Lessons Learned from the ASaP+ Pilot Clinics

These lessons learned are based on the follow-up interviews conducted by the Alberta Cancer Prevention Legacy Fund as part of the evaluation activities at the five clinics involved in the pilot phase of ASaP+. The lessons learned (challenges and suggestions) are intended to be used by clinics planning to implement the ASaP+ change package. The two most common challenges identified by clinics are implementation and EMR-related.

Implementation Challenges

Common implementation challenges are time, engagement, and resourcing. The following information provides suggestions for how clinics can overcome these challenges.

- Time: Methods to minimize time-constraints include: (1) a gradual roll-out at the start of the implementation phase by screening patients on specific days or starting with screening only one or two modifiable factors; (2) not screening on days when the clinic is short-staffed; and (3) providing advice and referral *only* to patients who screened positive for modifiable factors and have indicated a willingness to speak with the Primary Care Provider about the health checklist.

- Engagement: Methods to minimize engagement challenges include: (1) having a kick-off meeting involving physicians and staff (receptionist, medical office assistant [MOA], etc.) explaining the objectives of ASaP+ and how it will improve patient outcomes; (2) having regular touch-base meetings, making sure to revisit the Plan, Do, Study, Act (PDSA) cycles and ensure that the process/workflows are refined as needed; (3) ensuring the roles, responsibilities, and rationale behind work related to ASaP+ are clearly communicated to front line staff; (4) sharing measurement results with the physicians and staff involved; and (5) demonstrating the importance of screening on HUTV/posters in the waiting areas.

- Resourcing: Methods to minimize resourcing challenges include: (1) utilizing the full team and/or the medical neighborhood for follow-up appointments for patients who screened positive; and (2) educating the staff and physicians about referral resources for the modifiable factors.

EMR Challenges

Data entry and data pulling are two common EMR challenges. The following information provides suggestions for how clinics can overcome these challenges.

- Data entry: Methods to minimize data entry challenges include: (1) educating/informing all doctors to capture data in specific fields in the EMR [*context:* staff from a few ASaP+ pilot clinics identified that data pulls at six months and 12 months did not yield accurate screening data for physicians not capturing ASaP+ data in the specific EMR fields]; (2) ensuring patients are entering correct information including their name and date on the

health checklist [*context*: staff from an ASaP+ pilot clinic identified that patients were not recording dates on the health checklist. Delayed scanning resulted in being unable to identify completed checklists. This information is critical as EMR searches to pull data require names and dates]; (3) training staff responsible for standardizing data in the EMR (including standardized keywords for scanned documents); and (4) building point of care reminders into the EMR to prompt overdue screening and avoid duplicate patient screening.

- EMR searches: Methods to minimize EMR search challenges include: (1) invest time in training advanced EMR skills to enhance knowledge of search capabilities; and (2) exporting ASaP+ data frequently in the initial implementation phase to identify and fix any data issues.