Proactive & opportunistic management of diabetics:

How we harnessed EMR to change the way we manage diabetics



Presenter Disclosure

Presenter:

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Relationships with commercial interests:

none



Disclosure of Commercial Support

No Commercial Support

Potential for conflict(s) of interest:

No conflict of interest



Mitigating Potential Bias

N/A



Platinum Medical FHO @ Scarborough Village





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Objectives

- Appreciate the importance populating data tables
- Implementation strategies for diabetes screening using algorithms
- Appreciate the power of EMR



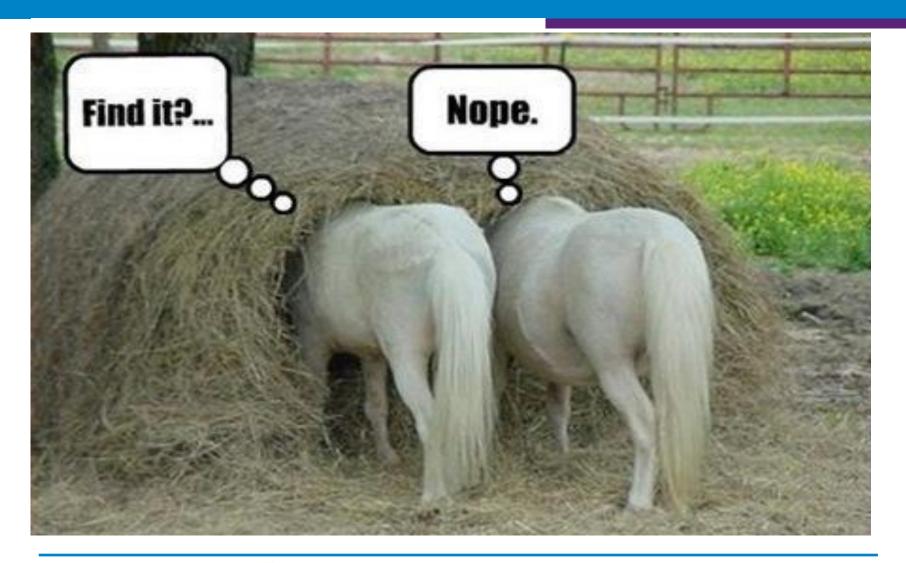
Collecting & Preparing Data



If your data are not in the right place they will be difficult to locate



A needle in the haystack





Strength of EMRs

- *Every piece of data you collect has its own appropriate table
- *Ability to search
- -HT
- -WT
- -BP
- Medications
- Blood results, etc.





Populating Data Tables

And Data Scrubbing



Populating Data Tables

- 1. Keywords in CPP, chart notes to identify diabetics ('DM', Medications,)
- 2. Verified diabetic conditions with data from Rx and test results (e.g. HbA1C, FBS, OGGT)
- 3 Added diabetics to "Disease Registry"
- 4 Data collection was standardized

What was collected/where recorded in the EMR? Same units of measurements (Kg/cm)



Data Scrubbing

A process to improve the quality of your data

Remove obvious errors

```
HT of 576?
WT of 0.26?
BMI of 3,410?
Zero?
```

Males with record of PAP or Mammo

Convert to standard measure

HbA1C from 0.067 to 6.7 (done by service provider) Lbs to Kgs etc.

Move data recorded in wrong table to correct table!



What happens when you collect data and put it in the right place?





How Do We Compare?

Completeness of selected data items for active patients with age>=18*

Data Item	Your site	UTOPIAN
Height	87.1 %	72.7 %
Weight	93.2 %	80.7 %
Waist circumference	15.5 %	10.4 %
BMI	85.1 %	69.3 %
Blood pressure	94.9 %	87.9 %
Family history	63.2 %	74.0 %
Smoking history	72.7 %	76.5 %
Postal code	99.3 %	87.6 %

