

PHYSICIAN INTEGRATED NETWORK  
MANITOBA HEALTH

# PIN Information Management Guide

---

Version 1.61

Updated: May 21, 2012

## Introduction

The purpose of this document is to describe the indicators used to demonstrate quality primary care within Manitoba's Physician Integrated Network (PIN) initiative. It identifies the data required to calculate each of the indicators, including the numerator and denominator.

Specifications for the associated data extract (including format and order of data elements) can be found in Manitoba's EMR Data Extract Specifications document. This document is available at:  
<http://www.gov.mb.ca/health/phc/pin/clinical.html>

For more general information on PIN, please visit the Manitoba Health PIN website at  
<http://www.gov.mb.ca/health/phc/pin/index.html>.

## PIN Primary Care Indicators

The Canadian Institute of Health Information (CIHI) has developed a set of primary health care indicators with which to compare and measure primary health care at multiple levels within jurisdictions across Canada.<sup>1</sup> A subset of these indicators, along with a few additional indicators, was chosen for the Physician Integrated Network demonstration initiative to measure quality of care provided at the participating sites.

The primary care quality indicators used within PIN are organized into the following categories:

- Prevention
- Diabetes Management
- Asthma Management
- Congestive Heart Failure Management
- Hypertension Management
- Coronary Artery Disease Management
- Depression Screening (Trial Indicators)
- Chronic Disease Management for Patients with Co-morbidities

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

---

<sup>1</sup> Canadian Institute of Health Information, Enhancing the Primary Health Care Data Collection Infrastructure in Canada Report 2 – Pan-Canadian Primary Health Care Indicator Development Project. 2006  
PIN Information Management Guide 161 May 21 2012

## Prevention

<b>2.01 Cervical Cancer Screening</b>	
Numerator	Female core patients 18 to 69 years of age without PAP exemptions who have had a PAP test in the past 36 months  Count if ((extract date – last PAP test <=36 months) & (Age >=18 and Age <=69) & (Gender = F) & (PAP Exemption = false))
Denominator	Female core patients 18 to 69 years of age without PAP exemptions  Count if (Age >=18 or Age <=69) & (Gender = F) & (PAP Exemption = false)
Result	Percentage of female core patients 18 to 69 years of age without PAP exemptions who have had a PAP test in the past 36 months
CIHI	Derived from indicator # 50

<b>2.02 Colon Cancer Screening</b>	
Numerator	Core patients 50 to 74 years of age who have had an FOBT test in the past 24 months or colonoscopy in the last 10 years  Count if (((extract date – last FOBT test <= 24 months) OR (extract date – last colonoscopy date <= 10 years)) & (Age >= 50 and Age <=74))
Denominator	Core patients 50 to 74 years of age  Count if (Age >=50 and Age <=74)
Result	Percentage of core patients 50 to 74 years of age who have had a FOBT in the past 24 months or colonoscopy in the last 10 years
CIHI	Derived from indicator # 48

<b>2.03 Breast Cancer Screening</b>	
Numerator	Female core patients 50 to 69 years of age without mammography exemptions who have had a mammography test within the past 24 months  Count if ((extract date - last Mammography test <=24 months) & (Age >=50 and Age <=69) & (Gender = F) & (Mammography Exemption = false))
Denominator	Female core patients 50 to 69 years of age without mammography exemptions  Count if (Age >=50 and Age <=69) & (Gender = F) & (Mammography Exemption = false)
Result	Percentage of female core patients 50 to 69 years of age without mammography exemptions who have had a mammography test within the past 24 months
CIHI	Derived from indicator # 49

<b>2.04 Dyslipidemia Screening for Women</b>	
Numerator	Female core patients 55 to 69 years of age who have had a full fasting lipid test in the past 60 months  Count if ((extract date - last full fasting lipid test <=60 months) & (Age >=55 and Age <=69) & (Gender = F))
Denominator	Female core patients 55 to 69 years of age  Count if (Age >=55 and Age <=69) & (Gender = F)
Result	Percentage of female core patients 55 to 69 years of age who have had a full fasting lipid test in the past 60 months
CIHI	Derived from indicator # 52

<b>2.05 Dyslipidemia Screening for Men</b>	
Numerator	Male core patients 40 to 69 years of age who have had a full fasting lipid test in the past 60 months  Count if ((extract date - last full fasting lipid test <=60 months) & (Age >=40 and Age <=69) & (Gender = M))
Denominator	Male core patients 40 to 69 years of age  Count if (Age >=40 and Age <=69) & (Gender = M)
Result	Percentage of male core patients 40 to 69 years of age who have had a full fasting lipid test in the past 60 months
CIHI	Derived from indicator # 53

<b>2.06 Fasting Blood Sugar Screening</b>	
Numerator	Core patients 40 to 74 years of age without diabetes who have had a fasting blood sugar test in the past 36 months  Count if ((extract date - last fasting blood sugar test <=36 months) & (Age >=40 and Age <=74) & (Diabetes Mellitus in Problem list = false))
Denominator	Core patients 40 to 74 years of age without diabetes  Count if ((Age >=40 and Age <=74) & (Diabetes Mellitus in Problem list = false))
Result	Percentage of core patients 40 to 74 years of age without diabetes who have had a fasting blood sugar test in the past 36 months
CIHI	Not applicable

<b>2.07 MMR Immunization</b>	
Numerator	Core patients seven years of age who have had the Measles, Mumps, and Rubella (MMR) vaccination or guardians have been counselled on the recommended childhood immunizations  Count if ((extract date – last Childhood Immunizations Counselling <= 7 years) or (extract date – last MMR vaccination <= 7 years) & (Age = 7))
Denominator	Core patients seven years of age  Count if (Age =7)
Result	Percentage of core patients seven years of age who have had the MMR vaccination by age seven or whose parents or guardians have been counselled on the recommended childhood immunizations
CIHI	Derived from indicator # 44

