2021

Panel Report Investigation Guide

Contents

The Panel Report Program

The panel report program was developed by the Saskatchewan Health Quality Council, endorsed and supported by the Saskatchewan Medical Association (SMA) and the Saskatchewan College of Family Physicians, operationalized in collaboration with eHealth Saskatchewan. Ultimately, the reports were designed by physicians, for physicians. A physician expert panel, comprised of Saskatchewan family physicians, recommends and selects indicators and visualizations, writes the content for each page and provides the recommendations and external materials to support the report content and recipients.

The panel report program includes the panel report and numerous education modules designed to help you make the most of your report.

- When you received your report, you also received a link to a feedback survey. Upon completing the survey, you will receive 1 certified Mainpro+ credit.

Do you want help reading your report and results?

- Access our **Interpretation** resources
    - For those that prefer to work independently, you can download the interpretation guide. By reviewing the guide alongside your report and completing the associated reflection report, you can receive 10 additional Mainpro+ credits.
    - If you prefer learning in a group setting, you can opt to participate in an Interpretation Session and submit a Reflection Report and receive 15 Mainpro+ credits. Session registration is available on the BestPractice website.

Do you want to delve deeper into your report?

- Access our **Investigation** resources
    - This guide was designed for those who prefer to work independently. By reviewing it alongside your report and completing the associated reflection report, you can receive 10 additional Mainpro+ credits.
    - If you prefer learning in a group setting, you can opt to participate in an Interpretation Session and submit a Report and receive 15 Mainpro+ credits. Session registration is available on the BestPractice website.

	INDEPENDENT LEARNING	GROUP LEARNING
INTRODUCTION	**Panel Report** Feedback survey ↓ 1 Certified Mainpro+ credit	
INTERPRETATION	**Interpretation Guide** Submit Reflection Report ↓ 10 Certified Mainpro+ credits	**Interpretation Session** Submit Reflection Report ↓ 15 Certified Mainpro+ credits
INVESTIGATION	**Investigation Guide** Submit Reflection Report ↓ 10 Certified Mainpro+ credits	**Investigation Session** Submit Reflection Report ↓ 15 Certified Mainpro+ credits

Your Panel Report – What's next?

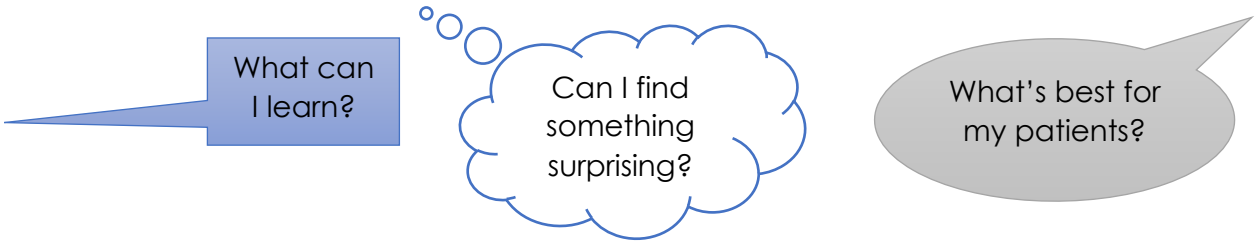
This document is intended for physicians who have received their panel report and understand the data presented. This workbook will help you think through your results and determine what they mean for you and your practice, and potentially what actions you can take based on your results.

If you are unclear on how to interpret your report, please see the Panel Report Interpretation Guide.

The panel-specific results in your report are based on your patients, and you are the only recipient of your report. The reports are not used by anyone else to evaluate your practice. The intent is to provide you with summary of information relating to your practice that may help you determine if there are any additional steps you can take to meet the needs of your patients. We aim to provide evidence which you can use to inform decisions. Your decision may be that you are meeting your patients' needs and no changes are warranted - and that is ok! Maintaining your practice 'as-is' is a valid evidence-informed decision.

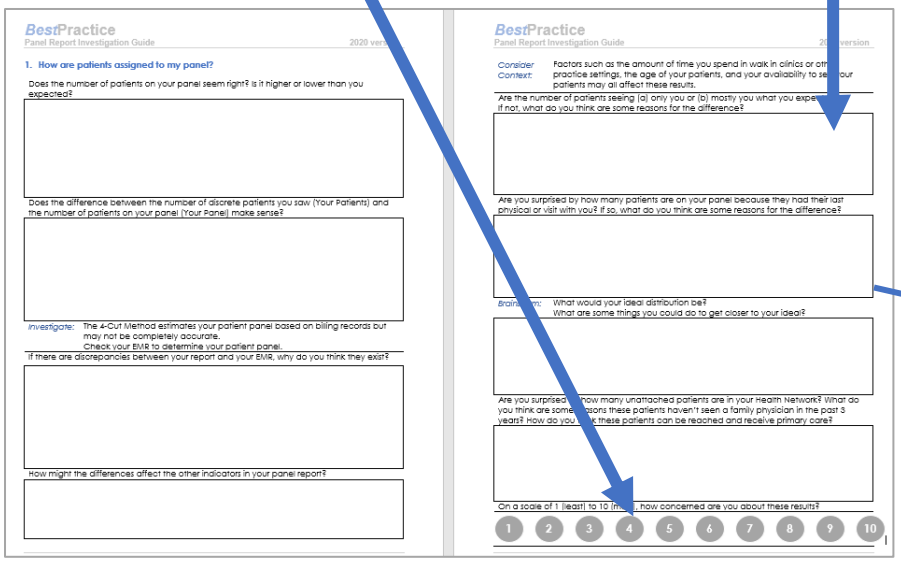
How do I use this book?

