2024-2025 Best Practice primary care panel reports

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Your Panel

Indicator Information				
Indicator name :	Your Panel			
Description :	The 4-cut method is a 4-stage algorithm that assigns unique SK residents with a valid health-card to the panel of a family physician based on a series of criteria (see calculation for additional details) and using administrative data as the only source of data.			
Location in report :	from page	2	to page	2
Stratification:	None			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **Average PHYSICIAN continuity :** ▪ PHRS→ to identify SK residents with a valid health card. ▪ MSB → to identify visits to family physicians.			
Other Data :	• **Output data:** ○ Physician Panel Data →to identify patients in the panel of the requesting physician.			
Output data:	• Physician Panel Data: contains a list of all SK residents with a valid health card number during the reference period. All patients who have seen a family physician at least once during the reference period will be assigned to the panel of a family physician. The remaining ones will be considered unattached (not assigned to any physician's panel)			
Indicator Calculation				
Calculation :	• **Preparation:** ▪ Create a table containing the following variables: health card number, family physician ID, date of service, and diagnosis code (ICD-9). Records in this table represent each visit a patient had with a given physician during the reference period. • **Unattached patients :** ▪ SK resident with a valid health card number on the last day of the reference period who did not have at least one visit with a family physician are considered unattached and will not be included in any physician's panel. • **Cut 1 :** ▪ Patients whose totality of their visits (at least one) were with the same physician are assigned to that physician's panel. • **Cut 2 :** ▪ For patients not assigned to a panel in **Cut 1**, calculate the % (percentage of visits) of the visits that they had with each family physician for any reason as: $\% = \frac{\#\ of\ visits\ with\ a\ given\ family\ physician}{\#\ of\ visits\ with\ all\ family\ physicians} \times 100$ ▪ For each patient, order the family physician IDs in descending order based on the percentage of visits. ▪ Assign the patient to the panel of the physician corresponding to the highest percentage as long as the second and subsequent (if any) highest percentages is/are lower (i.e. not equal) ▪ If the preceding condition is not satisfied proceed to **Cut 3**.			

	• **Cut 3 :** ▪ Organize the records of all the visits of each patient in descending order based on the date of service with the family physicians which are tied on the percentage of visits. ▪ Only keep records corresponding to physical examinations based on the ICD9 code. ▪ IF: ▪ No records are kept, continue with **Cut 4,** OR ▪ At least one record is kept (i.e. the patient had at least one physical done during the reference period), then assign the patient to the panel of the physician who performed the most recent physical (i.e. the first record). • **Cut 4 :** ▪ Organize the records of all the visits of each patient in descending order based on the date of service with the family physicians which are tied on the percentage of visits. ▪ Assign the patient to the panel of the physician that they last saw (i.e. the physician ID corresponding to the first record of that patient).
Inclusion :	• All patients with a valid health card number on the last day of the reference period. • Patients with at least one visit to a family physician (patients without any visits to a family physician will be considered unattached).
Exclusion :	• Out-of-province patients. • Family Physicians who were not in practice (i.e., no claims to MSB submitted) throughout the reference period.
Notes	
The 4-cut methodology	The 4-cut method uses family physician (FP) billing records submitted during the reference period. Using these records and for each person living in the province (provided they have seen a FP at least once), we determine the panel to which they belong (i.e. what physician they are attached to).

A snapshot of your panel

Indicator Information				
Indicator name :	A snapshot of your panel			
Description :	Summary information about the panel.			
Location in report :	from page	3	to page	3
Stratification:	See details below for each indicator.			
Level:	Panel (column 2 of table)			
Benchmark:	Clinic and Network (columns 3-4 of table)			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			

Data Sources	
Administrative Data :	• **Number of patients :** ▪ PHRS → for age stratification and sex of patients. • **Average age :** ▪ PHRS → age of patients. • **Average PHYSICIAN continuity :** ▪ MSB → to calculate physician continuity. • **Average CLINIC continuity :** ▪ MSB → to calculate clinic continuity. • **Average visits to any family physician:** ▪ MSB → to calculate clinic continuity.
Other Data :	• **For all rows in the table (all indicators**) : ○ Physician Panel Data →to identify patients in the panel of the requesting physician.

Indicator Calculation	
Calculation :	• **Number of patients :** ▪ Count the number of patients by AGE group and SEX in the panel. • **Average age :** ▪ Calculate the average/mean AGE (in years) of patients in the panel, stratified by SEX. $$\#\ (years) = \frac{sum\ of\ AGE\ in\ years\ of\ all\ patients\ in\ the\ panel\ (\%)}{\#\ of\ patients\ in\ the\ panel}$$ • **Average PHYSICIAN/CLINIC continuity :** $$\% = \frac{sum\ of\ physician/clinic\ continuity\ of\ all\ patients\ in\ the\ panel\ (\%)}{\#\ of\ patients\ in\ the\ panel}$$ • **Percentage with high continuity (physician):** $$\% = \frac{\#\ of\ patients\ in\ panel/clinic\ with\ HIGH\ continuity}{\#\ of\ patients\ in\ the\ panel/clinic} \times 100$$ • **Percentage with low continuity (physician):** $$\% = \frac{\#\ of\ patients\ in\ panel/clinic\ with\ LOW\ continuity}{\#\ of\ patients\ in\ the\ panel/clinic} \times 100$$

	• **Average visits to any family physician:** ▪ Count the number of visits to ANY family physician, stratified by SEX and AGE group.
Notes	
Definitions:	**High continuity (physician or clinic):** is defined as having a continuity of 80% or higher. **Low continuity (physician or clinic):** is defined as having a continuity of 40% or lower. **Continuity (physician) is calculated as (for each patient):** $$\% = \frac{\#\ of\ visits\ with\ requesting\ physician}{\#\ of\ visits\ to\ any\ family\ physician} \times 100$$ **Continuity (clinic) is calculated as (for each patient):** $$\% = \frac{\#\ of\ visits\ to\ any\ family\ physician\ in\ the\ clinic\ assigned\ to\ the\ requesting\ physician}{\#\ of\ visits\ to\ any\ family\ physician} \times 100$$ **Age:** the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).

Panel characteristics

Indicator Information				
Indicator name :	Panel Characteristics			
Description :	General characteristics of the panel, including demographics, number of patients by sex, and physician continuity.			
Location in report :	from page	4	to page	4
Stratification:	See details below for each indicator.			
Level:	Panel (column 2)			
Benchmark:	Clinic and Health Network (columns 3-4 of table), Health Network (population pyramids)			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **Panel size :** ▪ PHRS → for sex of patients. • **Average age :** ▪ PHRS → for age of patients. • **Average physician continuity :** ▪ MSB → to calculate physician continuity. • **Average clinic continuity :** ▪ MSB → to calculate clinic continuity. • **Population pyramid :** ▪ PHRS → for sex and age of patients in the panel.			
Other Data :	• **For all indicators**: ○ Physician Panel Data →to identify patients in the panel of the requesting physician.			
Indicator Calculation				
Calculation :	**Table:** • **Panel size :** ▪ Count the number of people in the panel, total number of people and stratified by SEX. ▪ To calculate the percentage, by sex: $\% = \frac{\#\ of\ patients\ of current\ sex\ (Male\ or\ Female)}{\#\ of\ patients\ in\ the\ panel} \times 100$ • **Average age :** $\#\ (years) = \frac{sum\ of\ AGE\ in\ years\ of\ all\ patients\ in\ the\ panel\ (\%)}{\#\ of\ patients\ in\ the\ panel}$ • **Average physician continuity :** • Calculate physician continuity as described here. $\% = \frac{sum\ of\ physician\ continuity\ of\ all\ patients\ in\ the\ panel\ (\%)}{\#\ of\ patients\ in\ the\ panel}$ • **Average clinic continuity :** • Calculate physician continuity as described here. $\% = \frac{sum\ of\ clinic\ continuity\ of\ all\ patients\ in\ the\ panel\ (\%)}{\#\ of\ patients\ in\ the\ panel}$ **Population pyramids :** • **My Panel (top):**			

	• Count the number of patients in the panel in each age group – sex category. • Calculate the percentage of patients in each age group – sex category as: $$\% = \frac{\#\ of\ patients\ in\ the\ age\ group\ (by\ sex)}{\#\ of\ patients\ in\ the\ panel\ (by\ sex)} \times 100$$ • **Health Network (bottom):** • Count the number of patients in the Health Network in each age group – sex category. • Calculate the percentage of patients in each age group – sex category as: $$\% = \frac{\#\ of\ people\ in\ the\ age\ group\ (by\ sex)}{\#\ of\ patients\ in\ the\ Health\ Network\ (by\ sex)} \times 100$$
Notes	
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).

