Manitoba eHealth
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Primary Care Data Collection

Overcoming Challenges and Key Drivers for Success in Manitoba

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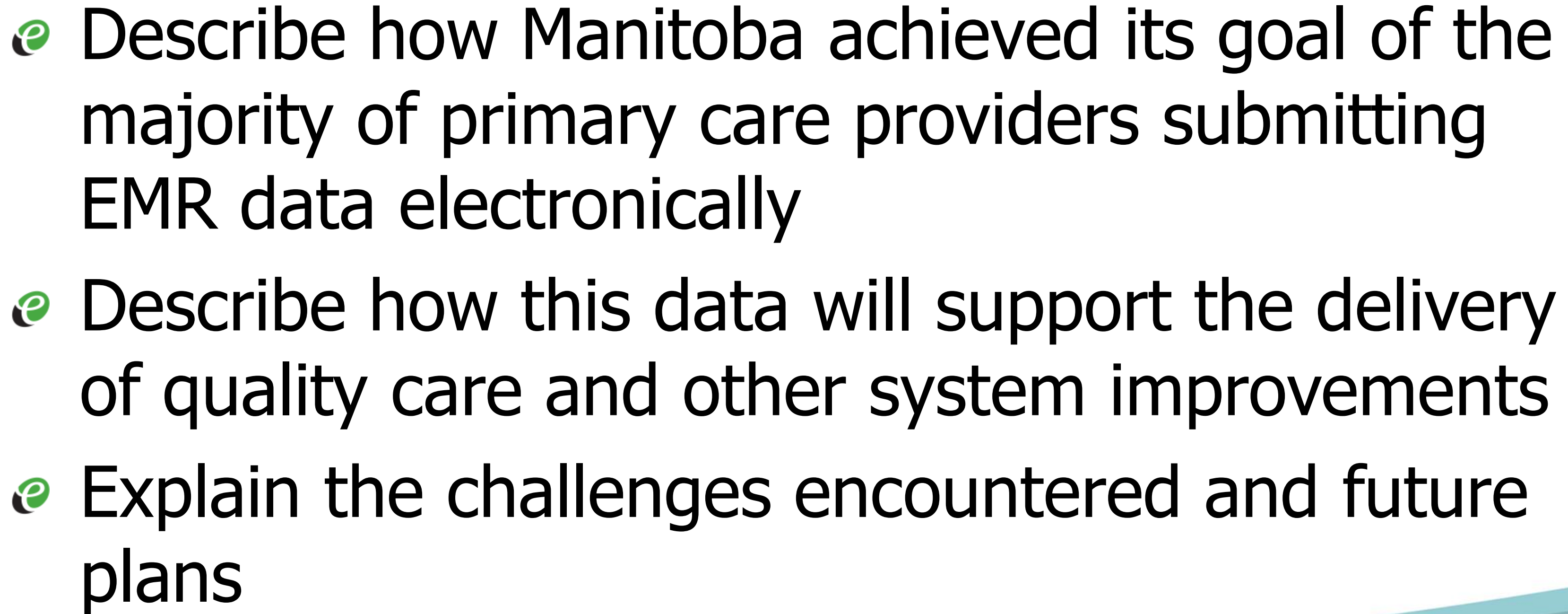
Purpose of Session



First Steps – PIN

- Physician Integration Network (PIN) was initiated in 2006 - a primary care renewal demonstration initiative which included the introduction of quality-based incentives
- An EMR primary care data extract was defined
- Participating clinics were required to submit the extract to measure indicator achievement for quality-based incentive funding
- Clinics were provided reports comparing their achievement with the average for all PIN sites

Establishment of PCIS Office

- The Primary Care/Community Information Systems (PCIS) Office was established in 2009 with the mandate to:
  - Select Manitoba Approved EMR Vendors
  - Manage approved vendor relationships
  - Manage EMR requirements
  - Promote EMR adoption and optimization