This book is yours, and yours alone so feel free to write in it, to go through it at your own pace, and in any order you like. This is a resource for you to use how ever it best fits your needs, time, and energy. Regardless of whether you do it in order, all at once, or bit by bit, our advice is to go through it thoughtfully and intentionally. Above all, be curious! Wonder…



Each two-page spread corresponds to a page in your panel report and contains:

a) Questions to help you delve deeper into each indicator
b) Suggestions for questions you can explore in your EMR
c) A rating scale to help you prioritize future practice improvement initiatives.



The last page of the report provides space for you to summarize these ratings and improvement ideas.

In addition to the general questions, you will find three focused sections: Investigate, Consider Context, and Brainstorm. Here are descriptions for each of those sections:

Consider Context 	This section asks you to examine the results within the context of your own practice. The panel report may highlight an aspect of your practice that is different from your network average, but there is a deliberate reason for this based on how you practice. It may also highlight an aspect that you would like to dedicate some resources to improve.
Brainstorm 	This section prompts you to think deeper about the results from the panel reports that may lead to improvement initiatives within your own practice or clinic and highlights opportunities for collaboration with other providers and some areas which may need some advocacy to health system leaders.
Investigate 	This section asks you to delve into your EMR and investigate further beyond the limitations of the panel report. This requires an EMR and some knowledge of how to run reports or queries. Some resources to help you get started can be found in the appendix.

- Consider…
  - Does the panel population reflect those in your EMR?
  - Are there any indicators where you see unexpected results?
  - If any of your results differ substantially from your Health Network results – are the differences reasonable? They may very well be! But ask yourself the questions, consider your context.
  - Are certain health concerns or conditions prevalent among your patients? Are there additional programming, education, or supports that your clinic can offer or that you can refer your patients to that can help them better manage their conditions?
  - Are your prescription rates notably different or concerning for any of the classes of drugs assessed? Are differences warranted, taking into consideration your context and patients? Are any trends developing?

We recommend viewing this document alongside your report.

- This guide will lead you through investigating your reults page by page.

Consider your practice and your context as you review your results.

- Every practice is different. Your patients may differ from those of your peers, consider differences and how they may affect your results and comparison to your network averages.

If you have additional questions:

- See BestPracticeSask.ca/Resources for frequently asked questions, as well as the report's technical appendix and additional information.
- Contact info@bestpracticesask.ca for additional support

Next Steps

- Complete and submit your reflection report
- If you prefer an opportunity to discuss some of this material with peers, consider registsering for an Investigation session (see BestPracticeSask.ca/education for more details and upcoming dates).

1. What is a Panel Report?

- It is a personalized report providing aggregate information about your panel of patients
- Your panel report does not include information about individual patients, rather it provides an overview of what types of patients you see, how they are managed for chronic diseases (diabetes and coronary artery disease), how much they are using hospital services and some details about their drug prescriptions
- Every physician's report is comprised of the same standardized indicators but reflects the results for their own panel. Some indicators also provide the physician's Health Network results to enable comparison.
- Each page of the report covers one topic. Each includes the results from your panel for each indicator as well as some additional information regarding the indicators.
- At the end of the report, there are some additional resources related to each topic to enable further investigation and learning.

2. Who created it and why?

- The Saskatchewan Medical Association (SMA) asked the Saskatchewan Health Quality Council (HQC) to help them develop reports for physicians in the province.
- Similar reports exist for physicians in British Columbia, Ontario, and Alberta. The SMA wanted to ensure similar information is available to those practicing in Saskatchewan.
- A partnership developed between physicians, HQC, and eHealth Saskatchewan:
    - The SMA initiated the work and is promoting it amongst its members.
    - A panel of physicians, formed by the Saskatchewan College of Family Physicians, generates and selects the questions and indicators to be included.
    - HQC determines the data sources, calculations, and visualization for each indicator and designs the reports.
    - eHealth Saskatchewan produces and confidentially distributes the individual reports.

3. Where did the information come from?

- The data used to calculate each indicator came from existing administrative health data bases, such as:
    - the Medical Services Branch physician billing data (for physician visits)
    - the Population Health Registry System (for patient demographics)
    - the Chronic Disease Management Quality Improvement Program (CDM-QIP), for data regarding diabetic and coronary artery disease patient care
    - the National Acute Care Registration System (emergency department visits)
    - the Discharge Abstract Database (for hospitalizations)
    - The Prescription Drug Program (for drug dispensations)
- The panel-specific results in your report are based on your patients and you are the only recipient of your report

4. What time period does it cover?

The report reflects patient activity and health service use for three years. Our goal is to produce the reports annually, each based on the most recent years.

The 2021 report is based on data from January 1, 2017 to December 31, 2019.

5. What does it tell me?

Data are presented in six different categories:

Panel Characteristics	• demographics of your patient population
Primary Care	• family physician care among your patients
Chronic Disease Management	• diabetic and coronary artery disease patient results
Emergency Department Use	• volume and acuity of visits
Acute Care Admissions	• volume and causes of admissions
Prescription drugs	• use of select types of prescription medications among your patients

1.1 How many patients are on my panel and how does this compare to the patients I've seen?

Does the number of patients on your panel seem right? Is it higher or lower than you expected?

Is there a difference between the number of discrete patients you saw (Your Patients) and the number of patients on your panel (Your Panel)? Do you understand the reasons for this difference?

Investigate: The 4-Cut Method estimates your patient panel based on billing records; this may not be the same as your EMR panel. Check your EMR to find your EMR panel.

If you are able to compare your report and your EMR panel, did you find any differences in the size of your panel?

How might the differences affect the other indicators in your panel report?

Consider Context: Factors such as the amount of time you spend in walk-in clinics or other practice settings, the age of your patients, and your availability to see your patients may affect these results.

