



North York
Family Health Team

Preventive services process, Nightingale on Demand EMR

Entering data consistently and generating reminder letters with MD verification

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EMR version

This process is provided for the Nightingale EMR, version 9.2

Objective

The objective of this document is to document and provide processes for managing and improving the provision of preventive services (pap smears, mammograms, colorectal screening), using the Nightingale Electronic Medical Record.

Background

The provision of preventive services is suboptimal. Research has shown that the implementation of EMRs has not been associated with an increase in preventive services when compared to the continued use of paper based records.¹

A case study of a group of nine physicians implementing EMR found that there was an improvement in services, but that this required a re-organization of workflows and processes to take advantage of the EMR.² The system included:

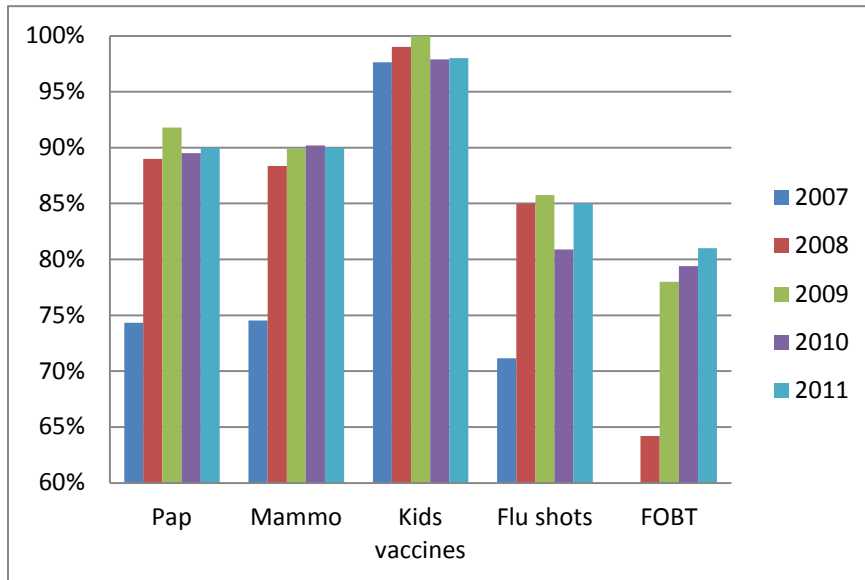
- an administrator to oversee the program
- Data clerks to periodically audit and update the data so that the information is accurate
- Regular communication with providers and their staff about the program
- Ongoing mailings to overdue patients
- Consistent EMR-based alerts at every encounter

Ongoing data audits and reminder mailings are done every three months. Services increase in the first year of implementation and are maintained thereafter. The program has proven to be sustainable for the past five years (Table 1, Figure1).

Table 1: Proportion of services provided to eligible patients 2007 to 2011

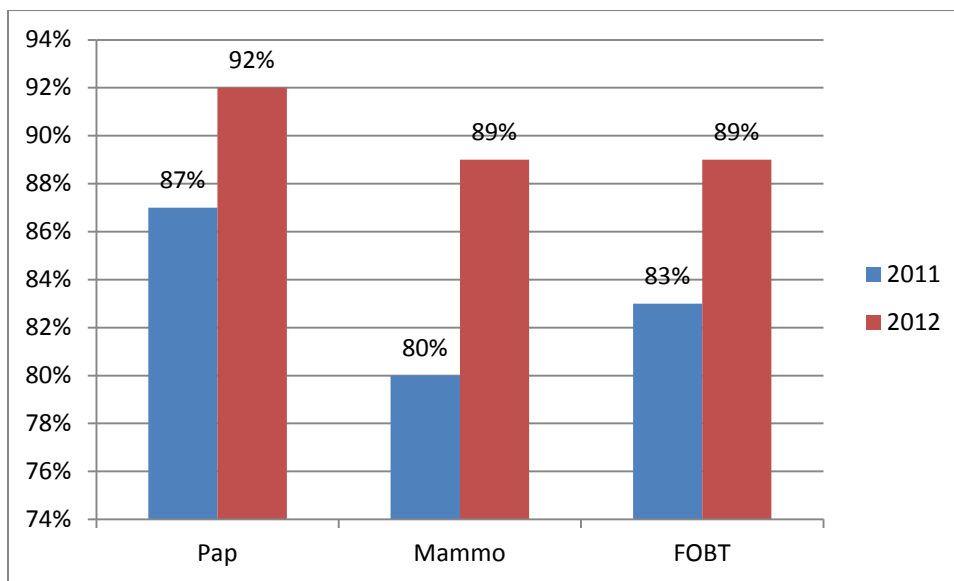
Year	2007	2008	2009	2010	2011
Pap	74%	89%	92%	90%	90%
Mammograms	75%	88%	90%	90%	90%
Kids vaccines	98%	99%	100%	98%	98%
Flu shots	71%	85%	86%	81%	85%
Colorectal screening		64%	78%	79%	81%
Overall no CRC screen	74%	88%	90%	87%	89%
Overall with CRC screen			87%	85%	86%

