



Cancer Care Ontario

# Utilizing EMRs for Cancer Screening

ZABIN DHANJI, AARON RANDALL  
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# Presenter Disclosure

## Zabin Dhanji, MBA, PMP Project Manager Cancer Care Ontario

- **Relationships with commercial interests / support – none**
- **Potential for conflicts of interest – none**
- **Mitigating potential biases – none**
- Zabin Dhanji has not received payment or funding from any organization supporting this program AND/OR organization whose product(s) are being discussed in this program.

# Presenter Disclosure

## Aaron Randall, MBA, PMP Senior Analyst Cancer Care Ontario

- **Relationships with commercial interests / support** – none
- **Potential for conflicts of interest** – none
- **Mitigating potential biases** – none
- Aaron Randall has not received payment or funding from any organization supporting this program AND/OR organization whose product(s) are being discussed in this program.

# Background

## **Research shows that patient reminders are an effective way to encourage patients to get screened**

- Reminders, particularly phone calls<sup>1</sup>, are effective in increasing screening participation.
- Up to 61% of patients get screened based on physician encouragement<sup>2</sup>.

## **Supporting enhanced use of EMRs within the Primary Care sector**

- Electronic Medical Records (EMRs) are a powerful tool for coordination, recording, monitoring and reporting of patient care
- **Over 13,000 physicians use certified EMRs in Ontario**
- CCO's EMR Optimization project supports primary care providers in leveraging EMRs to enhance cancer screening.

# Background

**To make use of existing evidence, and leverage the potential of EMRs, a pilot was developed that consisted of two components:**

- **EMR TRAINING:** In the first part, participating primary care practice staff were trained to use the current functionality of their PS Suite EMR to assist them in identifying patients that are eligible for cervical cancer screening.
- **REMINDER CALLS:** In the second part, practice staff were provided with call scripts and telephoned these patients to encourage them to book an appointment for cervical cancer screening.

**12 practices from 11 regions were recruited to participate in the four-month pilot. Each practice was assigned a CCO support person and a regional observer to guide them through the implementation.**

# The CSRC Pilot Objectives



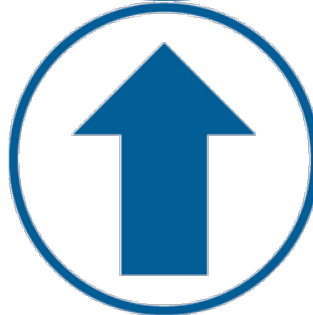
To determine the effectiveness of the patient telephone reminder intervention as a proof of concept



To test the effectiveness of the EMR tools and training to optimize the use of EMR systems for cancer screening



To inform the creation of an implementation toolkit based on EMR optimization and reminder calls for wider rollout to primary care practices



To impact cervical cancer screening at participating practices

# Findings: Pilot Objective 1



1) To determine the effectiveness of the patient telephone reminder intervention as a proof of concept

- Generally the phone call reminder was well received by patients
- Phone calls were seen to be more efficient and effective in getting patients to schedule an appointment versus other forms of outreach
- Teams were more successful when they were able to dedicate more staff resources to the initiative
- Teams reported that the positive outcomes of the pilot were worth the efforts – several sites chose to expand the scope of the pilot without additional resources

# Findings: Pilot Objective 2



2) To test the effectiveness of the EMR tools and training to optimize the use of EMR systems for cancer screening

- Overall clinic staff found the EMR training useful, straightforward and easy to follow
- The training helped them update their skills, and learn new about EMR functionality that would support cancer screening (e.g. running searches to identify patients due for screening)
- Training provided staff with concrete ideas that they could incorporate into their cancer screening workflow



# In their words...

“Awesome videos! Really well detailed and they explain the usefulness of each concept. I also liked the additional videos accompanied as they give good examples of how to create these reminders/searches.”

“The tip sheets (searches, reminders, data cleansing) were a valuable resource, summarizing the modules.”

“All modules were very well done and very easy to follow along with.”