Are the number of patients seeing (a) only you or (b) mostly you what you expected? If not, what do you think are some reasons for the difference?

Are you surprised by how many patients are on your panel because they had their last physical or visit with you? If so, what do you think are some reasons for the difference?

Brainstorm: Are you surprised by how many unattached patients are in your Health Network? What do you think are some reasons these patients haven't seen a family physician in the past three years? How do you think these patients can be reached and receive primary care?

On a scale of 1 (least) to 10 (most), how interested are you about these results?

1.2 What is the age and sex profile of my panel patients?

Do the proportions of your patients that are male versus female reflect your perceptions of your panel? If not, how does it differ? Why may it differ? Acknowledge that some of this may be due to patient choice (e.g., females may select female physicians).

Do these results reflect the results you found in your EMR? If there are differences, why do you think they exist?

What impact do you think patient age and sex may have on the other indicators?

Consider Context: Factors such as the types of service you and your clinic provide, your location, the amount of time you spend in walk-in clinics or other practice settings, and your expertise may affect the demographic composition of your patient panel. You may be intentionally (or unintentionally) catering to certain demographic cohorts; if so, view the results with that context in mind.

Considering your panel by age and sex, are there patient populations that dominate your panel? Are these results the ones you would expect?

Given your most common age and sex cohorts, are there certain services or programs you and/or your clinic currently and/or could provide to meet the needs of these patients?

What characteristics of your clinic that cater to certain groups? If you wanted to reach other groups, which ones, and what additional resources/programs do you need to support them?

Compared to your Health Network age and sex demographics, are you concerned that some patient groups may be under- or over-represented in your panel? How could you address this?

Brainstorm: For the patients that you serve, are there resources that would help you manage your patients better? Are there any programs that you would like access to? What would you like to be able to offer that you can't currently offer?

Thinking outside of how you currently work, what other providers can cover some aspects of practice? (i.e., nurse educators, group appointments)

Investigate What conditions are most common among your largest age and sex cohort(s)? Are there certain conditions, chronic or otherwise, that they are susceptible to? Are there any social determinants of health you should keep in mind with these patients? If so, what supports could you point them to (e.g., food bank)?

On a scale of 1 (least) to 10 (most), how interested are you about these results?

2.1 How are my visits distributed by patient age and sex? How does this compare to the demographics of my panel overall?

Consider Context: The services provided in your clinic, your geographical setting, your accessibility, and the availability of other providers and resources in your area, among other factors may affect patient visit rates.

Are there certain age cohorts that account for a higher proportion of your patient visits than others? Are these results aligned with what you experience and expected?

Compared to your panel patient age distribution, are there any cohorts that may be over-represented in your visit volumes? Do you know of possible causes of this?

Investigate: Delve into your EMR to investigate some of the high use cohorts to determine if there are some trends (e.g. visit frequency) or similarities among the patients' health conditions and visit reasons.

If there were similarities among patients or trends, are there other resources or supports available to help these patients? Or any that you wish were available?

Compared to your patient age distribution, are there any cohorts that may be under-represented in your visit volumes? Do you know any possible causes of this?

Investigate: Delve into your EMR to investigate some of the low use cohorts to determine if there are any concerns/conditions that are common among this age cohort that you aren't seeing among your patients with the frequency you would expect.

If there were any conditions or concerns that appeared to be under-represented in your records, are there other resources or supports available to help these patients? Are there any resources that you wish were available? While there is no "ideal" panel, consider if your panel distribution matches your practice style and focus areas.

Brainstorm: Are there other services or programs that could help meet the needs of your highest demand cohorts?

Is there a certain demographic that you are not comfortable caring for therefore fewer of your patients are from that demographic? Are there education or supports that could help increase your confidence in caring for these groups?

What is your biggest priority regarding these over- and/or under-represented cohorts?

On a scale of 1 (least) to 10 (most), how concerned are you about these results?

1 2 3 4 5 6 7 8 9 10

2.2 What is my panel's continuity of care?

Consider Context: Factors such as the amount of time you spend in walk-in clinics or other practice settings, the age of your patients, the number of years you have been practicing, your availability to see your patients, and the number of providers in your clinic may all affect these results.

Do you find anything surprising in the proportion of your patients that are highly connected to you, have low connection to you, or are in-between? If so, what do you find most surprising? Which results differ from what you expected?

How do your personal results compare to your patients' connectedness to you and to your clinic? How do those results compare to the Health Network average? Is there something unexpected in your patients' connectedness to either your clinic or Health Network? What could be some reasons for similarities or differences between your results, the results of your clinic, and how those compare to the Health Network average?

How much do you think your patients' connectivity to you affects their health outcomes?

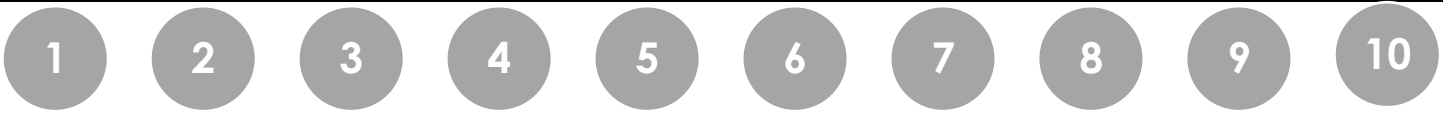
Are you surprised by how many visits patients have had with other providers from your clinic? What do you think are some reasons they see your colleagues?

Are you surprised by how many visits patients have had with providers outside your clinic? What do you think are some reasons they go elsewhere?

Do you notice any trends developing across the three years of data shown? If so, is there something you would want to continue or change?

