Taking Stock

Cleaning up one of Ontario's largest primary care databases

Presenters:
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Faculty/Presenter Disclosure

- **Faculty:** Anne DuVall, Sean McConnachie

- **Relationships with commercial interests:**
  - No relationship with commercial interests

Disclosure of Commercial Support

- This program has not received financial support or in-kind support from any private organization

- **<u>Potential for conflict(s) of interest</u>:**

  - Dr. Anne DuVall and Sean McConnachie, have not received payment or funding from any organization supporting this program or any organization whose product(s) are being discussed in this program.

Mitigating Potential Bias

- There are no potential sources of bias.

Outline

- What is the Opportunity?
- Business Case
- Challenges
- Goals and Objectives
- Roster Management Reports
- Workflow Process
- PDSA Trial
- Physician Practice Engagement
- Participation with OntarioMD
- What We've Learned So Far
- What We've Accomplished So Far
- What's Next

What is the Opportunity?

- A large primary care data base
  - 86 member physicians
  - Four (4) walk-in clinics
  - Six (6) allied health clinics
  - 226,776 Patient Records
  - 139,670 Enrolled patients

What is the Opportunity? (Con't)

- Interest in using the data to:
  - Improve the care of individual patients
  - Evaluate existing FHT programs
  - Understand the needs of our patient population for program planning
  - Undertake primary care research and quality improvement projects

Business Case

1. Enroll patients who have not been enrolled
2. Calculate preventive bonuses through the EMR
3. Accurately bill physicians for their enrolled patients attending our FHO walk in clinics
4. Better management of outside use

- Registration status of patients in the EMR is often incorrect
  - Enrollment status in EMR is not consistent with ministry data
  - Registration status and enrollment status in the EMR is not consistent with the actual status
    - A patient who has moved or is deceased is still identified as an active patient
    - A patient who should be enrolled is identified as not enrolled or terminated

Goals and Objectives

- The two main goals:
  1. To have physicians see the value in data quality.
  2. Clean up the patient status in the EMR so we can more accurately identify the patient population we are looking after.

- Measure of success:
  - The participation of 55 of 84 (approx. 60%) of BCFHT physicians in cleaning up their records.
  - The training of 55 of 84 (approx. 60%) of BCFHT physician practices on how to improve data input.
  - Reduction of roster errors (MOHLTC vs EMR roster numbers) to 5% amongst all participating physicians.
  - 70% of participating physicians rating that they are satisfied with the process.
  - 70% of participating physicians rating that the data quality of their practices has improved.

Workflow Process

1. Roster Management Reports are created to identify status errors:
   - *Rostered Patient Comparison*: This compares the rostered patients on the Ministry's Roster Reports with the rostered patients identified within the EMR.
   - *Patient Active Status*: This compares the rostered status in the EMR with the active status in the EMR and looks at whether the two status make sense.

2. Added new categories of patient status in the EMR

3. Developed a work flow based on the two (2) reports
   a) Roster Clean Up
      - Training session for physician with admin staff
      - Physicians would identify true status of the mismatched patients and staff would perform the clean up of the EMR registration page, send enrollment or enrollment terminated forms to the MOH
   a) Roster Maintenance
      - Training session for admin staff only
      - Understanding of the patient registration page in the EMR
      - Workflow for patient rostering and derostering
      - Use of the monthly MOH Roster Capitation reports and Outside Use reports

4. The Roster patient comparison and active patient mismatch reports will be run by our IT department every 6 months in June and December

Roster Management Reports

- The *Roster Management Reports* were created through the pilot PDSA cycle. Changes in content, structure and visualization were made to allow for its best use.

- These tools were developed using the following sources:
  - Ministry of Health Roster Monthly Reports
  - BCFHT Electronic Medical Record

Roster Management Reports (Con't)

- The datasets are merged and utilized within a SQL sandbox environment that has been provided by QHR. We import the Ministry's data into the sandbox and query to generate the reports. The Ministry reports need to be manipulated and formatted in order to be used of SQL.

- These reports are going to be generated for all participating physicians biannually. Each report takes approximately 20 minutes to generate.