<b>2.08 Influenza Immunization 65+</b>	
Numerator	Core patients 65 years of age and over who have received the influenza immunization or counselling for the influenza immunization in the past 12 months  Count if (((extract date - last influenza immunization counselling <=12 months) or (extract date - last influenza immunization vaccination <=12 months)) & (Age >=65))
Denominator	Core patients 65 years of age and over  Count if (Age >=65)
Result	Percentage of core patients 65 years of age and over who have received the influenza immunization or counselling for the influenza immunization in the past 12 months
CIHI	Derived from indicator # 41

<b>2.09 Pneumococcal Immunization 65 - 70</b>	
Numerator	Core patients 65 to 70 years of age who were not vaccinated prior to age 65, who have been counselled in the last 12 months or who have received the immunization at age 65 or older.  Count if (65 <= core patient age <=70) and (Pneumococcal vaccination < 65 years of age = false) and ((Pneumococcal vaccination counsel <=12 months ago) or (Date of pneumococcal vaccination – Date of birth >= 65 years of age) )
Denominator	Core patients 65 to 70 years of age who have not previously had the immunization  Count if (65 <= core patient age <=70) and (Pneumococcal vaccination < 65 years of age = false)
Result	Percentage of core patients 65 to 70 years of age who have not previously had the immunization that have been counselled in the last 12 months or who have received the immunization at age 65 or older
CIHI	Derived from indicator # 42

<b>2.11 Blood Pressure Measurement</b>	
Numerator	Core patients 18 years of age and over who have had a blood pressure measurement taken in the past 24 months Count if ((extract date - last blood pressure measurement <= 24 months) & (Age >=18))
Denominator	Core patients 18 years of age and over Count if (Age >=18)
Result	Percentage of core patients 18 years of age and over who have had a blood pressure measurement taken in the past 24 months
CIHI	Derived from indicator # 54

<b>2.12 Advice on Physical Activity</b>	
Numerator	Core patients 12 years of age and over who are sedentary and have been given physical activity advice in the past 24 months Count if ((Sedentary Patient = true) & (extract date - last weight/exercise activity advice given <=24 months) & (Age >=12))
Denominator	Core patients 12 years of age and over who are sedentary Count if ((Sedentary Patient = True) & (Age >=12))
Result	Percentage of core patients 12 years of age and over who are sedentary and have been given physical activity advice in the past 24 months
CIHI	Derived from indicator # 17

<b>2.13 Smoking Cessation Advice</b>	
Numerator	Core patients 12 years of age and over who are smokers and have been given smoking cessation advice in the past 24 months Count if ((Smoker= true) & (extract date - last smoking cessation advice given <=24 months) & ((Age >=12))
Denominator	Core patients 12 years of age and over who are smokers Count if ((Smoker = true) & ((Age >=12))
Result	Percentage of core patients 12 years of age and over who are smokers and have been given smoking cessation advice in the past 24 months
CIHI	Derived from indicator # 14

<b>2.14 Obesity/Overweight Screening</b>	
Numerator	Core patients 12 years of age and over who have received an obesity/overweight screening in the past 24 months Count if ((extract date - Last overweight status screening date <=24 months) & (Age >= 12 years))
Denominator	Core patients 12 years of age and over Count if Age >= 12 years
Result	Percentage of core patients 12 years of age and over who have received an obesity/overweight screening in the past 24 months
CIHI	Derived from indicator # 13

### Diabetes Management

<b>3.01 HGB A1C</b>	
Numerator	Core patients with diabetes who have had the HGB A1C test in the past 6 months Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last HGB A1C test <= 6 months))
Denominator	Core patients with diabetes Count if ((Diabetes Mellitus in Problem list = true))
Result	Percentage of core patients with diabetes who have had the HGB A1C test in the past 6 months
CIHI	Derived from indicator # 57

<b>3.02 Nephropathy Screening</b>	
Numerator	Core patients 12 years of age and over with diabetes who have had nephropathy screening in the past 12 months Count if ((Diabetes Mellitus in Problem list = true) & (Age >= 12 years) & (extract date - last Nephropathy test <=12 months) OR (Documented Nephropathy = true))
Denominator	Core patients 12 years of age and over with diabetes Count if ((Diabetes Mellitus in Problem list = true) & (Age >= 12 years))
Result	Percentage of core patients 12 years of age and over with diabetes who have had nephropathy screening in the past 12 months
CIHI	Derived from indicator # 57

<b>3.03 Fundoscopic Exams</b>	
Numerator	Core patients 15 years of age and over with diabetes who have had a fundoscopic exam or a referral for a fundoscopic exam within the last 12 months  Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last fundoscopic exam (or fundoscopic referral) <=12 months) & (Age >= 15))
Denominator	Core patients 15 years of age and over with diabetes  Count if ((Diabetes Mellitus in Problem list = true) & (Age >=15))
Result	Percentage of core patients 15 years of age and over with diabetes who have had a fundoscopic exam or a referral for a fundoscopic exam within the last 12 months
CIHI	Derived from indicator # 58

<b>3.04 Foot Exams</b>	
Numerator	Core patients with diabetes who have had a foot exam in the past 12 months OR with documented peripheral neuropathy.  Count if ((Diabetes Mellitus in Problem list = true) & ((extract date - last foot exam <= 12 months) OR (Documented Peripheral Neuropathy = true)))
Denominator	Core patients with diabetes  Count if ((Diabetes Mellitus in Problem list = true))
Result	Percentage of core patients with diabetes who have had a foot exam in the past 12 months or with documented peripheral neuropathy.
CIHI	Not applicable

<b>3.05 Full Fasting Lipid Profile Screening</b>	
Numerator	Core patients 74 years of age or under with diabetes who have had a full fasting lipid test in the past 12 months  Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last full fasting lipid test <=12 months))
Denominator	Core patients 74 years of age or under with diabetes  Count if ((Diabetes Mellitus in Problem list = true) & (Age <=74))
Result	Percentage of core patients 74 years of age or under with diabetes who have had a full fasting lipid test in the past 12 months
CIHI	Derived from indicator # 57