Brainstorm: Given that 100% connectivity is not possible, what strategies could be employed to ensure (a) for external referrals, a seamless transition to providers outside your clinic, and (b) for internal referrals or shared practices, with the goal to improve continuity within your own practice/clinic?

On a scale of 1 (least) to 10 (most), how interested are you about these results?



2.3 What are the most common conditions driving my patients' physician visits?

Consider Context: The age and sex of your patients, the services you and your clinic provide, your areas of focus, and other factors, may impact the medical conditions you see.

Are the top 10 most common medical conditions for a family physician visit surprising? If not, which do you expect to be highest and why do you think your results differ from your expectations?

Are the top 10 most common medical conditions for a non-family physician visit surprising? If not, which do you expect to be highest and why do you think your results differ from your expectations?

Based on the underlying conditions among your patients, are there conditions or interventions into which you want to obtain additional knowledge or education?

Based on your patients' common conditions, are there community resources, services, or patient education opportunities that you should explore to help meet these patients' needs?

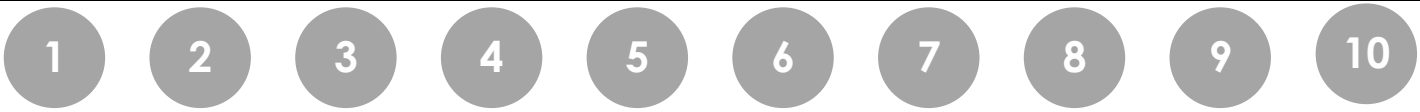
Investigate: Delve into your EMR to determine if there are patterns or commonalities among the patients with the most common conditions. Check to see if there are some conditions that frequently occur comorbidly across numerous patients.

Are there other providers contributing to the care of these patients with whom you should be connecting with to ensure your patients' care is comprehensive and patient-centered (i.e., patients are active participants in their own care)? Do you have good communication (i.e., referral letters, availability via phone) with these providers currently? How could you improve communication with other providers? How could other providers improve communication with you?

Brainstorm: What can you do to help your patients access other providers/services that can benefit them? What can you do to improve or maintain your connection and communications with your patients' other providers (e.g., improving referral letters, following-up on letters received)? How can you advocate for health system-level improvements?

What do you think are some key steps you can take to provide the best possible care to these patients? What are patients' goals and expectations in working with multiple providers? How can you help to meet these goals and expectations?

On a scale of 1 (least) to 10 (most), how interested are you about these results?



3.0 Chronic Conditions

What process do you have in place to identify Chronic Disease Management (CDM) patients that are overdue for a visit and to set up an appointment for them? Are there any patients that you could be missing? What improvements could be made to this process?

There is a new virtual CDM billing code for providing virtual care for CDM patients (864B)? What could you do to incorporate use of this billing code to increase access for CDM patients? Note that there are limitations/restrictions on the use of this code; ensure you are aware of them.

3.1 How well is diabetes being managed among the patients on my panel?

Are you surprised by the proportion of your patients with diabetes? Was it higher or lower than you expected?

Does the proportion of your panel with diabetes differ substantially from your network average? If so, do you know why it differs? Do you routinely assess for diabetes risk factors to help with preventative measures?

Investigate: Investigate your use of CDM-QIP flow sheets among your diabetic patients and consider why you do or do not use flow sheets for some or all of your patients

Do you have a list of patients with diabetes for whom you know you're using CDM-QIP flow sheets? What can you do to increase the number of patients with diabetes who have CDM-QIP flow sheets? If you don't have a list, do you know how to make one?

How do you think regular use of flow sheets affects care you provide to patients with diabetes?

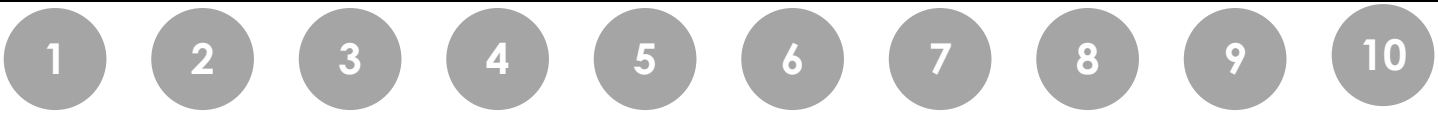
What factors affect your use of flow sheets with patients with diabetes?

Are you satisfied with the proportion of your patients with diabetes with flow sheets that had blood pressure higher than 130/80mmHg? In each A1C range? How do the distributions align with your expectations and desired results?

Brainstorm: What are some key steps you can take to provide the best possible care to these patients? Are there resources that you can access to help you and these patients manage their health?

Consider: Blood pressure and A1C are only available for patients with flow sheets. Additionally, this guide uses your 4-cut panel, and may not be the same as your EMR panel. What do you think the results of these indicators would be among patients without flow sheets? If possible, a next step might be to delve further into your EMR to investigate these indicators for non-flow sheet patients.

On a scale of 1 (least) to 10 (most), how interested are you about these results?



3.2 How well is coronary artery disease (CAD) being managed among the patients on my panel?

Are you surprised by the proportion of your patients with CAD? How does it compare with your expectations?

Does the proportion of your panel with CAD differ substantially from your network average? If so, do you know of any reasons for the difference? Do you routinely assess for CAD risk factors to help with preventative measures?

Investigate: Investigate your use of CDM-QIP flow sheets among your CAD patients and consider why you do or do not use flow sheets for some or all of your patients

Are you surprised by the proportion of your patients with CAD without CDM-QIP flow sheets? Was it higher or lower than you expected?

Do you have a list of patients with CAD for whom you know you are using CDM-QIP flow sheets? What can you do to increase the number of patients with CAD who have CDM-QIP flow sheets? If you don't have a list, do you know how to make one?

