

Improved Cancer Screening Rates with the Introduction of an Electronic Medical Record (EMR)



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Introduction

Introduction of an EMR allows for better tracking of many items including cancer screening. The EMR provides a fast and convenient method for creating lists of patients who are overdue for certain cancer screening maneuvers, allows electronic reminders to be created for these patients, and acts as a platform for sending batch letters to remind patients of these important screening maneuvers. By using all of these methods in conjunction, the Sunnybrook Academic Family Health Team was able to substantially increase its screening rates for cervical, breast, and colon cancer screening.

Background

Sunnybrook Academic Family Health Team

- Became a FHT in Sept 2011 (wave 5)
- 13 MDs
- 6 RNs
- 1 SW
- 0.4 RD
- 0.5 Care Coordinator
- 0.5 Pharmacist
- 24 Family Medicine Residents
- 9500 rostered patients

Cancer Screening pre-EMR

- No systematic approach
- Each physician managed his/her own patients
- Nothing tracked
- Impossible to know what our screening rates were

Electronic Medical Record

- Practice Solutions
- Started with billing and appointments Oct 2008
- Went live June 2009
 - clinic notes, referral letters, prescriptions all electronic

Transition from Paper

- Data from the CPP was entered into the EMR by hand through a variety of methods over the course of 2009
 - paper charts were not scanned in
 - some physicians hired summer students for data entry
- Screening data was also entered at the same time
 - last pap
 - last mammogram
 - last FOBT or colonoscopy
 - some also entered things like most recent BMD, cholesterol, HbA1c (physician dependent)
- Data was entered properly so that it was searchable by the EMR

Cancer Screening post-EMR

- Dec 2009 the first search was run assuming that most of the paper data had already been transferred

Pap	Mammogram	Colon Cancer Screening
41.1%	49.5%	15.9%

Process

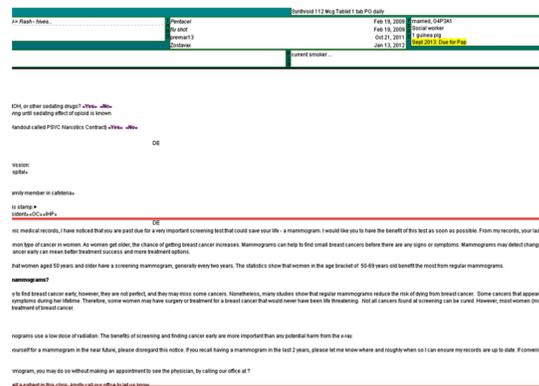
Cleaning up the Data

- Lists of patients due for the various screening maneuvers were distributed to the appropriate physicians for review
 - Charts were again reviewed to see if any tests were missed when data was entered to EMR
 - Patients were removed from list if inappropriate for screening
 - Lists were returned with names of patients who should be contacted highlighted
 - Some physicians made notations in the chart as a reminder when patients were seen for other things



Contacting the Patients

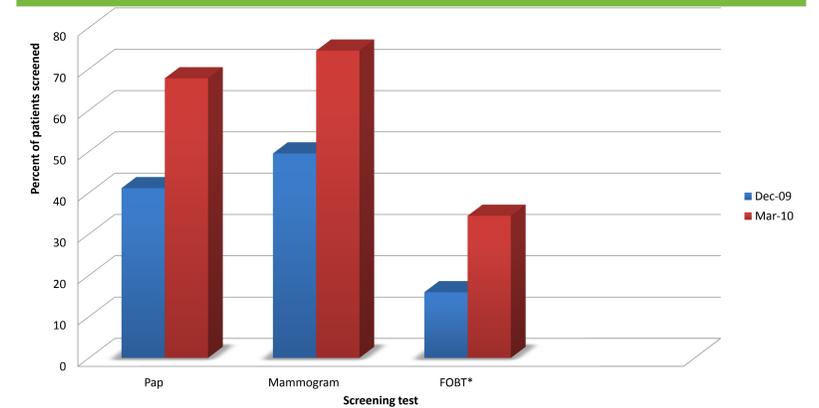
- Letters sent out reminding patients that they are due for particular screening maneuver



- Cervical cancer screening - advised to call to book appointment
- Breast cancer screening - advised to call and ask for mammogram to be booked
- FOBT*- FOBT kit included in mailout



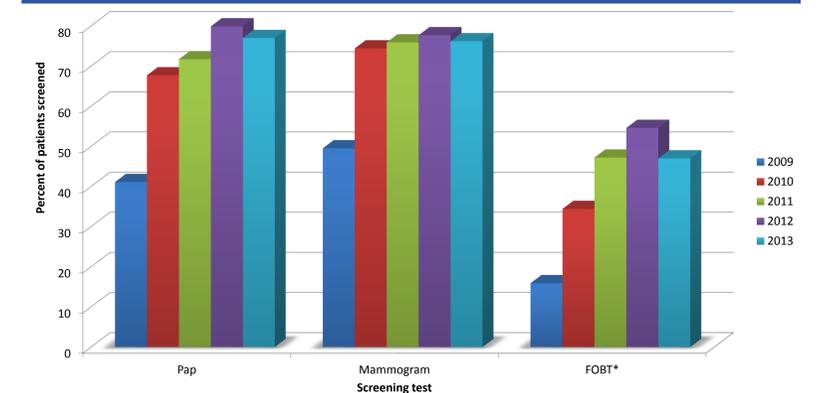
Response



Moving forward

- Similar process repeated each fall/winter
 - List created with those patients who are overdue for screening
 - List distributed to each physician for review
 - Not all physicians review their lists
 - Physicians manage this information differently
 - If lists are returned, reminder letters sent to patients

Overall Progress



Unexpected Issues Arising

- Patients holding onto FOBT kits for a long time and finally sending sample in after expiry date
- Patients receiving letters every year and choosing not to do screening → cost of mailouts and FOBT kits
- Physicians using different processes (probably should not have been unexpected)

Conclusion

- The EMR has dramatically improved our screening rates for cervical, breast and FOBT*
- Belief that we may have reached a saturation point for pap and mammogram

Data for the 2013 colon cancer screening rate is not available

* Patients who had colonoscopy were not included