

CHRONIC DISEASE IN THE EMR ERA

Measure, Report, Optimize



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DISCLOSURE

This talk is not a demonstration of any specific EMR. Please contact your Vendor for details on how to make these these concepts real in any given product.

In other words....



i cannot tell
you what to do
i can only inspire
you what to do

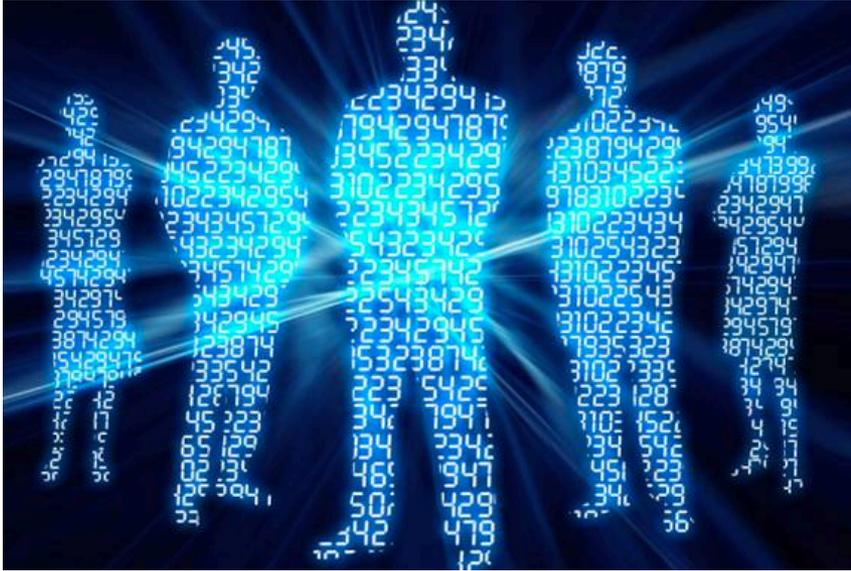
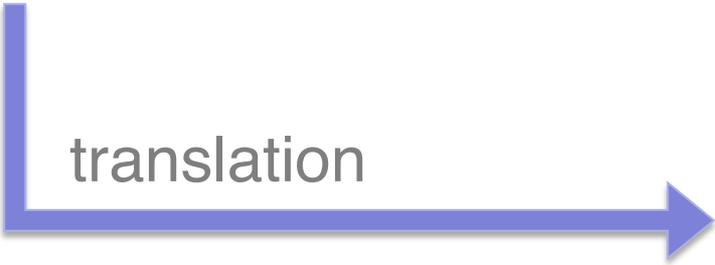


