Health Quality Alberta

Primary Healthcare Panel Report (proxy version)

Sample Sample
Prac ID: 0000-00008

2026 report
(data up to March 31, 2025)

Welcome
You are in the Printable summary section of your report. To print or save this document, press Ctrl+P.

In accordance with section 35(1)(a) of the *Health Information Act,* the information in the report is disclosed by Health Quality Alberta to the individual custodian for the purpose of quality improvement and should not be used or further disclosed for any other reason.

Supported by:
Alberta

Hello **Sample Sample**, welcome to your 2026 Health Quality Alberta Primary Healthcare Panel Report (proxy version). Your PCN is set to **Mosaic Primary Care Network** and your AHS Zone is set to **Calgary**. The details above are based off of information from your request form. If any of the details above are incorrect, please contact Health Quality Alberta at primaryhealthcarereports@hqa.ca. Press Ctrl+P to print or save this document.

Summary report

Use the icon below or the tabs above to navigate through the **summary report**.

Detailed report

Click on any of the icons below to navigate through the **detailed report**.

In accordance with section 35(1)(a) of the Health Information Act, the information in the report is disclosed by Health Quality Alberta to the individual custodian for the purpose of quality improvement and should not be used or further disclosed for any other reason.

About this report

Acknowledgements

THIS REPORT IS BASED ON YOUR PROXY PANEL

It is an estimate of your active patient panel as of March 31, 2025. Your patient panel was created using the Health Quality Alberta proxy panel algorithm based on provider billing claims for the patients you saw from **April 1, 2022 to March 31, 2025**. The algorithm predicts which family physician, from all those seen by a patient, is most likely to be the patient's main family physician. It does not consider visits the patient had with a multi-disciplinary team member where no physician visit was billed.

Consider requesting a confirmed patient list (CPL) report

The CPL report is based on a list of patients from your EMR that is produced by undergoing a paneling process like CII/CPAR. The CPL report will usually be a better choice than a proxy panel report if:
- You can produce a list of patients that are on your panel AND
- You were their main family physician from April 1, 2022 to March 31, 2025.

Request a confirmed patient list report.

WHERE DOES THE DATA COME FROM?

The measures in this report are created from administrative data received from Alberta Health and Alberta Health Services. EMR data is not used in this report. See the data dictionary for more details. All data is housed securely at Health Quality Alberta, and the SAS application is hosted by Health Quality Alberta.

PASSWORD RESET

Click here to change or reset your password.

WHY USE THIS REPORT

Measurement is integral to ongoing quality improvement. This report is one source of information that you can use to:

- Stimulate self-reflection about your practice and how you manage your patients
- Identify opportunities for improvement
- Establish baseline performance for future improvements
- Compare your results to peers within your PCN and Zone

This report provides a unique opportunity to learn how your patients use primary care services – both the services you provide and those of other care providers your patients saw. It provides information on how your patients use the health system (hospital, ED).

HOW TO USE THIS REPORT

Scan the 'Summary' page in the Printable summary:
- Where are you doing well? What surprises you or is unexpected?

Reflect on what the measure(s) means to your practice. For example,
- Do the results align with what you expected? Have the results changed over time?

Panel report toolkit

Educational videos

- Navigating panel report video
- How to print video
- Expanding the screen resolution
- Restoring default settings

Understanding the data

- Proxy algorithm - how a patient panel is estimated if requesting a proxy report
- FAQs
- Continuity module - a summary of the three continuity measures in the report and how to interpret them
- Data dictionary

Help spread the word

- Request page - form to request a panel report
- Earn CMEs for reviewing your panel report
- Panel report fact sheet
- See how physicians use the report (video)
- Recipe for discussing panel reports with physicians

For more resources

- hqa.ca/panelreports

Summary data

Use the list of measures below to compare your data (from **April 1, 2022** to **March 31, 2025**) to your **PCN** and **AHS Zone.**

Sample Sample, 0000-00008

Log out

Measure	Your Panel	PCN Panel	Zone Panel
Panel size	1,384	470,641	2,249,781
Average age	49.7	36	39
Percentage with high continuity	62.2%	44.5%	44.3%
Average provider continuity	81.8%	72.0%	71.7%
Average clinic continuity	82.2%	78.2%	78.8%
Cervical cancer screening	61.7%	63.4%	60.1%
Colorectal cancer screening	66.6%	59.1%	53.8%
Breast cancer screening	80.7%	68.8%	63.4%
Influenza vaccination	33.4%	18.0%	20.8%
Statin use in adults over age 40 with diabetes	81.1%	63.4%	57.6%
Avg. visits to any primary care provider	5.8	4.8	4.8

Measure	Your Panel	PCN Panel	Zone Panel
Percentage with low continuity	7.9%	18.3%	19.0%
Percent in least privileged social quintile group	15.6%	14.0%	19.0%
Percent in least privileged material quintile group	43.2%	42.2%	17.0%
Sedating medications (Age 65+)	19.0%	22.5%	21.9%
Proton pump inhibitor use (60+ days)	6.1%	3.7%	4.2%
Avg. emergency department (ED) visits	0.36	0.32	0.37
Avg. potentially avoidable ED visits	0.01	0.01	0.01

For the list of selected measures:

Green text indicates you are 15% above the average of physicians in your zone for that particular measure.