Figure 1: Effect of organized preventive services program, 2007-2011



The process was replicated in 2011 for a larger group of physicians. Results in the first year of implementation again demonstrated an increase in preventive services, as shown in Figure 2.

Figure 2: Effect of organized preventive services program, first year of implementation, new group



This manual provides the processes used to improve data, provide consistent reminders and reminder letters for patients overdue for pap smears, mammograms and colorectal cancer screening in the Nightingale EMR. Accurate provision of reminders and letters also depends on accurate and up to date vendor updates of the software to reflect current recommendations.

Preventive services processes

Auditing and updating list of patients overdue for each service, by Physician

If possible, before you start, run a project to verify your Demographic data for patient Active and roster status. If roster status is not accurate, the system cannot accurately generate a list of overdue patients.

Auditor

To start, you first need to audit and update the patients who are overdue for each service. Here is how.

Entering data from paper lists from Ministry of Health

Ask the doctor for their paper list of preventive services that they get from the Ministry of Health. Make sure you get the most recent list.

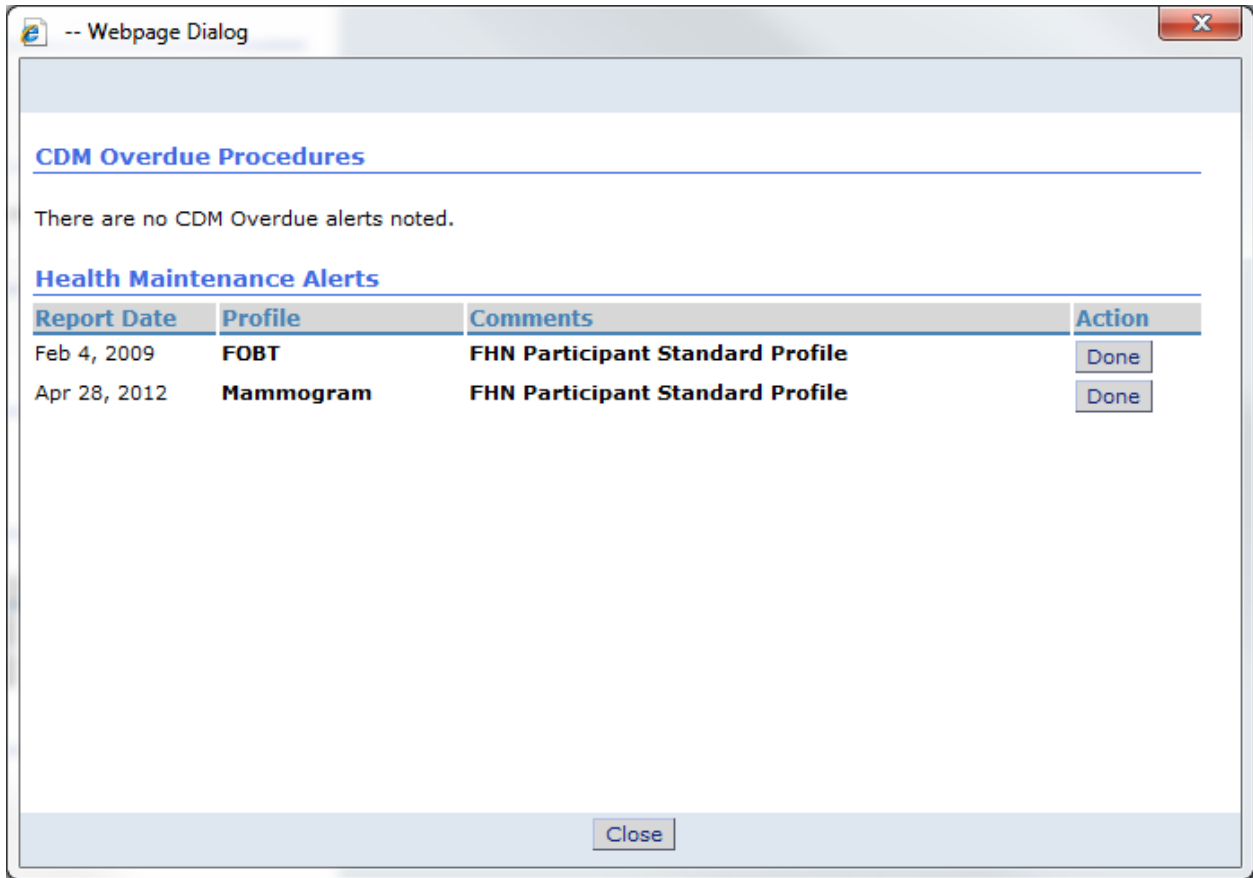
Look for Service date. This is under “service date”