<b>3.06 Blood Pressure Measurement</b>	
Numerator	Core patients with diabetes who have had a blood pressure measurement taken in the past 12 months  Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last blood pressure measurement <=12 months))
Denominator	Core patients 18 years of age and over with diabetes  Count if ((Diabetes Mellitus in Problem list = true))
Result	Percentage of core patients with diabetes who have had a blood pressure measurement taken in the past 12 months
CIHI	Derived from indicator # 57

<b>3.07 Obesity/Overweight Screening</b>	
Numerator	Core patients with diabetes who have received an obesity/overweight screening in the past 12 months  Count if ((Diabetes Mellitus in Problem list = true) & (extract date - last obesity screening <=12 months))
Denominator	Core patients 18 years of age and over with diabetes  Count if ((Diabetes Mellitus in Problem list = true))
Result	Percentage of core patients with diabetes who have received an obesity/overweight screening in the past 12 months
CIHI	Derived from indicator # 57

## **Asthma Management**

<b>4.03 Patients with Asthma Action Plans</b>	
Numerator	Core patients 6 to 55 years of age with asthma with an asthma action plan developed and/or reviewed within the past 12 months.  Count if ((Asthma in problem list = true) & ((extract date - asthma action plan developed <= 12 months) OR (extract date - asthma action plan reviewed <= 12 months)) & ((Age >=6) and (Age <=55)))
Denominator	Core patients 6 to 55 years of age with asthma  Count if ((Asthma in problem list = true) & ((Age >= 6) and (Age <= 55)))
Result	Percentage of core patients 6 to 55 years of age with asthma with an asthma action plan developed and/or reviewed within the past 12 months.
CIHI	Not applicable

## Congestive Heart Failure Management

<b>5.02 Obesity/Overweight Screening</b>	
Numerator	Core patients 18 years of age and over with congestive heart failure who have received an obesity/overweight screening in the past 12 months  Count if ((Congestive Heart Failure in problem list = true) & (extract date - last obesity screening <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with congestive heart failure  Count if ((Congestive Heart Failure in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with congestive heart failure who have received an obesity/overweight screening in the past 12 months
CIHI	Derived from indicator # 55

<b>5.03 ACE Inhibitor</b>	
Numerator	Core patients 18 years of age and over with congestive heart failure who are using ACE inhibitors or ARB  Count if ((Congestive Heart Failure in problem list = true) & (Using ACE inhibitors or ARB = true) & (Age >=18))
Denominator	Core patients 18 years of age and over with congestive heart failure  Count if ((Congestive Heart Failure in problem list = true) & (Age >=18))
Result	Percent of core patients 18 years of age and over with congestive heart failure who are using ACE inhibitors or ARB
CIHI	Derived from indicator # 60

<b>5.04 Full Fasting Lipid Profile Screening</b>	
Numerator	Core patients 18 to 74 years of age with congestive heart failure who have had a full fasting lipid test in the past 12 months  Count if ((Congestive Heart Failure in problem list = true) & (extract date - last lipids test <= 12 months) & (Age >=18 and Age <=74))
Denominator	Core patients 18 to 74 years of age with congestive heart failure  Count if ((Congestive Heart Failure in problem list = true) & (Age >=18 and Age <=74))
Result	Percentage of core patients 18 to 74 years of age with congestive heart failure who have had a full fasting lipid test in the past 12 months
CIHI	Derived from indicator # 55

<b>5.05 Blood Pressure Measurement</b>	
Numerator	Core patients 18 years of age and over with congestive heart failure who have had a blood pressure measurement taken in the past 12 months  Count if ((Congestive Heart Failure in problem list = true) & (extract date - last blood pressure measurement <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with congestive heart failure  Count if ((Congestive Heart Failure in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with congestive heart failure who have had a blood pressure measurement taken in the past 12 months
CIHI	Derived from indicator # 55

<b>5.06 Fasting Blood Sugar</b>	
Numerator	Core patients 18 years of age and over with congestive heart failure that do not have diabetes who have had a fasting blood sugar test in the past 12 months  Count if ((Congestive Heart Failure in problem list = true) & (extract date - last fasting blood sugar test <= 12 months) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Denominator	Core patients 18 years of age and over with congestive heart failure that do not have diabetes  Count if ((Congestive Heart Failure in problem list = true) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Result	Percentage of core patients 18 years of age and over with congestive heart failure that do not have diabetes who have had a fasting blood sugar test in the past 12 months
CIHI	Derived from indicator # 55

## Hypertension Management

<b>6.01 Fasting Blood Sugar</b>	
Numerator	Core patients 18 years of age and over with hypertension that do not have diabetes who have had a fasting blood sugar test in the past 12 months  Count if ((Hypertension in problem list = true) & (extract date - last fasting blood sugar test <= 12 months) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Denominator	Core patients 18 years of age and over with hypertension that do not have diabetes  Count if ((Hypertension in problem list = true) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Result	Percentage of core patients 18 years of age and over with hypertension that do not have diabetes who have had a fasting blood sugar test in the past 12 months
CIHI	Derived from indicator # 56

<b>6.02 Full Fasting Lipid Profile Screening</b>	
Numerator	Core patients 18 to 74 years of age with hypertension who have had a full fasting lipid test in the past 12 months  Count if ((Hypertension in problem list = true) & (extract date - last lipids test <= 12 months) & (Age >=18 and Age <=74))
Denominator	Core patients 18 to 74 years of age with hypertension  Count if ((Hypertension in problem list = true) & (Age >=18 and Age <=74))
Result	Percentage of core patients 18 to 74 years of age with hypertension who have had a full fasting lipid test in the past 12 months
CIHI	Derived from indicator # 56

