Overview of Enrolment Trial in PIN Clinics

The purpose of this document is to provide you with basic information on the patient enrolment process that your clinic has agreed to demonstrate. The enrolment process will be trialed in Physician Integrate Network (PIN) sites beginning June 2013. From October 2014, Quality Based Incentive Funding (QBIF) will be calculated for patients who are enrolled with the site as their home clinic.

The objective of enrolment is to confirm and record the home clinic that the patient considers most responsible for managing his or her care. The objectives of the enrolment trial within PIN sites are to: understand the business processes necessary to support enrolment, learn about patient perspectives on and responses to enrolment, and identify the centralized supports that may be needed to implement enrolment more broadly in the future. Through this trial, PIN sites will help to determine how enrolment is implemented provincially.

New fields have appeared in Manitoba-approved EMRs to support the enrolment process. They are identified as "Enrolment Start Date" and "Enrolment End Date". Alternatively, they may be titled "Rostered Start Date" and "Rostered End Date."

Electronic Medical Record Field Definitions	
Enrolment or Rostered *Start Date*	This *Start Date* field will be used to document a patient's enrolment with a home clinic. A *Start Date* will only be entered when: a) Manitoba Health notified the home clinic of an automatic enrolment; or, b) a home clinic representative had a standard Enrolment Conversation and confirmed that the patient and home clinic have an agreed upon primary care relationship.
Enrolment or Rostered *End Date*	The patient's enrolment will be considered in effect until a date is entered in the *End Date* field. This will signal to Manitoba Health the patient's de-enrolment, i.e. the end of the primary care relationship between patient and home clinic.
Automatic enrolment artificial *Start Date*	Automatic enrolments will be signified in the *Start Date* field by an artificial date of 01/01/1899.

ENROLMENT PROCESS

A. **Automatic Enrolment** – Automatic enrolment is a one-time process intended to identify patients whose attachment to your practice is clear. For the purposes of this enrolment trial, a patient will be considered automatically enrolled with a site if they are recognized by the PIN site as a core patient, provided they are not also identified as a core patient by another PIN site.

   Where more than one site recognizes a patient as a core patient, the patient will be deemed automatically enrolled with the site where the patient has received the greatest proportion of care. This will be determined using the patient assignment algorithm developed by the Manitoba Centre for Health Policy. This algorithm, which includes patients with a minimum of 3 visits within 3 years, will be modified to also include patients with 2 visits within 1.5 years.

   Steps to Complete Automatic Enrolment:
   1. Manitoba Health will provide you with a list of patients who can be confirmed as automatically enrolled, as per the definition above. It is assumed that practices will want to ensure that this status is documented in their local Electronic Medical Record (EMR). Since core patients who will not be automatically enrolled are a small minority, it may be more efficient for the clinic to first identify all core patients as enrolled, and then remove the few exceptions.
   2. Speak with your EMR vendor or site coordinator to complete a mass population of the new Enrolment or Rostered Start Date field in your EMR for all core patients of your site. Use the date 01/01/1899 to identify these as automatic enrolments.
   3. Next you will manually delete the automatic enrolment date of 01/01/1899 from the Enrolment or Rostered Start Date field in your EMR for the patients who have been claimed as core at another PIN site, and who did not receive the majority of their care from you. These patients are a small fraction of the overall patient population. For this task, use the list of patient EMR numbers provided in the report tab "MOC – Confirmed Elsewhere". Do not populate the de-enrolment date.

B. **Active Enrolment** – In less than 1% of cases, a core patient's relationship with a PIN site is not clear. When this occurs, or when a patient is new to the clinic, an explicit conversation between a provider and the patient is necessary to confirm the PIN site as the patient's home clinic. This confirmation is referred to as an enrolment agreement.