^{*}UTOPIAN: U of T Practice Based Research Network



diff

14

13

16

-11

12

Harnessing the Power of EMRs

Implementation Strategies



Reactive vs Proactive Processes

Previous-Reactive	Current- Proactive/Opportunistic
Patient initiates appointment	At each diabetic review: book next review, provide requisition for next review, send e-mail reminders
MD reviews chart and decides a diabetic review is needed: If b/w is recent, review is done	Opportunistic review: Flag diabetics who are booked for another reason but are due for a review Add diabetic review
If b/w is not up to date: Pt. given requisition & does bloodwork. Pt. schedules diabetic review. Diabetic review is done. Pt. is asked to come back in 3-4 months	Rebook missed reviews: Search for missed or cancelled reviews and rebook



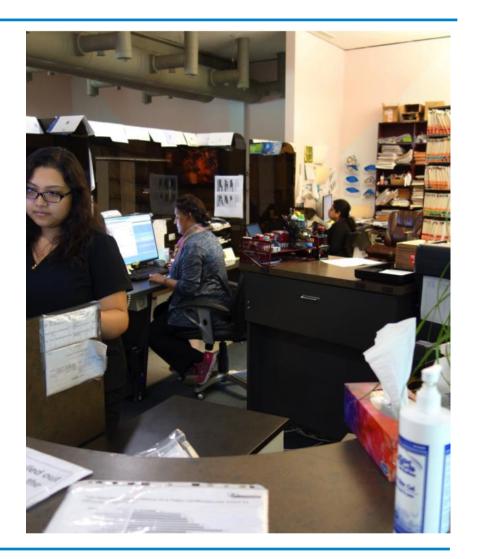
Implementation Strategies: It takes a team!

- Front staff
- Triage staff
- Medical/EMR Champion



CLERICAL (Front Desk) STAFF

- Learn new procedures for diabetics
- Book future reviews
- Educate patients
- Run algorithms... all day long





Triage Staff

- We hired 2 additional full time staff
- They were trained:
 - Diabetic review requirements
 - What data to collect
 - Where to enter the data





Medical Lead-EMR Champion

- Challenges
- Involve colleagues in the process
- Keeping them informed of progress
- Soliciting feedback at each stage
- Removing roadblocks
- Making their work easier





The Launch

- Broadcast e-mail to all diabetics explaining the new procedures
- Birth month was used to stagger appointments and invite diabetics to a review

However the dominant tactics became:

- > opportunistic reviews
- > scheduling future appointments
- > rebooking missed appointments



Schedule Example

09:45	1	n,Addison E B M Rx 12 mo immu
10:00	1	,Elvira E B M Rx K030;
10:15	1	i,Geoffrey E B M Rx k030
10:30	1	,Sahir E B M Rx Baby check
10:45	1	n,Laeba Su E B M Rx disability form
11:00	1	Goldie E B M Rx K030
11:15	1	Gulalai E B M Rx t/r
11:30	1	Composition of the second of t
11:45	1	n,Sal E B M Rx f/u from the ER
12:00	1	,Solomo E B M Rx child cpx
12:15	1	*,Samuel E B M Rx child cpx



After Running the Algorithms...

09:45	1		Addison E B M Rx 12 mo immu	09:45	1		Addison E B M Rx 12 mo immu
10:00	1		Elvira E B M Rx K030	10:00	1		Elvira E B M Rx <i>K030; HZV</i>
10:15	1	<u>_</u>	E B M Rx k030	10:15	1		E B M Rx <i>k030</i>
10:30	1	45	Sahir E B M Rx Baby check	10:30	1	(5)	Sahir E B M Rx Baby check
10:45	1		Laeba E B M Rx disability form	10:45	1		,Laeba E B M Rx disability form ; LLL
11:00	1		Goldie E B M Rx <i>K030</i>	11:00	1		Goldie E B M Rx <i>K030</i>
11:15	1		© Gulalai E B M Rx t/r	11:15	1	<u></u>	Gulalai E B M Rx t/r ==
11:30	1		Sajida E B M Rx forms	11:30	1	<u></u>	Sajida E B M Rx forms; TTT; Pneu-23; HZV; K030
11:45	1		,Sal E B M Rx f/u from the ER	11:45	1		,Sal E B M Rx f/u from the ER; K030; MMR
12:00	1		,Solomo E B M Rx <i>child cpx</i>	12:00	1		Solomo E B M Rx child cpx; E/MAIL
12:15	1		,Samuel E B M Rx <i>child cpx</i>	12:15	1		,Samuel E B M Rx child cpx; E/MAIL