<b>6.03 Test to detect renal dysfunction (e.g. serum creatinine)</b>	
Numerator	Core patients 18 years of age and over with hypertension who have had a test to detect renal dysfunction in the past 12 months  Count if ((Hypertension in problem list = true) & (extract date - last test to detect renal dysfunction <=12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with hypertension  Count if ((Hypertension in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with hypertension who have had a test to detect renal dysfunction in the past 12 months
CIHI	Derived from indicator # 56

<b>6.04 Blood Pressure Measurement</b>	
Numerator	Core patients 18 years of age and over with hypertension who have had a blood pressure measurement taken in the past 12 months  Count if ((Hypertension in problem list = true) & (extract date - last blood pressure measurement <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with hypertension  Count if ((Hypertension in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with hypertension who have had a blood pressure measurement taken in the past 12 months
CIHI	Derived from indicator # 56

<b>6.05 Obesity/Overweight Screening</b>	
Numerator	Core patients 18 years of age and over with hypertension who have received an obesity/overweight screening in the past 12 months  Count if ((Hypertension in problem list = true) & (extract date - last obesity screening <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with hypertension  Count if ((Hypertension in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with hypertension who have received an obesity/overweight screening in the past 12 months
CIHI	Derived from indicator # 56

### Coronary Artery Disease Management

<b>7.01 Fasting Blood Sugar</b>	
Numerator	Core patients 18 years of age and over with coronary artery disease that do not have diabetes who have a fasting blood sugar test in the past 12 months  Count if ((Coronary Artery Disease in problem list = true) & (extract date - last fasting blood sugar test <= 12 months) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Denominator	Core patients 18 years of age and over with coronary artery disease that do not have diabetes  Count if ((Coronary Artery Disease in problem list = true) & (Age >=18) & (Diabetes Mellitus in Problem list = false))
Result	Percentage of core patients 18 years of age and over with coronary artery disease that do not have diabetes who have a fasting blood sugar test in the past 12 months
CIHI	Derived from indicator # 55

<b>7.02 Full fasting lipid profile screening</b>	
Numerator	Core patients 18 to 74 years of age and over with coronary artery disease who have a fasting blood sugar test in the past 12 months  Count if ((Coronary Artery Disease in Problem list = true) & (extract date - last lipids test <= 12 months) & (Age >=18 and Age <=74))
Denominator	Core patients 18 to 74 years of age and over with coronary artery disease  Count if ((Coronary Artery Disease in problem list = true) & (Age >=18 and Age <=74))
Result	Percentage of core patients 18 to 74 years of age and over with coronary artery disease who have a fasting blood sugar test in the past 12 months
CIHI	Derived from indicator # 55

<b>7.03 Blood Pressure Measurement</b>	
Numerator	Core patients 18 years of age and over with coronary artery disease who have had a blood pressure measurement taken in the past 12 months  Count if ((Coronary Artery Disease in problem list = true) & (extract date - last blood pressure measurement <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with coronary artery disease  Count if ((Coronary Artery Disease in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with coronary artery disease who have had a blood pressure measurement taken in the past 12 months
CIHI	Derived from indicator # 55

<b>7.04 Obesity/Overweight Screening</b>	
Numerator	Core patients 18 years of age and over with coronary artery disease who have received an obesity/overweight screening in the past 12 months  Count if ((Coronary Artery Disease in problem list = true) & (extract date - last obesity screening <= 12 months) & (Age >=18))
Denominator	Core patients 18 years of age and over with coronary artery disease  Count if ((Coronary Artery Disease in problem list = true) & (Age >=18))
Result	Percentage of core patients 18 years of age and over with coronary artery disease who have received an obesity/overweight screening in the past 12 months
CIHI	Derived from indicator # 55

<b>7.05 Lipid Reduction Counselling</b>	
Numerator	Core patients between 18 and 74 years of age and over with coronary artery disease and with LDL levels greater than 2.0 mmol/L within the last 12 months who have received lipid reduction counselling or a prescription for lipid lowering medication within the past 12 months  Count if ((Coronary Artery Disease in problem list = true) & (LDL Level >2.0 mmol/L within the last 12 months) & ((Date of Last Lipid Reduction Counselling given <= 12 months) OR (Last lipid lowering medication prescription date <= 12 months)) & (Age >=18 and Age <=74))
Denominator	Core patients between 18 and 74 years of age and over with coronary artery disease and with LDL levels greater than 2.0 mmol/L within the last 12 months  Count if ((Coronary Artery Disease in problem list = true) & (LDL Level >2.0 mmol/L within the last 12 months) & (Age >=18 and Age <=74))
Result	Percentage of core patients between 18 and 74 years of age and over with coronary artery disease and with LDL levels greater than 2.0 mmol/L within the last 12 months who have received lipid reduction counselling or a prescription for lipid lowering medication within the past 12 months
CIHI	Derived from indicator # 61

**7.06 Beta Blockers**

Numerator	Core patients less than or equal to 74 years of age with coronary artery disease, who have had an acute myocardial infarction (AMI) and who do not have asthma who currently are prescribed a beta-blocking drug  Count if ((Coronary Artery Disease in problem list = true) & (Has patient had an acute myocardial infarction (AMI) = true ) & (Patient currently prescribed a beta-blocking drug=true) & (Age <=74)) & (Asthma in Problem list = false))
Denominator	Core patients less than or equal to 74 years of age with coronary artery disease, who have had an acute myocardial infarction (AMI) and who do not have asthma  Count if ((Coronary Artery Disease in problem list = true) & (Has patient had an acute myocardial infarction (AMI) = true ) & (Age <=74)) & (Asthma in Problem list = false))
Result	Percentage of core patients less than or equal to 74 years of age with coronary artery disease, who have had an acute myocardial infarction (AMI) and who do not have asthma who currently are prescribed a beta-blocking drug
CIHI	Derived from indicator # 62

## Depression Screening (Trial Indicators)

This section identifies the trial depression screening indicators reported by PIN sites participating in the indicator trial period. Only PIN sites participating in the trial are expected to include the associated data in their quarterly extracts. PIN Sites not participating in the trial initiative are not required to capture or report data associated with these indicators.

