Manitoba Primary Care Quality Indicators Guide

Version 4.0

Introduction

The purpose of this document is to describe the Primary Care Quality Indicators that Manitoba Health, Seniors and Active Living has adopted for measuring quality processes in primary care and it identifies the data required to calculate each of the indicators, including the numerator and denominator. This document is applicable to sites using a Manitoba certified EMR, and is used to determine the clinical indicator data to be included in Manitoba's Primary Care Data Extract (PCDE). To learn more about Manitoba's Primary Care Data Extract (PCDE), please contact EMRInfo@gov.mb.ca.

Primary Care Quality Indicators

The Canadian Institute of Health Information (CIHI) 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 and a few additional indicators were chosen to measure quality of care provided at primary care sites in Manitoba. These indicators are organized into the following categories:

- Prevention
- Diabetes Management
- Asthma Management
- Congestive Heart Failure Management
- Hypertension Management
- Coronary Artery Disease Management
- Osteoporosis Management
- Chronic Obstructive Pulmonary Disease Management
- Mental Health and Addiction Management

Enrolled Patient means a patient enrolled to a Home Clinic in Manitoba:

Enrolment is defined as the process by which a patient agrees to be registered to the Home Clinic as their main provider of primary health care and the Home Clinic agrees to provide comprehensive, continuous primary care and to coordinate with other providers. When a patient is enrolled with a Home Clinic, a main Primary Care Provider (MRP) can be linked to the enrolled patient. A patient can only be enrolled to one Home Clinic and can have only one MRP at any point in time. However, this does not preclude patients from seeking episodic care elsewhere when required.

Enrolment is not intended for patients seeking only episodic care provided by a clinic or a provider, and is therefore reserved for the Home Clinic and family physician, general practitioner or nurse practitioner who is the one MRP for a patient.

For more information about Patient enrolment and Home Clinics please refer to the links below:

https://www.gov.mb.ca/health/primarycare/providers/homeclinics.html

https://sharedhealthmb.ca/health-providers/digital-health/home-clinics/faq

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[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

The following sections describe each of the indicators in their respective categories.

Prevention

2.01	Cervical Cancer Screening
Numerator	Female enrolled patients 21 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) and (21<= enrolled patient age <=69) and (Gender = F) and (PAP Exemption = false))
Denominator	Female enrolled patients 21 to 69 years of age without PAP exemptions Count if (21<= enrolled patient age <=69) and (Gender = F) and (PAP Exemption = false)
Result	Percentage of female enrolled patients 21 to 69 years of age without PAP exemptions who have had a PAP test in the past 36 months
CIHI	Derived from indicator # 50

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

2.03	Breast Cancer Screening
Numerator	Female enrolled patients 50 to 74 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) and (50<= enrolled patient age <=74) and (Gender = F) and (Mammography Exemption = false))
Denominator	Female enrolled patients 50 to 74 years of age without mammography exemptions Count if (50<= enrolled patient age <=74) and (Gender = F) and (Mammography Exemption = false)
Result	Percentage of female enrolled patients 50 to 74 years of age without mammography exemptions who have had a mammography test within the past 24 months

CIHI	Derived from indicator # 49

Prevention

2.04	Dyslipidemia Screening for Women
Numerator	Female enrolled patients 50 to 69 years of age who have had a lipid test in the past 60 months Count if ((extract date - last full fasting lipid test <=60 months) or (extract date – last lipid test<=60 months) and (50<= enrolled patient age <=69) and (Gender = F))
Denominator	Female enrolled patients 50 to 69 years of age and no Statins prescribed in the last 12 months Count if (50<= enrolled patient age <=69) and (Gender = F) and no Statins prescribed in the last 12 months
Result	Percentage of female enrolled patients 50 to 69 years of age and not on Statins who have had a lipid screening in the past 60 months
CIHI	Derived from indicator # 52

2.05	Dyslipidemia Screening for Men
Numerator	Male enrolled patients 40 to 69 years of age who have had a lipid test in the past 60 months Count if ((extract date - last full fasting lipid test <=60 months) or (extract date – last lipid test<=60 months) and (40<= enrolled patient age <=69) and (Gender = M))
Denominator	Male enrolled patients 40 to 69 years of age and no Statins prescribed in the last 12 months Count if (40<= enrolled patient age <=69) and (Gender = M) and no Statins prescribed in the last 12 months
Result	Percentage of male enrolled patients 40 to 69 years of age and not on Statins who had a lipid screening in the past 60 months
CIHI	Derived from indicator # 53

2.06	Diabetes Screening
Numerator	Enrolled patients 40 to 74 years of age without diabetes who have had a fasting blood sugar or A1C test in the past 36 months Count if (((extract date - last fasting blood sugar test <=36 months) or (extract date - last of your last A1c Screening <=36 months)) and (40<= enrolled patient age <=74) and (Diabetes Mellitus in problem list = false))
Denominator	Enrolled patients 40 to 74 years of age without diabetes Count if ((40<= enrolled patient age <=74) and (Diabetes Mellitus in problem list = false))

Result	Percentage of enrolled 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

Prevention

2.07	MMR Immunization
Numerator	Enrolled patients seven years of age who have had the Measles, Mumps, and Rubella (MMR) immunization or whose parents or guardians have been counselled on the recommended childhood immunizations Count if ((extract date – last Childhood Immunization Counseling <= 7 years) or (extract date – last MMR immunization <= 7 years) and (Age = 7))
Denominator	Enrolled patients seven years of age Count if (Age =7)
Result	Percentage of enrolled patients seven years of age who have had the MMR immunization by age seven or whose parents or guardians have been counselled on the recommended childhood immunizations
CIHI	Derived from indicator # 44

