

IDENTIFYING INFORMATION	
Name:	Family doctor visit after a hospital stay for selected chronic conditions
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of patients who saw any general practitioner within 7 or 30 days of hospital discharge following hospitalization due to high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD), asthma, heart failure, ischaemic health disease, or chronic renal failure.
Rationale:	Appropriate follow-up after hospital discharge may ensure effective care coordination in the community. This measure is also an assessment of informational continuity.
Interpretation:	A higher rate implies that more eligible patients received follow-up after hospital discharge.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percentage =</p> $\left(\frac{\text{Number of patients who saw a family doctor within 7 or 30 days after leaving hospital}}{\text{Number of patients discharged from hospital}} \right) \times 100$ <p>Type of Measure Percentage</p> <p>Adjustment Applied None</p>
Denominator:	<p>Description</p> <p>The total number of patients who were discharged from a hospital in Alberta for visits due to pre-selected conditions.</p> <p>Inclusion Criteria</p> <ul style="list-style-type: none"> ▪ Most responsible diagnosis code (DXCODE1) of: <ul style="list-style-type: none"> ▪ Hypertension (ICD-10-CA: I10-I13, I15) ▪ Diabetes (ICD-10-CA: E10, E11, E13, E14) ▪ COPD (ICD-10-CA: J41-J44, J47) ▪ Asthma (ICD-10-CA: J45) ▪ Heart Failure (ICD-10-CA: I50) ▪ Angina or Ischemic Heart Disease (ICD-10-CA: I20, I25) ▪ Chronic Renal Failure (ICD-10-CA: N18)

	<p>Exclusions</p> <ul style="list-style-type: none"> ▪ Patients without valid AHCIP coverage. ▪ Deaths, transfers to same/other facility (discharge dispositions 01, 02, 03, 07, 08, 09) ▪ Duplicate records ▪ Records with invalid/missing data (e.g. personal health number, discharge date) ▪ Patients re-admitted to hospital (all-causes) during the follow-up period
Numerator:	<p>Description</p> <p>The total number of patients who saw a family doctor within the specified follow-up period (7 or 30 days)</p> <p>Inclusion Criteria</p> <p>Visits to a family doctor in Alberta within 24 hours and 7/30 days of hospital discharge for pre-selected conditions.</p> <p>Exclusions</p> <ul style="list-style-type: none"> ▪ Duplicate records and/or negated physician claims ▪ Records with invalid/missing data (e.g. personal health number, discharge date)
Data Details	
Data Sources:	<p>Discharge Abstract Database (DAD). Alberta Health Physician Claims. Alberta Health Care Insurance Plan (AHCIP) Registry.</p>
Available Data Years:	<p>Type of Year</p> <p>Fiscal year [starts April 1, ends March 31]</p> <p>First Available Year</p> <p>2015/16</p> <p>Last Available Year</p> <p>2017/18</p>
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	<p>Zone, PCN</p> <p>Also stratified by level of continuity to family doctor</p>
Quality Statement	
Limitations and Technical Notes:	<ul style="list-style-type: none"> ▪ Other types of follow-up (e.g. specialist, nurse practitioner) are not considered. Follow-up many not always be related to a specific hospital discharge or clinical diagnosis. Deaths which take place in the community during the follow-up period cannot be accounted for. This may result in a slight decrease in reported follow-up rates.

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| | <ul style="list-style-type: none">▪ Only Alberta data is available. As such, any visits by Alberta patients to physicians outside of the province are not included. |
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