

Optimizing the Use of EMRs for Cancer Screening

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Quality, Innovation and Leadership

Engagement and Program Delivery

Ontario Medical Association / Ontario MD

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OntarioMD

Faculty/Presenter Disclosure

- **Faculty:** Dr. Darren Larsen
- **Relationships with commercial interests:**
 - Employed by Ontario Medical Association
 - Contracted to OntarioMD, Canadian Medical Association
 - Past assistance with Chronic Disease Management framework and Primary Care Models for Pfizer, Boehringer, Novo-Nordisk, Merck

Disclosure of Commercial Support

- **This program has received financial support from OntarioMD, Ontario Medical Association, Canadian Medical Association and MD Physician Services in the form of funding for development of educational content.**
- **Potential for conflict(s) of interest:**
 - Darren Larsen has received payment from OntarioMD, Ontario Medical Association, Canadian Medical Association and MD Physician Services as a consultant and contracted employee.

Mitigating Potential Bias

- Content has been vetted with physician reference groups and in multiple academic environments to ensure no commercial bias.

GOALS

1

Improve screening rates
and concordance with guidelines

2

Create EMR support tools
based on existing functionality

3

Disseminate tools
supporting various provider workflows

4

Expand partnerships
CCO, OntarioMD, providers

Screen *for* Life

Cancer screening sees what you can't

 Breast  Cervical  Colorectal

ON 61%

65%

30%

CE 62%

65%

29%

CANCER CARE ONTARIO GUIDELINES FOR BREAST, CERVICAL & COLORECTAL CANCER SCREENING

Screen for Life
Cancer screening saves lives

- ☑ Breast
- ☑ Cervical
- ☑ Colorectal

Ontario Breast Screening Program (OBSP)

	Average Risk	High Risk
Screening	Mammogram every two years for most women	Mammogram and screening breast MRI every year
Age	Women 50 to 74 years of age	Women 50 to 69 years of age identified as high risk (see eligibility for referral)
Screening Population	<ul style="list-style-type: none"> Screening starts at age 50 for average risk women. Women over age 74 can be screened with the OBSP. However, they are encouraged to make a personal decision about breast screening in consultation with their healthcare provider. 	<ul style="list-style-type: none"> Screening starts at age 50 for high risk patients. Women 70 to 74 years of age identified as high risk should be screened with mammography only. However, they are encouraged to make a personal decision about breast screening in consultation with their healthcare provider.
Outside the Screening Population	<ul style="list-style-type: none"> Women with breast implants. No personal history of breast cancer. No current breast implants. No screening mammogram within the last 11 months. 	<ul style="list-style-type: none"> Women with breast implants. Most use of the following risk factors: <ul style="list-style-type: none"> Are known to be carriers of a deleterious gene mutation. Are the first degree relative of a mutation carrier and have the clinical genetic test. Have a family history that indicates a lifetime risk of breast cancer that is ≥ 20% confirmed through genetic assessment. Have received radiation therapy to the chest before age 30 and/or at least eight years previously.
Eligibility		

Ontario Cervical Screening Program (OCSPP)

	Average Risk	Increased Risk
Screening	Colorectal blood test (FOBT) every two years	Colonoscopy
Screening Population	<ul style="list-style-type: none"> Screening initiation: Women 50 years of age who are or have ever been sexually active. Screening cessation: 70 years of age if C. difficile agent or colorectal cytology tests in the previous 10 years. 	<ul style="list-style-type: none"> Increased risk is defined as a family history of colorectal cancer in one or more first-degree relatives (parent, sibling or child). Range of 50 years of age, or 10 years earlier than age in which was diagnosed, whichever occurs first.

For additional resources, visit www.cancercaare.on.ca/pcreferences
 Email: primarycare@cancercaare.on.ca
 Call: 1-866-662-9233

March 2015



Brochures Fact Sheets Reference Cards Printed Guidelines



Mobile Apps EMR Supports Online Reports Online References

Cancer Care Ontario | Screening Activity Report

Home | Screening | Jason Bulgin | Log out

Colorectal Screening Activity Report • User Guide • FAQs • Report Methodology • Clinical Guidelines • About this Report

