# Draft Common PCN Community Evaluation Indicators March 2022

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## Executive Summary – Proposed Indicators for Provincial PCN Evaluation

These indicators are a proposed starting point for the provincial PCN Evaluation discussion on PCN indicators. They are currently informed by multiple participatory meetings with Year 3 (i.e., Wave 1) PCN division executive directors, PCN managers, and evaluation support staff. The primary purpose of this list is to serve as a suggested minimum data set, based on community experience and current local infrastructure, that can be used provincially for PCN evaluation purposes. Contributors to this suggested dataset are guided by the following considerations:

* common measurement across PCNs is essential for evaluation of the initiative as a whole
* a core minimum data set is meant to serve alongside existing local PCN evaluation frameworks, rather than replace them
* a core minimum data set ideally will align with existing community-level work (evaluation frameworks, data collection) in PCNs across BC
* the provincial evaluation design should aim to reduce duplication, make use of limited capacity, align with community-derived measures, and be informed by practical limitations such as the feasibility and capacity for measurement.

The GPSC evaluation team and the participants in the process of developing these draft core indicators recognize that the suggested indicators have limitations but were identified as indicators that could be applied relatively readily. For subsequent years of PCN evaluation, contributors to this draft data set recommend that improved measures & indicators should be established in consultation with all major PCN stakeholders. PCN Communities have provided feedback on ideal future measures that will enable holistic evaluation of PCN. These future indicators are covered in *Appendix B - Detailed List of Proposed Areas, Questions, and Indicators (Future-state);* further discussion and exploration would be needed to understand the feasibility and appropriateness of the suggested future indicators.

For more detail on how we arrived at the indicator areas, please consult *Appendix A - Process for Developing Indicator Areas.*

#### Primary and Supplemental Indicators

We are proposing that the primary indicators are those which all PCN communities will collect, and the supplemental indicators are optional. PCNs may wish to collect and report the supplemental indicators at their discretion, to tell a richer story about PCN outcomes and processes.

#### Source of Data Collection

Please note that in the indicator areas listed below, data that are collected by local PCN communities are denoted with the colour (). This refers to any information that PCN Communities would be responsible for collecting and orchestrating for reporting purposes, even if some tools may be owned and operated by third parties. Data that are collected and would be provided by the Ministry of Health are denoted with the colour ():

|  |  |
| --- | --- |
| PCN Community-Provided Data |  |
| Ministry of Health-Provided Data |  |

### Attachment

|  |  |
| --- | --- |
| Definition: | Measure of patient attachment to a Most Responsible Provider (MRP) of care. |
| Questions: | How many patients have been attached within the geographic boundaries of the PCN? |
| Indicators: | Primary:  Ministry of Health Attachment Algorithm (Net Attachment) |
| Supplemental:  $0 Fee Code (Gross) – Aggregate for PCN  Qualitative Data on attachment trends, successes, & challenges |

### Team Functioning

|  |  |
| --- | --- |
| Definition: | Measures of the functioning of team-based care related to the [National Interprofessional Competency Framework](http://ipcontherun.ca/wp-content/uploads/2014/06/National-Framework.pdf). |
| Questions: | What is the experience of Team-Based Care among PCN clinical team members? (e.g. interprofessional collaboration (trust, mutual respect, availability, open communication and attentive listening))  How has access to the PCN team members supported providers?  What is the impact of TBC on provider well-being? |
| Indicators: | **Primary**: (Providers: PCN-funded clinicians and participating family physicians & nurse practitioners)  #/% of providers reporting team standard practices for documentation, communication, and/or patient handoffs  #/% of providers reporting existence of team member profiles for scope/skills/responsibilities  #/% of providers reporting the use of team meetings with agendas, minutes, and action items  #/% of providers reporting awareness and use of conflict resolution strategies/guidelines  #/% of providers reporting a safe environment in which to express diverse opinions |
| **Supplemental:**  Qualitative Data on TBC implementation successes & challenges |