# Findings: Pilot Objective 3



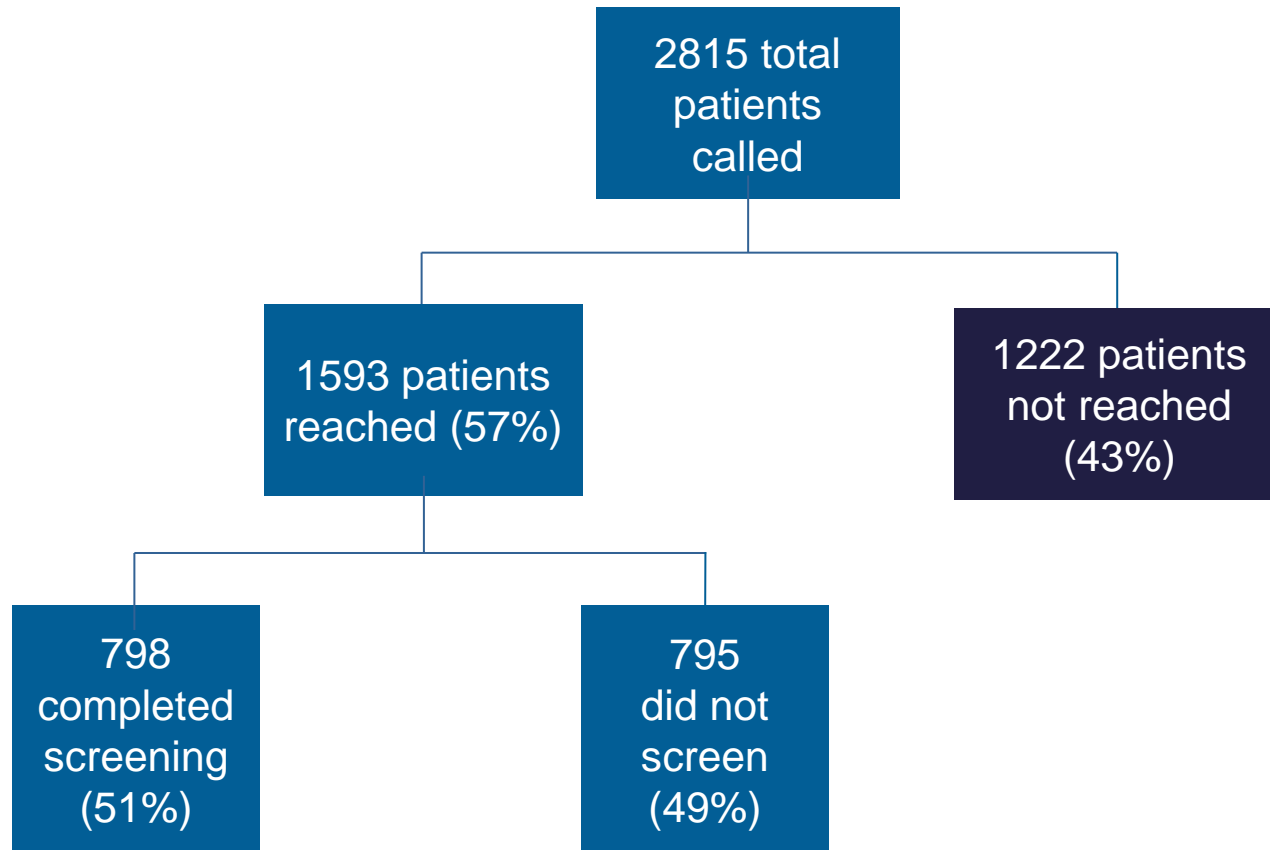
3) To inform the creation of an implementation toolkit based on EMR optimization and reminder calls for wider rollout to primary care practices

Through implementation and evaluation of the Pilot, the project team has been able to:

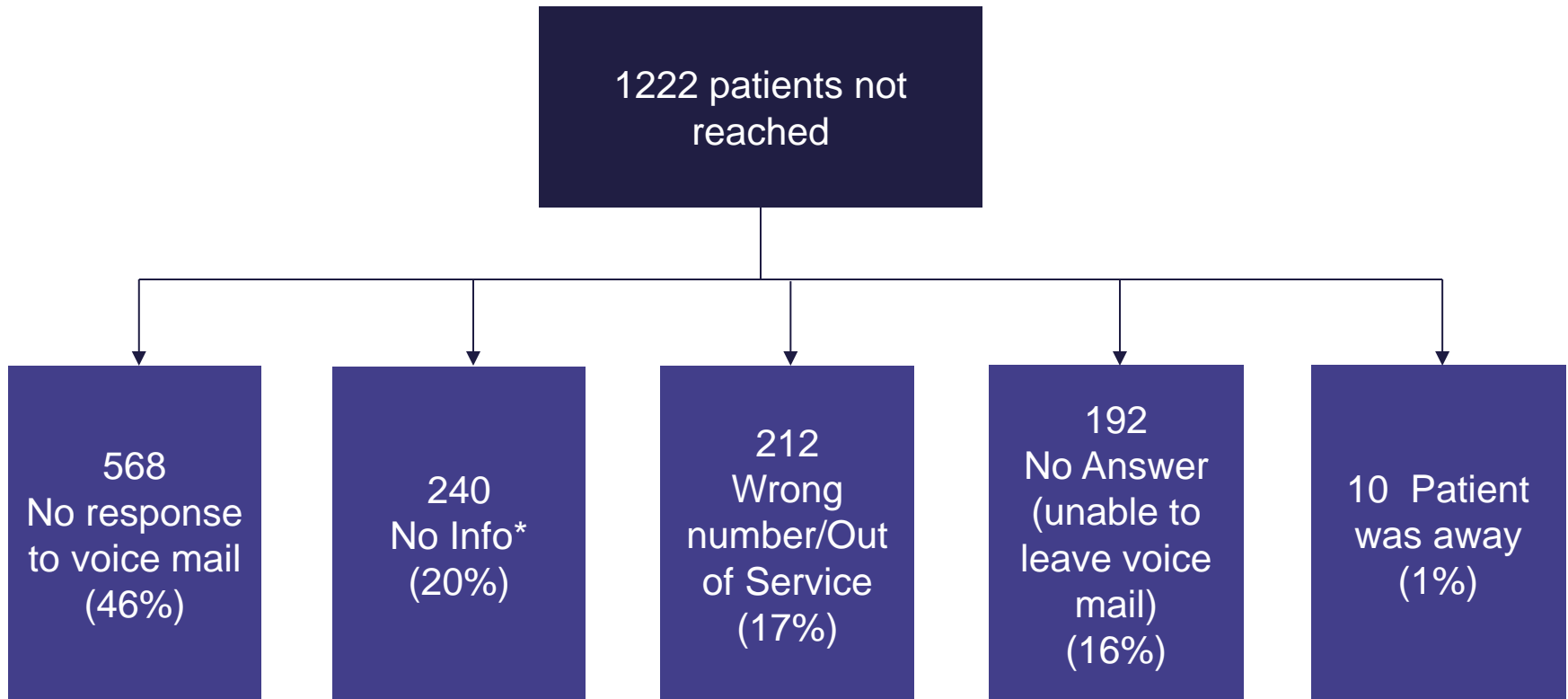
- Test and evaluate effectiveness and usability of the EMR Optimization tools
- Test usability of the call scripts and call log
- Use the ‘high-touch’ support model to help inform the creation of a ‘lower-touch’ support model that would support spread by incorporating:
  - Regional Cancer Program staff as the primary champions
  - Self-directed access to tools and resources to support practices

# Patients Called, Reached and Screened During the Pilot

A descriptive analysis was completed based on data from the practices' call logs  
All 12 participating practices submitted a call log



# Patients Not Reached During the Pilot



*\*Not all clinics consistently recorded the reasons why their patients were not reached*

# Reasons for declining screening

12% (n=195) of patients reached declined screening  
Of those, 51 patients provided reasons for declining

## Most Frequently Mentioned:

- Not Interested
- Does not want one

## Availability Issues

- Busy at school or work
- No time

## Accessibility Issues

- Live too far from the clinic
- Will be away for a long period of time (e.g. university)

## Lack of Perceived Risk

- Is healthy / at low risk
- Close to 70 years old

## Other Reasons

- Too painful
- Against religious beliefs
- Does not participate in screening

## Other Reasons

- Health issues (e.g. need surgery soon, had surgery recently, weight issues, pregnancy)

# Findings: Pilot Objective 4



4) To impact cervical cancer screening at participating practices

- The change in cervical screening rates was not assessed. However, throughout the course of the pilot:
  - 71% of patients reached booked a screening appointment
  - 51% of patients reached were ultimately screened

# Testing Strategies for Spread

## Testing Regional Implementation Model:

- EMR Optimization interventions are underway with primary care teams in two regions (Central East and North East) to test the 'lower touch'
- With high-level support from CCO, Regional Cancer Program (RCP) teams are leading the interventions, which include:
  - Facilitating EMR optimization training (for Accuro<sup>®</sup> EMR)
  - Data standardization processes
  - Patient outreach through phone call reminders
- Development of support resources for the RCPs

# What's Next

**Based on the results of the RCP pilots, we are planning for the spread of the Regional Implementation Model. The main aspects of this model include:**

- Development of a Regional Implementation Toolkit to support the 14 Regional Cancer Programs (RCPs) in facilitating similar initiatives with primary care providers in their regions
- Development of online infrastructure required to support a self-directed implementation model which would include online resources to support both the RCPs and primary care practices
- MainPro accreditation of the EMR Optimization Training as an E-Learning Module
- Exploring opportunities for collaboration and promotion of EMR Optimization tools to sector partner organizations who provide practice-level EMR support



# Questions & Discussion



# For More Information

## Please Contact:

Zabin Dhanji

Project Manager, Primary Care

Cancer Care Ontario

Tel: (416) 971-9800 ext. 2817

Email: [zabin.dhanji@cancercare.on.ca](mailto:zabin.dhanji@cancercare.on.ca)

Aaron Randall

Senior Analyst

Cancer Care Ontario

Tel: (416) 971-9800 ext. 2444

Email: [aaron.randall@cancercare.on.ca](mailto:aaron.randall@cancercare.on.ca)

*Thank you!*