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

2.09	Pneumococcal Immunization 65 – 70
Numerator	Enrolled patients 65 to 70 years of age who were not immunized prior to age 65, who have been counselled in the last 12 months or who have received the pneumococcal immunization at age 65 or older Count if (65 <= enrolled patient age <=70) and (Pneumococcal immunization < 65 years of age = false) and ((Pneumococcal immunization counsel <=12 months ago) or (Date of pneumococcal immunization – Date of birth >= 65 years of age))
Denominator	Enrolled patients 65 to 70 years of age who have not previously had the immunization Count if (65 <= enrolled patient age <=70) and (Pneumococcal immunization < 65 years of age = false)

Result	Percentage of enrolled patients 65 to 70 years of age who have not previously had the pneumococcal immunization that have been counselled in the last 12 months or who have received the pneumococcal immunization at age 65 or older
CIHI	Derived from indicator # 42

Prevention

2.11	**Blood Pressure Measurement**
Numerator	Enrolled 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) and (enrolled patient age >=18))
Denominator	Enrolled patients 18 years of age and over Count if (enrolled patient age >=18)
Result	Percentage of enrolled 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	Enrolled patients 12 years of age and over who have been given physical activity advice in the past 24 months Count if (extract date - last weight/exercise activity advice given <=24 months) and (enrolled patient age >=12))
Denominator	Enrolled patients 12 years of age and over Count if (enrolled patient age >=12)
Result	Percentage of enrolled patients 12 years of age and over who have been given physical activity advice in the past 24 months
CIHI	Derived from indicator # 17

2.13	**Smoking Cessation Counseling**
Numerator	Enrolled patients 12 years of age and over who are current smokers and have been given smoking cessation counseling in the past 24 months Count if ((Smoking Status = 1))) and (extract date - last smoking cessation counseling given <=24 months) and ((enrolled patient age >=12))
Denominator	Enrolled patients 12 years of age and over who are smokers Count if ((Smoking Status = 1) and ((enrolled patient age >=12)
Result	Percentage of enrolled patients 12 years of age and over who are current smokers and have been given smoking cessation counseling in the past 24 months
CIHI	Derived from indicator # 14

Prevention

2.14	Obesity/Overweight Screening
Numerator	Enrolled 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) and (enrolled patient age >= 12))
Denominator	Enrolled patients 12 years of age and over Count if (enrolled patient age >= 12)
Result	Percentage of enrolled patients 12 years of age and over who have received an obesity/overweight screening in the past 24 months
CIHI	Derived from indicator # 13

2.15	Chronic Obstructive Pulmonary Disease at Risk Screening
Numerator	Enrolled patients 40 years of age or older without COPD who are current or former smokers and have been screened for symptoms consistent with COPD in the past 24 months Count if (((Smoking status = 1) or (Smoking status = 2)) and (CTS questions <> blank) and (extract date – COPD at risk screening date <=24 months) and (enrolled patient age >=40) and (COPD Diagnosis <> 1))
Denominator	Enrolled patients 40 years of age or older without COPD who are current or former smokers Count if (((Smoking status = 1) or (Smoking status = 2)) and (enrolled patient age >=40) and (COPD Diagnosis <> 1))
Result	Percentage of enrolled patients 40 years of age and over without COPD who are current or former smokers and have been screened for symptoms consistent with COPD in the past 24 months
CIHI	Not applicable

Prevention

	2.16 Chronic Obstructive Pulmonary Disease Screening Using Spirometry

Numerator	Enrolled patients 40 years of age or older without COPD who meet the following criteria:
	    1. Have not been diagnosed with COPD but are current or former smokers and have answered "yes" to one or more of the CTS Questionnaire and have received a spirometry test in the last 24 months.
	
	    Count if (enrolled patient age >= 40)
	    and ((Smoking Status = 1) or (Smoking Status = 2))
	    and (COPD Diagnosis <>1)
	    and (CTS Questionnaire results >0)))
	    and (extract date – date of last spirometry <= 24 months)

Denominator	Enrolled patients 40 years of age or older without COPD who meet the following criteria:
	    1. Have not been diagnosed with COPD but are current or former smokers and have answered "yes" to one or more of the CTS Questionnaire.
	
	    Count if (enrolled patient age >= 40)
	    and (((Smoking Status = 1) or (Smoking Status = 2))
	    and(COPD Diagnosis <>1)
	    and(CTS Questionnaire results >0)))

Result	Enrolled patients 40 years of age or older who meet the following criteria: Have not been diagnosed with COPD but are current or former smokers and have answered "yes" to one or more of the CTS Questionnaire and have received a spirometry test in the last 24 months.
CIHI	Not applicable

Diabetes Management

	3.01 A1c

Numerator	Enrolled patients with diabetes who have had the A1c test in the past 6 months
	
	    Count if ((Diabetes Mellitus in problem list = true)
	    and (extract date - last A1c test <= 6 months)

Denominator	Enrolled patients with diabetes Count if ((Diabetes Mellitus in problem list = true)
Result	Percentage of enrolled patients with diabetes who have had the A1c test in the past 6 months
CIHI	Derived from indicator # 57

Diabetes Management

3.02	Nephropathy Screening
Numerator	Enrolled patients 12 to 74 years of age with diabetes who have had nephropathy screening in the past 12 months Count if ((Diabetes Mellitus in problem list = true) and (12<= enrolled patient age <=74) and (extract date - last Nephropathy test <=12 months) or (Documented Nephropathy = true))
Denominator	Enrolled patients 12 to 74 years of age with diabetes Count if ((Diabetes Mellitus in problem list = true) and (12<= enrolled patient age <=74))
Result	Percentage of enrolled patients 12 to 74 years of age with diabetes who have had nephropathy screening in the past 12 months
CIHI	Derived from indicator # 57