   Steps to Complete Active Enrolment:
   1. Manitoba Health will provide you with a list of patients who could not be confirmed as automatically enrolled with your site, but who are otherwise candidates for active

enrolment. It is advised for practices to create an EMR flag, alert, or a reminder associated with the respective patient to remind clinic representatives to have an active enrolment conversation with the patient at the time of their next visit. For this task, use the list of patient EMR numbers provided in the report tabs "MOC – Confirmed Elsewhere" and "MOC – Not Confirmable".

2. When a patient visits the PIN site, a clinic representative (e.g. physician, nurse practitioner, other provider, clinic administrator) will initiate a discussion about enrolment with the patient.

3. During the discussion, the clinic representative will cover the six topics included in the Enrolment Conversation Guidelines. Although all six topics should be touched on, the specific points beneath each are provided only as a suggested guide.

4. If the patient agrees to enrol, a provider will document the enrolment in the EMR record by inserting the date of the enrolment agreement into the Enrolment or Rostered Start Date field.

C. **De-enrolment** – If a patient no longer wishes to be enrolled with their home clinic, they can make a request to the home clinic.

Steps to Complete De-Enrolment initiated at your site:
1. When a patient informs the home clinic that they would like to end the enrolment, the site will input the date of the request into the Enrolment or Rostered End Date field in the patient's EMR record.

2. Where the clinic seeks to terminate a relationship with a patient, College of Physicians and Surgeons of Manitoba guidelines will apply and are to be followed. The de-enrolment will be documented by the site in the patient's EMR record by inputting the date the patient was informed of the termination into the Enrolment or Rostered End Date field.

Steps to Complete De-Enrolment initiated by active enrolment at another PIN site:
1. When a patient is actively enrolled by another PIN site, Manitoba Heath will inform the former home clinic of the de-enrolment. Manitoba Health will provide this information to the site, including the patient EMR number, when their quarterly PIN report is distributed. (At present, Manitoba Health does not receive data updates from EMRs any more frequently than quarterly, and as such, is not able to provide these updates more frequently. Timeliness of these updates is a topic on the list of things to address when preparing for a broader enrolment implementation.) The site will then document the de-enrolment in the EMR by completing the Enrolment or Rostered End Date field.

CLARIFICATION ON ENROLLED, ACTIVE & CORE PATIENTS

During the trial period with PIN sites, it is acknowledged that there will be ambiguity in instances where no Enrolment or Rostered Start Date has been entered for a patient, yet the Patient Status is "active" and a relationship to a specific provider is noted. This may indicate that a patient is only an occasional patient of the clinic, or it may indicate a patient with whom the clinic has not yet had an enrolment conversation, or it may indicate a patient who has declined to be enrolled.

It will continue to be necessary for PIN sites to use the Patient Status field and to identify whether the patient is an active core patient or not. It will also continue to be necessary for the PIN sites to associate a patient with a specific provider within the clinic as applicable using existing processes and EMR fields.

CALCULATING PERFORMANCE AND QBIF

Data regarding changes to patients' enrolment status will be included as part of the regular quarterly extract and report process. June 2013 to September 2014 will be considered the change management period for enrolment. Beginning October 2014, PIN indicator achievement and QBIF will be calculated based on enrolled patients. You may wish to review Schedule A, section A4 on Patient Enrolment, of your PIN Service Purchase Agreement. Should you require any further information or clarification, please contact a member of the PIN Core Team.

REIMBURSEMENT OFFER FOR ADMINSTRATIVE SUPPORT

Manitoba Health recognizes that there may be a modest impact on PIN sites demonstrating the enrolment process related to administrative support time to complete:
- Automatic Enrolment Step #3 – delete the automatic enrolment start date in the EMR for the patients who could not be confirmed as automatically enrolled
- Active Enrolment Step #1 – create an EMR flag, alert, or a reminder to have an active enrolment conversation with a patient at the time of their next visit

Based on site input, Manitoba Health is offering PIN sites the opportunity to receive support for the one-time cost of completing these steps. You may claim up to 5 minutes per patient record that needs to be manually adjusted at an hourly rate of up to $17.00. Title your invoice "PIN Enrolment Process Support".