### Coordination of Care

|  |  |
| --- | --- |
| Definition: | Measures related to the coordination of patient care within PCN teams (participating FP/NPs and PCN-funded AHPs/clinicians). |
| Questions: | What is the provider and patient experience of care coordination? |
| Indicators: | **Primary**:  #/% of providers reporting high satisfaction with ease of patient care coordination within the PCN  #/% of patients reporting high perception of care coordination (to new AHPs/clinicians or all to services for PCN patients) |
| **Supplemental:**  Community narrative data on referral trends of note, challenges, and successful processes |

### Cultural Safety

|  |  |
| --- | --- |
| Definition: | Measures related to cultural safety & humility both as a process (competency, hiring, and training) and as an outcome (state perceived by patients and providers). |
| Questions: | What structures and processes are in place to ensure providers are trained to provide culturally safe care?  How many members of the PCN team are hired to provide care to Indigenous patients, or, to apply an Indigenous/traditional lens for the PCN?  To what extent are those structures and processes effective?  To what extent have we achieved and are we continually maintaining an environment where patients and providers feel culturally safe in their care? |
| Indicators: | **Primary**:   |  |  |  | | --- | --- | --- | | **Structures/Processes**  # roles on PCN team/governance structures with Indigenous advocacy focus in clinical/ administrative /governance structures and teams  # Indigenous partners present at governance/collaborative PCN tables  #/% providers in PCN receiving cultural safety training (e.g. San'yas Indigenous Cultural Safety Training) | **Effectiveness**  #/% providers reporting they have the training, tools and ability to practice cultural humility and provide culturally safe and appropriate care (readiness)  #/% PCN team members/Indigenous representatives reporting they feel engagement at PCN tables/teams is effective and they feel safe and respected within those structures | **Patient-Reported Cultural Safety**  #/% of patients who report their care is culturally safe  #/% patients who feel respected, listened to, have enough time in visit  Qualitative feedback from patients on CS&H | |
| **Supplemental:**  Qualitative data:  PCN team & provider surveys/interviews on how/whether they integrate CSH into practice, barriers to implementation, success stories  Community narrative data on presence (or reasons for lack of presence) of Indigenous partners at collaborative tables |

### Governance / Enabling Structures

|  |  |
| --- | --- |
| Definition: | Measures related to the existence, functioning, and stakeholder perception of structures and activities that support shared governance of PCN (e.g. PCN Steering Committees). |
| Questions: | What structures & processes are in place to support PCN implementation?  Are those structures & processes perceived to be working well by their stakeholders? |
| Indicators: | **Primary**:  (Y/N, list of each – full list of in-scope structures to be developed) Existence & description of governance structures (e.g. PCN SCs, etc. (participants, function, documentation, # of meetings))  (Y/N, list of each - full list of in-scope structures to be developed) Existence & description of enabling structures (e.g. Communities of Practice, Knowledge Exchange calls, local-level and/or regional evaluation working groups, learning labs, etc.)  #/% of PCN Steering Committee stakeholders reporting high satisfaction with participation in PCN governance structures  #/% of PCN Steering Committee stakeholders reporting high strength of relationships with PCN partners |
| **Supplemental:**  Qualitative Data on PCN governance, partnerships – successes. challenges, and unintended outcomes |

### Access (Extended Hours)

|  |  |
| --- | --- |
| Definition: | Measures of access related to care provided outside of typical work hours (i.e., care provided at any point between 6pm and 8am or on weekends/holidays). |
| Questions: | What extended/after-hours coverage is available within the PCN? |
| Indicators: | **Primary**:  / Quarterly Reporting Requirements (may be aggregated by MOH from quarterly submissions):  # of Clinics/Facilities  # of Clinics/Facilities with Extended Hours  # of Appointments Available in Extended Hours |
| **Supplemental:**  #/% providers reporting ability to provide weekend/weekday evening/early morning appointments |

### Access (Urgent and Routine)

|  |  |
| --- | --- |
| Definition: | Measures of patient access to primary care appointments during regular hours. |
| Questions: | How accessible is primary care for patients in the PCN? |
| Indicators: | **Primary**:  Time to third next available appointment (aligned with optional quarterly reporting requirements – more standardization and instruction will be needed for measure to generate useful data) |
| **Supplemental:**  % of appts within the following time frames (same day, next day, 2-7 days, 8-14 days, 15-31 days, 31+ days)  #/% of patients who report high satisfaction with ability to access urgently-needed care |