3.03	Fundoscopic Exams
Numerator	Enrolled 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) and (extract date - last fundoscopic exam <=12 months) or (extract date - last fundoscopic exam referral <=12 months) and (enrolled patient age >= 15))
Denominator	Enrolled patients 15 years of age and over with diabetes Count if ((Diabetes Mellitus in problem list = true) and (enrolled patient age >=15)
Result	Percentage of enrolled 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	Enrolled patients with diabetes who have had a foot exam in the past 12 months Count if ((Diabetes Mellitus in problem list = true) and ((extract date - last foot exam <= 12 months)
Denominator	Enrolled patients with diabetes Count if ((Diabetes Mellitus in problem list = true)
Result	Percentage of enrolled patients with diabetes who have had a foot exam in the past 12 months
CIHI	Not applicable

Diabetes Management

3.05	**Lipid Profile Screening**
Numerator	Enrolled patients 74 years of age or under with diabetes who have had a lipid test in the past 60 months Count if ((Diabetes Mellitus in problem list = true) and ((extract date - last full fasting lipid test <=60 months) or (extract date – last lipid test<=60 months)) and (enrolled patient age <=74))
Denominator	Enrolled patients 74 years of age or under with diabetes and no Statins prescribed in the last 12 months Count if ((Diabetes Mellitus in problem list = true) and (enrolled patient age <=74) and no Statins prescribed in the last 12 months
Result	Percentage of enrolled patients 74 years of age or under with diabetes and not on Statins who have had a lipid screening in the past 60 months
CIHI	Derived from indicator # 57

3.06	**Blood Pressure Measurement**
Numerator	Enrolled patients with diabetes who have had a blood pressure measurement taken in the past 12 months Count if ((Diabetes Mellitus in problem list = true) and (extract date - last blood pressure measurement <=12 months))
Denominator	Enrolled patients with diabetes Count if ((Diabetes Mellitus in problem list = true))
Result	Percentage of enrolled patients 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	Enrolled patients with diabetes who have received an obesity/overweight screening in the past 12 months Count if ((Diabetes Mellitus in problem list = true) and (extract date - last obesity screening <=12 months))
Denominator	Enrolled patients with diabetes Count if ((Diabetes Mellitus in problem list = true))
Result	Percentage of enrolled patients with diabetes who have received an obesity/overweight screening in the past 12 months
CIHI	Derived from indicator # 57

Asthma Management

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

Congestive Heart Failure Management

	5.02 Obesity/Overweight Screening
Numerator	Enrolled 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) and (extract date - last obesity screening <= 12 months) and (enrolled patient age >=18))
Denominator	Enrolled patients 18 years of age and over with congestive heart failure Count if ((Congestive Heart Failure in problem list = true) and (enrolled patient age >=18)
Result	Percentage of enrolled 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

Congestive Heart Failure Management

<table>
<tr><td colspan="2" align="center">5.03   ACE Inhibitor</td></tr>
<tr><td>Numerator</td><td>Enrolled patients 18 years of age and over with congestive heart failure who have been using ACE inhibitors or ARB in the last 12 months or have been reviewed for exemptions from using ACE Inhibitors / ARB (LVEF=>40% and/or any other) in the last 12 months
  Count if ((Congestive Heart Failure in problem list = true) and (enrolled patient age >=18)
  and (extract date – date of last ACE inhibitor or ARB prescription <= 12 months
  or (extract date – date of last exemption from ACE Inhibitor/ARB {LVEF=>40% and/or any other} <= 12 months))</td></tr>
<tr><td>Denominator</td><td>Enrolled patients 18 years of age and over with congestive heart failure
  Count if ((Congestive Heart Failure in problem list = true)
  and (enrolled patient age >=18))</td></tr>
<tr><td>Result</td><td>Percent of enrolled patients 18 years of age and over with congestive heart failure who have been reviewed for exemptions from using ACE Inhibitors / ARB (LVEF=>40% and/or any other) or who are prescribed ACE inhibitors or ARB in the last 12 months</td></tr>
<tr><td>CIHI</td><td>Derived from indicator # 60</td></tr>
</table>

<table>
<tr><td colspan="2" align="center">5.04   Lipid Profile Screening</td></tr>
<tr><td>Numerator</td><td>Enrolled patients 18 to 74 years of age with congestive heart failure who have had a lipid test in the past 60 months

  Count if ((Congestive Heart Failure in problem list = true)
  and (extract date - last full fasting lipid test <=60 months) or (extract date – last lipid test<=60 months) and (18<=enrolled patient age<=74))</td></tr>
<tr><td>Denominator</td><td>Enrolled patients 18 to 74 years of age with congestive heart failure and no Statins prescribed in the last 12 months

  Count if ((Congestive Heart Failure in problem list = true)
  and (18<= enrolled patient age <=74) and no Statins prescribed in the last 12 months</td></tr>
<tr><td>Result</td><td>Percentage of enrolled patients 18 to 74 years of age with congestive heart failure and not on Statins who had a lipid screening in the past 60 months</td></tr>
<tr><td>CIHI</td><td>Derived from indicator # 55</td></tr>
</table>

Congestive Heart Failure Management

	5.05 Blood Pressure Measurement
Numerator	Enrolled 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) and (extract date - last blood pressure measurement <= 12 months) and (enrolled patient age >=18))
Denominator	Enrolled patients 18 years of age and over with congestive heart failure Count if ((Congestive Heart Failure in problem list = true) and (enrolled patient age >=18)
Result	Percentage of enrolled 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

Hypertension Management

	6.02 Lipid Profile Screening
Numerator	Enrolled patients 18 to 74 years of age with hypertension without lipid exemptions who have had a lipid test in the past 60 months Count if ((Hypertension in problem list = true) and ((extract date - last full fasting lipid test <=60 months) or (extract date – last lipid test<=60 months) and (18<= enrolled patient age <=74)) and lipid test exemption =blank
Denominator	Enrolled patients 18 to 74 years of age with hypertension without lipid exemptions and no statin prescribed in last 12 months Count if ((Hypertension in problem list = true) and (18<= enrolled patient age <=74) and lipid test exemption =blank and no Statins prescribed in the last 12 months
Result	Percentage of enrolled patients 18 to 74 years of age with hypertension without exemptions for lipid screening and are not on Statins who have had a lipid screening in the past 60 months
CIHI	Derived from indicator # 56

