

Patient follow-up with a primary care doctor after leaving hospital for selected conditions

Alternate Name*

7 day follow-up after leaving hospital for selected conditions

INDICATOR DESCRIPTION

Description*

This indicator measures the percentage of patients who have follow-up visits with a primary care doctor within seven days of discharge after hospitalization for any of the following conditions: pneumonia, diabetes, stroke, gastrointestinal disease, congestive heart failure, chronic obstructive pulmonary disease, heart attack and other cardiac conditions (selected HBAM Inpatient Grouper (HIG) conditions).

Indicator Status*

Active

HQO Reporting tool/product

Public reporting

Dimension*

Effective

Timely

Type*

Process

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Percentage

Calculation Methods*

Numerator divided by the denominator times 100

Numerator including inclusion/exclusion*

Number of patients who had a primary care physician visit within 7 days of discharge after hospitalization for any of the following conditions: pneumonia, diabetes, stroke, gastrointestinal disease, congestive heart failure, chronic obstructive pulmonary disease, heart attack and other cardiac conditions (selected HBAM Inpatient Grouper (HIG) conditions).

Inclusions:

1. A physician visit is counted if there is a service claim billed:
 - a. by any primary care physician in the group in which the patient is enrolled;
 - b. within 0 to 7 days of their discharge from hospital, and;
 - c. where the fee schedule code is classified as "Professional".

Note: These criteria allow for the inclusion of inpatient visits; for example, claims with a fee schedule code C124 (Day of discharge visit - most responsible physician), are eligible to be counted (assuming the claim meets the other criteria listed above). Similarly, claims for visits that take place in the Emergency Department are eligible to be counted (again, assuming the claim meets the other criteria listed above).

Exclusions:

1. Hospital discharge records with missing or invalid discharge date, admission date, health number, age and gender;
2. Ontario Health Insurance Plan (OHIP) claims that are negated, duplicates, physician claims from laboratory groups, and claims paid by the Workplace Safety and Insurance Board (WSIB).

Denominator including inclusion/exclusion*

Number of patients discharged from hospital after hospitalization for any of the following conditions: pneumonia, diabetes, stroke, gastrointestinal disease, congestive heart failure, chronic obstructive pulmonary disease, heart attack and other cardiac conditions (selected HBAM Inpatient Grouper (HIG) conditions).

Inclusions:

1. Acute inpatients in the specified HBAM Inpatient Grouper (HIGs) (see [link](#)) enrolled with a primary care physician at the time of discharge;
2. Cases that are typical, transfer in, short stay, long stay or long stay transfer in per the HIG atypical indicator (i.e. the HIG atypical indicator must be '00', '01', '09', '10', '11');
3. Included ages are cohort specific: a. patients >= 45 for acute myocardial infarction (AMI), stroke, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF); b. patients >= 40 for cardiac HIGs; c. all ages for pneumonia, diabetes, and gastrointestinal (GI).

Exclusions:

1. Death in hospital, acute transfers, patient sign-outs against medical advice;
2. Records with missing valid data on discharge/admission date, health number, age and gender;
3. Transfers to other hospital care and to other (palliative care/hospice, addiction treatment centre....) as defined by Discharge disposition '01' (for FY 2018 and onwards, discharge disposition '10'), '03' (for FY 2018 and onwards, discharge disposition '20', '30', '40', '90') or institution to type '2', '3', '7'.

Adjustment (risk, age/sex standardization)- detailed

None

Data Source

Client Agency Program Data (CAPE)

Ontario Health Insurance Plan (OHIP) Claims History Database

Discharge Abstract Database (DAD)

Patient follow-up with a primary care doctor after leaving hospital for selected conditions

<http://indicatorlibrary.hqontario.ca/Indicator/Detailed/7-day-follow-up-after-leaving-hospital/EN>

Data provided to HQO by

Ministry of Health and Long-Term Care (MOHLTC)

Reported Levels of comparability /stratifications (defined)

Time

Income

Rurality

Region

Sex

RESULT UPDATES

Indicator Results

[Click here to view Health Quality Ontario results for this indicator](#)

OTHER RELEVANT INFORMATION

Caveats and Limitations

Other types of follow-up (e.g. with a specialist or nurse practitioner) are not captured by this indicator. Follow-up visit is not condition/discharge-specific and does not necessarily have the same reason for visit as the hospitalization. It captures a visit for any reason within 7 days and may include visits unrelated to the index hospitalization. Due to age restrictions/differences for some conditions the results are not reported by age groups. Deaths which take place in the community within 7 days following discharge are not able to be accounted for and cannot be removed from the calculation.

Comments Detailed

There are several 7 day follow-up indicators that are reported with some differences in definitions. E.g. The Yearly Report includes 7-day follow-up with any doctor for people admitted to hospital for heart failure or chronic obstructive pulmonary disease, while Quality Improvement Plans report the 7 day follow-up indicator using HIGs and report the rates specific to their health organization

Footnotes

1 Jencks, S.F., Williams, M.V., Coleman, E.A. Rehospitalization among Patients in the Medicare Fee-for-Service Program. N Engl J Med. 2009; 360(14), 1418-1428. 2 Jackson C. Timeliness of Outpatient Follow-up: An Evidence-Based Approach for Planning After Hospital Discharge. 2015; The Annals of Family Medicine, 13(2), 115-122. 3 Tang N. Primary Care Physician's Ideal Transitions of Care—Where's the Evidence? Journal of Hospital Medicine. 2013; 8 (8), 472-477. 4 Misky, G. J., Wald, H. L., Coleman, E. A. Post-hospitalization transitions: Examining the effects of timing of primary care provider follow-up. Journal of Hospital Medicine. 2010; 5(7), 392-397.

TAGS

TAGS*

Primary Care

Process

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Access

Integration

Effective

Timely

Client Agency Program Data (CAPE)

Ontario Health Insurance Plan (OHIP) Claims History Database

Discharge Abstract Database (DAD)

PUBLISH

PUBLISH DATETIME*

20/12/2019 14:05:00