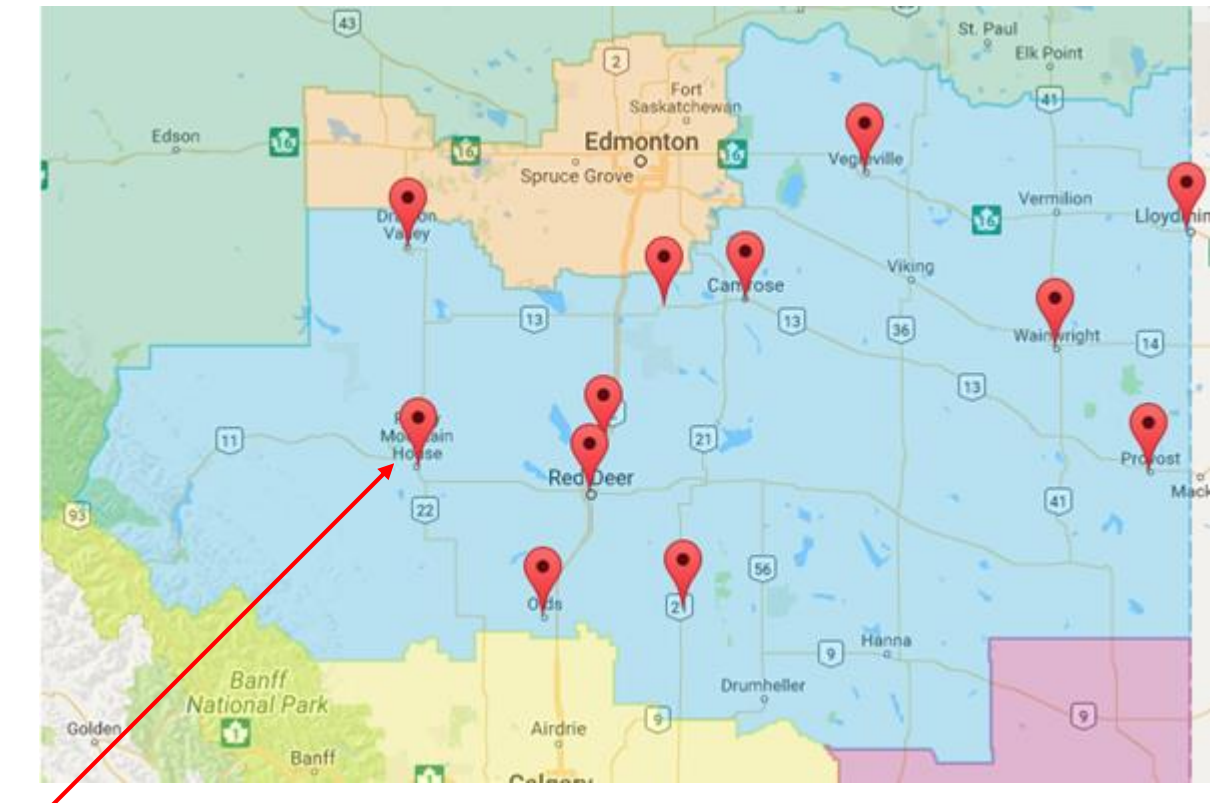


# Going Beyond the Whites of the Eyes Approach: Expanding the Alberta Screening and Prevention Program through Outreach



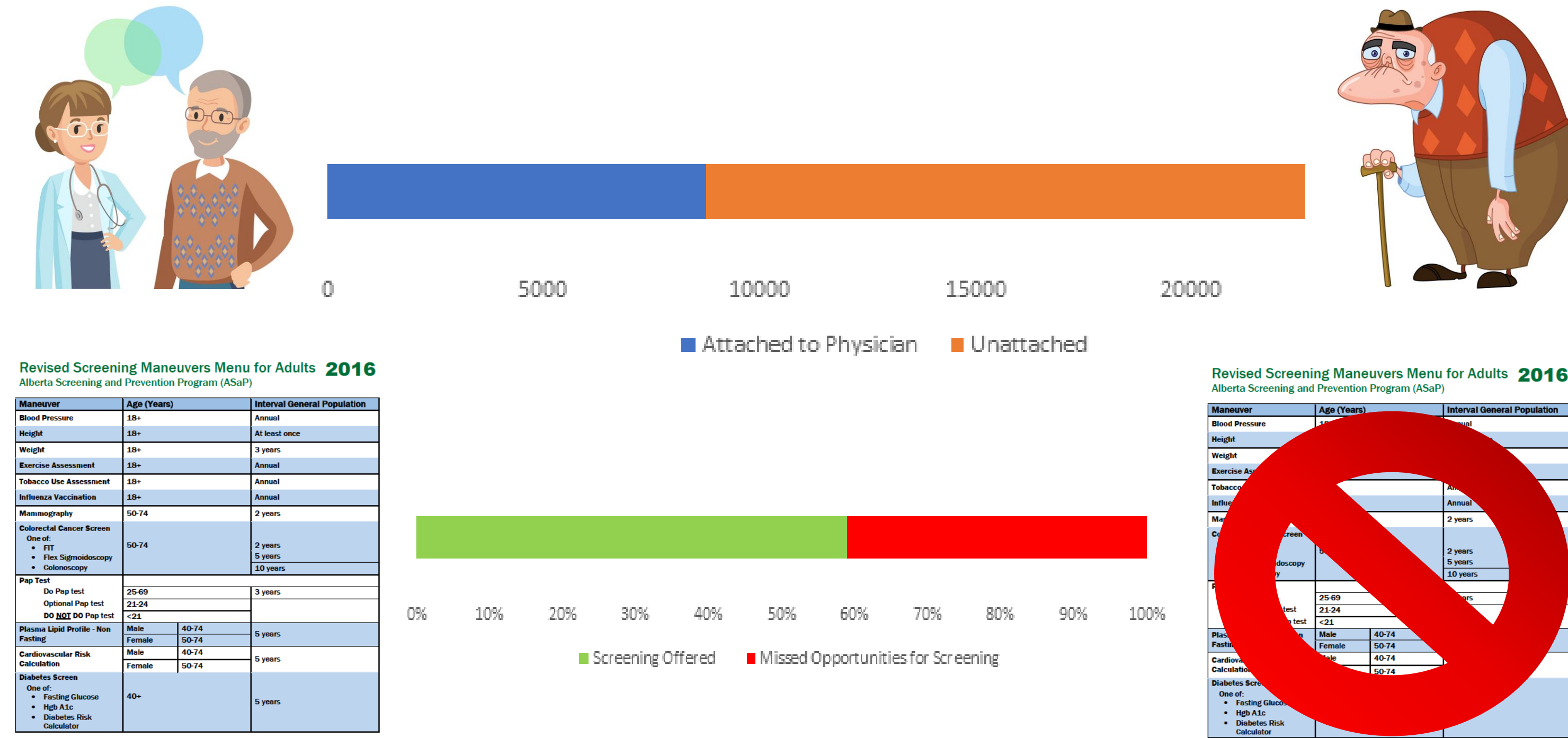
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## Issue & Objective

At the end of the 2016/17 fiscal year, the PCN identified the level of patient attachment to physician was a dismal 39% and that the number of missed opportunities for screening was 41%.

By expanding the Panel Management Program to include outreach screening of patients with previously scheduled appointments, the Clinic and PCN could increase the offers