Orange text indicates you are 15% below the average of physicians in your zone for that particular measure.

Blue Highlights indicate the data is up to date as of October 2025.

Press Ctrl+P to print or save this document.

Click to learn how to navigate the report.

Three-year summary data

Use the list of selected measures below to compare data for three fiscal years.

Sample Sample, 0000-00008

Log out

Measure ▲	2022-23	2023-24	2024-25	% Difference
Average provider continuity	80.5%	80.4%	81.8%	1.7%
Average clinic continuity	81.0%	81.1%	82.2%	1.4%
Cervical cancer screening	62.6%	61.0%	61.7%	1.1%
Colorectal cancer screening	72.0%	71.0%	66.6%	-6.1%
Breast cancer screening	83.3%	84.8%	80.7%	-4.8%
Influenza vaccination	39.3%	38.2%	33.4%	-12.5%
Statin use in adults over age 40 with diabetes	80.7%	76.8%	81.1%	5.6%

Measure ▲	2022-23	2023-24	2024-25	% Difference
Sedating medications (Age 65+)	19.4%	16.7%	19.0%	14.0%
Proton pump inhibitor use (60+ days)	8.5%	6.3%	6.1%	-3.2%
Avg. emergency department (ED) visits	0.32	0.32	0.36	11.2%
Avg. potentially avoidable ED visits	0.01	0.01	0.01	-24.2%
30 day hospital readmission rate	8.5%	4.8%	4.4%	-6.7%
Acute hospital length of stay (LOS) vs expected LOS	0.93	1.06	1.06	-0.4%

These tables summarize your data over three years.

The 2024-25 column summarizes the data for your panel of patients.

The 2022-23 and 2023-24 columns allow you to see the data for those **same patients** in the previous two years. Keeping the panel of patients the same for all years allows you to understand how the data for your *current* panel of patients is trending.

% Difference shows the difference between the 2023-24 fiscal year and the 2024-25 fiscal year, relative to the 2023-24 value.

Blue highlights indicates the data is for Oct '24, Mar '25, and Oct '25 instead of Mar '23, Mar '24, and Mar '25 respectively.

Practice characteristics

Sample Sample, 0000-00008

Log out

Measure	2022-23	2023-24	2024-25
Total visits to you	7321	6837	7120
Visits by panel patients	6921	6548	6800
Visits by non-panel patients	400	289	320
Return visit rate to you	5.324	5.076	5.290
Unique patients seen	1375	1347	1346
Male visits	3233	3052	3102
Female visits	4088	3785	4018

Total visits is all patient encounters you billed for in any setting except an emergency department. Considers your billings for panel patients as well as patients of other family physicians who you saw (non-panel patients). Includes multiple visits during the year for individual patients. This represents your supply - the number of patient visits your schedule can handle.

The measure of demand for your services by your panel patients is the total visits to any family physician. You may also want to view ED visits for potentially avoidable conditions (particularly during office hours) to further understand your demand.

Unique patients seen is the number of patients with a unique personal health number who visited you.

Return visit rate to you is the rate at which all patients you saw came back to visit you. It is the total visits by all patients (panel and non-panel patients) divided by unique patients seen.

Detailed report

Print

Practice characteristics (virtual visits)

Sample Sample, 0000-00008

Log out

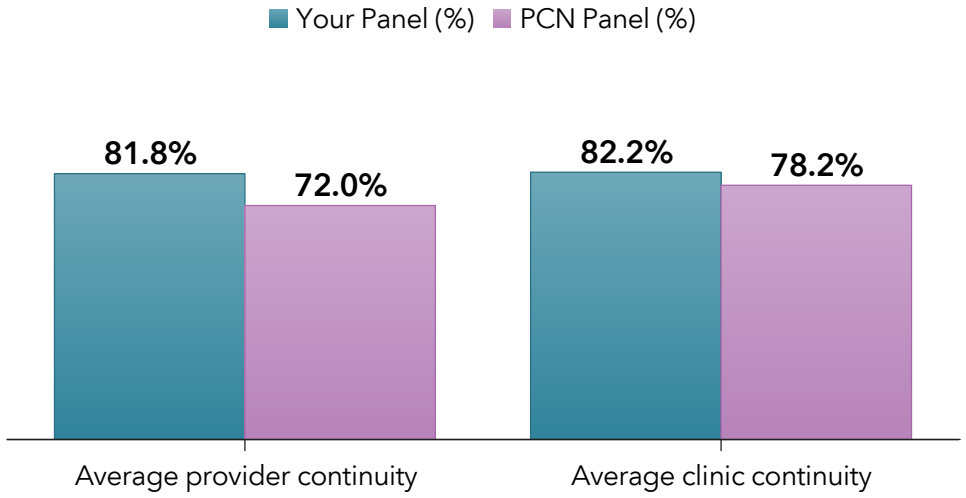
Measure	2022-23	2023-24	2024-25
Total virtual visits	791	608	678
Virtual appointment during epidemi	127	59	35
Virtual assessment: 10+ minutes	622	536	636
Virtual psychotherapy	42	13	7

