North York
Family Health Team

The “Dragon Boat Approach”:

How we standardized our data and processes across the FHT to improve care

Sonya Booker, RD
Michelle Greiver, MD CCFP

Why standardize processes?

North York
Family Health Team

- **Standardized, structured** processes facilitate **delegation** of tasks traditionally done by Physicians
  - To Allied Health Professionals
  - To Administrative Staff , Medical Office Assistants
  - Enables everyone to work to **full scope of practice**
  - Removes **bottlenecks** in care

Why standardize processes?

North York
Family Health Team

- **Efficiency** – more efficient use of human resources
- **Effectiveness** - improved quality care (NYFHT student program results reflects this benefit)
- Consistent **Quality Improvement** activities across FHT, FHT **Program development**, **Research**

Why standardize data?

North York
Family Health Team

- **You cannot improve what you do not measure**
- You can't measure it if
  - You can't find it
  - It is all over the place (where is it?)
  - It is not recorded in a consistent way (smokes a bit, Stoped, 1ppd)
  - It is not recorded in the place expected (free text vitals)

Why standardize data?

North York
Family Health Team

- You cannot measure outcomes if everyone enters data differently

- Data standardization is needed for QI, program planning and research

North York
Family Health Team

Data Standardization

- Move from '**office**' data to '**FHT**' data
- Creates comparable data
- Ultimate goal of comparable data
  - Between LHINs
  - To national bodies

- This is a **priority** of the 2004 10-year Year Plan to Strengthen Health Care

NYFHT: IT Challenges

North York
Family Health Team

- 65 physicians
- 35 Allied Health Providers
- Over 200 EMR users

- 2 EMRs
- 6 servers, 6 databases
- 17 sites, 5 FHOs

- 65,000 patients

IT Challenges: EMR

North York
Family Health Team

- **Structure of EMR**
  - Physicians (not FHT) own and manage EMR
  - FHT "piggybacks" on EMR applications for AHPs and FHT programs
  - Multiple log ins for AHPs, **cannot message** across FHT
  - Multiple databases, data can't be amalgamated for FHT level queries and reporting

IT Challenges: EMR

North York
Family Health Team

- No capacity to track Resource use; we use external program for reporting on AHP workload
- Not built to facilitate “data discipline”

- EMRs were built to **automate medical office processes** and not to serve as the **backbone of an Organization**

Tackling our problems: IT-IM Committee

North York
Family Health Team

- The committee will work to improve the **quality** of care, the **access** to care and **equity** of the care provided by the Family Health Team,
- by **addressing issues** faced by the FHT around **information technology and information management**.

IT IM Membership

North York
Family Health Team

- Membership reflects 'team-based' approach
  - Allied Health Providers
  - Administrative staff
  - Management
  - Physicians from every FHO

IT IM Tasks

North York
Family Health Team

- Review FHT **policies and procedures** regarding IT/IM.
- Assess IT/IM **needs and gaps**
- Recommend **Changes and support Standardization** of IT/IM data and processes across the FHT.
- Recommend and support development of **Information Management Systems** for the FHT.
- **Liaise**, when and where appropriate, with **vendors**

Standardizing data across FHT

North York
Family Health Team

- Priority data to standardize suggested by:
  - Interdisciplinary Clinical Working Groups
  - Medical Director
  - IT IM Chair (background in research)
- Implementation discussed at IT IM
  - Feasibility
  - Acceptability
- **Workplan** developed and approved

Standardizing data across FHT

North York Family Health Team

- Workplan presented at Lunch and Learns, emailed, Dropbox, outreach to groups
- Feedback

- **Summer students** hired to enter standardized data
- Pilot first, then spread to FHT

Summer Student Program 2012

North York Family Health Team

- **Denominator**:
  - Compare and update EMR roster against Ministry roster: 3,398 records updated
  - mail roster invitations: 1,758 letters
- Build **Registers** of patients, with physician verification
  - Diabetes
  - Heart Failure

Summer Student Program

North York
Family Health Team

- Standardize **chronic disease coding**
  - Diabetes 250
  - CHF 428
- Standardize risk factor designation
  - Tobacco free text organized into **current smoker, ex-smoker, never smoked**. 2011: 41,157 records; 2012: 1,325 records

Summer Student Program

North York
Family Health Team

- Standardize data for preventive services
  - Paps, mammograms, FOBT
- Enhance FHT visibility
  - NYFHT logos added to outgoing correspondence

- Pilot: match incoming consult letters to outgoing referrals
  - Fax reminder to specialist for unmatched referrals

Quality improvement

North York
Family Health Team

- Mail letter to patients overdue for preventive service: 6,309 letters
- Mail letter for patients overdue for diabetic visit: 413 letters
- Add consistent stamp/templates, flowsheets and alerts
  - Diabetes and Heart Failure management flowsheet, reminders
  - Alerts for current smokers

