

# Current State Assessment of the Primary Health Care System in Nova Scotia

The Primary Health Care 2020–21 System Performance  
Report: [Executive Summary](#)

Nova Scotia Health | Primary Health Care

Date of Release: June 2022



This document is an executive summary only.

Please refer to the brief **technical documentation** at the end of the executive summary for further details on the indicators and data sources. For previous releases of the system performance report, you can visit the Nova Scotia Health Primary Health Care website [here](#).

## ACKNOWLEDGEMENTS:

The *Current State Assessment of the Primary Health Care System in Nova Scotia, 2020-21 Update* was completed as a result of data contributions from many Primary Health Care leaders, providers, researchers, and partners.

## RECOMMENDED CITATION:

Primary Health Care, Nova Scotia Health (2022). *Current state assessment of the primary health care system in Nova Scotia: The primary health care 2020-21 system performance report*. Nova Scotia: Primary Health Care, Nova Scotia Health.

## FOR FURTHER INFORMATION:

For information about any of the concepts included in this paper, please contact: [primaryhealthcare@nshealth.ca](mailto:primaryhealthcare@nshealth.ca)

### BACKGROUND AND RATIONALE

Primary health care is the foundation of the health system and where the majority of people experience most of their health care during their lives. Nova Scotia Health has been moving forward in a purposeful and planned way toward a broad vision for a strengthened primary health care system. The primary health care system in Nova Scotia has undergone transformational change over the last several years through investments to strengthen collaborative family practice teams and infrastructure for the community-based primary health care system. This has occurred alongside a focus to strengthen the supports available for Nova Scotians to live well and manage their chronic conditions. The COVID-19 pandemic has showed us there is great potential to rapidly innovate and enhance how we do our work virtually.

Together with clinicians, patients, and families, we have continued to explore how we enhance the quality of our programs and services to support a safe, person-centred, quality-oriented primary health care system. Monitoring the performance of the primary health care system through ongoing evaluation, data analytics, and research to support data-driven decision making, effectiveness, and the monitoring of key performance indicators are critical components of ensuring a high quality primary health care system.

To measure the effectiveness of the ongoing system transformation in primary health care, Nova Scotia Health Primary Health Care (PHC) released a report outlining a novel system-level evaluation framework, process for indicator identification and selection, and measurement of 28 priority indicators using readily available data sources at the time of Nova Scotia Health's formation. Published in 2019, the *Current State Assessment of the Primary Health Care System in Nova Scotia* served as a baseline assessment of the primary health care system in Nova Scotia at the time of Nova Scotia Health's formation, as well as a foundation for future measurement. In 2021, a second report was published highlighting an update of the 28 priority indicators as of March 31, 2020.

The current report presents an update of the same 28 priority indicators using the most recent available data as of *March 31, 2021*. Comparisons with previous years are made where data is available.<sup>1</sup> However, it should be noted that there remains a dearth of consistent and widely available data sources for primary health care in order to monitor system change. To provide further context for the current report, there are several contextual factors to keep in mind. First, the COVID-19 pandemic continued to greatly influence how care was provided in the primary health care system, with, for example, the ongoing expansion and adoption of virtual care. Further, the net new investments in team-based care was completed in FY2020-21 and focus was turned to strengthening and supporting collaboration. Finally, key internal data sources used for this series of reports, such as the Nova Scotia Health Patient Experience Survey, have been modernized to better reflect the changing landscape in primary health care and ensure that questions had input from patients and families. While the wording of some questions may differ from previous years, changes better reflect priorities in primary health care and will be maintained on a go forward basis.

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<sup>1</sup> Depending on data availability, data sources aligned with key indicators between the previous reports and the data sources used with the present update may vary. Careful consideration should be taken when comparing data across years. For more details on the data sources, please refer to the technical notes at the end of this document. Although some changes in data sources may occur, the goal was to maintain the integrity of the intent of the indicator and what it was chosen to measure.

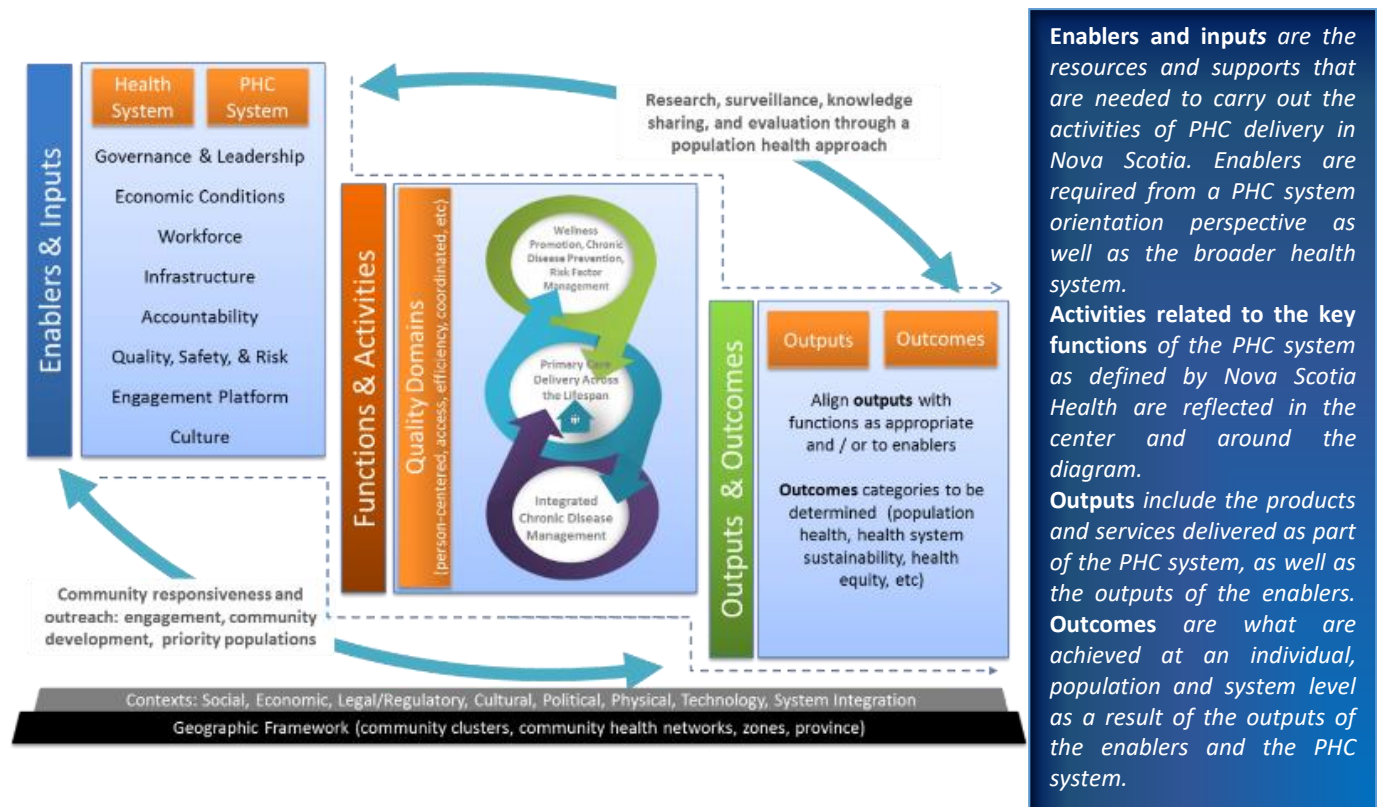
For detailed background on the development of the system-level evaluation framework, the process for indicator selection, and the previous updates of indicators, please see the first and second releases of the Current State Assessment available on the Nova Scotia Health website [here](#).

This series of system performance reports will continue to serve as the foundation for future measurement and evaluation related to the transformation of the NS primary health care system over time. We would like to thank all stakeholders who participated in this work and provided data to support the updated report. It is our commitment to work together with all stakeholders as part of our quality and system performance journey; we must continue to focus on a strong foundation of quality to support sustainable transformation of the primary health care system in Nova Scotia.

## SYSTEM-LEVEL EVALUATION FRAMEWORK

To guide indicator selection and alignment, a multidimensional evaluation framework was developed that reflects the complex nature of the PHC system, incorporates functions and enablers defined by Nova Scotia Health and considers the broader geographic, economic, and social context in Nova Scotia (Figure 1). The development of the Nova Scotia Health PHC System-level Evaluation Framework was guided and influenced by key documents, guiding frameworks, and stakeholder input.

Figure 1: Nova Scotia Health PHC System-Level Evaluation Framework



## 2020-21 UPDATED PHC SYSTEM CURRENT STATE ASSESSMENT HIGHLIGHTS

The literature identifies the importance of monitoring change over time as it relates to reorienting health systems and strengthening primary health care, as outcomes can take time to emerge (Shi, 2012; Friedburg et al., 2010). Although it has been a relatively short period of time since our last report one year ago, there are several changes to note in selected indicators. Highlights since the last release of the Current State Assessment are identified below.

