

HDC 2.1 Release Notes

These release notes contain supplemental information about the HDC web application, Version 2.1

What's new?

In this release there have been significant changes in the way measures are calculated. This is a result of a review of each measure, as well as the migration towards the new Universal Schema. The Universal Schema is what allows the HDC to normalise the data from all the different EMRs.

This is the first of two releases to support this transition. It most significantly impacts users who employ an EMR from OSCAR. The next release will impact users who utilize a MOIS EMR.

We have re-created data for a historical period of three years for all measures included in this release. Also included historically is a re-calculation of all clinic-level aggregate data, utilizing all clinic records, rather than the sum of all registered data contributors within a clinic which has been the method used to date.

Any significant changes to query responses for this release are listed in the table below.

Please don't hesitate to contact our support line support@hdcbc.ca should you have any questions or comments about any of these changes.

Changes for OSCAR Users	What Has Changed
Active Patient definition has changed	<p>Active patients are those that are flagged active and have a record of an encounter in the past three years. Previously we also considered a prescription filled to be a surrogate for an encounter which has now been removed. This new refined definition might result in lower numbers of active patients.</p> <p>The introduction of a new method for calculating clinic-level aggregate data will show up as a significant change in the responses for a measure called "Patients with an Encounter in the Last 3 Years" under the Document Management domain. The</p>

	denominator will count the total number of patient records in your EMR and the numerator shows the proportion which are active with the definition as described above.
Current Medication definition has changed	Medications are current if the current date is contained within the medication start and stop data range recorded in the EMR. Previously, a 1.2 multiplier was used to extend the start and stop date range. The new definition may result in a lower number of medications that meet the criteria for a current medication.
Clinic Level Aggregate Data	<p>Clinic level aggregate data is now calculated utilizing all patient records present within the EMR, including unattached patients, a change from the past where the sum of all registered data contributors within a clinic was used as a surrogate for the clinic aggregate.</p> <p>For those clinics who have limited number of physicians registered with HDC, you may see a significant increase in the numbers for clinic-level aggregate data for all measures.</p>
Long Term Medication definition has changed	Medications must be specifically flagged as long term in the EMR to be considered a long-term medication.
Prevalence / Obesity 19+	This measure has been removed temporarily and will be part of the next release V2.2
Prevalence / Asthma Prevalence	This measure has been removed temporarily and will be part of the next release V2.2.
Prevalence / Mental Health	<p>We have changed the way in which we are measuring mental health prevalence, by creating four measures that separate the spectrum of mental health conditions into four buckets; i) Anxiety & Mild Depression, ii) Major Depression (or Episodic Mood Disorders), iii) Dementia – Cognitive Impairment and iv) Schizophrenia.</p> <p>Major Depression and Schizophrenia prevalence measures will be released as part of V2.2.</p>

Prevalence / Anxiety & Mild Depression	We have expanded the definition from only Anxiety (ICD9 300.00) to include mild depression and neuroses disorders (ICD9 308.3, 311, 300.* and 50B).
Prevalence / Dementia – Cognitive Impairment	We have expanded the definition from only Alzheimer’s Disease and Frontotemporal dementia (ICD9 331.0 331.1) to also include other types of dementia (ICD9 290.*, 294.1, 294.8 and 294.9).
Medication / Medication Use Amongst Seniors/Digoxin Use 65+ (Assessing Safe Use)	The definition of this measure has changed to exclude a specific dose of Digoxin, looking instead for an active medication for Digoxin in those patients where calGFR is < 60, indicating impaired renal function. You may see the responses for this measure to increase slightly.
Medication/Medication Use Amongst Seniors/Digoxin Use 65+	This measure has been removed temporarily and will be part of the next release V2.2.
Medications / Polypharmacy / 10 or More Long Term Medications	This measure now requires a current medication to be flagged as a long-term medication to be included in the count. This refined definition might result in a lower count of patients that meet the criteria.
Medications / Polypharmacy / 5 or More Long Term Medications	This measure now requires a current medication to be flagged as a long-term medication to be included in the count. This refined definition might result in a lower count of patients that meet the criteria.
Disease Management / Diabetes / Diabetes and Hemoglobin A1c Series	This measure now looks back 12 months instead of only six months. Furthermore, the number of different types of Hemoglobin A1c test LOINC codes has increased. This may result in an increased count of patients that meet the criteria.
Disease Management / INR / INR Monitoring	This measure now looks for the proportion of patients with active medications for any Vitamin K antagonist, not just Warfarin, in

	determining those that don't have INR test results on record in the last month.
Document Management/Patients with an Encounter in the Past 3 Years	This measure is being retired and will be replaced with a new measure in the next release V2.2.
Document Management/Percentage of Medications that are Coded	This measure is being retired and will be replaced with a new series of document management measures, addressing coding practices in the next release V2.2.

Resolved Issues/Bugs.

We have introduced enhanced security to further protect users from malicious interference with their personal registration information. We removed an issue where Clinic Administrators registered in the HDC Application could inappropriately edit a user's email address who was registered as a member of their clinic.