# Microdata catalog submission
# ECM 2021 Summary data

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## Overview of project

The Enhanced Care Management (ECM) intervention consists of training and coaching doctors and their teams to develop holistic care and pro-active outreach plans for chronically ill patients or those vulnerable to developing chronically illnesses. The core goal of ECM is to improve the quality of care provided to complex patients, including by increasing the use of preventive care, better coordinating care across health system levels, and increasing patient involvement in care. These elements can improve patient health and quality of life, and may reduce the need for curative medical services—for example, by supporting patients with diabetes to improve their diet and increase their level of fitness to limit further deterioration in their health.

ECM practices include improved tracking of tests and referrals, follow-up after hospital discharges, tracking medication adherence, monitoring between clinic visits, and focusing on achieving clinical quality. It includes four elements: identifying high-risk patients through risk stratification, developing care management plans by the primary care physician, proactively linking care providers together, and developing a team approach with patients and their caregivers.

## Sampling

To define treatment and control groups, we have randomized some clinics (lists) into treatment, i.e. the first stage of randomization is at the clinic level. Thus, some clinics will be requested to undertake the ECM program with a subset of patients and others with none at all. The details of this were submitted to the microdata catalog in 2020. Within treatment clinics, we randomly selected a subset of 25 patients from each patient list using stratified random sampling.

This data submission consists of summary indicators for ECM activities. The most recent activity in ECM was making care plans of patients selected into ECM. The patient selection into ECM was conducted between June-September 2021 and 2,389 patients were randomly selected into ECM. Since then, the main ECM activities have been:

- The providers and coordinators beginning outreach to invite patients to enroll in ECM.
- The providers recording refusal to join by patients, in the claims data.
- The providers and coordinators making care plans for patients.

## ECM 2021 provider summar data description

This dataset provides a summary of these activities at the provider level. There are a total of 97 providers participating in ECM. The provider's identifiers have been de-identified. All the other variables are measured in terms of number of patients. Note that since this data is very recent, some of the information can change such as more patients or providers could drop out of the program. The data on patient invitation and refusal is from August 2021. The data on care plans is from September 2021 since that is when the activities began.

Additionally, we also provide a summary of other ECM activity related procedures such as :

- Consultation of a patient with chronic illness
- Consultative reception by the family nurse
- Consultation provided by the family nurse over the telephone and documented in the patient's medical file
- Consultation provided by the family nurse via email and documented in the patient's medical file
- Consultation provided by the family physician over the telephone and documented in the patient's medical file

Finally, we also provide a summary of a few common procedures conducted for ECM patients – glycosylated hemoglobin checkup (HbA1c), cholesterol levels, creatinine test. For each of these, we measure the number of patients for whom these tests are done atleast once in 2021.
The table below provides a summary of all the indicators in the attached dataset.

| Number of patients | mean | count | p50 | sd | min | max |
|---|---|---|---|---|---|---|
| Care plan made | 8.94 | 97 | | 11 | 0 | 35 |
| Refused to join ECM | 0.14 | 97 | | .88 | 0 | 8 |
| Invited to ECM | 8.98 | 97 | | 11 | 0 | 33 |
| Atleast one cholesterol test done | 54.96 | 97 | | 30 | 11 | 146 |
| Atlease one cholesterol fractions test | 56.02 | 97 | | 29 | 16 | 138 |
| Atleast one creatinine test done | 82.94 | 97 | | 43 | 12 | 192 |
| Atleast one HbA1c done | 22.88 | 97 | | 15 | 4 | 77 |
| Atleast one GP telephone consultation | 8.98 | 97 | | 11 | 0 | 33 |
| Atleast one nurse consultation by email | 1.27 | 97 | | 6.7 | 0 | 60 |
| Atleast one telephone consultation by nurse | 50.42 | 97 | | 55 | 0 | 287 |
| Atleast one consultation by nurse | 63.69 | 97 | | 62 | 0 | 315 |
| Atleast one chronic illness consultation | 14.51 | 97 | | 14 | 0 | 69 |
| Observations | 97 | | | | | |