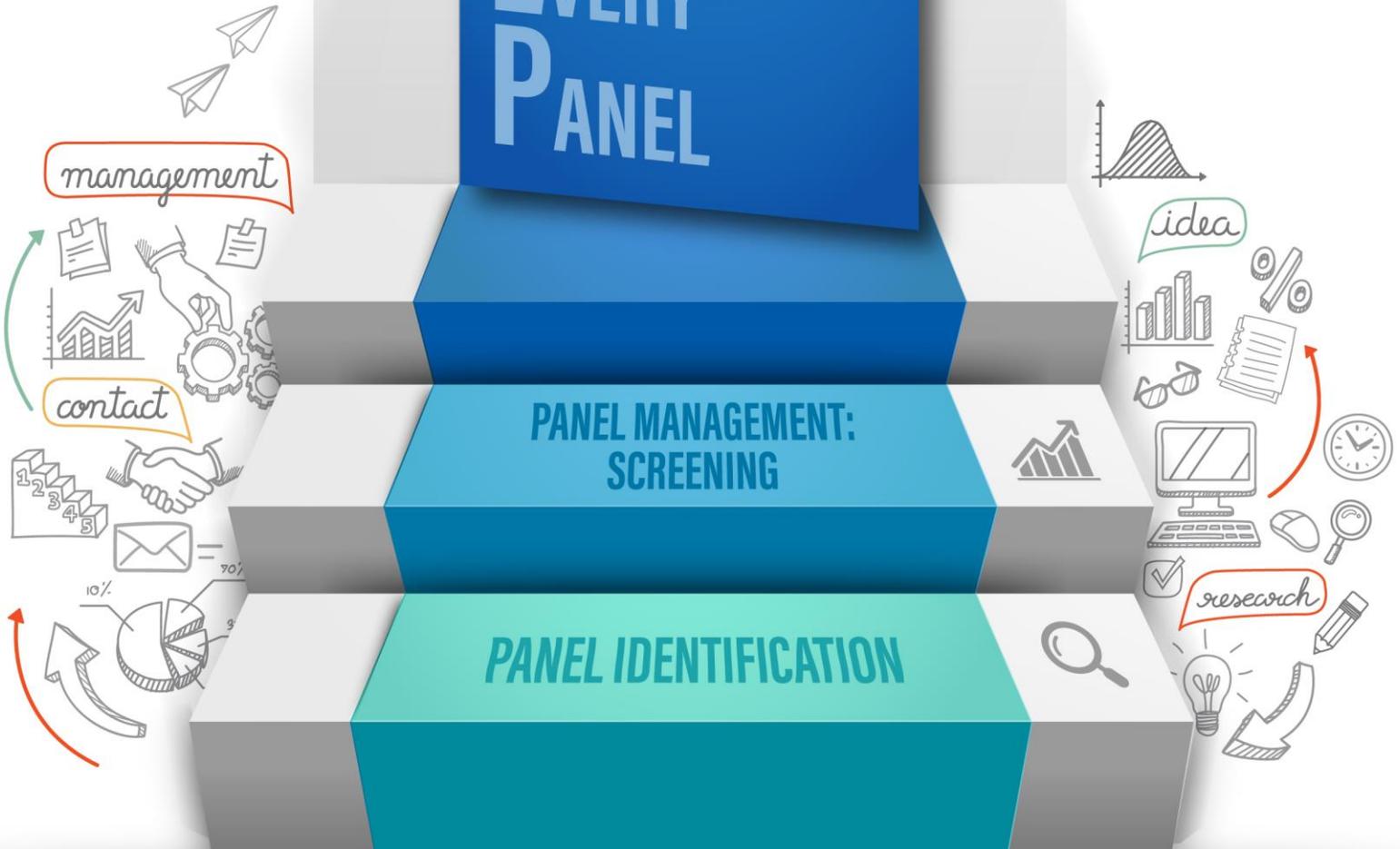**S**UPPORTIVE
TOOLS FOR
EVERY
PANEL

PANEL MANAGEMENT:
SCREENING

PANEL IDENTIFICATION

TOOLKIT

Introduction:

This document was created to provide easy access to tools and resources that clinic teams may need as they work on developing panel processes. It is aligned with, and can be accompanied by, the STEP Workbook and the STEP Checklist. It also specifies how each activity relates to the Patient's Medical Home (PMH) and the 'implementation elements' necessary for transformation to high functioning medical homes (see Appendix). Consequently, this toolkit and accompanying documents also work well with the Patient's Medical Home Assessment - a tool for primary care practices to identify the specific changes that create transformation.