Manitoba Approved Vendors

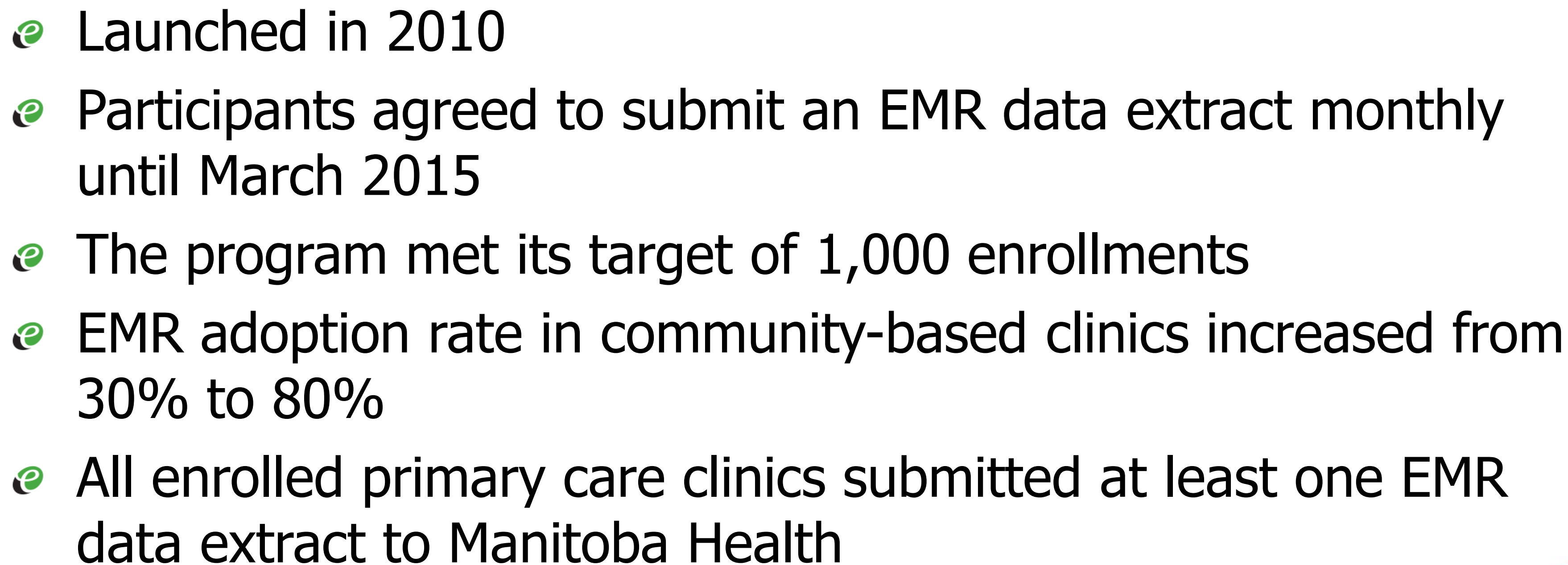
- In 2009 four vendors were selected:
  - Code-Med (Jonoke/Freedom)
  - Clinicare *
  - Med Access**
  - Optimed (Accuro)***