### HIGHLIGHTS

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- The primary health care system in NS continues to **grow**. For example:
  - ✓ The number of collaborative family practice teams has more than doubled since the formation of Nova Scotia Health, increasing by 131% from 39 to 90 teams. Specifically, four new collaborative family practice teams have been added since FY2019-20, increasing the total number in the province to 90 as of March 31, 2021, meeting the minimum working definition of having at least 3 health professionals with at least 2 professional disciplines [Indicator 3]. The expedited growth seen in previous years has slowed with the net new investments in team-based care coming to completion and the focus being turned to strengthening and supporting collaboration.
  - ✓ NS Health Primary Health Care continues to expand the workforce of interprofessional team members working collaboratively with family physicians and others, including nurse practitioners, family practice nurses, licensed practical nurses, social workers, dietitians and others. Over 150 clinical staff have been hired through the new investment from government since 2017. [Indicator 4]
  - ✓ There continues to be a large number of family physicians in the province working in team-based care (381) which is up from 377 in FY2019-20 and represents a 140% increase since Nova Scotia Health's formation. [Indicator 22]
  - ✓ NS Health Primary Health Care continues to institute more programs and initiatives for populations experiencing inequities, increasing the number of programs, initiatives, or services available from 17 to 43 (153% increase) since 2017 [Indicator 8]. This is an increase from 38 reported in FY2019-20.
- **Governance structures** and **payment models** are important enablers for collaborative, team-based care and there have been changes in these enablers reflecting changing models of care delivery:
  - ✓ The primary governance model in Nova Scotia for collaborative family practice teams continues to be co-leadership (66.7%), followed by turn-key (24.4%).
  - ✓ Fee-for-service remains the predominant remuneration method for family physicians in Nova Scotia. However, examining the percentage breakdown of remuneration methods for family physicians, there has been an increase in the percentage of family physicians remunerated through alternative payment plans from 32.2% in FY2019-20 to 42.4% in FY2020-21. [Indicator 1]
- Regarding **access** to primary health care:
  - ✓ The number of Nova Scotians self-reporting they had a regular health care provider was 87.8% in 2020, which is slightly higher than the national rate of 85.8%. As of March 31, 2021, there was 6.6% of Nova Scotians who identified that they were seeking a primary care provider by registering on the Need a Family Practice Registry. This is up from 5.0% as of March 31, 2020. [Indicator 5]

- ✓ Further, in-person clinics called Primary Care Clinics have been expanded since 2018 to offer short-term primary medical care for people on the Need a Family Practice Registry. As of March 31, 2021, there were 14 Primary Care Clinics in Nova Scotia. In addition to Primary Care Clinics, there continue to be a number of after-hours clinics operated by Nova Scotia Health (3 in Western Zone) that provide access for both those on the Registry and for those with a permanent provider as well.
  - ✓ In 2019, 82.0% of patients responding to the NS Health Primary Health Care Patient Experience Survey reported that they did not have difficulties getting the health care or advice they needed. In 2020, 78.0% indicated that they were able to get an appointment within the timeframe needed. [Indicator 26]
  - ✓ The number of primary care providers accepting new patients through the Need a Family Practice Registry has remained relatively stable with 133 unique providers accepting patients in FY2019-20 versus 122 unique providers accepting patients in FY2020-21. [Indicator 17]
  - ✓ There is a gap in the availability of current, accurate data related to family physicians' and nurse practitioners' (primary care providers) time in direct patient care and the provision of after-hours care. However, the 2020 Commonwealth Survey, which is a population-based survey of Canadians, found that 21.8% of Nova Scotians were able to get medical care in the evenings, on weekends or on holidays without going to the hospital emergency department. [Indicator 12, 18]
  - ✓ There remains a gap in the availability of current, accurate data related to wait times for routine and urgent primary care in Nova Scotia. In 2015, over half of PHC providers across the province were able to provide routine care within 5 days (56.4%), while 80.4% were able to see patients the same day/next day for urgent care. In 2019, we were unable to report updated data for this indicator given no suitable replacement data source was identified. In 2020, the Commonwealth Survey indicated that only 19.0% of Nova Scotians were able to get an appointment with a doctor or nurse when they were sick on the same day or next day. This is an important area to consider for future measurement improvement opportunities. [Indicator 19]
- The primary health care system requires **continued investment** to observe the benefits achieved in other countries with a strong foundation of primary health care (i.e., better population health outcomes, reduced inequities in population health, and lower rates of hospitalization resulting in reduced health care costs).
    - ✓ In FY2020-21 the budget for the Primary Health Care program within Nova Scotia Health was \$65.7M, which equates to spending \$68 per person (or \$6.8M per 100,000 people) on primary health care programs and services (based on a population of 969,383, Census, 2021). While the overall budget increased from \$63.2M in FY2019-20 to \$65.7M in FY2020-21, the amount per person was also approximately \$68 per person in FY2019-20 due to population growth. It is important to note that these per capita spending figures *exclude* spending on physician services and MSI billings, which is the predominant source of primary health care expenditures for the population. [Indicator 13]
  - Supporting the population to **live well and manage their chronic conditions** are core functions of the primary health care system.
    - ✓ The prevalence of individuals with self-reported five or more chronic conditions (asthma, arthritis, high blood pressure, COPD, diabetes, heart disease, cancer, stroke, dementia, mood disorder, and/or anxiety) has decreased by more than half, from 5.3% (FY2013-14) to 1.9% (2019 and 2020 combined). This is based on self-reported data from a sample of the

population, so the statistic should be interpreted with that in mind. Furthermore, there was limited response to the Canadian Community Health Survey in 2020 due to the onset of the COVID-19 pandemic, so data from 2019 and 2020 was combined for this estimate as recommended by Statistics Canada. [Indicator 24]

- ✓ In 2019, 71.5% of respondents to NS Health Primary Health Care Patient Experience Survey reported that they were always or sometimes encouraged to go to a specific group, program or class to help them manage their health concerns. In 2020, 75.8% indicated that they know how to access additional resources, programs or services to manage their health when needed. [Indicator 10]
- The scope of services provided by primary health care providers is an important part of assessing the **comprehensiveness** attribute of the primary health care system. For this release, there was a lack of appropriate data sources available to update indicators related to comprehensiveness of services. Therefore, the most recent available data is from last year's report of which highlights are offered below. This is an important area to consider for future measurement improvement opportunities.
  - ✓ The 2019 Commonwealth Fund Survey provided continued indication that primary care providers in Nova Scotia provide a wide variety of services to patients and providers were well-prepared or somewhat prepared to manage care for patients with: chronic conditions (100%), mental illness (96.7%), substance-abuse-related issues (85.9%), palliative care needs (90.8%), and dementia (91.8%).
  - ✓ Of note, 35.8% of respondents reported that they were not prepared to offer services to patients requesting medical assistance in dying and 11.8% of respondents reported that they were not prepared to offer services to patients with substance use related issues, indicating areas for further investigation in NS. [Indicator 11]
  - ✓ As part of this same survey, only 10% of providers indicated that they were providing video consultations for patients, which given the COVID-19 pandemic and the rapid introduction of virtual care, makes this an indicator to monitor over time.
- Ensuring that our programs and services remain **people-centred**, recognize and respect social, cultural, and linguistic differences and are responsive to the unique needs of populations experiencing inequities is a critical component of the primary health care system.
  - ✓ Primary Health Care reports consistently high results when it comes to staff taking patients' cultural values and those of their family or caregiver into account. 97.3% of patients reported that they did not experience being judged unfairly, treated with disrespect or discriminated against based on age, language, disabilities, religion, racial factors, gender identity, body weight, sexual orientation, or other issues at their last visit in the latest 2020 Patient Experience Survey. [Indicator 9]
  - ✓ Having patients as active partners in their care is an important element of communication and people-centred care. In 2020, 92.1% of patients indicated that they agreed or strongly agreed that they were involved as much as they wanted in decisions about their care in the latest Patient Experience Survey. [Indicator 27]
  - ✓ In addition to partnering with patients in their care, Primary Health Care has also valued partnering with patients and families at a system-level through the engagement of patient and family advisors (PFAs) in a variety of planning, quality, and safety initiatives. As of March 21, 2021, there were at least 65 patient and family advisors involved in PHC initiatives across Nova Scotia. This is a 63% increase in the number of PFAs as of March 31, 2020. [Indicator 14]

- Influenza has the potential to impact **high-risk groups**, such as seniors, and was selected as a condition to monitor due to the importance of vaccination in primary health care and other community settings, such as pharmacies.
  - ✓ From FY2015-16 to FY2019-20, the national rate of influenza immunization in individuals aged 65 and older has increased (to 70.3% in FY2019-20 from 64.6% in FY2015-16), while the rate in Nova Scotians in this age group has decreased (to 61.7% FY2019-20 from 68.4% in FY2015-16), indicating an area for improvement for Nova Scotia. [Indicator 21]
  - ✓ Note that we are unable to report updated data for this indicator (FY2020-21) as the annual influenza immunization report for the province was not updated due to the COVID-19 pandemic.
  