Process standardization: starting within practices

North York Family Health Team

- Participation in HQO's QIIP for Practice Teams; training and support for QI; measurement

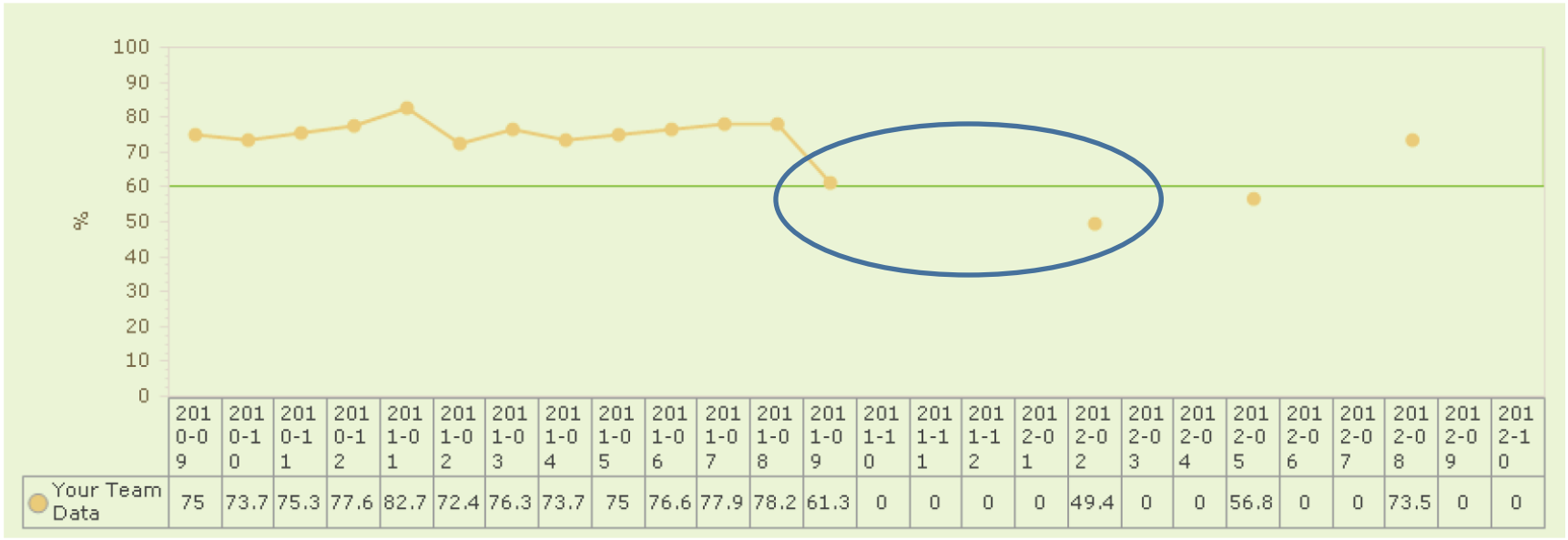
- Sharing of tasks and chronic care management within Practice Teams (AHPs, MDs, Admin staff)
  - Improved access to care (Third next available)
  - Improved quality of care

QI in a practice Team

1. Diabetes BP at goal consistently at **75%**
2. **Stopped** measuring September 2011
3. BP at goal **49%** by Feb 2012
4. **Actions**: chart review, alerts, **measure data**, Team consistency
5. BP at goal **73%** by August 2012

Team 1 Greiver DM North York FHT North York Family Health Team

Percent of DM patients with BP<130/80



	2010-09	2010-10	2010-11	2010-12	2011-01	2011-02	2011-03	2011-04	2011-05	2011-06	2011-07	2011-08	2011-09	2011-10	2011-11	2011-12	2012-01	2012-02	2012-03	2012-04	2012-05	2012-06	2012-07	2012-08	2012-09	2012-10
Your Team Data	75	73.7	75.3	77.6	82.7	72.4	76.3	73.7	75	76.6	77.9	78.2	61.3	0	0	0	0	49.4	0	0	56.8	0	0	73.5	0	0

Standardization within all practices in FHT

North York
Family Health Team

- Team based approach:
  - Consistent care across Team
  - Consistent data entry across Team
  - Cross training across Team

