



# Steinbach Family Medical Center

PIN Day IV

May 30, 2008



# SFMC Involvement

- EMR use
  - Maintaining core patient database (staff task)
  - Physician awareness of EMR features relating to PIN
    - Prevention screen, care plans
  - Maintaining chronic disease diagnoses relating to PIN (Health risk identification, prevention, diabetes, asthma, CHF, hypertension, coronary artery disease, mental health)
- Data collection – 3 sets of data Sept 07, Jan 08, April 08
  - Core patient data on CIHI indicators
  - Individual physician data on certain prevention items
- As control group, no systematic interventions, no targets



# EMR integration

- eg. FOBT
  1. Prevention screen
  2. Care plan
  3. “Exempt FOBT” in problem list
  4. Occult blood test result



# EMR integration

Screening Items Screening

Patient Name: Jonoke  
 Birth Date: Mar 12, 19...  
 Problem: Exempt F...  
 Type: Test Type ?  
 Symptom: Occult Blood  
 Order Date: 00/00/00  
 Date of Collection: May 23, 2008  
 Entry Date: May 25, 2008  
 Attention To: DUER  
 Read by: markd  
 Reference Range: 0-0  
 Result: negative

Buttons: [X] [Checkmark] [MOD] [REC] [REC] [PRINT] [COPY] [Printer]

Buttons: [Normal] [Critical] [Final] [Select an ACTION]

m/Rectal Cancer.  
 at everyone should  
 is a simple screening  
 ate a polyp or cancer.  
 colon and rectal cancer  
 risk of colon or rectal  
 iles and have a screening

urther questions  
 normal results will be



# EMR integration

- Care Plans
  - Breastfeeding
  - Healthy Lifestyle
  - Influenza
  - Pneumococcus
  - Pap
  - Occult Blood
  - Mammogram
  - Smoking cessation



# PIN Stats

	Sept 07	Jan 08	Apr 08
Core Patients	19566	20424	20897
Diabetes	688	923	926
Smoking	827	942	968
CHF	299	250	239
CAD	655	641	631
Pap	55.3%	63.1%	64.7%
Cholesterol (F)	82.4%	28%	35.3%
Mammogram	67.9%	72.5%	72.7%



# Practice Profiles

	Physician 1	Physician 2	Physician 3	Physician 4
Practice Size	2201	1675	1438	1167
Female / Male	49 / 51	55 / 45	80 / 20	40 / 60
Age 50 - 70	22% 477	15% 260	13% 193	23% 275
Age >70	12% 255	13% 210	4% 55	11% 132
Diabetics	92	63	58	79
Pap	686	493	838	277
FOBT	732	470	248	407



# Observations

- EMR use
- Practice Panel
  - practice size, demographics, disease profile
- Administration / facilitation takes time
  - (whose time?)
- Potential interventions
  - individual physician change vs systemic change



# Practice Time Thresholds

- Who has time for family medicine?  
Pimlott N Can Fam Physician. 2008 Jan;54(1):14-6.
- Ostbye et al applied guideline recommendations for 10 common chronic diseases to a panel of 2500 primary care patients
- Calculated time demands: 10.6 hrs per day
- Conclusion: Improvements in the quality and in the dissemination of guidelines and the integration of other health care providers, such as nurse practitioners, into family health teams could help ease time pressures on family physicians and improve the quality of their work lives.



# Report of the Manitoba Regional Health Authority External Review Committee Feb 2008

“The challenge for RHAs is the creation of a strong partnership between their staff and the individual primary care physicians within their region. Many RHA interdisciplinary teams work on chronic disease management in community-health centres with little or no participation from primary care physicians, who are **not well integrated** into the RHA’s chronic disease management initiatives.”

14.1 Manitoba Health and Healthy Living, in collaboration with the Regional Health Authorities, should accelerate the implementation of **interdisciplinary models** for the effective management of chronic diseases, including financial incentives for participation by primary care physicians.



# Patient Perspective?

*It is terribly insulting to have somebody presume to understand you completely, especially if the person is a medical doctor who doesn't know you very well at all. A lot of people have had this experience. Your encounter with your medical expert becomes a kind of contest to see if you can assert and defend your particular problem against the medical generalization that is being applied to you.*

**- Wendell Berry In "How to Think about Science" CBC Ideas 2008**



# Conclusion

## Quality

- Aided focus on chronic disease and prevention

## Information

- Highlighted EMR features with new integration

## Access

- Increasing interventions – decreased access?
- “Advanced Access”

## Work Life

- RHA integration?