



PIN IV Update

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PIN Objectives

Quality

Information

Access

Work Life



Focus Areas Selected

Coronary Artery Disease

Disease Prevention



Coronary Artery Disease

- Fasting blood sugar
- Lipid Profile screening
- Blood pressure
- BMI
- Lipid reduction counselling
- Beta-blocker use



Disease Prevention

- PAP test
- FOB testing
- Mammography
- Lipid screening
- BMI
- Fasting Blood Sugar
- Child immunizations
- Influenza immunization
- Pneumococcal immunization
- Breastfeeding education
- BP measurement
- Smoking Cessation



Challenges / Questions

- Can we meet targeted goals?
- Will it involve more work?
- Will we be able to change old habits?
- Will our patients notice a difference?



Lessons in Implementation

- Start-up takes longer than initially expected
- Requires champions as well as a collective willingness to participate. Expect some scepticism.
- Data entered today may or may not be useful tomorrow.



Quality

More accurate and pertinent information along with the support of additional care providers should allow for more effective management of and help for patients living with a chronic disease [and for disease prevention].

- We are making significant improvements in achieving our targets.
- The community is becoming more aware



Information

Enhanced use of our EMR information will provide physicians significant support and feedback, to allow them to better manage areas of prevention and chronic disease management in their patients.

- This is an area of obvious gain.
- The project has caused us to input and review data in new ways.



PIN Overview

Implementation

Practice Changes

Conclusions

How does it really work?



Access

By adding alternate care providers, patients will have greater access to the primary health team, especially as relates to prevention and chronic disease management.

- Some access has been increased using nurses.
- Availability of a dietician has not significantly improved access, except to the dietician, but it has been appreciated by patients and MD's.
- Some new visit needs have been created.



Work Life

The incorporation of alternate care providers should improve the working environment for all primary care providers, through a team approach.

- Physicians, nurses and the dietician seem to work along side each other well in a multidisciplinary fashion. At this point, there has been no measured improvement in work life.



Work Life

The incorporation of alternate care providers should improve the working environment for all primary care providers, through a team approach.

- The number of items to address in a given patient visit has increased, meaning longer visits or more visits required.
- Attention to detail does result in a more accurate record and a more complete data base.



Work Life

The incorporation of alternate care providers should improve the working environment for all primary care providers, through a team approach.

- A number of items are required every two years, yet the project is running less than one year – perhaps the work load will settle some, once most of the early goals are met.



...In Progress...

- We have created some extra work, which has resulted in new bottlenecks; e.g.:
 - Colonoscopy after FOBT tests
 - Mammography waiting list



...In Progress...

- Now that we know what we can report, we may need to refine it more to make it more practical and helpful
 - e.g. FOBT / Colonoscopy



...In Progress...

Potential Colon Investigation Groups

- FOBT's offered
- FOBT's completed
- Screening sigmoidoscopies
- Screening colonoscopies
- Investigative colonoscopies



...In Progress...

- CIHI indicators need modification to make them more practical
 - e.g. an age cut off for cholesterol



...In Progress...

- Issues around exemptions
 - How to make them fair
 - Some patients are in or out
 - Some patients should perhaps not be screened
 - Are exemptions permanent?



...In Progress...

- As we push the system forward in computerization, we get frustrated when others cannot keep up
 - e.g. since a software upgrade at Cadham Provincial Lab, we receive labs by fax – when we used to get them electronically!



...In Progress...

- The bottom (\$) line is as yet not clear. Similar programs in other jurisdictions seem to pay physicians significantly more for similar work. How do we make sense of this?



Summary of Challenges / Questions

- Can we meet targeted goals?
 - MOSTLY YES
- Will it involve more work?
 - YES
- Will we be able to change old habits?
 - YES, OVER TIME
- Will our patients notice a difference?
 - YES