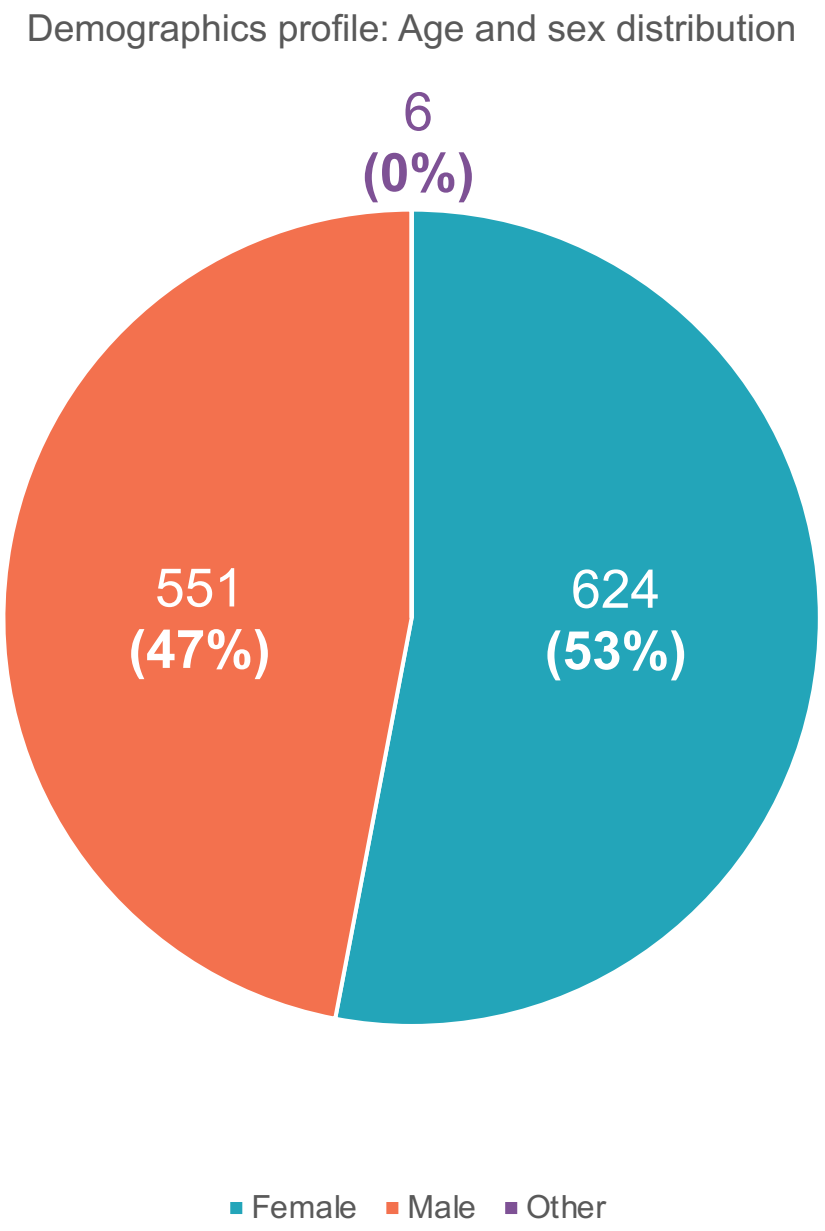
PPIP, ASAP . . . svp

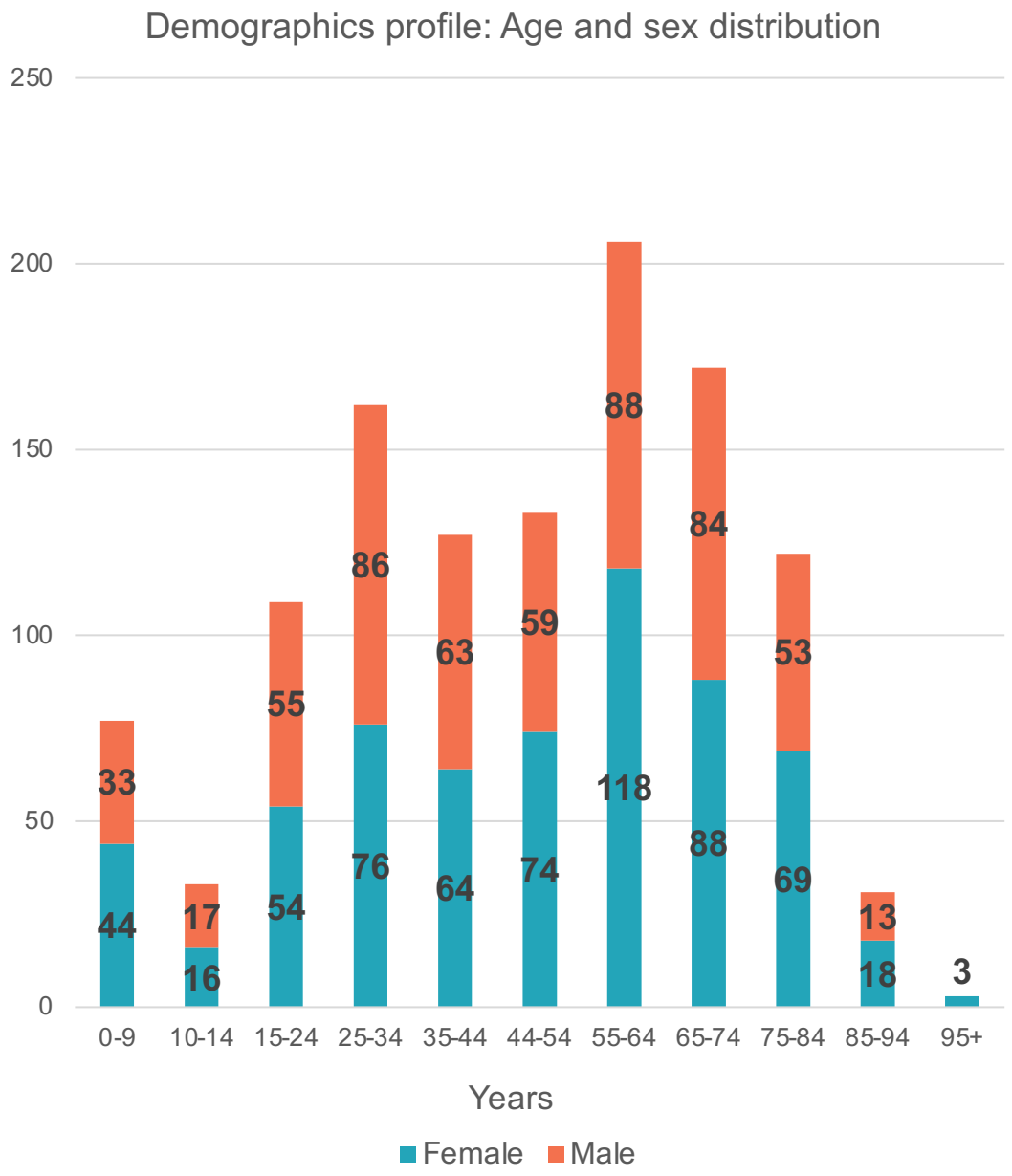
Dr. Brendan Vaughan

PPIP PILLAR NO. 2:
STANDARDS OF PRACTICE



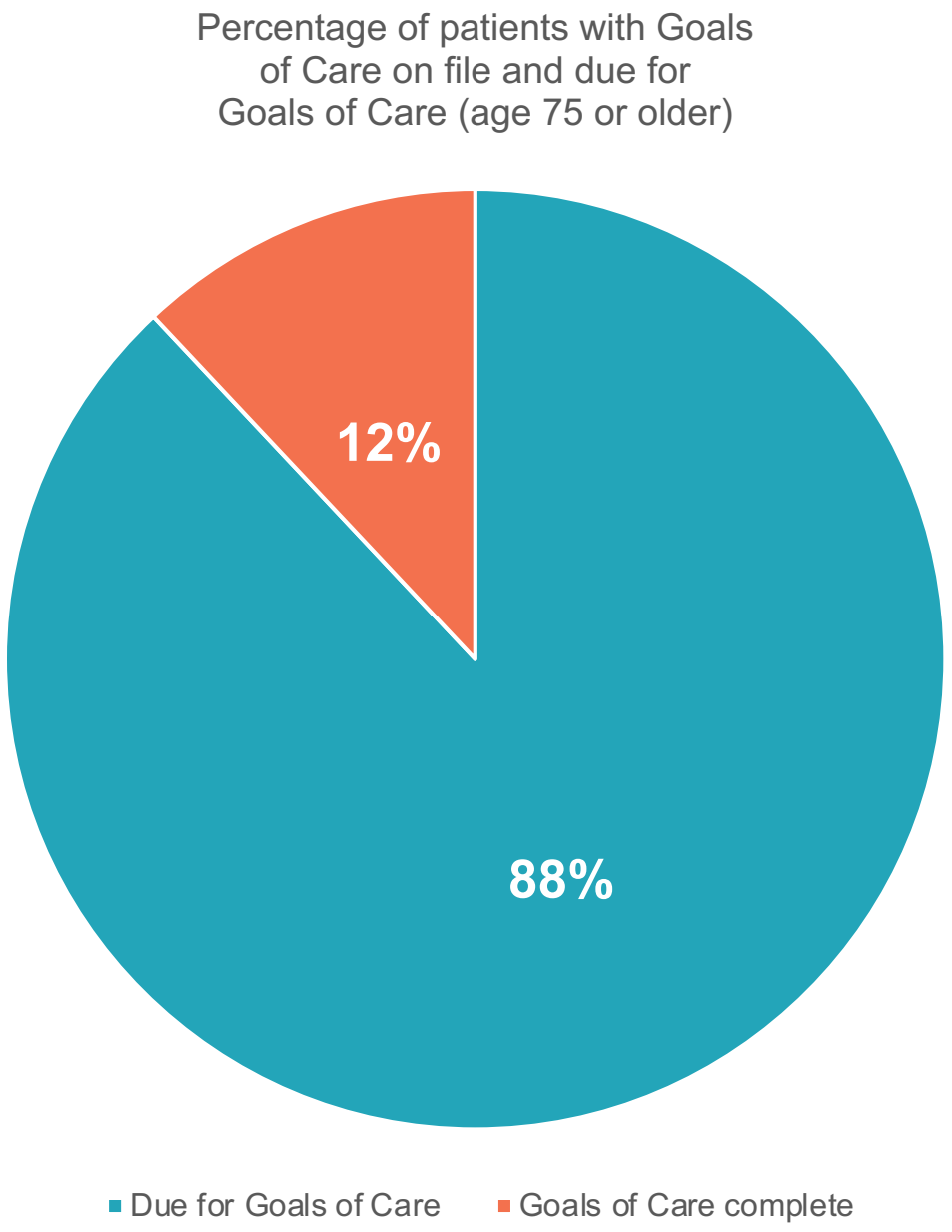
Practice demographics

- Relatively gender-balanced
- “Other” is probably under-represented
- New EMR captures this better



Practice demographics

- Relatively balanced practice profile that skews a bit younger than average
- Aging with me



Project data Goals of Care

- Why might this be?
- This is a good example of where system and college expectations often misalign with patient and provider expectations
- Documenting GoC on any given day is rarely on patient or provider radar . . . but important nonetheless

The "Why"

PHYSICIAN PRACTICE
IMPROVEMENT PROGRAM

Compliance and best practices: Aligns with the CPSA mandated PPIP pillar No. 2: Standards of Practice.

Quality improvement: Identifying opportunities to improve patient care, charting/documentation, screening practices, and align with CPSA guidance.

Efficiency and effectiveness: Using modern EMR technology (EMR shortcuts, templates) and staff/allied support teams can streamline processes and make charting more efficient.

The "What"

Facilitated sessions to help PCN physicians address

Facilitator: Charting Coach and practicing family physician Dr. Sarah Smith.

