Preventive services process, Practice Solutions.

Generating reminder letters with MD verification

By: Michelle Greiver MD CCFP

Prepared for: North York Family Health Team, Summer 2012

Funding: Cancer Care Ontario
Contents
EMR version .................................................................................................................. 3
Objective ...................................................................................................................... 3
Background .................................................................................................................. 3
Preventive services processes ..................................................................................... 5
Printing list of patients overdue for each service, by Physician .................................... 5
Data auditor .................................................................................................................. 5
Physician ...................................................................................................................... 7
How to add pap tests, mammograms to EMR so that they are taken off the preventive list ...... 8
Pap smears .................................................................................................................... 8
FOBT / colonoscopy ..................................................................................................... 8
How to add exclusion .................................................................................................... 9
Adding a reminder letter to system ............................................................................... 11
Generating letters ...................................................................................................... 12
Batch printing issue ..................................................................................................... 13
Ongoing Maintenance and Upkeep ................................................................................ 14
1. What the physicians and their staff have to do ......................................................... 14
2. Roster update ......................................................................................................... 14
3. Mailing letters every three months .......................................................................... 14
4. Phone calls once a year ......................................................................................... 16
Standard criteria the PSS system uses to select patients for each service ..................... 17
Disclaimer .................................................................................................................... 23
References .................................................................................................................... 24
EMR version

This process is provided for Practice Solutions, version 5.2

Objective

The objective of this document is to document and provide processes for managing and improving the provision of preventive services (pap smears, mammograms, colorectal screening), using the Practice Solutions Electronic Medical Record.

Background

The provision of preventive services is suboptimal. Research has shown that the implementation of EMRs has not been associated with an increase in preventive services when compared to the continued use of paper based records.\(^1\)

A case study of a group of nine physicians implementing EMR found that there was an improvement in services, but that this required a re-organization of workflows and processes to take advantage of the EMR.\(^2\) The system included:

- an administrator to oversee the program
- Data clerks to periodically audit and update the data so that the information is accurate
- Regular communication with providers and their staff about the program
- Ongoing mailings to overdue patients
- Consistent EMR-based alerts at every encounter

Ongoing data audits and reminder mailings are done every three months. Services increase in the first year of implementation and are maintained thereafter. The program has proven to be sustainable for the past five years (Table 1, Figure1).

Table 1: Proportion of services provided to eligible patients 2007 to 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap</td>
<td>74%</td>
<td>89%</td>
<td>92%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Mammograms</td>
<td>75%</td>
<td>88%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Kids vaccines</td>
<td>98%</td>
<td>99%</td>
<td>100%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Flu shots</td>
<td>71%</td>
<td>85%</td>
<td>86%</td>
<td>81%</td>
<td>85%</td>
</tr>
<tr>
<td>Colorectal screening</td>
<td>64%</td>
<td>78%</td>
<td>79%</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Overall no CRC screen</td>
<td>74%</td>
<td>88%</td>
<td>90%</td>
<td>87%</td>
<td>89%</td>
</tr>
<tr>
<td>Overall with CRC screen</td>
<td>87%</td>
<td>85%</td>
<td>86%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The process was replicated in 2011 for a larger group of physicians. The initial version had been done using the Nightingale EMR, and the processes were redesigned for the Practice Solutions EMR. Results in the first year of implementation again demonstrated an increase in preventive services, as shown in Figure 2.

This manual provides the processes used to improve data, provide consistent reminders and reminder letters for patients overdue for pap smears, mammograms and colorectal cancer screening in the Practice Solutions EMR. Accurate provision of reminders and letters also depends on accurate and up to date vendor updates of the software to reflect current recommendations.
Preventive services processes

Printing list of patients overdue for each service, by Physician

If possible, before you start, run a project to verify your Demographic data for patient Active and roster status. If roster status is not accurate, the system cannot accurately generate a list of overdue patients.

To start, you need to print a list of patients who are overdue for each service. Here is how.

Data auditor:

Go to Top menu, Patient menu. Run Preventive care summary report

Next, get the correct date range.
The preventive services should be for the past 2 years only. You can change the date so that only the past 2 yrs show.