Actual Day

09:00	4	TO STATE OF THE ST		anno I I E I D I M I Dv. I v/o f/wMMD
09:00	1	awara E B M Rx 842 - rx Pneu-23		anna L E B M Rx <i>u/s f/u;MMR</i>
09:15	1	Donna Le E B M Rx 843 - req for blood work, req for mammo TTT;E/MAIL	×	E B M Rx earinfection
09:30	1	alia E B M Rx 1019 concerning -IUD;TTT;MMR		Taramatti E B M Rx f/u on the way@1023
09:45	1	;Donna E B M Rx 1010 -acid reflux-RL;MMR ,Wheezing .Rm #8		dison E B M Rx 12 mo immu
10:00	1	ole E E B M Rx 951 cramping,throwing up-RL	×	Elvira E B M Rx K030; HZV
10:15	1	holet E B M Rx cancer concern; MMR	×	Seoffrey E B M Rx k030
10:30	1	E B M Rx Baby check>rm 8		
10:45	1	Khalida E B M Rx 1026 -eye	(2) #	Laeba Su E B M Rx disability form ; LLL +1
11:00	1	Goldie E B M Rx K030@ rm #5	CID	Rah E B M Rx 1018 -chest pain
11:15	1	Gulalai E B M Rx t/r ==		
11:30	1	Sajida E B M Rx forms; TTT; Pneu-23; HZV; K030-		
11:45	1	Sal E B M Rx f/u from the ER; K030; MMR		
12:00	1	,Solomo E B M Rx child cpx; E/MAIL		
12:15	1	Samuel LETRIM LRx 1 child cnx: F/MAIL -a @1150 -walkout		



ALGORITHMS

at the end if there is time

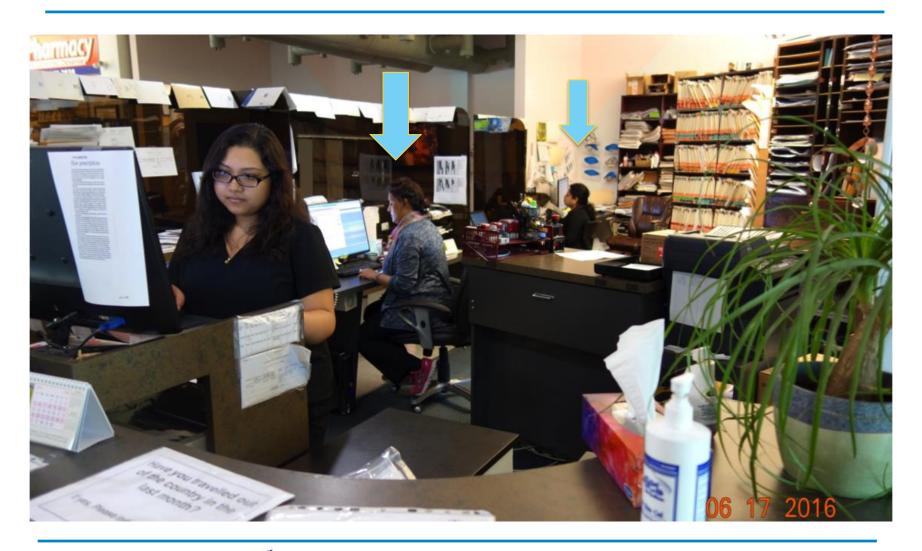


Algorithm Examples

Report	Report By Template					
Add Template Select a template:	13-Diabetics Booked today onward, not reviewed (complement to #173)					
Main Page 1. # Active	Step 1:	Provider Number	all providers ▼			
patients/provider10-Appointmentbooked Tetanus	Step 2:	Generate Query	Run Query			
missing 3. 11-Appointment booked 65+	View Template XML Edit Template Delete Template Export Template to K2A					
Pneumovax missing 4. 12-Appointment booked today Shingles						
Vacc missing 5. 13-Diabetics Booked today onward, not reviewed (complement to #173)						
6. 14-Appointment MMR missing for 1970-1992 7. 15-Appointment booked Tetanus given TTT showing						



