

Abstract Submission Form 2017

#22

Salutation: *

Dr.

First Name: *

Rosemarie

Last Name: *

Lall

Clinic/Company: *

Platinum Medical FHO

Role: *

Family Physician

Phone Number *

Email Address: *

Type: *

Concurrent Session

Salutation: *

Dr.

First Name: *

Rosemarie

Last Name: *

Lall

Role: *

Family Physician

How long have you been using an
EMR? *

8 years

Salutation:

First Name:

Last Name:

Role:

How long have you been using an
EMR?

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

Abstract Title: *

Proactive and opportunistic management of diabetics: how we harnessed EMR to change the way we manage diabetics

Learning Objectives: *

1 The use of the capabilities of EMRs has the power to change how your practice functions.

2 Implementation strategies

3 Capture "Lost to Follow up" Patients

Abstract: *

The majority of Ontarians receive their medical care in private clinics where staffing levels are considerably lower than those available in multidisciplinary health care teams such as FHTs, FHNs and CHCs. Using EMR programs, re-designed clinic processes; and without the anticipated increase in staffing, we were able to improve our ability to manage screening and monitoring of diabetic patients.

EMR has been the foundation upon which we build our improvements. Our preliminary analysis of this 3-year ambidirectional cohort study indicate that the number of reviews increased by almost 300% and the number of reviews per diabetic patient increased from an average of 1 /year to 3 /year, after implementation.

To achieve these increases we used some of the strengths of EMR at various stages. Our first task was to identify and populate the tables that track diseases or conditions such as diabetes. This required the searching (using the EMR's programming language) for keywords

in chart notes or sections of the CPP, for positive lab results for diabetic tests such as HbA1c, fasting blood glucose and OGTT and for prescriptions of diabetic medications.

Having diabetics identified in a “disease” table allowed us to use the EMR to select e-mails of all diabetics and send them details of the new processes of diabetes management. We used EMR to stagger the number of patient being booked for reviews (in this case, using birth month). We also introduced opportunistic reviews; that is, doing a review when a patient booked an appointment for something else. To identify these patients we wrote an EMR program that lists all diabetic patients who have an appointment booked, who have not had a diabetic review in the prior 3 months, who does not have a future diabetic review scheduled AND has recently completed bloodwork. This program is run throughout the day to include those diabetic patients who show up for same-day appointments or simply walk-in. This program also identified diabetics who were simply avoiding dealing with their diabetes. To improve the number of reviews, we also ran a program that would list cancelled or “no-show” reviews that had not been re-booked.

Education is an important element in the proper management of diabetes. We integrated referral forms for diabetes education of various local providers that can be easily retrieved and faxed directly from the EMR. Patients’ preferred pharmacy is integrated in EMR such that a physician can fax a prescription directly to the pharmacy of choice; often from home (by remote access) when a chart review is being done. Although not fully embraced by the physicians, we also provide them with a list of long-term medications that are due to expire (before the pharmacy faxes in the request).

The new process for the management of diabetics has been a great success and the harnessing of the capabilities of our EMR was fundamental to its success.