of Screening and Prevention maneuvers to meet the Provincial Best Improvement Average to bring the patient panel in line with those of our peers in the zone and province; and increase the number of patients that are informally attached to a physician within the community for better continuity of care.



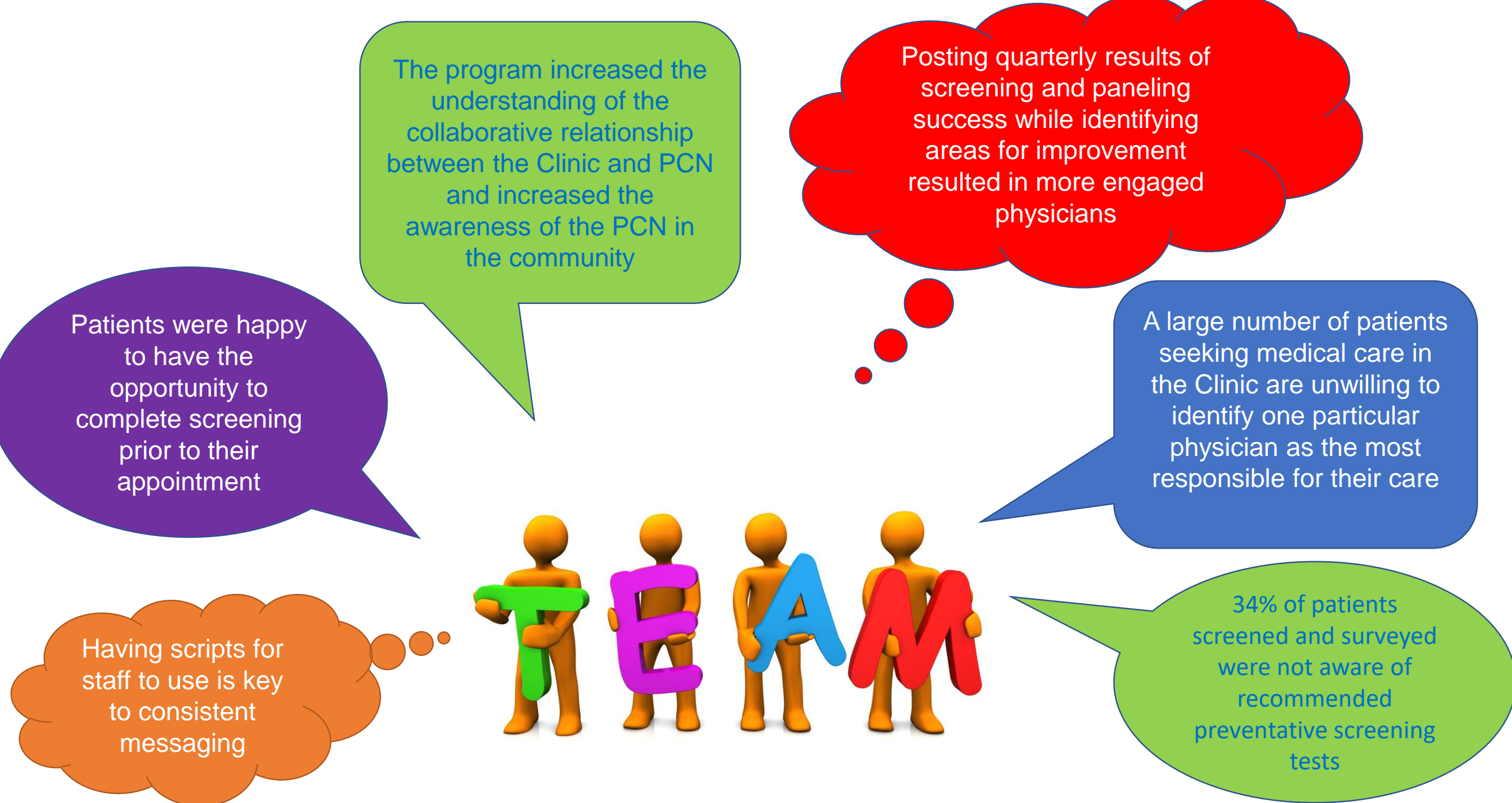
Screening Maneuver	2016-2017	2017-2018
Blood Pressure	24%	24%
Weight	24%	24%
Diabetes Screen	24%	24%
Cholesterol	24%	24%
Height	24%	24%
Plasma Lipid	24%	24%
Exercise Assessment	24%	24%
ETOH Assessment	24%	24%
Tobacco Use	24%	24%
Colorectal Cancer Screen	24%	24%
Mammography	24%	24%
Pap	24%	24%