How do you think regular use of flow sheets affects care you provide to patients with CAD?

What factors affect your use of flow sheets with patients with CAD?

Are you satisfied with the proportion of your patients with CAD with flow sheets that had blood pressure higher than 140/90 mmHg? LDL >2 mmol/L? How do the distributions align with your expectations and desired results?

Are you satisfied with the proportion of your patients with CAD with flow sheets that are on statins? What are some reasons some patients are not on statins? Is there anything you can do to help improve these patients' outcome?

Brainstorm: What are some key steps you can take to optimize the care of these patients? Are there resources that you can access to help you and these patients manage their health?

Consider: Blood pressure and LDL are only available for patients with flow sheets. Additionally, this guide uses your 4-cut panel, and may not be the same as your EMR panel. What do you think the results of these indicators would be among patients without flow sheets? If possible, a next step might be to delve further into your EMR to investigate these indicators for non-flow sheet patients.

On a scale of 1 (least) to 10 (most), how interested are you about these results?

4.1 How often did my panel patients visit an emergency department (ED)?

Are you surprised by the proportion of your patients who had ED visits last year? Was it higher or lower than you expected? Were you informed about these visits via a note from the care provider or by other means?

How do you feel about your panel's ED visit rate compared to your Health Network average? What would your target or ideal ED visit rate be? What could you and other clinics in your network do to improve alternatives to ED visits?

Consider Context: The services you and your clinic provide, your availability, and accessibility, among other factors may impact your patients' ED use. If your clinic offers patient care in evenings and on weekends, do they align with times patients are accessing the ED? Are these hours meeting your patients' needs?

Do you have some frequent ED users? If so, did you know about their frequent visits?
If not, what can you do to improve your awareness of your patients ED use?

Do you know what factors may be causing repeat visits? Are there more appropriate resources or additional supports you can help them access that may reduce their need for the ED?

Is there anything surprising when you compare the results of your panel and your Health Network averages? Are you concerned or re-assured by similarities or differences?

Do you have any concerns regarding the acuity level of your patients' ED visits? If your results differ from the network average, what might be driving variations? Are there any cohorts of particular concern?

Brainstorm: If there are avoidable ED visits, what could you do to assist with keeping them out of the ED? Are there other services you can provide or connect them to or education you can provide them with regarding appropriate ED use?

Are you happy with the timeliness and thoroughness of the information you receive from EDs regarding your patients' visits? Is there anything you can do to improve these communications? Do you have any suggestions for the EDs to improve communications? How could you advocate for these changes?

On a scale of 1 (least) to 10 (most), how interested are you about these results?

4.2 How often did my patients visit an emergency department (ED) for minor conditions?

Are you surprised by the number of ED visits among your panel's patients for CTAS 4 and 5 overall? Is it higher than you would like or hoped?

Do you notice any trends developing across the three years of data shown? If so, what changes may have occurred during that period that contribute to these effects?

Are many of your patients going to the ED during the daytime for the CTAS 4/5 conditions? If so, are there steps you can take to reduce this? Are patients having difficulty getting same-day appointments or do they need additional education regarding appropriate use of EDs?

Are many of your patients' going to the ED during the evenings or weekends for the CTAS 4/5 conditions? If so, are there steps you can take to reduce this? Are patients having difficulty getting same-day appointments or do they need additional education regarding appropriate use of EDs?

Are many of your patients' going to the ED at night for the CTAS 4 and 5 conditions? If so, is there any patient education you can provide to help them understand how to determine the urgency with which they need care for their symptoms or alternative sources of care?

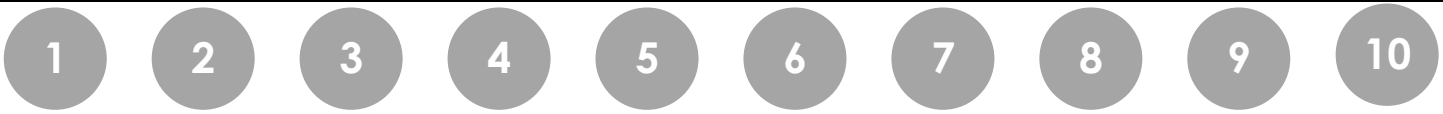
Investigate: Determine some of the CTAS 4/5 conditions that are common among your patients. Consider if there are differences by age cohort or any other demographic factors.

Is there anything you could implement in your practice or among your patients to help prevent these conditions or address them before patients resort to the ED?

Brainstorm: Are there any services or resources you would like to have available in your community to help prevent less urgent ED visits?

How could you find out from your patients why they are going to the ED? What could you do to understand their perspective and rationale?

On a scale of 1 (least) to 10 (most), how interested are you about these results?



4.3 How frequently were patients on my panel admitted to hospitals?

Are you surprised by the volume of your patients admitted to hospitals? Was it higher or lower than you expected? Keeping in mind that hospital admissions can be correlated with panel demographics, how does your panel's rate of admissions compare to your network average?

How does your patients' stay durations compare to your Health Network averages? Are there any opportunities to optimize care of chronic diseases (e.g., CHF, COPD) so they do not have another admission within 30-days?

Consider Context: Your proximity to acute care facilities, the demographics of your patient population and availability of community services, among other factors, may impact your patients' hospitalizations and stay durations.

Do you have patients who are frequently admitted? If so, did you know about their frequent admissions? If not, how can you improve your awareness of them? Are there additional resources that could help decrease admission rates of these patients?

Investigate: Delve into your EMR to identify some of your patients with multiple hospital admissions. Consider what you know about their circumstances and demographics. See if there are any common factors among them.

What could you implement in your practice/clinic to help prevent these admissions? Are there any community supports that could help as well? How could you help your patients access these?