Primary Care

Indicator Information				
Indicator name :	Primary Care			
Description :	All primary care visits billed by the requesting physicians of both patients in their Panel and NOT in their Panel			
Location in report :	from page	5	to page	5
Stratification:	SEX (top table & graphic: Male, bottom table & graphic: Female), AGE groups (rows), Calendar YEAR (columns, tables only)			
Level:	All patients seen by the requesting physician			
Benchmarking:	None			
Period:	Tables: yearly (2021-2023) Graphics: reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **All :** ▪ MSB → to count the number of physician visits billed by the requesting physician ▪ PHRS → for SEX and AGE of patients			
Other Data :	• **All**: ○ Physician Panel Data →to identify patients in the panel of the requesting physician			
Indicator Calculation				
Calculation :	• **My panel (column 2, for each row):** ▪ Count the number of people in the panel, stratified by AGE group. • **For each year between 2021 and 2023** • **# of visits (for each row, columns 3, 5, and 7) :** ▪ Count the number of visits (billed by requesting physician only) from all patients (in and not in panel), stratified by AGE group. • **% of visits (for each row, columns 4, 6, and 8) :** $\% = \frac{\#\ of\ all\ visits\ of\ patients\ in\ AGE\ group}{\#\ of\ all\ visits\ of\ patients\ in\ and\ not\ in\ panel} \times 100$ • **Graphic (comparison between panel composition and visits (%)):** • **Panel (for each row, left of graphic) :** $\% = \frac{\#\ of\ people\ in\ panel\ in\ AGE\ group}{\#\ of\ people\ in\ panel\ in\ AGE\ group} \times 100$ • **Visits (for each row, right of graphic) :** $\% = \frac{\#\ of\ all\ visits\ of\ patients\ in\ AGE\ group}{\#\ of\ all\ visits\ of\ patients\ in\ and\ not\ in\ panel\ in\ AGE\ group} \times 100$			
Inclusion criteria:	• **All :** ▪ Only visits of patients with a valid HCN of Saskatchewan are included.			
Exclusion criteria:	• **All :** ▪ Out-of-province (OOP) and visits from OOP patients are excluded. ▪ Slush physician numbers. ▪ Slush/empty patient numbers. ▪ Only one visits per day per patient is allowed. Multiple visits of the same patient occurring the same day are not counted.			

Notes	
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).

Diagnoses driving family physician visits

Indicator Information				
Indicator name :	Diagnoses driving family physician visits			
Description :	Top 6 diagnoses (ICD-9 codes) that have driven visits with family physicians (any family physician in the province) from patients in the panel			
Location in report :	from page	6	to page	6
Stratification:	**Top Graphic (top diagnosis by sex and age group):** SEX (rows), AGE groups (columns) **Bottom Graphic (top diagnosis):** None			
Level:	All patients in the panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **All :** ▪ MSB → to get the diagnosis code associated with each family physician visit of all visits from patients in the panel ▪ PHRS→ to get the AGE and SEX of the patients in the panel			
Other Data :	• **All**: ▪ Physician Panel Data →to identify patients in the panel of the requesting physician			
Indicator Calculation				
Calculation :	• **Top Graphic:** • **To identify the top 6 diagnoses (stratified by AGE group and SEX):** ▪ Keep the diagnosis code of all family physician visits of patients in the panel within that AGE group/SEX combination ▪ Count the number of times each diagnosis code occurs. ▪ Keep the 6 most frequent codes. • **To Calculate the % (stratified by AGE group and SEX, for each ICD9 code):** $\% = \frac{\#\ of\ visits\ with\ each\ ICD-9\ code\ of\ patients\ in\ panel}{\#\ of\ all\ family\ physician\ visits\ of\ patients\ in\ panel} \times 100$ • **Bottom Graphic** • **To identify the top 10 diagnoses:** ▪ Keep the diagnosis code of all family physician visits of patients in the panel. ▪ Count the number of times each diagnosis code occurs. ▪ Keep the 10 most frequent codes. • **To Calculate the % (for each ICD9 code):** $\% = \frac{\#\ of\ visits\ with\ each\ ICD-9\ code\ of\ patients\ in\ panel}{\#\ of\ all\ family\ physician\ visits\ of\ patients\ in\ panel} \times 100$			
Inclusion:	• All family physician visits with family physicians in SK during the reference period.			
Exclusion :	• All family physician visits with family physicians in SK • Visits to specialists, nurse practitioners, and any provider not classified as a family physician is excluded.			
Notes				

	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).

Diagnoses driving visits to you from patients in your panel

Indicator Information				
Indicator name :	Diagnoses driving visits to you from patients in your panel			
Description :	Top 6 diagnoses (ICD-9 codes) that have driven visits with family physicians (only with requesting physician) from patients in the panel			
Location in report :	from page	7	to page	7
Stratification:	**Top Graphic (top diagnosis by sex and age group):** SEX (rows), AGE groups (columns)			
Level:	All patients in the panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **All :** ▪ MSB → to get the diagnosis code associated with each family physician visit of all visits from patients in the panel ▪ PHRS→ to get the AGE and SEX of the patients in the panel			
Other Data :	• **All**: ▪ Physician Panel Data →to identify patients in the panel of the requesting physician			
Indicator Calculation				
Calculation :	• **Top Graphic** • **To identify the top 6 diagnoses (stratified by AGE group and SEX):** ▪ Keep the diagnosis code of all family physician visits with requesting physician only of patients in the panel within that AGE group/SEX combination ▪ Count the number of times each diagnosis code occurs. ▪ Keep the 6 most frequent codes. • **To Calculate the % (stratified by AGE group and SEX, for each ICD9 code):** $\% = \frac{\#\ of\ visits\ with\ each\ ICD-9\ code\ of\ patients\ in\ panel}{\#\ of\ all\ family\ physician\ visits\ of\ patients\ in\ panel} \times 100$			
Inclusion:	• All visits with the requesting physicians. • Only visits of patients in the panel of the requesting physician.			
Exclusion :	• Any visits to other physicians in and out of SK. • Visits of out of province patients and patients without a valid health card number throughout the reference period.			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023)			

Most visited medical specialists

Indicator Information				
Indicator name :	Most visited medical specialists			
Description :	Top specialties that patients in the panel had visits with during the reference period.			
Location in report :	from page	8	to page	8
Stratification:	SEX (rows), AGE groups (columns)			
Level:	All patients in the panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **All :** ▪ MSB → to get the specialty code associated with each physician visit of all visits from patients in the panel. ▪ PHRS→ to get the AGE and SEX of the patients in the panel.			
Other Data :	• **All**: ▪ Physician Panel Data →to identify patients in the panel of the requesting physician.			
Indicator Calculation				
Calculation :	• **To identify the top 5 specialties (stratified by AGE group and SEX):** ▪ Keep the specialty code and date of service all specialist visits of patients in the panel within that AGE group/SEX combination ▪ Delete duplicate records (same specialty and day) ▪ Count the number of times each specialty code occurs. ▪ Keep the 5 most frequent specialty codes. • **To Calculate the % (stratified by AGE group and SEX, for each specialty code):** $\% = \frac{\#\ of\ visits\ with\ a\ physician\ of\ each\ specialty\ of\ patients\ in\ panel}{\#\ of\ all\ \ visits\ to\ any\ specialist\ of\ patients\ in\ panel} \times 100$			
Inclusion :	• All visits to any medical specialist for any reason are included.			
Exclusion :	• Multiple visits to the same medical specialist, whether it is the same provider or not, on the same day are only counted once for all the calculations. • Does not include visits to nurse practitioners.			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023)			