Physician: Physicianzero CCOTest - 000000

Primary Care Screening Activity Report - Summary

Report as of Dec 31, 2012
Physician: JACK SMITH FABRO
CPSID: 000000

Enrolled Patients between 50 and 74 years of age	
Total as of 12/31/2012	185

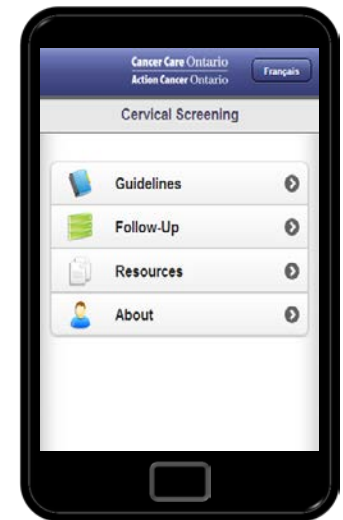
Patients requiring action	
FOBT Abnormal - Colonoscopy Required (Overdue)	0
FOBT Abnormal - Colonoscopy Required (Pending)	0
FOBT Rejected/Indeterminate - Retest Pending/Required	0
FOBT Dispersed - no kit received by lab	1
Total as of 12/31/2012	1

Patients due for screening	
Due in the next 6 months	1
Overdue / never screened	129

Screening Activity Comparisons

Percentage of enrolled patients who are up-to-date with colorectal tests (FOBT in the last 2 years, or flexible sigmoidoscopy in the last 5 years, or colonoscopy in the last 10 years), for PCP practices

View Patients Requiring Action | View Enrolled patients between 50 and 74 years of age



Are You Registered With ONE ID?