<b>8.01 Depression Screening (Trial)</b>	
Numerator	<p>Core patients 18 to 69 years of age who:</p> <ul style="list-style-type: none"> <li>• Have been administered PHQ-2 in the last 12 months, and</li> <li>• Have answered both PHQ-2 questions, and</li> <li>• Did not have an active depression diagnosis prior to administration of PHQ-2, and</li> <li>• Have one or more of the following chronic diseases or conditions:               <ul style="list-style-type: none"> <li>➤ Diabetes</li> <li>➤ Congestive heart failure</li> <li>➤ Coronary artery disease</li> <li>➤ Women who have given birth within the past 12 months</li> </ul> </li> </ul> <p>Count if (((date of active depression diagnosis = NULL) OR (date of active depression diagnosis &gt;= date of PHQ-2 administration)) &amp; (extract date – date of last PHQ-2 administration &lt;= 12 months) &amp; (both PHQ-questions answered = true) &amp; ((Diabetes Mellitus in Problem list = true) OR (CHF in Problem list = true) OR (CAD in Problem list = true) OR (extract date - live birth &lt;= 12 months)) &amp; (18 &lt;= core patient age &lt;= 69))</p>
Denominator	<p>Core patients 18 to 69 years of age who:</p> <ul style="list-style-type: none"> <li>• Did not have an active depression diagnosis prior to administration of PHQ-2, and</li> <li>• Have one or more of the following chronic diseases or conditions:               <ul style="list-style-type: none"> <li>➤ Diabetes</li> <li>➤ Congestive heart failure</li> <li>➤ Coronary artery disease</li> <li>➤ Women who have given birth within the past 12 months</li> </ul> </li> </ul> <p>Count if (((date of active depression diagnosis = NULL) OR (date of active depression diagnosis &gt;= date of PHQ-2 administration)) &amp; ((Diabetes Mellitus in Problem list = true) OR (CHF in Problem list = true) OR (CAD in Problem list = true) OR (extract date - live birth &lt;= 12 months)) &amp; (18 &lt;= core patient age &lt;= 69))</p>
Result	Percentage of core patients 18 to 69 years of age identified as high risk who have answered both PHQ-2 questions within the last 12 months
CIHI	N/A

**8.02 Depression Screening Follow-up (Trial)**

<p>Numerator</p>	<p>Core patients 18 to 69 years of age who:</p> <ul style="list-style-type: none"> <li>• Have been administered PHQ-2 in the last 12 months, and</li> <li>• Have answered both PHQ-2 questions, and</li> <li>• Answered one or both PHQ-2 questions positively, and</li> <li>• Have had a follow-up appointment within 4 weeks of PHQ-2 administration, and</li> <li>• Did not have an active depression diagnosis prior to administration of PHQ-2, and</li> <li>• Have one or more of the following chronic diseases or conditions:             <ul style="list-style-type: none"> <li>➤ Diabetes</li> <li>➤ Congestive heart failure</li> <li>➤ Coronary artery disease</li> <li>➤ Women who have given birth within the past 12 months</li> </ul> </li> </ul> <p>Count if (((date of follow-up assessment - date of PHQ-2 administration &lt;= 4 weeks) &amp; (follow-up outcome selected = TRUE) &amp; ((date of active depression diagnosis = NULL) OR (date of active depression diagnosis &gt;= date of PHQ-2 administration)) &amp; (extract date – date of PHQ-2 administration &lt;= 12 months) &amp; (both PHQ-questions answered = true) &amp; (One or both PHQ-2 questions answered positively) &amp; ((Diabetes Mellitus in Problem list = true) OR (CHF in Problem list = true) OR (CAD in Problem list = true) OR (extract date - live birth &lt;= 12 months)) &amp; (18 &lt;= core patient age &lt;= 69))</p>
<p>Denominator</p>	<p>Core patients 18 to 69 years of age who:</p> <ul style="list-style-type: none"> <li>• Have been administered PHQ-2 in the last 12 months, and</li> <li>• Have answered both PHQ-2 questions, and</li> <li>• Answered one or both PHQ-2 questions positively, and</li> <li>• Did not have an active depression diagnosis prior to administration of PHQ-2, and</li> <li>• Have one or more of the following chronic diseases or conditions:             <ul style="list-style-type: none"> <li>➤ Diabetes</li> <li>➤ Congestive heart failure</li> <li>➤ Coronary artery disease</li> <li>➤ Women who have given birth within the past 12 months</li> </ul> </li> </ul> <p>Count if (((date of active depression diagnosis = NULL) OR (date of active depression diagnosis &gt;= date of PHQ-2 administration)) &amp; (extract date – date of PHQ-2 administration &lt;= 12 months) &amp; (both PHQ-2 questions answered = true) &amp; (One or both PHQ-2 questions answered positively) &amp; ((Diabetes Mellitus in Problem list = true) OR (CHF in Problem list = true) OR (CAD in Problem list = true) OR (extract date - live birth &lt;= 12 months)) &amp; (18 &lt;= core patient age &lt;= 69))</p>
<p>Result</p>	<p>Percentage of core patients 18 to 69 years of age identified as high risk who have given a positive answer to one or more PHQ-2 questions within the last 12 months and had a follow-up assessment completed within 4 weeks of the initial depression screening</p>
<p>CIHI</p>	<p>N/A</p>

## Chronic Disease Management for Patients with Co-morbidities

This section describes the indicators used to measure comprehensive chronic disease management for patients with co-morbidities.

These indicators look at achievement across all indicators for which patients with 2, 3, 4 and 5 co-morbidities are eligible. For each of these groupings, every chronic disease indicator for which a patient qualifies contributes once to the co-morbidity indicator denominator. If the indicator was achieved, it will be counted in the co-morbidity grouping indicator numerator. The achievement applied to the number of eligible patients is used to determine cluster funding.