The toolkit specifically covers activities related to 'panel identification', and 'panel management' as it pertains to screening. Panel management related to disease management is a more advanced activity that teams can work on once they have established screening activities.

As clinics implement panel activities, it will be important to measure to determine that each change is resulting in improvement. Some of the indicators and measurements contained in this document reflect not only immediate impacts, but also the long term and cumulative influence of a highly functional medical home.

The document can be used alongside other tools and resources including, but not limited to:

1. **STEP Checklist**- This checklist is intended as a guide for panel and screening activities. It is a shortened version of this toolkit that includes only the activities and outputs. It can be used by clinic teams, improvement facilitators or PCNs to monitor and document progress; as a tool to assess training needs for panel work; and/or to define and prioritize future goals.
2. **STEP Workbook**- This workbook, intended to be used at the clinic level, takes each activity outlined in this toolkit and provides a brief explanation. Following each explanation, there is an exercise component that includes reflective questions and suggested activities. Successful completion of the exercises generally indicates that a team has mastered the activity.
3. **Patient's Medical Home (PMH) Assessment for your Practice** – This is a facilitated self-assessment tool for clinics. The following bullets describe the purpose of the tool:
   - Developed for practices as a voluntary tool to assess routine activities that support PMH
   - Provides a "snap shot" of where practices are in their journey toward the PMH
   - Allows teams to build a common understanding of team processes in the steps toward the Patient's Medical Home
   - Helps practices set priorities and create customized action plans
   - Provides a validated self-reflective tool that can be repeated over time

   Once a clinic team has completed the PMH Assessment and has set goals, the improvement facilitator can use the tools specified in the PMH Assessment levels column in this STEP Toolkit. These can be used by improvement facilitators to help show teams how the STEP activities relate to progressing toward PMH transformation.

Planning:

A clinic may have a highly trained and capable Proactive Office Encounter Technician (POET)/ Panel Manager/ Patient or Primary Care Coordinator (PCC), but if the conditions for success are not in place in the background, his/her ability to support panel work will be hampered. Conditions refer to the:

a) supportive context of recognizing and reinforcing good performance, as well as access to resources and information
b) clinic policies, procedures and incentives that are aligned with panel goals
c) "signals" from the practice leadership that the team working on panel matters to the practice

Conditions for Success:

☐ Championship for Patient's Medical Home:
   ☐ Clinical champions can be named (Medical Lead/ Admin Lead)
   ☐ Clinical champions can be linked to goals and actions
   ☐ Organization champions can be named (e.g. Clinic Managers, Clinic Owners, Corporate Leadership)
   ☐ Form the panel based care team (to be determined by individual clinics)
☐ Patient's Medical Home Goals…
   ☐ can be identified for proactive panel-based care
   ☐ are shared with the team
   ☐ are linked to an action plan with assigned roles and responsibilities
☐ Progress on goals is…
   ☐ documented
   ☐ reported based on goals and actions
   ☐ evaluated
   ☐ shared back with the team
☐ Patient's Medical Home work in the practice is supported by…
   ☐ job descriptions for team members that reference the work
   ☐ dedicated resources for the work
   ☐ protected time to do the work
   ☐ policies and procedures to allow team members to improve the work
   ☐ training plans for team members
   ☐ recognition of team members' efforts

*At every stage the clinic can revisit these conditions to reassess the level the team is at.

Special Note: **Standardized data entry** is required to report and aggregate screening rates and population based information collected at the point of care. Maturity of the Medical Home is proportional to a clinic's ability to leverage and capture information for meaningful use. This is an essential condition for success and significant work in this area is foundational.