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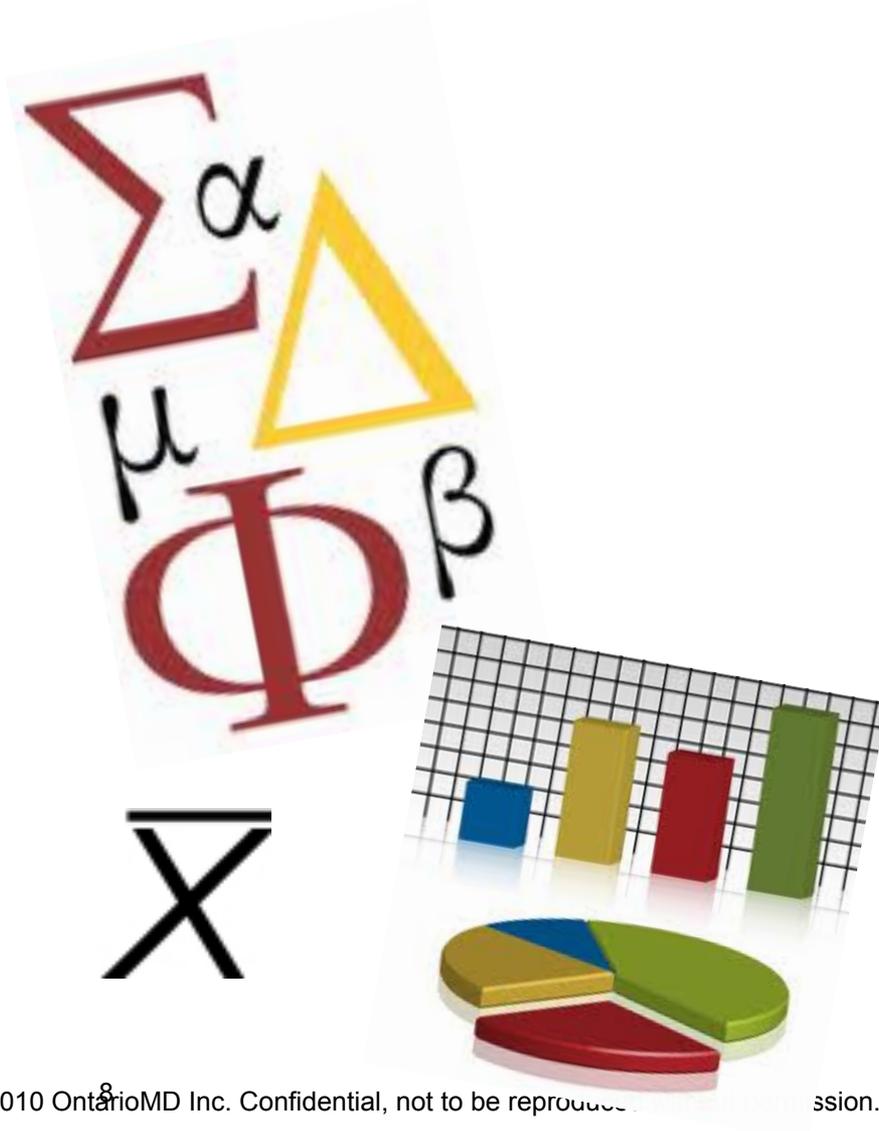
Power of EMR