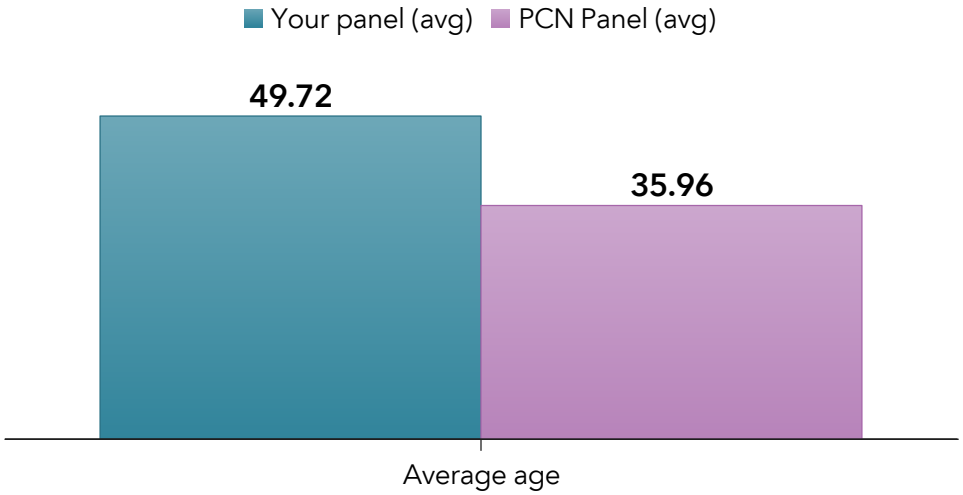
Comprehensive virtual consultations (03.08CV) includes patients you saw using phone, or secure video conference to complete a comprehensive consultation for a patient that was referred to you by another healthcare provider.
Virtual Appointment during epidemic (03.01AD) includes patients you provided advice to via telephone or secure video conference for a visit initiated by the patient or their agent and lasted less than 10 mins.
Virtual Assessment: 10+ minutes (03.03CV) includes patients you provided advice to via telephone or secure video conference for a visit initiated by the patient or their agent and lasted more than 10 mins.
Virtual psychotherapy (08.19CW) includes patients who saw you using phone or secure videoconference for psychiatric treatment or for a palliative care or a chronic pain visit.

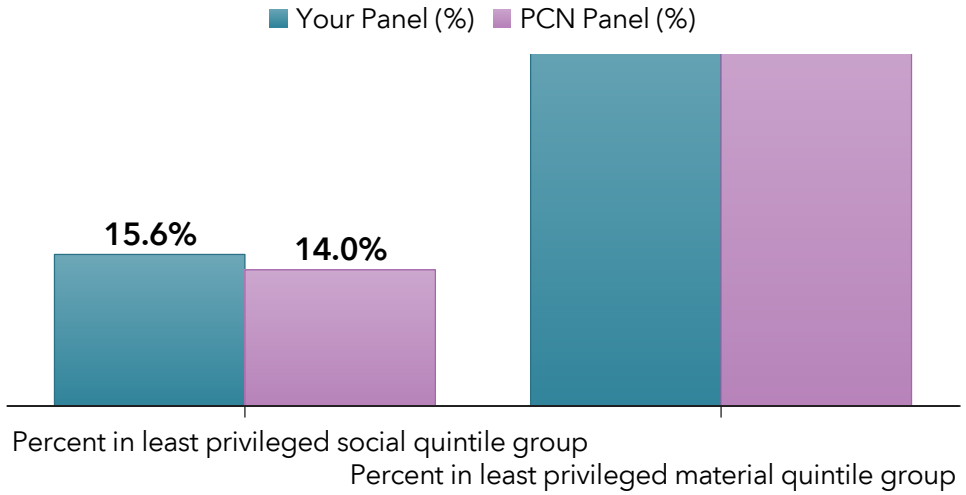
Panel characteristics

Sample Sample, 0000-00008

Measure	Your Panel	PCN Panel
Panel size	1,384	470,641
Average age	49.7	36
Average clinic continuity	82.2%	78.2%
Percent in least privileged social quintile group	15.6%	14.0%
Percent in least privileged material quintile group	43.2%	42.2%







Detailed report
Click here to view trends and adjust filters.

Print
Press Ctrl+P to print or save this document.

Panel characteristics description

Sample Sample, 0000-00008

Log out

Panel size (active patients) - Covered by the Alberta Healthcare Insurance Plan (AHCIP) as of March 31, 2025 and at least one provider billing between April 1, 2022 and March 31, 2025. Excludes patients who had no visit in the data period.

