

SHARED CARE SHARED MEASURES: QUICK REFERENCE GUIDE

FEBRUARY 11, 2022

DOCTORS OF BC
SHARED CARE COMMITTEE



OVERVIEWS

ALIGNMENT: SCC OUTCOMES, TRIPLE AIM, AND SHARED MEASURES

The following table shows alignment between Shared Care outcomes, the Triple Aim, and shared measures.

SCC Outcome	Shared Measure	IHI Triple Aim		
		Pop. Health	Experience	Cost
SCC1 – Improved patient care and health outcomes	M0002 – Improved patient overall satisfaction		✓	
	M0016 – Improved access to physician care		✓	✓
	M0021 – Decreased average wait time for family physician to specialist physician consult		✓	✓
	M0022 – Decreased average patient wait time from family physician referral to related specialist visit		✓	✓
	M0027 – Improved family and/or caregiver overall satisfaction		✓	
	M0029 – Improved communication between providers and patients and family caregivers			
	M0030 – Improved patient and family caregiver awareness of community supports and resources			
SCC2 – Improved patient ability to self-manage care	M0002 – Improved patient overall satisfaction		✓	
	M0028 – Improved patient ability to self-manage condition		✓	✓
	M0030 – Improved patient and family caregiver awareness of community supports and resources		✓	
SCC3 – Improvements in physician and other health provider coordination, flow of care and communication	M0001 – Improved provider overall satisfaction		✓	
	M0002 – Improved patient overall satisfaction		✓	
	M0005 – Improved coordination of care between physicians		✓	
	M0006 – Improved flow of care between physicians		✓	
	M0007 – Improved care communication between physicians		✓	
	M0008 – Improved coordination of care between physicians and other health care providers		✓	
	M0009 – Improved flow of care between physicians and other health care providers		✓	
	M0010 – Improved care communication between physicians and other healthcare providers		✓	
	M0011 – Increased collegiality between family physicians and specialist physicians		✓	
	M0018 – Improved communication between providers through use of consult notes or other interventions			
SCC4 – Improved patient transitions between provider	M0002 – Improved patient overall satisfaction		✓	
	M0005 – Improved coordination of care between physicians		✓	
	M0006 – Improved flow of care between physicians		✓	
	M0007 – Improved care communication between physicians		✓	



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SCC Outcome	Shared Measure	IHI Triple Aim		
		Pop. Health	Experience	Cost
and care environments	M0008 – Improved coordination of care between physicians and other health care providers		✓	
	M0009 – Improved flow of care between physicians and other health care providers		✓	
	M0010 – Improved care communication between physicians and other health care providers		✓	
	M0017 – Improved patient transition between providers through use of discharge summaries		✓	
SCC5 – Improvements in GP access to specialist consultations	M0001 – Improved provider overall satisfaction		✓	
	M0011 – Increased collegiality between family physicians and specialist physicians		✓	
	M0012 – Increased collaboration between family physicians and specialist physicians		✓	
	M0013 – Improved relationships between family physician and specialist physicians		✓	
	M0020 – Improved specialist consult access by family physicians		✓	
SCC6 – Improve timeliness of patient access to physician care	M0002 – Improved patient overall satisfaction		✓	
	M0005 – Improved coordination of care between physicians		✓	
	M0006 – Improved flow of care between physicians		✓	
	M0007 – Improved care communication between physicians		✓	
	M0016 – Improved access to physician care		✓	✓
	M0021 – Decreased average wait time for family physician to specialist physician consult		✓	✓
	M0022 – Decreased average patient wait time from family physician referral to related specialist visit		✓	✓
SCC7 – Improvements in appropriateness of GP referrals to specialist physicians	M0011 – Increased collegiality between family physicians and specialist physicians		✓	
	M0012 – Increased collaboration between family physicians and specialist physicians		✓	
	M0013 – Improved relationships between family physician and specialist physicians		✓	
	M0019 – Increased proportion of appropriate specialist referrals from family physicians		✓	✓
	M0020 – Improved specialist consult access by family physicians		✓	
	M0022 – Decreased average patient wait time from family physician referral to related specialist visit		✓	✓



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SCC Outcome	Shared Measure	IHI Triple Aim		
		Pop. Health	Experience	Cost
SCC8 – Improved per capita cost of care or improved sustainability	No shared measures identified.			
These measures are not associated with any Shared Care outcomes, but are still identified as common measures utilized by Shared Care projects	M0003 – Improved physician confidence to provide care			
	M0004 – Improved physician ability to provide care			
	M0014 – Improved leadership skills due to physician education or training			
	M0015 – Improved quality improvement skills due to education or training			
	M0023 – Increased specialist physicians accessed by family physicians via consultation platform			
	M0024 – Number of physicians participating in JCC learning events			
	M0025 – Number of physicians engaged in JCC activities (other than learning events)			
	M0026 – Number of physicians agreeing the training and resources supported their learning			
	M0031 – Improved physician awareness of community supports and resources			



APPLYING SHARED MEASURES: DETAILED DEFINITIONS

M0001: IMPROVED PROVIDER OVERALL SATISFACTION

Shared Care outcome(s)

- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication
- SCC5 – Improvements in GP access to specialist consultations

Purpose of measure

To determine if the intervention improved provider overall satisfaction with provision of patient care

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [initiative / intervention / project name] improved your overall satisfaction with provision of patient care?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Providers participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., provider survey after intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.