- Use of **EMR** is an important attribute of high-performing primary care teams and use of **technology** has been accelerated due to the COVID-19 pandemic.
  - ✓ Since March 2020 and the onset of the COVID-19 pandemic, there has been a substantial change in how PHC providers deliver care. The addition of new MSI billing codes for Virtual Care visits and the introduction of new virtual care tools and softwares has had an impact on how providers use technology in their practice. These changes have emerged rapidly in comparison to the adoption of technology in PHC prior to the pandemic.
  - ✓ Examining MSI billing codes, in 2020, approximately 80% of General Practitioners billed for virtual care.<sup>2</sup> Further, a provider survey administered by NS Health indicated that of the 259 physician responses, 79.1% reported that 50% or more of their services were provided virtually during the first wave of the pandemic, with 49.4% reporting that 80% or more of their services were provided virtually.<sup>3</sup>
  - ✓ When looking broadly at PHC physicians who use eResults to receive test results into their EMR, there is approximately 83% of Family Physicians using EMRs. Please note that this is an estimate only. [Indicator 15]
  - ✓ 100% of Nova Scotia Health employed nurse practitioners in PHC use an EMR. [Indicator 15]
  
- Primary Health Care has continued to grow its **research profile**, ensuring PHC researchers are actively involved in leading and partnering on research grants and contributing to the literature through publication.
  - ✓ As of March 31, 2021, over 100 staff and physician leaders from Nova Scotia Health's Primary Health Care program and Dalhousie University's Department of Family Medicine (DFM) have research profiles, which is up from 60 individuals in 2016-17, representing a 67% increase.
  - ✓ Nova Scotia Health PHC staff, the Department of Family Medicine (DFM) and Collaborative Research in Primary Health Care (CoR-PHC) are reporting over \$1,000,000 in CIHR funded grants in FY2020-21, and have completed 15 ethics submissions and 25 research publications in the past year. [Indicator 7 & 20]

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<sup>2</sup> Nova Scotia Department of Health and Wellness (2021). *Virtual care as a protective measure in Nova Scotia's COVID-19 response: The shift of physicians' services from face-to-face care*. Prepared by Stylus Consulting for the Nova Scotia Department of Health and Wellness, March 2021.

<sup>3</sup> Tomblin Murphy, G., Sampalli, T., Sheriko, J., Guk, J., Mclsaac, K., Koto, P., Meier, D., Theriault, C., Sim, M., Embrett, M., Packer, T., Enderlein, C., Sahijwala, V., deMello, M., Sheppard, D., Rubenstein, D., Clegg, J., MacNeil, R., Martin-Misener, R., Sheppard-LeMoine, D., Curran, J., Cassidy, C., Christian, E., Pyra, K., Wentzell, L., Wozney, L., Laplante, M., Harding, R., Hollenhorst, H., O'Connor, L., Zelmer, J., Murdoch, J., Akbari, M. et al. (2020). *A rapid review of virtual care implementation in Nova Scotia during COVID-19 to help inform a future strategy in the province*. Nova Scotia Health, October 2020.



- ✓ Note that we are unable to report on the number of research activities and research study partnerships accurately for FY2020-21 due to a lack of centralized database. [Indicator 7]
- **Teaching and learning** remains a priority of the primary health care system when it comes to training future health professionals, such as family physicians and nurse practitioners:
  - ✓ 38 family medicine residents (PGY2) completed training in NS family practices in the 2020-21 academic year, which is about the same as the previous year, an increase of 2.
  - ✓ 93 nurse practitioner students completed preceptorships in Primary Health Care in the 2020-21 academic year. [Indicator 6]
- Given primary health care is the foundation of the health care system, it is important to monitor select **indicators in other parts of the health care system** to assess the **impact** that the primary health care system may be having in these areas. Please note that many indicators from other parts of the healthcare system have been impacted by the pandemic's effect on public health policies, patient behaviour and hospital policies and procedures.
  - ✓ We have observed improvements in the rate of hospitalization for ambulatory care sensitive conditions. In FY2020-21 the rate of hospitalization for ambulatory care sensitive conditions in patients younger than age 75 decreased to 258 per 100,000 people, from 318 in FY2019-20, and 341 in the previously reported period (FY2018-19). The FY2020-21 rate is relatively on par with the national rate of 251 per 100,000 people. [Indicator 25]
  - ✓ Looking at the percentage of Emergency Department (ED) visits across the province *may* be viewed as a proxy indicator of primary care access since individuals with semi-urgent or non-urgent health concerns may present to the ED when primary care access is delayed or is not conveniently available. It is important to note that many ED visits triaged as CTAS level 4 or 5 may be very appropriate for an ED setting. The number of ED visits in Nova Scotia triaged as CTAS level 4 or 5 decreased slightly to 41% in FY2020-21 from 43.3% in FY2019-20. [Indicator 23]
- The overall **patient safety culture** within the organization is something that is critical to monitor over time to ensure safe, high-quality care and a just-culture for staff and physicians.
  - ✓ In the latest 2020 Patient Safety Culture survey, Primary Health Care showed improvements in the number of staff responding positively to measures of patient safety culture when compared to the previous survey in 2018. The majority of responses (52%) were considered positive in 2020 (i.e., green flags) and work is ongoing to continue to improve patient safety culture. [Indicator 28]
  - ✓ Note that since the last release of this report, there has been no further administration of the Patient Safety Culture Survey. Nova Scotia Health's next Accreditation is scheduled for the Fall of 2022.

This executive summary provides a snapshot of the 28 indicators updated as part of the 2020-21 primary health care system current state assessment. Aligning with each component of the system-level evaluation framework (Figure 1), indicators are organized by the following three types: (1) Enablers and Inputs; (2) Functions and Activities; and (3) Outputs and Outcomes.

## Enablers & Inputs


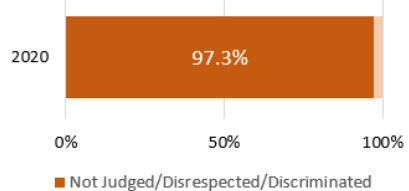
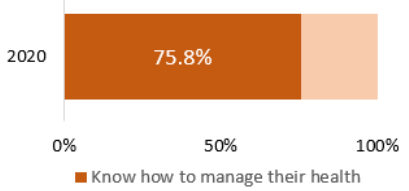
The first seven indicators are classified as enablers and inputs and align with the framework domains: economic conditions, governance and leadership, workforce and research, surveillance, knowledge sharing and evaluation.

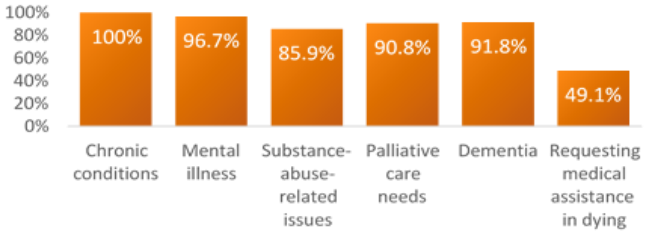
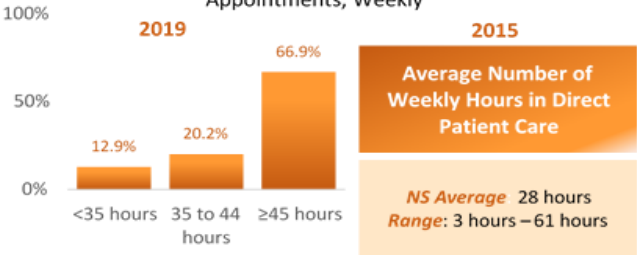
<i>Enablers and Inputs: Economic Conditions</i> <b>Indicator 1: Family Physician (FP) Remuneration Method</b>	<i>Enablers and Inputs: Governance and Leadership</i> <b>Indicator 2: Governance Model Distribution of Collaborative Family Practice Teams (CFPTs)</b>	<i>Enablers and Inputs: Workforce</i> <b>Indicator 3: Collaborative Family Practice Teams (CFPT)</b>																																						
<table border="1"> <caption>Indicator 1: Family Physician (FP) Remuneration Method</caption> <thead> <tr> <th>Year</th> <th>Fee-for-service (FFS)</th> <th>Alternative Payment Methods</th> </tr> </thead> <tbody> <tr> <td>2019-20</td> <td>67.8%</td> <td>32.2%</td> </tr> <tr> <td>2020-21</td> <td>57.6%</td> <td>42.4%</td> </tr> </tbody> </table> <p><i>Data Source: Nova Scotia Health and DHW, FY2019-20 &amp; FY2020-21</i></p>	Year	Fee-for-service (FFS)	Alternative Payment Methods	2019-20	67.8%	32.2%	2020-21	57.6%	42.4%	<table border="1"> <caption>Indicator 2: Governance Model Distribution of Collaborative Family Practice Teams (CFPTs)</caption> <thead> <tr> <th>Year</th> <th>Turn-key</th> <th>Co-leadership</th> <th>Other/Blended</th> <th>Contracted Services</th> </tr> </thead> <tbody> <tr> <td>2019-20</td> <td>26.7%</td> <td>66.7%</td> <td>6.6%</td> <td>0%</td> </tr> <tr> <td>2020-21</td> <td>24.4%</td> <td>66.7%</td> <td>8.9%</td> <td>0%</td> </tr> </tbody> </table> <p><i>Data Source: Nova Scotia Health, all years</i></p>	Year	Turn-key	Co-leadership	Other/Blended	Contracted Services	2019-20	26.7%	66.7%	6.6%	0%	2020-21	24.4%	66.7%	8.9%	0%	<table border="1"> <caption>Indicator 3: Collaborative Family Practice Teams (CFPT)</caption> <thead> <tr> <th>Year</th> <th>Number of Teams</th> </tr> </thead> <tbody> <tr> <td>2015-16</td> <td>39</td> </tr> <tr> <td>2016-17</td> <td>50</td> </tr> <tr> <td>2017-18</td> <td>57</td> </tr> <tr> <td>2018-19</td> <td>83</td> </tr> <tr> <td>2019-20</td> <td>86</td> </tr> <tr> <td>2020-21</td> <td>90</td> </tr> </tbody> </table> <p><i>Data Source: Nova Scotia Health, all years</i></p>	Year	Number of Teams	2015-16	39	2016-17	50	2017-18	57	2018-19	83	2019-20	86	2020-21	90
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<p>The majority of FPs providing office-based care in NS were remunerated through the fee-for-service method (FY2020-21: 57.6%; FY2019-20: 67.8%), 42.4% (FY2020-21) were remunerated through alternative payment methods (APP, group APP, AFP, CAPP). The largest change in remuneration method was seen in APP payments, going from 26% in FY2019-20 to 33.7% in FY2020-21.</p>	<p>At the end of FY2019-20, the predominant governance model was co-leadership (64.0%) followed by turn-key (26.7%). By the end of FY2020-21, the most common governance model continued to be co-leadership (66.7%) followed by turn-key (24.4%).</p>	<p>The number of collaborative family practice teams has more than doubled since the formation of Nova Scotia Health, increasing by 131% from 39 to 90 teams. Specifically, four new collaborative family practice teams have been added since FY2019-20, increasing the total number in the province to 90 as of March 31, 2021, meeting the minimum working definition of having at least 3 health professionals with at least 2 professional disciplines.</p>																																						