## Methodology

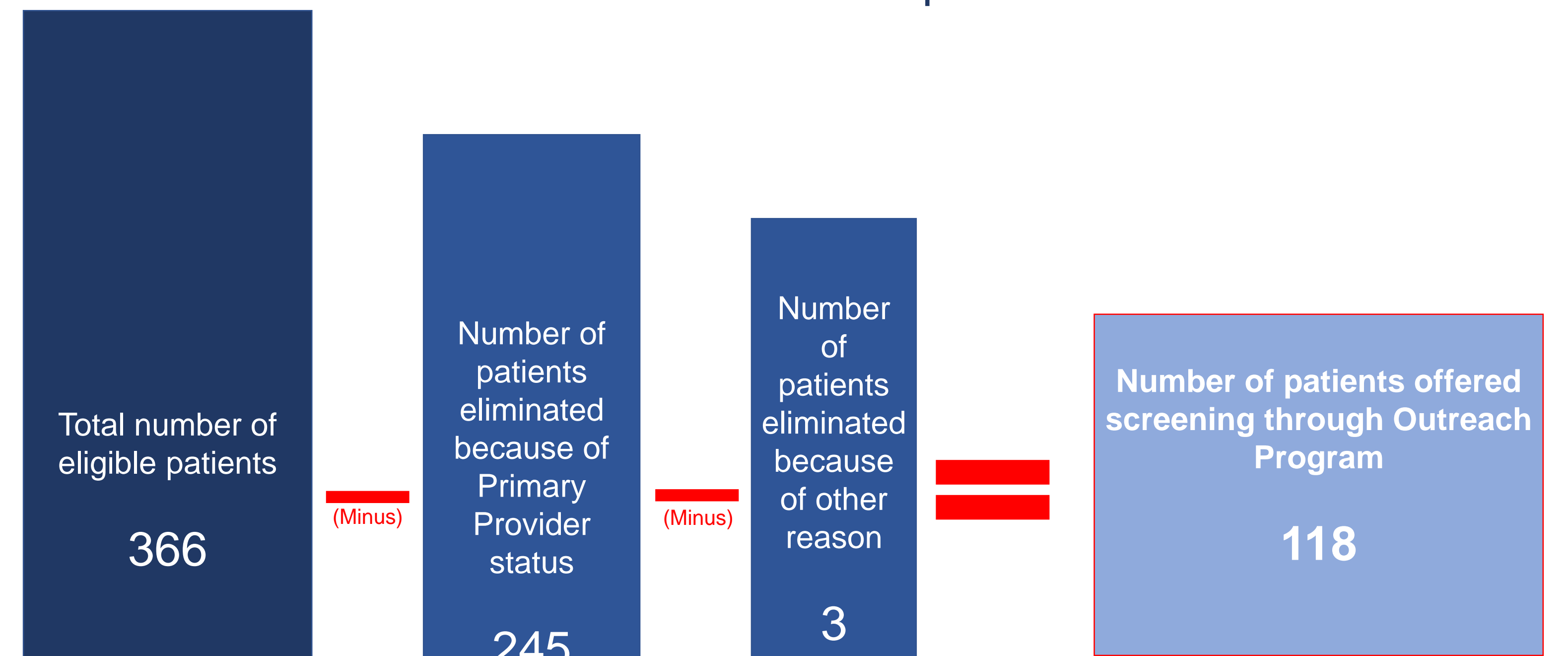
Beginning May 1, 2017 patients were identified through the EMR three weeks prior to a booked appointment, based on the need for 1 or more paper based screening. After mining through the patient list to find patients with appointments with their primary provider, the patient was contacted by a PCN program support member by telephone. Patients were offered an opportunity to update their missing evidence based screening maneuvers by answering verbal questions regarding assessments and to update their demographics. They were also invited to pick up requisitions at the PCN for unmet screening tests. When patients presented at the PCN for pick up, any further opportunistic screening was completed.

