

# Real time release of labs to patients: What this means to your practice

January 27, 2021

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# Land Acknowledgment

We would like to recognize that we are webcasting from, and to, many different parts of Alberta today. The province of Alberta is located on Treaty 6, Treaty 7 and Treaty 8 territory and is a traditional meeting ground and home for many Indigenous Peoples.

# Disclosure of Financial Support

This program has not received any financial or in-kind support.

# Presenter Disclosures

- Heidi Fell: AMA-physician contractor, PCN Contractor
- Allen Ausford: (Past and Present - fees received) CMPA, CPSA, AH, AHS, AMA, CGI, IBM / PIN, Orion Health
- Brad Bahler: AMA-physician contractor
- Rob Hayward: University of Alberta, Alberta Health Services
- Jay Easaw: University of Alberta, Cross Cancer Institute, LEO, Amgen
- Ewan Affleck: CPSA, NTHSSA

# Welcome from the AMA Board





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# Background Information

Any Albertan over 14 years of age who has registered with MyHealth Records (MHR):

- will be able to see most laboratory test results (tests comprising 95% of overall volume) starting Feb 1, 2021 - Phase 1
- remaining test results (e.g. microbiology, pathology, genetics) to be made available by July 1, 2021 - Phase 2
- results will be available in near real time
- new users see 18 months of lab data

These changes were approved by the Health Information Executive Committee

– Reps: AH, AHS, AMA, CPSA, ACP, ACFP, AARN, PCN, Public



# Session Overview

- Ensure providers are aware of the patient lab posting changes in Phase 1
- Outline important concepts about the Phase 1 changes
- Review Provider experiences
- Answer additional questions you may have about these changes

# Learning Objectives

- Consider possible impacts of real time lab release for patients and implications for pre-test counselling
- Consider possible impacts of patient access to labs on physician, clinic and/or hospital workflows

# Patient Portals in Alberta

- Provincial
  - My Health Records
    - My Personal Records (Alberta Health) – “MPR”
    - MyAHS Connect (AHS Connect Care) – “MAC”
    - Covid-19 Children’s Lookup Tool
- Local
  - Physician Electronic Medical Records
  - Local Patient Health Records

# Release options world scan

- Release all results in real time
- Release all results after a time delay
- Release some results in real time and delay release for sensitive results
- Release results only after the provider has seen them
- Release no results until the provider has seen them and explicitly released them for the patient to see

# Important Concepts

## Real Time vs Delayed Posting

- Patient may be able to see results as soon as they are available
- Some Providers receive results as batch feeds (paper, fax or electronic) rather than in real time
  - Lab data also available to all providers in real time in Netcare
- My Personal Records - all included results released in real time
- MyAHS Connect – sensitive results (e.g. Pathology, DI, Genetics) released after 5 day delay (or sooner if the provider chooses to release sooner); all other results released in real time

# Important Concepts

## Passive vs Active Posting

- In My Personal Records the patient must go to the website to “pull” their lab information
- In MyAHS Connect a notification is “pushed” to patients as soon as there is new information available in their patient portal (email notifications, mobile app notices, etc.)

## Attaching a Provider Message to a result

- In My Personal Records the provider cannot attach a result message
- In MyAHS Connect the provider can attach a message seen by patients when a result is viewed

Brief: <http://ahs-cis.ca/macbyte>

Detailed: <http://ahs-cis.ca/macbackgrounder>

# Important Concepts

## Result Context

- Patients may contact a Provider who did not order the test (and not cc'ed that result)- to discuss that result
  - That provider needs to carefully decide how to handle that situation
    - Critical results
    - Results requiring detailed specialist follow-up
    - Need to be clear about the question prompting the test
- Also some appropriate and some inappropriate situations occur where a provider orders test(s) with another provider listed as the primary person ordering that test



# Personal Experience

- In general the number of inquiries from patients is far less than I expected
- A very small number of patients need to be coached on appropriate communication
- If using asynchronous messaging patients need to be clearly notified by the system that this is not for urgent issues
  - i.e. patient should call rather than message the provider for urgent issues