Roster Management Reports (Con't)

Number of Records	0						
HCN	**Age**	**Last Name**	**EMR First Name**	**MOH First Name**	**EMR Status**	**MOH Status**	**Recommended Action**

Number of Records	0						
HCN	**Age**	**Last Name**	**First Name**	**EMR Enrollment**	**EMR Active Status**	**Recommended Action**

- Prior to the rollout of the training sessions to the larger group we had two (2) pilot sessions
    1. Group of interested admin staff to provide feedback on the Roster Maintenance process
    2. Groups of interested physicians with the staff to provide feedback on the Roster Clean Up process

- Feedback from users to improve the process is ongoing

Physician Practice Engagement

- Engagement steps
  1. Identification of a physician champion and pilot practice
  2. Outreach to a key group of early adopters
  3. Open participation for all practices

- Means of communication
  1. Notices sent via email, fax and in the physician monthly newsletter
  2. Word of mouth amongst physicians

Partnership with OntarioMD

- Limited coaching resources in our FHT

- See one, do one, teach one principle
  1. Two (2) OntarioMD staff attended both coaching sessions
  2. Provided coaching to both sessions under supervision of our IT Admin Staff
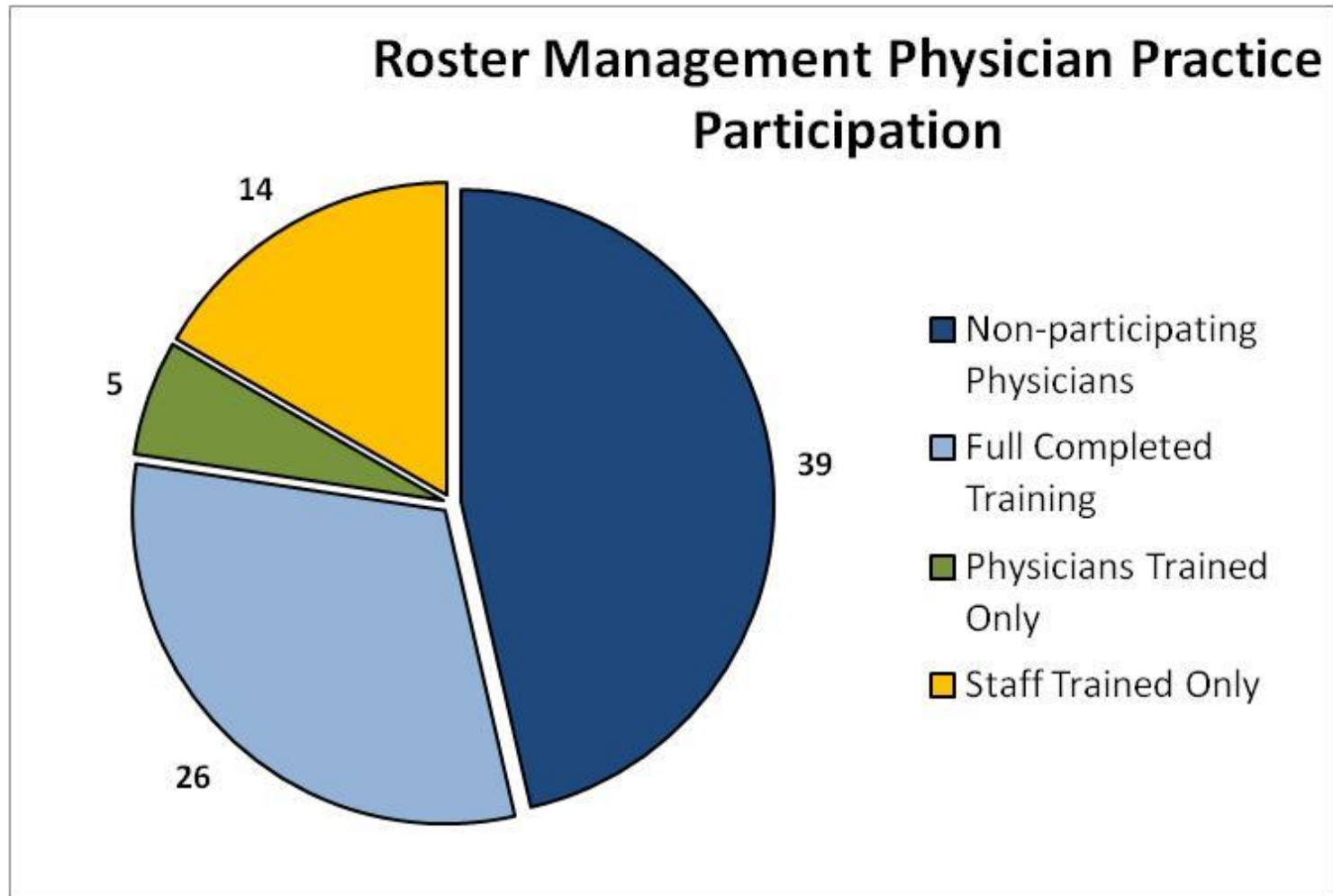 3. Provide coaching on their own