Running Algorithms





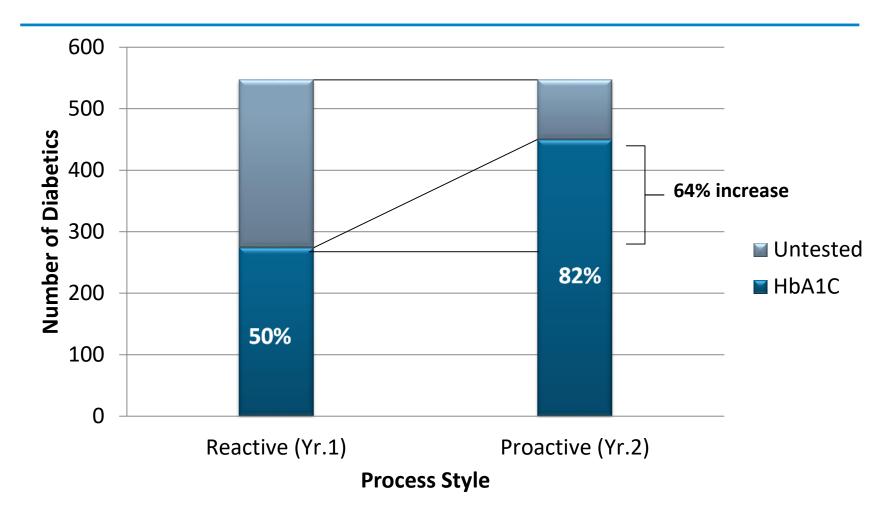
How did the new process impact diabetic care?

MORE diabetics tested

MORE diabetic reviews



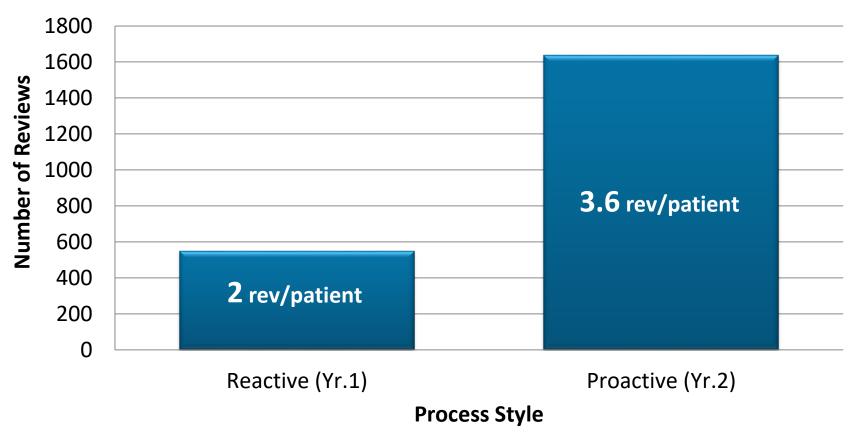
Diabetics Tested in a 12 Month Period





Diabetics Were Tested More Often

Number of Diabetic Reviews in 12 month period





Overall Benefits

- Physician, Staff & Patient satisfaction
- Improved health of the clinic population(results pending)
- Economic impact on a practice- 3 x K030
- Attained MOH recommendation for number of diabetic reviews per year (EPEP* review, 2017)
- Attained MOH goal of testing 80% of diabetics in prior 6 months
- *EPEP-EMR Practice Enhancement Review



Summary & Take Home:

- Search for data to populate tables
- Enter in the right place!
- Collect new data
- Enter in the right place!
- Use algorithms to unleash the power of EMR
 - You still have a needle in a haystack, but...