DATA
=
POWER

Patient Story

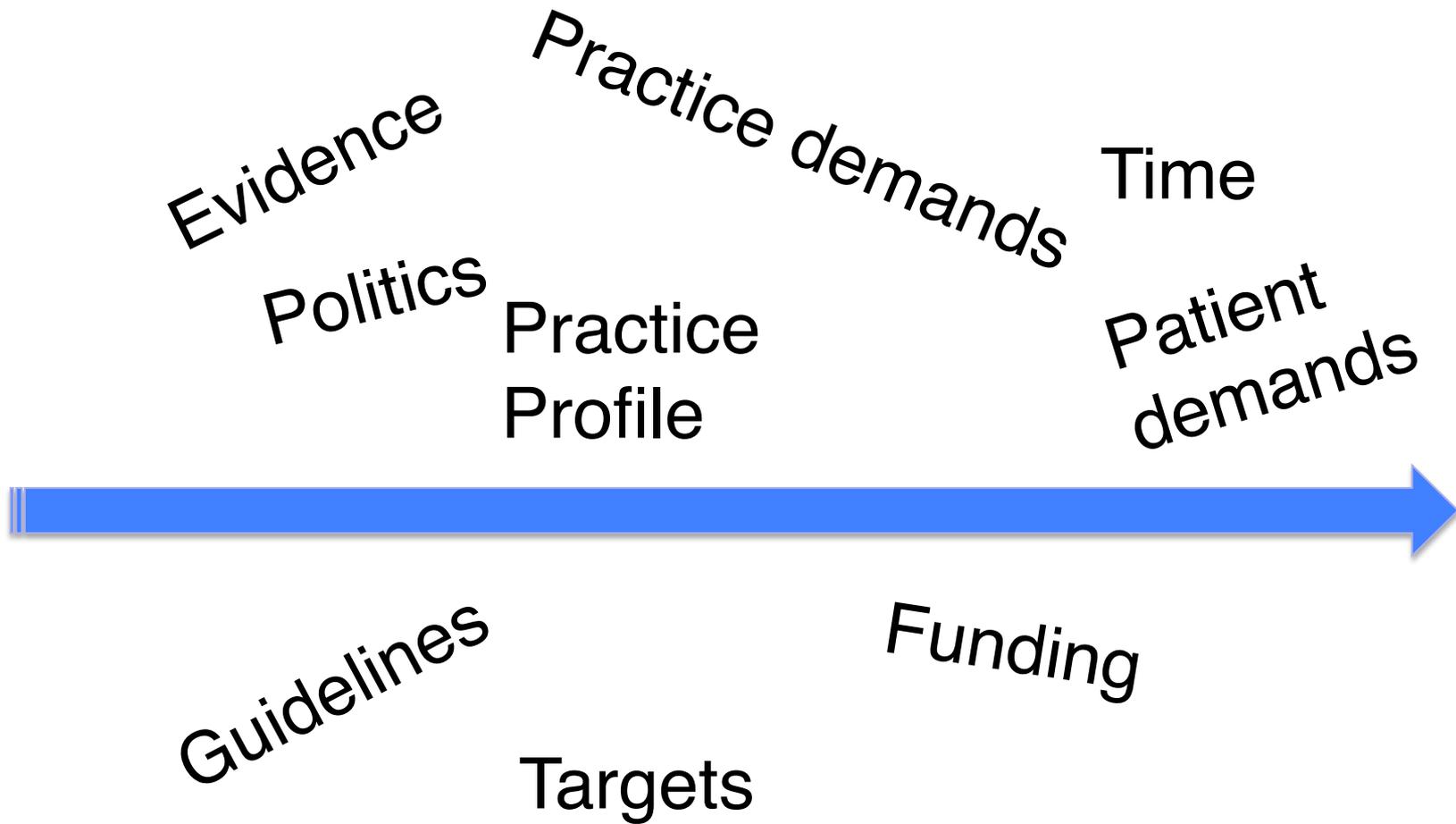


Measurement



- Average
- Ratios
- Minimum / Maximum
- Targets

Influences



Reporting



- Within clinic
- Benchmarking
- Dashboarding
- External reports
 - LHIN
 - MOHLTC
 - CIHI
 - Registries
 - Research bodies

Data over time



- Trending
- Gap analysis
- Behavioral change
- Population analysis
- Program development

Drives program development

- Targeting specific outcomes
- Disease specific research
- Performance reporting
- Recheck and monitor performance over time
- Maximizing revenue streams