### Virtual Care

|  |  |
| --- | --- |
| Definition: | Measures related to the provision of virtual care, and tools associated with virtual care delivery within the PCN. |
| Questions: | How accessible is virtual primary care for patients in the PCN? |
| Indicators: | **Primary**:  % of in-person visits, % of telehealth visits (MSP Data linked to provider participation in PCN)  % of providers providing access through different modalities (in-person, telephone, video)  % of patients reporting accessing virtual care  % of patients reporting high satisfaction with virtual care options |
| **Supplemental:**  Qualitative: provider and patient stories/experiences about providing & accessing virtual care |

#### Overarching Feedback

The following concerns were raised by Wave 1 PCN Communities. We cannot directly incorporate them into our suggested list of indicators, as some are high-level questions about the scope and nature of the evaluation. The GPSC evaluation team will raise these concerns with the Primary Care Quality team at the Ministry of Health, which is leading the Provincial PCN Evaluation work.

* Attribution/Scope of Evaluation:
  + Communities feel it is unfair to measure (or be measured on) work that is not directly funded through PCN (e.g. some communities were not funded for extended hours access beyond the UPCC, or indigenous health care and cultural safety work. Some feel virtual care is not in scope for PCN.).
  + There are concerns that measuring non-PCN work might entail taking credit for work delivered outside of the scope of PCN-funded activities, and/or attributing negative trends or unrealized targets to a failure of PCN work.
  + There are also broad concerns that indicators that only operate at the level of PCN geography, but lack a comparator or control (e.g. PCN AHPs vs. non-PCN AHPs) will not be measuring the program outcomes of interest, and may not tell an accurate story of the program.
* Resourcing Measurement and Evaluation
  + Several communities are concerned about the sustainability of appropriate QI/Evaluation support, given the change management fund will run out in the next fiscal for Wave 1 PCNs.
  + One community stressed the importance of leveraging existing data collection work for PCN Period and Quarterly reporting for evaluation purposes, given that they draw on the same ground-level capacity and ideally should feed into another.
* Potential Conflict between MOH and Community Indicators
  + Communities stressed the need for a clear process to reconcile or resolve any conflict or discrepancy between community indicators and Ministry indicators.
* Need for Timeliness of MOH-provided Indicators
  + For those data where MOH is primary source of data (e.g. Attachment Algorithm), Wave 1s felt it is fair to expect timely, regular provision of data/reports to PCN communities directly so it may be used in real-time for their local-level evaluation work.
* Clarity on Tool Use / Indicator Collection
  + Communities asked for clarity on tools for use in PCN evaluation, namely whether MOH would prefer:
    - Standard tools across all PCN communities, or,
    - Standard questions to be used in locally-developed tools.
  + Some communities also asked for clear instructions on:
    - Frequency of data collection
    - Sampling approaches (if infeasible to collect from all PCN clinics)
    - Standard methodology/definitions (e.g. Third Next Available Appointment – clear instructions for inclusion/exclusion criteria, steps to ensure comparability of data pulls across EMRs, etc.)
    - The number of indicators where qualitative data are expected from patient/provider surveys – too many qualitative questions creates significant survey fatigue for both groups.
  + This draft indicator document does not propose specific tools for data collection, but several communities requested this level of guidance. Several tools have been identified that are currently in use across several PCNs, creating some challenges to standardization.

## Appendix A – Process for Developing Indicator Areas

The following PCN communities provided a copy of their evaluation framework, a period report, or both, for use in this analysis.

* Kootenay Boundary
* Ridge Meadows
* Comox Valley
* Fraser Northwest
* Richmond
* Vancouver
* South Okanagan Similkameen
* Cowichan
* Oceanside
* Central Okanagan
* North Shore

### Methods and Limitations

Each PCN community designed their evaluation framework with different approaches – organized by domains of measurement (such as the IHI Quadruple Aim, the 12 Attributes of the Patient Medical Home, and the PCN Attributes, among others), work stream/strategy, or evaluation questions and sub questions. Some communities adopted a hybrid approach. As each PCN community approached their evaluation frameworks in different ways, the consolidation of macro-level domains across communities was not possible.