Enablers and Inputs: Workforce <b>Indicator 4: Difference between Available and Required PHC Human Resources</b>		Enablers and Inputs: Workforce <b>Indicator 5: Population with a Regular Healthcare Provider</b>		Enablers and Inputs: Workforce <b>Indicator 6: Family Medicine and Nurse Practitioner Learners</b>																												
<p><b>2019</b> NPs: 10 (available), 12 (required) Other*: 92 (available), 113 (required) FPNs: 127 (available), 128 (required)</p> <p><b>2020</b> NPs: 10 (available), 12 (required) Other*: 92 (available), 113 (required) FPNs: 127 (available), 128 (required)</p> <p><i>*Community adaptive team members, including social workers, dietitians, occupational therapists, physiotherapists, etc.</i></p> <p>Data Source: Nova Scotia Health, FY2019-20 &amp; FY2020-21</p>		<table border="1"> <thead> <tr> <th>Year</th> <th>Canada (%)</th> <th>Nova Scotia (%)</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>83.2%</td> <td>88.7%</td> </tr> <tr> <td>2016</td> <td>84.2%</td> <td>89.7%</td> </tr> <tr> <td>2017</td> <td>84.7%</td> <td>86.9%</td> </tr> <tr> <td>2018</td> <td>85.3%</td> <td>85.6%</td> </tr> <tr> <td>2019</td> <td>85.5%</td> <td>85.6%</td> </tr> <tr> <td>2020</td> <td>85.8%</td> <td>87.8%</td> </tr> </tbody> </table> <p>Data Source: Canadian Community Health Survey, all years</p>		Year	Canada (%)	Nova Scotia (%)	2015	83.2%	88.7%	2016	84.2%	89.7%	2017	84.7%	86.9%	2018	85.3%	85.6%	2019	85.5%	85.6%	2020	85.8%	87.8%	<table border="1"> <thead> <tr> <th>Academic Year</th> <th>PGY2 Family Medicine Residents</th> </tr> </thead> <tbody> <tr> <td>2019-20</td> <td>36</td> </tr> <tr> <td>2020-21</td> <td>38</td> </tr> </tbody> </table> <p>Data Source: Dalhousie University &amp; HSPnet database, 2019-20 &amp; 2020-21 academic years</p>		Academic Year	PGY2 Family Medicine Residents	2019-20	36	2020-21	38
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<p>This indicator outlines the additional PHC health human resources required, by professional discipline, to support the population (2016 Census), based on PHC planning parameters. For all nurse practitioners and other professional discipline categories, the additional resources required has decreased slightly from FY2019-20 to FY2020-21, indicating more professionals were hired during this time period. However, family practice nurse needs increased very slightly.</p>		<p>In 2019, 85.6% of Nova Scotians who responded to the CCHS indicated that they had a regular health care provider. This was on par with the national rate of 85.5%. In 2020, the rate for Nova Scotia increased slightly to 87.8%, and was also slightly higher than the overall rate for Canada (85.8%).</p>		<p>During the 2019-20 academic year, there were approximately 36 medical residents completing training in Nova Scotia family medicine practices. The number of medical residents completing training in Nova Scotia family medicine practices increased to 38 in the 2020-21 academic year, a difference of 2 PGY2 residents. As well, 93 nurse practitioner students completed preceptorships in PHC in the 2020-21 academic year, compared with 90 the previous year.</p>																												
Enablers and Inputs: Research, Surveillance, Knowledge Sharing and Evaluation <b>Indicator 7: Research Capacity (Participation and Partnerships)</b>																																
<table border="1"> <thead> <tr> <th>Metric</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Staff and physician leaders with research profiles</td> <td>60</td> </tr> <tr> <td>Research activities</td> <td>50-100</td> </tr> <tr> <td>Research study partnerships</td> <td>15</td> </tr> <tr> <td>Staff and physician leaders with research profiles</td> <td>&gt;100</td> </tr> </tbody> </table> <p>Data Source: CoR-PHC; BRIC-NS; NSHRF; CIHR; NSHARF; FY2016-17 &amp; FY2020-21</p>		Metric	Value	Staff and physician leaders with research profiles	60	Research activities	50-100	Research study partnerships	15	Staff and physician leaders with research profiles	>100	<p>Approximately 60 PHC staff and physician leaders from the Nova Scotia Health and Dalhousie Family Medicine (DFM) have research profiles. Other results included 50-100 research activities and 15 research study partnerships, for FY2016-17. Over 100 staff and physician leaders from Nova Scotia Health and DFM have research profiles in FY2020-21, a 67% increase from FY2016-17.</p> <p><b>Note:</b> We are unable to report the number of research activities and research study partnerships accurately for FY2020-21 due to lack of a centralized database.</p>																				
Metric	Value																															
Staff and physician leaders with research profiles	60																															
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Staff and physician leaders with research profiles	>100																															

# Functions & Activities



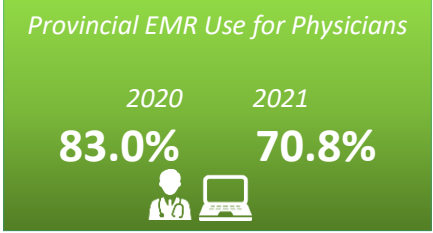
The next five indicators are classified as functions and activities and align with the framework domains: community responsiveness and outreach, integrated chronic disease management (CDM) and PHC delivery.


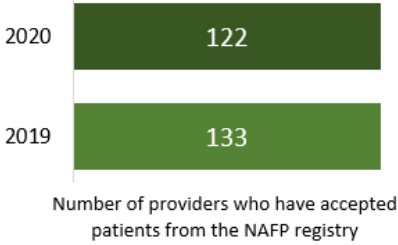
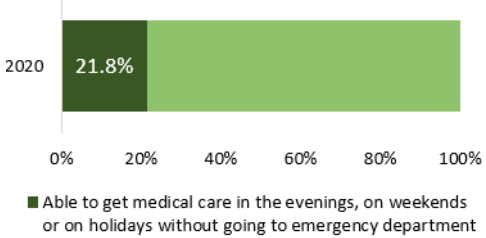
Functions and Activities: Community Responsiveness and Outreach <b>Indicator 8: Programs Dedicated toward Populations Experiencing Inequities</b>	Functions and Activities: Community Responsiveness and Outreach <b>Indicator 9: PHC Providers' Sensitivity to Patients' Cultural Values</b>	Functions and Activities: Integrated CDM Delivery <b>Indicator 10: PHC Support for Self-Management of Chronic Conditions</b>
 <p><b>43 Programs</b></p> <p>Eastern, 13 Central, 9 Western, 11 Northern, 13 Province-wide, 1</p> <p><i>Data Source: Nova Scotia Health, FY2020-21</i></p>	 <p>2020: 97.3%</p> <p>0% 50% 100%</p> <p>■ Not Judged/Disrespected/Discriminated</p> <p><i>Data Source: Nova Scotia Health PHC Patient Experience Survey, 2019 &amp; 2020</i></p>	 <p>2020: 75.8%</p> <p>0% 50% 100%</p> <p>■ Know how to manage their health</p> <p><i>Data Source: Nova Scotia Health PHC Patient Experience Survey, 2019 &amp; 2020</i></p>
<p>As of 2021 there were 43 PHC programs and services in Nova Scotia dedicated to populations experiencing inequities such as the 2SLGBTQIA+ community, students and youth, women, men, newcomers, First Nation communities, and people of African descent. This is up from 38 programs reported last year and is a large increase (&gt;150%) from the 17 programs and services reported in 2017.</p>	<p>In 2019, 96.4% of patient respondents to the PHC Patient Experience Survey (PES) administered at locations of PHC teams participating in Accreditation Canada’s Primary Care Services Standards agreed or strongly agreed that staff took their cultural values and those of their family or caregiver into account. In 2020, 97.3% indicated that they did not experience being judged unfairly, treated with disrespect or discriminated against based on age, language, disabilities, religion, racial factors, gender identity, body weight, sexual orientation, or other issues at their last visit.</p> <p>Note that the previous survey question that was used to measure this indicator has been archived. Going forward, we will use the above updated wording. For previous data related to this indicator, please refer to past releases of this report on the Nova Scotia Health Primary Health Care website <a href="#">here</a>.</p>	<p>In 2019, 71.5% of respondents to the 2019 PHC PES reported that yes, they were always or sometimes encouraged to go to a specific group, program or class to help them manage their health concerns. In 2020, 75.8% indicated that they know how to access additional resources, programs or services to manage their health when needed.</p> <p>Note that the previous survey question that was used to measure this indicator has been archived. Going forward, we will use the above updated wording. For previous data related to this indicator, please refer to past releases of this report on the Nova Scotia Health Primary Health Care website <a href="#">here</a>.</p>

