient B filled one prescription for opioid medication that was written by you and then written from another provider, Patient B would be in the "You and Others" category.

The second column graph shows the number of days in 2021 for which they have received opioids (days supplied). An important note is that this is based on data provided by pharmacies and has not yet been validated by the Ministry of Health. There may be uncertainty around the number of days for which opioid prescriptions that are provided via patch may supply.

- Your Health Network average rates are provided as a comparator

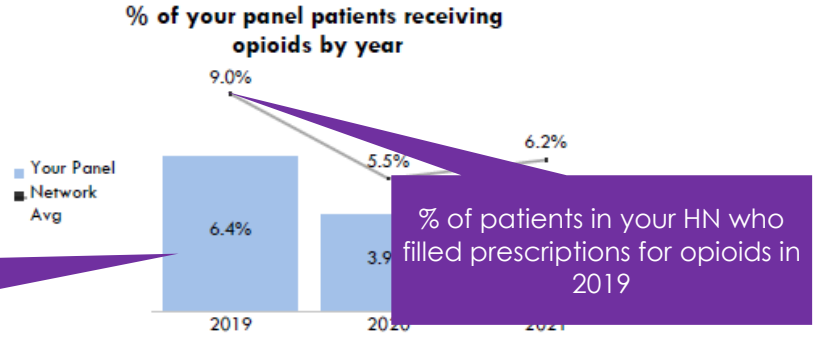
5.3 Prescribing of Opioid Medications

The College of Family Physicians of Canada has published guidelines regarding opioid prescribing:

- **Don't continue opioid analgesia beyond the immediate postoperative period or other episode of acute, severe pain**
- **Don't initiate opioids long-term for chronic pain until there has been a trial of available non-pharmacological treatments and adequate trials of non-opioid medicat**

See recomm
https://port
D/Opioid%

% of your patients who filled prescriptions for opioids in 2019



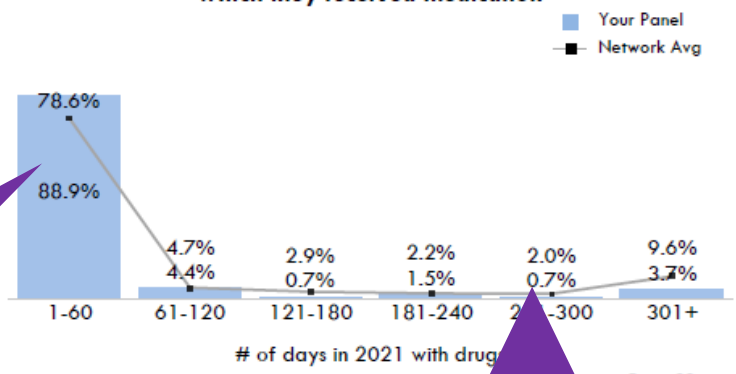
% of patients in your HN who filled prescriptions for opioids in 2019

Among those receiving opioids:

Who prescribed them?
% by prescribing source

You only	6%
You & your clinic colleagues	9%
	1%
gues & others	1%
nly	0%
others	
Others only	82%

Among your patients, this % only filled prescriptions for opioids obtained from you only



Page 22

% of patients receiving opioids in your HN who received 1-60 days supply of opioids in 2021

% of your patients receiving opioids who received 241-300 days supply of opioids in 2021

5.4 What percentage of my patients filled prescriptions for benzodiazepine medications?

The column graph provides the proportion of your patients who have filled prescriptions for benzodiazepine medications, by year for the past 3 years.

- Your Health Network average rates are provided as a comparator

The table shows, among the patients that had benzodiazepine dispensed to them, the proportion that received those prescriptions from:

- You only
- You and your clinic colleagues (based on your primary practice location)
- You and others
- You and clinic colleagues and others
- Clinic colleagues only
- Clinic colleagues and others
- Others only
    - For example:
        - if Patient A only filled a prescription for benzodiazepine medication once and it had been prescribed by you, Patient A would be counted in the "You only" category.
        - If Patient B filled one prescription for benzodiazepine medication that was written by you and then written from another provider, Patient B would be in the "You and Others" category.

