Abstract Submission Form 2019 #8

Salutation: *	Ms.
First Name: *	Briar
Last Name: *	DeFinney
Clinic/Company: *	North York Family Health Team
Role: *	Quality Improvement Specialist
Phone Number *	
Email Address: *	

Type: *	Concurrent Session

Salutation: *	Ms.
First Name: *	Briar
Last Name: *	DeFinney
Role: *	Quality Improvement Specialist
How long have you been using an EMR? *	2 years

Salutation:	Mrs.
First Name:	Suja
Last Name:	Arackal
Role:	Data Manager
How long have you been using an EMR?	6 years

Salutation:	
First Name:	
Last Name:	
Role:	
How long have you been using an EMR?	

Who is your target audience? *	New EMR Users Intermediate EMR Users Advanced EMR Users
Abstract Title: *	Simple strategies to keeping EMR data clean and up-to date
Learning Objectives: *	1. Introducing basic strategies to improve accuracy and quality of EMR data
	2. Collaborating with and encouraging physicians to clean their own data and keep it up to date
	3. Exploring the feasibility and sustainability of spreading a data-driven initiative at a large, academic multi-site primary care organization.

Abstract: *

Electronic Medical Records (EMRs) are a rich source of data for several areas of primary care research including longitudinal comparisons over time, disease surveillance for chronic diseases such as diabetes and hypertension, and identifying gaps in patient care and our health system overall. However, the usefulness of the EMR data is dependent on the structure, extractability and quality of the data (Birtwhistle et al, 2015).
To improve the accuracy and quality of EMR data, the North York Family Health Team (NYFHT) has implemented a data cleaning initiative as part of its internal Quality Improvement (QI) plan. The goal is to have 100% of FHT member physicians updating their patient lists within their respective EMR. Performance feedback reports are generated by the NYFHT Data Manager, specific to each office location, and updated on a quarterly basis. These reports include a list of patients requiring clinical intervention by the office. As a collective, each FHT office works towards the annual targets identified in their QI plan, for example de-prescribing sedative hypnotics and Proton Pump Inhibitors (PPIs) among geriatric patients and improving follow up rates for patients with diabetes

requiring HbA1c testing.
When physicians are not consistent in updating their patient lists (i.e. changing patient status to ‘deceased’, ‘moved away’ etc.), inaccurate lists are being generated by the NYFHT Data Manager which can interfere with the quality of data extraction used to identify gaps and opportunities in patient care.

Thus, the data clean-up initiative was brought to NYFHT’s Data Standardization Working Group which includes physicians, nurses, other allied health professionals, a data manager, medical director and QI specialist. This committee agreed on a strategy to clean patient lists by focusing on all inactive patients who still have their status listed as ‘active’ in the EMR. The first step was clarifying the definition of an ‘inactive’ patient. Feedback was received from physician members through their Family Health Organization (FHO) leads. The term ‘inactive’ has agreed to be defined as someone that has had zero visits with their primary care provider within the past 4 years. Two different queries were developed in the two EMRs which identified these patients. The generated lists are sent individually from the NYFHT Data Manager to 88 physicians via EMR messages to review with their team. After reviewing, physicians will change the status of the patients themselves or send the lists back to the Data Manager with corrections and the NYFHT Data Manager will clean up the lists by correcting the status. Cleaning up the data can be done by re-running the queries and bulk change the status of the patients all at once. Key motivators for physician participation include having more up-to-date and accurate patient data, as well as the potential financial incentive in identifying non-rostered patients who could be re-rostered, and de-rostering patients that are no longer part of their practice who have been incurring high numbers of outside use.

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