Go to each Patient on your overdue list. Patient module, Registration, Select

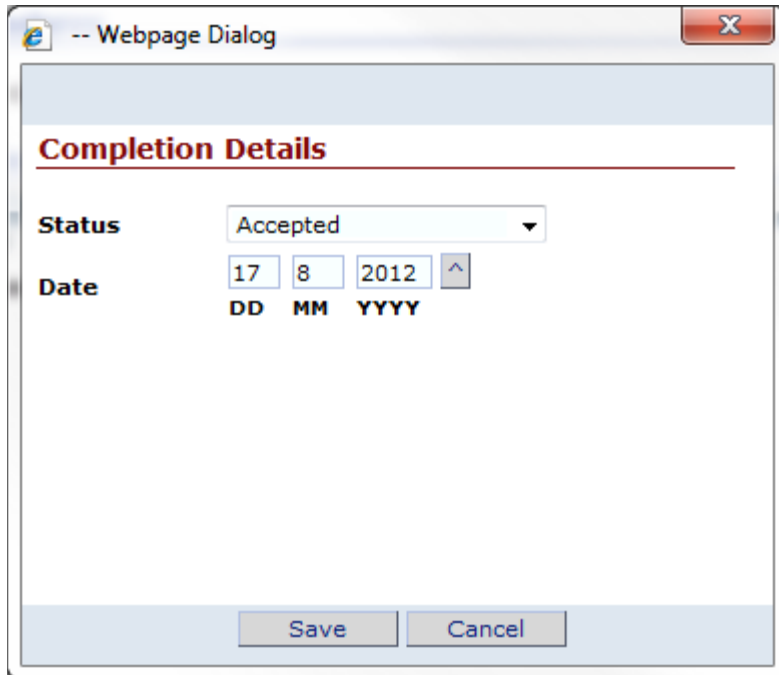
Click the “HM” button tip right. It is red if there is a service overdue



It will give you the services overdue:



Click the "Done" button for your service (mammogram, pap or flu shot). Enter the date that it was done (D/M/Y), and Save. Always pick the most recent date from the paper list.