The haystack will look different





Thank You



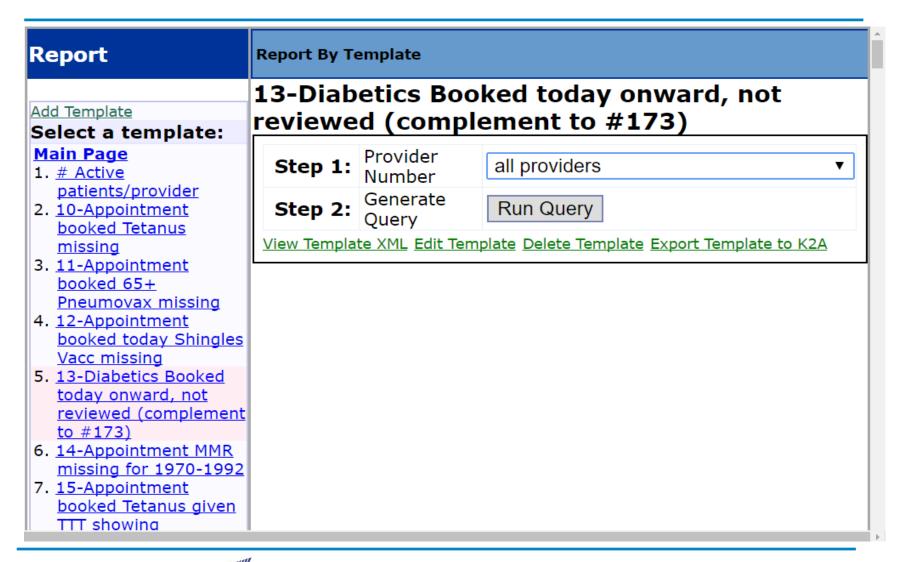


ALGORITHMS

TECHNICAL STUFF



Algorithms Run





Algorithm Framework

<report title="YOUR ALGORITHM NAME (TITLE) HERE" description="SUBTITLE
HERE" active="1">

<query>

SELECT

FROM

WHERE

ORDER BY

</query>

</report>



Sample Appointment

EDIT AN APPOINTMENT										
Date: 2017-09	9-10 📟	Status:	Scheduled							
Start Time: 09:00		Туре								
Duration (min): 15		Chart No.:	61005578							
		Doctor:	Lall, Rosemarie							
Name: TEST,D	ONNA	Search	61005578							
Reason: K030		Notes:								
Location:		Resources:								
Creator: Lall, Ros	semarie	Last Time:	2017-09-10 10:57:26							
Create Date: 2017-09)-10 10:57:26	Last Editor: Critical:	Lall, Rosemarie							



Appointments Table

	Α	В	С	Е	F	G	Н	I	M
1	Field	Type		provider no	appointment_date	start_time	end_time	name	reason
2	appointment_no	int(12)			2013/02/15	11:00:00	11:14:00	Ramos	срх
3	provider_no	varchar(6)			2013/02/13	12:15:00	12:29:00	Patricia	form
4	appointment_date	date			2013/02/12	14:00:00	14:14:00		K030; HZV
5	start_time	time			2013/02/25	08:20:00	08:39:00		back pain
6	end_time	time			2013/02/22	15:15:00	15:29:00		headache
7	name	varchar(50)			2013/02/22	15:00:00	15:14:00	Camille	knee
8	demographic_no	int(10)			2013/02/13	12:00:00	12:14:00	Bari	t/r
9	program_id	int(11)			2013/02/14	13:45:00	13:59:00	√eena	immu
10	notes	varchar(80)			2013/02/15	13:45:00	13:59:00	(SANDRA)	TB test
11	reason	varchar(80)			2013/02/12	16:15:00	16:29:00	Corine	spec diet
12	location	varchar(30)			2013/02/12	16:15:00	16:29:00		t/r
13	resources	varchar(255)			2013/02/12	16:15:00	16:29:00	,Coburn	PAP
14	type	varchar(50)			2013/02/12	16:30:00	16:44:00	е	REQ FOR MAMMO
15	style	varchar(10)			2013/02/12	16:30:00	16:44:00	e Jerry	срх
16	billing	varchar(10)			2013/02/12	16:30:00	16:44:00	enne	2 M
17	status	char(2)			2013/02/12	16:30:00	16:44:00	Carine	IPS