On August 1, 2017, the beginning of the 2<sup>nd</sup> quarter, the Outreach Program was expanded to include a new population of patients. This population was also identified through the EMR three weeks prior to a booked appointment with a need for 1 or more paper based screenings. This population had not yet identified a primary provider. These patients were offered the same opportunity to update their missing evidence based screening maneuvers and asked to choose a primary provider if they were willing.

## Lessons Learned



## 1<sup>st</sup> Quarter Patient Population



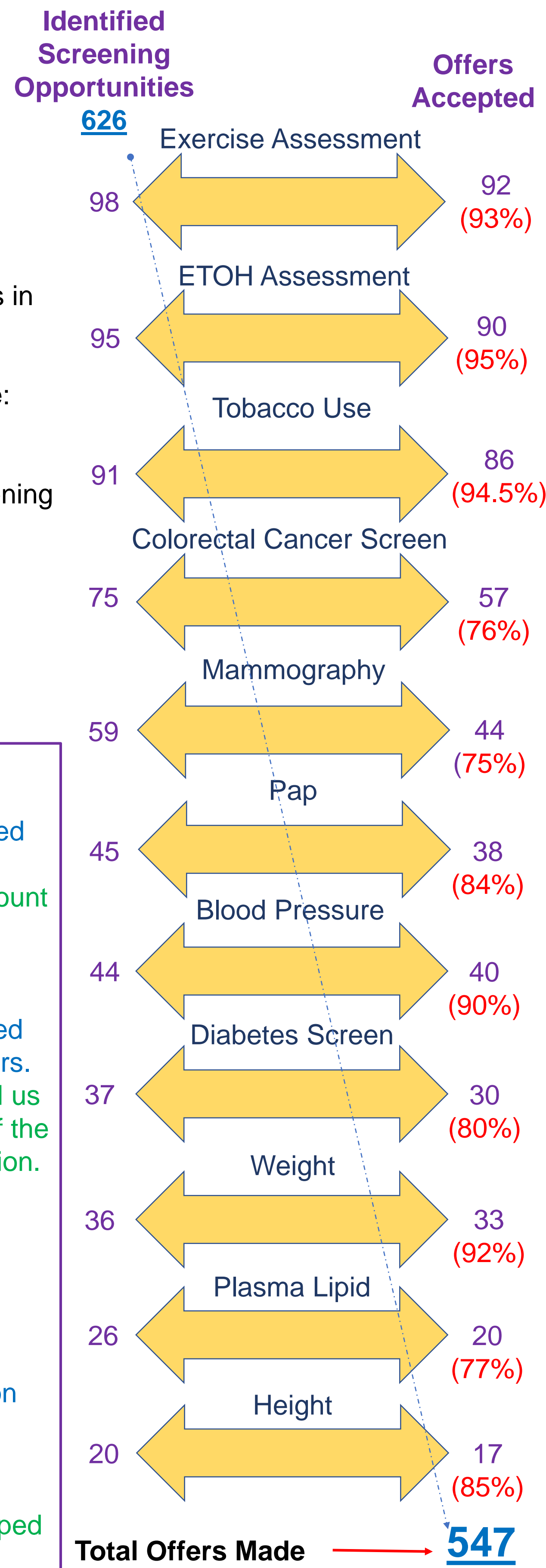
Through the EMR, the screened patient population was identified 3 weeks in advance of a booked appointment with their primary provider.

Reasons for eliminating patients based on Primary provider status include:

- Primary Physician opted out of program
- Primary Physician on LOA
- Primary Physician part of a Pod group with MOA coverage for screening
- Patient seeing a physician other than their Primary Physician
- Patient has not identified a primary provider
- Patient has already been screened