* Product sunsetted after acquired by QHR

** Acquired by Telus

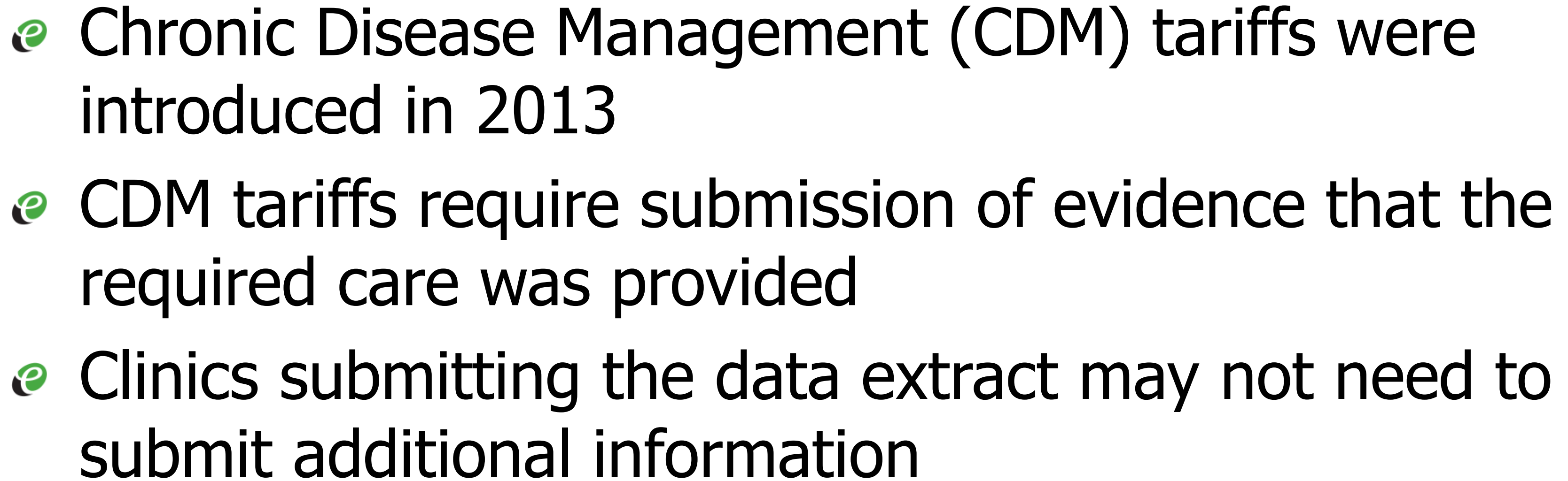
*** Renamed QHR Technologies

EMR Adoption Program



- Launched in 2010
- Participants agreed to submit an EMR data extract monthly until March 2015
- The program met its target of 1,000 enrollments
- EMR adoption rate in community-based clinics increased from 30% to 80%
- All enrolled primary care clinics submitted at least one EMR data extract to Manitoba Health

Incentives to continue data submission



- Chronic Disease Management (CDM) tariffs were introduced in 2013
- CDM tariffs require submission of evidence that the required care was provided
- Clinics submitting the data extract may not need to submit additional information

CDM Completeness Report

Clinic ABC: 12-NOV-2013 – 12-NOV-2014

ISA Signed Physicians Claiming CDM Tariffs 4

Tariffs Claimed: 12-NOV-2013 - 12-NOV-2014

Tariff	Claims	Patient Care Data Elements: Provided	Required	Completeness
Diabetes	77	439	599	73%
CHF	18	43	90	47%
Hypertension	235	964	1261	76%
CAD	77	262	339	77%
Asthma	33	28	33	84%
Totals	440	1736	2322	75%

Patient Care Data Element Details

Element #	Description	Patient Care Data Elements: Provided	Required	Completeness
Diabetes (8431)				
1.01	Diabetes Condition reported 12 months prior to claim	72	77	94%
1.02	Obesity Screening provided 12 months prior to claim	47	77	61%
1.03	Blood Pressure Measurement provided 12 months prior to claim	72	77	94%
1.04	A Foot Exam provided 12 months prior to claim	42	77	55%
1.05	An HGB A1C provided 12 months prior to claim	62	77	81%
1.06	Fundoscopic Exam provided 12 months prior claim	43	77	56%
1.07	Fasting Lipid Profile Screening provided 12 months prior to claim	44	60	73%
1.08	Nephropathy Screening provided 12 months prior to claim	57	77	74%
Congestive Heart Failure (8433)				
2.01	CHF condition reported 12 months prior to claim	4	18	22%
2.02	Obesity Screening provided 12 months prior to claim	8	18	44%
2.03	Blood Pressure Measurement provided 12 months prior to claim	15	18	83%
2.04	ACE Inhibitor usage reported 12 months prior to claim	3	18	17%
2.05	Fasting Lipid Profile Screening provided 12 months prior to claim	4	6	67%
2.06	Fasting Blood Sugar Screening provided 12 months prior to claim	9	12	75%
Hypertension (8435)				
3.01	Hypertension Condition reported 12 months prior to claim	192	235	82%
3.02	Obesity Screening provided 12 months prior to claim	136	235	58%
3.03	Blood Pressure Measurement provided 12 months prior to claim	220	235	94%
3.04	Fasting Lipid Profile Screening provided 12 months prior to claim	132	170	78%
3.05	Fasting Blood Sugar Screening provided 12 months prior to claim	117	151	77%
3.06	Renal Dysfunction Screening provided 12 months prior to claim	167	235	71%
Coronary Artery Disease (8434)				
4.01	CAD Condition reported 12 months prior to claim	47	77	61%
4.02	Obesity Screening provided 12 months prior to claim	47	77	61%
4.03	Blood Pressure Measurement provided 12 months prior to claim	75	77	97%
4.04	Use of Beta Blocker reported 12 months prior to claim	2	2	100%
4.05	Fasting Lipid Profile Screening provided 12 months prior to claim	37	43	86%
4.06	Lipid Reduction Counselling provided 12 months prior to claim	9	9	100%
4.07	Fasting Blood Sugar Screening provided 12 months prior to claim	45	54	83%
Asthma (8432)				
5.01	Asthma Condition reported 12 months prior to claim	28	33	85%