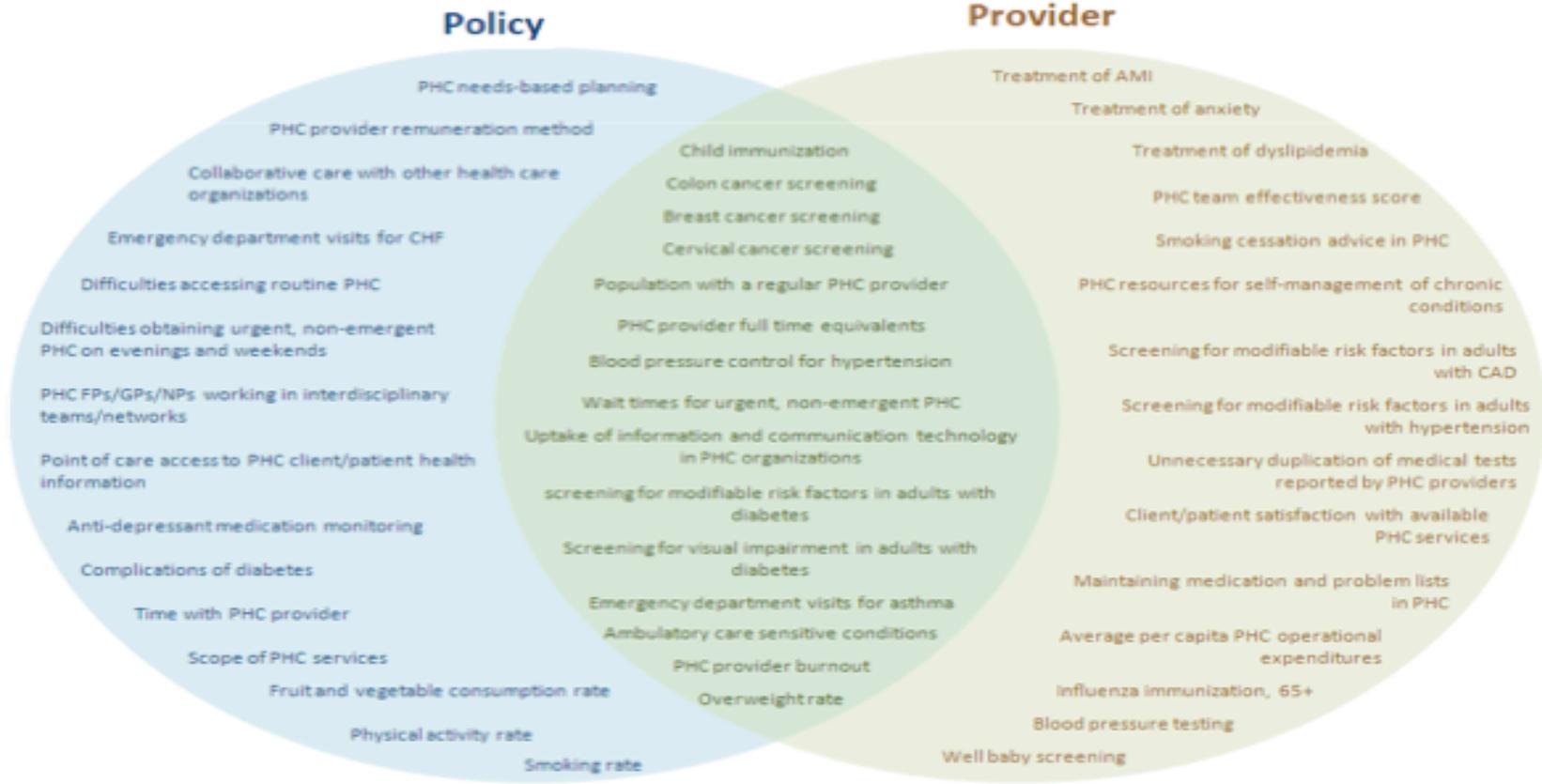
Core Data Set

- CIHI Indicators built into Spec 4.1 offering
- How to best use these?
- Competing agendas now depend on Data quality
 - Quality initiatives (HQO)
 - Reporting on FHT performance and service delivery
 - Targeted, outcomes-based funding (coming)
 - Research (CPSSN, ICES Emerald, etc)

CIHI Indicators



Pan-Canadian PHC Indicators



Source: Greg Webster, CIHI, publicly available from www.cihi.ca/phc Oct 2012

Data quality

- Remember: garbage in = garbage out!!
- Early on in EMR implementation, use a common set of terms amongst all users for diagnoses and profiles
- Consider how much of your input is coded
- Plan to code visits and database if possible using approved coding system
(ICD-9, ICD-10, SNOMED-CT)
- Use every opportunity to clean up your profiles

Coding in SNOMED-CT

Settings Patient View Data Letter Health Portal next visit: not booked

PRIVATE

Choose A Diagnosis

Diagnosis contains: DM ICD-9
ICD-10 CA
✓ SNOMED CT® Search

SNOMED CT® Diagnoses containing text: DM

- Accident caused by windmill (A-A1233)
- Accident caused by windmill (event) (A-A1233)
- Accident caused by windmill (finding) (A-A1233)
- Accidental poisoning by cadmium and its compounds (DD-801FC)
- Accidental poisoning by cadmium and its compounds (disorder) (DD-801FC)
- Accidental poisoning by cadmium and its compounds (event) (DD-801FC)
- Acute cadmium nephropathy (D7-1103A)
- Acute cadmium nephropathy (disorder) (D7-1103A)
- Administering analgesia (P2-45050)
- Administers care to invasive device sites (PA-12215)
- Administers electrolyte therapy (P2-45500)
- Administers IV fluid therapy (P2-45520)
- Administers prescribed prophylactic treatments (P0-007AF)
- Administration (P0-00B68)
- Administration (procedure) (P0-00B68)
- Administration of albumin (P2-45007)
- Administration of albumin (procedure) (P2-45007)
- Administration of anaesthesia (P1-0512A)
- Administration of anaesthesia AND/OR sedation (P2-45104)
- Administration of anaesthesia for procedure (P1-05136)
- Administration of analgesic (P2-45050)
- Administration of analgesic (procedure) (P2-45050)
- Administration of analgesic agent (P2-45050)
- Administration of anesthesia (P1-0512A)
- Administration of anesthesia (procedure) (P1-0512A)
- Administration of anesthesia AND/OR sedation (P2-45104)
- Administration of anesthesia AND/OR sedation (procedure) (P2-45104)
- Administration of anesthesia for procedure (P1-05136)
- Administration of anesthesia for procedure (procedure) (P1-05136)
- Administration of Anti-D globulin (P2-45210)
- Administration of anti-infective agent (P2-45010)
- Administration of anti-infective agent (procedure) (P2-45010)
- Administration of anti-infective agent. NOS (P2-45010)

DB-61000: Diab...