# Personal Experience

- Pre-test counselling assists in managing patients expectations
  - Patient also have link access to test information on [myhealth.alberta.ca](https://myhealth.alberta.ca)
- Educate your patients on how you or your clinic review and act on results
- Patients greatly appreciate seeing results and having the ability to discuss them with you without having to make an in-person appointment

# What about experiences in other portals?

- Community EMR (Telus Wolf) actively posting all lab and reports ~ 5 years
  - Net balance of calls (some patients call less now and some call more)
  - Panel is savvier with meaning of results and better self management, involvement in decisions
  - Use asynchronous messaging to replace “results review” appt.
  - Pre-counselling and planning with patients is key
  - Team “scripting” and process for patients calling for results

# Billing Codes

AMA Fee Navigator

<https://www.albertadoctors.org/fee-navigator/hsc>

## 03.03CV

- Assessment of a patient's condition via telephone or secure videoconference
  - Minimum of 10 minutes

## 03.05JR

- Telephone call to Patient to discuss management/test results
  - Maximum of 14 per week per physician

## 03.01S

- Physician to Patient secure message
  - Maximum of 14 per week per physician
  - Once per week per patient

## 03.01AD

- Telephone advice to a Patient during a viral epidemic
  - Once per day per patient



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**An Inpatient Perspective**

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# Inpatient Results Access

- Portals for Inpatients
  - My Personal Records
    - Cannot filter (hide) hospital results
  - MyAHS Connect
    - Can filter (hide) hospital results
    - Can present results in context (“Keeping you informed” report; “After Visit Summary”, “Care Path”, messaging, etc.)
- Focus only on hospital result access

# Inpatient Results Access

- Promoting Portal Awareness
  - My Personal Records
    - Ask patient or designated decision maker (proxy) who has MPR access and whether using... and inform
    - document as part of admission history & physical
  - MyAHS Connect
    - Chart already shows patient portal status (MPR available, MAC activated, MAC in use)
    - Ask patient or proxy if MPR and/or MAC will be used during hospitalization and afterwards
    - incorporate in admission and discharge protocols

# Inpatient Results Access

- Counselling Inpatients
  - Test information links largely unhelpful
    - “Normal” ranges mostly do not apply in inpatient settings.
    - Dynamic info more important than static info.
    - Different questions associated with test ordering in inpatient settings.
  - Inpatient orders are often part of protocols and are conditional... permission for tests implied in consent to hospitalization (e.g., resistant organism surveillance).
    - Not practical to pre-explain many tests that are part of inpatient care pathways.
    - Explain intent of care path.
    - Explain that prescribers may need to make just-in-time decisions about which tests to order and why but that they will fit the patient’s wish for diagnosis, treatment or palliation support.



# Inpatient Results Access

- Advice to Patients – General Case
  - MyAHS Connect
    - Do not use for most lab results (filter-out unless agreeing to a specific use case)
  - My Personal Record
    - Do not use for most lab results (avoid unless agreeing to a specific use case)

# Inpatient Results Access

- Advice to Patients – Specific Cases

1. Self-care

- Examples: self-administration of insulin (glucose), free water restriction for polydipsia (sodium), etc.
- Follow and trend specific test results

2. Stable patients on prolonged treatment

- Examples: inpatient treatment of CTD or SBE (inflammatory markers), etc.
- Follow and trend specific test results

# Inpatient Results Access

- Advice to Patients – Specific Cases

## 3. Discharge preparation

- Examples: anticoagulation patients anticipating Warfarin (INR), pancreatic patients with hypertriglyceridemia , etc.
- Identify outcome markers that will be tracked in the community and acclimatize to baseline and variation in hospital

## 4. Consenting patients, new problem workup

- Example: new malignancy
- Counsel about overall testing strategy and range of anticipated results

# Inpatient Results Access

- In Sum
  - Broad Caution
    - Warn all portal users about potential harms associated with hospital test results presented out of context & document patient awareness.
    - Warn that staff may not have time to pre-explain all the ways in which all hospital lab tests might mislead.
  - Focused Use
    - Use specific hospital test results in a focused, intentional, collaborative and documented way.
    - Record in discharge summary who is expected to provide follow-up results support after discharge.