Continuity of Care

Indicator Information				
Indicator name :	Continuity of care			
Description :	Physician continuity of care is defined as the proportion (%) of all the visits with family physicians that a patient in a panel had with the family physician of the panel to which the patient was assigned. The same concept can be applied at the clinic level.			
Location in report :	from page	9	to page	9
Stratification:	Continuity of Care: • Low: below or equal to 40% • Medium: more than 40% and less than 80% • High: more or equal to 80%			
Level:	Panel			
Benchmarking:	Clinic and Health Network			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **Average PHYSICIAN continuity :** ▪ MSB → to identify visits to family physicians			
Other Data :	None			
Indicator Calculation				
Calculation :	• **Average physician continuity :** ▪ For each patient in the panel, calculate the physician continuity as: $$\% = \frac{\#\ of\ visits\ with\ requesting\ physician}{\#\ of\ visits\ to\ any\ family\ physician} \times 100$$ ▪ Calculate the % of patients with low, medium, and high continuity as follows: $$\%\ low = \frac{\#\ of\ patients\ with\ continuity\ 40\%\ or\ less}{\#\ of\ patients\ in\ the\ panel} \times 100$$ $$\%\ medium = \frac{\#\ of\ patients\ with\ continuity\ more\ than\ 40\%\ and\ less\ than\ 80\%}{\#\ of\ patients\ in\ the\ panel} \times 100$$ $$\%\ high = \frac{\#\ of\ patients\ with\ continuity\ 80\%\ or\ more}{\#\ of\ patients\ in\ the\ panel} \times 100$$ • **CLINIC average physician continuity :** ▪ For each patient in the panel, calculate the physician continuity as: $$\% = \frac{\#\ of\ visits\ with\ any\ FP\ in\ the\ same\ clinic\ as\ the\ requesting\ physician}{\#\ of\ visits\ to\ any\ family\ physician} \times 100$$ ▪ Calculate the % of patients with low, medium, and high clinic continuity as follows: $$\%\ low = \frac{\#\ of\ patients\ with\ continuity\ 40\%\ or\ less}{\#\ of\ patients\ in\ the\ panel} \times 100$$ $$\%\ medium = \frac{\#\ of\ patients\ with\ continuity\ more\ than\ 40\%\ and\ less\ than\ 80\%}{\#\ of\ patients\ in\ the\ panel} \times 100$$ $$\%\ high = \frac{\#\ of\ patients\ with\ continuity\ 80\%\ or\ more}{\#\ of\ patients\ in\ the\ panel} \times 100$$ • **HEALTH NETWORK average physician continuity :** ▪ For all the patients assigned to the panel of any physician in the same network as the requesting physician: ▪ Calculate the physician continuity of each patient. ▪ Count the number of people in each continuity category (low, medium, high).			

	▪ Calculate the % of patients with low, medium, and high physician continuity in the Health Network as follows: $$\%\ low = \frac{\#\ of\ patients\ in\ the\ Health\ Network\ with\ continuity\ 40\%\ or\ less}{\#\ of\ patients\ in\ the\ panel\ of\ physicians\ in\ the\ Health\ Network} \times 100$$ $$\%\ medium = \frac{\#\ of\ patients\ in\ the\ Health\ Network\ with\ continuity\ more\ than\ 40\%\ and\ less\ than\ 80\%}{\#\ of\ patients\ in\ the\ panel\ of\ physicians\ in\ the\ Health\ Network} \times 100$$ $$\%\ high = \frac{\#\ of\ patients\ in\ the\ Health\ Network\ with\ continuity\ 80\%\ or\ more}{\#\ of\ patients\ in\ the\ panel\ of\ physicians\ in\ the\ Health\ Network} \times 100$$
Inclusion :	• All visits to family the requesting family physician, physicians in the same clinics as the requesting physicians, or physicians in the same network as the requesting physicians. • Only visits from patients in the panel of the requesting physician, the panel of physicians in the same clinics, or the panel of physicians in the same network.
Exclusion :	• Visits of patients not in the abovementioned panels. • Visits to physicians not included in the inclusion criteria.

Visits from patients in your panel by provider

Indicator Information				
Indicator name :	% of visits from patients in your panel by provider			
Description :	This indicator shows the % of all the visits of patients in the panel of the requesting physicians by the type of provider (i.e. which family physician)			
Location in report :	from page	9	to page	9
Stratification:	Calendar years: • 2021 • 2022 • 2023			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• **Average PHYSICIAN continuity :** ▪ MSB → to identify visits to family physicians.			
Other Data :	None			
Indicator Calculation				
Calculation :	• **For each calendar year in the reference period:** • **Calculate the % of visits among all patients in the panel with,** ▪ The requesting physician: $\% = \frac{\#\ of\ visits\ of\ any\ patient\ in\ the\ panel\ with\ the\ requesting\ FP}{\#\ of\ visits\ of\ any\ patient\ in\ the\ panel\ with\ any\ FP\ in\ SK} \times 100$ ▪ Other family physicians assigned to the same clinic as the requesting physician: $\% = \frac{\#\ of\ visits\ of\ any\ patient\ in\ the\ panel\ with\ other\ FP\ in\ the\ clinic\ of\ the\ requesting\ FP}{\#\ of\ visits\ of\ any\ patient\ in\ the\ panel\ with\ any\ FP\ in\ SK} \times 100$ ▪ All other family physicians in SK: $\% = \frac{\#\ of\ visits\ of\ any\ patient\ in\ the\ panel\ with\ any\ FP\ NOT\ in\ the\ clinic\ of\ the\ requesting\ FP}{\#\ of\ visits\ fo\ any\ patient\ in\ the\ panel\ with\ any\ FP\ in\ SK} \times 100$			
Inclusion :	• All visits to family physicians in SK from patients in the panel.			
Exclusion :	• Visits to family physicians in SK from patients NOT in the panel.			

Chronic Conditions

Diabetes

Indicator Information				
Indicator name :	What % of diabetic patients in my panel had flowsheets? and What % of diabetic patients with flowsheet(s) had a blood pressure (BP) below the 130/80 mmHg target?			
Description :	This indicator shows the proportion (%) of the patients in the panel with a diagnosis of diabetes (identified using the Canadian Chronic Disease Surveillance System – CCDSS) who had a flowsheet completed and the proportion of them who had a blood pressure measurement in office below the recommended target.			
Location in report :	from page	10	to page	10
Stratification:	Calendar years: • 2021 • 2022 • 2023			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• **To identify Diabetic patients using the CCDSS methodology :** ▪ MSB → to identify visits related to diabetes. ▪ DAD → to identify hospitalizations related to diabetes.			
Other Data :	• **CCDSS for diabetes :** ▪ Each year HQC will identify diabetic patients using a methodology aligned with the CCDSS. ▪ HQC will provide the list of diabetic patients identified to eHealth to create these indicators up to the last day of the reference period. ▪ The data will include at least the following variables: health card number and date of diagnosis. • **Chronic Disease Management – Quality Improvement Project (CDM-QIP):** ▪ Flow sheets for Diabetes			
Updates :	• The denominator (i.e., patients with a diagnosis of Diabetes) is updated on a yearly basis. • HQC will generate a list of patients in the province, by year, who meet the CCDSS administrative definition of diabetes.			
Indicator Calculation				
Calculation :	• **% of diabetic patients in my panel had flowsheets:** ▪ Access the CCDSS data for diabetes to identify all individuals in the panel with a diagnosis of diabetes as per the CCDSS methodology. ▪ Look up all patients in the panel (list of health card numbers) who have diabetes and who also had a CDM-QIP flowsheet for diabetes completed for the corresponding year. ▪ Calculate the % of diabetic patients with diabetes flowsheets as, per calendar year: $\% = \frac{\#\ of\ diabetic\ patients\ in\ panel\ who\ had\ flowsheet(s)\ in\ that\ year}{\#\ of\ all\ diabetic\ patients\ in\ panel} \times 100$			

	▪ Calculate the % of diabetic patients without diabetes flowsheets as, per calendar year: $$\% = 100 - \% \; of \; diabetic \; patients \; with \; flowsheet(s)$$ • **% of diabetic patients in my panel with flowsheets who had BP of 130/80 mmHg or less in during the year:** ▪ Using the list of patients with flowsheet identified for the previous indicator, ▪ Look up all patients in the panel who have diabetes and who also had a CDM-QIP flowsheet for diabetes completed for the corresponding year AND a recorded BP value of 130/80 mmHg or less in the most recent flow sheet for diabetes. ▪ Calculate the % of diabetic patients with diabetes flowsheets and BP below 130/80 mmHg as, per calendar year: $$\% = \frac{\#\; of \; diabetic \; patients \; in \; panel \; who \; had \; flowsheet(s) \; in \; that \; year \; and \; BP \; of \; \frac{130}{80} mmHg \; or \; less}{\#\; of \; all \; diabetic \; patients \; in \; panel \; with \; flowsheet(s) \; for \; diabetes} \times 100$$ ▪ Calculate the % of diabetic patients with diabetes flowsheets and with recorder BP greater than 130/80mmHg as: $$\% = 100 - \% \; of \; diabetic \; patients \; with \; flowsheet(s) \; and \; BP \; lower \; than \frac{130}{80} mmHg$$
Inclusion :	• Patients in the panel with diabetes as per the CCDSS methodology. • Patients who had at least one flowsheet for diabetes completed in the year. • Patients with at least one recorded measurement(s) of A1C Hb.
Notes	
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).