How do your patient admissions by age cohort and admission source (ED versus Other) differ from the network averages? Why might these differences exist?

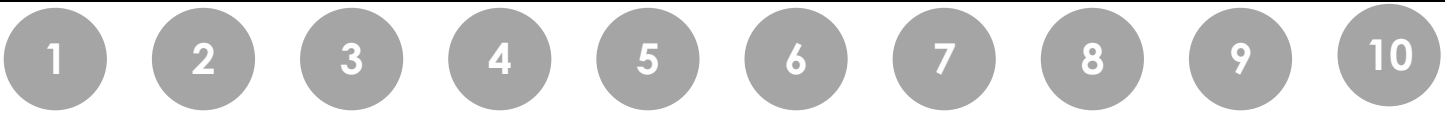
Brainstorm: Is there anything that could help your patients transition out of the hospital that may help avoid re-admission? Are there any supports you wish were available?

How can you find out what your patients, and/or their caregivers, want and need to feel supported before, during, or after admission? Are there any system-level improvements that can be made to help find out what patients/caregivers want or need?

Do you have a system in place to ensure timely follow-up with patients after discharge from hospital? Do you have a goal time for follow-up? Do you have everything you need to meet that goal?

Are you satisfied with the information you receive post-discharge discharge? Is there anything you can do to improve communication? Is there anything the hospitals can do to improve communication?

On a scale of 1 (least) to 10 (most), how interested are you about these results?



4.4 Why were my patients admitted to hospitals last year and how long were they there?

Are the conditions underlying your patients' hospitalizations consistent with your panel demographics? How do your results compare to that of your Health Network?

Some conditions may have more admissions than patients; these are typically due to patients having multiple admissions. Are these results expected? Are there some conditions that don't typically have multiple admissions? Why might this be occurring? What supports could you provide these patients to prevent readmissions?

For which conditions do your patients have the longest length of stays? Do these align with your expectations? How do your panel's results compare to your Health Network results?

Investigate: Delve into your EMR to further understand the types of patients and conditions underlying your most common reasons for admission and longest stays.

Are you satisfied with the information you receive following their discharge? Is there anything you can do to improve communication? Is there anything the hospitals can do to improve communication? What system-level changes could be made to improve communication post-discharge?

Is there anything you could implement in your practice or among your patients to help prevent these conditions from requiring hospitalization? If so, what are they and how will you implement them?

Transition from hospital back to the community can be eased with access to an FP. Within your practice, are there mechanisms that patients recently discharged from hospital can get timely visits?

On a scale of 1 (least) to 10 (most), how interested are you about these results?

4.5 How does continuity of care relate to hospitalizations for conditions that are best cared for in primary care?

For the following questions, ACSCs refer to Ambulatory Care Sensitive Conditions.

Do you see a relationship between your patients' level of connectedness and the number of ACSC hospitalizations and/or length of stay?

Do you see any opportunity for improvement among these relationships/results? Is this a population of patients that you could work with to improve connectedness? What actions do you think would increase patient connectedness?

Which of the ACSC conditions do you think are driving these admissions? Are there some that are more prevalent among your patients?

Investigate Delve into your EMR. Are you able to check your assumptions regarding the ACSC conditions driving hospitalizations? What does your EMR tell you?

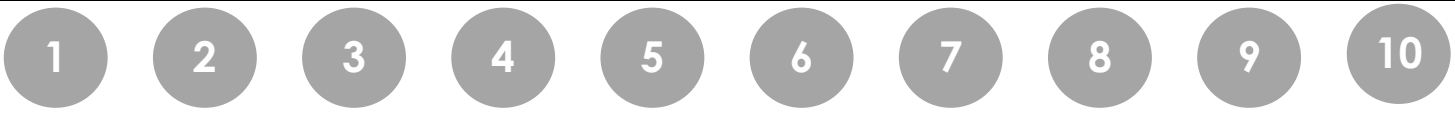
How do your panel's results differ from those of other panels in your network? Are there any result you find concerning? Reassuring?

What patient interventions could be done to support patients with each of the ACSCs to avoid hospitalization?

Brainstorm: What supports could help your patients avoid hospitalization?

What steps can you take to improve your patients' level of connectedness and strengthen their relationship with primary care?

On a scale of 1 (least) to 10 (most), how interested are you about these results?



5.1 Prescribing for Senior Citizens (65+): High Risk Medications (Beers Criteria)

Are you familiar with the most recent list of Beers Potentially Inappropriate Medications? Which of these are most likely to be relevant to patients on your panel? Are you aware of the proportions of patients on these drugs? What resources do you use for Beers Criteria?

Are you surprised by the proportion of your patients' aged 65+ filing prescriptions for multiple Beers PIM drugs in the past year? Are you concerned about the rate? How many patients are getting Beers' drugs from other sources? How do your results compare to your Health Network results?

Are you surprised or concerned by the proportion of your patients' aged 65+ chronically filling multiple prescriptions for Beers drugs? How do your results compare to your Health Network results?

Investigate: Investigate your patients receiving one or more Beers drugs, their conditions, dosage, and the duration of time they have been receiving these drugs.

Are there any conditions for which you have prescribed Beers drugs that could be managed with alternative medications/interventions?

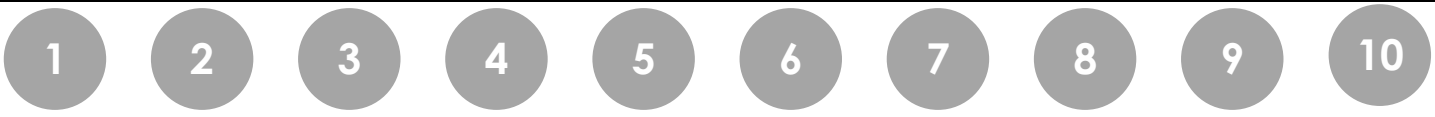
What are your concerns related to the most common Beers drugs used by your patients? Have you prescribed any of them? Are you aware of the concerns related to these drugs?