Purpose: Learn efficient and accurate charting strategies, conduct a chart audit, and draft an action plan related to the Patient Record Content Standard of Practice.

3-part series

Getting here

Session No. 1

- Learn strategies and benefits of charting efficiently and accurately
- Review the CPSA's Patient Record Content Standard of Practice
- Discuss how to integrate CPSA requirements more consistently into the patient record
- Understand how to conduct a chart audit

Reflect on the standards to identify where you want to focus

Getting here

Session No. 2

- Dedicated work time to conduct an audit on your own patient charts (random selection of 10+ charts)
- Opportunity to ask questions from facilitator and fellow participants
- **Guided self-reflection via CPSA PPIP online tool**

Getting here

Session No. 3

- Discuss strategies to improve your charting based on your chart audit
- What isn’t consistently noted where it should be
- How could team members facilitate a charting improvement project?
- Finalize your action plan

Action Plan

February 4, 2024

PHYSICIAN PRACTICE
IMPROVEMENT PROGRAM

Action Plan

Using the strengths and opportunities identified above, consider filling out the following action plan to guide your next steps.

What is the opportunity or gap?

1. Implement Opiate Contracts in handful of patients using long-term opiate Rx
2. Goals of Care Document proactively discussed, not simply patient/family led
3. Timed Recall screening opportunities often unaddressed

Who will lead the change?

1. Physician-led (myself)
2. Physician-led (myself)
3. Physician-led (myself)

Who will help implement the change and how will they need help?

1. Limited opportunity for team support here - though will reach out to PCN Primary Care RN to discuss possible support role.
2. Excellent opportunity for chart audit to pull all adults over say, 75 to initiate efforts. PCN can support here. Admin team can provide GoC document to older adults (and eventually all adults) at CPX or Drivers Medical for same day or future consideration much like GAD-7/PHQ-9 forms circulated based on booking notes.
3. Review lab/imaging while simultaneously generating shortcuts to recall timeframes would be best practice. This effort will be heavily EMR supported. Panel management personnel via PCN can be recruited to generate lists of target conditions and patients suitable for screening.

*Excerpt Only

Guided Prompts

Where I landed (QI goal)

- By the end of June 2024, achieve 100% documentation of opiate contracts for all active long-term opiate users in the practice.
- Implement proactive Goals of Care (GoC) discussions with 80% of older adult patients by December 2024.
- Establish timed recall screenings for targeted conditions, improving screening rates by 50% by December 2024.
- Utilize EMR shortcuts, PCN HIC team, pre-screeners and templates to streamline processes.

What next?

Patient communication:
AVA Connect portal allows direct outreach digitally by MD or broader team

Utilize technology for screening:
Routinely utilize reminder tools within the EMR system.

Text tool for patient outreach:
Utilize the text tool built into the EMR system for outreach to patients.
Collaborate as a team to create macros and templates for efficient communication and follow-up.

What next?

Quality improvement opportunities

Pre-visit questionnaire:
Create a form that can be automatically populated into the EMR system (e.g., GoC document).

Reminders:
Set up scripts for automatically sent reminders to complete the questionnaire or review education material 3 - 7 days before the visit, and utilize Ava Connect or similar tools for sending out the questionnaire.

Measuring our progress

- Having an opiate contract on file, updated regularly for all active long-term opiate users
  - *Date stamp of last opiate contract review
- Be able to chart audit for number of current GoC documents on file for patients in practice consistent tag on scanned document
  - *Template edit/creation of CPX form with radio buttons flagging "GoC discussed"

Measuring our progress

- Missing screening opportunities will fall over time per HQCA data
  - *Utilize PCN staff to input reminders/alerts for screening measures

Key takeaways

Identify areas of focus — don't boil the ocean. Ask your HIC to help you identify data gaps

Reflect on the workflow between patient registration to end of appointment to identify where team/tech could help

Utilize technology that supports patient care (EMR profiles, Netcare integration, vaccine information)

Misalignment exists between physician expectations of what makes a relevant note and what CPSA requires

THANK YOU!

Primary Care Network
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