A1C Hb in Diabetes

Indicator Information				
Indicator name :	What was the A1C Hb profile of diabetic patients in your panel with completed flowsheets?			
Description :	This indicator shows the proportion of diabetic patients who had a flow sheet completed and their lowest A1C Hb measurement by year.			
Location in report :	from page	10	to page	10
Stratification:	Calendar years: • 2021 • 2022 • 2023 Age groups: • 65 years and older • Less than 65 years			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• **To identify Diabetic patients using the CCDSS methodology :** ▪ MSB → to identify visits related to diabetes. ▪ DAD → to identify hospitalizations related to diabetes.			
Other Data :	• **CCDSS for diabetes :** ▪ Each year HQC will identify diabetic patients using a methodology aligned with the CCDSS. ▪ HQC will provide the list of diabetic patients identified to eHealth to create these indicators up to the last day of the reference period. ▪ The data will include at least the following variables: health card number and date of diagnosis. • **Chronic Disease Management – Quality Improvement Project (CDM-QIP):** ▪ Flow sheets for Diabetes			
Updates :	• The denominator (i.e., patients with a diagnosis of Diabetes) is updated on a yearly basis. • HQC will generate a list of patients in the province, by year, who meet the CCDSS administrative definition of diabetes.			
Indicator Calculation				
Calculation :	• **To calculate the % of diabetic patients in the panel who had flowsheet(s) for diabetes completed for each year and age group:** ▪ Using the list of patients with flowsheet identified for the previous indicator, ▪ Look up all patients in the panel who have diabetes and who also had a CDM-QIP flowsheet for diabetes completed for the corresponding year AND a recorded A1C HB value of. ▪ Calculate the % of diabetic patients with diabetes flowsheets based and a A1C Hb value (patients in the numerator and denominator must be of the same age group) in the most recent flow sheet, by calendar year and age group: ▪ Less than 7%: $\% = \frac{\#\ of\ diabetic\ patients\ in\ panel\ who\ had\ flowsheet(s)\ \ and\ A1C\ Hb\ of\ less\ than\ 7\%}{\#\ of\ all\ diabetic\ patients\ in\ panel\ with\ flowsheet(s)\ for\ diabetes\ and\ 1+\ A1C\ Hb\ measurements}$ ▪ Between 7% and 8.5%:			

	$\% = \frac{\#\ of\ diabetic\ patients\ in\ panel\ who\ had\ flowsheet(s)\ \ and\ A1C\ Hb\ between\ 7\%\ and\ 8.5\%}{\#\ of\ all\ diabetic\ patients\ in\ panel\ with\ flowsheet(s)\ for\ diabetes\ and\ 1+\ A1C\ Hb\ measurements}$ ▪ Greater than 8.5%: $\% = \frac{\#\ of\ diabetic\ patients\ in\ panel\ who\ had\ flowsheet(s)\ \ and\ A1C\ Hb\ greater\ than\ 8.5\%}{\#\ of\ all\ diabetic\ patients\ in\ panel\ with\ flowsheet(s)\ for\ diabetes\ and\ 1+\ A1C\ Hb\ measurements}$
Inclusion :	• Patients in the panel with diabetes as per the CCDSS methodology. • Patients who had at least one flowsheet for diabetes completed in the year. • Patients with at least one recorded measurement(s) of A1C Hb.
Exclusion :	• Patients without completed flowsheets for diabetes.

Coronary Artery Disease

Indicator Information				
Indicator name :	What % of coronary artery disease (CAD) patients in my panel had flowsheets ? and What % of CAD patients with flowsheet(s) had a blood pressure (BP) below the 140/90 mmHg limit?			
Description :	This indicator shows the proportion (%) of the patients in the panel with a diagnosis of CAD (identified using the Canadian Chronic Disease Surveillance System – CCDSS) who had a flowsheet completed			
Location in report :	from page	11	to page	11
Stratification:	Calendar years: • 2021 • 2022 • 2023 Sex: Male, Female			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• **To identify CAD patients using the CCDSS methodology :** ▪ MSB → to identify visits related to CAD. ▪ DAD → to identify hospitalizations related to CAD.			
Other Data :	• **CCDSS for CAD :** ▪ Each year HQC will identify diabetic patients using a methodology aligned with the CCDSS. ▪ HQC will provide the list of CAD patients identified to eHealth to create these indicators up to the last day of the reference period. ▪ The data will include at least the following variables: health card number and date of diagnosis. • **Chronic Disease Management – Quality Improvement Project (CDM-QIP):** ▪ Flow sheets for CAD			
Updates :	• The denominator (i.e., patients with a diagnosis of CAD) is updated on a yearly basis. • HQC will generate a list of patients in the province, by year, who meet the CCDSS administrative definition of CAD.			
Indicator Calculation				
Calculation :	• **% of CAD patients in my panel had flowsheets, for each year:** ▪ Access the CCDSS data for CAD to identify all individuals in the panel with a diagnosis of CAD as per the CCDSS methodology. ▪ Look up all patients in the panel (list of health card numbers) who have CAD and who also had a CDM-QIP flowsheet for CAD completed for the corresponding year. ▪ Calculate the % of CAD patients with diabetes flowsheets as: $\% = \frac{\#\ of\ CAD\ in\ panel\ who\ had\ flowsheet(s)\ in\ that\ year}{\#\ of\ all\ CAD\ patients\ in\ panel} \times 100$ ▪ Calculate the % of CAD without diabetes flowsheets as: $\% = 100 - \%\ of\ CAD\ patients\ with\ flowsheet(s)$			

	• **% of CAD patients in my panel with flowsheets who had BP of 140/90 mmHg or less, for each year and by sex:** ▪ Using the list of patients with flowsheet identified for the previous indicator (keeping only those corresponding to the current sex), ▪ Look up all patients in the panel who have CAD and who also had a CDM-QIP flowsheet for CAD completed for the corresponding year AND a recorded BP value of 140/90 mmHg or less in the most recent flow sheet for CAD. ▪ Calculate the % of CAD patients with CAD flowsheets and BP below 140/90 mmHg as: $$\% = \frac{\#\ of\ CAD\ patients\ in\ panel\ who\ had\ flowsheet(s)\ in\ that\ year\ and\ BP\ of\ \frac{140}{90} mmHg\ or\ less}{\#\ of\ all\ CAD\ patients\ in\ panel\ with\ flowsheet(s)\ for\ CAD} \times 100$$ ▪ Calculate the % of CAD patients with CAD flowsheets and with recorder BP greater than 140/90mmHg in the most recent flow sheet for CAD as: $$\% = 100 - \%\ of\ CAD\ patients\ with\ flowsheet(s)\ and\ BP\ lower\ than\ \frac{140}{90} mmHg$$
Inclusion :	• Patients in the panel with CAD as per the CCDSS methodology.
NOTES	
	CAD flow sheets include: • Diabetes + CAD flow sheets and/or • CAD flow sheets and/or • CAD and hearth failure flow sheets

LDL on CAD patients

Indicator Information				
Indicator name :	What % of CAD patients with flowsheet(s) had a Low-Density Lipid (LDL) test below the 2 mmol/L target? (LDL below 2mmol/L (%)?)			
Description :	This indicator shows the proportion (%) of the patients in the panel with a diagnosis of CAD (identified using the Canadian Chronic Disease Surveillance System – CCDSS) who had a flowsheet completed			
Location in report :	from page	11	to page	11
Stratification:	Calendar years: • 2021 • 2022 • 2023 Sex: Male, Female			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• **To identify CAD patients using the CCDSS methodology :** ▪ MSB → to identify visits related to CAD. ▪ DAD → to identify hospitalizations related to CAD.			
Other Data :	• **CCDSS for CAD :** ▪ Each year HQC will identify diabetic patients using a methodology aligned with the CCDSS. ▪ HQC will provide the list of CAD patients identified to eHealth to create these indicators up to the last day of the reference period. ▪ The data will include at least the following variables: health card number and date of diagnosis. • **Chronic Disease Management – Quality Improvement Project (CDM-QIP):** ▪ Flow sheets for CAD			
Updates :	• The denominator (i.e., patients with a diagnosis of CAD) is updated on a yearly basis. • HQC will generate a list of patients in the province, by year, who meet the CCDSS administrative definition of diabetes.			
Indicator Calculation				
Calculation :	• **% of CAD patients in my panel with flowsheets who had LDL levels below 2 mmol/L, for each year and by sex:** ▪ Using the list of patients with flowsheet identified for the previous indicator (keeping only those corresponding to the current sex), ▪ Look up all patients in the panel who have CAD and who also had a CDM-QIP flowsheet for CAD completed for the corresponding year AND a recorder LDL of equal to or less than 2 mmol/L in the most recent flow sheet for CAD. ▪ Calculate the % of CAD patients with CAD flowsheets and a recorder LDL of equal to or less than 2 mmol/L in the most recent flow sheet for CAD as: $\% = \frac{\#\ of\ CAD\ patients\ in\ panel\ who\ had\ flowsheet(s)\ in\ that\ year\ and\ LDL\ 2mmol/L\ or\ less}{\#\ of\ all\ CAD\ patients\ in\ panel\ with\ flowsheet(s)\ for\ CAD} \times 100$			

	▪ Calculate the % of CAD patients with CAD flowsheets and with a recorder LDL of equal to or less than 2 mmol/L in the most recent flow sheet for CAD as: $\% = 100 - \%\ of\ CAD\ patients\ with\ flowsheet(s)\ and\ LDL\ lower\ than 2\ mmol/L$
Inclusion :	• Patients in the panel with CAD as per the CCDSS methodology
NOTES	
	CAD flow sheets include: • Diabetes + CAD flow sheets and/or • CAD flow sheets and/or • CAD and hearth failure flow sheets