Instead, this analysis collected all *proposed or available indicators from the above 11 PCN Communities* and conducted a thematic grouping from that large list. Note that it was not possible in many cases to distinguish between proposed (i.e., not yet implemented) indicators and currently available indicators. The thematic groupings are presented below as “**Indicator Areas**.” The list of excluded areas can be found at the end of this document.

### Explanation of Consolidated Indicator Areas

| Indicator Area | Description of Indicator Area |
| --- | --- |
| Attachment | Measures related to patient attachment. |
| Team Functioning | Measures related to provider and team experience, work satisfaction, use of skills/scope of practice, and collaboration across the team. |
| Coordination of Care | Measures related to the coordination of patient care between community-based primary care services, specialist services, health authority (HA) programs, and community programs. |
| Cultural Safety | Measures related to cultural safety & humility both as a process (competency, hiring, and training) and as an outcome (state perceived by patients and providers). |
| Governance / Enabling Structures | Measures related to the existence, functioning, and stakeholder perception of structures and activities that support shared governance of PCN (e.g. PCN Steering Committees). |
| Access (Extended Hours) | Measures of access related to care provided outside of typical work hours (i.e., care provided between 6pm and 8am). |
| Access (Urgent and Routine) | Measures of patient access to primary care appointments during regular hours. |
| Virtual Care | Measures related to the provision of virtual care, and tools associated with virtual care delivery. |