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Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., Project Lead submits summarized survey data quarterly)

Format

- Survey agreement format

Reporting results and analysis

- # and % of providers agreeing the intervention improved their overall satisfaction with provision of patient care
- Providers level of agreement the intervention improved their overall satisfaction with provision of patient care



M0002: IMPROVED PATIENT OVERALL SATISFACTION

Shared Care outcome(s)

- SCC1 – Improved patient care and health outcomes
- SCC2 – Improved patient ability to self-manage care
- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication
- SCC4 – Improved patient transitions between provider and care environments
- SCC6 – Improve timeliness of patient access to physician care

Purpose of measure

- To determine if the intervention improved patient overall satisfaction with care

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [initiative / intervention / project name] improved your overall satisfaction with care?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Patients participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., patient survey after intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.



OVERVIEWS

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented

Format

- Survey agreement format

Reporting results and analysis

- # and % of patients agreeing the intervention improved their overall satisfaction with care
- Patients level of agreement the intervention improved their overall satisfaction with care



M0003: IMPROVED PHYSICIAN CONFIDENCE TO PROVIDE CARE

Shared Care outcome(s)

- This Shared Measure is not aligned directly with a SCC outcome

Purpose of measure

- To determine if the intervention improved physician confidence to provide care

Type of measure

- Level 1 Shared-cross Province Measures
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [initiative / intervention / project name] improved your confidence to provide care?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians participating in project

Data collection

Frequency

- Post-intervention (e.g., physician survey post-intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

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Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once education sessions have started)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved their confidence to provide care and manage the specific condition
- Physicians level of agreement the intervention improved their confidence to provide care and manage the specific condition



M0004: IMPROVED PHYSICIAN ABILITY TO PROVIDE CARE

Shared Care outcome(s)

- This Shared Measure is not aligned directly with a SCC outcome

Purpose of measure

- To determine if the intervention improved physician ability to provide care

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [initiative / intervention / project name] improved your ability to provide care and manage the condition?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians participating in project

Data collection

Frequency

- Post-intervention (e.g., physician survey post intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)



OVERVIEWS

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once education sessions have started)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved their ability to provide care and manage the condition
- Physicians level of agreement the intervention improved their ability to provide care and manage the condition



M0005: IMPROVED COORDINATION OF CARE BETWEEN PHYSICIANS

Shared Care outcome(s)

- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication
- SCC4 – Improved patient transitions between provider and care environments
- SCC6 – Improve timeliness of patient access to physician care

Purpose of measure

- To determine if the intervention improved coordination of care between physicians

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - **Coordination of care** can be defined as “the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of healthcare services.”¹
 - What is your level of agreement that the [initiative / intervention / project name] improved your coordination of care with other physicians?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians participating in the intervention

¹ Agency for Healthcare Research and Quality. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies [Internet]. Rockville: AHRQ Publication; 2007 p. 5. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK44015/>



OVERVIEWS

Data collection

Frequency

- Post-intervention (e.g., physician survey post intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., Project Lead submits summarized survey data quarterly)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved coordination of care between physicians
- Physicians level of agreement the intervention improved coordination of care between physicians



M0006: IMPROVED FLOW OF CARE BETWEEN PHYSICIANS

Shared Care outcome(s)

- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication
- SCC4 – Improved patient transitions between provider and care environments
- SCC6 – Improve timeliness of patient access to physician care

Purpose of measure

- To determine if the intervention improved flow of care between physicians

Type of measure

- Level 1 Shared Cross-province Measure, Outcome Measure, Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument
 - **Flow of care** is also referred to as patient flow: “the ability of the healthcare system to serve patients quickly and efficiently as they move through stages of care. Good patient flow means that patient queueing is minimized; poor patient flow means that patients suffer considerable queueing delays.”¹
 - What is your level of agreement that the [initiative / intervention / project name] improved the flow of care between physicians?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., physician survey post intervention)

1. Hall R. Patient Flow [Internet]. INFORMS. 2006 [cited 27 January 2022]. Available from: <https://www.informs.org/ORMS-Today/Archived-Issues/2006/orms-6-06/Patient-Flow4>.