Statins in CAD

Indicator Information				
Indicator name :	What % of CAD patients with flowsheet(s) had a Statins prescription during the year? (What percentages is on statins? (%))			
Description :	This indicator shows the proportion (%) of the patients in the panel with a diagnosis of CAD (identified using the Canadian Chronic Disease Surveillance System – CCDSS) who received at least one prescription for Statins during the year.			
Location in report :	from page	11	to page	11
Stratification:	Calendar years: • 2021 • 2022 • 2023 Sex: Male, Female			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• **To identify CAD patients using the CCDSS methodology :** ▪ MSB → to identify visits related to CAD. ▪ DAD → to identify hospitalizations related to CAD. ▪ Drug data → to identify Statins prescriptions claims.			
Other Data :	• **CCDSS for CAD :** ▪ Each year HQC will identify CAD patients using a methodology aligned with the CCDSS. ▪ HQC will provide the list of CAD patients identified to eHealth to create these indicators up to the last day of the reference period. ▪ The data will include at least the following variables: health card number, date of diagnosis, and a flag to indicate whether that patient received stating or not for each calendar year (2021-2023).			
Updates :	• The denominator (i.e., patients with a diagnosis of CAD) is updated on a yearly basis. • HQC will generate a list of patients in the province, by year, who meet the CCDSS administrative definition of diabetes.			
Indicator Calculation				
Calculation :	• **% of CAD patients in my panel who filled at least one prescription for Statins in the year, for each year and by sex:** $\% = \frac{\#\ of\ CAD\ patients\ in\ panel\ who\ filled\ at\ least\ one\ statin\ prescription\ between\ JAN\ and\ DEC}{\#\ of\ all\ CAD\ patients\ in\ panel\ (that\ year)} \times 100$			
Inclusion :	• Patients in the panel with CAD as per the CCDSS methodology			
NOTES				

Healthcare utilisation

Emergency department visits (ED)

Number of emergency department visits by patients in my panel

Indicator Information				
Indicator name :	Number of emergency department visits by patients in my panel			
Description :	Summary of ED visits among patients in the panel			
Location in report :	from page	12	to page	12
Stratification:	Calendar year: • 2021 • 2022 • 2023 Number of visits.			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• **All:** ▪ NACRS → to identify Emergency Department (ED) visits from patients in the panel.			
Other Data :	• **All**: ○ Physician Panel Data →to identify patients in the panel of the requesting physician			
Indicator Calculation				
Calculation :	• **PIE CHART (visits to the ED during the reference period):** • **Calculate the # of ED visits among all patients in the panel for any reason:** ▪ Count the number of times each patient in the panel visited the ER during the reference period. ▪ Count the number of patients in each category based on the number of times that they visited the ED (e.g. No visits, 1 visit, 2-4 visits, etc.) during the reference period as defined in the report. $\% = \frac{\#\ of\ patients\ in\ the\ category\ during\ the\ reference\ period}{\#\ of\ patients\ in\ the\ panel} \times 100$ • **TABLE (visits to the ED per calendar year):** • **Calculate the # of ED visits among all patients in the panel for any reason, per calendar year.** ▪ Count the number of times each patient in the panel visited the ER in the year. ▪ Count the number of patients in each category based on the number of times that they visited the ED (e.g. No visits, 1 visit, 2-4 visits, etc.) during the year as defined in the report. ▪ Calculate the percentage of patients in each category of ED visits as: $\% = \frac{\#\ of\ patients\ in\ the\ category\ in\ that\ year}{\#\ of\ patients\ in\ the\ panel} \times 100$ ▪ Repeat the calculation above for each year and for each number of visits category to build the table.			
Notes				

NACRS	• The National Ambulatory Care Reporting System (NACRS) collects demographic, administrative, clinical, and service-specific data for ED, and other ambulatory care visits. In Saskatchewan coverage is not complete across the province and some institutions may not report to the NACRS or may report at a different level than ED department of major hospital situated in large urban centres.

Percentage of ED visits by CTAS level

Indicator Information				
Indicator name :	Potentially avoidable ED visits (including comparison with Network average)			
Description :	Potentially avoidable visits are those with an ED triage score of the Canadian Triage. and Acuity Scale (CTAS) of 4 or 5 (non-urgent) when accompanied by a discharge diagnosis that is considered to be potentially treatable by a family physician in the office. The CTAS is a 5-level triage system used to prioritize patient care requirements of ED. The following graphic shows the overall distribution of ED visits from patients in your panel by CTAS level.			
Location in report :	from page	13	to page	13
Stratification:	Canadian Triage and Acuity Score (CTAS): • CTAS 1-5			
Level:	Panel			
Benchmarking:	Health Network			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• **All:** ▪ NACRS → to identify Emergency Department (ED) visits from patients in the panel. ▪ PHRS→ to get the AGE and SEX of the patients in the panel.			
Other Data :	• **All**: ○ Physician Panel Data →to identify patients in the panel of the requesting physician.			
Updates :				
Indicator Calculation				
Calculation :	• **Calculate the % of ED visits by CTAS level (1 to 5) for all ED visits from patients in the panel during the reference period:** $\% = \frac{\#\ of\ al\ ED\ visits\ in\ CTAS\ category\ from\ any\ patient\ in\ the\ panel}{\#\ total\ number\ of\ ED\ visits\ (any\ CTAS) from\ all\ patients\ in\ the\ panel} \times 100$			
Notes				
NACRS	• The National Ambulatory Care Reporting System (NACRS) collects demographic, administrative, clinical, and service-specific data for ED, and other ambulatory care visits. In Saskatchewan coverage is not complete across the province and some institutions may not report to the NACRS or may report at a different level than ED department of major hospital situated in large urban centres.			

ED visits by time-of-day, sex, age group and CTAS level

Indicator Information				
Indicator name :	ED visits by time-of-day, sex, age group and CTAS level			
Description :	Summary of ED visits by age group, CTAS level category, sex, and time of day.			
Location in report :	from page	13	to page	13
Stratification:	Canadian Triage and Acuity Score (CTAS): • CTAS 1-3, 4, 5 Time of Day (of ED visit): • Daytime (8h – 17h) • Evening (17h – 22h) • Overnight (22h – 8h) Sex: • Male • Female Age group • Less than 65 years • 65 years and older			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• **All:** ▪ NACRS → to identify Emergency Department (ED) visits from patients in the panel. Relevant variables include: health card number, CTAS, time of arrival at ED			
Other Data :	• **All**: ○ Physician Panel Data →to identify patients in the panel of the requesting physician			
Indicator Calculation				
Calculation :	• **Calculate the % of ED visits by CTAS level (1 to 5) for all ED visits from patients in the panel during the reference period:** ▪ Count the number of ED visits that took place during each time-of-day category (daytime, evening, and overnight), from patients in the panel stratified by their age group and sex, that corresponds to each CTAS level (CTAS 1-5). ▪ Count total number of ED visits (any time of day) from patients in the panel stratified by their age group and sex, that corresponds to each CTAS level (CTAS 1-5). <u>This number corresponds to the first (top) row of each table.</u> ▪ Divide the 2 numbers calculated above and multiple by 100 to obtain the corresponding percentage. $\% = \frac{\#\ of\ ED\ visits\ by\ time\ of\ day}{\#\ of\ all\ ED\ visits\ (all\ times\ of\ day)} \times 100$ ○ Repeat the calculation above for each combination of CTAS, tim-of-day, and sex and age group.			
Notes				
NACRS	• The National Ambulatory Care Reporting System (NACRS) collects demographic, administrative, clinical, and service-specific data for ED, and other ambulatory care visits. In Saskatchewan coverage is not complete across the province and some institutions may not report to the NACRS or may report at a different level than ED department of major hospital situated in large urban centres.			

	• **Age:** the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).

