Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé **PRIMARY HEALTH CARE OPERATIONAL GUIDELINES**	**Operational Guideline:** *MIS Monthly Data*	**Guideline Number:** *PCOG#4*
	Approved By: *Primary Care Service Area Leadership*	**Pages:** *1 of 5*
	Approval Date: *January 19, 2022*	**Supersedes:** *October 2, 2020*

1. INTENT:

- To streamline and centralize the Primary Care MIS process
- To ensure the Primary Care minimum reporting requirements to Manitoba Health and Seniors Care (MHSC) and Canadian Institute for Health Information (CIHI) are fulfilled
- To define the process for generating electronic Primary Care MIS centrally from the Electronic Medical Record (EMR) and submission of required data to WRHA Financial Reporting monthly

2. DEFINITIONS / BACKGROUND:

- **Management Information Systems (MIS)** - A provincially and nationally established system of reporting financial information and other activities. Primary Care MIS captures specific patient contact information and activities that providers engage in. MIS reporting is a MHSC and CIHI requirement. MIS is not intended to be a work measurement tool.
- Current minimum **MHSC General Ledger Minimum Statistical Reporting Requirements** applicable to Primary Care include:
  - Direct Contact-Individuals (95010)
    This statistic is to record direct contacts when the individual is the unit of care.
  - Direct Contact-Group Sessions (95030)
    This statistic is to record direct contacts when a group is the unit of care.
- Current minimum **CIHI Statistical Reporting Requirements** applicable to Primary Care include:
  - Visits-Face to Face-Client Community (4-50-80-00)
    This statistic is to record occasions during which service recipient activities are provided face-to-face or by videoconference on an individual or group basis.
- **Direct Contact-Individuals** – Identifies the number of face to face encounters where the individual is the unit of care. A single unit is defined as any service or combination of services provided by an interdisciplinary team of care providers during a particular clinic visit.
- **Direct Contact-Group Sessions** – Identifies the number of encounters when a group is the unit of care. Group is the unit of care when the expected outcome of the contact would be of benefit to the individuals in the group. This is a cumulative total of all group sessions or appointments per month per office.
- **Number of Group Attendees** - Records one contact per participant at a group session or appointment. This is a cumulative total of all attendees for all group sessions or appointments per month per office.
- **Where does Primary Care MIS data that is generated and submitted go?**
  - Aggregate Primary Care MIS data is forwarded to WRHA Financial Reporting monthly
  - WRHA Financial Reporting uploads all MIS data into SAP monthly
  - A text file from SAP, containing YTD Financial and Statistical data, is submitted by WRHA Financial Reporting to MHSC monthly

- A file containing all Financial and Statistical data for all Regional Health Authorities in Manitoba, is submitted by MHSC to CIHI annually

3. GUIDELINE:

3.1 MIS data reflects patient encounters. There are four principles that MUST be present before any encounter is considered as a MIS contact:

- **ISSUE** – Is there a patient care issue being dealt with?
- **INTERVENTION** – Is there a clinical intervention that took place?
- **DISPOSITION/PLAN OF ACTION** – Is there a plan that has been put in place or action taken as a result of the intervention?
- **DOCUMENTATION** – Has the situation been documented within the patient's EMR?

Once documentation occurs in the EMR, it is then possible to generate data electronically for each of the required MIS indicators.

3.2 To meet minimum MIS reporting requirements, Primary Care MIS data will be generated electronically and reported monthly for the following indicators:

- **Direct Contact-Individuals (In-Person/Virtual)** (XM1000)
  - Face to face contact that may occur in the clinic, in hospital, in the community, in the home or via virtual technology
  - Must have a therapeutic benefit and be documented within the EMR
  - By definition, direct contacts via telephone (audio only) or fax/mail are not considered a face to face encounter and therefore excluded
  - By definition, direct contacts via virtual care-video conference are considered a face to face encounter (as long as the visit involves both audio and video between the provider and patient) and therefore included
  - Also excludes group participants – this data would be captured under the *Number Group Attendees*
- **Direct Contact-Group Sessions** (XM3000)
  - Must be therapeutic or health education focused in nature and be documented within the EMR
- **Number Group Attendees** (JQ8000)
  - Must be therapeutic or health education focused in nature and be documented within the EMR

3.3 In addition to the above MIS reporting requirements, Primary Care MIS data will also be generated electronically and reported monthly for **Direct Contact-Individuals (Telephone)** (JW8010). While the reporting of *Direct Contact-Individuals (Telephone)* is above/beyond MHSC/CIHI minimum MIS reporting requirements, telephone visits have become an acceptable option for providers to use for the delivery of patient care due to Provincial COVID-19 social distancing guidelines introduced (March 2020). This change made it more important than ever to include telephone contacts for MIS purposes in order to better reflect true service delivery visit volumes especially since this method may account for a significant portion of patient contacts.

NOTE: As *Direct Contact-Individuals (Telephone)* contacts are above/beyond MHSC/CIHI minimum MIS reporting requirements, it is important this data be reported on a separate line rather than being combined with *Direct Contact-Individuals (In-Person/Virtual)* contacts.

