

# Tracking Follow-Up in Your EMR

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# NEW! IMPROVED! 7-day follow-up!



- Includes follow-up by ANYONE (not just physician)
- Includes follow-up in ANY way (not just in-person visit)
- Does NOT assume 100% is the target
- BUT....
- You have to enter the data yourself (not just read the MOHLTC report)

**“What exactly is ‘new improved lettuce’?”**

# Tracking follow-up options: What's best for you?

- Teams differ in
  - The role of clerical staff
  - EMR expertise
  - Engagement of clinicians in changing documentation
  - Priorities for improvement
- Differences between teams affect what “best practice” looks like
  - Never the same bite twice!
- Consider which option might be best for you

# Tracking follow-up options: Don't do it:

- Advantage:

- Easy
- no change required

- Disadvantage:

- no way to know progress with follow-up internally
- continued lack of ability to demonstrate value of teams

# Tracking follow-up options: free text notes

- Advantage:
  - Easy
  - no change required
- Disadvantage:
  - no way to know progress with follow-up internally
  - continued lack of ability to demonstrate value of teams
  - lots of work to get the data out of EMR
  - people THINK they are doing and recording follow-up and are disappointed that there is no data to show that (too hard to extract the data)

# Tracking follow-up options: Separate system

- Advantage:
  - possibly easier (faster and cheaper?) than setting up a form in EMR
  - Can track local progress
  - Can contribute to collective efforts to demonstrate value of team-based follow-up
- Disadvantage:
  - double documentation of patient information from EMR;
  - not all users of EMR know whether follow-up was done; does nothing to advance use and usefulness of EMR



# Tracking follow-up options: visit type

- Advantage:
  - Considerable resources [already available](#) to record phone encounters in EMRs
  - Clerical staff may be able to help with documentation (normal process for clerical staff to enter a “visit type”)
  - Relatively easy to search in EMR
  - can link follow-up to all other patient information (ie to better select patients to follow-up, see downstream impact, other QI purposes)
  - Can track local progress
  - Can contribute to collective efforts to demonstrate value of team-based follow-up
- Disadvantage:
  - training and compliance with recording visit types
  - possible implications for other searches in EMR
  - may require more documentation than currently done for non-in-person visits

# Tracking follow-up options: custom form

- Advantage:
  - consistent data to describe frequency and nature of follow-up
  - minimal double documentation (serves as the clinical documentation of follow-up, not just tracking purposes); clerical staff may be able to help (ie “assign a task” to clinicians to complete the form)
- Disadvantage:
  - training and compliance with using the form (especially if the visit was not explicitly for follow-up)
  - May involve expense, time and/or effort to develop EMR form



# Tracking follow-up options: others?

- External integrated system: OCEAN form that is populated by and possibly updates EMR
- Patient-initiated: Patient identifies their appointment as a “follow-up”
- Other ideas?

# Summary: Options for tracking follow-up

	easy	fit workflow	local tracking	demonstrate value	low cost	no extra documentation
Don't do it	Green	Green	Red	Red	Green	Green
Free text	Yellow	Green	Red	Red	Green	Green
Separate system	Yellow	Green	Green	Green	Green	Red
Visit type	Yellow	Yellow	Green	Green	Green	Yellow
Custom form	Yellow	Yellow	Green	Green	Red	Green

- Consider which elements are most important to you (ie easy? Cost?)
- Choose the option that best fits those elements
- Try something else if your first attempt doesn't work

# Handouts

- 7-day follow up myth buster
- tracking phone encounters for follow-up
- follow-up data access solutions
- HRM
- follow-up stories from d2d and qip