Most frequent diagnoses for CTAS 4/5 ED visits

Indicator Information				
Indicator name :	Percentage of CTAS4/5 ED visits by discharge diagnosis (ICD-10), age group & time of day			
Description :	Top 6 diagnoses (ICD-10 codes category) that have driven ED visits (only CTAS 4-5 are included) from patients in panel			
Location in report :	from page	14	to page	14
Stratification:	Time of Day (of ED visit): • Daytime (8h – 17h) • Evening (17h – 22h) • Overnight (22h – 8h) Sex: • Male • Female			
Level:	All patients in the panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **All :** ▪ NACRS → to get the diagnosis code associated with each ED visit patients in the panel. ▪ PHRS→ to get the AGE of patients in the panel.			
Other Data :	• **All**: ▪ Physician Panel Data →to identify patients in the panel of the requesting physician			
Indicator Calculation				
Calculation :	• **To identify the top 6 diagnoses (stratified by AGE group and time-of-day):** ▪ Keep the diagnosis code category of all ED visits from patients in the panel within that AGE group/time-of-day combination with a CTAS level of 4 or 5. ▪ Count the number of times each diagnosis code category occurs. ▪ Keep the 6 most frequent code categories. • **To Calculate the % (stratified by AGE group and time-of-day, for each of the top ICD9 codes):** $\% = \frac{\#\ of\ visits\ with\ each\ ICD-10\ code\ category\ (CTAS4-5\ only)}{\#\ of\ all\ ED\ visits\ of\ patients\ in\ panel\ (CTAS\ 4-5\ only)} \times 100$ ▪ Repeat the calculation for each time-of-day and age group combination.			
Inclusion:	• Only ED visits with a CTAS level of 4 or 5 are included. • All ED visits from any patient in the panel.			
Exclusion :	• ED visits with a CTAS level of 1, 2 or 3 were excluded to calculate this indicator.			
Notes				
Potentially avoidable ED visits and CTAS	• Potentially avoidable visits are those with an ED triage score of the Canadian Triage and Acuity Scale (CTAS) of 4 or 5 (non-urgent) when accompanied by a discharge diagnosis that is considered to be potentially treatable by a family physician in the office.			

Acute care (hospitalizations)

Patients in panel hospitalised and average length of stay

Indicator Information				
Indicator name :	Patients in panel hospitalised and average length of stay			
Description :	This indicator provides the number and proportion (%) of patients in the panel, categorized by age group, that had at least one inpatient hospitalisation for any cause as well as the average length of stay (LOS) of all episodes of admission among all patients in the same age category.			
Location in report :	from page	15	to page	15
Stratification:	Age group			
Level:	Panel			
Benchmarking:	Health Network			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **All:** ▪ DAD → to identify inpatient hospitalisations records of patients in the panel. Relevant variables include health card number, length of stay, and episode of care. ▪ PHRS→ to get the AGE of the patients in the panel.			
Other Data :	• **All**: ○ Physician Panel Data →to identify patients in the panel of the requesting physician.			
Indicator Calculation				
Calculation :	• **Calculate the # of inpatient hospitalisations among all patients in the panel for any reason, stratified by age group.** ▪ Count the number of distinct episodes of care during the reference period. ▪ Multiple records with the same episode of care number should be counted as a single hospitalisation. ▪ This number is not part of the output but is needed for subsequent calculations. • **Calculate the average length of stay (LOS) of inpatient hospitalisations among all patients in the panel for any reason, stratified by age group, as:** $$\textbf{Average LOS} = \frac{sum\ of\ (LOS\ of\ all\ episodes\ of\ care\ among\ all\ patients\ in\ age\ group)}{total\ number\ of\ episodes\ of\ care\ among\ all\ patients\ in\ age\ group}$$ ▪ Repeat the calculation for each age group. • **Calculate the proportion (%) of people within age group who were hospitalized at least once, as:** ▪ Count the number of people within each group. ▪ Calculate the % of people in the age group who had at least one in-patient hospitalization: $$\% = \frac{\#\ of\ patients\ hospitalized\ 1 + times\ during\ the\ 2023\ year}{\#\ of\ patients\ in\ the\ panel} \times 100$$ ▪ Repeat the calculation for each age group.			
Inclusion :	• All inpatient hospitalisation for any cause (ICD-10 codes) that occurred during 2023 among patients in the panel. • Only inpatient hospitalisation admissions are included.			

	• The average length of stay includes days spent in the hospital as an alternate level of care (ALC) patient.
Exclusion :	• Multiple records (separations) in the DAD that correspond to the same episode of care of the same patient are not counted as multiple hospitalisations. All the records belonging to a single episode of care as counted as a single hospitalisation. • Day surgery admissions are not included.
Notes	
DAD	• Originally developed in 1963, the Discharge Abstract Database (DAD) captures administrative, clinical, and demographic information on hospital discharges (including deaths, sign-outs, and transfers). Some provinces and territories, including SK, also use the DAD to capture day surgery. • **Age:** the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).

Number of hospitalizations of patients in my panel

Indicator Information				
Indicator name :	Number of inpatient hospitalizations (admissions) by patients in my panel			
Description :	This indicator shows the percentages of patients in my panel based on the number of in-patient hospitalizations during the reference period			
Location in report :	from page	15	to page	15
Stratification:	Number of hospitalizations • 1 admission • 2 admissions • 3 admissions • 4 or more admissions			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **All:** ▪ DAD → to identify inpatient hospitalisations records of patients in the panel. Relevant variables include health card number and episode of care. ▪ PHRS→ to get the AGE of the patients in the panel.			
Other Data :	• **All**: ○ Physician Panel Data →to identify patients in the panel of the requesting physician.			
Indicator Calculation				
Calculation :	• **PIE CHART (hospital admissions during the reference period):** • **Calculate the # of hospitalizations (admissions) among all patients in the panel for any reason:** ▪ Count the number of times each patient in the panel visited was hospitalized (i.e. different episodes of care) during the reference period. ▪ Count the number of patients in each category based on the number of times that they were admitted (e.g. None, 1 admission, 2 admissions, etc.) during the reference period as defined in the report. $\% = \frac{\#\ of\ patients\ admitted\ in\ the\ category\ during\ the\ reference\ period}{\#\ of\ patients\ in\ the\ panel} \times 100$ • **TABLE (hospital admissions per calendar year):** • **Calculate the # of hospitalizations (admissions) among all patients in the panel for any reason, per calendar year.** ▪ Count the number of times each patient in the panel was admitted as an in-patient during the corresponding calendar year. ▪ Count the number of patients in each category based on the number of times that they were admitted (e.g. None, 1 admission, 2 admissions, etc.) in each calendar year as defined in the report. ▪ Calculate the percentage of patients in each category of hospital admissions as: $\% = \frac{\#\ of\ patients\ admitted\ in\ the\ category\ during\ that\ year}{\#\ of\ patients\ in\ the\ panel} \times 100$ ▪ Repeat the calculation above for each year and for each number of visits category to build the table.			
Inclusion :	• All inpatient hospitalisation for any cause (ICD-10 codes) that occurred during the reference period among patients in the panel.			

	• Only <u>inpatient</u> hospitalisation admissions are included.
Exclusions :	• Multiple records (separations) in the DAD that correspond to the same episode of care of the same patient are not counted as multiple hospitalisations. All the records belonging to a single episode of care as counted as a single hospitalisation. • Day surgery admissions are not included.
Notes	
DAD	• Originally developed in 1963, the Discharge Abstract Database (DAD) captures administrative, clinical, and demographic information on hospital discharges (including deaths, sign-outs, and transfers). Some provinces and territories, including SK, also use the DAD to capture day surgery.

Top 6 most responsible diagnoses for in-patient hospitalizations

Indicator Information				
Indicator name :	Percentage of hospitalizations by discharge code category (ICD-10) by age group & sex			
Description :	Top 6 diagnoses (ICD-10 codes category) that have driven visits with family physicians (only with requesting physician) from patients in panel			
Location in report :	from page	16	to page	16
Stratification:	SEX (columns), AGE groups (rows)			
Level:	All patients in the panel			
Benchmarking:	Health Network (average LOS)			
Period:	Reference period (from 01/01/2021 to 31/12/2023)			
Data Sources				
Administrative Data :	• **All:** ▪ DAD → to identify inpatient hospitalisations records of patients in the panel. Relevant variables include health card number, episode of care, first diagnosis code. ▪ PHRS→ to get the AGE and SEX of the patients in the panel.			
Other Data :	• **All**: ○ Physician Panel Data →to identify patients in the panel of the requesting physician.			
Indicator Calculation				
Calculation :	• **To identify the top 6 diagnoses (stratified by AGE group and SEX):** ▪ Create a single record for each episode of care by compressing all the separations within each episode of care into a single record (i.e., one record per hospitalization). ▪ Add the LOS of all separations to obtain the LOS of the episode of care (i.e., the hospitalization) ▪ Keep the first diagnosis code corresponding to the episode of care ▪ Among all patients withing the same age group and sex, count the number of times each different ICD10 diagnosis code category occurs ▪ Keep the top 6 diagnosis code category (i.e., the most common) for each combination of age group and sex. ▪ The top 6 diagnosis code categories will be identified at the panel level, not at the Health Network level. • **For each of the top 6 diagnosis codes category (based on panel hospitalizations) identified within each age group-sex combination:** ▪ Count the number of hospitalizations that occurred during the reference period among patients of each age group and sex category. This will be the denominator. ▪ Add the LOS of all hospitalizations with the same diagnosis code. This will be the numerator. • **To Calculate average LOS (stratified by AGE group and SEX, for each ICD10 code category):** $\boldsymbol{Average\ LOS} = \frac{Total\ LOS\ \ of\ all\ hosptalization\ with\ the\ same\ ICD10\ code\ category}{\#\ of\ all\ hospitalizations\ with\ the\ same\ ICD10\ code\ category}$ ▪ Repeat the calculation at the Health Network level to complete the table.				