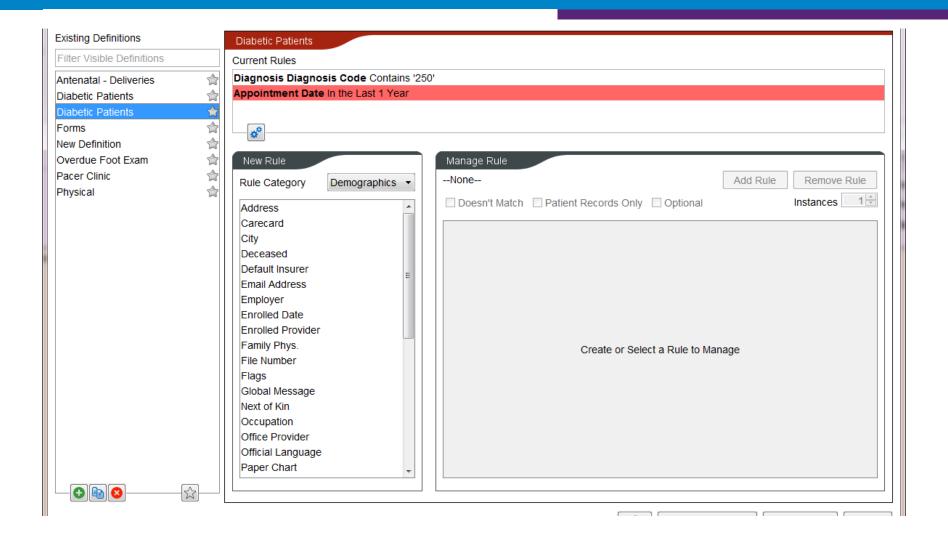


Simple Example

```
<report title="My simple example" description="SUBTITLE HERE" active="1">
<query>
SELECT name, provider_no, reason
FROM appointment
WHERE appointment_date >= 2017/09/28
 and reason = "K030"
ORDER BY provider_no, appointment_date;
</query>
</report>
```

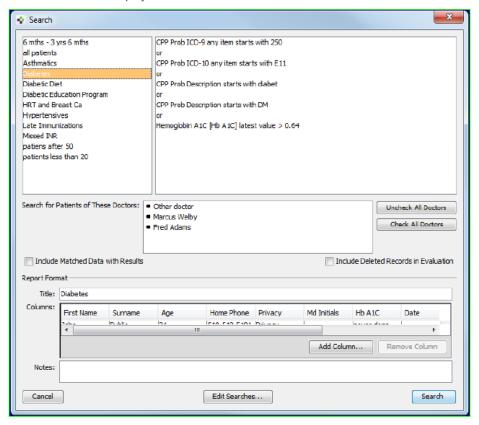


Accuro





From the Records window, click Patient > Search. The EMR displays the search window, with ϵ list of available searches displayed on the left side.



Select the search you want to perform. The EMR displays the search criteria for the selected search, enabling you to verify that you have selected the appropriate search.





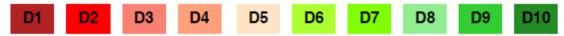


Thank you!



Income Levels by Deciles





50 % of CLINIC patients fall in the bottom 20% of incomes



<<<<Lowest income</p>
D1:pts living in neighbourhoods with average income equal to lowest 10% of national income

Highest income>>>>
D10:pts living in neighbourhoods with average income equal to highest 10% of national income

D1: living in neighborhoods with average income equal to lowest 10% national income

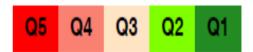


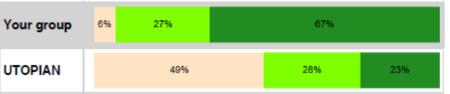
Immigration/Refugees/Deprivation

Chart G2.Proportion of active patients that fall in each national neighbourhood immigrant (foreign-born) tercile

T1 T2 T3

Chart G3.Proportion of active patients that fall in each material deprivation category out of five categories





<<<Less likely to be immigrant T1:pts living in neighbourhoods with lowest tercile of foreign-born population (~10% immigrant) More likely to be immigrant>>> T3:pts living in neighbourhoods with highest tercile of foreign-born population (~63% immigrant)



<<< Highest deprivation Q1:pts living in neighbourhoods with highest material deprivation Lowest deprivation>>>>
D10:pts living in neighbourhoods with
lowest material deprivation

The material deprivation score takes into account the average household income, the unemployment rate, and the proportion of the population who did not graduate high school.