Material and social deprivation - Material deprivation includes indicators related to education, employment and income drawn from the 2021 Canadian census data. It represents economic conditions at the neighbourhood level. Social deprivation includes indicators related to being separated, divorced, or single-parent family drawn from the 2016 Canadian census data. It represents social conditions at the neighbourhood level. Each quintile includes 20 per cent of the Canadian population.

Average provider continuity - The percentage of all primary care provider visits by that patient to you. In each fiscal year, average continuity of each panel patient to their primary care provider is calculated using three years of provider claims data (e.g., 2024-25 is based on data from April 1, 2022 to March 31, 2025). Each individual patient's continuity to the primary care provider is added and then divided by the total number of patients in the panel. This represents on average, the continuity the paneled patients have to the primary care provider.

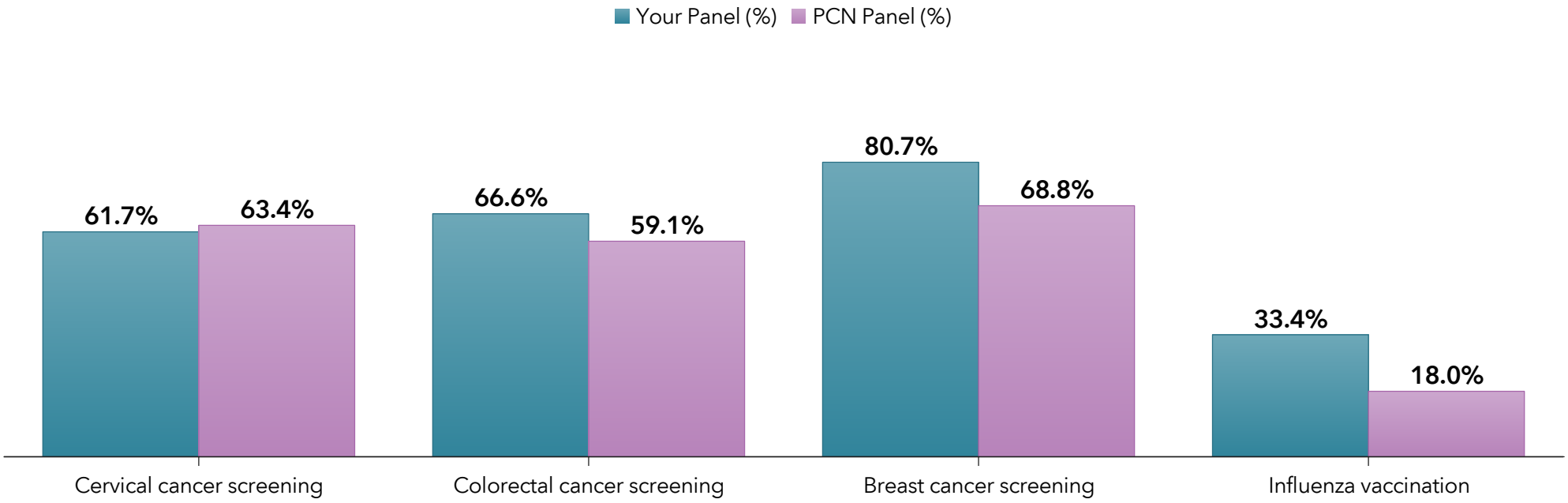
Average clinic continuity - Reflects the concept of a patient medical home. It is the percentage of all visits by your panel patients that were to you or one of your practice colleagues in the main clinic where you practice. Does not include visits to a multi-disciplinary team member when a physician visit is not billed.

Clinic continuity of each panel patient is calculated using three years of claims data (e.g., 2024-25 uses data from April 1, 2022 to March 31, 2025). Each patient's clinic continuity is added and then divided by the total number of patients on the panel. This represents on average the continuity panel patients have to the clinic.

Print
Press Ctrl+P to print or save this document.

Preventive care

Sample Sample, 0000-00008



Measure	Your Panel	PCN Panel
Cervical cancer screening	61.7%	63.4%
Colorectal cancer screening	66.6%	59.1%
Breast cancer screening	80.7%	68.8%
Influenza vaccination	33.4%	18.0%

Detailed report
Click here to view trends and adjust filters.

Print
Press Ctrl+P to print or save this document.

Preventive care description

Sample Sample, 0000-00008

Colorectal cancer - Includes at least one of the following colorectal cancer screening tests within the period recommended by the Alberta Screening and Prevention (ASaP) program for each: Fecal immunochemical test (FIT) within two years; flexible sigmoidoscopy within five years; colonoscopy within 5 years.
Excludes patients younger than age 50 and older than age 74.

Cervical cancer - Excludes any females who had a hysterectomy performed since April 1, 2005. As of May 2016, the ASaP recommedation is to screen women age 25 to 69 every three years. The screening time period in this report is 42 months as the Alberta Health Services Cervical Cancer Screening Program (ACCSP) calculates screening rates with an additional six-month buffer. Alberta Health Services Cancer Screening Program (AHSCP) notifies patients when they are due for screening.