How does the proportion of your patients on each of these five drugs compare to the rates for other patients on panels in your network? Are there any for which your rates are substantially higher? Do you know of a reason for this? What actions might be taken to reduce these rates?

Are there any patients that could be prescribed a lower dose or weaned off these drugs completely? If so, how can you approach this with them?

Are your patients receiving prescriptions for these drugs from another provider? If so, what steps can you take to discuss this with your patients and/or colleagues? If not, is there additional research you can do to learn more about the concerns surrounding these drugs?

On a scale of 1 (least) to 10 (most), how interested are you about these results?



5.2 Prescribing for Senior Citizens (65+): Antipsychotic Medications

What are the most common diagnoses for which your patients' aged 65+ are prescribed antipsychotics? What are some alternative medications/interventions?

Do you see any trends in the proportion over the past three years? What factors may underlie your results? Do you expect this trend to continue? Should it continue?

Investigate: Investigate your patients receiving antipsychotics, their conditions, dosage, and the duration of time they have been receiving these drugs.

Are there any other conditions for which you have prescribed antipsychotics that could be managed with alternative medications/interventions?

Are there any patients that could be prescribed a lower dose or weaned off these drugs completely? If so, how can you approach this with them?

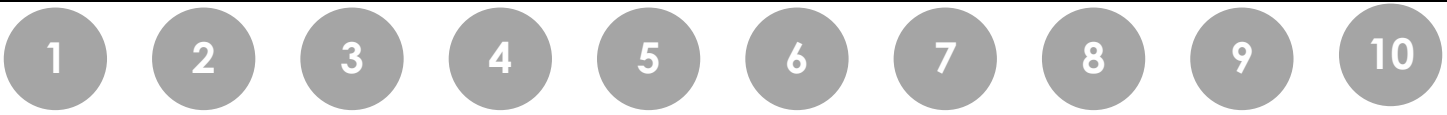
Are you surprised by how many patients are receiving antipsychotic prescriptions from you and others? Why do you think you are surprised? What can you do to stay abreast of your patients' prescriptions?

Brainstorm: What is your personal criteria for prescribing antipsychotics? Do this align with the Choosing Wisely guidelines? Should you revisit your criteria? If so, what changes should you focus on making?

Do you feel confident in your level of knowledge of the risks, benefits, and appropriate dosing of antipsychotics? If not, what can you do to advance your knowledge?

Are you surprised by the proportion of your patients filing multiple antipsychotics prescriptions within the past year? Why might your results differ from those of your Health Network? Do you feel your variations are reasonable/expected?

On a scale of 1 (least) to 10 (most), how interested are you about these results?



5.3 Prescribing of Opioid Medications

Were you previously aware of opioid prescribing guidelines published by the Saskatchewan College of Family Physicians? How closely do you think you adhere to them?

Do you see any trends in the proportion over the past three years? What factors may underlie your results? Do you expect the trend will continue? Should it continue?

Are you surprised by the proportion of your patients receiving opioid medication prescriptions from you? From others? If so, what can you do to stay abreast of your patients' prescriptions?

Are you surprised by the proportion of your patients filling multiple opioid prescriptions within the past year? Are you satisfied with how your results compare to your Network?

Investigate: Query your EMR to find your patients receiving opioids, their conditions, dosage, and the duration of time they have been receiving these drugs. In particular, seek to understand the conditions among those who have been on opioids long-term.

Are there any conditions that could be managed with alternative medications/interventions? If so, can you identify patients whose opioid prescriptions could be revisited?

Are there any patients that could be prescribed a lower dose or weaned off these drugs completely? If so, how can you approach this with them?

Are you aware of the criteria for diagnosing opioid use disorder? Do you think this condition may be underdiagnosed in your panel?

Brainstorm: What is your personal criteria for prescribing opioids? Does this align with the guidelines? Should you revisit your criteria? If so, what changes should you focus on making? Is there any additional information you should obtain regarding opioids?

On a scale of 1 (least) to 10 (most), how interested are you about these results?

5.4 What percentage of my patients filled prescriptions for benzodiazepines?

Are you surprised by the proportion of your patients receiving benzodiazepine prescriptions from you? From others? If so, what can you do to stay abreast of your patients' prescriptions/prescribers?

Do your patients understand the risks associated with benzodiazepines? What education do you offer patients about benzodiazepines?

Do you see any trends in the proportion over the past three years? What factors may underlie your results? Do you expect the trend will continue? Should it continue?

Are you surprised by the proportion of your patients filling multiple benzodiazepine prescriptions within the past year? Are you satisfied with how your results compare to your Network?

Investigate: Query your EMR to find your patients receiving benzodiazepines, their conditions, dosages and the duration of time they have been receiving them. Particularly seek to understand the conditions among those who have been on benzos long-term.

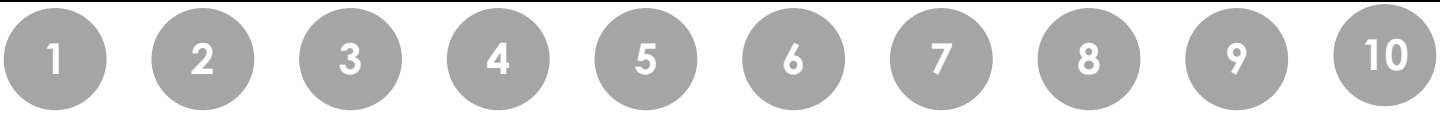
Are there any conditions that could be managed with alternative medications/interventions? If so, can you identify patients whose benzodiazepines prescriptions could be revisited?