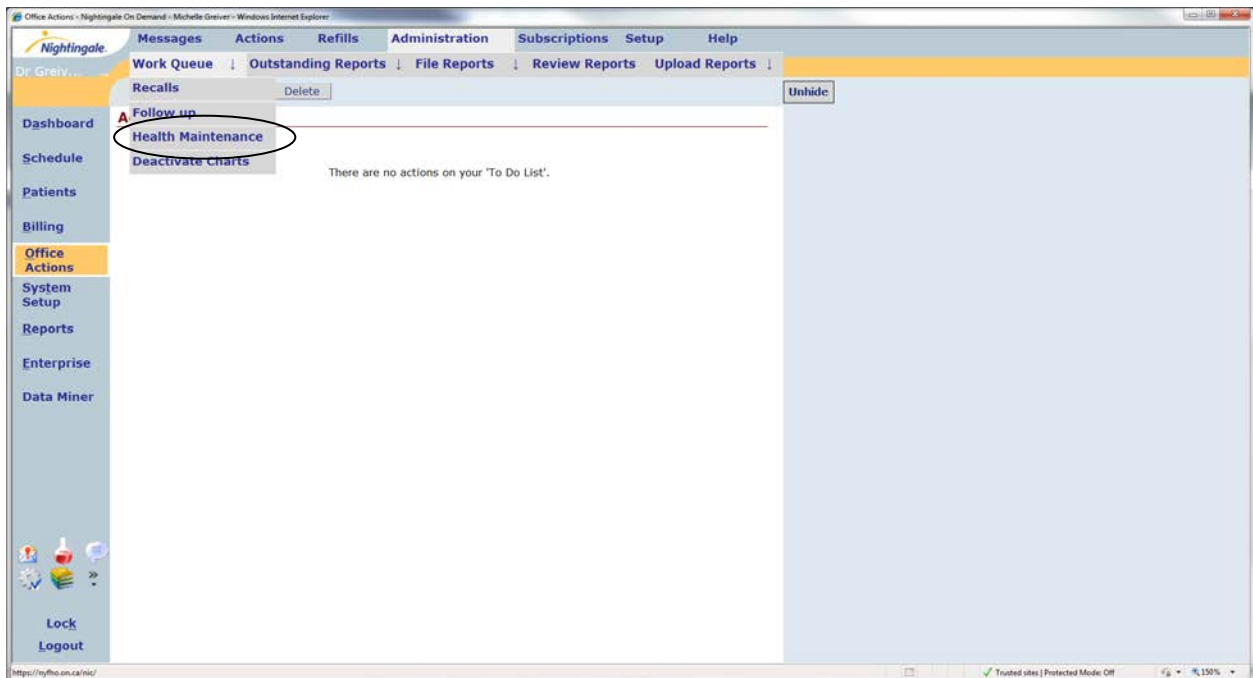


Generating list of overdue patients

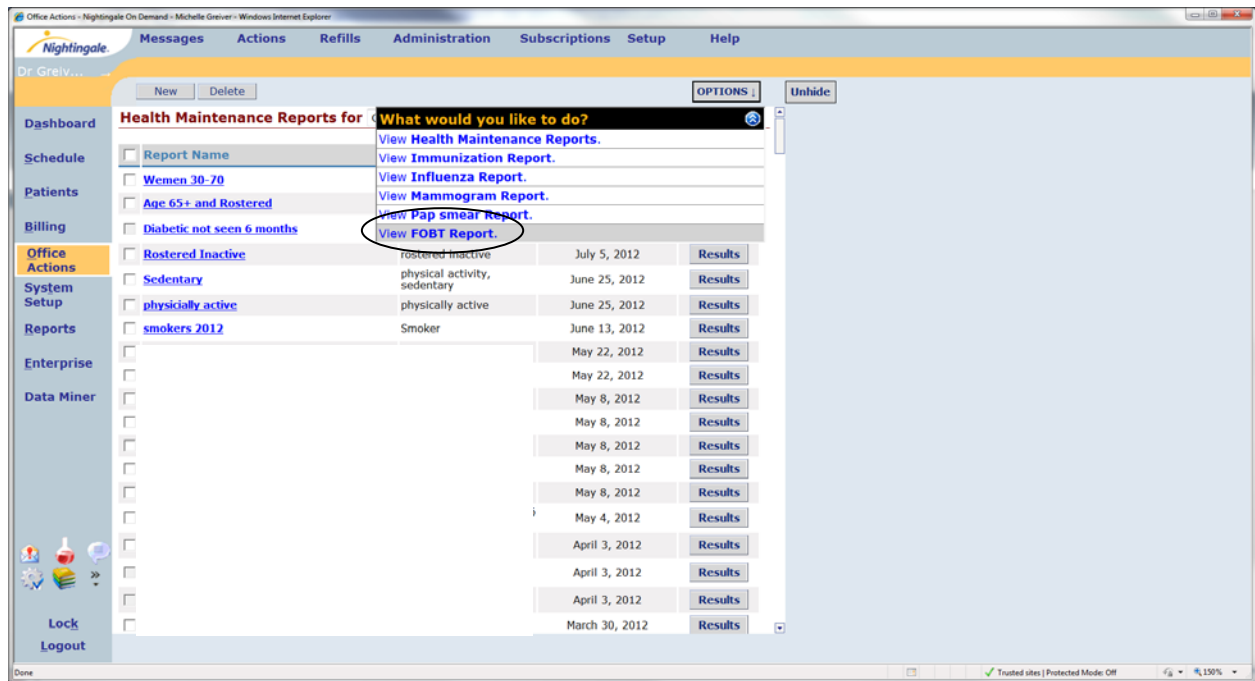
Once you have entered data from Ministry, you will have a smaller number of charts to check. First, generate the updated list of overdue patients.