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Other incentives - Comparative Analytic Report

IN YOUR CLINIC
SAMPLE CLINIC

Patient Population with CAD

DID YOU KNOW

Primary Care Networks are being established in Manitoba to ensure teams of care providers work together to plan and deliver services for a geographic area or specific community or population. http://www.manitoba.ca/health/primarycare/pcn/index.html

Get BetterTogether is a province-wide peer support self-management program for any ongoing health condition and is available in both an online and group format. Further information is available http://sogh.ca/wellness/get-better-together/ or call 204-632-3927.

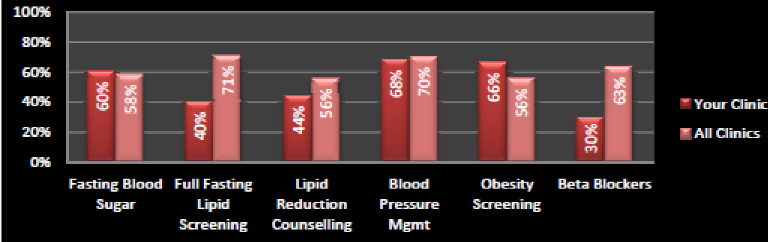
For information regarding the content and analysis behind this report, please contact the Health Information Management branch of MHHLS (EMRInfo@gov.mb.ca).

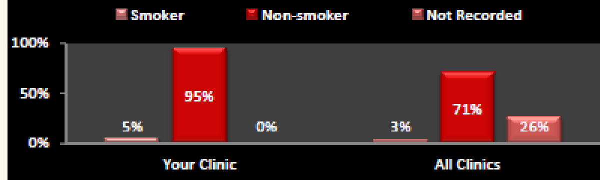
For information related to optimization of your EMR use, please contact the PCIS office (PCISOffice@manitoba-ehealth.ca) or your EMR vendor.

CONONARY ARTERY DISEASE MANAGEMENT

Figure 12 shows the proportion of coronary artery disease patients screened for prevention of complications in your clinic and for all clinics.

Figure 13 shows the smoking status for patients with coronary artery disease in your clinic and for all clinics in the past 12 months.