Activity	Outputs	Tool Available	Patient's Medical Home Assessment Level
		Panel Identification Level 1	
Identify active patients that are attached to a primary care provider	Established and documented processes that identify all patients attached to the panel.	Guide to Panel ID http://www.topalbertadoctors.org/file/guide-to-panel-identification.pdf TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports/#vendor Guiding Principles to Effective Use of EMR for Patients Medical Home Work http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf	Panel 9C
Roles and responsibilities are outlined and assigned for panel identification	Job descriptions are documented and produced	Guide to Panel ID, Appendix B (Panel Maintenance Tool) http://www.topalbertadoctors.org/file/guide-to-panel-identification.pdf	Panel 9B Leadership 3C
EMR configurations and settings are managed by one or more clinic staff	One or more clinic staff is assigned to manage the EMR configurations and settings. Person(s) responsible for this work is documented	EMR Data Entry Assessment checklist http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports/#1	Leadership 3C CFI 8C
Patient statuses are defined, configured and shared with the clinic team	List of status definitions, configuration and clinic workflow process are documented and shared with the team	TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports/#1	Panel 10C
Patient panel list for each provider is available internally to the clinic team	List of patients for each provider is produced from the clinic EMR	TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports/#1	Panel 10C

A standardized process for patient validation is established and documented. A validation rate is produced and shared with the team	A validation rate is documented and shared with the team.	TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports/#1	Panel 12C CFI 6C
<td colspan="4" align="center">Panel Identification Level 2</td>
Patient panel lists are regularly: (1) produced for each primary care provider; (2) shared internally; and, (3) discussed as a team to review accuracy	Patient panel list is produced for each provider. Team meetings are held to address inaccuracies arising from the review.	TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports/#1	Panel 9A
Conduct EMR searches to actively clean the panel	Documented list of your EMR clean up searches to be run at regular intervals	TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports/#1	CFI 5C
Patient demographics, provider assignment or status definitions are updated as a result of the EMR clean up searches	Documented processes outline actions you take with your EMR searches and how you can use them to clean up your panel and maintain a clean panel	Guiding Principles to Effective Use of EMR for Patients Medical Home Work http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf	Panel 9B
For patients seen within the last 3 months, patient validation rate is greater than 90% and results shared with the clinic team	Clinic team has consistently achieved a patient validation rate of 90% or greater	Understanding Numerators and Denominators Tool (coming soon)	Panel 6C Panel 7B

Panel Identification Level 3			
Research, compare and discuss the value and use of available external reports to inform quality improvement and patient care. Provider applies for and receives the chosen external report(s)	HQCA panel report PCN supported report Alberta Health Panel report CPCSSN (see workbook for more information on reports)	Alberta AIM http://www.albertaaim.ca Canadian Primary Care Sentinel Surveillance Network http://cpcssn.ca Health Quality Council of Alberta http://www.hqca.ca	CFI 5B CFI 6C Panel 9A Panel 12C
Based on selected external reports, goals and actions for improvement are planned and assigned	At least one or more assigned quality improvement activities are trialed, completed and documented	TOP QI Guide http://www.topalbertadoctors.org/file/quality-improvement-guide.pdf AIM Tools http://www.albertaaim.ca	CFI 6C CFI 7B
During the last 3 years, patient panel validation rate is greater than 90% and results shared with the clinic team. The panel report indicates the current validation rate and the rate tracked over time	Clinic team consistently achieved a panel validation rate of 90% or greater during the last 3 years	Understanding Numerators and Denominators Tool (coming soon)	Panel 6C Panel 7B
Expertise is demonstrated by independently conducting quality improvement activities based on internal and external reports and unique clinic traits	Ongoing quality improvement activities and accurate patient panel reports	Guiding Principles to Effective Use of EMR for Patients Medical Home Work http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf Peer to Peer EMR Network Program http://www.topalbertadoctors.org/events/albertapeertopeeremrnetworkprogram	CFI 6B CFI 7B