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**An Oncology Perspective**

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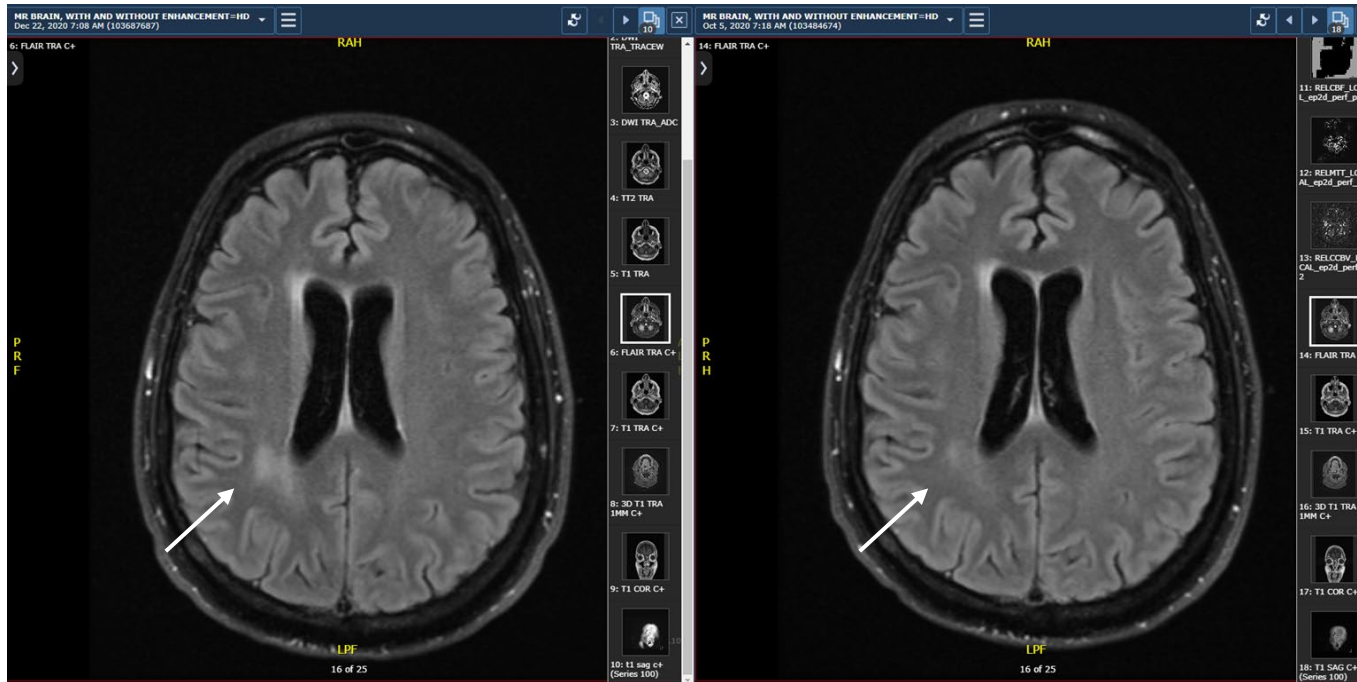
# Oncology Perspective

- Oncology in Alberta:
  - Pediatrics
  - Solid Tumors
  - Hematological Cancers
- Geographically distributed in many hospitals throughout the province
- Adult Oncology in Alberta works mostly as a Spoke and Wheel Model

