



Frequently Asked Questions

**Primary Care Asthma & COPD Program (PCAP):
Quality Review Process**



What is the Quality Review Process?

The Quality Review Process (QRP) is a new initiative led by the Lung Health Foundation (LHF) to support Quality Improvement (QI) across PCAP sites. It focuses on strengthening program performance through consistent data collection, performance monitoring, and shared learning.

The goal is to support sites in improving care for patients with asthma and COPD while aligning with evidence-based guidelines and best practices.

When does the QRP begin?

The QRP will begin during the 2025–2026 fiscal year.

The first year will focus on helping sites become familiar with the reporting process and building the systems and workflows needed to support ongoing data submission.

How much funding will each site receive?

Each PCAP site will receive \$32,083.33 CAD for the 2025–2026 fiscal year.

When will sites receive their funding payments?

Funding in 2025-2026 will be issued in one lump payment, no later than March 31, 2026.

Funding for the 2026–2027 fiscal year will be issued in three installments. These payments align with the quarters in which sites are required to submit the completed Minimum Data Set (MDS).

Payments will be processed after LHF receives a completed quarterly MDS submission from the site.

The payment schedule is as follows:

REPORTING PERIOD	MDS SUBMISSION DEADLINE	PAYMENT ISSUED BY
FY 2026–2027 (Q2)	October 30, 2026	No later than November 30, 2026
FY 2026–2027 (Q3)	January 30, 2027	No later than February 28, 2027
FY 2026–2027 (Q4)	April 30, 2027	No later than May 16, 2027

This structure ensures that funding supports ongoing quality improvement activities while aligning with quarterly reporting requirements under the QRP.

Is this based funding or one-time funding?

This is base funding, specific for QI activities.

Is this funding separate from our existing PCAP operational funding, issued through the Ministry of Health?

Yes. This funding is separate from the operational funding provided through the Ministry of Health. It is specifically intended to support QI activities. As this funding stream is administered by LHF, separate funding requirements and QI deliverables will be outlined and issued by LHF through a dedicated funding agreement.

Who administers this new funding?

This funding will be administered by the LHF. Sites will receive a separate funding agreement outlining the terms of the funding from LHF.

Will there be specific requirements tied to this funding?

Yes. Because this funding is administered by LHF, separate funding requirements and QI deliverables will be outlined in the additional funding agreement. These requirements are intended to support site participation in QI activities. Beginning in the 2026–2027 fiscal year, sites will be expected to submit completed MDS reports on a quarterly basis to receive their funding.

The finalized MDS is below:

INDICATOR	DEFINITION/VALUES
Percentage of individuals aged 6 years or older clinically suspected*of having asthma who complete spirometry to confirm diagnosis with a PCAP CRE.	• Numerator: Number of individuals in the denominator whose diagnosis was confirmed with spirometry (with or without bronchodilator reversibility testing). • Denominator: Total number of individuals aged 6 years and older clinically suspected of having asthma and seen by a PCAP CRE.
Percentage of individuals with asthma who had an emergency department visit, urgent care centre visit*, or hospitalization for an asthma-specific reason while being managed by PCAP* in the last year.	• Numerator: Number of individuals in the denominator who had at least one emergency department visit, urgent care centre visit*, or hospitalization for asthma in the previous year while being managed by PCAP. • Denominator: Number of individuals diagnosed with asthma in the last year managed by PCAP.
Percentage of individuals clinically suspected of having COPD who complete spirometry to confirm diagnosis with a PCAP CRE.	• Numerator: Number of individuals in the denominator whose diagnosis was confirmed with spirometry (with or without bronchodilator reversibility testing). • Denominator: Total number of individuals clinically suspected of having COPD and seen by a PCAP CRE.

INDICATOR	DEFINITION/VALUES
Percentage of individuals with COPD who had an emergency department visit, urgent care centre visit*, or hospitalization for a COPD-specific reason while being managed by PCAP in the last year.	- Numerator: Number of individuals in the denominator whose diagnosis was confirmed with spirometry (with or without bronchodilator reversibility testing). - Denominator: Total number of individuals clinically suspected of having COPD and seen by a PCAP CRE.
Percentage of individuals seen by a PCAP CRE who were asked about their tobacco and/or nicotine use and, if current users, were offered a cessation intervention (e.g., counselling, pharmacotherapy) in the past year.	- Numerator: Number of individuals in the denominator who were asked by a PCAP CRE about their tobacco and/or nicotine use status and, if current users, were offered a cessation intervention (e.g., counselling, pharmacotherapy) in the past year. - Denominator: Total number of individuals seen by a PCAP CRE in the past year.