Panel Management: Screening Level 1			
Clinic team establishes standardized clinic workflows for proactive patient care (opportunistic screening) for chosen maneuvers	Documented list of maneuvers clinic workflows with assigned roles and responsibilities are produced for at least 5 screening maneuvers (clinic and/or PCN specific)	ASaP Key Messages http://www.topalbertadoctors.org/file/asap-key-messages.pdf ASaP Intervention http://www.topalbertadoctors.org/file/asap-intervention.pdf Maneuvers Menu for Adults http://www.topalbertadoctors.org/file/asap-maneuvers-menu.pdf The Why Behind the Maneuvers Menu http://www.topalbertadoctors.org/file/asap-the-why-behind-maneuvers-menu.pdf Maneuvers Menu Reference List http://www.topalbertadoctors.org/file/asap-maneuvers-menu-reference-list.pdf PCN Workload Trackers (coming soon) EMR Data Entry Assessment (coming soon)	OEBC 19C
Clinic team establishes standardized data entry workflows for proactive patient care for chosen maneuvers in EMR reportable fields (document keyword lists, etc.)	Documentation and communication of standardized workflows are shared with the clinic team	TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports	OEBC 19C
Identify exclusion criteria for chosen screening maneuvers (if any)	Exclusion criteria is documented	Clinical Practice Guidelines: Breast Cancer http://www.topalbertadoctors.org/cpgs/?sid=2&cpg_cats=12&cpg_info=1 Cardiovascular Disease Risk http://www.topalbertadoctors.org/cpgs/54252506 Cervical Cancer http://www.topalbertadoctors.org/cpgs/?sid=2&cpg_cats=15&cpg_info=8	OEBC 18B Panel 10B

Clinic/ Provider agrees to participate in the data sharing strategy	Signed DSA/ IMA (EMR Vendor and PCN Specific)	Alberta Medical Association https://www.albertadoctors.org/leaders-partners/emrs/privacy/what-you-need-to-know-about-privacy-agreements Health Information Act http://www.qp.alberta.ca/documents/Acts/H05.pdf	Panel 12C
Review charts manually to proactively determine eligibility for screening. Screening needs are communicated to the team	Eligible patients are identified for screening. Opportunistic screening conducted for chosen screening maneuvers	Maneuvers Menu for Adults http://www.topalbertadoctors.org/file/asap-maneuvers-menu.pdf	OEBC 19C
Investigate and/or trial EMR features and functionality to support the automation of proactive screening	Action plan to leverage EMR features and functionality is shared with the clinic team	TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports Guiding Principles to Effective Use of EMR for Patients Medical Home Work http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf Peer to Peer EMR Network Program http://www.topalbertadoctors.org/events/albertapeertopeeremrnetworkprogram	OEBC 19C CFI 8D

Panel Management: Screening Level 2

Identify numerator and denominator for each chosen screening maneuver including exclusion criteria (PCN or clinic chosen maneuvers)	Numerators and denominators are identified for each chosen maneuver	Maneuvers Menu for Adults http://www.topalbertadoctors.org/file/asap-maneuvers-menu.pdf Understanding Numerators and Denominators Tool (coming soon)	CFI 6C Panel 12D
Generate numerator and denominators for each chosen maneuver from the EMR	Searches have been created and saved in the EMR	Guiding Principles to Effective Use of EMR for Patients Medical Home Work http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports	Panel 12C

Calculate screening rates for each chosen maneuver and determine goals for improvement (# pts screened / # pts eligible) X 100 = %	Screening rates are shared (internally/ externally)	Guiding Principles to Effective Use of EMR for Patients Medical Home Work http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports	Panel 12B
Proactive patient screening needs are automated in the EMR (e.g., rules, triggers, reminders, flowsheets)	Automation features in the EMR for chosen screening maneuvers are configured and in use by the clinic team	Guiding Principles to Effective Use of EMR for Patients Medical Home Work http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports Peer to Peer EMR Network Program http://www.topalbertadoctors.org/events/albertapeertopeeremrnetworkprogram	CFI 8B
Clinic team increases number of chosen maneuvers and develops standardized workflows	Documented clinic workflows with assigned roles and responsibilities are produced for the added ASaP maneuvers Documentation of standardized workflows are shared with the clinic team	ASaP Intervention http://www.topalbertadoctors.org/file/asap-intervention.pdf Maneuvers Menu for Adults http://www.topalbertadoctors.org/file/asap-maneuvers-menu.pdf	CFI 7B OEBC 18B
Clinic team members are encouraged to pursue learning opportunities specifically in the areas of panel, screening and reporting. Clinic demonstrates advanced EMR skills (e.g., modify rules and triggers appropriately, troubleshoot/conduct searches)	Clinic team has participated in available learning opportunities for two medical home pillars: (1) panel and continuity; (2) organized evidence based care	Guiding Principles to Effective Use of EMR for Patients Medical Home Work http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf TOP EMR Tip Sheets http://www.topalbertadoctors.org/tools--resources/emrsupports Peer to Peer EMR Network Program http://www.topalbertadoctors.org/events/albertapeertopeeremrnetworkprogram	CFI 7B Leadership 2A