OVERVIEWS

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Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., Project Lead submits summarized survey data quarterly)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved the flow of care between physicians
- Physicians level of agreement the intervention improved the flow of care between physicians



M0007: IMPROVED CARE COMMUNICATION BETWEEN PHYSICIANS

Shared Care outcome(s)

- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication
- SCC4 – Improved patient transitions between provider and care environments
- SCC6 – Improve timeliness of patient access to physician care

Purpose of measure

- To determine if the intervention improved care communication between physicians

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - **Care communication** can be defined as “the imparting or interchange of thoughts, opinions, or information by speech, writing, or signs.”¹
 - What is your level of agreement that the [initiative / intervention / project name] improved your care communication with other physicians?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participant

- Physicians participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., physician survey post intervention)

1. Communication [Internet]. Merriam-Webster. [cited 27 January 2022]. Available from: <https://www.merriam-webster.com/dictionary/communication>



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Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., Project Lead submits summarized survey data quarterly)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved care communication with other physicians
- Physicians level of agreement the intervention improved care communication with other physicians



M0008: IMPROVED COORDINATION OF CARE BETWEEN PHYSICIANS AND OTHER HEALTH CARE PROVIDERS

Shared Care outcome(s)

- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication
- SCC4 – Improved patient transitions between provider and care environments

Purpose of measure

- To determine if the intervention improved coordination of care between physicians and other health care providers

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - **Coordination of care** can be defined as “the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of healthcare services.”¹
 - What is your level of agreement that the [initiative / intervention / project name] improved your coordination of care with other health care providers?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians participating in the intervention

¹ Agency for Healthcare Research and Quality. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies [Internet]. Rockville: AHRQ Publication; 2007 p. 5. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK44015/>



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Data collection

Frequency

- Post-intervention (e.g., physician survey post-intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., Project Lead submits summarized survey data quarterly)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved coordination of care between physicians and other health care providers
- Physicians level of agreement the intervention improved coordination of care between physicians and other health care providers



M0009: IMPROVED FLOW OF CARE BETWEEN PHYSICIANS AND OTHER HEALTH CARE PROVIDERS

Shared Care outcome(s)

- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication
- SCC4 – Improved patient transitions between provider and care environments

Purpose of measure

- To determine if the intervention improved the flow of care between physicians and other health care providers

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - **Flow of care** is also referred to as patient flow: “the ability of the healthcare system to serve patients quickly and efficiently as they move through stages of care. Good patient flow means that patient queueing is minimized; poor patient flow means that patients suffer considerable queueing delays.”¹
 - What is your level of agreement that the [initiative / intervention / project name] improved the flow of care between physicians and other health care providers?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians participating in the intervention

1. Hall R. Patient Flow [Internet]. INFORMS. 2006 [cited 27 January 2022]. Available from: <https://www.informs.org/ORMS-Today/Archived-Issues/2006/orms-6-06/Patient-Flow4>.



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Data collection

Frequency

- Post-intervention (e.g., physician survey post-intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., Project Lead submits summarized survey data quarterly)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved the flow of care between physicians and other health care providers
- Physicians level of agreement the intervention improved the flow of care between physicians and other health care providers



M0010: IMPROVED CARE COMMUNICATION BETWEEN PHYSICIANS AND OTHER HEALTH CARE PROVIDERS

Shared Care outcome(s)

- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication
- SCC4 – Improved patient transitions between provider and care environments

Purpose of measure

- To determine if the intervention improved care communication between physicians and other health care providers

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Direct/Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - **Care communication** can be defined as “the efficient and effective sharing of information related to patient care, either verbally or written.”
 - What is your level of agreement that the [initiative / intervention / project name] improved your care communication with other health care providers?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., physician survey post-intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics



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requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., Project Lead submits summarized survey data quarterly)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved care communication with other health care providers
- Physicians level of agreement the intervention improved care communication between physicians and other health care providers



M0011: INCREASED COLLEGIALLY BETWEEN FAMILY PHYSICIANS AND SPECIALIST PHYSICIANS

Shared Care outcome(s)

- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication
- SCC5 – Improvements in GP access to specialist consultations
- SCC7 – Improvements in appropriateness of GP referrals to specialist physicians

Purpose of measure

- To determine if the intervention resulted in increased collegiality between family physicians and specialist physicians

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - **Collegiality** can be defined as “mutual trust; respect; knowledge of each other’s expertise, skills, and responsibilities.”¹
 - What is your level of agreement that the [initiative / intervention / project name] resulted in increased collegiality between family physicians and specialists?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Family physicians participating in the intervention
- Specialist physicians participating in the intervention