Cancel Save Cha

return in 1 month for 2nd dose Cancel Choose

Jetson, Judy

next visit: not booked

age 52 yr 6685

HI
HI
HI
Appendectomy
DM T2

PROB
PRIVATE
TIA
DM
Atrial fibrillation

A
Diovan-Hct-> Rash - maculopap
Penicillins-> Anaphylaxis
Acetaminophen 325 mg Tablet...

ME
Colon cancer screening required
INR PAST DUE!
Bill K030
DM care: order HbA1c done
send diabetic letter
Guideline: DM - Add metformin
Order Mammogram (inappropria
Re-Roster?

- Total: 0 / 30
- Sep 26, 2012
 - Sep 26, 2012
 - Sep 27, 2012
 - Sep 27, 2012
 - Oct 2, 2012
 - Oct 15, 2012
 - Special Note
- Dec 13, 2011: Will return in 1 month for 2nd dose of Twinrix

Change Problem List Item

File

Description (to fit in profile):

Long Details (optional):

Status:

Include Start Date

Include Resolved Date

Move To History of Past Health

Associated Diagnoses

DB-61000: Diabetes mellitus (SNOMED CT®)

Remove Add...

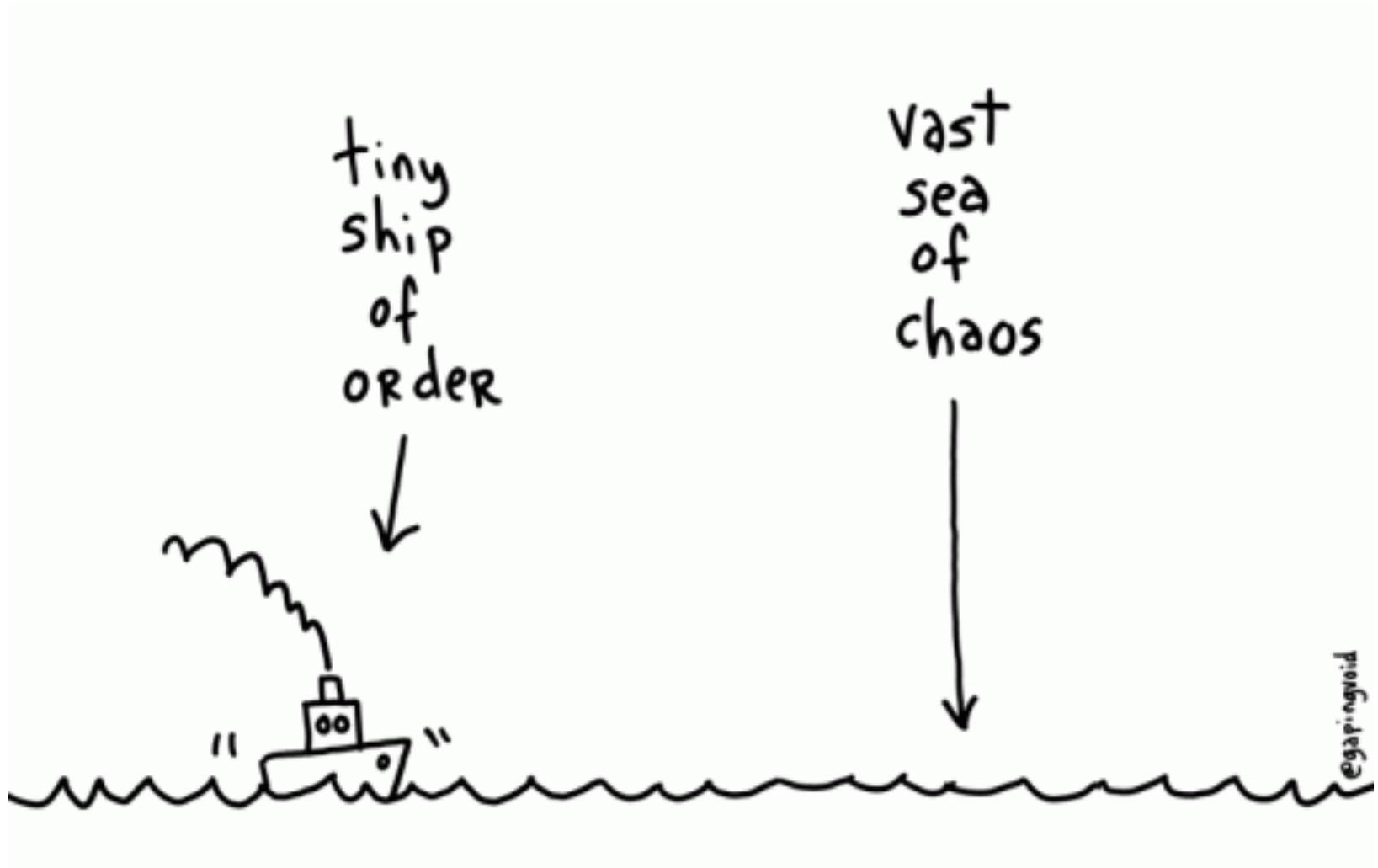