## Conclusions & Successes

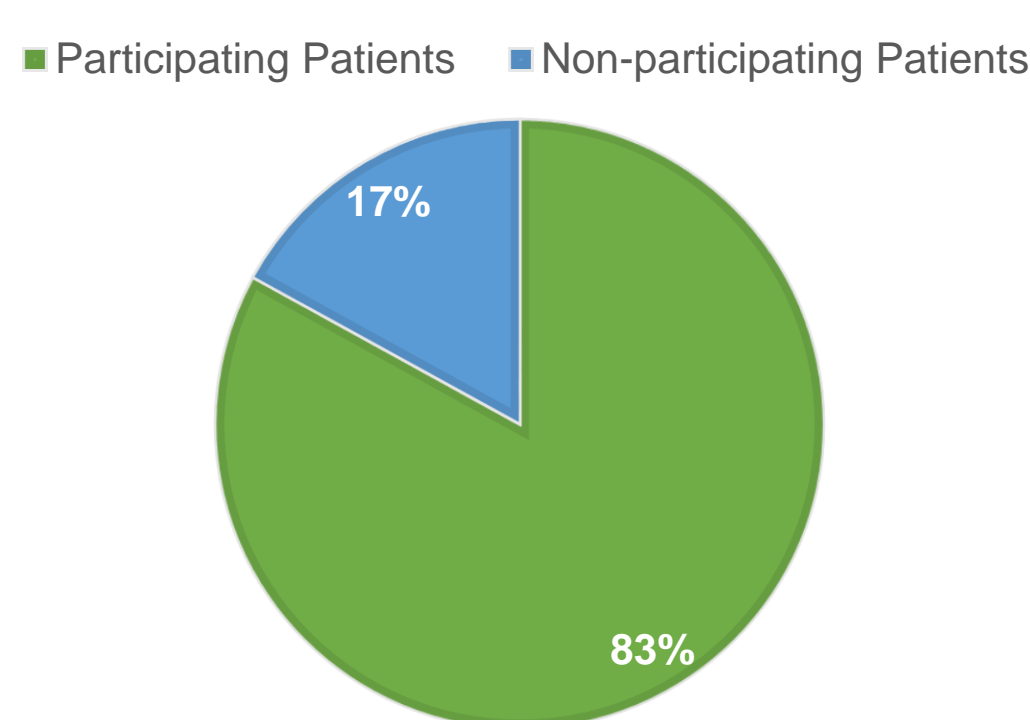
- Discussion of ARP models by provincial government has dissuaded some physicians from rostering a large portion of their panel
- Offering ASaP screening by Outreach method has increased our recorded offered screening rate by as much as 9% with a very minimal impact on work load
- An increase in standardization across the Clinic practice has decreased the amount of charting time
- Patient to Physician attachment has increased access to the primary provider
- 7 of 9 screening maneuvers saw an increase in recorded offer rates
- With a large physician group of 17 in the Clinic, using one EMR with standardized practices has a dramatic affect on ability to offer and record screening maneuvers.
- Standardization as well as the implementation for this new program has allowed us to increase the number of screening maneuvers we offer. We now offer 100% of the ASaP maneuvers that do not require data sharing with another health organization.
- Reduction in follow up appointments leads to an increase in patient access
- Unsolicted patients are coming to the PCN requesting screening
- The Panel Management Outreach program could be integrated into any clinical setting
- The Outreach program had a positive impact on physician practice and patient partnered care
- Implementation of the Panel Management Outreach Screening program relies on willing participation by patients. Patients are given control over their desire to participate and to what extent.
- Conducting a patient experience survey (sample questions below) was an important part of the PDSA cycle completed on the first quarter patients and helped us to prove the success as well as being another method to prove the value.