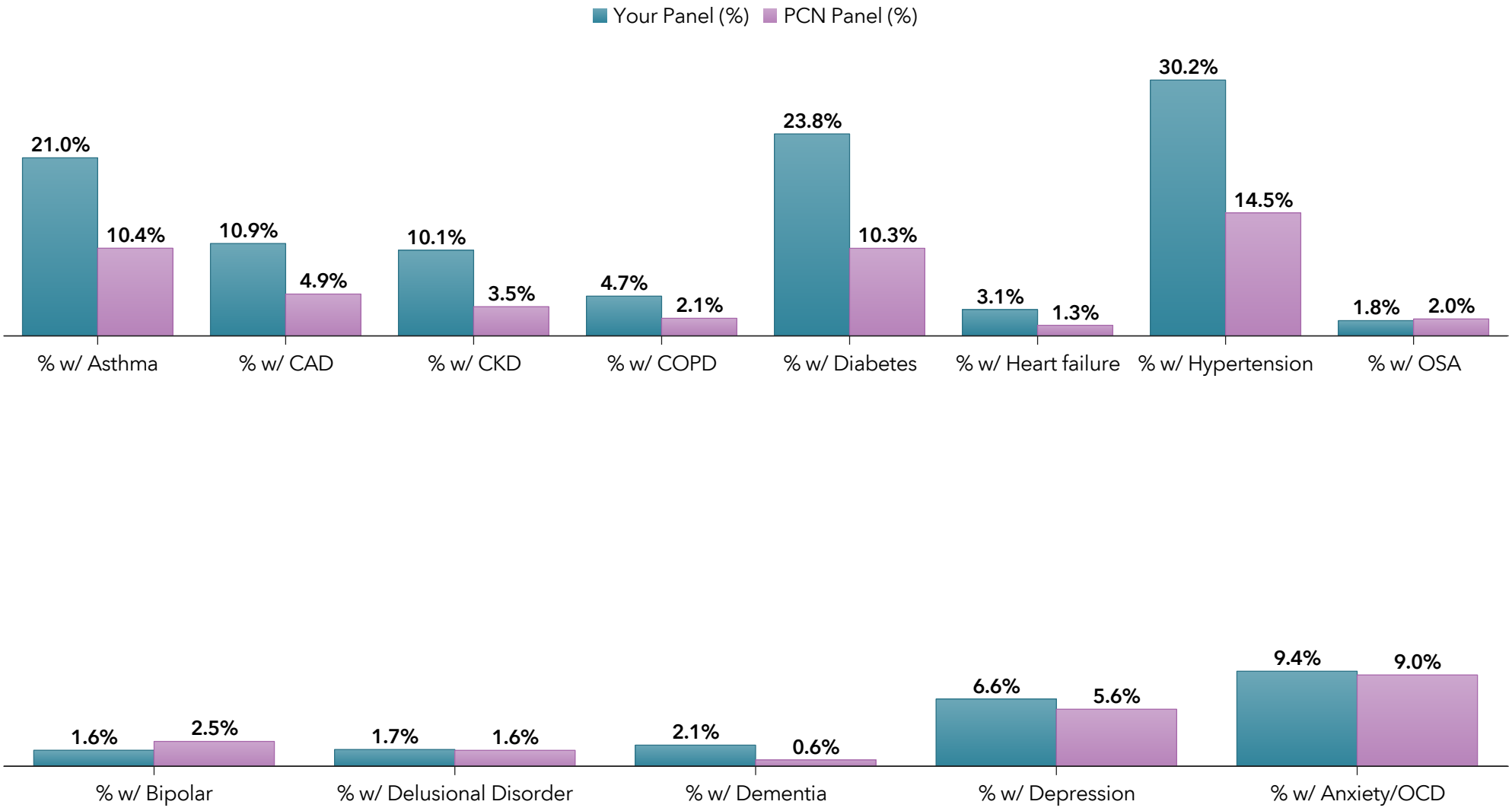
Breast cancer - Excludes female patients younger than age 45 or older than age 74, and those with a history of invasive breast cancer. A patient is counted only once. The ASaP program and Alberta Breast Cancer Screening Program (ABCSP) recommendation is to screen every 2 years. The screening time period in this report is 30 months as ABCSP calculates screening rates with an additional six-month buffer. Alberta Health Services Cancer Screening Program (AHSCP) notifies patients when they are due for screening.

Influenza vaccination - Includes vaccinations done by public health professionals, community pharmacists, and physicians. Excludes vaccinations done by office staff (unless billed by the physician) or PCN staff (e.g., nurse or pharmacist), long-term care facilities, and those done through employer work-based occupational health and safety programs. Approximately 90% of influenza data is captured.

Print
Press Ctrl+P to print or save this document.