Cancel Delete Problem Save Changes

Prev DL Msg

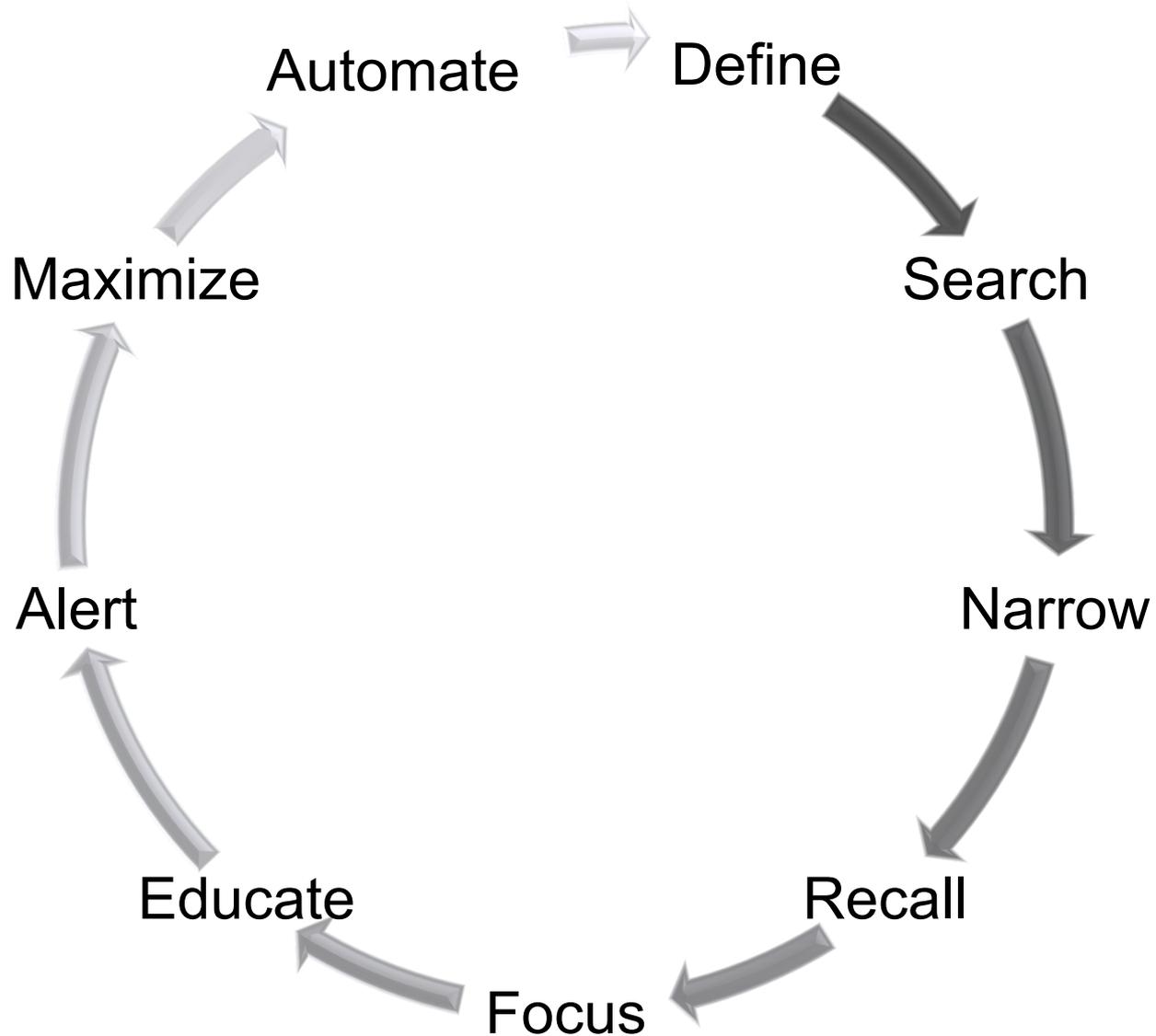
Next DL Msg

Coding

- Speak to your individual vendor to determine the process for applying codes to your database, profiles and progress notes



Process



Analysis

Define



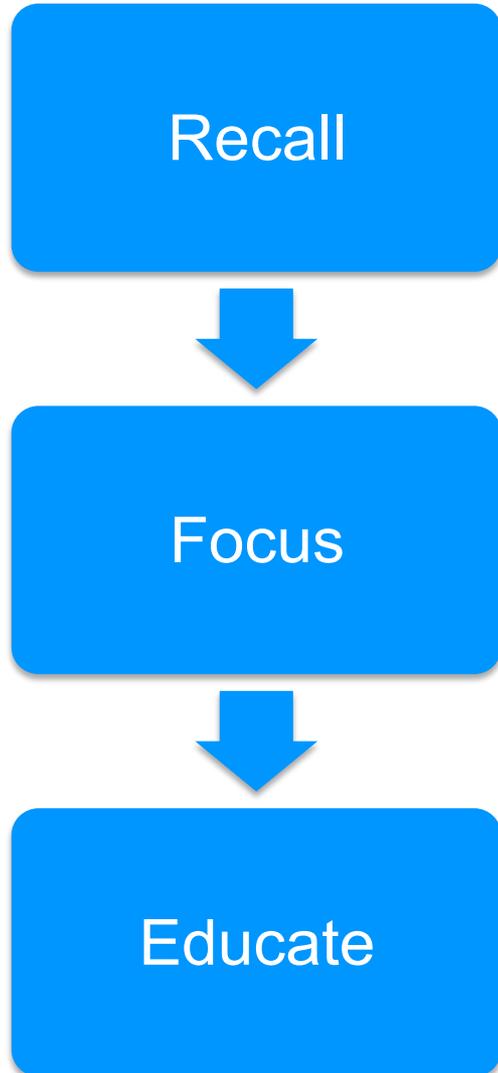
Search



Narrow

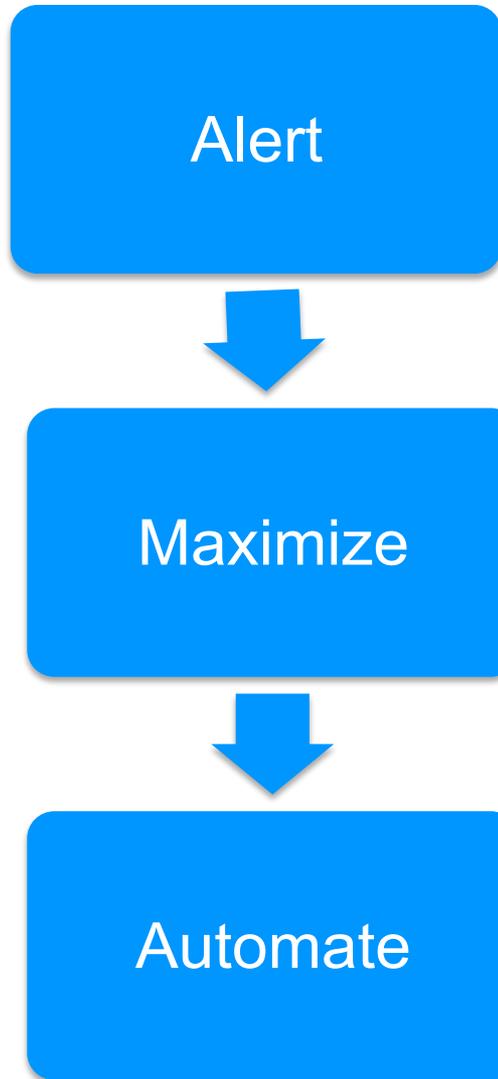
- Outcome or population to target
- think carefully and set parameters
- sort panel found and export if needed