A. Yes

B. No

EMR Adoption

EMR Maturity

2014

>80% of Physicians
Using EMRs

11,000,000
Ontarians

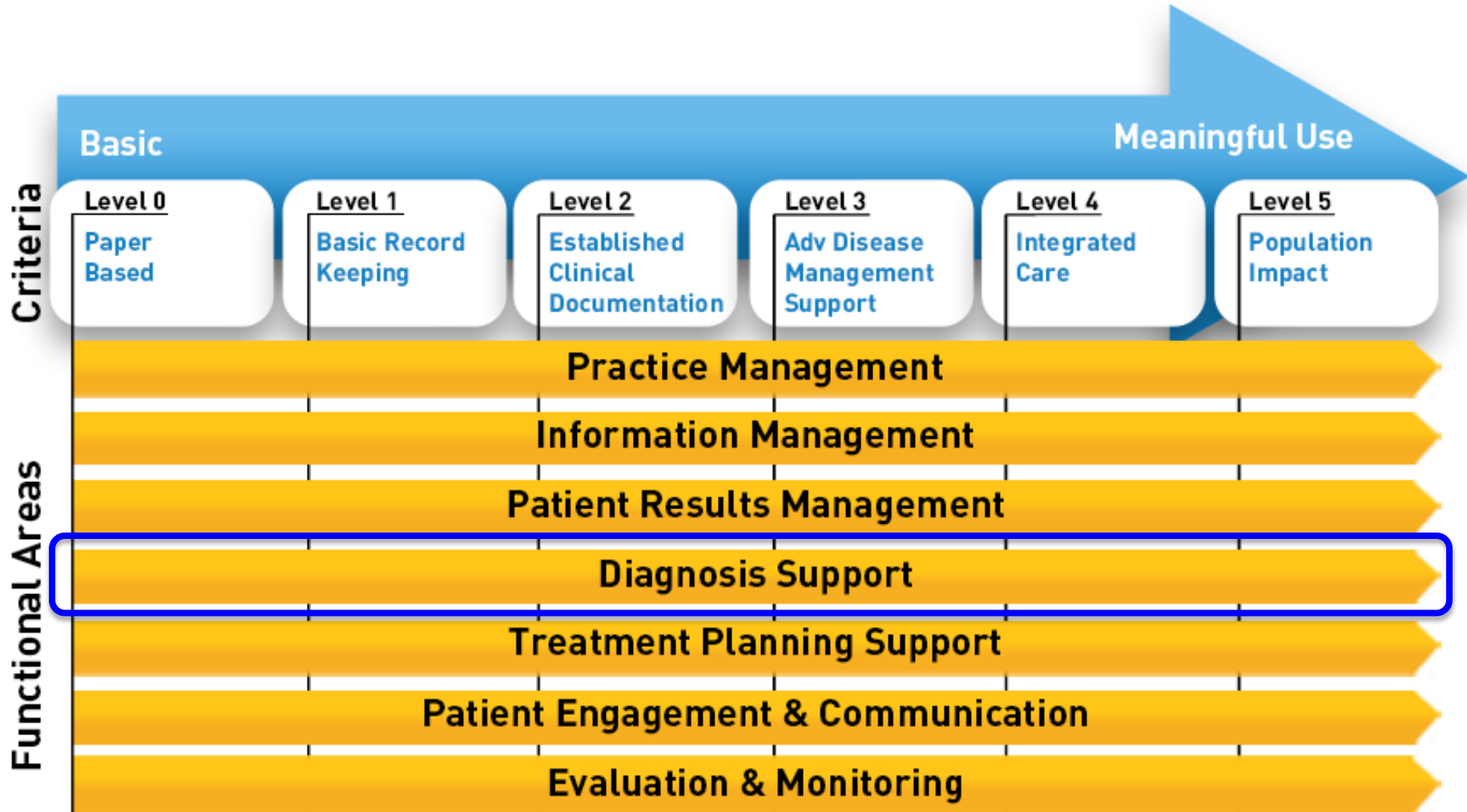


Are you using an EMR?

A. Yes

B. No

EMR Maturity Measured



Where do you think you are in terms of your EMR maturity level?

- A. Level 1
- B. Level 2
- C. Level 3
- D. Level 4
- E. Level 5

Preventative Care Levels

Level 2	Reminders and alerts at point of care
Level 3	Generation of list of eligible patients dues and overdue for screening
Level 4	Access provider specific reports (ie: SAR), do advanced tracking of preventative care using EMR
Level 5	Link to provincial integrated service to bi-directionally share information and respond to recommended procedures