1. Change date on top to current date (example, June 30th 2012). That will add June 30th to all the dates on the right.
2. Change the date for mammos, paps, Occult blood to the same date 2 years previous, example June 30th 2010. The preventive services report will now pick up all patients with no service for the past 2 yrs.
Uncheck all doctors, Pick the doctors that require the service. Click OK.

Double click the number in “Not done” for each service.

This will give you the list of patients overdue for a service.

Click Report (top left), Print report of overdue patients and fax it to physician.

**Physician**

We print the report and fax it to you for verification.

You cross off all the patients who should not be receiving a reminder letter for any reason, and fax back to us. If you wish to have us enter the data for you, please tell us and indicate date of service.

Or you indicate electronically all patients who should not have a reminder by entering it in the EMR chart yourself if they do not have data on service.
How to add pap tests, mammograms to EMR so that they are taken off the preventive list

Auditor: Only do this if you have received OK from physician. Preferably, you should have authorization in system to sign off on the test. If you don’t, it will show up in the Physician’s list as “needing review”; it will lead to an unmanageable number of reviews for physician.

If you have OK to add services to EMR: When you receive the list of paps back, if there is a note from the physician as to date of last pap, or when you look at the paper preventive report and see date of pap:

Go to pt’s chart.

**Pap smears:**

Data, New Report (or **CTRL-R**),

Diagnostic test, Pap test Report. Add Date received. Alternatively, Ctrl-Y (new lab), enter pap smear

**FOBT / colonoscopy**

Ctrl-Y, or Data, Lab manual result. Occult blood. Put in the date received. Enter as lab text.
For colonoscopy:

If not present, and the doctor indicates colonoscopy on the fax, or the CCO/preventive report says colonoscopy:

Ctrl-R, Diagnostic test, Colonoscopy, date

How to add exclusion

If there is a note on the fax back from the physician saying that the patient has breast cancer and should be excluded from mammo reminders:

Go to the chart.

Add: breast ca to the HPH (history of past health) area. Make sure to put in exactly that wording.

If there is a note “hysterectomy” or “TAH”
Go to chart, HPH, add **TAH**

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Name</th>
<th>Description</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mouse, Minnie</td>
<td>breast cal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Penlac as directed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>diclofenac sodium</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td></td>
<td>Clarin 10 mg bid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>vit c 1 o.d.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yasmin</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diflucan 150mg</td>
<td></td>
</tr>
</tbody>
</table>

**Same process for Colorectal cancer exclusions.**

**Run the Preventive list again.** Check to make sure that the paps/mammos you have indicated are off the list.
Adding a reminder letter to system

Before you print letters, you need to add the letter to the system.

Add new stamp for each service. Call the Stamps

Papreminderletter
Mammoreminderletter
FOBTReminderletter

Make sure that there are no spaces in the name and that “letter” is included in the name. Add a second reminder letter (for those patients that did not respond to the first reminder letter) by copying the text. Change a small amount of text in the letter to differentiate the first letter from the second letter. For example, change “you are due for …” to “you are overdue for …”. Call the second letter Papreminderletter2, Mammoreminder2 etc.

Here is our standard letter for FOBT:

Dear Recipient,

Our records show that you are due for colorectal cancer screening. The Fecal Occult Blood Screening Test (FOBT) has been found to decrease the risk of dying from colorectal cancer. A person with colorectal cancer has a 90% chance of being cured if the cancer is caught early enough through screening. FOBT screening should be done every two years.

Please come to the office anytime during business hours to pick up your FOBT kit. You do not need to make an appointment for this.

If you have had a colonoscopy in the last 10 years, then you do not require this test. Please inform the office if a colonoscopy has been done.

FOBT screening is an important part of keeping you healthy; more information on early detection of colorectal cancer can be found at http://www.coloncancercheck.ca

As your Family Physician, I appreciate the opportunity to work with you to prevent illnesses and enhance your health.
Generating letters

Once you have the fax back and the OK from the physician to generate the letter:

Before you generate a letter, go to

Settings, Change supervising doctor. Put the initials of the doctor you will be generating a letter for.

Either do “Form letter for this Patient” (only for the ones that physician indicates as overdue). This adds a letter to the chart

Or do a “Form letter for All found” and then go back and delete the ones who don’t need a letter, as indicated by the physician’s fax back.