Population change



- Collaborate with staff
- Define problem and coordinate with patient goals
- To drive behaviour change – patient to own problem

Automate and repeat



- Set up EMR to find outliers constantly
- Improve performance of entire group – novel care delivery options
- Processes to ensure ongoing quality

Defining your panel

- Active patients (how long since last seen?)

vs

Enrolled patients?

- Inclusion criteria
- Exclusion criteria

All above must be defined before performing searches

EMR Search is required

Minimum specifications:

- > 1 year of data for accuracy
- Lab reports in database
 - Opportunity for integration – OLIS / HRM
- Medication list current and complete
- Clinical Patient Profile complete
 - Coded?
 - Free text?

Understand your EMR Product

Vendor training on search process and capabilities required
– a super user is helpful

- CDS export capability
 - anonymized or not?
- Integrated with appointment calendars?
- Merged with mail-outs for recall?
- Exportable to Excel for data analysis?

Narrowed Panel

Now find outliers:

- Consider your capacity to increase visits to capture all patients found
 - Office workflow analysis – staff
 - Access issues?
- How many people can effectively be seen?
 - Who sees them?
 - NOT all MD – team based
- Low hanging fruit vs. most easily moved

Recall patients

- Alert staff of this priority – “own the concept”
 - Shift of thinking for non-FHT clinics
 - Ritz Carleton approach to customer service
 - “own the problem” not “pass the buck”
- Carve out time in your schedule
 - From “wall of defense” to “open and available”
 - Advanced access scheduling
- Notify patients

- Set up reminders and alerts in the EMR
 - Test to ensure quality
 - Set policy around changing search criteria
 - Process for evaluation – dedicate who and when
 - Run reports
 - Define process for acting upon them.
- Understand your flow sheets and templates

Efficiency and education

- Think outside the box
 - Use of email? It is your friend...
 - SMS integration for reminders?
 - Temporary staff?
 - Student workers?
 - Max-pack visits?
- Educate patients
 - Proactive vs. Reactive care
 - Guidelines based care.

“Disruptive” approaches

- Community education
- Group visits
- Behavioral coaches
- Identify and label patient agenda
- Social networking
- Quality as a culture and a personal responsibility

Set up Office Practices

- Run panel routinely?
- Automate process as much as possible
- Make PDSA cycle a habit



Mission statement

- Make Continuous Quality Improvement and analysis a practice value or mission statement
- Examples:
 - Jönköping County Council, Småland, Sweden
 - Intermountain Healthcare, Utah, US

The Quality Agenda

Quality isn't Job One
Being totally frickin' amazing is Job One



@thegapingvoid.com

hugh

Potential CDM items

- Diabetes
- Asthma
- COPD
- CHF
- Thyroid disease
- Smoking
- Obesity
- Kidney Disease
- Cancer screening and detection
- Hypertension
- Bipolar disorder
- Anticoagulation

System demands for quality

- Linked closely to MOHLTC agenda
 - Health System Savings
 - Showing value
 - Primary Care Hubs
- OCFP Quality frameworks
- CMA/PTMAs work with quality indicators for Primary Care
- LHIN involvement variable but increasing

Ideas for continuity

- Feedback from staff on areas of difficulty
- Problem solving sessions with EMR and processes
- Regular CME in office
- Consider friendly competition with associates
 - benchmarking
- Tap into provincial initiatives and funded projects
- Involve students for analysis
- Attach to provincial infrastructure as it becomes available

Thank you for your attention!

Questions?



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