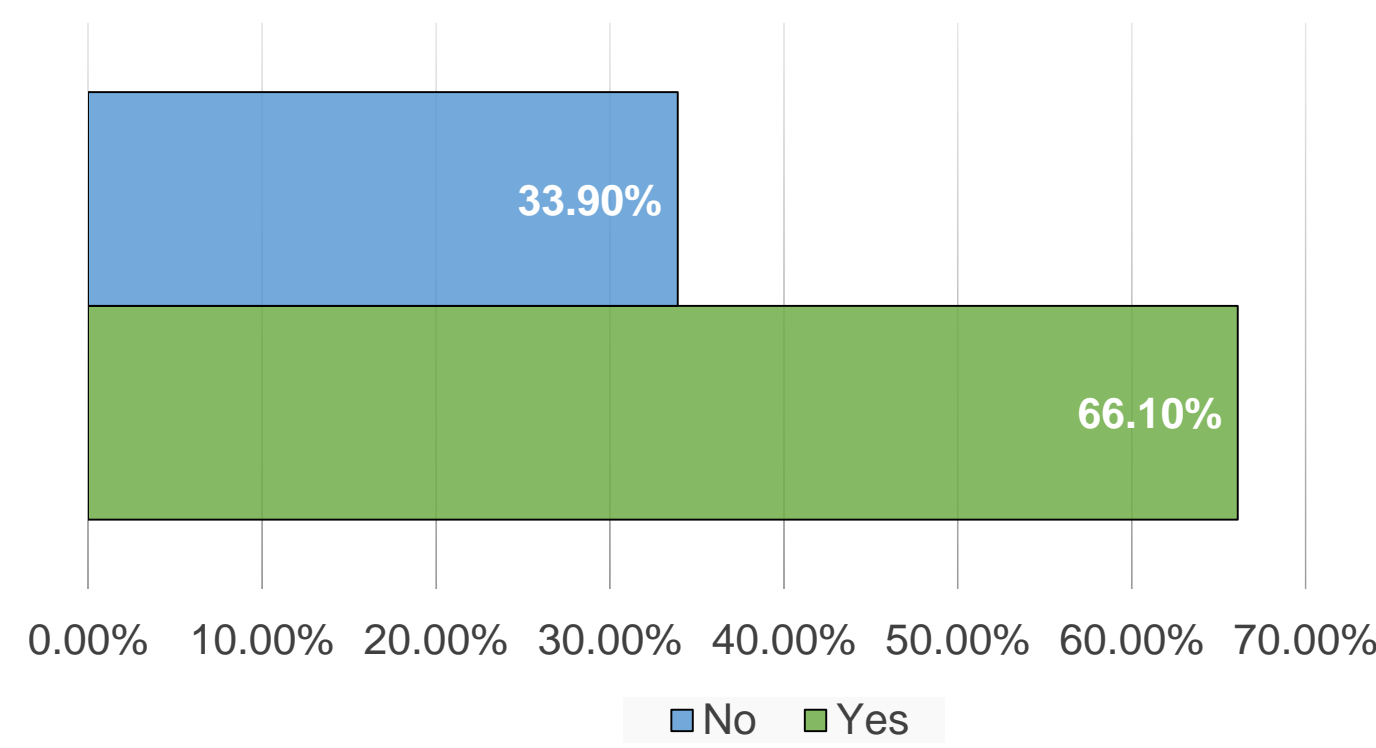
## Patient Feedback

- Good program, should be used by as many people as possible
- Really appreciates PCN reminding her she can call anytime for support or questions
- Nice to have the answers at the appointments if the patient is just going for a routine appointment it helps not having to go in for a follow up appointment just to get results
- Primary Care is very worthwhile & I hope it stays in our Community
- Really appreciates the follow up calls from PCN office regarding tests & results
- Caregiver daughter answered the questions. Very pleased that PCN took time to call & ask
- I think the PCN is a good program otherwise I might avoid the screening tests & other tests

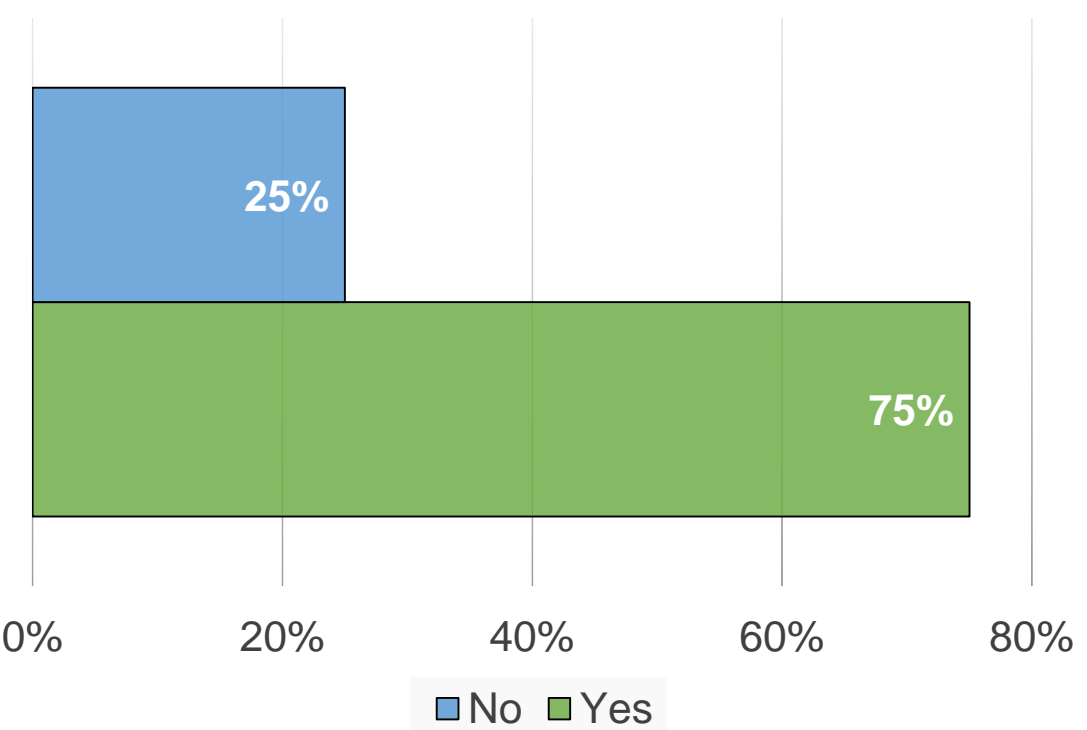
### Patient Experience Survey Participation