Manitoba Peer-to-Peer Network
Supports & Services

EMR Video Library
* Online resource

Peer Coaching
* Small group education session

Peer Consults
* Individualized education session

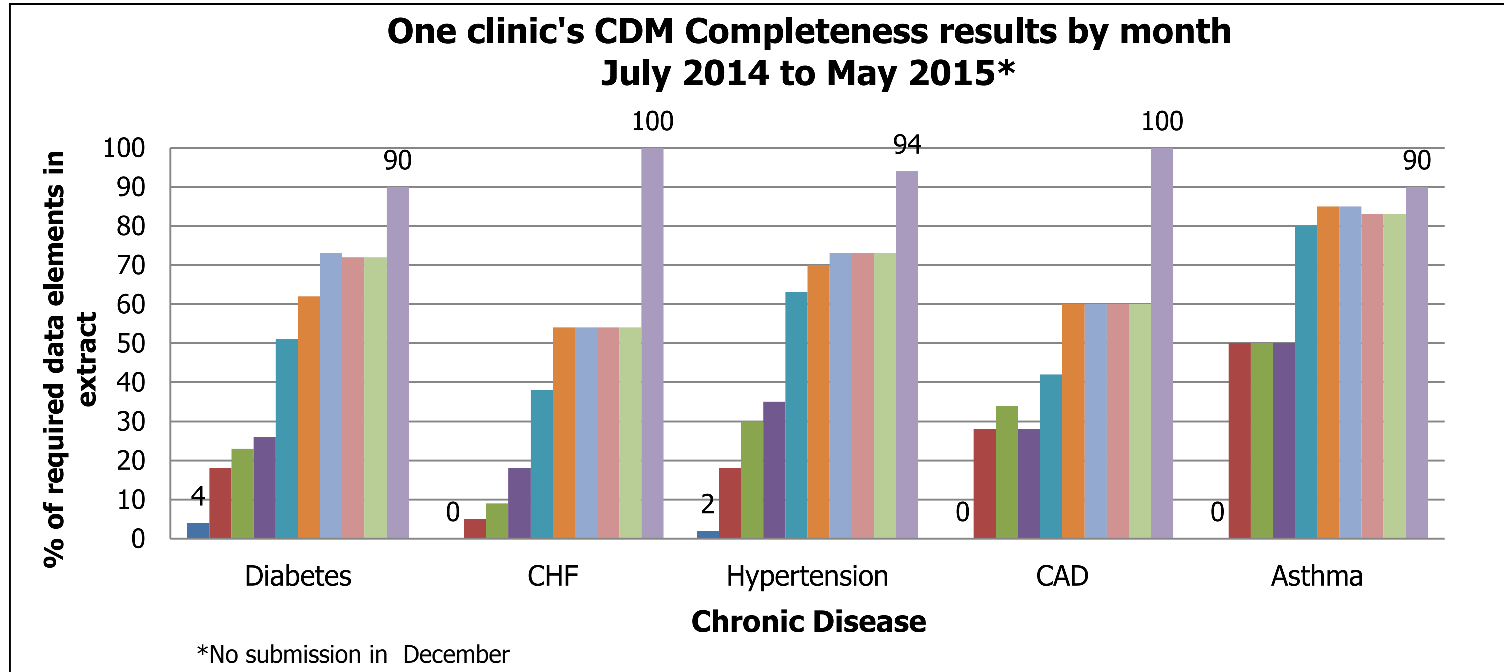
Webinars
* Online resource

EMR Optimization Support
* Clinic-level education session

Practical resources for health-care professionals to **improve EMR use** and **improve EMR data quality**

