



HEALTH SYSTEM MATRIX

Submit this completed form to the email address: HealthDataHA@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

MINISTRY OF HEALTH USE ONLY

File Number	Date Received
ISP Appendix	

PROJECT TITLE

[Empty text box for Project Title]

APPLIES TO COHORT(S)

[Empty text box for Applies to Cohort(s)]

DATE RANGE

From (yyyy/mm/dd)

[Empty text box for Date Range From]

To (yyyy/mm/dd)

[Empty text box for Date Range To]

OTHER DATE RANGE AND FILTERING CRITERIA

[Empty text box for Other Date Range and Filtering Criteria]

HEALTH SYSTEM MATRIX

Description

The Health System Matrix (HSM) is the BC Ministry of Health Services' unique and innovative approach to understanding health care needs of the province's residents and summarizing information from multiple databases into a single, person specific source. In the Health System Matrix, definitions and insights evolve from version to version as updates are available and as further insights are gained. Therefore, generally, comparisons should be made within a Matrix version, and not between Matrix versions.

To see detailed descriptions of HSM variables and variable categories included in this checklist, please see the HSM data dictionary available at: http://www2.gov.bc.ca/assets/gov/health/forms/5511datadictionary.pdf

If you do not require all the variables listed in the Data Dictionary under variable categories in sections C, D, E, F, and G please only mark the appropriate variable category on this form on the left checkbox and attach the list of variables that you require to this form. The HSM data dictionary could be used for this purpose by highlighting the specific variables required from a particular category. If you require all variables in the different categories from sections C, D, E, F, and G mark the checkbox under "All variables" column in this form.

A. TIME AND PERSON IDENTIFIERS

DESCRIPTION	VARIABLE NAMES	REASON FOR REQUEST
Time Identifier		
<input type="checkbox"/> Fiscal Year	FISCAL_YEAR	
Person Identifiers (when linking HSM to non-merged PHNs, merged and alternative PHNs are needed)		
<input type="checkbox"/> Merged PHN Replaced by project-specific ID number unless rationale is provided for requesting actual PHN	PHN	
<input type="checkbox"/> Alternative PHNs (generated if requested; the associated data dictionary provides a description of the variable) Replaced by project-specific ID number unless rationale is provided for requesting actual PHN	PHN_ALTERNATIVE_LIST	

B. INFORMATION ABOUT BC RESIDENT

DESCRIPTION	VARIABLE NAMES	REASON FOR REQUEST
Demographics		
<input type="checkbox"/> 5 year age group	AGE_GROUP_5YR	
<input type="checkbox"/> 5 year age groups with the 15-19 age group split between child/youth (15-17) and adult (18-19)	AGE_GROUP_BM	
<input type="checkbox"/> Broad age group (0-17, 18-49, 50-64, 65-74, 75+)	AGE_GROUP_BROAD_BM	
<input type="checkbox"/> Gender	GENDER	
<input type="checkbox"/> Forward Sortation Area - First 3 digits of postal code of usual residence (generated if requested)	FSA	
<input type="checkbox"/> Postal Code of usual residence	POSTAL_CODE	
<input type="checkbox"/> Local Health Area of usual residence	LHA	
<input type="checkbox"/> Health Service Delivery Area of usual residence	HSDA	
<input type="checkbox"/> Health Authority of usual residence	HA	
<input type="checkbox"/> Born during the fiscal year flag	BORN_IN_PERIOD_FLG	
<input type="checkbox"/> Died during the fiscal year flag	DIED_IN_PERIOD_FLG	
<input type="checkbox"/> Days alive in a fiscal year	DAYS_ALIVE	

C. HEALTH CHARACTERISTICS

VARIABLE CATEGORY	REASON FOR REQUESTING	ALL VARIABLES
<input type="checkbox"/> Population Segments (Overlapping)		<input type="checkbox"/>
<input type="checkbox"/> Previous Fiscal Year's Population Segments (Overlapping)		<input type="checkbox"/>
<input type="checkbox"/> Population Segment (Unique)		<input type="checkbox"/>
<input type="checkbox"/> Previous Fiscal Year's Population Segment (Unique)		<input type="checkbox"/>
<input type="checkbox"/> GP Attachment		<input type="checkbox"/>
<input type="checkbox"/> Chronic Conditions		<input type="checkbox"/>
<input type="checkbox"/> Adjusted Clinical Groups (ACGs)		<input type="checkbox"/>
<input type="checkbox"/> Residential Care Indicators		<input type="checkbox"/>
<input type="checkbox"/> Medication Use Indicators		<input type="checkbox"/>

D. INFORMATION BY BROAD CATEGORY OF SERVICES

(Choose this if you are only interested in conventional cost aggregates – residential care, emergency, laboratory and diagnostics, hospital, home and community care, medications, physician care.)

VARIABLE CATEGORY	REASON FOR REQUEST	ALL VARIABLES
<input type="checkbox"/> Cost by Broad Category of Services		<input type="checkbox"/>

E. INFORMATION BY SERVICE LINE (ALL TYPES OF SERVICES AND MEASURES COMBINED)

(Choose this if you are only interested in HSM service line aggregate spending and do not need further disaggregation of service lines by type of service or measure. Service lines are much more detailed than broad category of services (Group D) which you may also consider requesting to see aggregations by conventional categories of services.)

VARIABLE CATEGORY	REASON FOR REQUEST	ALL VARIABLES
<input type="checkbox"/> Cost by Combined Service Lines		<input type="checkbox"/>

F. INFORMATION BY SERVICE LINE AND TYPE OF SERVICE/MEASURE

(Choose this if you want to see all the components that constitute each service line. Also you may consider requesting information by broad categories of service (Group D) to see aggregations by conventional categories of services.)

VARIABLE CATEGORY	REASON FOR REQUEST	ALL VARIABLES
<input type="checkbox"/> Cost by Service Lines and Type of Service/Measure		<input type="checkbox"/>
<input type="checkbox"/> Utilization by Service Lines and Type of Service/Measure		<input type="checkbox"/>

G. MSP PHYSICIAN INFORMATION

(Choose if you need to see physician care information obtained from Medical Service Plan)

VARIABLE CATEGORY	REASON FOR REQUEST	ALL VARIABLES
<input type="checkbox"/> General Physician Information		<input type="checkbox"/>
<input type="checkbox"/> GP Information		<input type="checkbox"/>
<input type="checkbox"/> Specialist Information		<input type="checkbox"/>