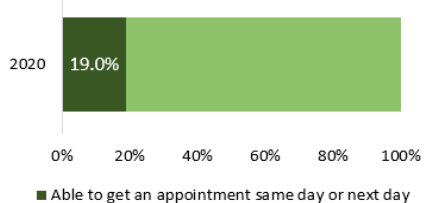

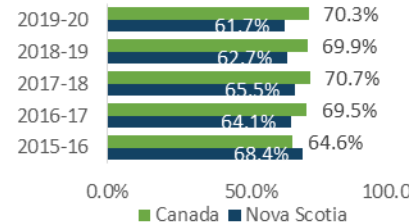
<p style="text-align: center;"><i>Functions and Activities: PHC Delivery</i></p> <p style="text-align: center;"><b>Indicator 11: Scope of Primary Health Care Services</b></p>	<p style="text-align: center;"><i>Functions and Activities: PHC Delivery</i></p> <p style="text-align: center;"><b>Indicator 12: PHC Provider Time in Direct Patient Care</b></p>														
<p style="text-align: center;"><b>Not reportable for 2020-21 report</b></p> <p>Respondents to the Commonwealth Fund Survey who said their practice was well or somewhat prepared to manage care for patients with:</p>  <table border="1" data-bbox="129 331 771 562"> <thead> <tr> <th>Condition</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Chronic conditions</td> <td>100%</td> </tr> <tr> <td>Mental illness</td> <td>96.7%</td> </tr> <tr> <td>Substance-abuse-related issues</td> <td>85.9%</td> </tr> <tr> <td>Palliative care needs</td> <td>90.8%</td> </tr> <tr> <td>Dementia</td> <td>91.8%</td> </tr> <tr> <td>Requesting medical assistance in dying</td> <td>49.1%</td> </tr> </tbody> </table> <p><i>Data Source:</i> Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019</p>	Condition	Percentage	Chronic conditions	100%	Mental illness	96.7%	Substance-abuse-related issues	85.9%	Palliative care needs	90.8%	Dementia	91.8%	Requesting medical assistance in dying	49.1%	<p style="text-align: center;"><b>Not reportable for 2020-21 report</b></p> <p>Family Physician and Nurse Practitioner Availability for Patient Appointments, Weekly</p>  <p><i>Data Source:</i> MAAP-NS, 2015; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019</p>
Condition	Percentage														
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<p><b>Note:</b> We are unable to report updated data for this indicator (FY2020-21) given no suitable replacement data source was identified. As a result, data from the previous report is included again due to the inability to identify a comparable data source.</p> <p>The Commonwealth Fund (CWF) surveyed primary care doctors across Canada and 10 other countries in 2019 to assess access to care, patient-centered care, coordination of care and services provided. The survey was broken down by province; the data represents Nova Scotia primary care physicians who responded to the CWF survey.</p>	<p><b>Note:</b> We are unable to report updated data for this indicator (FY2020-21) given no suitable replacement data source was identified. As a result, data from the previous report is included again due to the inability to identify a comparable data source.</p> <p>In 2015, PHC providers across NS indicated spending an average of 28.3 hours per week in direct patient care. Across individual providers, there was a large range of variability, ranging from 3 hours (minimum) to 61 hours (maximum). 2019 data was captured through the CWF survey, which only includes primary care physicians (no data on NPs) and asked about hours worked per week, without indicating time spent in direct patient care. This indicated the majority of physicians in NS worked over 45 hours per week (66.9%).</p>														

## Outputs & Outcomes

The final 16 indicators are classified as outputs and outcomes; 10 are outputs and 6 are outcomes. The 10 output indicators align with the framework domains: economic conditions, engagement platform, infrastructure, workforce, PHC delivery, research, surveillance, knowledge sharing and evaluation, PHC delivery, wellness, prevention, and risk factor management. Outcome indicators span multiple functions.

Output: Economic Conditions <b>Indicator 13: Per Capita Primary Health Care Expenditures</b>	Output: Engagement Platform <b>Indicator 14: Patient Participation in Activities</b>	Output: Infrastructure <b>Indicator 15: PHC Physician use of Electronic Medical Record (EMR)</b>
 <p>2019-20      2020-21 <b>\$68      \$68</b> per Nova Scotian</p>	 <p>Examples of Activities</p> <p>Quality and Safety</p> <p>Virtual Wellness and Chronic Disease Management Programming</p> <p>Self-Management Supports</p> <p>COVID-related Activities</p> <p>Virtual Cardiac Care</p>	 <p>Provincial EMR Use for Physicians</p> <p>2020      2021 <b>83.0%      70.8%</b></p>
<p><i>Data Source:</i> Primary Health Care, Nova Scotia Health, FY2019-20 &amp; FY2020-21</p>	<p><i>Data Source:</i> Primary Health Care, Nova Scotia Health, 2018-2021</p>	<p><i>Data Source:</i> Department of Health &amp; Wellness, 2017 &amp; 2020; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019; Primary Health Care, Nova Scotia Health 2021</p>
<p>Primary Health Care’s budget was \$63.2M in FY2019-20, which equates to spending \$68 per person (or \$6.8M per 100,000 people) on primary health care programs and services (based on a population of 923,598, Census, 2016). In FY2020-21, PHC’s budget increased by 3.9% to \$65.7M, which still equates to spending \$68 per person (or \$6.8M per 100,000 people) on primary health care programs and services due to population growth (based on a population of 969,383, Census, 2021).</p> <p><i>*excludes spending on physician services and MSI billings, which is the predominant source of primary health care expenditures for the population.</i></p>	<p>At the time of the last report, there were 40 PFAs involved in PHC initiatives across Nova Scotia, including Quality and Safety committees and other activities. As of 2021, there are 65 PFAs involved in PHC initiatives across Nova Scotia representing a 63% increase in the number of PFAs since FY2019-20.</p>	<p>In 2020, approximately 83% of FPs in the province used an EMR, with 66.9% using Telus’ Med Access and the remainder predominately using QHR’s Accuro (31.1%). In addition, 100% of Nova Scotia Health’s PHC nurse practitioners use an EMR. Based on physicians who use eResults that integrate into their EMR, 70.8% of physicians that billed office visits in 2020-21 use EMRs. Please note that these are estimates and we caution interpreting year over year percentage changes due to variability in data sources and methodology.</p>

<p><i>Output: Structure</i></p> <p><b>Indicator 16: Percentage of Population Served by a Collaborative Family Practice Team</b></p>	<p><i>Output: PHC Delivery</i></p> <p><b>Indicator 17: Primary Care Providers Accepting New Patients</b></p>	<p><i>Output: PHC Delivery</i></p> <p><b>Indicator 18: Provision of After-Hours Care</b></p>
<p><b>Not reportable for 2020-21 report</b></p>  <p><i>Population served by CFPT</i> <b>28.1%</b></p> <p><i>Data Source:</i> Sampalli, T., et al. (2019). Preliminary Assessment of Collaborative Care Models in Nova Scotia: Rapid Review. Report prepared for Nova Scotia Department of Health. October 2019.</p>	 <p><b>2020</b> 122 <b>2019</b> 133</p> <p>Number of providers who have accepted patients from the NAFP registry</p> <p><i>Data Source:</i> MAAP-NS, 2015; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019; Need a Family Practice Registry, 2019 &amp; 2020</p>	 <p><b>2020</b> 21.8%</p> <p>0% 20% 40% 60% 80% 100%</p> <p>■ Able to get medical care in the evenings, on weekends or on holidays without going to emergency department</p> <p><i>Data Source:</i> MAAP-NS, 2015; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019; Commonwealth Fund: International Health Policy Survey of General Public, 2020</p>
<p><b>Note:</b> We are unable to report updated data for this indicator (FY2020-21) given no suitable replacement data source was identified. As a result, data from the previous report is included again due to the inability to identify a comparable data source.</p> <p>In FY2018-19, 28.1% of the population in Nova Scotia was served by a collaborative family practice team. While we cannot report updated data on the total population for this specific indicator, as of March 31, 2021, <b>58,735</b> patients were either accepted to CFPTs or prevented from going on the NAFP Registry due to the ongoing investment in collaborative care.</p>	<p>In 2015, 67.9% of PHC providers indicated they were accepting new patients, either unconditionally or with exceptions (e.g., family members, newborns, etc.). In 2019, 24.4% of NS primary care physicians who responded to the CWF survey indicated they were accepting new patients, either unconditionally or with exceptions. To complement the CWF data, in our local context, in 2019, 133 unique PHC providers accepted patients who were registered as needing a family practice on the Need a Family Practice Registry. In 2020, 122 unique PHC providers accepted new patients who were registered as needing a family practice on the Need a Family Practice Registry.</p> <p>Note that the data source for this indicator was updated for the 2020-21 release based on availability of data.</p>	<p>In 2015, 22.8% of PHC providers indicated that they were providing care after 5 pm at least one evening a week. In 2019, 53.5% of NS primary care physicians who responded to the CWF survey indicated they provide appointments after 6pm at least one evening during the week (Monday to Friday). In 2020, a population-based survey of Nova Scotians indicated that 21.8% were able to get medical care in the evenings, on weekends or on holidays without going to the hospital emergency department.</p> <p>Note that the data source for this indicator was updated for the 2020-21 release based on availability of data.</p>