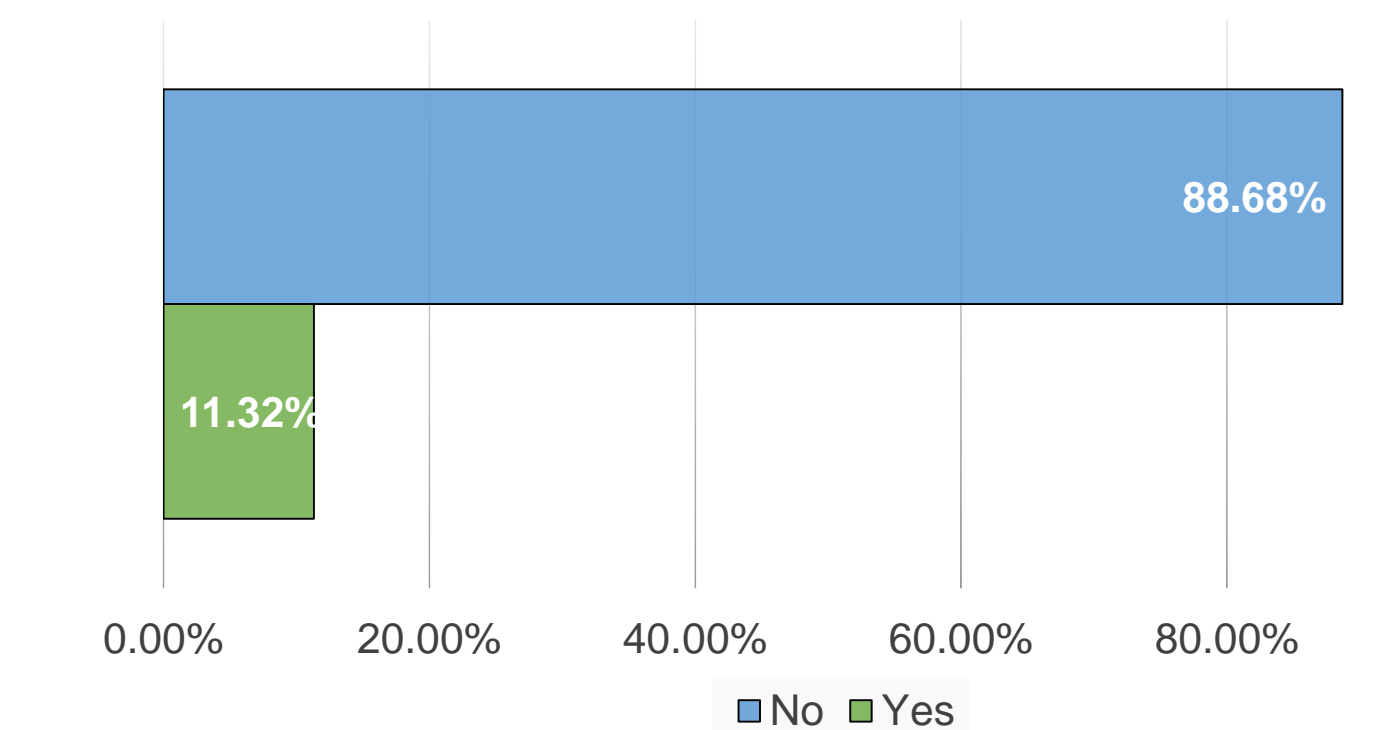
### Before you received the call from the PCN. . . Did you know that there was a Primary Care Network (PCN) in your community?



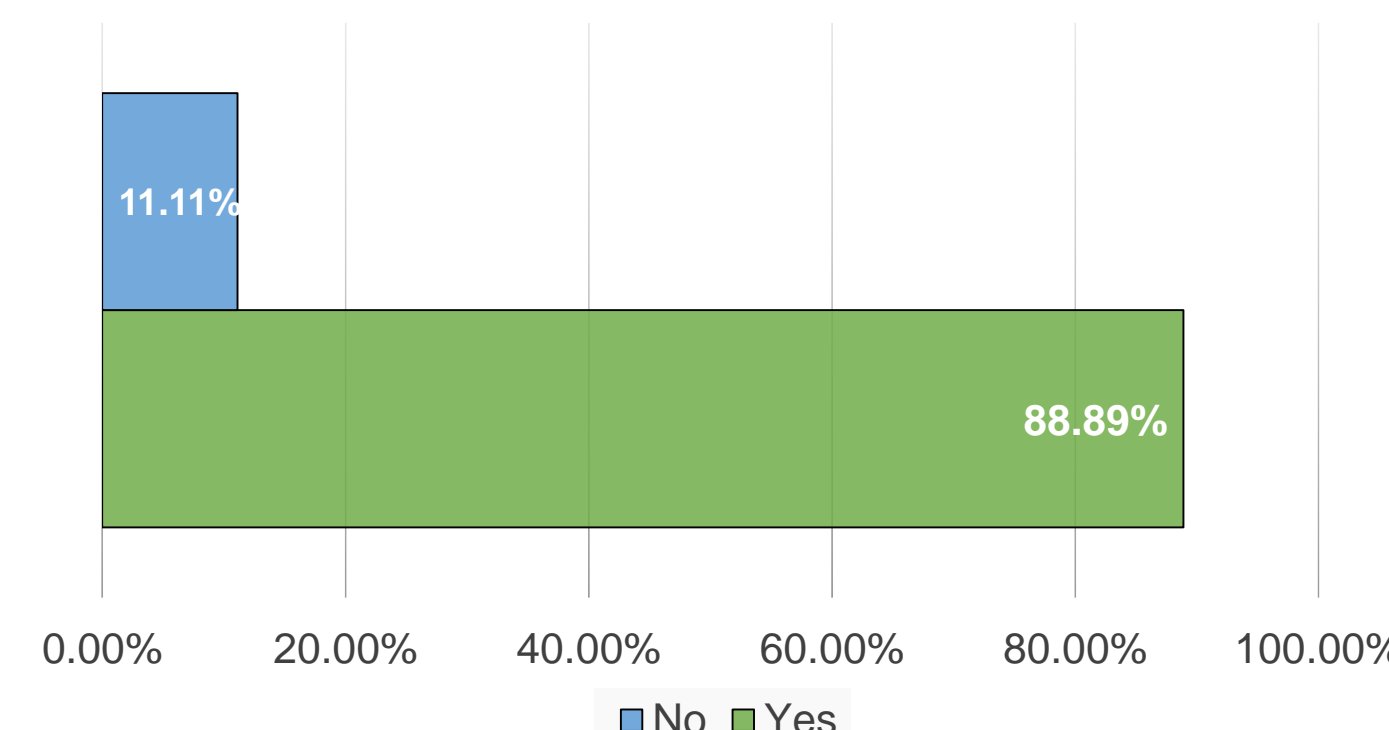
### Now think about your appointment with your doctor. . . Do you feel that the screening tests and/or assessments better prepared you for your appointment?