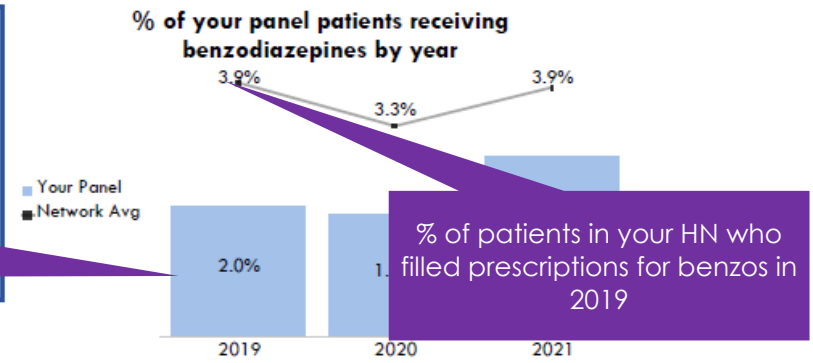
The second column graph shows the number of days in 2021 for which they have received benzodiazepine medication (days supplied). An important note is that this is based on data provided by pharmacies and has not yet been validated by the Ministry of Health.

- Your Health Network average rates are provided as a comparator

5.4 Prescribing of benzodiazepines

Benzodiazepines may be of benefit for some patients experiencing Generalized Anxiety Disorder (GAD). They can reduce both somatic and emotional symptoms of GAD. There is significant concern, however, regarding:

- **dependence and withdrawal (depending on duration of use)**
- **tolerance**
- **impaired psychomotor function and memory**
- **rebound anxiety (after short term use)**
- **increas**
- **use to t**



% of your patients who filled prescriptions for benzos in 2019

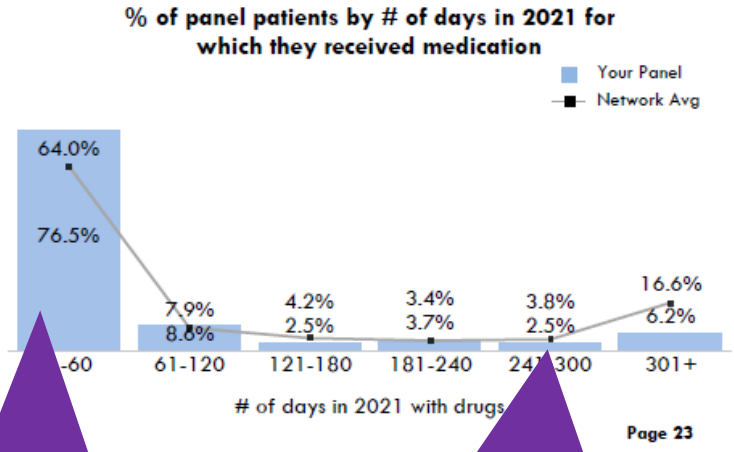
% of patients in your HN who filled prescriptions for benzos in 2019

Among those receiving benzodiazepines:

Who prescribed them?
% by prescribing source

You only	13%
You & your clinic colleagues	11%
You & others	0%
[illegible] others	0%
[illegible]	0%
[illegible] & others	0%
[illegible]	76%

Among your patients, this % only filled prescriptions for benzos obtained from you only



Page 23

% of patients receiving benzodiazepines in your HN who received 1-60 days supply of benzodiazepines in 2021

% of your patients receiving benzodiazepines who received 241-300 days supply of benzodiazepines in 2021

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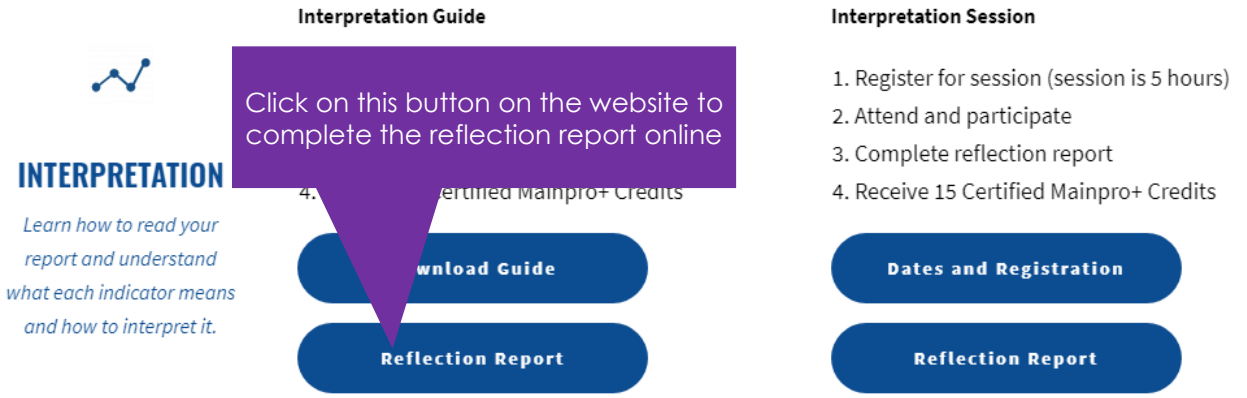

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