Go to:

Office Actions, Administration, Work Queue, Health Maintenance



Click Options, pick the report you want



This will give you a report for all rostered patients overdue for each service in the EMR.

Generate Letters Print Labels Generate Care Alerts **OPTIONS** ↓

Overnight Profile Report for Greiver, Michelle ▾

Patients Matching Profile FOBT

<input type="checkbox"/>	Patient	HCN	DOB	AGE	Sex	Phone	Letter	Call	Care Alert	
<input type="checkbox"/>				(51Y,7M)	F		(2)	(0)	N/A	...
<input type="checkbox"/>				(58Y,1M)	F		(2)	(0)	N/A	...
<input type="checkbox"/>				(56Y,0M)	F		(2)	(1)	N/A	...
<input type="checkbox"/>				(53Y,2M)	F		(2)	(1)	N/A	...
<input type="checkbox"/>				(50Y,1M)	F		(2)	(0)	N/A	...
<input type="checkbox"/>				(52Y,5M)	M		(2)	(0)	N/A	...
<input type="checkbox"/>				(63Y,1M)	F		(3)	(1)	N/A	...
<input type="checkbox"/>				(58Y,5M)	F		(2)	(0)	N/A	...
<input type="checkbox"/>				(73Y,0M)	F		(1)	(0)	N/A	...
<input type="checkbox"/>				(55Y,6M)	F		(2)	(0)	N/A	...
<input type="checkbox"/>				(50Y,4M)	F		(2)	(0)	N/A	...
<input type="checkbox"/>				(62Y,4M)	F		(2)	(1)	N/A	...
<input type="checkbox"/>				(51Y,6M)	M		(2)	(0)	N/A	...
<input type="checkbox"/>				(56Y,6M)	M		(2)	(1)	N/A	...
<input type="checkbox"/>				(56Y,4M)	F		(2)	(0)	N/A	...
<input type="checkbox"/>				(52Y,0M)	F		(2)	(1)	N/A	...
<input type="checkbox"/>				(50Y,2M)	F		(1)	(0)	N/A	...

To change physician, pick a different physician at the top.

Entering data through EMR queries

You will need to audit charts/EMRs for the missing data and enter the data in CPP in a standardized manner. There are many places the data can be found

1. Audit billing for exclusion codes

Use Billing, Reports, Real time, Productivity. Look for Q140 (pap exclusion), Q141 (mammo exclusion) or Q142 (FOBT exclusion). Print this list and check it against your list of overdue patients.

For each exclusion codes, go to Patient, CPP.

Enter Procedure, New Procedure, System, Exclude...

The screenshot shows a web-based form titled "Add Procedure" within a "Webpage Dialog" window. The form contains several input fields and dropdown menus. The "Procedure Type" is set to "System". The "Procedure Item" dropdown menu is open, showing options such as "Exclude FOBT", "Exclude Immunization", "Exclude Influenza", "Exclude Mammogram", "Exclude Pap Smear", "Hysterectomy", and "Mastectomy". Other fields include "Facility Type", "Facility", "Procedure Date", "Hospital Dates" (with DD, MM, YYYY sub-fields), "Reason for Admission" (with a "Find ICD" button), "Attending Provider" (with a "Search" button and a "Self" checkbox), and "Comments". At the bottom, there is a "CPT Code - Description" section with a "Find CPT®" button and a "Setup Default" checkbox.