<b>9.01 Co-morbidity Achievement Indicator</b>		
Percentage of achievement	Numerator	Number of chronic disease indicators successfully met for PIN core patients who have 2 chronic diseases or conditions
	Denominator	Number of chronic disease indicators for PIN core patients who have 2 chronic diseases or conditions are eligible
Eligible patients	Count of PIN core patients who have been identified as having 2 of the following chronic diseases or conditions: <ul style="list-style-type: none"> <li>➤ Asthma</li> <li>➤ Coronary artery disease</li> <li>➤ Congestive heart failure</li> <li>➤ Diabetes</li> <li>➤ Hypertension</li> </ul>	
Result	Percentage achievement of required services provided to core patients with 2 (two) co-morbidities	
CIHI	N/A	

<b>9.02 Co-morbidity Achievement Indicator</b>		
Percentage of achievement	Numerator	Number of chronic disease indicators successfully met for PIN core patients who have 3 chronic diseases or conditions
	Denominator	Number of chronic disease indicators for which PIN core patients who have 3 chronic diseases or conditions are eligible
Eligible patients	Count of PIN core patients who have been identified as having 3 of the following chronic diseases or conditions: <ul style="list-style-type: none"> <li>➤ Asthma</li> <li>➤ Coronary artery disease</li> <li>➤ Congestive heart failure</li> <li>➤ Diabetes</li> <li>➤ Hypertension</li> </ul>	
Result	Percentage achievement of required services provided to core patients with 3 (three) co-morbidities	
CIHI	N/A	

<b>9.03 Co-morbidity Achievement Indicator</b>		
Percentage of achievement	Numerator	Number of chronic disease indicators successfully met for PIN core patients who have 4 chronic diseases or conditions
	Denominator	Number of chronic disease indicators for which PIN core patients who have 4 chronic diseases or conditions are eligible
Eligible patients	Count of PIN core patients who have been identified as having 4 of the following chronic diseases or conditions: <ul style="list-style-type: none"> <li>➤ Asthma</li> <li>➤ Coronary artery disease</li> <li>➤ Congestive heart failure</li> <li>➤ Diabetes</li> <li>➤ Hypertension</li> </ul>	
Result	Percentage achievement of required services provided to core patients with 4 (four) co-morbidities	
CIHI	N/A	

<b>9.04 Co-morbidity Achievement Indicator</b>		
Percentage of achievement	Numerator	Number of chronic disease indicators successfully met for PIN core patients who have 5 chronic diseases or conditions
	Denominator	Number of chronic disease indicators for which PIN core patients who have 5 chronic diseases or conditions are eligible
Eligible patients	Count of PIN core patients who have been identified as having 5 of the following chronic diseases or conditions: <ul style="list-style-type: none"> <li>➤ Asthma</li> <li>➤ Coronary artery disease</li> <li>➤ Congestive heart failure</li> <li>➤ Diabetes</li> <li>➤ Hypertension</li> </ul>	
Result	Percentage achievement of required services provided to core patients with 5 (five) co-morbidities	
CIHI	N/A	

## Data Extract Submission

Data is to be submitted to Manitoba eHealth, on behalf of Manitoba Health, using the approved secure electronic transmission process. Should you require additional information about the data submission process, please contact [pindata@gov.mb.ca](mailto:pindata@gov.mb.ca).

The clinic's data extract files should comply with all relevant data format and data quality requirements in the clinic's PIN Service Purchase Agreement (SPA), as well as the Manitoba EMR Data Extract Specification.

The Manitoba EMR Data Extract Specification is available at:  
<http://www.gov.mb.ca/health/phc/pin/clinical.html>

## Revision Log

Version No.	Description of revision	Date of revision
1.6.1	3.01 - HGB A1C <ul style="list-style-type: none"> <li>• Change made to correct an ambiguity and confirm indicator is looking for testing performed within the past 6 months.</li> </ul> 3.05 – Full Fasting Lipid Profile Screening <ul style="list-style-type: none"> <li>• Change made reinstate the age cap of 74 years, removed from IM Guide 1.6 in error.</li> </ul>	May 2012
1.6	2.07 – Childhood Immunizations <ul style="list-style-type: none"> <li>• MMR immunizations are now used as a proxy for all childhood immunizations</li> </ul> 2.10 – Breast-Feeding Education <ul style="list-style-type: none"> <li>• This section has been moved to “Appendix A” and the date placed on hold has been included in the section.</li> </ul> 3.01 – HGB 1AC <ul style="list-style-type: none"> <li>• The timeframe has been adjusted to 6 months</li> </ul> 3.02 – Nephropathy Screening <ul style="list-style-type: none"> <li>• The age floor of 12 years has been introduced</li> </ul> 3.04 – Foot Exams <ul style="list-style-type: none"> <li>• The age constraint has been removed</li> </ul> 3.05 – Full Fasting Lipid Profile Screening <ul style="list-style-type: none"> <li>• The age constraint has been removed</li> </ul> 3.06 – Blood Pressure Measurement <ul style="list-style-type: none"> <li>• The age constraint has been removed</li> </ul> 3.07 – Obesity/Overweight Screening <ul style="list-style-type: none"> <li>• The age constraint has been removed</li> </ul> 4.01 – Asthma Control <ul style="list-style-type: none"> <li>• The date placed on hold has been included in this section.</li> </ul> 4.02 – Emergency Department Visits for Asthma <ul style="list-style-type: none"> <li>• The date placed on hold has been included in this section.</li> </ul> 5.01 – Emergency Department Visits for Congestive Heart Failure (CHF) <ul style="list-style-type: none"> <li>• The date placed on hold has been included in this section.</li> </ul> 9.02 – Co-morbidity achievement	Feb 2012

