CPSO Peer Assessment and Your EMR

Getting your EMR to help you with the Peer Assessment

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Faculty/Presenter Disclosure

Faculty: Dr. Jeff Habert

Relationships with commercial interests:
Amgen, Pfizer, BMS, Boehringer-Ingelheim, Lilly, Novo-Nordisk, Astellas, Bayer , Purdue, Astra-Zeneca

CPSO Peer Assessment

- Meant to be 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: 1,048

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

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
  - Arrange for 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 with EMR access to be available for MD to use
  - If certain components are not on the EMR, let MD know before starting (i.e. labs from hospitals, etc.)

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

- 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 the biggest problems seen with EMRs; all visits should not look the same)
- Diagnosis is essential

Essential EMR Components for Assessment: Notes

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)

Preventative Care and Health Maintenance

- 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 Deficiencies

- 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.

Most Common Deficiencies

- 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

- 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
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- CPP
- Comprehensive SOAP notes
- Centrally located / easily accessible preventative care (including immunizations)
- Don’t fret not doing or knowing something; 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!

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