Opportunistic screening processes are fully developed for chosen maneuvers. Reports are produced and shared with the team	Screening rates are routinely reported internally / externally (as per PCN intervals where applicable)	Institute for Healthcare Improvement http://www.ihi.org/resources/Pages/Tools/RunChart.aspx	OEBC 18A
Outreach screening principles are used by the clinic team which includes standardized workflows and documented processes	Standardized workflows for outreach screening are documented and shared with the team	Guiding Principles to Effective Use of EMR for Patients Medical Home Work http://www.topalbertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf Choosing Wisely Canada http://www.choosingwiselycanada.org	OEBC 19B
<td colspan="4" align="center">**Panel Management: Screening Level 3**</td>
Clinic team tracks screening and validation rates over time. Clinic conducts QI activities informed by their reported rates	Run charts, internal or external reports that support QI activities	Institute for Healthcare Improvement http://www.ihi.org/resources/Pages/Tools/RunChart.aspx TOP QI Guide http://www.topalbertadoctors.org/file/quality-improvement-guide.pdf	CFI 6C CFI 7B
Clinic team identifies panel driven preventive goals that extends beyond ASaP screening maneuvers	Greater than 11 screening maneuvers or strategies have been developed (e.g., bone density, PSA)	Choosing Wisely Alberta https://www.albertadoctors.org/leaders-partners/choosing-wisely-alberta Choosing Wisely Canada http://www.choosingwiselycanada.org	CFI 5A CFI 6A
Panel manager coordinates or facilitates daily/ weekly/ monthly/ quarterly huddles and/or quality improvement activities extending beyond EMR reminders	Ongoing huddles and/or QI meetings are scheduled	TOP QI Guide http://www.topalbertadoctors.org/file/quality-improvement-guide.pdf	CFI 5A CFI 7A
Clinic team develops processes for screening patients with risk factors for certain diseases	Automation features in the EMR are used for opportunistic and outreach screening for patients with risk factors		OEBC 18 A OEBC 21B

Opportunistic and outreach screening are completely realized and integrated into clinic processes (ASaP and beyond)	Opportunistic and outreach screening are now routine	TOP QI Guide http://www.topalbertadoctors.org/file/quality-improvement-guide.pdf	OEBC 19B
Panel managers become peer leaders and share knowledge with other clinic teams	Panel managers/ peer leaders support formal or informal knowledge sharing events	Peer to Peer EMR Network Program http://www.topalbertadoctors.org/events/albertapeertopeeremrnetworkprogram	Panel 12A

Primary tools and education materials used to support panel management activities in the clinic:

- TOP Guide to Panel Identification
- TOP QI Guide
- TOP EMR specific Tip Sheets
- EMR specific community portal materials and Help files (Vendor resources)
- EMR data Entry Assessment

This toolkit was created in partnership with Highland PCN and Toward Optimized Practice (TOP), and is endorsed by the EQuIP team (Elevating Quality Improvement in Practice) which represents the seven (7) Calgary and area PCNs.

Appendix:

Adapted from Safety Net Medical Home Initiative (2013)

CULTURE & SUSTAINABILITY

CULTURE & SUSTAINABILITY

REDUCING BARRIERS TO CHANGE
- CARE COORDINATION
- ENHANCED ACCESS

CHANGING CARE DELIVERY
- PATIENT CENTRED INTERACTIONS
- ORGANIZED EVIDENCE BASED CARE

BUILDING RELATIONSHIPS
- TEAM BASED CARE
- PANEL & CONTINUITY

LAYING THE FOUNDATION
- CAPACITY FOR IMPROVEMENT
- ENGAGED LEADERSHIP

PCN SUPPORTS (CUSTOMIZED BY PCN)
• Clinical Services (e.g. CDM programs, referral coordination) • EMR/IT Supports • Evaluation • Governance & Business Planning
• Quality Services (e.g. access to improvement facilitators, physician champions, improvement methods, tools and resources)

SYSTEM LEVEL SUPPORTS
• Integrated information Systems • Provincial Support Programs
• Supportive Payment Structures • Education and Workforce Development