- Shifting of tasks
  - Within offices
  - Across many offices

Standardized processes inside practices across FHT

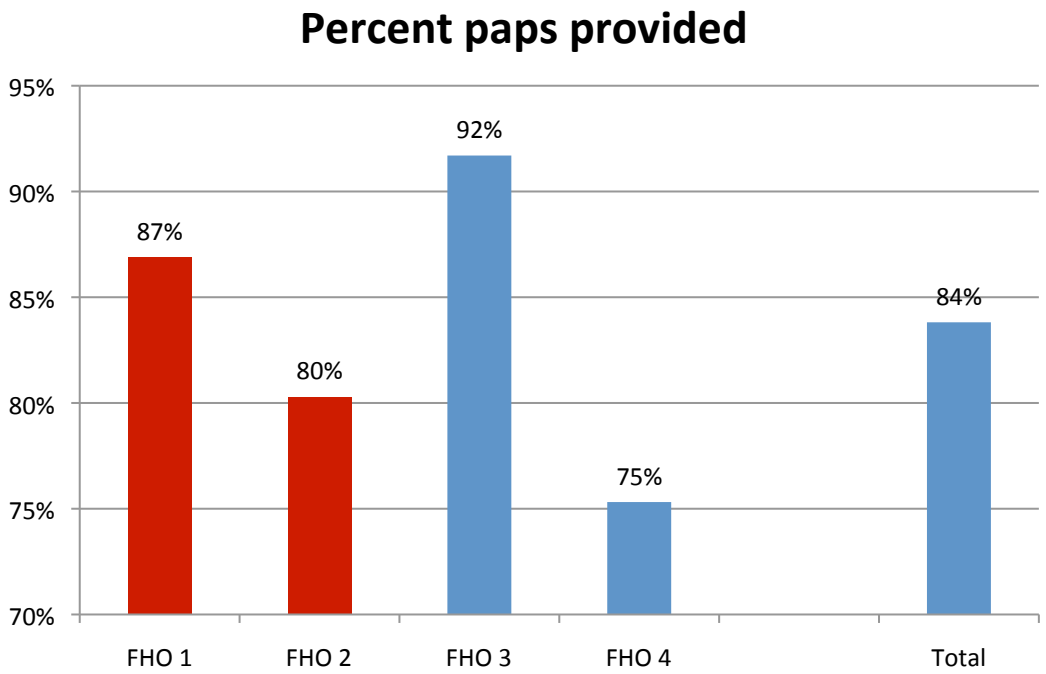
North York Family Health Team

- Huddle; check schedule for what patients need
- Provide prepared, proactive care for **all patients**
  - Check Alerts before you go in to see patient
  - **Consistently** provide service or send patients for the service they need; example, STOP Smoking program; FOBT kit
  - If within your scope, check chronic disease flowsheets before you see patient
  - Record Waist Circumference. Records vitals in right EMR area
  - Ask PHQ2 for chronic diseases. Record PHQ9 in template

Variability by group for preventive services

North York Family Health Team

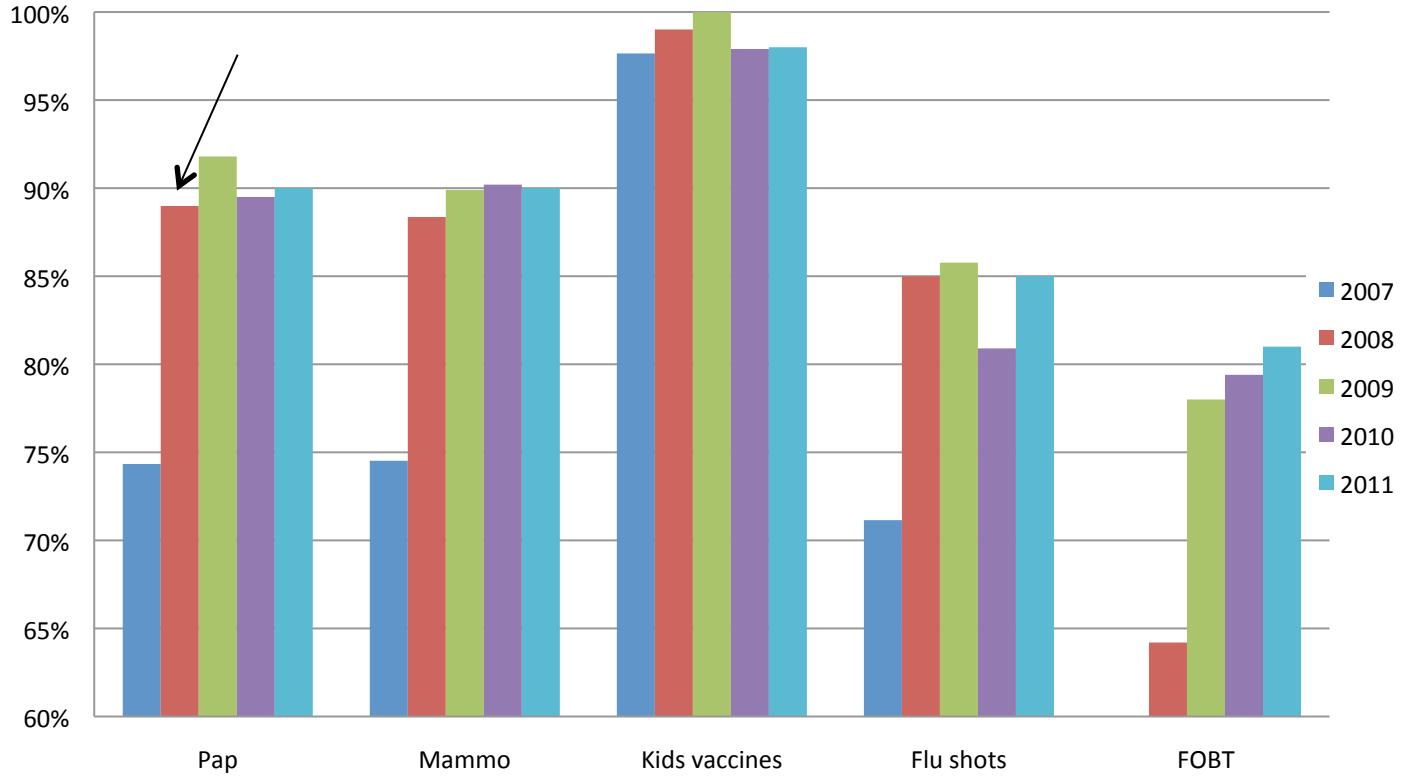
- Initial results show variability **by group**, but **not by EMR** (red = NG, blue = PSS)