Chronic conditions

Sample Sample, 0000-00008

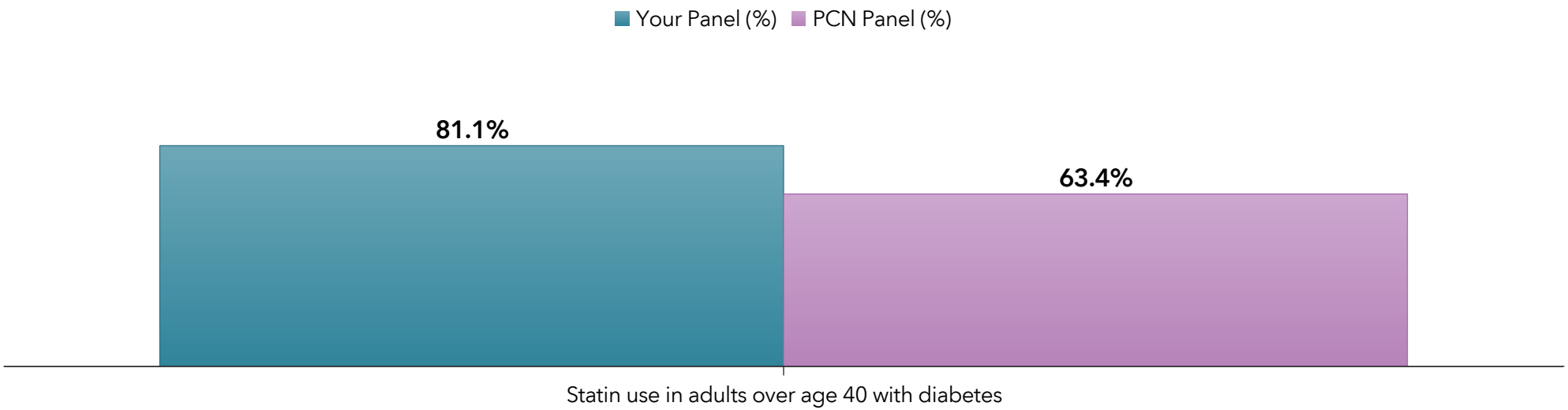


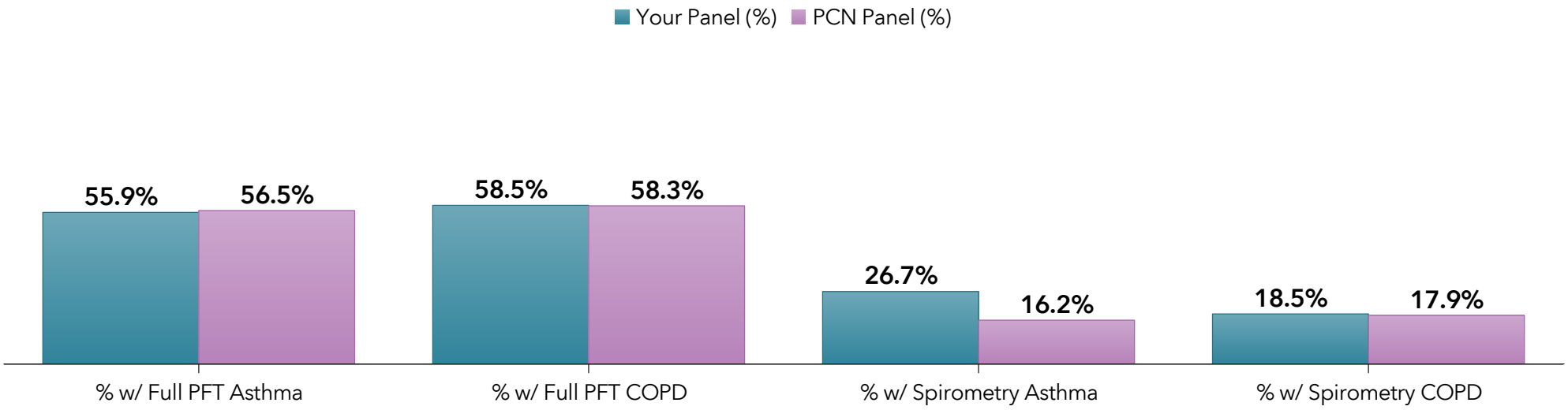
Detailed report
Click here to view trends and adjust filters.

Print
Press Ctrl+P to print or save this document.

Chronic conditions

Sample Sample, 0000-00008





Detailed report
Click here to view trends and adjust filters.

Print
Press Ctrl+P to print or save this document.

Chronic conditions description

Sample Sample, 0000-00008



Statin use in patient with diabetes - Statins include any HMG-CoA reductase inhibitor dispensed on new and refill prescriptions. Includes combination products with a statin. The prescriptions dispensed may have been written by any physician, including specialists.