# Oncology Perspective

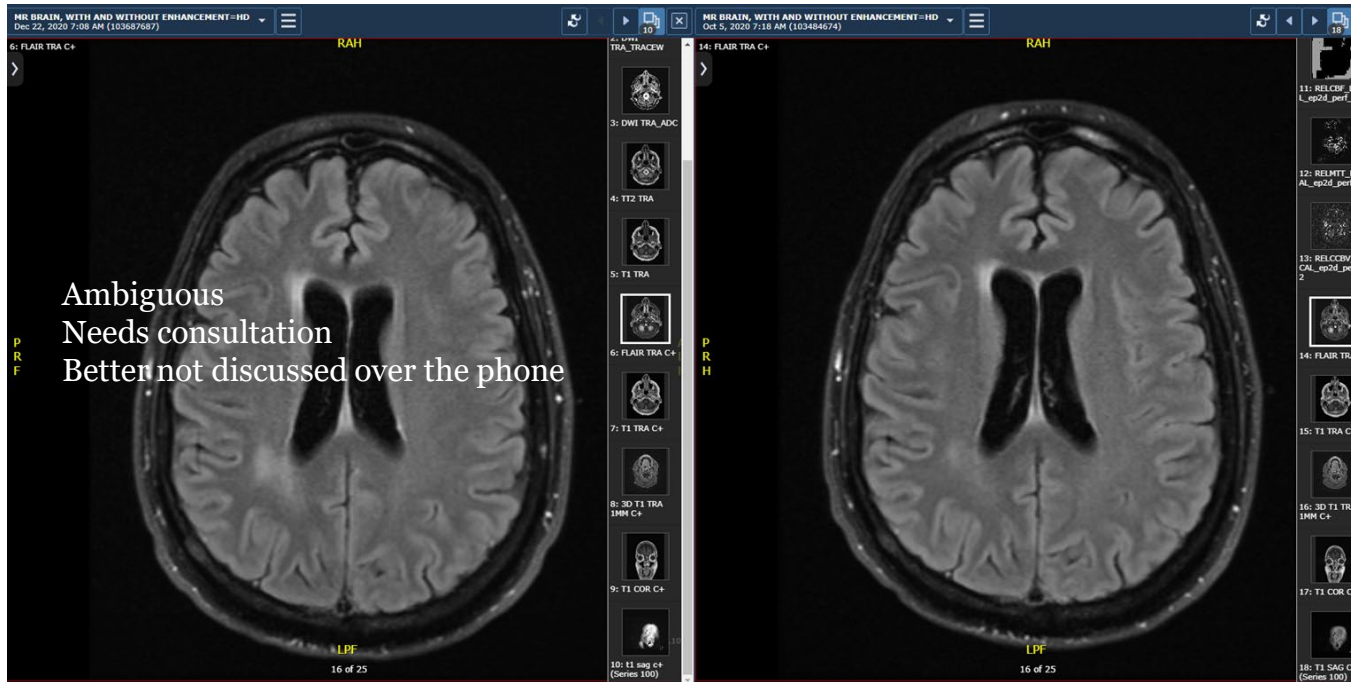
- Significant Concerns Regarding the Records Release
  - Oncology has not deployed. There are concerns about data being released before physician review.
  - Oncology is a high stress environment - Patients literally live from scan to scan
  - Oncology is Team Medicine: we routinely present challenging cases in tumor board rounds so that multiple specialties can review a case.
    - Risk with early release of data: No time for oncologists to consult with radiology or put into tumor board rounds for discussion about a plan

# Oncology - Example





# Oncology - Example



# Oncology Perspective

- What I have learned from this experience
  - Importance of pre-test counselling
  - 5 day delay
    - Allow time for conversation with radiologist and radiation oncologist
    - The future of the delay is uncertain



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**CPSA MHR Records Release**

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# CPSA MHR Records Release

## Potential changes in:

- Workflow
- Accountability for results management
- Follow up

## 3 CPSA Standards that bear consideration:

- Continuity of Care
- Episodic Care
- Transfer of Care

## Potential Scenarios:

- Contacting patients with results
- Documentation
- Handover of care
- Time to care
- Delegated results management

## Going Forward:

- Function & history of Standards
- Intentional disregard or ill-will
- Monitoring of rollout and new workflow

# Questions and Answers



# Evaluation Link & CME Credits

Evaluation Link:

<https://interceptum.com/s/en/RC01202021>



## CME Credits:

- Specialists can enter session information onto the Royal College website.
- Family physicians can claim their credits individually after each webinar by logging into the AMA Member portal using the following session IDs. Please note that it may take two weeks or more to show in your member portal.

Date of webinar	Session ID
December 2, 2020	192413-013
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January 20, 2021	192413-015
January 27, 2021	192413-015