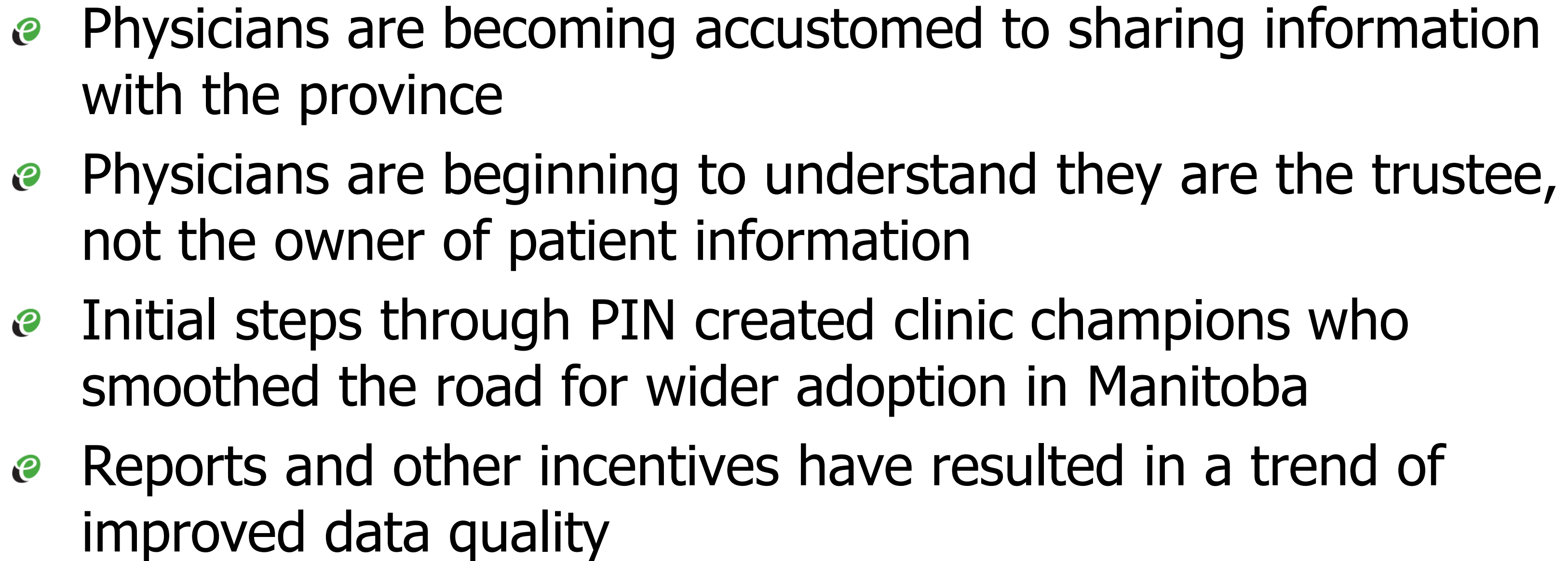
EMR Toolkit
* Online resource

Influence on EMR data quality



- 78% of physicians continue to submit data extracts
- Since CDM completeness reports began 10 months ago, average completeness has increased by 16% to 64%

Reaction from Physicians



- Physicians are becoming accustomed to sharing information with the province
- Physicians are beginning to understand they are the trustee, not the owner of patient information
- Initial steps through PIN created clinic champions who smoothed the road for wider adoption in Manitoba
- Reports and other incentives have resulted in a trend of improved data quality