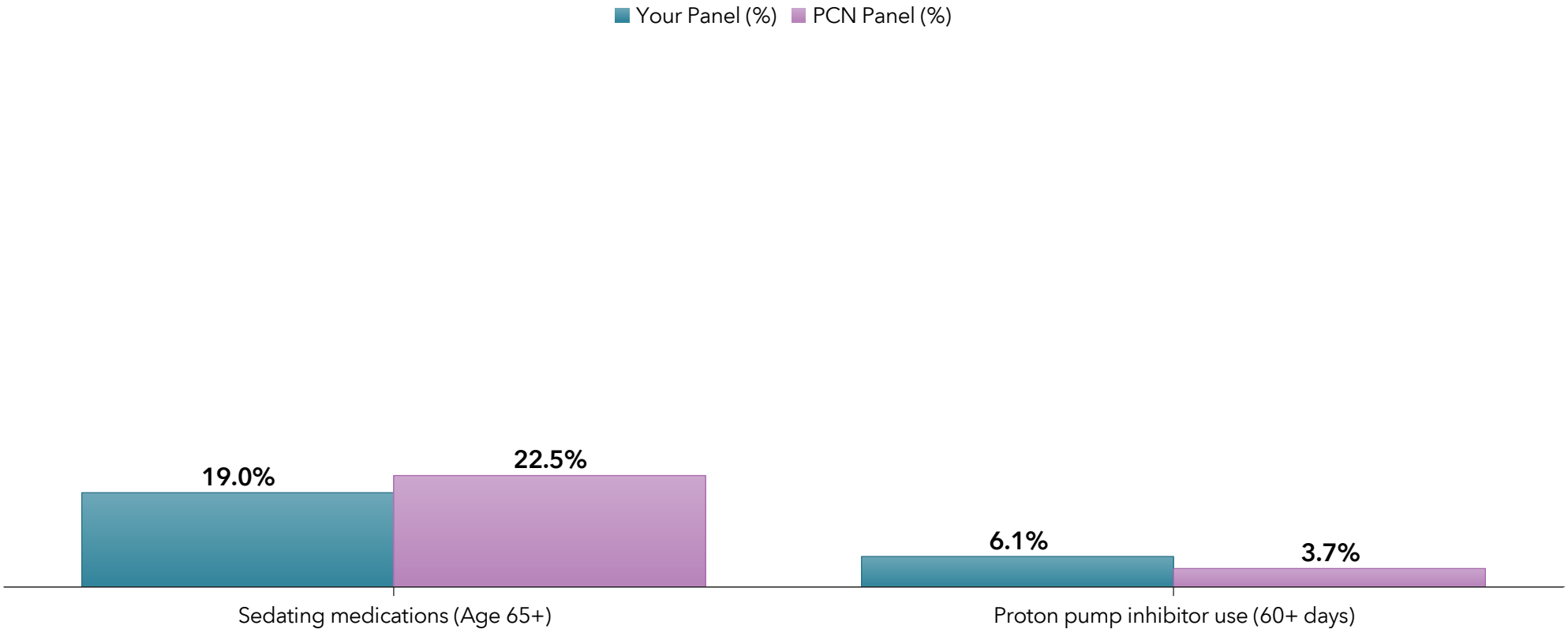
% w/ full PFT - Percentage of patients with asthma, 12 years old and older, who received a full pulmonary function test.

% w/ spirometry - Percentage of patients with asthma, 12 years old and older, who received a spirometry test.

Print
Press Ctrl+P to print or save this document.

Pharmaceuticals

Sample Sample, 0000-00008



Measure	Your Panel	PCN Panel
Sedating medications (Age 65+)	19.0%	22.5%
Proton pump inhibitor use (60+ days)	6.1%	3.7%

Detailed report
Click here to view trends and adjust filters.

Print
Press Ctrl+P to print or save this document.

Pharmaceuticals description

Sample Sample, 0000-00008



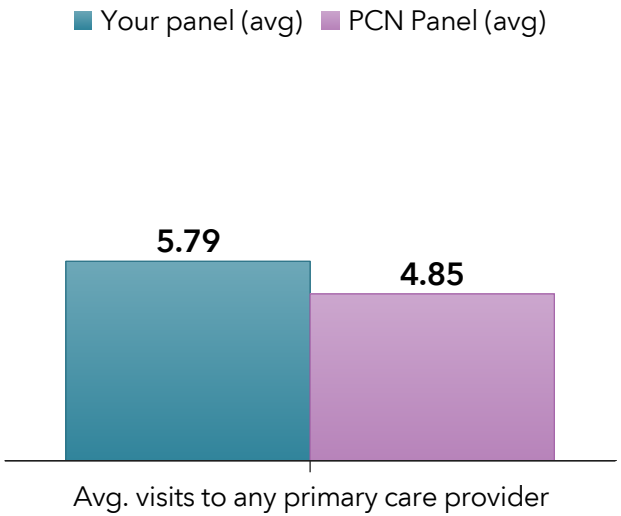
Sedating medication use in older adults - Includes any sedating medication dispensed to your panel patients age 65 and over on new and refill prescriptions written by any physician including specialists.