1. Collegiality promotes safe care [Internet]. Canadian Medical Protective Association. [cited date not known]. Available from: <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2016/collegiality-promotes-safe-care>



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Data collection

Frequency

- Post-intervention (e.g., physician survey post-intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once the new gastroenterology referral and triage process is up and running)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention increased collegiality between family physicians and specialists
- Physicians level of agreement the intervention increased collegiality between family physicians and specialists



M0012: INCREASED COLLABORATION BETWEEN FAMILY PHYSICIANS AND SPECIALIST PHYSICIANS

Shared Care outcome(s)

- SCC5 – Improvements in GP access to specialist consultations
- SCC7 – Improvements in appropriateness of GP referrals to specialist physicians

Purpose of measure

- To determine if the intervention resulted in increased collaboration between family physicians and specialist physicians

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - **Collaboration** can be defined as “health care professionals assuming complementary roles and cooperatively working together, sharing responsibility for problem-solving and making decisions to formulate and carry out plans for patient care.”¹
 - What is your level of agreement that the [initiative / intervention / project name] resulted in increased collaboration between family physicians and specialists?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Family physicians participating in the intervention
- Specialist physicians participating in the intervention

1. O'Daniel M, Rosenstein A. Professional Communication and Team Collaboration. [Internet]. Rockville: Agency for Healthcare Research and Quality; 2008 p. 2-272. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK2637/>



OVERVIEWS

Data collection

Frequency

- Post-intervention (e.g., physician survey post-intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator. For example, surveys may be done electronically, using paper forms, or verbally

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once the new psychiatric assessment clinic is opened)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention increased collaboration between family physicians and specialists
- Physicians level of agreement the intervention increased collaboration between family physicians and specialists



M0013: IMPROVED RELATIONSHIPS BETWEEN FAMILY PHYSICIANS AND SPECIALIST PHYSICIANS

Shared Care outcome(s)

- SCC5 – Improvements in GP access to specialist consultations
- SCC7 – Improvements in appropriateness of GP referrals to specialist physicians

Purpose of measure

- To determine if the intervention resulted in improved relationships between family physicians and specialist physicians

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - Relationships can be defined as “cooperative problem-solving and decision making, where participants achieve better patient care by working together than would have been possible individually.”¹
 - What is your level of agreement that the [initiative / intervention / project name] resulted in improved relationships between family physicians and specialists?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participant

- Family physicians participating in the intervention
- Specialist physicians participating in the intervention

1. McDonald KM, Sundaram V, Bravata DM, et al. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Rockville: Agency for Healthcare Research and Quality; 2007. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK44012/>



OVERVIEWS

Data collection

Frequency

- Post-intervention (e.g., physician survey post-intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once education sessions have started with family physicians and specialists)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved relationships between family physicians and specialists
- Physicians level of agreement the intervention improved relationships between family physicians and specialists



OVERVIEWS

M0014: IMPROVED LEADERSHIP SKILLS DUE TO PHYSICIAN EDUCATION OR TRAINING

Shared Care outcome(s)

- This Shared Measure is not aligned directly with a SCC outcome

Purpose of measure

- To determine if the intervention (education or training) improved leadership skills

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [education or training name] improved your leadership skills?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians that participated in the education or training

Data collection

Frequency

- Post-intervention (e.g., physician survey post training session)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)



OVERVIEWS

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once training sessions have started)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved their leadership skills
- Physicians level of agreement the intervention improved their leadership skills



M0015: IMPROVED QUALITY IMPROVEMENT SKILLS DUE TO EDUCATION OR TRAINING

Shared Care outcome(s)

- This Shared Measure is not aligned directly with a SCC outcome

Purpose of measure

- To determine if the intervention (education or training) improved quality improvement skills

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [education or training name] improved your quality improvement skills?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians that participated in the education or training

Data collection

Frequency

- Post-intervention (e.g., physician survey post training session)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)



OVERVIEWS

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once training sessions have started)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing that intervention improved their quality improvement skills
- Physicians level of agreement that the intervention improved their quality improvement skills



OVERVIEWS

M0016A&B: IMPROVED ACCESS TO PHYSICIAN CARE

Shared Care outcome(s)

- SCC1 – Improved patient care and health outcomes
- SCC6 – Improve timeliness of patient access to physician care

Purpose of measure

- To determine if the intervention improved patient access to physician care

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - M0016a: What is your level of agreement that the [initiative / intervention / project name] improved your access to **family physician** care?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Survey instrument:
 - M0016b: What is your level of agreement that the [initiative / intervention / project name] improved your access to **specialist physician** care?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Patients that participated in the intervention

Data collection

Frequency

- Post-intervention (patient survey post-intervention)



OVERVIEWS

- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once education sessions have started)

Format

- Survey agreement format

Reporting results and analysis

- # and % of patients agreeing the intervention improved their access to physician care
- Patients level of agreement the intervention improved access to physician care



M0017: IMPROVED PATIENT TRANSITION BETWEEN PROVIDERS THROUGH USE OF DISCHARGE SUMMARIES

Shared Care outcome(s)

- SCC4 – Improved patient transitions between provider and care environments

Purpose of measure

- To determine if the intervention resulted in improved patient transition between providers (e.g., at hospital and long-term care) through use of discharge summaries

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [initiative / intervention / project name] resulted in improved patient transition between providers (e.g., at hospital and long-term care) through use of discharge summaries?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified or (round parentheses) where the example could be modified.