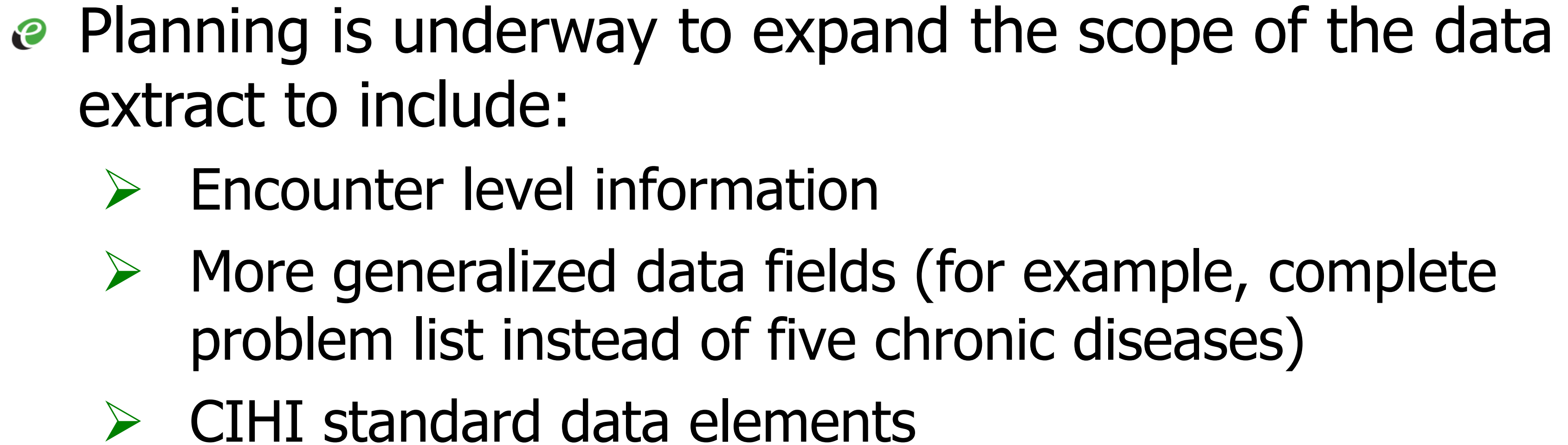
Data Needs and Uses

- Primary care data is crucial to drive and support ongoing primary care system renewal, including:
  - Quality and safety, including chronic disease management
  - Access measurements, monitoring, reporting
  - Inter-professional team development
  - Coordination of care within co-located and virtual care teams
  - Planning, operation, evaluation of My Health Teams, etc.
  - Quality-based funding models
  - Primary care planning (strategic, capacity, service)
  - Evaluating and supporting efficiency and sustainability

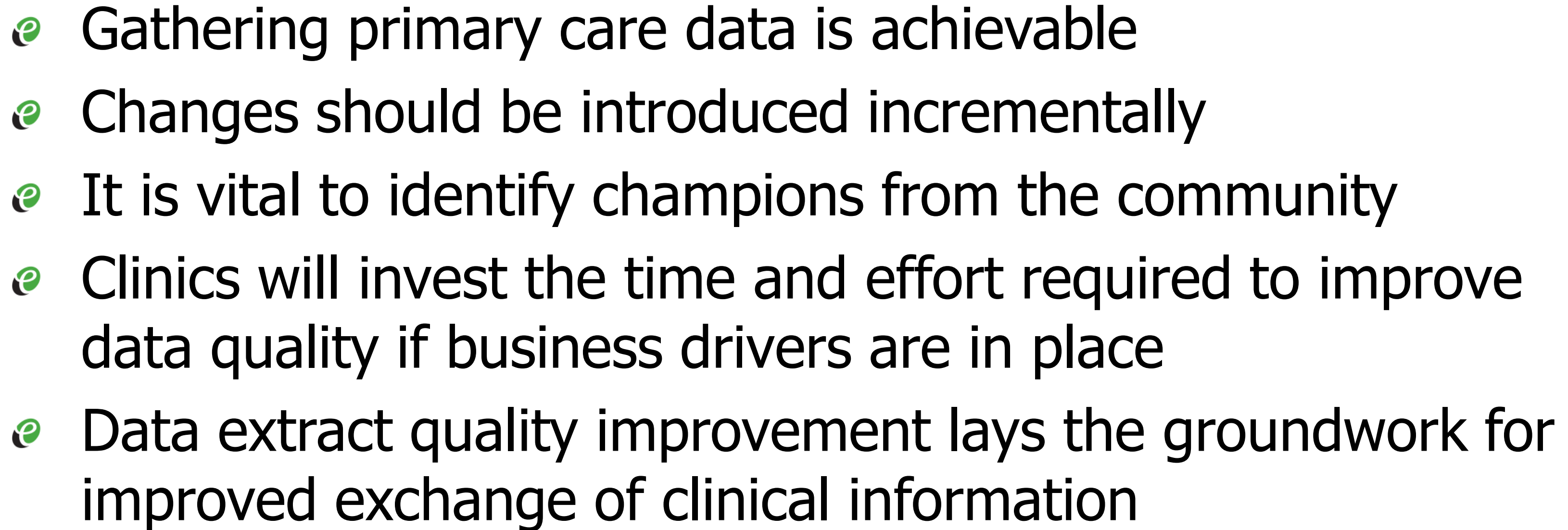
Next Steps

- Comprehensive Care Management (CCM) tariffs will be introduced in April 2017 and may only be claimed:
  - from an approved EMR
  - for enrolled patients
  - if supporting chronic disease information is present in EMR
- Tools are being developed to support rollout of CCM

Next Steps



Conclusions



Questions?