<p><i>Output: PHC Delivery</i></p> <p><b>Indicator 19: Wait Times for Routine and Urgent Primary Care</b></p>	<p><i>Output: Research, Surveillance, Knowledge Sharing and Evaluation</i></p> <p><b>Indicator 20: Research Outputs</b></p>	<p><i>Output: Wellness, Prevention, Risk Factor Management</i></p> <p><b>Indicator 21: Influenza Immunization for Individuals 65 and Over</b></p>																																		
 <p>2020 19.0%</p> <p>0% 20% 40% 60% 80% 100%</p> <p>■ Able to get an appointment same day or next day</p> <p><i>Data Source:</i> MAAP-NS, 2015; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019; Commonwealth Fund: International Health Policy Survey of General Public, 2020</p>	 <table border="1"> <tr> <td>16</td> <td>Research publications</td> <td>25</td> <td>Research publications</td> </tr> <tr> <td>12</td> <td>Grants worth \$900,000</td> <td>12</td> <td>Grants worth \$1,000,000</td> </tr> <tr> <td>8</td> <td>Ethic Submissions</td> <td>15</td> <td>Ethic Submissions</td> </tr> <tr> <td></td> <td>2017</td> <td></td> <td>2020</td> </tr> </table> <p><i>Data Source:</i> CoR-PHC; BRIC-NS; NSHRF; CIHR; NSHARF; FY2016-17 &amp; FY2020-21</p>	16	Research publications	25	Research publications	12	Grants worth \$900,000	12	Grants worth \$1,000,000	8	Ethic Submissions	15	Ethic Submissions		2017		2020	<p><b>Not reportable for 2020-21 report</b></p>  <table border="1"> <tr> <th>Year</th> <th>Canada</th> <th>Nova Scotia</th> </tr> <tr> <td>2019-20</td> <td>61.7%</td> <td>70.3%</td> </tr> <tr> <td>2018-19</td> <td>62.7%</td> <td>69.9%</td> </tr> <tr> <td>2017-18</td> <td>65.5%</td> <td>70.7%</td> </tr> <tr> <td>2016-17</td> <td>64.1%</td> <td>69.5%</td> </tr> <tr> <td>2015-16</td> <td>68.4%</td> <td>64.6%</td> </tr> </table> <p>0.0% 50.0% 100.0%</p> <p>■ Canada ■ Nova Scotia</p> <p><i>Data Source:</i> Department of Health and Wellness, 2015-16 to 2019-20; PHAC, 2015-16 to 2019-20</p>	Year	Canada	Nova Scotia	2019-20	61.7%	70.3%	2018-19	62.7%	69.9%	2017-18	65.5%	70.7%	2016-17	64.1%	69.5%	2015-16	68.4%	64.6%
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2016-17	64.1%	69.5%																																		
2015-16	68.4%	64.6%																																		
<p>In 2015, over half of PHC providers across the province were able to provide routine care within 5 days (56.4%), while 80.4% were able to see patients same day/next day for urgent care. At the time of the last report, we were unable to report updated data for this indicator given no suitable replacement data source was identified. In 2020, a population-based survey of Nova Scotians indicated that only 19.0% were able to get an appointment with a doctor or nurse when they were sick on the same day or next day.</p> <p>Note that this data source was updated for the FY2020-21 release based on availability of data.</p>	<p>In FY2016-17, Nova Scotia Health PHC staff, DFM, and CoR-PHC received 12 grants worth approximately \$900,000, and produced eight ethics submissions and 16 research publications in the past year. Nova Scotia Health PHC staff, DFM and CoR-PHC are reporting over \$1,000,000 in CIHR grants with funding ending in FY2020-21, and have completed 15 ethics submissions and 25 research publications in the past year.</p>	<p><b>Note:</b> We are unable to report updated data for this indicator (FY2020-21) as the annual influenza immunization report for the province was not updated due to the COVID-19 pandemic. As a result, data from the previous report is included again.</p> <p>Over the last 5 years, the national rate of influenza immunization in individuals aged 65 and older has increased (70.3% FY2019-20), while the rate in Nova Scotians in this age group has decreased (61.7% FY2019-20).</p>																																		



*Output: Workforce*  
**Indicator 22: Family Physicians Working in Collaborative Family Practice Teams**

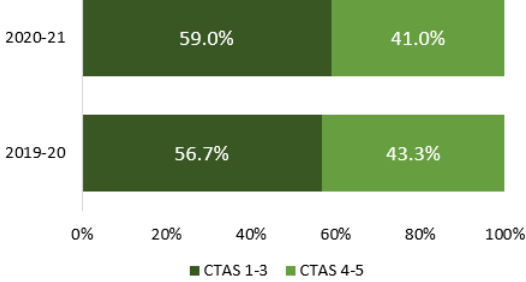


Data Source: Primary Health Care, Nova Scotia Health, FY2015-16, 2019-20 & FY2020-21

At the end of FY2019-20, there were approximately 377 family physicians working in 86 collaborative family practice teams. As of March 31, 2021, there were approximately 381 family physicians working in 90 CFPTs. This represents a 140% increase since Nova Scotia Health's formation (2015-16) when there was 159 family physicians working in 39 CFPTs.

Note this is an estimated head count of family physicians only and does not represent full-time equivalents.

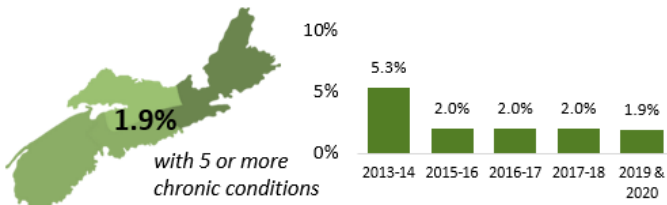
*Outcome: Across Functions*  
**Indicator 23: Use of Emergency Department for Minor Complaints**



Data Source: EDIS, Meditech, and STAR data, Nova Scotia Health, FY2019-20 & FY2020-21

Of all Emergency Department (ED) visits across the province in FY2019-20, 43.3% were triaged as semi-urgent (CTAS level 4) or non-urgent (CTAS level 5), according to the Canadian Triage and Acuity Scale. The number of ED visits in Nova Scotia triaged as CTAS level 4 or CTAS level 5 decreased slightly to 41.0% in FY2020-21.

*Outcome: Across Functions*  
**Indicator 24: Prevalence of Individuals with Self-Reported Five or more Chronic Conditions**



Data Source: Canadian Community Health Survey, FY2013-14 to 2020

The prevalence of individuals with self-reported five or more chronic conditions (asthma, arthritis, high blood pressure, COPD, diabetes, heart disease, cancer, stroke, dementia, mood disorder, and/or anxiety) was 5.3% in Nova Scotia in FY2013-14. Over the years this has decreased by more than half to 1.9% (2019 and 2020 combined). Please note, that there was limited response to the CCHS in 2020 due to the COVID-19 pandemic. It was therefore recommended by Statistics Canada to combine data for the 2019 and 2020 year.

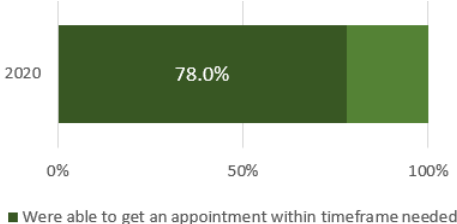

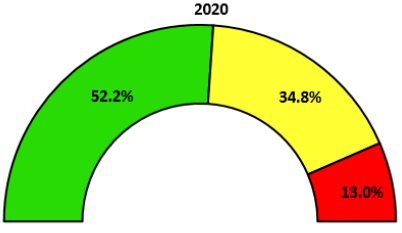
*Outcome: Integrated Chronic Disease Management Programs and Services*  
**Indicator 25: Ambulatory Care Sensitive Conditions (ACSC) Hospitalization Rate**



Data Source: Canadian Community Health Survey, FY2018-19 and CIHI FY2019-20 to FY2020-21

In FY2018-19, Nova Scotia recorded a hospitalization rate for ambulatory care sensitive conditions of 341 hospitalizations per 100,000 people in patients younger than age 75. In FY2019-20, the rate of hospitalization for ambulatory care sensitive conditions in patients younger than age 75 decreased to 318 per 100,000 people, and in FY2020-21 decreased further to 258 per 100,000 people.

Note that this data source was updated for the last release (2020) based on availability of data.

