Panel and Screening Tips and Tools for Paper-based Offices

May 2016

Alberta Screening and Prevention is focused on supporting primary care providers and team members to offer a screening and prevention bundle to all their patients through enhanced opportunistic and planned outreach methods, targeting patients who do not present for screening care.

Part I: Determining Patient Panel

Opportunistic and outreach screening processes should be applied to the **active**, **paneled** patients for each provider. Each provider should know which patients he/she is responsible for. This process is managed by front staff. Patient demographics and physician attachment should be verified at each patient encounter or on a regular basis. As well as being a leading practice for managing panel this ensures that when a clinic receives a critical result, the patient may be contacted without delay and the clinic team knows which physician is the primary provider for that patient.

Just as with EMR offices, maintaining panel is an ongoing task in paper-based offices.

1. When patients check in at the front desk, they produce their AHC card, confirm their name (may have changed), address, phone numbers and provider.
2. Most paper-based, multiple-provider offices use colour coded chart folders to identify which provider the patient is assigned to. If this has not been done and is felt to be too costly to change now, an alternative is to assign a different colour to each provider and place a matching sticker on the end tab of each chart to denote provider attachment.
3. Using "year stickers", applied to the end tab of the chart can help identify "active" patients. Charts are pulled and readied for incoming appointments, usually the day before the appointment. As the patients arrive on the day of the appointment and check in at the front desk, the current year sticker is applied to chart end. (This should not be done in advance of the patient arrival; i.e. if the patient is a no-show the year of last visit would then be inaccurate).
4. An internal decision needs to be made as to what constitutes an "active patient". The most common is 3 or 4 years (i.e. if a patient has not been seen in the last 4 years, they are then considered inactive). A process should be embedded where charts are culled at the beginning of each New Year and any that do not have a year sticker later than the cut-off for active designation, are archived.

Obtaining patient lists can be done in a couple of ways:

- Some offices have paper charts but they do have an electronic scheduler. This means they will have a patient list that can be generated.
- If the office uses only paper scheduling, the patient list may be obtained through their past billing data. (Note: some billing submitters charge a fee for providing this patient list).

Once a patient list is obtained, it can be copied into a spreadsheet where it can then be sorted, duplicates identified and deleted, etc.

This should not deter the office from embedding ongoing patient panel processes as described above; it might, however, give a starting point for their current quality improvement work (i.e. ASaP).

Part II: Screening Processes

The ASaP maneuvers bundle chosen can be arranged in a checklist format (similar to the one developed for Health Screen in Action). The checklist can be attached on the inside, left hand cover of the chart folder. This makes it easily accessible and visible. Since we are looking at offers of screening, the checklist can include a column for offered and one for completed, for each maneuver. A process needs to be developed to update information into the checklist as maneuvers are offered/completed (E.g., the staff member who files paper copies of lab and DI results, needs to add the date these were done in the checklist form.)

For ongoing follow up of due/overdue screening, the best option is to maintain a spreadsheet where patient data can be sorted and tracked.

If there is no computer on site nor absolutely no other way to maintain a spreadsheet, the clinic team can set up and maintain a binder that is divided into months of the year; one dedicated binder per year. The pages that go into the binder are divided into columns. One column fits the patient demographic information (or patient label), the others are headed as pertinent (suggestions include: test name/date test due again/reason (i.e. routine screening or follow-up)/appointment booked/ patient aware/initials of staff completing task.)

Once a patient has a screening test done and follow-up timeframe set for repeat, their information is put into the appropriate, future binder section.

If the clinic is using a spreadsheet to maintain the list of patients due for screening, the reminders can be tracked in the same spreadsheet.

It also requires a staff member to be assigned the task of following up on maneuvers due, and follow up, just as there is with EMR-based practices.