

Home visits by a doctor in the last 30 days of life

Alternate Name*

Percentage of people who had at least one home visit from a doctor during their last 30 days of life , among people who lived in the community during that period.

INDICATOR DESCRIPTION

Description*

This indicator measures percentage of people, among all those who lived in the community during their last 30 days of life, who had at least one physician home visit during that period. A higher percentage is better.

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 people specified in the denominator who had at least one physician home visit in their last 30-days of life.

- **G511: Telephone services to patient receiving PC at home (max 2/week)**
- **B966: Travel premium for palliative care (billed with B998/B996)**
- **B998: Home visit for palliative care between 07:00 and 24:00 (Sat, Sun, and holidays) or**
- **B997: Home visit for palliative care between 24:00 and 07:00**
- A901 (GP/FP house call)
- B990 Special visit to patient's home (weekday/daytime)
- B992 Special visit to patient's home (weekday/daytime), with sacrifice to office hours
- B993: Special visit to patient's home (Sat, Sun and holidays) between 07:00 - 24:00, non-elective
- B994: Special visit to patient's home, non-elective, (weekday/evenings)
- B996: Special visit to patient's home, night time, first patient of the night
- A900: Complex house call assessment (GP/FP)
- B960: Travel premium - Special visit to patient's home (weekday/daytime or elective home visit)
- B961: Travel premium - Special visit to patient's home (weekday/daytime), with sacrifice to office hours, non-elective
- B962: Travel premium - Special visit to patient's home, non-elective, (weekday/evenings)
- B963: Travel premium - Special visit to patient's home (Sat, Sun and holidays) between 07:00 - 24:00, non-elective
- B964: Travel premium - Special visit to patient's home, night time, first patient of the night
- B986: Travel premium - Geriatric home visit, weekdays with or without sacrifice to office hours, or Sat, Sun, holidays (07:00 - 24:00) and nights (00:00-07:00)
- B987: Geriatric home visit, nights (00:00-07:00)
- B988: Geriatric home visit, weekdays with or without sacrifice to office hours, or Sat, Sun, holidays (07:00 - 24:00)

The indicator can be reported for palliative specific visits as well

Denominator including inclusion/exclusion*

Number of people who died and were in the community in their last 30 days of life.

Exclusions:

1. People who spent their last month in the hospital, LTC/CCC or NRS.
 - If the sum of the lengths of stay (considering episodes of care within acute inpatient stays) across all institutions during the last 30 days of life equals or exceeds 30 days, the patient is considered in an institution for the duration of interest, and is excluded.
 - Institution is defined as: Acute inpatient hospital, Complex Continuing care, Long term care home, Inpatient mental health, Inpatient rehab
2. DAD death records (discharge disposition = 07) that have MCC = 19 (Trauma, injury, poisoning, toxic effect of drugs)

NACRS death records (VISIT_DISPOSITION = '10', '11') where any diagnosis code begins with one of the following: 'S', 'T', 'V', 'W', 'X', 'Y' (sudden deaths)

OMHRS death records (x90 = 2 or 3) where x90 = 2 (suicide)

Adjustment (risk, age/sex standardization)- detailed

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None

Data Source

National Ambulatory Care Reporting System (NACRS)
National Rehabilitation Reporting System (NRS)
Ontario Health Insurance Plan (OHIP) Claims History Database
Registered Persons Database (RPDB)
Postal Code Conversion File Plus (PCCF+)
Continuing Care Reporting System (CCRS)
Discharge Abstract Database (DAD)

Data provided to HQO by

Cancer Care Ontario (CCO)

Reported Levels of comparability /stratifications (defined)

Time
Age
Income
Rurality
Region
Sex

OTHER RELEVANT INFORMATION

Caveats and Limitations

- The data doesn't include information on the quality of the care, clinical details, health care needs, preferences and appropriateness of the house call. - The data shows the number of people who had at least one house call. There is no evidence of what is the appropriate number of house calls to which this could be compared - The indicator doesn't capture home visits with other non-physician providers

Comments Detailed

This indicator aligns with the palliative care QS overarching and the OPCN system level indicators.

Footnotes

1. Costa V. The Determinants of Place of Death: An Evidence-Based Analysis. Ont Health Technol Assess Ser [Internet].. 2014 Dec;14(16):1-78. Available from: <http://www.hqontario.ca/evidence/publications-and-ohltacrecommendations/ontario-health-technology-assessment-series/eol-determinants-place-of-death> 2. Barbera L, Sussman J, Viola R, Husain A, Howell D, Librach SL, et al. Factors associated with end-of-life health service use in patients dying of cancer. Healthc Policy. 2010 Feb;5(3):e125-143. 3. Tanuseputro P, Beach S, Chalifoux M, Wodchis W, Hsu A, Seow H, et al. Effect of physician home visits for the dying on place of death. [Under publication]. 4. College of Physicians and Surgeons of Ontario. Planning for and Providing Quality End-of-Life Care. CPSP Policy statement #4-15. Toronto (ON). 2016 May. Available from: <http://www.cpsso.on.ca/CPSP/media/documents/Policies/Policy-Items/End-of-Life.pdf?ext=.pdf>

TAGS

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Primary Care
Process
End-of-life / Palliative
Effective
Timely
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National Rehabilitation Reporting System (NRS)
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Postal Code Conversion File Plus (PCCF+)
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PUBLISH

PUBLISH DATETIME*

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