	<ul style="list-style-type: none"> <li>For determining clinic achievement for management of patients with co-morbidities, the average indicator achievement for patients with two, three, four and five co-morbidities is separately calculated. For each of these groupings, every chronic disease indicator that a patient qualifies for contributes once to the co-morbidity indicator denominator. If the indicator was achieved, it will be counted in the co-morbidity grouping indicator numerator. The achievement applied to the number of eligible patients is used to determine cluster funding.</li> </ul> <p>3 – Data Collection</p> <ul style="list-style-type: none"> <li>This section has been renamed as Data Extract Submission. A new stand alone document titled “Manitoba EMR Data Extract Specification” has been cross referenced for the data extract submission.</li> </ul> <p>4 – Data Extract and Reporting Process</p> <ul style="list-style-type: none"> <li>The reporting process has been removed.</li> </ul>	
1.5	<p>2.02 – Colon Cancer Screening</p> <ul style="list-style-type: none"> <li>Colonoscopy procedure within the last 10 years is added as an acceptable substitute to the FOBT test within past 24 months for the purpose of the indicator calculation</li> </ul> <p>4.03 – Patients with Asthma Action Plans</p> <ul style="list-style-type: none"> <li>References to “Asthma Self Care Plan” have been changed to “Asthma Action Plan” within the indicator and the Approved Electronic Medical solutions</li> <li>Review frequency of the asthma action plan of 12 months is added to the indicator calculation</li> </ul> <p>7.05 - Lipid Reduction Counselling</p> <ul style="list-style-type: none"> <li>Lipid level threshold has been changed from 2.5 mmol/L to 2.0 mmol/L</li> </ul> <p>8.01 – Depression Screening <u>Trial</u> Indicator</p> <ul style="list-style-type: none"> <li>This trial indicator reported only by sites participating in the trial initiative. PIN Sites not participating in the “Depression Screening” trial initiative are not required to capture or report data associated with this indicator</li> </ul> <p>8.02 – Depression Screening Follow-up <u>Trial</u> Indicator</p> <ul style="list-style-type: none"> <li>This trial indicator reported only by sites participating in the trial initiative. PIN Sites not participating in the “Depression Screening” trial initiative are not required to capture or report data associated with this indicator</li> </ul> <p>The following data elements have been added and/or revised in this edition of the Information Management Guide:</p> <p>Prevention Cluster:</p> <ul style="list-style-type: none"> <li>Field 29 Date of last colonoscopy</li> </ul>	June 2010

	<ul style="list-style-type: none"> <li>• Field 30 Date of childhood immunizations confirmation</li> <li>• Field 31 Date of last PHQ-2 administration*</li> <li>• Field 32 The character response to the PHQ-2*</li> <li>• Field 33 The date of the depression screening follow-up assessment*</li> <li>• Field 34 The depression screening follow-up outcome selected*</li> <li>• Field 35 Date of the active depression diagnosis*</li> </ul> <p>Asthma Cluster:</p> <ul style="list-style-type: none"> <li>• Field 8 Date of the most recent Asthma Action Plan review</li> </ul> <p>Coronary Artery Disease Cluster</p> <ul style="list-style-type: none"> <li>• Field 8 LDL Level &gt;2.0 in last 12 months</li> </ul> <p>* - Data elements extracted by a select number of Approved Electronic Medical Record solutions in support of the "Depression Screening" trial initiative, reported only by sites participating in the trial initiative. PIN sites not participating in trialling the "8.01 - Depression Screening" and "8.02 - Depression Screening Follow-up" indicators are not required to capture or report the following data elements in their quarterly extracts.</p>	
Internal number 1.44	<p>Easy to understand descriptions of each indicator added to section 2</p> <p>Section 3, Data Collection, modified to include information formerly included within the data extract spreadsheet such as type and format, indicators affected, and order in extract. The spreadsheet referenced in Appendix A has been eliminated.</p> <p>Appendix A added illustrating the indicators that have been placed on hold.</p> <p>All discussions of the Nov 26 Evaluation Committee meeting are reflected:</p> <ul style="list-style-type: none"> <li>• 2.07, 2.08, and 2.09 immunization indicators will continue to measure counselling or confirmation of immunizations</li> <li>• 2.09 pneumococcal age range has been changed from everyone 65 and over to everyone 65 to 70 years of age</li> <li>• 2.10 breastfeeding education has been changed to measure education provided in the last two trimesters of pregnancy. There remains a challenge in that not all EMRs have the ability to flag pregnant women. For this reason, PIN will continue to rely upon the live birth date field unless a clinic has developed a mechanism to flag pregnant women. In these unique situations, the PIN team will work with the clinic to determine how the calculation will be performed.</li> <li>• 2.12 Physical Activity counselling will continue to use the term "sedentary". The denominator population will be changed from those 12 to 74 to everyone 12 years of age and over (upper limit has been removed). The interval for providing advice has been changed from every 12 months to every 24 months.</li> <li>• 7.05 lipid reduction counselling. While it was decided that the trigger for counselling should be reduced from 2.5 mmol/L to 2.0 mmol/L, this version of the IM guide continues to reference 2.5</li> </ul>	December 2009