<p>Outcome: Primary Care Delivery Across the Lifespan</p> <p><b>Indicator 26: PHC Patient Access to Health Care</b></p>	<p>Outcome: Primary Care Delivery Across the Lifespan</p> <p><b>Indicator 27: Patient Involvement in Decisions about their Care and Treatment</b></p>	<p>Outcome: Quality, Safety, and Risk</p> <p><b>Indicator 28: Patient Safety Culture</b></p>
 <p>2020</p> <p>0% 50% 100%</p> <p>■ Were able to get an appointment within timeframe needed</p> <p><i>Data Source: Nova Scotia Health PHC Patient Experience Survey, 2019 and 2020</i></p>	 <p><b>92.1%</b></p> <p><i>Data Source: Nova Scotia Health PHC Patient Experience Survey, 2019 and 2020</i></p>	 <p>2020</p> <p>52.2% 34.8% 13.0%</p> <p><b>Patient Safety Culture Flags</b></p> <p><i>Data Source: Nova Scotia Health Patient Safety Culture Survey, 2020</i></p>
<p>In 2019, 82.0% of patients at PHC teams participating in Accreditation Canada’s Primary Care Services Standards indicated they did not have difficulties getting the health care or advice they needed. In 2020, 78.0% indicated that they were able to get an appointment within the timeframe needed.</p> <p>Note that the previous survey question that was used to measure this indicator has been archived. Going forward, we will use the above updated wording. For previous data related to this indicator, please refer to past releases of this report on the Nova Scotia Health Primary Health Care website <a href="#">here</a>.</p>	<p>In 2020, 92.1% of patients who were part of PHC teams participating in Accreditation Canada’s Primary Care Services Standards indicated that they agreed or strongly agreed that they were involved as much as they wanted in decisions about their care.</p> <p>In 2019, 95.5% of patients indicated that their health care provider/team involved them in making decisions about their care.</p> <p>Note that the previous survey question that was used to measure this indicator has been archived. Going forward, we will use the above updated wording. For previous data related to this indicator, please refer to past releases of this report on the Nova Scotia Health Primary Health Care website <a href="#">here</a>.</p>	<p>As part of Nova Scotia Health Accreditation, there are 23 statements that are measured related to patient safety culture in Primary Health Care. The responses to statements are rated red, yellow or green, with green being the highest rated and red being the lowest rated. In 2020, over half of responses (52.2%) were rated as green flags.</p> <p>Note that since the 2019-20 release of the system performance report, there has been no further administration of the Patient Safety Culture Survey. Nova Scotia Health’s next Accreditation is scheduled for the Fall of 2022.</p>

## Technical Documentation

In lieu of a full detailed technical document produced in previous years (see previous reports on the Nova Scotia Health Primary Health Care website [here](#)), this release includes the following summary table, *Table 1: Technical Notes by Indicator*. This table lists each of the 28 indicators and includes brief notes on each and their associated data sources. Considerations, limitations and recommendations for interpretation are outlined including those related to changes in data sources between releases.

*Table 1: Technical Notes by Indicator*

Indicator	Indicator Name	Data Sources	Considerations and Limitations
1	Family Physician Remuneration Method	Nova Scotia Health and DHW, FY2019-20 & FY2020-21	This indicator includes analysis of family physicians working in office-based care and is based on the best available data and information. Estimates are based on point-in-time data as there are frequent changes to practicing physicians (e.g., recruitment, retirements, etc.). Only one payment modality is assigned to each physician based on their primary location of work; it is acknowledged that family physicians may have different payment modalities in different settings (e.g., an FP may be paid by APP for the majority of the work they do during the work, but may also work in a walk-in clinic on weekends where they are paid FFS).
2	Governance Model Distribution of Collaborative Family Practice Teams	Nova Scotia Health, all years	Data for this indicator reflects the governance model at a high level only and is based on the degree of working together with Nova Scotia Health; It does not differentiate between the multiple entities and partners in each model. For example, First Nations Health Centres are included in both co-leadership and contracted services categories based on their model of working together with Nova Scotia Health. Academic family practice models also distributed throughout the categories, as are community health centres, etc.
3	Collaborative Family Practice Teams	Nova Scotia Health, all years	Data for this indicator includes those groups that meet the minimum working definition only and are affiliated with Nova Scotia Health (i.e., receive funding from Nova Scotia Health to support the team). There would be groups in NS whereby the family physicians or others directly employ staff (e.g. family practice nurse, LPN) that do not receive funding from Nova Scotia Health that would not be included in this count.
4	Difference between Available and Required PHC Health Human Resources	Nova Scotia Health, FY2019-20 & FY2020-21	Data for this indicator includes clinical resources employed by PHC, Nova Scotia Health only for collaborative family practice teams and wellness programs and services. It excludes current PHC resources dedicated to chronic disease management programs. It is not reflective of all staffing requirements to operate and sustain a PHC system, including appropriate leadership and management supports, clerical resources, etc. It also excludes family physicians. Refer to <a href="#">Nova Scotia Health's website</a> for information on physician recruitment reporting and vacancies. The calculations are based on the 2016 Census.
5	Population with a Regular	Canadian Community	The Canadian Community Health Survey (CCHS) is a Statistics Canada cross-sectional self-report survey used to gather

Indicator	Indicator Name	Data Sources	Considerations and Limitations
	Healthcare Provider	Health Survey, all years	health-related data from residents of Canadian provinces. For further information on the CCHS, please see the Statistics Canada website <a href="#">here</a> .
6	Family Medicine Learners	Dalhousie University & HSPnet database, 2019-20 & 2020-21 academic years	The data for this indicator is approximate because there may be residents from outside the province, or some residents that complete training in family medicine at sites in NB or PEI. Over time, it will be ideal to report on all learners in primary health care, including nurse practitioners and others. For nurse practitioner placements, the data for this indicator is an approximation because some NP learners are in primary care placements outside of NS Health (e.g. private physician practices).
7	Research Capacity (Participation, Training, Partnerships)	Data Source: CoR-PHC; BRIC-NS; NSHRF; CIHR; NSHARF; FY2016-17 & FY2020-21	PHC staff are defined as administrators, clinicians, patient advisors, staff, researchers working in PHC services or programs or a collaborator working in a PHC program or service. We are unable to report the number of research activities and research study partnerships accurately for FY2020-21 due to lack of a centralized database.
8	Programs Dedicated Toward Priority Populations	Nova Scotia Health, 2020	This listing includes only those programs and services delivered by PHC, Nova Scotia Health. It does not include all of the Nova Scotia Health services and initiatives offered to populations experiencing inequities or the work of the diversity and inclusion committees – this listing would be considered a subset only.
9	PHC Providers' Sensitivity to Patients' Cultural Values	Nova Scotia Health PHC Patient Experience Survey, 2019 & 2020	This indicator reflects data from a selected sample of NS PHC practices. The PHC Patient Experience Survey (PES) is a convenience sample of patients at these practices. In 2019, the total sample size completing the PHC PES was 544. In 2020, the total sample size completing the PHC PES was 2059. In the analysis, certain survey responses were grouped together including the responses, "Don't Know", "Don't Remember" and "Not Applicable". It is important to note that the PHC PES underwent modernization in 2020 and many questions were changed to better reflect the evolving landscape in primary health care. While the wording of some questions may differ from previous years, changes made better reflect priorities in primary health care and will be maintained on a go forward basis. For previous data related to this indicator, please refer to past releases of this report on the Nova Scotia Health Primary Health Care website <a href="#">here</a> .
10	PHC support for self-management of chronic conditions	Nova Scotia Health PHC Patient Experience Survey, 2019 & 2020	This indicator reflects data from a selected sample of NS PHC practices. The PHC Patient Experience Survey (PES) is a convenience sample of patients at these practices. In 2019, the total sample size completing the PHC PES was 544. In 2020, the total sample size completing the PHC PES was 2059. In the analysis, certain survey responses were grouped together including the responses, "Don't Know", "Don't Remember" and "Not Applicable". It is important to note that

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			the PHC PES underwent modernization in 2020 and many questions were changed to better reflect the evolving landscape in primary health care. While the wording of some questions may differ from previous years, changes made better reflect priorities in primary health care and will be maintained on a go forward basis. For previous data related to this indicator, please refer to past releases of this report on the Nova Scotia Health Primary Health Care website <a href="#">here</a> .
11	Scope of PHC services	Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019	The Commonwealth Fund International Health Policy Survey of Primary Care Physicians was administered in 11 countries by telephone, online and mail between January-June 2019, and is a nationally representative random sample of 13,200 primary care physicians. The results were provided for Canada, as well as broken down by province/territory.
12	PHC Provider Time in Direct Patient Care	MAAP-NS, 2015; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019	MAAP-NS, 2015: This data is based on responses to the telephone practice survey conducted as part of the MAAP-NS study. The response rate for this survey was calculated to be 85% and included 588 family physician (FPs) and 39 nurse practitioners (NPs) for a total response of 627 of 741. The telephone practice survey involved asking the receptionist/office manager about the primary care provider's information, details regarding access, and organizational model. A total of 598 respondents answered this specific question on hours available for appointments. Commonwealth Fund Survey, 2019: The Commonwealth Fund International Health Policy Survey of Primary Care Physicians was administered in 11 countries by telephone, online and mail between January-June 2019, and is a nationally representative random sample of 13,200 primary care physicians. The results were provided for Canada, as well as broken down by province/territory. Please compare the two sources of data with caution, as the surveys did not ask the exact same question, in the exact same way.
13	Per Capita PHC Expenditures	Primary Health Care, Nova Scotia Health, FY2019-20 & FY2020-21	This calculation includes only PHC expenditures made by Nova Scotia Health. It does not include expenditures on physician services billed through MSI or other expenses incurred by the Department of Health and Wellness or private organizations.
14	Patient Participation in Activities	Primary Health Care, Nova Scotia Health, 2018-2021	At the time of data collection for this report, there was no established formal tracking of this measure. Results based on best available information available for PHC planning and quality improvement activities. Does not include all patient participants in research studies at this time.
15	PHC use of Electronic	Department of Health &	DHW, 2017 & 2020: The target number excludes family physicians that have indicated that they are not interested in