What We've Learned So Far

- Data stewardship is not only about entering and retrieving clinical information from the EMR

- Need to have an accurate patient status to ensure the right individuals and right patient population is being evaluated
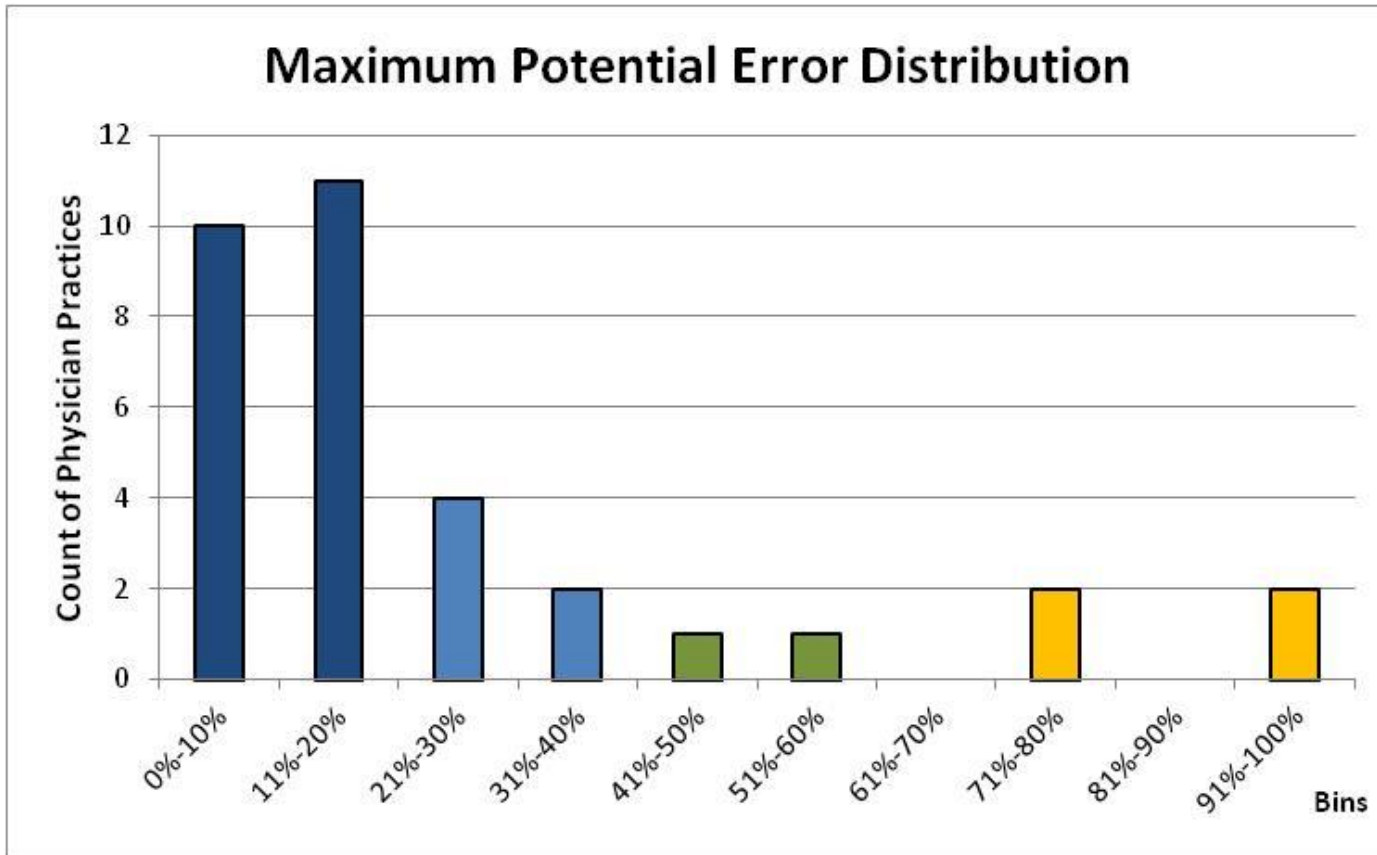
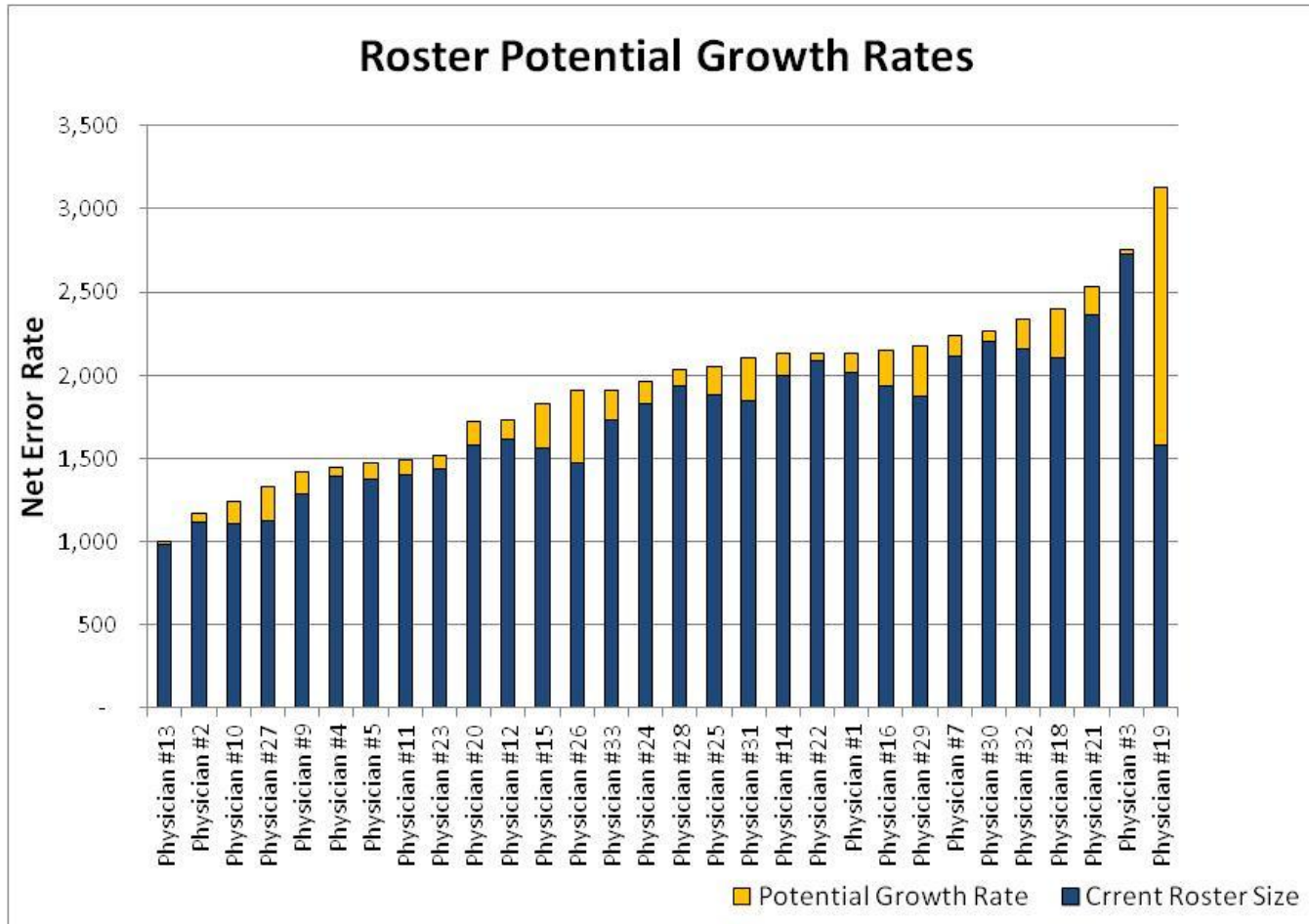Roster Management Physician Practice Participation

What We've Accomplished So Far (Con't)

What We've Accomplished So Far (Con't)

What's Next

- Continue coaching practices
- Goal at least 60% of physician offices
- Provide mismatched lists to participating physicians every 6 months, December and June
- Develop processes for improving patient care with EMR data
- Complete evaluation of the process

Does coaching turn into practice?