3.4 When generating MIS electronically, the following Appointment Types will be captured in the data for *Direct Contact-Individuals (In-Person/Virtual)*:

- Long Visit
- Short Visit
- New Client Initial Visit
- Initial Visit
- Periodic Health Review
- Virtual Care-Video Conference
- Teen Clinic
- Home Visit
- Minor Procedure
- Methadone
- Pre-Op
- One Time Visit
- Off Site
- Recall Appointment
- Acute (used specifically for Walk-In Connected Care)
- Chronic (used specifically for Walk-In Connected Care)
- 3–Short–Elmwood (used specifically for Elmwood Teen Clinic)
- 3–Long–Elmwood (used specifically for Elmwood Teen Clinic)

When generating MIS electronically, the following Appointment Type will be captured in the data for *Direct Contact-Individuals (Telephone)*:

- Telephone Visit

NOTE: Fictitious patient names (“duplicate”, “delete” and “zztest”) are excluded from MIS reporting.

3.5 When generating MIS electronically, the following Appointment Types will be captured in the data for *Direct Contact-Group Sessions*:

- Group Commit to Quit
- Group COPD Essentials
- Group COPD Medications
- Group Craving Change
- Group Diabetes Essentials
- Group Eating for Health
- Group Diabetes and Eating
- Group Heart Health Essentials
- Group Mind and Body Wellness
- Group Get Better Together
- Group Living Well with Pain
- Group Cognitive Behaviour Therapy (CBT) with Mindfulness
- Group Dialectical Behaviour Therapy (DBT) Informed
- Group Other
- Group Appointment
- Group

- Meeting (only when used in conjunction with either "Case Conference" or "Rounds" as the Appointment Reason) - sites must ensure a patient is attached to the visit, the patient was part of the discussion and documentation (clinical note) has occurred in the EMR

NOTE: Every time a new Appointment Type or Reason is approved that may impact the collection of MIS electronically, the Program Specialist must engage EMR Support Services (ESS) to ensure the criteria within the report on the Report Server is revised accordingly. For a current listing of all Appointment Types and Reasons approved for use in the EMR see *"Appendix E – Bank of Appointment Types and Reasons"* as part of PCOG#29 Optimizing Team Roles through Appointment Types and Reasons.

3.6 When generating MIS electronically, data for those Primary Care professionals who engage in therapeutic or health education activities with patients will be captured. Where applicable, this will include the following interdisciplinary team provider types/roles:

- Physician
- Medical Resident
- Nurse Practitioner
- Physician Assistant
- Primary Care Nurse
- Audiologist
- Counsellor
- Dietitian
- Lab Technician
- Occupational Therapist
- Outreach Clinician or Worker
- Pharmacist
- Physiotherapist
- Social Worker
- Other

NOTE: Separate MIS totals are not required by provider types/roles. One aggregate monthly value for each of the MIS indicators (*Direct Contact-Individuals (In-Person/Virtual), Direct Contact-Group Sessions, Number of Group Attendees and Direct Contact-Individuals (Telephone)* will be generated and reported for each site.

3.7 In order to generate quality MIS data electronically from the EMR, Primary Care Assistants **must ensure all patients and groups are arrived within the scheduler for all provider types/roles**.

3.8 Regardless of the number of provider types/roles that any one patient may encounter during a **particular clinic visit**, only one unique *Direct Contact-Individuals* would be captured and reported for that visit.

In the event of a return visit on the same day, if there is a gap of **3 hours or more** between the START of the first encounter with any provider type/role and the START of a subsequent encounter with any provider type/role at that same clinic, this would be captured and reported as a second unique *Direct Contact-Individuals* contact.

3.9 MIS for Primary Care Teen Clinics funded through Healthy Child Manitoba must be reported as a separate site (i.e. Elmwood Teen Clinic) with its own unique data. MIS for unfunded Teen Clinics will be rolled up within the data of the Primary Care site that hosts it.

3.10 The Program Specialist will generate MIS electronically centrally and submit to the assigned WRHA Financial Reporting Coordinator before the 15th of each month for data entry into SAP and submission to MHSC. Aggregate Primary Care MIS will be submitted using the *Primary Care MIS Monthly Statistics (APPENDIX A)* template.

3.11 While the aggregate Primary Care MIS submitted monthly is not automatically distributed to the various sites within scope of the guideline, data it is available for review upon request to the Program Specialist.

4. REFERENCES:

- Primary Care Service Area Leadership partnered with WRHA Financial Standards and Information; reviewed current Primary Care MIS reporting (Fall 2017 - July 2020) to ensure only information required/used by MHSC, CIHI, WRHA and Primary Care was being collected
- MHSC General Ledger Minimum Statistical Reporting Requirements–Primary Care
- CIHI Statistical Reporting Requirements-Primary Care

5. APPENDIX:

- APPENDIX A – Primary Care MIS Monthly Statistics

SCOPE: Applicable to all WRHA Primary Care Direct Operation Clinics, Walk In Connected Care Clinics (Access Winnipeg West, Access Fort Garry, and McGregor) and any Primary Care Teen Clinic funded through Healthy Child Manitoba.

While Midwifery Services, Antenatal Home Care, Health Services on Elgin, SMILE Plus, My Health Teams, Interprofessional Team Demonstration Initiative, Healthy Aging Resource Teams and the Funded Community Health Agencies are out of scope of this guideline, they shall continue to report and submit MIS information as required per standard processes in place.

NOTE: While the Funded Community Health Agencies are out of scope of Primary Care Operating Guidelines, it is recommended the content and/or processes be adapted/adopted where applicable.

Questions regarding this or any other Primary Care Operating Guideline should be directed to Primary Care Service Area Leadership