Participants

- Providers participating in the intervention including family physicians and specialists

Data collection

Frequency

- Post-intervention (e.g., provider survey post-intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.



OVERVIEWS

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once the new discharge summaries start being used)

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention resulted in improvements in patient transitions between provider and care environments through improved discharge summaries
- Physicians level of agreement the intervention improved patient transitions between provider and care environments through improved discharge summaries



M0018: IMPROVED COMMUNICATION BETWEEN PROVIDERS THROUGH USE OF CONSULT NOTES OR OTHER INTERVENTIONS

Shared Care outcome(s)

- SCC3 – Improvements in physician and other health provider coordination, flow of care and communication

Purpose of measure

- To determine if the intervention resulted in improved communication between providers (e.g., at hospital and long-term care) through use of consult notes or other interventions

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - **Care communication** can be defined as “the imparting or interchange of thoughts, opinions, or information by speech, writing, or signs.”¹
 - What is your level of agreement that the [initiative / intervention / project name] resulted in improved communication between providers (e.g., at hospital and long-term care) through use of (consult notes or other interventions)?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified or (round parentheses) where the example or intervention could be modified.

Participants

- Providers participating in the intervention including family physicians and specialists

1. Communication [Internet]. Merriam-Webster. [cited 27 January 2022]. Available from: <https://www.merriam-webster.com/dictionary/communication>



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Data collection

Frequency

- Post-intervention (e.g., provider survey post-intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)

Data submission

Frequency

- Quarterly once intervention is implemented (e.g., once the new process has started)

Format

- Survey agreement format

1. Reporting results and analysis

- # and % of physicians agreeing the intervention resulted in improvements in patient transitions between provider and care environments through improved consult notes or other intervention
- Physicians level of agreement the intervention improved patient transitions between provider and care environments through improved consult notes or other intervention



M0019: INCREASED PROPORTION OF APPROPRIATE SPECIALIST REFERRALS FROM FAMILY PHYSICIANS

Shared Care outcome(s)

- SCC7 – Improvements in appropriateness of GP referrals to specialist physicians

Purpose of measure

- To determine if the intervention resulted in an increased proportion of appropriate specialist referrals from family physicians

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measures
- Direct Measure

Measure target

- Example: specialist physicians indicate 80% of family physician referrals are appropriate

Data sources

- Specialist physician reviews sample of referrals and indicates if referral is appropriate
 - Is the referral from the family physician appropriate (i.e., the referral includes information about necessary tests, examinations and treatment efforts that were conducted prior to the referral)?
 - Yes
 - No

Participants

- Specialist physicians participating in the intervention

Data collection

Frequency

- Physician rating of consecutive referrals (e.g., first ten referrals after the start date)

Format

- The format in which data is collected is up to the project leader and/or evaluator. For example, a specialist physician may log the appropriateness of referrals on a single sheet of paper that lists the referrals on one column and whether the referral was appropriate on a second column.

Data submission

Frequency

- Quarterly

Format

- Project data
 - **Denominator:** Number of referrals
 - **Numerator:** Number of referrals evaluated as appropriate by specialist
- The data collected must be aggregated to answer the following questions:
 - Q01: What was the number of referrals reviewed by specialist physicians?



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- Q02: What was the number of referrals evaluated as appropriate by specialist physicians?
- The data must be submitted in the following format:

ProjectId	MeasureId	Date Submitted	Reporting Period	Question	Answer
1001	M0022	2020-04-30	2020-Q1	Q01	50
1001	M0022	2020-04-30	2020- Q1	Q02	45

Reporting results and analysis

- # and % of referrals evaluated by specialist physicians as appropriate
- To determine if the intervention resulted in an increased proportion of appropriate specialist referrals from family physicians



M0020: IMPROVED SPECIALIST CONSULT ACCESS BY FAMILY PHYSICIANS

Shared Care outcome(s)

- SCC5 – Improvements in GP access to specialist consultations
- SCC7 – Improvements in appropriateness of GP referrals to specialist physicians

Purpose of measure

- To determine if the intervention improved specialist consult access for family physicians

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [initiative / intervention / project name] improved your access to specialist consults?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Family physicians participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., family physician survey post intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.