## Appendix B – Detailed List of Proposed Areas, Questions, and Indicators (Future-state)

|  |  |  |
| --- | --- | --- |
| Indicator Area | WHAT LATER  WHAT are we measuring?  i.e. how to define the concept; challenges & debates | HOW LATER  Examples or options of good ways to answer the questions in WHAT LATER.  Some communities measure or plan to measure these; may not be widely accessible to all. |
| Attachment | **LATER**   * **How many patients have been attached *by the PCN? (i.e. attributable to new PCN resources, and/or demarcated by participating PCN providers)*** * **What are the trends of attachment and detachment (I.e., net attachment) within the PCN, and what factors have influenced those trends?** | * **Healthconnect Registry/other Patient Attachment Mechanisms**   + # of patients awaiting attachment   + # of patients moved off attachment waitlist |
| Team Functioning / Provider Experience | **LATER**   * **What are the group/team processes in PCNs that enable effective interprofessional collaboration, role clarity, interprofessional communication, patient engagement, collaborative leadership, and conflict resolution?** * **What are provider experiences of the above processes (FP/NP, RN, AHPs) & what is their impact on provider well-being?** * **\* *note that the outcomes of TBC are reflected in other indicator areas (care integration/coordination, access, attachment, etc.)*** | **Examples (used in PCNs) – adding indicators to expand initial list (burnout, wellbeing, impact to provider capacity, wellbeing and quality of care)**   * **#/% providers who report information that is important for the clinic team is openly shared with all clinic team members** * **#/% clinic team members who report participating in making decisions about the work of the team** * **#/% providers reporting that Interprofessional collaboration is increasing their satisfaction at work** |
| Coordination of Care | **LATER**   * **How coordinated is patient care?** | * + - * **Explore objective metrics from patient visit data to track coordination of care**       * **Explore possibility of aggregating/anonymizing referral heat map data** |
| Cultural Safety | **LATER**   * **What processes are in place to ensure providers are trained *and feel prepared* to provide culturally safe care? (TRC Call to Action #24)** * **Have we achieved and are we continually maintaining an environment where patients and providers feel culturally safe in their care? (TRC Call to Action #19)** * **How effective are PCN providers and structures at providing and enabling culturally safe care?** | * + - * **PMH Assessment**   + #/% providers offering culturally safe and appropriate care, use of CSH materials (PMH Ax, self-report, in PCN CHSAs)     - * **Visit data (source unknown)**   + # of services provided by traditional healers and/or Elders     - * **Provider Survey Data (based on Interior Health Provider/Patient surveys)**   + #/% patients who feel respected, listened to, enough time in visit, etc.   + #/% providers reporting they have the training, tools and ability to practice cultural humility and provide culturally safe and appropriate care     - * **FNHA Community Consultation priorities**   + Existence of Independent complaint / ombudsperson process   + Patient-centred measurements of culturally safe care (PC-M-survey)   + Patient experience with culturally safe care |
| Governance / Enabling Structures | **LATER**   * **Continuation of evaluating roles/representation, effectiveness and satisfaction of partnership tables** | * **(TCI-14 / PSI-7 / Interview data?) - Perception of stakeholders of participation in governance/enabling structures**   + Effectiveness of engagement   + Satisfaction with level of engagement   + Cultural appropriateness and meaningfulness of engagement   + Barriers to engagement   + Satisfaction with partnerships formed   + Appropriate representation from all stakeholder groups * **Partnership/Change Management Metrics** (TCAM-lite?) * Survey data of decision-makers * Surveying clinicians, AHPs, FPs/NPs on satisfaction with PCN * Surveying PCN administration team on satisfaction with PCN program implementation |
| Access (Extended /After-Hours) | **LATER**   * **To what extent can patients access extended/after-hours care within the PCN (or via PCN resources)?** * **How are practices networking to provide extended/after-hours care?** * **To what extent are patients accessing extended/after-hours care?** | * **PMH Assessment Data**   + # providers networking to provide extended care * **Patient Visit Data (EMR data)**   + #/% Patients accessing primary care outside of regular hours * Patient Experience Survey Data   + Are you accessing extended hours / how important are extended hours to you? |
| Access (Urgent and routine) | **LATER**   * What is the patient experience of accessing primary care (both urgent and routine) within the PCN? * What is the provider experience of providing primary care within the PCN? * **How many patients are *able to* access same-day/urgent primary care within the PCN?** | **Patient Survey/Interview data**   * #/% patients reporting being able to access a provider when they need to * Qual: patient stories/experiences accessing care |
| Virtual Care | **LATER**   * **What is the patient experience of accessing virtual primary care (phone, video, or text) within the PCN?** * **What is the provider experience of providing virtual primary care (phone, video, or text) within the PCN?** * **How many patients are *able to* access virtual primary care (phone, video, or text) within the PCN, and how many patients are accessing it?** * **What proportion of primary care visits within the PCN are provided virtually?** | * **#/% patient visits by type (virtual – text, phone, in-person), by CHSA/participating PCN clinics** * **# of providers/clinics in PCN offering virtual care** * **Qual: description of PCN avenues through which patients can seek virtual advice** * **MSP billed visits by type (telehealth vs. in-person)** |

## Appendix C - List of Indicator Areas Excluded from this Analysis

The following indicator areas have been excluded from our prioritization exercise for the following reasons:

* Some areas (hiring, participation) pertain to implementation reporting and are already captured in regular PCN period reports; and,
* Several areas (health outcomes, system utilization, relational continuity) pertain to longer-term outcomes from PCN that may not be appropriate to measure at this stage in implementation or are not widely measured by PCN communities at this time.

|  |  |
| --- | --- |
| Indicator Area | Description of Indicator Area |
| PCN Participation | Measures related to the active number of clinics and providers participating in a PCN. |
| Health outcomes / Preventative Care / Proactive Care\* (\*not yet implemented in any community) | Measures related to the impact of PCN on population health, preventive care activities, and proactive patient care. |
| Hiring / Onboarding / Retention | Measures related to the recruitment, onboarding, and retention of new PCN primary care providers and team members (FP/NPs, RNs, SWs, Pharmacists, PTs, etc.). |
| System Utilization | Measures related to patient utilization of the health system (e.g., hospitalization & emergency department use, total patient visits). |
| Relational Continuity | Measures related to longitudinal care with a usual provider (FP/NP). |
| Comprehensive Care | Measures related to the provision of comprehensive services in a PCN. |