Hypertension Management

6.03	Test to detect renal dysfunction (e.g. serum creatinine)
Numerator	Enrolled patients 18 to 74 years of age with hypertension who have had a test to detect renal dysfunction in the past 12 months Count if ((Hypertension in problem list = true) and (extract date - last test to detect renal dysfunction <=12 months) and (18<= enrolled patient age <=74)
Denominator	Enrolled patients 18 years of age and over with hypertension Count if ((Hypertension in problem list = true) and (18<= enrolled patient age <=74)
Result	Percentage of enrolled patients 18 to 74 years of age 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	Enrolled 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) and (extract date - last blood pressure measurement <= 12 months) and (enrolled patient age>=18))
Denominator	Enrolled patients 18 years of age and over with hypertension Count if ((Hypertension in problem list = true) and (enrolled patient age >=18)
Result	Percentage of enrolled 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	Enrolled 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) and (extract date - last obesity screening <= 12 months) and (enrolled patient age >=18))
Denominator	Enrolled patients 18 years of age and over with hypertension Count if ((Hypertension in problem list = true) and (enrolled patient age >=18)
Result	Percentage of enrolled 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

Coronary Artery Disease Management

7.02	Lipid profile screening
Numerator	Enrolled patients 18 to 74 years of age with coronary artery disease who have a lipid test in the past 60 months Count if ((Coronary Artery Disease in problem list = true) and ((extract date - last full fasting lipid test <=60 months) or (extract date – last lipid test<=60 months) and (18<= enrolled patient age <=74)
Denominator	Enrolled patients 18 to 74 years of age with coronary artery disease and no statins prescribed in the last 12 months Count if ((Coronary Artery Disease in problem list = true) and (18<= enrolled patient age <=74) and no Statins prescribed in the last 12 months
Result	Percentage of enrolled patients 18 to 74 years of age with coronary artery disease and not on Statins who had a lipid screening in the past 60 months
CIHI	Derived from indicator # 55

7.03	Blood Pressure Measurement
Numerator	Enrolled 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) and (extract date - last blood pressure measurement <= 12 months) and (enrolled patient age >=18))
Denominator	Enrolled patients 18 years of age and over with coronary artery disease Count if ((Coronary Artery Disease in problem list = true) and (enrolled patient age >=18)
Result	Percentage of enrolled 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	Enrolled 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) and (extract date - last obesity screening <= 12 months) and (enrolled patient age >=18))
Denominator	Enrolled patients 18 years of age and over with coronary artery disease Count if ((Coronary Artery Disease in problem list = true) and (enrolled patient age >=18)
Result	Percentage of enrolled 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

Coronary Artery Disease Management

7.05	Lipid Reduction Counseling
Numerator	Enrolled patients between 18 and 74 years of age with coronary artery disease and with LDL levels greater than 2.0 mmol/L or non-HDL level greater than 2.8 mmol/L within the last 12 months who have received lipid reduction counseling or a prescription for lipid lowering medication within the past 12 months Count if ((Coronary Artery Disease in problem list = true) and ((LDL Level >2.0 mmol/L within the last 12 months) or (non-HDL Level >2.8mmol/L within the last 12 months)) and ((Date of last Lipid Reduction Counseling given <= 12 months) or (last lipid lowering medication prescription date <= 12 months) and (18<= enrolled patient age <=74))
Denominator	Enrolled 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 Count if ((Coronary Artery Disease in problem list = true) and ((LDL Level >2.0 mmol/L within the last 12 months) or (non-HDL Level >2.8mmol/L within the last 12 months)) and (18<= enrolled patient age <=74)
Result	Percentage of enrolled patients between 18 and 74 years of age with coronary artery disease and with LDL levels greater than 2.0 mmol/L or non-HDL levels greater than 2.8 mmol/L within the last 12 months who have received lipid reduction counseling or a prescription for lipid lowering medication within the past 12 months
CIHI	Derived from indicator # 61

Osteoporosis Management

10.01	Osteoporosis screening
Numerator	Enrolled patients 50 years of age and over with a known Manitoba Bone Density post-fracture notification letter who have received an osteoporosis follow-up assessment within 12 months of clinic receipt of the letter. Count if ((extract date – receipt post-fracture notification letter <= 12 months) and (enrolled patient age >=50) and ((extract date – bone mineral density test <= 12 months from date of receipt of post–fracture notification letter) or (extract date – last osteoporosis medication prescription <= 12 months from date of receipt of post–fracture notification letter) or (extract date – action plan review <=12 months from date of receipt of post–fracture notification letter))
Denominator	Enrolled patients 50 years of age and over with a known Manitoba Bone Density post-fracture notification letter in the past 12 months. Count if ((extract date – date of receipt post-fracture notification letter <= 12 months) and (enrolled patient age >=50))
Result	Percentage of Enrolled patients 50 years of age and over with a known Manitoba Bone Density post-fracture notification letter who have received an osteoporosis follow-up assessment within 12 months of clinic receipt of the letter
CIHI	Not applicable

Osteoporosis Management

	10.02 Osteoporosis on-going care

Numerator	Enrolled patients 50 years of age or over with a diagnosis of osteoporosis who have one of the following criteria:
	• Prescription for osteoporosis medication in the last 12 months
	• Prescription for bisphosphonate medication in the last 12 months
	• Osteoporosis action plan review in the last 12 months
	
	Count if (((Osteoporosis in problem list = true) and (enrolled patient age >=50))
	    and((extract date – last osteoporosis medication prescription <= 12 months)
	    or (extract date – last prescribed bisphosphonate <= 12 months)
	    or (osteoporosis action plan reviewed <=12 months)))

Denominator	Enrolled patients 50 years of age or over with a diagnosis of osteoporosis who have one of the following criteria:
	• Prescription for osteoporosis medication in the last 60 months
	• Prescription for bisphosphonate medication in the last 60 months
	• Osteoporosis action plan
	