PCAP MDS: KEY TERM DEFINITIONS

***Clinically suspected:**

Refers to individuals identified as potentially having asthma or COPD based on symptoms, clinical history, and/or risk factors, prior to confirmation by objective testing (e.g., spirometry).

***Urgent care centre:**

A facility that provides unscheduled, walk-in care for acute but non-life-threatening conditions outside of the primary care system (e.g., a standalone urgent care centre). This does not include same-day or urgent appointments arranged within a patient's own primary care practice.

***Managed by PCAP:**

Refers to individuals who are actively enrolled in and receiving care through a PCAP site, including assessment, education, and/or follow-up by program staff (e.g., Certified Respiratory Educators), at the time of measurement.

***Healthcare utilization data** (e.g., EDs/hospitalizations) may be captured via patient self-report.

How do PCAP sites receive the funds?

LHF will process payment via Electronic Funds Transfer (EFT) or cheque, as preferred by the site.

Where will the MDS be submitted?

The MDS will be submitted directly to LHF via the Microsoft Azure platform. Sites will receive relevant training and IT support for submissions.

When will sites begin submitting the MDS?

Sites will begin submitting the MDS starting in Q3 of the 2026–2027 fiscal year.

What are the key reporting deadlines?

REPORTING PERIOD	MDS SUBMISSION DEADLINE
FY 2026–2027 (Q2)	October 30, 2026
FY 2026–2027 (Q3)	January 30, 2027
FY 2026–2027 (Q4)	April 30, 2027

How will the reporting process change?

The MDS will be sent through a secure SharePoint environment hosted by Microsoft Azure. All transmissions use encryption and multi-factor authentication (MFA). LHF will offer technical support for account setup and data submission and will provide further guidance on reporting requirements in the near future — including clarification on whether sites remain obligated to submit reports directly to the Ministry of Health.

Can the report be sent by email instead?

No. Email and other unsecured channels must never be used for sending reports.



Are there any tools to support the collection of the MDS?

Airways Management and Outcomes Monitoring (AMOMS) is a point-of care modular data capture system designed to support the management of asthma, severe asthma, and COPD. The system is aligned with clinical guidelines and national data standards, including those developed through the Pan-Canadian Respiratory Standards Initiative for Electronic Health Records (PRESTINE). AMOMS also incorporates an embedded severe asthma algorithm and clinical decision-support tools to assist clinicians in identifying and managing patients with severe asthma. In addition, the system aligns with data standards from the International Severe Asthma Registry (ISAR).

Please contact Delanya Podgers at delanya.podgers@kingstonhsc.ca for more information on possible implementation at your respective site.

What if our site experiences challenges collecting or submitting the data?

The first year of the QRP is intended to support learning and system development. LHF will work closely with sites to address challenges and support successful implementation.

If issues arise, sites are encouraged to communicate with the PCAP team so that solutions can be explored collaboratively.

What support will sites receive through the QRP?

LHF will support sites participating in the QRP through the following:

- One-on-one calls with each Site Lead
- A drop-in learning session on March 25 (9:30–10:30 a.m.)
- Two Site Lead meetings, beginning in FY 2026–2027
- Ongoing guidance and resources to support implementation and reporting

If you have any questions or require support, please contact Husna Malik, Senior Manager, Clinical Practice Transformation, at hmalik@lunghealth.ca

How will patient health information (PHI) be protected?

Only aggregate data will be collected through MDS submissions. No identifiable patient-level information will be transmitted.

Nevertheless, data will be protected through technical, administrative, and physical safeguards that comply with Ontario's Personal Health Information Protection Act (PHIPA) and, where applicable, PIPEDA.

All submissions occur through a secure, encrypted SFTP site within Microsoft Azure, hosted in Canada. These systems use encryption in transit and at rest, MFA, and role-based access controls to ensure that only authorized staff can access the data.

Devices used to submit or access data are encrypted, password-protected, and secured with automatic screen locks. Patient information is never sent by email or stored in unsecured locations.

Within LHF, data is stored in secure repositories and used only for approved reporting purposes, supported by privacy training, audits, and breach response procedures.

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Charitable Registration No. 12404 6368 RR0002

Ontario Lung Association is a registered charity
operating as the Lung Health Foundation.

