CPSO PEER ASSESSMENT AND YOUR EMR

Getting your EMR to help you with the Peer Assessment

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FACULTY/PRESENTER DISCLOSURE

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Relationships with commercial interests:

- Amgen, Pfizer, BMS, Boehringer-Ingelheim, Lilly, Novo-Nordisk, Astellas, Bayer , Astra-Zeneca, Lundbeck, Purdue, Janssen, Allergan, Servier

CPSO PEER ASSESSMENT

- Meant to be an educational, NOT a punitive process
- Over 80% are found to be satisfactory, with no further intervention
- No one is perfect, nor are they expected to be
- Willingness to change and recognition of your own possible shortcomings (with respect to your charts and practice) are very favourable attributes

PEER ASSESSMENT OUTCOMES (2015)

Total QA Peer Assessments 2015: 1,048

	Satisfactory	Re-Assessment	Interview
Overall	80%	14%	6%
Random	87%	7%	6%
Age 70	76%	15%	9%
Age 70+	75%	14%	11%

PEER ASSESSMENT OUTCOMES 2014 - 2016

OUTCOMES AND DATA HIGHLIGHTS:

Type of Physician Assessment	2014	2015	2016
QA Peer Assessments	1,145	1,048	1,295
Change in Scope of Practice Assessments	21	32	36
Re-entry to Practice Assessments (through QAC)	6	3	3
Peer & Practice Reassessment (Comprehensive)	3		9
Methadone Assessments	79	87	98
IHF Physicians Assessed	311	298	465
OHP Physicians Assessed	50	111	382
Assessments for Registration Decisions	150	193	107
Pathways Assessments	631	612	422
TOTAL	2,396	2,384	2,817

Peer Assessment Outcomes

	Satisfactory Assessment			Re-Assessment			Interview		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Overall	81%	80%	83%	11%	14%	12%	7%	6%	5%
Random	88%	87%	93%	8%	7%	5%	4%	6%	2%
Age 70	79%	76%	82%	12%	15%	14%	8%	9%	4%
Age 70+	76%	75%	86%	13%	14%	8%	11%	11%	4%

PRE-ASSESSMENT

- **Pre-assessment call:**
  - Tell MD that you use an EMR and which offering it is
  - Ask him if he will be pre-selecting charts the week before so that you can have names ready for him/her
  - Arrange someone from your staff (or yourself) to be available for a quick tutorial (10 minutes) on how to maneuver through your EMR to the essential components (CPP, notes, labs, DI)
  - Arrange for a room to be available for the MD to use with access to the EMR
  - If certain components are not on the EMR, let him/her know before starting (i.e., labs from hospitals, etc.)

Pre-assessment call: New Protocol (NOT specialists)

Chart Selection: New Assessment Protocol:

- New protocol involves YOU choosing 110 different patient names/individual visits from the EMR Calendar at least 6 months prior
- **Print** out those calendar pages/Day sheets, and beside them should indicate the main reason for visit
- You will be asked to select 14 charts that are representative of your practice (diabetes, bp, well baby, prenatal, mental health, etc.)
    - Assessor will select 7 of 14 that you chose
    - He will also select another 7-10 from the list of 110, to include the major areas suggested by CPSO protocol (i.e. Prev. Care, BP, Diabetes, Mental health, Well baby, Pain, Acute care

DAY OF ASSESSMENT

- Quick tutorial
- Log in (either unique) or your own
- Offer contact person for questions during assessment (i.e. staff member who knows how to use EMR) - does NOT have to be you
- Ask the assessor how long he/she will be and you can go ahead and see patients (usually 2 to 2.5 hours)

ESSENTIAL EMR COMPONENTS FOR ASSESSMENT: CPP

- The backbone of all charts (EMR and paper)
- CPSO Medical Records policy states that maintaining a CPP is mandatory (not just recommended)
- Make sure the assessor knows how to get in and out of the CPP (crucial)
- Try to ensure that all essential components of the CPP are present and hopefully maintained and populated

ESSENTIAL EMR COMPONENTS FOR ASSESSMENT: CPP (CONT'D)

- Present problems, meds, past health / surgery, allergies (use NKDA)
- Social History and Family History
- Immunizations
- Preventative care section is very helpful if present on the CPP

ESSENTIAL EMR COMPONENTS FOR ASSESSMENT: NOTES

- Most EMR programs will use a SOAP format
- Your notes should be in a SOAP format
- i.e. Subjective (history) / Objective (exam) / Assessment (diagnosis) / Plan (treatment / investigations)
- Notes should be comprehensive and complete (i.e., not just “exam normal”
- Templates and quick entries are helpful, but need to reflect what YOU have actually done (pre-populated templates are one of biggest problems seen with EMRs; all visits should not look the same)
- Diagnosis is essential

ESSENTIAL EMR COMPONENTS FOR ASSESSMENT: NOTES (CONT'D)

Plan:

- Document your treatment plan
- Meds: dose, directions, length
- Investigations
- Referrals
- Follow up

*****Always document patient refusal and instructions in case symptoms persist or worsen*****

PREVENTATIVE CARE AND HEALTH MAINTENANCE

- Annual Health Exam/Preventative Care Visit:
  - Don’t use unrealistic detailed templates; should be practical and reflect what you actually do.
- Preventative care: Make it easy for the assessor to find
  - Mammograms
  - Pap smears
  - FOBT/colonoscopy
  - BMD and PSA (if done)
- Immunizations: VERY important to see routine adult immunization (i.e., Tetanus, Influenza and Pneumovax) in a central accessible list (i.e., CPP)
- Well Baby: Integrate Rourke and growth charts
  - Immunization lists on CPP, if possible

MOST COMMON DEFICENCIES

- Incomplete or even absent CPP (need all essential components)
- Inadequate SOAP notes (typically lacking history and/or exam detail)
- Routine Immunizations lacking
- Preventative care issues: mammogram, pap, colon, etc.
- Routine labs lacking (i.e., no diabetic labs for >12 months, no lipids in CAD for years, no lytes, creatinine in hypertensive for years)
    - Issue of tying scripts to labs?
    - Is it the MD's responsibility to get labs done or keep prescribing?
- Major deviations from current clinical practice guidelines (i.e., No urine ACR or rare A1c in diabetics, LDL routinely >2.0 in high risk patients)

POST CHART REVIEW INTERVIEW

- Ask Assessor if you can now sit by computer to access your files during your discussion
- If you don't know something, just say so
- If a deficiency is found, and you agree, then state this and make a commitment to change (i.e., "immunization lists are a great idea" or "I need to be more proactive with Pneumovax" or "I should be doing urine microalbumins on my diabetics"

POST CHART REVIEW INTERVIEW (CONT'D)

- The CPSO and Assessor do not expect anyone to be perfect
- This is an educational process
- They are looking for this exercise to possibly improve the practice (if needed)
- Willingness / commitment to change is a huge positive factor

PEARLS

- CPP
- CPP
- CPP
- Comprehensive SOAP notes
- Centrally located / easily accessible preventative care (including immunizations)
- Don’t fret not doing or knowing something, but make a commitment to change / improve with the Assessor
- Always try to document patient refusal or non-compliance so it doesn’t appear to be your fault (i.e., no diabetes labs in 2 years because patient just doesn’t do their blood work)

THANK YOU

Questions?

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