	Count if (((Osteoporosis in problem list = true) and (enrolled patient age >=50))
	    and((extract date - last osteoporosis medication prescription <= 60 months)
	    or(extract date - last prescribed bisphosphonate <= 60 months)
	    or(Osteoporosis Action plan = Yes)))

CIHI	Not applicable

Chronic Obstructive Pulmonary Disease (COPD) Management

	11.01 COPD - Smoking Status
Numerator	Enrolled patients with a COPD diagnosis who have been asked about their smoking status in the past 12 months Count if (COPD diagnosis in problem list = true) and (extract date – last asked about smoking status <=12 months)
Denominator	Enrolled patients with COPD diagnosis Count if (COPD diagnosis in problem list = true)
Result	Percentage of enrolled patients with a COPD diagnosis who have been asked about their smoking status in the past 12 months.
CIHI	NA

Chronic Obstructive Pulmonary Disease (COPD) Management

11.02	COPD - Smoking Cessation
Numerator	Enrolled patients with a COPD diagnosis who are current smokers and have been given smoking cessation counseling in the past 12 months Count if (COPD diagnosis in problem list = true) and (Smoking Status = 1) and (extract date – last smoking cessation counseling <=12 months)
Denominator	Enrolled patients with COPD diagnosis who are current smokers Count if ((COPD diagnosis in problem list = true) and (Smoking Status = 1))
Result	Percentage of enrolled patients with a COPD diagnosis who are current smokers and have been given smoking cessation counseling in the past 12 months.
CIHI	NA

11.03	COPD - Influenza Immunization
Numerator	Enrolled patients with a COPD diagnosis and who have received the influenza immunization or counseling for the influenza immunization in the past 12 months Count if ((COPD diagnosis in problem list = true) and (extract date - last influenza immunization counseling <=12 months) or (extract date - last influenza immunization <=12 months))
Denominator	Enrolled patients with COPD diagnosis Count if (COPD diagnosis in problem list = true)
Result	Percentage of enrolled patients with a COPD diagnosis who have received the influenza immunization or counseling for the influenza immunization in the past 12 months
CIHI	NA

11.04	COPD Pneumococcal Immunization Indicator
Numerator	Enrolled patients with a COPD diagnosis and who have not previously had the pneumococcal immunization that have been counseled in the last 12 months or who have received the pneumococcal immunization Count if (COPD diagnosis in problem list = true) and (Pneumococcal immunization = false) and ((Pneumococcal immunization counseling <=12months ago) or (Date of pneumococcal immunization)
Denominator	Enrolled patients with COPD diagnosis Count if (COPD diagnosis in problem list = true) and (Pneumococcal immunization = false)
Result	Percentage of enrolled patients with a COPD diagnosis who have not previously had the pneumococcal immunization that have been counseled in the last 12 months or who have received the pneumococcal immunization
CIHI	NA

Mental Health and Addiction Management

12.01	Generalized Anxiety Disorder (GAD) Management - Ongoing Assessment
Numerator	Enrolled patients 12 years of age and over with GAD diagnosis and with a significant score of (>=10) on their GAD-7 assessment or medication prescribed for GAD in the past 24 months who have received GAD-7 assessment in the last 12 months Count if (GAD diagnosis in problem list = true) and (enrolled patient age >= 12) and (extract date – GAD-7 assessment date <= 12 months) and ((extract date – significant score {>=10} on GAD-7 assessment <=24 months) or (extract date – last GAD medication prescribed <= 24 months))
Denominator	Enrolled patients 12 years of age and over and with GAD and with a significant score of (>=10) on their GAD-7 assessment or medication prescribed for GAD in past 24 months Count if (GAD diagnosis in problem list = true) and (enrolled patient age >= 12) and ((extract date – significant score {>=10} on GAD-7 assessment <=24 months) or (extract date – last GAD medication prescribed <= 24 months))
Result	Percentage of enrolled patients with 12 years of age and over with GAD diagnosis having a significant score (>=10) on GAD-7 assessment or received medication for GAD in past 24 months that have received a GAD-7 assessment in the past 12 months
CIHI	N/A

12.02	Generalized Anxiety Disorder (GAD) Management - Management Services
Numerator	Enrolled patients 12 years of age and over with GAD diagnosis and with a significant score (>=10) on their GAD-7 assessment or medication prescribed for GAD in the past 24 months who have been provided or offered one or more of the following GAD management services in the past 12 months 1. In-office brief intervention / action plan reviewed or developed 2. Referral to psychotherapy services 3. Pharmacotherapy Count if (GAD in problem list = true) and (enrolled patient age >= 12) and ((extract date – significant score {>=10} on GAD-7 assessment score <=24 months) or (extract date – last GAD medication prescribed <= 24 months)) and ((extract date - last in-office counselling or action plan reviewed/developed for GAD <= 12 months) or (extract date - referral to Psychotherapy Services for GAD <= 12 months) or (extract date - last GAD medication prescribed <= 12 months))
Denominator	Enrolled patients with 12 years of age and over and with GAD and with a significant score of (>=10) on GAD-7 assessment or received medication for GAD in past 24 months Count if (GAD diagnosis in problem list = true) and (enrolled patient age >= 12) and ((extract date – significant score {>=10} on GAD-7 assessment score <=24 months) or (extract date – last GAD medication prescribed <= 24 months))
Result	Percentage of enrolled patients with 12 years of age and over with GAD diagnosis and with a significant score (>=10) on GAD-7 assessment or received medication for GAD in past 24 months who have been provided or offered the GAD Management services within the past 12 months.
CIHI	N/A