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Format

- The format in which data is collected is up to the project leader and/or evaluator. For example, surveys may be done electronically, using paper forms, or verbally

Data submission

Frequency

- Quarterly once intervention is implemented

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved their access to specialist consults.
- Physicians level of agreement the intervention improved their access to specialist consults



M0021: DECREASED AVERAGE WAIT TIME FOR FAMILY PHYSICIAN TO ACCESS SPECIALIST PHYSICIAN CONSULT

Shared Care outcome(s)

- SCC1 – Improved patient care and health outcomes
- SCC6 – Improve timeliness of patient access to physician care

Purpose of measure

- To determine if the intervention decreased family physician wait time access specialist physician consult

Type of measure

- Level 1 Shared Cross-province Measure / Level 2 Shared Cross-cluster Measure
- Outcome Measure
- Direct Measure

Measure target

- Example: 50% of family physicians accessed a specialist physician within 2 hours of consult request

Data sources

- Survey instrument:
 - How often did the specialist physician contact you within two hours after a consultation request?
 - All or most of the time
 - Some of the time
 - Hardly ever
 - Never
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Family physicians using specialist access programs

Data collection

Frequency

- Pre-intervention (baseline)
- Post-intervention (e.g., 1-month)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.



OVERVIEWS

Format

Data submission

Frequency

- Quarterly once intervention is implemented

Format

- The data collected must be aggregated to answer the following questions:
 - Q01: What was the number of consultations at baseline?
 - Q02: What was the total wait times days at baseline?
 - Q03: What was the number of consultations for reporting period?
 - Q04: What was the total wait times days for reporting period?
- The data must be submitted in the following format:

ProjectId	MeasureId	Date Submitted	Reporting Period	Question	Answer
1001	M0022	2020-10-31	2020-Q3	Q01	50
1001	M0022	2020-10-31	2020-Q3	Q02	400
1001	M0022	2020-10-31	2020-Q3	Q03	20
1001	M0022	2020-10-31	2020-Q3	Q04	80

Reporting results and analysis

$$\text{Change in wait times} = \frac{\text{Total wait times days at baseline}}{\text{Number of consultations at baseline}} - \frac{\text{Total wait times days for reporting period}}{\text{Number of consultations for reporting period}}$$



M0022: DECREASED AVERAGE PATIENT WAIT TIME FROM FAMILY PHYSICIAN REFERRAL TO RELATED SPECIALIST VISIT

Shared Care outcome(s)

- SCC1 – Improved patient care and health outcomes
- SCC6 – Improve timeliness of patient access to physician care
- SCC7 – Improvements in appropriateness of GP referrals to specialist physicians

Purpose of measure

- To determine if the intervention decreased patient wait time from family physician referral to specialist visit

Type of measure

- Level 1 Shared Cross-province Measure / Level 2 Shared Cross-cluster Measure
- Outcome Measure
- Direct Measure

Measure target

- Example: Decrease average wait times in days by 20%, baseline vs post-implementation

Data sources

- Local data at patient and provider level
 - Date family physician submits referral request to specialist physician
 - Date patient was seen by specialist physician as stated in the specialist consult report
- The data that is collected must be aggregated to answer the following questions:
 - Q01: What was the number of consults at baseline?
 - Q02: What was the total wait times days at baseline?
 - Q03: What was the number of consults for reporting period?
 - Q04: What was the total wait times days for reporting period?

Participants

- Family physicians
- Specialist physicians
- Front office staff

Data collection

Frequency

- Pre-intervention (baseline)
- Post-intervention (e.g., 1-month)

Format

Data submission

Frequency

- Quarterly once intervention is implemented



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Format

- The data collected must be aggregated to answer the following questions:
 - Q01: What was the number of consultations at baseline?
 - Q02: What was the total wait times days at baseline?
 - Q03: What was the number of consultations for reporting period?
 - Q04: What was the total wait times days for reporting period?

- The data must be submitted in the following format:

ProjectId	MeasureId	Date Submitted	Reporting Period	Question	Answer
1001	M0022	2020-10-31	2020-10	Q01	50
1001	M0022	2020-10-31	2020-10	Q02	400
1001	M0022	2020-10-31	2020-10	Q03	20
1001	M0022	2020-10-31	2020-10	Q04	80

Reporting results and analysis

Change in wait times = $\frac{\text{Total wait times days at baseline}}{\text{Number of consultations at baseline}} - \frac{\text{Total wait times days for reporting period}}{\text{Number of consultations for reporting period}}$



M0023: INCREASED SPECIALIST PHYSICIANS ACCESSED BY FAMILY PHYSICIANS VIA CONSULTATION PLATFORM

Shared Care outcome(s)