Indicator	Indicator Name	Data Sources	Considerations and Limitations
	Medical Record (EMR)	Wellness, 2017 & 2020; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019; Primary Health Care, Nova Scotia Health FY2020-21	<p>EMR, that do not have an office-based practice (e.g., work in hospital only), are retiring, and/or have no address. Excludes NP data at this time.</p> <p>Commonwealth Fund Survey, 2019: The Commonwealth Fund International Health Policy Survey of Primary Care Physicians was administered in 11 countries by telephone, online and mail between January-June 2019, and is a nationally representative random sample of 13,200 primary care physicians. The results were provided for Canada, as well as broken down by province/territory.</p> <p>Since 2020, DHW no longer plays a role in implementation and tracking EMR utilization for all providers and Nova Scotia Health limits tracking activities to only those under their license agreements. DHW also does not receive updated reports from Telus and QHR, so cannot report on EMR use in Nova Scotia. NS Health provides the number of family medicine physicians that are actively set up to receive e-results. This is compared against the number of physicians who billed for office visits in Fiscal Year 2020-21. Therefore, this is an estimate of the PHC physicians using an EMR and may not be 100% accurate.</p> <p>Overall, for this indicator, there has been no consistent data source that represents all PHC Providers in Nova Scotia. There have been surveys done from national and international organizations, that are small sample sizes. Due to the variability in data sources, we caution interpreting this indicator year over year.</p>
16	Percentage of Population Served by a Collaborative Family Practice Team	Sampalli, T., et al. (2019). Preliminary Assessment of Collaborative Care Models in Nova Scotia: Rapid Review. Report prepared for Nova Scotia Department of Health. October 2019.	<p>Note: Data for this indicator was not available for the first release of this report.</p> <p>For the Preliminary Assessment of Collaborative Care Models in Nova Scotia, only 627 of 759 family physicians completed a panel validation exercise. With the exception of health care number (HCN) checks, no other data quality reviews were completed. The numerator only includes patients who were validated as 'Yes' by the physician. Some challenges were faced in the linkage of patients to collaborative family practice teams (CFPT):</p> <ul style="list-style-type: none"> <li>-10 providers were associated with multiple CFPTs; providers and their rosters were attached to the team in which they primarily worked</li> <li>-Some patients were rostered to more than one physician and team. After linkage, 305,887 patients had 1 provider, 4,932 patients had 2 team providers, and 47 patients had 3 team providers. Patients</li> </ul>

Indicator	Indicator Name	Data Sources	Considerations and Limitations
			<p>rostered to more than one team were randomly allocated to one of the teams.</p> <p>To produce estimates by NS Health management zone, zones were added using a crosswalk file to link forward sortation area (FSA) to zone based on each individual's most recent observation in the dataset.</p>
17	Primary Care Providers Accepting New Patients	MAAP-NS, 2015; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019; Need a Family Practice Registry, 2019 & 2020	MAAP-NS, 2015: This data is based on responses to both the telephone practice survey and the fax provider survey conducted as part of the MAAP-NS study.  Commonwealth Fund Survey, 2019: The Commonwealth Fund International Health Policy Survey of Primary Care Physicians was administered in 11 countries by telephone, online and mail between January-June 2019, and is a nationally representative random sample of 13,200 primary care physicians. The results were provided for Canada, as well as broken down by province/territory.  Need a Family Practice Registry 2019 & 2020: The Need a Family Practice Registry is voluntary for primary care providers and does not represent all primary care providers in the province who would be accepting new patients.  Due to variability in data sources, please compare across years with caution.
18	Provision of After-Hours Primary Care	MAAP-NS, 2015; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019; Commonwealth Fund: International Health Policy Survey of General Public, 2020	MAAP-NS, 2015: This data is based on responses to both the telephone practice survey and the fax provider survey conducted as part of the MAAP-NS study.  Commonwealth Fund Survey, 2019: The Commonwealth Fund International Health Policy Survey of Primary Care Physicians was administered in 11 countries by telephone, online and mail between January-June 2019, and is a nationally representative random sample of 13,200 primary care physicians. The results were provided for Canada, as well as broken down by province/territory.  Commonwealth Fund International Health Policy Survey of General Public, 2020: The Commonwealth Fund Survey of the general public was administered to adults age 18 and over in 11 countries by telephone, online and mail between March 6 and June 15, 2020. There were 5,297 survey respondents. The results were provided for Canada, as well as broken down by province/territory.  Due to variability in data sources, please compare across years with caution.

Indicator	Indicator Name	Data Sources	Considerations and Limitations
19	Wait Times for Routine and Urgent Primary Care	MAAP-NS, 2015; Commonwealth Fund: International Health Policy Survey of Primary Care Physicians in 11 Countries, 2019; Commonwealth Fund: International Health Policy Survey of General Public, 2020	MAAP-NS, 2015: This data is based on responses to both the telephone practice survey and the fax provider survey conducted as part of the MAAP-NS study.  Commonwealth Fund Survey, 2019: The Commonwealth Fund International Health Policy Survey of Primary Care Physicians was administered in 11 countries by telephone, online and mail between January-June 2019, and is a nationally representative random sample of 13,200 primary care physicians. The results were provided for Canada, as well as broken down by province/territory.  Commonwealth Fund International Health Policy Survey of General Public, 2020: The Commonwealth Fund Survey of the general public was administered to adults age 18 and over in 11 countries by telephone, online and mail between March 6 and June 15, 2020. There were 5,297 survey respondents. The results were provided for Canada, as well as broken down by province/territory.  Due to variability in data sources, please compare across years with caution.
20	Research Outputs	CoR-PHC; BRIC-NS; NSHRF; CIHR; NSHARF; FY2016-17 & FY2020-21	For this indicator, PHC staff are defined as administrators, clinicians, patient advisors, staff, researchers working in PHC services or programs or a collaborator working in a PHC program or service.
21	Influenza Immunization for Individuals 65 and Older	Department of Health and Wellness, Nova Scotia, 2015-16 to 2019-20	National data was retrieved from the Public Health Agency of Canada annual Vaccine Uptake in Canadian Adults report. Please see further information <a href="#">here</a> . Provincial-level information was retrieved from the Department of Health and Wellness Annual Influenza Immunization Report (2015-16 to 2019-20). Please see further information on these reports on the Department of Health and Wellness website <a href="#">here</a> .
22	Family Physicians Working in Collaborative Family Practice Teams	Primary Health Care, Nova Scotia Health, FY2019-20 & FY2020-21	This is based on best available data and information; It is an estimate based on point-in-time data as there are frequent changes to practicing physicians (e.g., recruitment, retirements, etc.).
23	Use of Emergency Department for Minor Complaints	EDIS, Meditech, and STAR data, Nova Scotia Health, FY2019-20 & FY2020-21	It should be acknowledged that CTAS 4 and CTAS 5 visits may be <i>appropriate</i> emergency department encounters in many circumstances. Emergency Department visits at the IWK Health Centre are excluded from this data.
24	Prevalence of Individuals with	Canadian Community	The Canadian Community Health Survey (CCHS) is a Statistics Canada cross-sectional self-report survey used to gather



Indicator	Indicator Name	Data Sources	Considerations and Limitations
	Self-Reported Five or More Chronic Conditions	Health Survey, FY2013-14 to 2020	health-related data from residents of Canadian provinces. For further information on the CCHS, please see the Statistics Canada website <a href="#">here</a> .
25	Ambulatory Care Sensitive Conditions (ACSC) Hospitalization Rate	Canadian Community Health Survey FY2018-19 and CIHI FY2020-21	<p>Canadian Community Health Survey, FY2018-19: The Canadian Community Health Survey (CCHS) is a Statistics Canada cross-sectional self-report survey used to gather health-related data from residents of Canadian provinces. For further information on the CCHS, please see the Statistics Canada website <a href="#">here</a>.</p> <p>CIHI, FY2020-21: Discharge Abstract Database (Canadian Institute for Health Information). Data is retrospective and so will not reflect any recent changes to process/policy etc.</p> <p>Please note the changing data sources between years.</p>
26	PHC Patient Access to Health Care	Nova Scotia Health PHC Patient Experience Survey, 2019 and 2020	This indicator reflects data from a selected sample of NS PHC practices. The PHC Patient Experience Survey (PES) is a convenience sample of patients at these practices. In 2019, the total sample size completing the PHC PES was 544. In 2020, the total sample size completing the PHC PES was 2059. In the analysis, certain survey responses were grouped together including the responses, “Don’t Know”, “Don’t Remember” and “Not Applicable”. It is important to note that the PHC PES underwent modernization in 2020 and many questions were changed to better reflect the evolving landscape in primary health care. While the wording of some questions may differ from previous years, changes made better reflect priorities in primary health care and will be maintained on a go forward basis. For previous data related to this indicator, please refer to past releases of this report on the Nova Scotia Health Primary Health Care website <a href="#">here</a> .
27	Patient Involvement in Decisions about their Care and Treatment	Nova Scotia Health PHC Patient Experience Survey, 2019 and 2020	This indicator reflects data from a selected sample of NS PHC practices. The PHC Patient Experience Survey (PES) is a convenience sample of patients at these practices. In 2019, the total sample size completing the PHC PES was 544. In 2020, the total sample size completing the PHC PES was 2059. In the analysis, certain survey responses were grouped together including the responses, “Don’t Know”, “Don’t Remember” and “Not Applicable”. It is important to note that the PHC PES underwent modernization in 2020 and many questions were changed to better reflect the evolving landscape in primary health care. While the wording of some questions may differ from previous years, changes made better reflect priorities in primary health care and will be maintained on a go forward basis. For previous data related to this indicator, please refer to past releases of this report on the Nova Scotia Health Primary Health Care website <a href="#">here</a> .

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28	Patient Safety Culture	Nova Scotia Health Patient Safety Culture Survey, 2020	In 2020, the total sample completing the Patient Safety Culture Survey (PSC) was 269 responses across the province in PHC. This survey was open to all staff, regardless of if they had a direct role in patient care. If there were fewer than 5 responses for any site, these sites were not reported. Note that since the 2019-20 release of the system performance report, there has been no further administration of the PSC Survey. Nova Scotia Health's next Accreditation is scheduled for the Fall of 2022.