Mental Health and Addiction Management

12.03	Major Depressive Disorder (MDD) Management - Ongoing Assessment
Numerator	Enrolled patients of 12 years of age and over with MDD diagnosis and with a significant score (>=10) on their PHQ-9 assessment or medication prescribed for MDD in the past 24 months who have received PHQ-9 assessment in the last 12 months Count if (MDD diagnosis in problem list = true) and (enrolled patient age >= 12) and (extract date - MDD assessment date <= 12 months) and ((extract date – significant score {>=10} on PHQ-9 assessment score <=24 months) or (extract date – last MDD medication prescribed <= 24 months))
Denominator	Enrolled patients with 12 years of age and over and with MDD and with a significant score of (>=10) on PHQ-9 assessment or received medication for MDD in past 24 months Count if (MDD diagnosis in problem list = true) and (enrolled patient age >= 12) and ((extract date – significant score {>=10} on PHQ-9 assessment score <=24 months) or (extract date – last MDD medication prescribed <= 24 months))
Result	Percentage of enrolled patients with age 12 or more with MDD diagnosis and with a significant score (of >=10) on PHQ-9 assessment or received medication for MDD in past 24 months that have received a PHQ-9 assessment in the past 12 months
CIHI	N/A

12.04	Major Depressive Disorder (MDD) Management - Management Services
Numerator	Enrolled patients 12 years of age and over with MDD diagnosis and with a significant score (>=10) on their PHQ-9 assessment or medication prescribed for MDD in the past 24 months who have been provided or offered one or more of the following MDD management services in the past 12 months 1. In-office brief intervention / action plan developed or reviewed 2. Referral to psychotherapy services 3. Pharmacotherapy Count if (MDD in problem list = true) and (enrolled patient age >= 12) and ((extract date – significant score {>=10} on PHQ-9 assessment score <=24 months) or (extract date – last MDD medication prescribed <= 24 months)) and ((extract date - last in-office counselling or action plan reviewed/developed for MDD <= 12 months) or (extract date - referral to Psychotherapy Services for MDD <= 12 months) or (extract date - last MDD medication prescribed <= 12 months))
Denominator	Enrolled patients 12 years of age and over with MDD and with a significant score of (>=10) on PHQ-9 assessment or received medication for MDD in past 24 months Count if (MDD diagnosis in problem list = true) and (enrolled patient age >= 12) and ((extract date – significant score {>=10} on PHQ-9 assessment score <=24 months) or (extract date – last MDD medication prescribed <= 24 months))
Result	Percentage of enrolled patients with age 12 or more with significant score (>=10) on PHQ-9 assessment or received medication for MDD in past 24 months who have been provided or offered the MDD Management services within the past 12 months.
CIHI	N/A

Mental Health and Addiction Management

12.05	Substance Use Disorder (SUD) Management - Ongoing Assessment
Numerator	Enrolled patients with 12 years of age and over and identified as having a significant substance use incident or medication prescribed for SUD within last 24 months who were asked about the 'last Significant Substance Use Incident' in the last 12 months (excludes substances like caffeine, tobacco and cannabinoids) Count if (enrolled patient age >=12) and ((extract date – last significant substance use incident <=24 months) or (extract date – last SUD medication prescribed <=24 months)) and (extract date – last asked about significant substance use incident <=12 months)
Denominator	Enrolled patients with 12 years of age and over identified as having a significant substance use incident or medication prescribed within last 24 months Count if (enrolled patient age >=12) and ((extract date – last significant substance use incident <=24 months) or(extract date – last SUD medication prescribed <=24 months))
Result	Percentage of enrolled patients with 12 years of age and over with a significant substance use incident or medication prescribed for SUD within last 24 months and were asked about the last significant substance use incident in the past 12 months.
CIHI	N/A

12.06	Substance Use Disorder (SUD) Management - Management Services
Numerator	Enrolled patients with 12 years of age and over and identified as having a significant substance use incident or medication prescribed for SUD within last 24 months who have been provided or offered one or more of the following SUD management services (excludes substances caffeine, tobacco and cannabinoids) in the past 12 months 1. In-office brief intervention/ action plan developed or reviewed 2. Referral to addiction/ harm reduction therapy services 3. Pharmacotherapy Count if (enrolled patient age >=12) and ((extract date – last significant substance use incident <=24 months) or(extract date – last SUD medication prescribed <=24 months)) and ((extract date – last in–office counseling/ action plan developed or reviewed for SUD <=12 months) or (extract date - referral to addiction services for SUD <=12months) or (extract date - last SUD medication prescribed <=12 months))
Denominator	Enrolled patients with 12 years of age and over and identified as having a significant substance use incident or medication prescribed for SUD within last 24 months Count if (enrolled patient age >=12) and ((extract date – last significant substance use incident <=24 months) or(extract date – last SUD medication prescribed <=24 months))
Result	Percentage of enrolled patients with 12 years of age and over with a significant substance use incident or medication prescribed for SUD within last 24 months who have been provided or offered the SUD Management services within the past 12 months.
CIHI	N/A

Revision Log

Version No.	Description of revision	Date of revision
4.0	12.01 GAD Management – Ongoing Assessment • New Indicator added 12.02 GAD Management – Management Services • New Indicator Added 12.03 MDD Management – Ongoing Assessment • New Indicator Added 12.04 MDD Management – Management Services • New Indicator Added 12.05 SUD Management – Ongoing Assessment • New Indicator Added 12.06 SUD Management – Management Services • New Indicator Added 2.02 Colon Cancer Screening • Added the inclusion of 'or' criteria for flexible sigmoidoscopy once in last 10 years as baseline requirement for Colon Cancer screening 3.02 Nephropathy Screening in Diabetes Management • Added an upper age restriction criteria of less than 75 years 4.03 Asthma Management Indicator • Added the inclusion of 'or' criteria of reviewing the asthma care to the existing indicator to be read as - "asthma action plan reviewed or asthma care reviewed" 6.03 Renal Dysfunction Screening in HTN Management • Added an upper age restriction criteria of less than 75 years 7.05 Lipid Reduction Counselling in Coronary Artery Disease (CAD) Management PCQI • Added the inclusion of 'or' criteria for non-HDL levels as baseline requirement for Lipid Reduction Counselling Removed 8.01 – Depression Screening Trial Indicator	April 2020