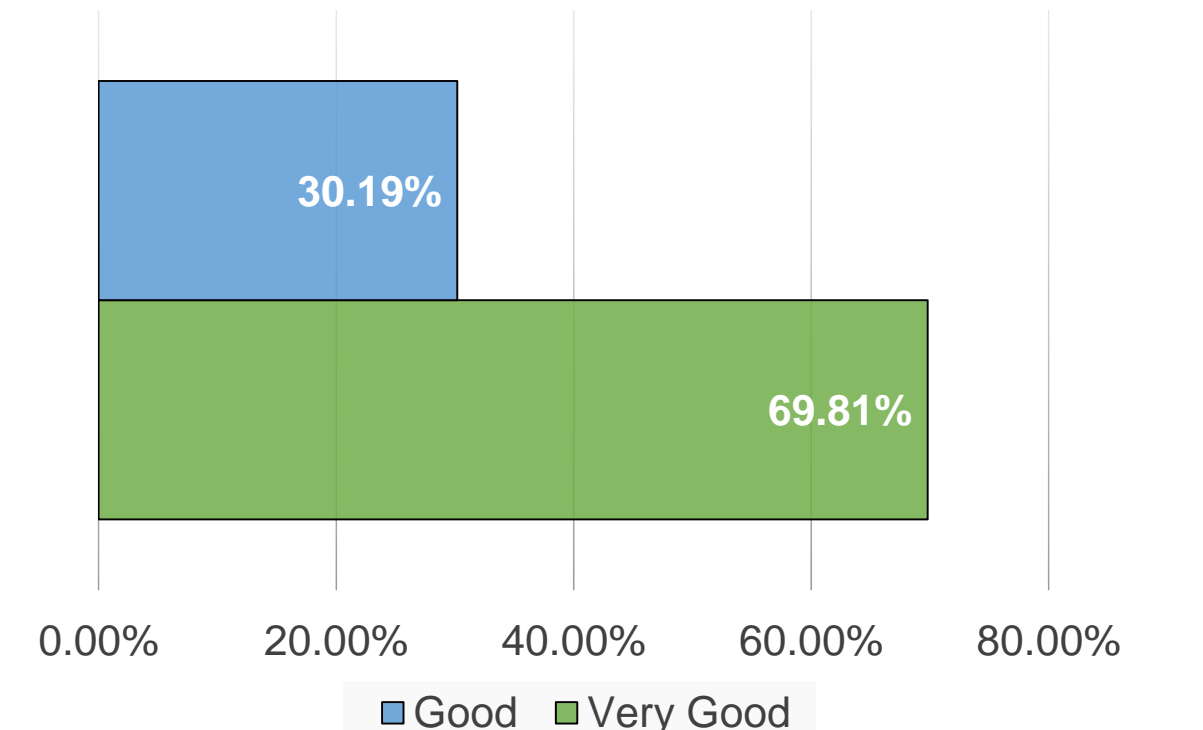
### Did discussion regarding the results of screening tests and/or assessments make your appointment longer?



### Now thinking about your experience with the pre-screening program. . . Do you feel the pre-screening process is useful?



### Overall, how would you rate the care you received from your physician that day?



### Legend

ARP: Alternative Relationship Plan EMR: Electronic Medical Record LOA: Leave of Absence MOA: Medical Office Assistant Pod: Small group of collaborative physicians with MOA support

For any questions or for more information regarding implementation in your clinic please contact: Kristen Penick, General Operations Director, Rocky PCN, [kpenick@rockypcn.com](mailto:kpenick@rockypcn.com), 403-845-3050 ext 132