	mmol/L until required EMR changes have been discussed.	
1.43	<p>Indicator Revisions following the June 25 PIN Evaluation Committee meeting:</p> <p>2.02 – Colon Cancer Screening</p> <ul style="list-style-type: none"> <li>FOBT Exemption temporarily removed until changes have been made to the EMRs to allow for the recording of exemption information. Any clinics currently collecting this information should continue to do so as these exemptions will be taken into consideration in the calculations.</li> </ul> <p>2.06 - Fasting Blood Sugar Screening</p> <ul style="list-style-type: none"> <li>Eligible age has been reduced from 50 to 40 years of age</li> <li>Persons with Diabetes are excluded from the test</li> </ul> <p>2.14 - Obesity / Overweight Screening</p> <ul style="list-style-type: none"> <li>Frequency of screening has been decreased from every 12 months to every 24 months</li> </ul> <p>3.03 - Fundoscopic Exams</p> <ul style="list-style-type: none"> <li>Eligible age has been reduced from 18 to 15 years of age</li> <li>Frequency of screening has been increased from 24 to every 12 months</li> </ul> <p>4.01 - Asthma Control (number of SABA canisters)</p> <ul style="list-style-type: none"> <li>Data calculation has been temporarily postponed until further notice; removed from section 2 but retained in section 3</li> </ul> <p>4.02 - Emergency Department Visits for Asthma</p> <ul style="list-style-type: none"> <li>Data calculation has been temporarily postponed until further notice; removed from section 2 but retained in section 3</li> </ul> <p>5.01 - Emergency Department Visits for Congestive Heart Failure (CHF)</p> <ul style="list-style-type: none"> <li>Data calculation has been temporarily postponed until further notice; removed from section 2 but retained in section 3</li> </ul> <p>5.03 - ACE Inhibitor</p> <ul style="list-style-type: none"> <li>References to ACE inhibitors or ARB as the first line of treatment have been removed</li> </ul> <p>5.06 - Fasting Blood Sugar</p> <ul style="list-style-type: none"> <li>Persons with Diabetes are excluded from the test</li> </ul> <p>6.01 - Fasting Blood Sugar</p> <ul style="list-style-type: none"> <li>Persons with Diabetes are excluded from the test</li> </ul> <p>7.01 - Fasting Blood Sugar</p> <ul style="list-style-type: none"> <li>Persons with Diabetes are excluded from the test</li> </ul> <p>7.06 – Beta Blockers</p> <ul style="list-style-type: none"> <li>Persons with Asthma are excluded</li> </ul> <p>Section 3 Data Collection: descriptions modified to better match those descriptions within the Extract Layout spreadsheet.</p> <p>Hyperlink to Extract Layout spreadsheet added to section 3.</p> <p>Page numbers added.</p>	November 2009
1.42	From the December 4, 2008 PIN Evaluation Committee meeting - reclassification of the Obesity/Overweight Screening indicator from the Health Risk cluster to the Prevention cluster. Appears as Indicator 2.14 under Prevention.	January 2009

	A change has also been made to the data extract layout to reflect this addition to the Prevention extract.	
1.41	<p>From the December 4, 2008 PIN Evaluation Committee meeting. Revision to indicators with an upper age limit of 75 years. Evaluation Committee agrees that the upper age range for these indicators should be up to 74 years of age, inclusive.</p> <p><u>Indicators revised:</u></p> <p>2.02 – Colon Cancer Screening</p> <p>2.06 – Fasting Blood Sugar Screening</p> <p>2.12 - Advice on Physical Activity in PHC</p> <p>3.05, 5.04, 6.02, 7.02 – Full Fasting Lipid Profile Screening</p> <p>7.05 – Lipid Reduction Counselling</p> <p>7.06 – Beta Blockers</p>	December 2008
1.4	<p>Revision to the upper age limits of the Prevention indicators based on the PIN Evaluation Committee discussion.</p> <p>Added revision log.</p>	November 2008

## Appendix A

The following indicators have been placed on hold pending further discussions around how technology may enable the provision of information needed for these indicators.

<b>2.10 Breast-Feeding Education</b>	
Numerator	All women who have given birth in the last year who received breastfeeding support education during the last two trimesters of their pregnancy.  Count if (education is between live birth and live birth – 6 months) & (Extract date - live birth <=12 months) & (Gender = F)
Denominator	All women who have given birth in the last year  Count if (Extract date - live birth <=12 months) & (Gender = F)
Result	Percentage of women who have given birth in the last year who received breastfeeding support education during the last two trimesters of their pregnancy.
CIHI	Derived from indicator # 45
Date placed on hold	06/29/2010 (MM/DD/YYYY)

<b>4.01 Asthma Control</b>	
Numerator	Core patients 6 to 55 years of age with asthma who have been prescribed more than 4 canisters of SABA in the past 12 months and who received preventer/controller medicine in the past 12 months  Count if ((Asthma in problem list = true) & (Number of canisters of SABA prescribed within the past 12 months >4) & (Patient received preventer/controller medicine in last 12 months=True) & ((Age >= 6) and (Age <= 55)))
Denominator	Core patients 6 to 55 years of age with asthma  Count if ((Asthma in problem list = true) & ((Age >= 6) and (Age <= 55)))
Result	Percentage of core patients 6 to 55 years of age with asthma who have been prescribed more than 4 canisters of SABA in the past 12 months and who received preventer/controller medicine in the past 12 months
CIHI	Derived from Indicator # 59
Date placed on hold	11/16/2009 (MM/DD/YYYY)

**4.02 Emergency Department Visits for Asthma**

Numerator	Core patients 6 to 55 years of age with asthma who have been to the ER for asthma-related reasons in the past 12 months  Count if ((Asthma in problem list = true) & (extract date - last ER visit for Asthma > 12 months) & ((Age >=6) and (Age <=55)))
Denominator	Core patients 6 to 55 years of age with asthma  Count if ((Asthma in problem list = true) & ((Age >= 6) and (Age <= 55)))
Result	100% minus the percentage of core patients 6 to 55 years of age with asthma who have been to the ER for asthma-related reasons in the past 12 months
CIHI	Derived from Indicator # 37
Date placed on hold	11/16/2009 (MM/DD/YYYY)

**5.01 Emergency Department Visits for Congestive Heart Failure (CHF)**

Numerator	Core patients 20 years of age and over with congestive heart failure who have been to the ER for CHF-related reasons in the past 12 months  Count if ((Congestive Heart Failure in problem list = true) & (extract date - last ER visit for CHF > 12 months) & (Age >=20))
Denominator	Core patients 20 years of age and over with congestive heart failure  Count if ((Congestive Heart Failure in problem list = true) & ((Age >=20))
Result	100% minus the percentage of core patients 20 years of age and over with congestive heart failure who have been to the ER for CHF-related reasons in the past 12 months
CIHI	Derived from indicator # 38
Date placed on hold	11/16/2009 (MM/DD/YYYY)