	Removed 8.02 – Depression Screening 'Follow –up' Trial Indicator	
	Removed 5.06 - Diabetes Screening indicator in Congestive Heart Failure Management	
	Removed 6.01 - Diabetes Screening indicator in Hypertension Management	
	Removed 7.01 - Diabetes Screening indicator in Coronary Artery Disease Management	
	11.02 - COPD - Smoking Cessation • Removed former smoker from smoking cessation counselling indicator	
3.1	2.15 Chronic Obstructive Pulmonary Disease at Risk Screening • Incorrect reference to COPD Diagnosis removed 2.16 Chronic Obstructive Pulmonary Disease Screening Using Spirometry • Incorrect reference to COPD Diagnosis removed 5.03 ACE Inhibitor in CHF Management • Moved the exemption criteria from denominator to the numerator in the calculation for the indicator and edited the data format	September 2019
3.0	2.05 Dyslipidemia Screening for Men • Removed the full fasting requirement for lipid test • Added the exemption of Statin treatment • The timeframe has been adjusted to 60 months 2.05 Dyslipidemia Screening for Men • Removed the full fasting requirement for lipid test • Added the exemption of Statin treatment • The timeframe has been adjusted to 60 months 3.05 Renamed to Lipid Profile Screening in Diabetes Management • Removed the full fasting requirement for lipid test • Added the exemption of Statin treatment • The timeframe has been adjusted to 60 months 5.04 Renamed to Lipid Profile Screening in CHF Management • Removed the full fasting requirement for lipid test • Added the exemption of Statin treatment • The timeframe has been adjusted to 60 months 5.03 ACE Inhibitor in CHF Management • Added the exemption of LVEF => 40% and Other contra-indications 6.02 Renamed to Lipid Profile Screening in Hypertension Management • Removed the full fasting requirement for lipid test	July 2017

	• Added the exemption of Statin treatment • The timeframe has been adjusted to 60 months 7.02 Renamed to Lipid Profile Screening in CAD Management • Removed the full fasting requirement for lipid test • Added the exemption of Statin treatment • The timeframe has been adjusted to 60 months 7.06 Beta Blocker usage in Coronary Artery Disease Management • This indicator has been eliminated 11.01 COPD - Smoking Status Indicator • New indicator added 11.02 COPD - Smoking Cessation Indicator • New indicator added 11.03 COPD - Influenza Immunization Indicator • New Indicator added 11.04 COPD - Pneumococcal Immunization Indicator • New Indicator added	
2.0	2.06 Renamed to Diabetes Screening (prevention file) • Added as diagnostic for type 2 diabetes • Either FBS or A1c <= 36 months would fill this requirement 2.15 Chronic Obstructive Pulmonary Disease at Risk Screening • New indicator added to the Prevention file 2.16 Chronic Obstructive Pulmonary Disease Screening using Spirometry • New indicator added to the Prevention file 5.07 Renamed to Diabetes Screening (CHF) • Added as diagnostic for type 2 diabetes • Either FBS or A1c <= 12 months would fill this requirement 6.02 Full Fasting Lipid Profile Screening • Exemption added for those at low cardiovascular risk to the Hypertension file. • Exemption description added. Numeric value: 1= Framingham Risk Score <10%; 2=disease stable. To be reassessed yearly 6.06 Renamed to Diabetes Screening (HTN) • Added as diagnostic for type 2 diabetes • Either FBS or A1c <= 12 months would fill this requirement 7.07 Renamed to Diabetes Screening (CAD) • Added as diagnostic for type 2 diabetes • Either FBS or A1c <= 12 months would fill this requirement 10 Osteoporosis Management • Osteoporosis management added as its own disease cluster	September 2015

	10.01 Osteoporosis screening
	   • New indicator added
	10.02 Osteoporosis on-going care
	   • New indicator added
	
	Document structure alteration:
	Section 9 "Chronic Disease Management for Patients with Co-morbidities" and section "Data Extract Submission Process for PIN Sites" and has been removed from this document. This document is no longer specific to a single initiative and, as such, initiative-specific instructions are no longer part of this document.
	
	Document structure alteration:
	This document is applicable to sites using a Manitoba Approved EMR. Indicators identified by • may vary for sites using an EMR product that was previously approved.	

1.9.1	2.03 Breast Cancer Screening • Expanded age range from 50-69 to 50-74 years, consistent with CIHI's recommendation and CCMB's guidelines (as per April 2013, PIN IAC meeting).	December 2014
1.9	Replaced "core patients" with "enrolled patients" throughout the document, as well as the definition on page 2 accordingly.	September 2014
1.8	2.12 Advice on Physical Activity • The indicator has been amended to apply to all enrolled patients 12 years of age and over, not only those confirmed as sedentary.	April 2013

1.7	2.01 Cervical Cancer Screening
	   • Lower age parameter raised from 18 to 21.
	
	2.04 Dyslipidemia Screening for Women
	   • Lower age parameter lowered from 55 to 50.
	
	3.04 Foot Exam
	   • Documented peripheral neuropathy removed as an exemption.
		December 2012

1.6.2	Corrections made to address typographical errors in indicators 3.06, 3.07 and 7.02.	July 2012
1.6.1	3.01 - HGB A1C • Change made to correct an ambiguity and confirm indicator is looking for testing performed within the past 6 months. 3.05 – Full Fasting Lipid Profile Screening	May 2012