Click "done" button via HM on top

2. Audit tracking code in billing

Audit Billing for Q011 (pap), Q131 (mammo), Q133 (FOBT)

For each of those, click "done" for appropriate service with correct date

3. Audit billing for E430 pap smear code

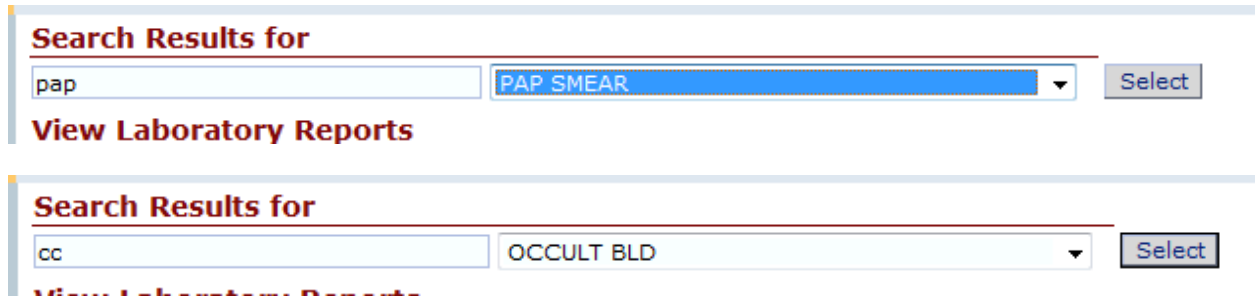
This will give you date of last pap, enter that in "Done"

Entering data from EMR chart audits

Once you have entered the data, you will have a smaller number of charts to check. Run an updated list of Overdue patients. This will give you the list of charts to audit.

For each patient, check the chart. Enter "Done" and date if you find a service.

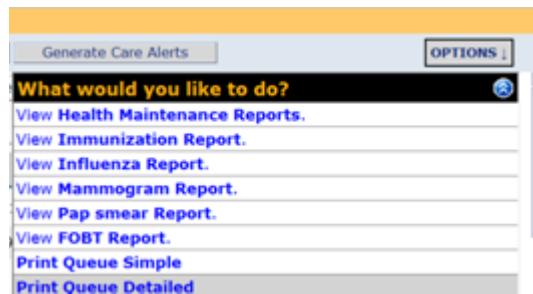
To look for paps, go to Patient, Reports, Lab reports. Look for pap (CML, MDS, Gamma), using the top search menu; enter "pap" or "cytopath" to search. Click Select if you find one, it will give you the date. To look for mammos, go to Reports, DI reports, and look for mammo. Try using ctrl-F, enter "mammo". To look for FOBT, go to Lab, top search menu, enter "cc"



Look in CPP, Procedures for colonoscopy. Also look in Reports, Incoming. Use ctrl-F to search for "Colonos"

If you find a colonoscopy with any date, enter today's date in Done, unless it is more than 8 years old. If it is more than 8 years old, leave the Done button. Add "colonoscopy" to CPP, Procedures if not present, with date of procedure.

Once that is done, you are ready to fax the letter to the physician for verification. Go back to list of overdue services, Options, Print Queue Simple



Fax the list you printed to the physician. They cross off patients who should not have a service. If they indicate a date of service in the fax back, or other information, enter that in the EMR.

Generating reminder letters

Adding letters to system

Before you print letters, you need to add them to the system.

Go to System Setup, Templates, Documents, Manage Letters

<input type="checkbox"/>	Health Maintenance	FOB reminder letter (FHT)	
<input type="checkbox"/>	Health Maintenance	Kids shots at 18 months reminder (standard)	recall for 18 month vaccine

Make sure your letters have Category “Health Maintenance”. To make a new letter, click “New” top left, then follow the instructions.

To Create a New Letter Template:

Please enter the name of this new letter template:

Please select a category for this new letter template:

Please enter a description for this new letter template:

Next >>

Here is our FOBT letter:



Dr. Michelle Greiver
North York Family Health Team
705, 240 Duncan Mill road
Toronto, ON
M3B 3S6, Canada
Phone: 416 222-3011

Aug 17, 2012

Last name, First Name
Address

Dear Recipient

Our records show that you are due for colorectal cancer screening. The Fecal Occult Blood Screening Test (FOBT) has been found to decrease the risk of dying from colorectal cancer. A person with colorectal cancer has a 90% chance of being cured if the cancer is caught early enough through screening. FOBT screening should be done every two years.