Consistent results in one group after five years

North York Family Health Team

- Standardized data for 12,000 patients
- Standardized reminder letters every 3 months
- Standardized chart alerts



Standardization for FHT Program Planning:

North York
Family Health Team

- Identify Target Populations
- Identify gaps using FHT data
- Identify best practices to address gaps
- Standardize data entry
- Measure outcomes

- MOU between FHT and FHOs to set parameters for Data Mining

Barriers to Program Planning and management

North York
Family Health Team

- Charting directly into patient chart vs. duplicate chart on 1 designated 'central' server
- AHPs with 6 logins vs. 1 login
- AHPs with many inboxes vs. one inbox
- AHPs conforming to 6+ preferred charting practices vs. 1 'united' charting practice
- Variability in data location in EMR

Reducing unnecessary IT complexity

North York Family Health Team

- Reorganizing to decrease log-ins
  - **Two groups joining**, will go to single database, single log in for 24,000 patients
  - Cost born by physicians
- Single EMR, single database for FHT in future?
  - Survey of 21,000 US physicians: 38% **dissatisfied** with EMR, 1/3 shopping for new EMR
  - **Large penalties** in US linked to lack of Meaningful Use

Team Engagement

North York
Family Health Team

- Emails
- Continuing EMR education sessions: Lunch & Learns
- Dropbox: repository for Team information
- IT-IM membership
  - however message **not always being spread**
  - Representatives **not yet consistently reporting back** to their groups

North York
Family Health Team

Solutions

- AHP Interdisciplinary Committee
- All-Staff Meetings
- Added extra members to IT IM

- **Communication is the key!**

The Learning Curve:

North York
Family Health Team

- **Shift in care**– care in silos to team-based approach
  - A major cultural shift
  - Expect variability in acceptance
- Orientation for everyone to team-based care and EMR systems (data entry expectations; consistent processes)
  - everyone gets training on what to enter
  - The chart belongs to everyone

North York
Family Health Team

- From ‘role’ to ‘process’ description
  - Move from: RN or RD or MD does a,b,c
  - To: improve processes in order to provide the best possible care
  - Example: train admin staff to use Automated BP Machine (frees providers for other tasks)

Team based care

North York
Family Health Team

- To support Team based care, standardize data and processes
  - Within practice teams
  - Across practice teams
  - For FHT-wide Programs
- Train everyone
- Communicate
- Measure and monitor outcomes

North York
Family Health Team

*"**Teamwork** is everything in Dragon Boat Racing. **Synchronicity** is more important than **strength**. A perfectly synchronized team will almost always beat a stronger, but less coordinated team"*

North York
Family Health Team

Thank you!

Questions?

North York
Family Health Team

North York Family Health Team

Our Vision

"Enhance primary healthcare, interdisciplinary learning, and clinical research to improve the health of North York Family Health Team's diverse patient population."

Our Mission

"To provide accessible, patient-focused, and family-centred primary healthcare through an interdisciplinary team committed to transforming health knowledge into best practices."

Our Values

Patient and family centred care Teamwork Continuous learning Communication

Visit us at www.nyfht.com