- This Shared Measure is not aligned directly with a SCC outcome

Purpose of measure

- To determine the number of specialist physicians that were accessed by family physicians via the consultation platform (e.g., RACE)

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Direct Measure

Measure target

- To be determined

Data sources

- Consultation platform data
- # specialist physicians accessed by family physicians via the consultation platform (e.g., RACE) [in specific time range]

Participants

- Not applicable as data can be extracted directly from the consultation system

Data collection

Frequency

- The data is captured through the consultation system when a family physician accesses a specialist physician and does not require data collection schedule

Format

- The data is captured through the consultation system when a family physician accesses a specialist physician and does not require a specific data collection format

Data submission

Frequency

- Post-intervention, quarterly

Format

How many specialist physicians were accessed by family physicians via the consultation platform?

ProjectId	MeasureId	Date Submitted	Reporting Period	Question	Answer
1001	M0025	2020-04-01	2020-Q1	Q01	30
1001	M0025	2020-07-01	2020-Q2	Q01	40

Reporting results and analysis

- # of specialist physicians accessed by family physicians per quarter
- % increase/decrease in specialist physicians accessed by family physicians per quarter



M0024: NUMBER OF PHYSICIANS PARTICIPATING IN SCC LEARNING EVENTS

Shared Care outcome(s)

- Not aligned with a Shared Care Outcome

Purpose of measure

- The primary purpose of this measure is to determine the reach of learning events
- Examples of learning events:
 - Physician learning events where physicians are brought together to discuss a topic related to the project in question
 - Dine and learn events and Divisions of Family Practice AGMS where there are guest speakers

Type of measure

- Level 1 Shared Cross-province Measure
- Process Measure
- Direct Measure

Measure target

- Not applicable

Data sources

- Administrative Log:
 - # physicians who participated in the learning event [in specific time range]
- Note: This measure adds the raw number of physicians across events and does not represent unique physicians.

Participants

- Not applicable

Data collection

Frequency

- Post-intervention (i.e., after the learning event)

Format

- Not applicable

Data submission

Frequency

- Quarterly once intervention is implemented

Format

- How many physicians participated in the learning event?

ProjectId	MeasureId	Date Submitted	Reporting Period	Question	Answer
1001	M0025	2020-04-01	2020-Q1	Q01	30
1001	M0025	2020-07-01	2020-Q2	Q01	40



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Reporting results and analysis

- # of physicians participating in learning events



M0025: NUMBER OF PHYSICIANS ENGAGED IN SCC ACTIVITIES (OTHER THAN LEARNING EVENTS)

Shared Care outcome(s)

- Not aligned with a Shared Care outcome

Purpose of measure

- To determine the number of family physicians and specialist physicians engaged in activities

Type of measure

- Level 1 Shared Cross-province Measure
- Process Measure
- Direct Measure

Measure target

- Not applicable

Data sources

- Administrative Log:
 - # physicians who participated in the activity [in specific time range]

Participants

- Not applicable

Data collection

Frequency

- Post-intervention (i.e., after the learning event)

Format

- Not applicable

Data submission

Frequency

- Quarterly once intervention is implemented

Format

- How many physicians participated in the learning event?

ProjectId	MeasureId	Date Submitted	Reporting Period	Question	Answer
1001	M0025	2020-04-01	2020-Q1	Q01	30
1001	M0025	2020-07-01	2020-Q2	Q01	40

Reporting results and analysis

- # of physicians participating in activities



M0026: NUMBER OF PHYSICIANS AGREEING THE TRAINING AND RESOURCES SUPPORTED THEIR LEARNING

Shared Care outcome(s)

- This Shared Measure is not aligned directly with a SCC outcome

Purpose of measure

- To determine the number and percentage of physicians that agree that the training and resources supported their learning

Type of measure

- Level 1 Shared Cross-province Measure
- Process Measure
- Direct Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the training and resources supported your learning?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Providers participating in the intervention including family physicians and specialist physicians

Data collection

Frequency

- Post-intervention
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)



OVERVIEWS

Data submission

Frequency

- Quarterly once intervention is implemented

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention supported their learning
- Physicians level of agreement the intervention supported their learning



M0027: IMPROVED FAMILY AND/OR CAREGIVER OVERALL SATISFACTION

Shared Care outcome(s)

- SCC1 – Improved patient care and health outcomes

Purpose of measure

- To determine if the intervention improved family and/or caregiver overall satisfaction with care

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [initiative / project / intervention name] improved your overall satisfaction with care?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Family and/or caregivers of patients participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., family and/or caregiver survey after intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)