Please come to the office anytime during business hours to pick up your FOBT kit. You do not need to make an appointment for this.

If you have had a colonoscopy in the last 10 years, then you do not require this test. Please inform the office if a colonoscopy has been done.

FOBT screening is an important part of keeping you healthy; more information on early detection of colorectal cancer can be found at <http://www.coloncancercheck.ca>

As your Primary Care Provider, I appreciate the opportunity to work with you to prevent illnesses and enhance your health.

Printing letters

Go to your list of overdue patients in Office Actions, Administration, Work Queue, HM, Options. This should now be up to date.

Select the checkbox beside each patient, then generate letters, and choose your letter. Print letters by clicking "print letters" at the bottom. If you have a large number to mail, print them in batches of 50 or so, because it will freeze if you try to do more.

Buy window envelopes so that you don't have to print labels to mail. Fold the letters so the address shows up in the envelope window.







Once you have generated the letter, it will show how many letters you have sent, under the "letter" header. It will also show if a patient received a phone call if you record it by clicking the "Call" button.

Letter	Call	Care Alert	
(2)	(0)	N/A	(circled in red)
(2)	(0)	N/A	
(2)	(1)	N/A	
(2)	(1)	N/A	

If you click on the ... button, it shows you when the letters and phone calls were done and who did it.

Actions Taken

Letter Title	User Name	Date	
1. FOB Greiver	K	June 16, 2009	 
2. FOB Greiver	K	August 25, 2009	 
Call Conversation	User Name	Status	Date
1. Out of country till after Marc...	Fi S	C	February 1, 2010

[Details](#)

We mail a maximum of two letters and do one phone call.

Ongoing Maintenance and upkeep

1. What the physicians (or their staff) have to do

Once this is done, we remind everyone that it is now their responsibility to click “done” when the patient has a service completed. It is also their responsibility to maintain the roster list up to date, using the monthly roster update form that the Ministry sends us.

We remind people, and we also double check the services prior to mailing.

2. Roster update

We periodically email the group when the monthly update comes in; it is sometimes at the bottom of the Outside Use stack of papers, and is not obvious. This must be kept up to date. If a patient is de-rostered, click “Done” with two years back. Done will then show up again if the patient returns.

3. Double checking services

We mail a letter every three months. Prior to this, our auditor has a look at the list of letters to overdue pts, in Office Actions, HM. If she does not see a previous letter already mailed, she goes to the chart, and looks there for the preventive service (pap, mammo, FOBT, Colonoscopy). If she finds it, she clicks Done, which makes the letter disappear from Office Actions, HM.

4. Mailing letters every three months

Once the auditor has double checked the list, we are left with only patients who are truly overdue. She then prints and mails letters for all those who have had zero or 1 letter previously mailed (we don't mail to people who already have had two letters).

5. Phone calls once a year

We hired a summer student to call all the pts who had 2 letters and still no response. She recorded the call in the HM list. The call also shows up in Patient, Details, Patient Contact.

Disclaimer

The information and reference material including text, graphics, images and information contained in this manual are intended solely for educational purposes and for the general information of the reader. Every effort has been made to provide information that is accurate and complete, however we cannot guarantee its applicability in specific clinical situations or with individual patients.

This information is provided on an "as is" basis and is neither intended to dictate what constitutes reasonable, appropriate or best care for any given health issue and physicians and others should exercise their own independent judgement concerning patient care and treatment, based on the special circumstances of each case and setting.

Anyone using the information does so at their own risk and releases and agrees to indemnify the North York Family Health Team and Cancer Care Ontario from any and all injury or damage arising from such use, including but not limited to direct, incident, punitive and consequential damages.

References

1. Greiver M, Barnsley J, Glazier RH, Moineddin R, Harvey BJ. Implementation of electronic medical records: effect on the provision of preventive services in a pay-for-performance environment. *Can Fam Physician* 2011;57(10):e381-9.
2. Greiver M. Implementation of Electronic Medical Records and preventive services: a mixed methods study. University of Toronto, 2011.