EMR Maturity Today

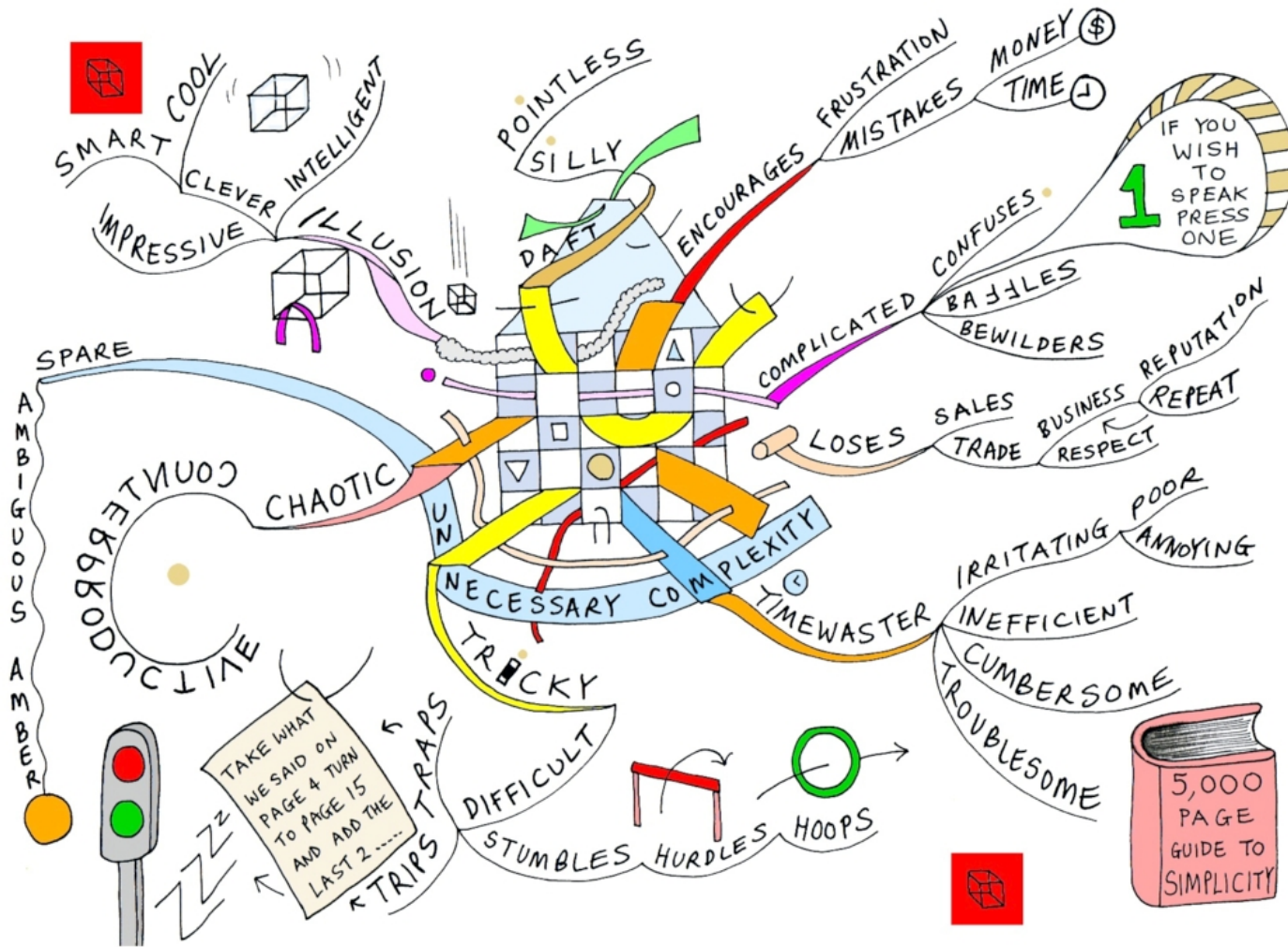
Preventive / Follow-up Care

EMR Progress Report For Practice: Current State (Where I am)																												
Matrix																												
Physicians Reporting	Practice Administration				Information Management						Patient Results Management					Diagnosis Support			Treatment Planning		Patient Engagement		Evaluation & Monitoring					
	1	2	3	4	5	6	7	8	9	10	11a	11b	12a	12b	13	14	15	16	17	18	19	20	21	22	23	24	25	
	Appointment Scheduling	Practice Billing	Communication & Coordination	Business Continuity Planning	Registration Information	Encounter Documentation	Data Quality Management	Nomenclature Consistency	Document Management	Privacy & Security	Laboratory Orders	Laboratory Results	Diagnostic Imaging Reports Orders	Diagnostic Imaging Reports Results	Hospital Summary	Referrals & Consults Tracking	Patient Assessment Tools	Preventive/Follow-up Care	Evidence Based Resources	Care Planning & Coordination	Medication Management	Complex Care/Chronic Disease Management	Patient Education	Self-Care Co Management	Health Quality Indicators	Health Outcome (Provincial Reporting)	Public Health Reporting	
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GRP 16																												
AVG																												

Legend

- Not Applicable
- Level 0 Paper Based
- Level 1 Basic Record Keeping
- Level 2 Established Clinical Documentation
- Level 3 Advanced Disease Management Support
- Level 4 Integrated Care
- Level 5 Population Impact

Sounds Simple. Right?



Are You Using Your EMR for Cancer Screening?

- A. Yes
- B. No

Which EMR Are You Using?

- A. Practice Solutions
- B. OSCAR
- C. Jonoke
- D. Clinic Information System (P & P)
- E. Other

How Can EMRs Help with Screening?



Population-Based Screening

- Identify target population
- Invite or remind population to screen (phone, letter, email)

Opportunistic Screening

- Set alerts for overdue screening

First-Hand Experience



Thornhill Medical Centre

Thornhill Medical Centre

Thornhill Village Family Health Organization

Thornhill, Ontario

CANADA

Population-Based Screening

Generate Letters Print Labels Generate Care Alerts

Overnight Profile Report for Greiver, Michelle

Generate Letter for Patient

Template: FOB reminder letter (FHT) Options

Template Body (maximum 7000 characters allowed)

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.

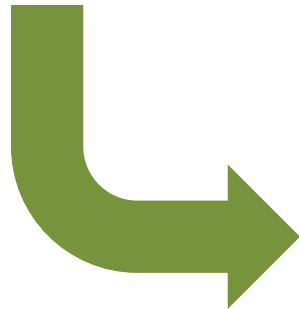
Please come to the office anytime during business hours to pick up your FOBT kit. You do not need to make an

Preventive
Service
EMR Manuals
North York
Family Health Team



North York
Family Health Team

Dr. Michelle Greiver
North York Family Health Team
705, 240 Duncan Mill road
Toronto, ON
M3B 3S6, Canada
Phone: 416 222-3011



Aug 17, 2012

Last name, First Name
Address

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 Primary Care Provider, I appreciate the opportunity to work with you to prevent illnesses and enhance your health.

Opportunistic Screening

Preventive Service Custom Toolbar St. Michaels Hospital Family Health Team

Last CPX: May 12, 2011	Last Flu Shot: Nov 30, 2011	Last FOBT: Aug 20, 2011	Last Mammo: No data	Last Pap: Aug 1, 2012	Last BMD: No data	Last colonoscopy: No Data
Next CPX: May 12, 2012	Next Flu Shot: Nov 30, 2012	Next FOBT: Aug 20, 2013	Next Mammo: No data	Next Pap: Aug 1, 2015	Next BMD: No data	Next Colonoscopy: No Data

Health Maintenance Alerts
Built-in Functionality, Nightingale EMR



What's Next?