OVERVIEWS

Data submission

Frequency

- Quarterly once intervention is implemented

Format

- Survey agreement format

Reporting results and analysis

- # and % of family and/or caregivers agreeing the intervention improved their overall satisfaction with care
- Family and/or caregivers level of agreement the intervention improved their overall satisfaction with care



M0028: IMPROVED PATIENT ABILITY TO SELF-MANAGE CONDITION

Shared Care outcome(s)

- SCC2 – Improved patient ability to self-manage care

Purpose of measure

- To determine if the intervention improved patient ability to self-manage condition

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [initiative / intervention / project name] improved your ability to self-manage your condition?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Patients participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., patient survey after intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator (e.g., surveys may be done electronically, using paper forms, or verbally)



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Data submission

Frequency

- Quarterly once intervention is implemented

Format

- Survey agreement format

Reporting results and analysis

- # and % of patients agreeing the intervention improved their ability to self-manage their condition
- Patients level of agreement the intervention improved their ability to self-manage their condition



M0029: IMPROVED COMMUNICATION BETWEEN PROVIDERS AND PATIENTS AND FAMILY CAREGIVERS

Shared Care outcome(s)

- SCC1 – Improved patient care and health outcomes

Purpose of measure

- To determine if patient and family caregivers experienced improved communication with their provider(s)

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - **Care communication** can be defined as “the imparting or interchange of thoughts, opinions, or information by speech, writing, or signs.”¹
 - What is your level of agreement that the [initiative / intervention / project name] improved the quality and frequency of communication with your health care provider?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Patients and family caregivers participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., patient/family caregiver survey after intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match

1. Communication [Internet]. Merriam-Webster. [cited 27 January 2022]. Available from: <https://www.merriam-webster.com/dictionary/communication>



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participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Format

- The format in which data is collected is up to the project leader and/or evaluator. For example, surveys may be done electronically, using paper forms, or verbally

Data submission to Doctors of BC

Frequency

- Quarterly once intervention is implemented

Format

- Survey agreement format

Reporting results and analysis

- # and % of patients and family caregivers agreeing the intervention improved communication with their provider
- Patients' and family caregivers' level of agreement the intervention improved communication with their provider



M0030: IMPROVED PATIENT AND FAMILY CAREGIVER AWARENESS OF COMMUNITY SUPPORTS AND RESOURCES

Shared Care outcome(s)

- SCC1 – Improved patient care and health outcomes
- SCC2 – Improved patient ability to self-manage care

Purpose of measure

- To determine if patient and family caregivers awareness of community supports and resources improved.

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument:
 - What is your level of agreement that the [initiative / intervention / project name] improved your awareness of community supports and resources?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Patients and family caregivers participating in the intervention

Data collection

Frequency

- Post-intervention (e.g., patient/family caregiver survey after intervention)
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.



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Format

- The format in which data is collected is up to the project leader and/or evaluator. For example, surveys may be done electronically, using paper forms, or verbally.

Data submission to Doctors of BC

Frequency

- Quarterly once intervention is implemented

Format

- Survey agreement format

Reporting results and analysis

- # and % of patients and family caregivers agreeing the intervention improved their awareness of community supports and resources
- Patients' and family caregivers' level of agreement the intervention improved their awareness of community supports and resources



M0031: IMPROVED PHYSICIAN AWARENESS OF COMMUNITY SUPPORTS AND RESOURCES

Shared Care outcome(s)

- This Shared Measure is not aligned directly with a Shared Care outcome

Purpose of measure

- To determine if physician awareness of community supports and resources improved

Type of measure

- Level 1 Shared Cross-province Measure
- Outcome Measure
- Indirect/Proxy Measure

Measure target

- 80% agree or strongly agree

Data sources

- Survey instrument: What is your level of agreement that the [initiative / intervention / project name] improved your awareness of community supports and resources?
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Not sure
- Caution: Survey item measures must be used exactly as worded except for items in [square parentheses] where the name of the initiative, project, or intervention would be specified.

Participants

- Physicians participating in the intervention
- This question is designed specifically as a post-project or post-intervention survey question only. Conducting pre and post measures (before and after the project or intervention) would require procedures to match participants before and after the project or intervention to ensure that any change is not due to the addition or loss of participants to follow up. The matching process would have to adhere to privacy and ethics requirements. Use of pre- and post- measures risk lower response rates as respondents must complete both surveys.

Data collection

- Post-intervention (e.g., physician survey after intervention)

Format

- The format in which data is collected is up to the project leader and/or evaluator. For example, surveys may be done electronically, using paper forms, or verbally.



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Data submission to Doctors of BC

Frequency

- Quarterly once intervention is implemented

Format

- Survey agreement format

Reporting results and analysis

- # and % of physicians agreeing the intervention improved their awareness of community supports and resources
- Physicians' level of agreement the intervention improved their awareness of community supports and resources