Inclusion:	• All inpatient hospitalisation for any cause (ICD-10 code categories) that occurred during the reference period among patients in the panel will be used as an input. • Only inpatient hospitalisation admissions are included.
Exclusion :	• Multiple records (separations) in the DAD that correspond to the same episode of care of the same patient are not counted as multiple hospitalisations. All the records belonging to a single episode of care as counted as a single hospitalisation. • Only the top 6 most common ICD10 diagnosis code categories at the panel level will be used to generate the output in the report. • Day surgery admissions are not included.
Notes	
DAD	• Originally developed in 1963, the Discharge Abstract Database (DAD) captures administrative, clinical, and demographic information on hospital discharges (including deaths, sign-outs, and transfers). Some provinces and territories, including SK, also use the DAD to capture day surgery. • **Age:** the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).

Prescribing indicators

Antipsychotic

Percentage of senior patients in your panel who filled antipsychotic prescriptions by year

Indicator Information				
Indicator name :	Percentage of senior patients in your panel who filled antipsychotic prescriptions by year			
Description :				
Location in report :	from page	18	to page	18
Stratification:	Calendar years: • 2021 • 2022 • 2023			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• DPD → to identify prescription medication dispensation of patients in the panel. Relevant variables include health card number, drug identification number (DIN), and date of service. • PHRS→ to get the AGE of patients in the panel.			
Other Data :	• Physician Panel Data →to identify patients in the panel of the requesting physician. • List of DINs for Antipsychotics.			
Updates :	• List of antipsychotic medications is updated on an ad-hoc basis by HQC.			
Indicator Calculation				
Calculation :	• Count the number of people aged 65 or older in the panel who filled at least one prescription for any antipsychotic medication (based on the DIN list provided by HQC) during each calendar year. This is the numerator. • Count the number of people aged 65 or older in the panel for each calendar year. • Calculate the % as: $\% = \frac{\#\ of\ patients\ 65+\ with\ 1\ or\ more\ antipsychotic\ prescriptions\ during\ the\ year}{\#\ of\ patients\ 65+\ in\ the\ panel} \times 100$ • Repeat the calculation for each calendar year.			
Inclusion :	• Only dispensations of antipsychotic prescription medications based on the corresponding Drug Identification Number (DIN) are included.			
Exclusion :	• Dispensation of any medication not included in the list of DINs. • Medication claims of patients aged 65 that year (as of the last day of the year).			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).			

Percentage of senior patients in your panel by number of days for which they received antipsychotics in 2023

Indicator Information				
Indicator name :	Percentage of senior patients in your panel by number of days for which they received antipsychotics in 2023			
Description :				
Location in report :	from page	18	to page	18
Stratification:	Calendar years: • 2023 Day supply groups: • 1 to 60 days • 61 to 120 days • 121 to 180 days • 181 to 240 days • More than 240 days			
Level:	Panel			
Benchmarking:	None			
Period:	2023 only			
Data Sources				
Administrative Data :	• DPD → to identify prescription medication dispensation of patients in the panel. Relevant variables include health card number, drug identification number (DIN), date of service, and days supply. • PHRS→ to get the AGE of patients in the panel.			
Other Data :	• Physician Panel Data →to identify patients in the panel of the requesting physician. • List of DINs for Antipsychotics.			
Updates :	• List of antipsychotic medications is updated on an ad-hoc basis by HQC.			
Indicator Calculation				
Calculation :	• Categorize all dispensations records for any antipsychotic prescription medications (based on the list of DINs provided by HQC) based on the days supplied using the categories shown in the report. • Add the days supply of all the medication claims (for antipsychotics) for each patient 65 and older in the panel in 2023. This is the total supply of antipsychotics for the year. • Categorize each patient 65 and older based n the total supply of antipsychotics for the year. • Count the number of people if each day supply category. This is the numerator • Count the total number of people 65 and older in the panel who had at least one prescription of any antipsychotic medication. This is the denominator. • Calculate the % corresponding to each day supply category as: $\% = \frac{\#\ of\ patients\ 65\ during\ the\ year\ within\ the\ days\ supply\ category}{\#\ of\ patients\ 65+\ in\ the\ panel\ who\ had\ at\ least\ one\ claim\ of\ antipsychotics} \times 100$ • Repeat the calculation for all day supply categories			
Inclusion :	• Only dispensations of antipsychotic prescription medications based on the corresponding Drug Identification Number (DIN) are included.			
Exclusion :	• Dispensation of any medication not included in the list of DINs. • Medication claims of patients aged 65 that year (as of the last day of the year).			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).			

Antipsychotic prescriptions by prescriber

Indicator Information				
Indicator name :	Who prescribed them?			
Description :				
Location in report :	from page	18	to page	18
Stratification:	Calendar years: • 2023			
Level:	Panel			
Benchmarking:	None			
Period:	2023 only			
Data Sources				
Administrative Data :	• DPD → to identify prescription medication dispensation of patients in the panel. Relevant variables include health card number, drug identification number (DIN), date of service, and prescriber ID number. • PHRS→ to get the AGE of patients in the panel.			
Other Data :	• Physician Panel Data →to identify patients in the panel of the requesting physician. • List of DINs for Antipsychotics.			
Updates :	• List of antipsychotic medications is updated on an ad-hoc basis by HQC.			
Indicator Calculation				
Calculation :	• Create a list of all antipsychotic claims in 2023 from patients aged 65 and older in the panel. • Using the prescriber ID, categorize each antipsychotic dispensation based on the provider as: i. You ii. Clinic colleagues iii. Others , where You=requesting physician. • For each distinct patient (each different health card number), identify whether they filled antipsychotic prescriptions issued by: i. You ii. You & clinic colleagues iii. You & others iv. You & clinic colleagues & others v. Clinic colleagues vi. Clinic colleagues & others vii. Others , where You=requesting physician. • For each category described in the previous step (i-vii), calculate the % as: $\% = \frac{\#\ of\ patients\ in\ the\ category}{\#\ of\ patients\ aged\ 65+\ in\ the\ panel} \times 100$			
Inclusion :	• Only dispensations of antipsychotic prescription medications based on the corresponding Drug Identification Number (DIN) are included.			
Exclusion :	• Dispensation of any medication not included in the list of DINs. • Medication claims of patients aged 65 that year (as of the last day of the year).			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).			

Opioids

Percentage of senior patients in your panel who filled opioid prescriptions by year

Indicator Information				
Indicator name :	Percentage of senior patients in your panel who filled opioid prescriptions by year			
Description :				
Location in report :	from page	19	to page	19
Stratification:	Calendar years: • 2021 • 2022 • 2023			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• DPD → to identify prescription medication dispensation of patients in the panel. Relevant variables include health card number, drug identification number (DIN), and date of service. • PHRS→ to get the AGE of patients in the panel.			
Other Data :	• Physician Panel Data →to identify patients in the panel of the requesting physician. • List of DINs for Opioids.			
Updates :	• List of opioid medications is updated on an ad-hoc basis by HQC.			
Indicator Calculation				
Calculation :	• Count the number of people aged 65 or older in the panel who filled at least one prescription for any opioid (based on the DIN list provided by HQC) during each calendar year. This is the numerator. • Count the number of people aged 65 or older in the panel for each calendar year. • Calculate the % as: $\% = \frac{\#\ of\ patients\ 65+\ with\ 1\ or\ more\ opioid\ prescriptions\ during\ the\ year}{\#\ of\ patients\ 65+\ in\ the\ panel} \times 100$ • Repeat the calculation for each calendar year.			
Inclusion :	• Only dispensations of opioid prescription medications based on the corresponding Drug Identification Number (DIN) are included.			
Exclusion :	• Dispensation of any medication not included in the list of DINs. • Medication claims of patients aged 65 that year (as of the last day of the year).			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).			

