Pan-Canadian Primary Health Care Electronic Medical Record Minimum Data Set (PHC EMR MDS) for Performance Measurement, Version 1.0

Frequently asked questions

1. What are the key similarities of the PHC EMR MDS v1.0 and previous versions of the PHC EMR Content Standard (CS)?

Similar to the CS, the MDS v1.0 is a logical set of data elements designed to support the capture of data in and extraction from EMR systems for performance measurement at various levels of the health care system. The MDS v1.0 continues to focus on 45 core data elements from the CS v3.0 and 61 optional data elements from the CS v2.1. Additionally, it describes code system options that can be implemented at the point of care for selected data elements, to standardize the EMR data being collected. A logical data model in Appendix C of the MDS supports its implementation.

2. What are the key differences between the PHC EMR MDS v1.0 and the PHC EMR Content Standard (CS) (v2.1 and v3.0)?

The CS has been repositioned as the MDS, presenting a more focused use case for primary care performance measurement at the clinical and health system levels.

In the MDS v1.0, all relevant information from v2.1 and v3.0 of the CS has been integrated into a single document for ease of use. As well, the data dictionaries have been updated with examples of and considerations for data element use for performance measurement. The document also points the reader to multiple code system options (e.g., ICD-9, ICD-10-CA, SNOMED CT Canadian Edition) to be used in the EMR system to standardize targeted data elements. **Note:** The MDS does not identify the specific names of associated Canada Health Infoway PHC subsets. This information can be found in a supplementary product called Primary Health Care (PHC) Subsets.

Finally, the clinician-friendly pick-lists have been retired as part of the transition to the MDS v1.0.

3. **Why have the clinician-friendly pick-lists (CFPLs) been retired? Are there implications for federal, provincial and territorial stakeholders and vendors?**

Following a current state assessment and consultation with the pan-Canadian PHC EMR Standards and Data Work Group members, CIHI found that the pan-Canadian CFPLs for 8 targeted data elements were not included as a mandatory requirement in jurisdictional PHC EMR system specifications. As well, CIHI was informed that there was minimal implementation in EMR vendor systems, except when PHC practices adapted the CFPLs for use in customized EMR system templates. As such, the retirement of the CFPLs should have no impact on current PHC EMR vendor system requirements at the jurisdictional level.

Stakeholders who had acquired the pan-Canadian CFPLs were notified in fall 2019 of their pending retirement.

4. **Different code systems are identified in the PHC EMR MDS v1.0 as options to standardize data collection for targeted data elements. Where do I get them?**

The data dictionaries in the MDS v1.0 identify code system options for targeted data elements. For example, the entry for data element D11 — Health Concern (p. 16) in the dictionary of core data elements describes the following code system options: ICD-9, ICD-10-CA, SNOMED CT Canadian Edition and ENCODE FM. For this data element, it is noted that ICD-10-CA and SNOMED CT Canadian Edition are pan-Canadian code systems, and the use of one of them is strongly encouraged to make data comparable across Canada. However, the inclusion of jurisdictional variations of ICD-9 codes are also important to enable physician billing.

Further information about where to obtain these code systems is found in the **Supplementary products** section of the MDS (pp. 25 and 26).

5. **Does the PHC EMR MDS v1.0 capture all data elements in an EMR system?**

No, the MDS v1.0 targets only a subset of the 300+ data elements found in point-of-care PHC EMR systems. This is because the MDS v1.0 relates specifically to performance measurement and related reporting.

Please note that certain data elements defined in the MDS, such as D4 — Visit Type, may not yet be well-represented in vendor EMR systems.

6. Does the PHC EMR MDS v1.0 align with CPCSSN's work?

The data collected by the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) informed the development of the MDS. It is important to note that a key use of CPCSSN EMR data is for PHC research, which likely requires a larger MDS. However, a previous analysis by CIHI and CPCSSN showed a high degree of alignment between the data elements common to CPCSSN data collection and the MDS v1.0.

7. How could the PHC EMR MDS v1.0 inform PHC performance indicators across Canada?

The MDS v1.0 is meant to inform the development of technical specifications for performance indicators to guide the calculation of indicators populated with EMR data. At the point of care, defined data elements can help inform specifications for priority indicators that are used in tools such as EMR quality dashboards. At the health system level, the MDS can also inform indicator technical specifications.

There are plans to update CIHI's pan-Canadian PHC indicators that are populated by EMR data. MDS data elements would be included in the indicators' technical specifications. However, such work is predicated on CIHI having access to partner EMR data to inform pan-Canadian indicator development and testing.

8. Do you expect the PHC EMR MDS v1.0 to evolve?

Yes, we anticipate further refinement of the MDS v1.0. Please consult the **Future directions** section of the MDS for more information.