	• Change made reinstate the age cap of 74 years, removed from IM Guide 1.6 in error.	
1.6	2.07 – Childhood Immunizations • MMR immunizations are now used as a proxy for all childhood immunizations 2.10 – Breast-Feeding Education • This section has been moved to "Appendix A" and the date placed on hold has been included in the section. 3.01 – HGB 1AC • The timeframe has been adjusted to 6 months 3.02 – Nephropathy Screening • The age floor of 12 years has been introduced 3.04 – Foot Exams • The age constraint has been removed 3.05 – Full Fasting Lipid Profile Screening • The age constraint has been removed 3.06 – Blood Pressure Measurement • The age constraint has been removed 3.07 – Obesity/Overweight Screening • The age constraint has been removed 4.01 – Asthma Control • The date placed on hold has been included in this section. 4.02 – Emergency Department Visits for Asthma • The date placed on hold has been included in this section. 5.01 – Emergency Department Visits for Congestive Heart Failure (CHF) • The date placed on hold has been included in this section. 9.02 – Co-morbidity achievement • For determining clinic achievement for management of patients with co-morbidities, the average indicator achievement for patients with two, three, four and five co-morbidities is separately calculated. For each of these groupings, every chronic disease indicator that a patient qualifies for contributes once to the co-morbidity indicator denominator. If the indicator was achieved, it will be counted in the co-morbidity grouping indicator numerator. The achievement applied to the number of eligible patients is used to determine cluster funding. 3 – Data Collection	Feb 2012

	• This section has been renamed as Data Extract Submission. A new stand alone document titled "Manitoba EMR Data Extract Specification" has been cross referenced for the data extract submission. 4 – Data Extract and Reporting Process • The reporting process has been removed.	
1.5	2.02 – Colon Cancer Screening • 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 4.03 – Patients with Asthma Action Plans • 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 7.05 - Lipid Reduction Counseling • Lipid level threshold has been changed from 2.5 mmol/L to 2.0 mmol/L 8.01 – Depression Screening Trial Indicator • 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 8.02 – Depression Screening Follow-up Trial Indicator • 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 The following data elements have been added and/or revised in this edition of the Information Management Guide: Prevention Cluster: • 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 Asthma Cluster:	June 2010

	• Field 8 Date of the most recent Asthma Action Plan review Coronary Artery Disease Cluster • Field 8 LDL Level >2.0 in last 12 months	
Internal number 1.44	Easy to understand descriptions of each indicator added to section 2 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. Appendix A added illustrating the indicators that have been placed on hold. All discussions of the Nov 26 Evaluation Committee meeting are reflected: • 2.07, 2.08, and 2.09 immunization indicators will continue to measure counseling 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 counseling 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 counseling. While it was decided that the trigger for counseling 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	Indicator Revisions following the June 25 PIN Evaluation Committee meeting: 2.02 – Colon Cancer Screening • 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. 2.06 - Fasting Blood Sugar Screening • Eligible age has been reduced from 50 to 40 years of age • Persons with Diabetes are excluded from the test 2.14 - Obesity / Overweight Screening	November 2009

	• Frequency of screening has been decreased from every 12 months to every 24 months 3.03 - Fundoscopic Exams • Eligible age has been reduced from 18 to 15 years of age • Frequency of screening has been increased from 24 to every 12 months 4.01 - Asthma Control (number of SABA canisters) • Data calculation has been temporarily postponed until further notice; removed from section 2 but retained in section 3 4.02 - Emergency Department Visits for Asthma • Data calculation has been temporarily postponed until further notice; removed from section 2 but retained in section 3 5.01 - Emergency Department Visits for Congestive Heart Failure (CHF) • Data calculation has been temporarily postponed until further notice; removed from section 2 but retained in section 3 5.03 - ACE Inhibitor • References to ACE inhibitors or ARB as the first line of treatment have been removed 5.06 - Fasting Blood Sugar • Persons with Diabetes are excluded from the test 6.01 - Fasting Blood Sugar • Persons with Diabetes are excluded from the test 7.01 - Fasting Blood Sugar • Persons with Diabetes are excluded from the test 7.06 – Beta Blockers • Persons with Asthma are excluded Section 3 Data Collection: descriptions modified to better match those descriptions within the Extract Layout spreadsheet. Hyperlink to Extract Layout spreadsheet added to section 3. Page numbers added.	
1.42	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. A change has also been made to the data extract layout to reflect this addition to the Prevention extract.	January 2009
1.41	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. <u>Indicators revised:</u> 2.02 – Colon Cancer Screening 2.06 – Fasting Blood Sugar Screening 2.12 - Advice on Physical Activity in PHC	December 2008

	3.05, 5.04, 6.02, 7.02 – Full Fasting Lipid Profile Screening	
	7.05 – Lipid Reduction Counseling	
	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.

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) and (Extract date - live birth <=12 months) and (Gender = F)
Denominator	All women who have given birth in the last year Count if (Extract date - live birth <=12 months) and (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
Date placed on hold	06/29/2010 (MM/DD/YYYY)

4.01	Asthma Control
Numerator	Enrolled 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) and (Number of canisters of SABA prescribed within the past 12 months >4) and (Patient received preventer/controller medicine in last 12 months=True) and ((Age >= 6) and (Age <= 55)))
Denominator	Enrolled patients 6 to 55 years of age with asthma Count if ((Asthma in problem list = true) and ((Age >= 6) and (Age <= 55)))
Result	Percentage of enrolled 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
Date placed on hold	11/16/2009 (MM/DD/YYYY)

4.02	Emergency Department Visits for Asthma
Numerator	Enrolled 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) and (extract date - last ER visit for Asthma > 12 months) and ((Age >=6) and (Age <=55)))
Denominator	Enrolled patients 6 to 55 years of age with asthma Count if ((Asthma in problem list = true) and ((Age >= 6) and (Age <= 55)))
Result	100% minus the percentage of enrolled 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
Date placed on hold	11/16/2009 (MM/DD/YYYY)

5.01	Emergency Department Visits for Congestive Heart Failure (CHF)
Numerator	Enrolled 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) and (extract date - last ER visit for CHF > 12 months) and (Age >=20))
Denominator	Enrolled patients 20 years of age and over with congestive heart failure Count if ((Congestive Heart Failure in problem list = true) and ((Age >=20)
Result	100% minus the percentage of enrolled 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
Date placed on hold	11/16/2009 (MM/DD/YYYY)