Do this for each service for “needs first letter” and “needs second letter”.

Check the letter before you print, to make sure that you have the correct letterhead. To do this, click on “needs printing”. Letter (top menu), Show Letter view. Look to make sure it looks OK and it is the correct letterhead.

Buy window envelopes so that you don’t have to print labels to mail. Fold the letters so the address shows up in the envelope window.

Check to see if you have the OK to batch print (please see below for batch printing issue). If not, then it will be one letter printed at a time.
**Batch printing issue**

There may be patients who have other letters in their chart waiting to be printed, and the system cannot select to print only the batch we just added. This means that we have to print the letters individually by clicking on each patient’s name in the preventive report and going to individual charts. We then print the letter.

To get around this, either ask PSS to reset the batch printing if you have permission to do this, or ask physician to print their pending letters prior to doing the preventive batch. If it can’t be done, then print letters one at a time.
Ongoing Maintenance and Upkeep

1. What the physicians and their staff have to do

Once this is done, we remind everyone that it is now their responsibility to keep the EMR up to date when the patient has a service completed. It is also their responsibility to maintain the roster list up to date, using the monthly roster update form that the Ministry sends us.

2. Roster update

We periodically email the group when the monthly Roster update comes in; it is sometimes at the bottom of the Outside Use stack of papers, and may not be obvious. This must be kept up to date so that the list of preventive services is accurate.

3. Mailing letters every three months

We print and mail letters once every three months for all those who have had zero or 1 letter previously mailed (we don’t mail to people who already have had two letters).

To do this, you have to see which patients have already received one or two letters. Run your Preventive care summary report. Configure your follow up criteria.
Add text from the reminder letters that you sent to your Configuration. In this example, we used “You are due for a screening mammogram” for the first reminder letter that we are sending to the patients for a mammogram, and “you are overdue for a screening mammogram” for the second reminder letter. Change the “Done within x months” to fit your circumstances. When done, click “OK”.

![Preventive Care Summary](image)
After you run your query, select “Needs first letter” by double clicking on it. Print your first letter for these patients, for example, Mammoreminderletter. Double click on “Needs second letter” if you have some patients that need a second letter. Print your second letter for those, example, Mammoreminderletter2.

4. Phone calls once a year

We hired a summer student to call all the patients who had 2 letters and still no response. She recorded the call in the EMR. Record this by adding a stamp with text such as “we are calling you to remind you about your mammogram”. Make sure the text is recorded in the Follow up Configuration.
Standard criteria the PSS system uses to select patients for each service:
Mammogram – Completed
...the patient's record to see if a Mammogram report has been entered in the timeframe defined by the MOH.

Paps – Exclusion
...the History of Past Health List for the following terms:

- hysterectomy
- hysterosal
- ICD-9 code = 68.

Also checks to see if Q141A was ever billed.
ICD-9 code = 68.

Looks in the History of Past Health for the following combination:

- Contains hyst but does not contain hystero
- Contains TAH

Also checks to see if Q140A was billed.

Paps - Completed...
...the patient's record for the following lab report terms in the timeframe defined by the MOH:

- Pap Smear
- Pap Test Report

Also looks for lab text containing the following (for those who receive their labs electronically):

- PAP
From the Patient menu in Records, choose Preventive Care Summary Report. The Preventive Care Summary report contains the following information:

- Flu Shot Coverage Period: Sep 30, 2006 to Jan 31, 2007

You can choose the dates for the period for which you want to run the report in the From To field. The date and data shown is for a sample database.
Disclaimer

The information and reference material including text, graphics, images and information contained in this manual are intended solely for educational purposes and for the general information of the reader. Every effort has been made to provide information that is accurate and complete, however we cannot guarantee its applicability in specific clinical situations or with individual patients.

This information is provided on an “as is” basis and is neither intended to dictate what constitutes reasonable, appropriate or best care for any given health issue and physicians and others should exercise their own independent judgement concerning patient care and treatment, based on the special circumstances of each case and setting.
Anyone using the information does so at their own risk and releases and agrees to indemnify the North York Family Health Team and Cancer Care Ontario from any and all injury or damage arising from such use, including but not limited to direct, incident, punitive and consequential damages.

References