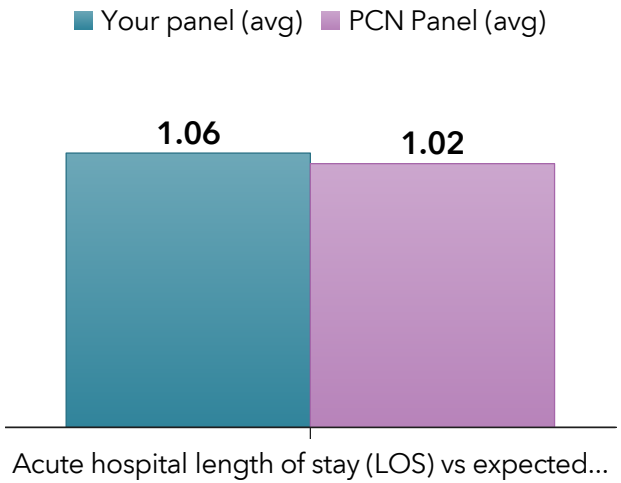
Proton pump inhibitor use -
Long term therapy is defined as:
Continuous therapy for more than 60 days OR
Two or more short courses of any PPI dispensed at less than a 60 day interval that totalled more than 60 days of therapy.
Includes any single ingredient PPI dispensed on a new or refill prescription written by any nurse practitioner or physician, including specialists.

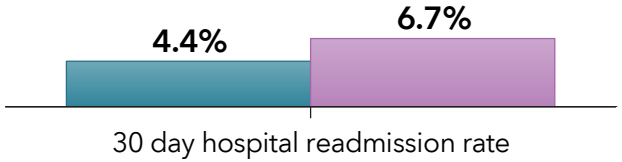
Print
Press Ctrl+P to print or save this document.

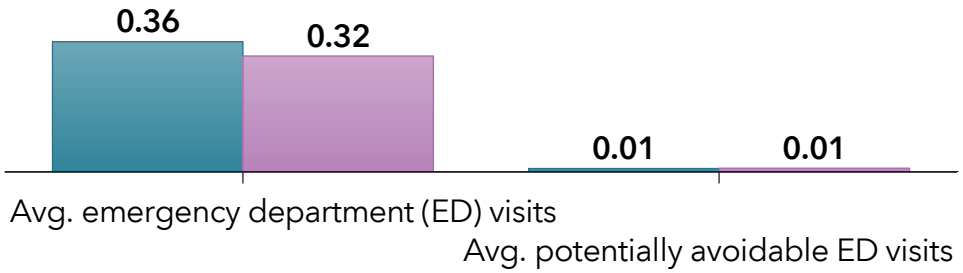
Utilization

Sample Sample, 0000-00008









Utilization

Measure	Your Panel	PCN Panel
Avg. emergency department (ED) visits	0.36	0.32
Avg. potentially avoidable ED visits	0.01	0.01
30 day hospital readmission rate	4.4%	6.7%
Acute hospital length of stay (LOS) vs expected LOS	1.06	1.02

Detailed report
Click here to view trends and adjust filters.

Print
Press Ctrl+P to print or save this document.

Utilization description

Sample Sample, 0000-00008



Visits to any primary care provider - Includes visits by your panel patients to any family physician or nurse practitioner, except visits that happen in a hospital or emergency department. Maximum of one visit per day per patient is counted. Average visit rate is the total number of visits by your patients to a family physician divided by the number of patients on your panel.

ED visits - Average visits per patient relates to how your panel, on average, uses the ED. For example, an average visit of 0.25 means that on average for every four patients on your panel, there is one visit to the ED.

Potentially avoidable ED visits - Potentially avoidable visits are those with an ED triage score of CTAS 4 or 5 (non-urgent), and a discharge diagnosis that is considered to be potentially treatable by a family physician in the office.Type of visit category is determined by the final diagnosis recorded by the emergency physician for each ED visit. Patients with these conditions have a low likelihood (<1%) of being admitted to hospital for treatment. Patients can have multiple visits per day.

Percentage of patients with a visit for a condition that is potentially treatable in primary care may represent a need for short notice access to a family physician in the community. However, in rural areas, patients may be seen by their usual family physician in the ED for minor conditions, which strengthens continuity.

ALOS/ELOS - ALOS vs ELOS indicates appropriateness and efficiency of care for acute care patients. A ratio of less than one suggests that your patients' overall length of stay is shorter than expected. A ratio of greater than one suggests it is longer than expected. Only the acute portion of the inpatient stay is included (excludes alternate level of care (ALC) days). The expected length of stay for patients with similar disease intensity is based on data from the Canadian Institute for Health Information (CIHI).

Readmission rate - Includes all panel patients readmitted to hospital within 30 days of discharge from hospital for any cause. Excludes patients who had a planned hospital admission for an elective procedure. Discharges and readmissions are counted as many times as they occur (not limited to one per patient).

Print
Press Ctrl+P to print or save this document.