Percentage of senior patients in your panel by number of days for which they received opioids in 2023

Indicator Information				
Indicator name :	Percentage of senior patients in your panel by number of days for which they received opioids in 2023			
Description :				
Location in report :	from page	19	to page	19
Stratification:	Calendar years: • 2023 Day supply groups: • 1 to 60 days • 61 to 120 days • 121 to 180 days • 181 to 240 days • More than 240 days			
Level:	Panel			
Benchmarking:	None			
Period:	2023 only			
Data Sources				
Administrative Data :	• DPD → to identify prescription medication dispensation of patients in the panel. Relevant variables include health card number, drug identification number (DIN), date of service, and days supply. • PHRS→ to get the AGE of patients in the panel.			
Other Data :	• Physician Panel Data →to identify patients in the panel of the requesting physician. • List of DINs for Opioids.			
Updates :	• List of opioid medications is updated on an ad-hoc basis by HQC.			
Indicator Calculation				
Calculation :	• Categorize all dispensations records for any opioid prescription medications (based on the list of DINs provided by HQC) based on the days supplied using the categories shown in the report. • Add the days supply of all the medication claims (for opioids) for each patient 65 and older in the panel in 2023. This is the total supply of opioids for the year. • Categorize each patient 65 and older based n the total supply of opioids for the year. • Count the number of people if each day supply category. This is the numerator • Count the total number of people 65 and older in the panel who had at least one prescription of any opioid medication. This is the denominator. • Calculate the % corresponding to each day supply category as: $\% = \frac{\#\ of\ patients\ 65\ during\ the\ year\ within\ the\ days\ supply\ category}{\#\ of\ patients\ 65+\ in\ the\ panel\ who\ had\ at\ least\ one\ claim\ of\ antipsychotics} \times 100$ • Repeat the calculation for all day supply categories			
Inclusion :	• Only dispensations of opioid prescription medications based on the corresponding Drug Identification Number (DIN) are included.			
Exclusion :	• Dispensation of any medication not included in the list of DINs. • Medication claims of patients aged 65 that year (as of the last day of the year).			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).			

Opioid prescriptions by prescriber

Indicator Information				
Indicator name :	Who prescribed them?			
Description :				
Location in report :	from page	19	to page	19
Stratification:	Calendar years: • 2023			
Level:	Panel			
Benchmarking:	None			
Period:	2023 only			
Data Sources				
Administrative Data :	• DPD → to identify prescription medication dispensation of patients in the panel. Relevant variables include health card number, drug identification number (DIN), date of service, and prescriber ID number. • PHRS→ to get the AGE of patients in the panel.			
Other Data :	• Physician Panel Data →to identify patients in the panel of the requesting physician. • List of DINs for Opioids.			
Updates :	• List of opioid medications is updated on an ad-hoc basis by HQC.			
Indicator Calculation				
Calculation :	• Create a list of all opioid claims in 2023 from patients aged 65 and older in the panel. • Using the prescriber ID, categorize each opioid dispensation based on the provider as: i. You ii. Clinic colleagues iii. Others , where You=requesting physician. • For each distinct patient (each different health card number), identify whether they filled opioid prescriptions issued by: i. You ii. You & clinic colleagues iii. You & others iv. You & clinic colleagues & others v. Clinic colleagues vi. Clinic colleagues & others vii. Others , where You=requesting physician. • For each category described in the previous step (i-vii), calculate the % as: $\% = \frac{\#\ of\ patients\ in\ the\ category}{\#\ of\ patients\ aged\ 65+\ in\ the\ panel} \times 100$			
Inclusion :	• Only dispensations of opioid prescription medications based on the corresponding Drug Identification Number (DIN) are included.			
Exclusion :	• Dispensation of any medication not included in the list of DINs. • Medication claims of patients aged 65 that year (as of the last day of the year).			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).			

Benzodiazepines Medications

Percentage of senior patients in your panel who filled benzodiazepine prescriptions by year

Indicator Information				
Indicator name :	Percentage of senior patients in your panel who filled benzodiazepine prescriptions by year			
Description :				
Location in report :	from page	20	to page	20
Stratification:	Calendar years: • 2021 • 2022 • 2023			
Level:	Panel			
Benchmarking:	None			
Period:	Reference period (from 01/01/2021 to 31/12/2023), yearly			
Data Sources				
Administrative Data :	• DPD → to identify prescription medication dispensation of patients in the panel. Relevant variables include health card number, drug identification number (DIN), and date of service. • PHRS→ to get the AGE of patients in the panel.			
Other Data :	• Physician Panel Data →to identify patients in the panel of the requesting physician.			
Updates :	• List of benzodiazepine medications is updated on an ad-hoc basis by HQC.			
Indicator Calculation				
Calculation :	• Count the number of people aged 65 or older in the panel who filled at least one prescription for any benzodiazepine medication (based on the DIN list provided by HQC) during each calendar year. This is the numerator. • Count the number of people aged 65 or older in the panel for each calendar year. • Calculate the % as: $\% = \frac{\#\ of\ patients\ 65+\ with\ 1\ or\ more\ benzodiazepine\ prescriptions\ during\ the\ year}{\#\ of\ patients\ 65+\ in\ the\ panel} \times 100$ • Repeat the calculation for each calendar year.			
Inclusion :	• Only dispensations of benzodiazepine prescription medications based on the corresponding Drug Identification Number (DIN) are included.			
Exclusion :	• Dispensation of any medication not included in the list of DINs. • Medication claims of patients aged 65 that year (as of the last day of the year).			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).			

Percentage of senior patients in your panel by number of days for which they received benzodiazepines in 2023

Indicator Information				
Indicator name :	Percentage of senior patients in your panel by number of days for which they received benzodiazepines in 2023			
Description :				
Location in report :	from page	20	to page	20
Stratification:	Calendar years: • 2023 Day supply groups: • 1 to 60 days • 61 to 120 days • 121 to 180 days • 181 to 240 days • More than 240 days			
Level:	Panel			
Benchmarking:	None			
Period:	2023 only			
Data Sources				
Administrative Data :	• DPD → to identify prescription medication dispensation of patients in the panel. Relevant variables include health card number, drug identification number (DIN), date of service, and days supply. • PHRS→ to get the AGE of patients in the panel.			
Other Data :	• Physician Panel Data →to identify patients in the panel of the requesting physician.			
Updates :	• List of benzodiazepine medications is updated on an ad-hoc basis by HQC.			
Indicator Calculation				
Calculation :	• Categorize all dispensations records for any benzodiazepine prescription medications (based on the list of DINs provided by HQC) based on the days supplied using the categories shown in the report. • Add the days supply of all the medication claims (for benzodiazepines) for each patient 65 and older in the panel in 2023. This is the total supply of benzodiazepines for the year. • Categorize each patient 65 and older based n the total supply of benzodiazepines for the year. • Count the number of people if each day supply category. This is the numerator • Count the total number of people 65 and older in the panel who had at least one prescription of any benzodiazepine medication. This is the denominator. • Calculate the % corresponding to each day supply category as: $\% = \frac{\#\ of\ patients\ 65\ during\ the\ year\ within\ the\ days\ supply\ category}{\#\ of\ patients\ 65+\ in\ the\ panel\ who\ had\ at\ least\ one\ claim\ of\ benzodiazepines} \times 100$ • Repeat the calculation for all day supply categories			
Inclusion :	• Only dispensations of benzodiazepine prescription medications based on the corresponding Drug Identification Number (DIN) are included.			
Exclusion :	• Dispensation of any medication not included in the list of DINs. • Medication claims of patients aged 65 that year (as of the last day of the year).			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).			

Benzodiazepine prescriptions by prescriber

Indicator Information				
Indicator name :	Benzodiazepine prescriptions by prescriber65 and older			
Description :				
Location in report :	from page	20	to page	20
Stratification:	Calendar years: • 2023			
Level:	Panel			
Benchmarking:	None			
Period:	2023 only			
Data Sources				
Administrative Data :	• DPD → to identify prescription medication dispensation of patients in the panel. Relevant variables include health card number, drug identification number (DIN), date of service, and prescriber ID number. • PHRS→ to get the AGE of patients in the panel.			
Other Data :	• Physician Panel Data →to identify patients in the panel of the requesting physician.			
Updates :	• List of benzodiazepine medications is updated on an ad-hoc basis by HQC.			
Indicator Calculation				
Calculation :	• Create a list of all benzodiazepines claims in 2023 from patients aged 65 and older in the panel. • Using the prescriber ID, categorize each benzodiazepine dispensation based on the provider as: i. You ii. Clinic colleagues iii. Others , where You=requesting physician. • For each distinct patient (each different health card number), identify whether they filled benzodiazepine prescriptions issued by: i. You ii. You & clinic colleagues iii. You & others iv. You & clinic colleagues & others v. Clinic colleagues vi. Clinic colleagues & others vii. Others , where You=requesting physician. • For each category described in the previous step (i-vii), calculate the % as: $\% = \frac{\#\ of\ patients\ in\ the\ category}{\#\ of\ patients\ aged\ 65+\ in\ the\ panel} \times 100$			
Inclusion :	• Only dispensations of benzodiazepine prescription medications based on the corresponding Drug Identification Number (DIN) are included.			
Exclusion :	• Dispensation of any medication not included in the list of DINs. • Medication claims of patients aged 65 that year (as of the last day of the year).			
Notes				
	Age: the age for any indicator that include stratification based on age either throughout the reference period, or at a given year within the reference period; are based on the age of the patient on the last day of the reference period (as of December 31, 2023).			