Are there any patients that could be prescribed a lower dose or weaned off these drugs completely? If so, how can you approach this with them?

Are you aware of any of your patients who may have benzodiazepine use disorder or side effects? If so, what steps can you take or supports that could be provided to help them? Are you aware of screening tools? (i.e., https://ccsmh.ca/substance-use-addiction/benzo/)

Brainstorm: What is your personal criteria for prescribing benzodiazepines? Does this align with the guidelines? Should you revisit your criteria? If so, what changes should you focus on making? Are there any professional development opportunities you should take regarding benzos?

On a scale of 1 (least) to 10 (most), how interested are you about these results?



Your Summary

Each page in this guide is represented below. What did you determine your level of concern was for each of the topics? Enter the value you selected in the right-hand column.

Recall:

- 1 = low level of interest
- 10 = high level of interest

Topic	Level of interest (1 - 10)
1.1 How many patients are on my panel and how does this compare to the patients I've seen?	
1.2 What is the age and sex profile of my panel patients?	
2.1 How are my visits distributed by patient age and sex? How does this compare to the demographics of my panel overall?	
2.2 What is my panel's continuity of care?	
2.3 What are the most common conditions driving my patients' physician visits?	
3.1 How well is diabetes being managed among the patients on my panel?	
3.2 How well is coronary artery disease (CAD) being managed among the patients on my panel?	
4.1 How often did my panel patients visit an emergency department (ED)?	
4.2 How often did my patients visit an emergency department (ED) for minor conditions?	
4.3 How frequently were patients on my panel admitted to hospitals?	
4.4 Why were my patients admitted to hospitals last year and how long wee they there?	
4.5 How does continuity of care relate to hospitalizations for conditions that are best cared for in primary care?	
5.1 Prescribing for Senior Citizens (65+): High Risk Medications (Beers Criteria)	
5.2 Prescribing for Senior Citizens (65+): Antipsychotic Medications	
5.3 Prescribing of Opioid Medications	
5.4 What percentage of my patients filled prescriptions for benzodiazepines?	

Which topics did you indicate were of highest concern? Among these, which will you work to improve first? What steps can you take to address the issues you identified?

Appendix

1. EMR Resources

General EMR Panel Management Training, Tools and Resources

Saskatchewan Medical Association EMR Program: https://www.emr.sma.sk.ca/

Panel Management: Steps to Pull a List of Patients: https://www.mcmasterforum.org/docs/default-source/rise-docs/partner-resources/hcsl_panelmanagementtool.pdf?sfvrsn=88f557d5_2

Accelerating Change Transformation Team (Alberta) – Guiding Principles: effective use of EMR for PMH work: https://actt.albertadoctors.org/file/guiding-principles--effective-use-of-emr-for-pmh-work.pdf

Short how-to videos from Alberta: https://actt.albertadoctors.org/EMR/Pages/default.aspx

Using Health Information Technology to Support Quality Improvement in Primary Care: https://pcmh.ahrq.gov/sites/default/files/attachments/Using%20Health%20IT%20Technology%20to%20Support%20QI.pdf

MedAccess

Med-Access EMR Guide for Patient's Medical Home: https://actt.albertadoctors.org/file/med-access-emr-guide-for-pmh.pdf

Introduction to Reporting in MedAccess: https://divisionsbc.ca/sites/default/files/inline-files/Med%20Access%20Introduction%20Instructions%20v5.pdf

Data Quality for Panel Management in Med Access: https://www.youtube.com/watch?v=flrgZmbbvdA

Pap reporting: https://www.youtube.com/watch?v=nNK7ckqCE7g

Preventative Screening – CV Risk Score Capture in Med Access: https://www.youtube.com/watch?v=k-4OUpAARik

Creating Lab Order Sets in MedAccess: https://divisionsbc.ca/sites/default/files/inline-files/CmxValleyMedAccessUserGroup.LabOrderSets.Aug19.pdf

Using Clinical Decision Support (CDS) Triggers in MedAccess: https://divisionsbc.ca/sites/default/files/inline-files/CmxValleyMedAccessUserGroup.CDSTriggers.Aug19.pdf

Accuro

Tips for Panel Identification, Screening and Preventive Care in Accuro: https://www.youtube.com/watch?v=ax5lO_zT844

Accuro Active Patient Panel: https://www.youtube.com/watch?v=eaplk7T1vys

Searchable Data in Accuro: https://www.youtube.com/watch?v=Q6RrSze_jlw

CII-CPAR Accuro EMR Mapping: https://www.youtube.com/watch?v=JS9Hf9VtZSE

2. Resources for Chronic Conditions

Saskatchewan Medical Association Chronic Disease Management Clinical Content: https://www.sma.sk.ca/resources/39/cdm-qip-clinical-content.html

3. Resources for High Risk Prescribing (Beers Criteria)

Potentially risky drugs and their safer alternatives: Beers drugs commonly used in SK and recommended substitutes: https://www.cps.sk.ca/imis/Documents/Programs%20and%20Services/Prescription%20Review%20Program/Resources/BEERS%20Drug%20List%20-%20Health%20Quality%20Council.pdf

4. Resources for Prescribing Antipsychotics

Deprescribing antipsychotics for behavioural and psychological symptoms of dementia and insomnia. Evidence-based clinical practice guideline: https://www.cfp.ca/content/64/1/17

5. Resources for Prescribing Opioids

Managing Opioid Use Disorder in Primary Care PEER Simplified Guideline: https://www.cfp.ca/content/65/5/321

Tapering Opioids How to Explore and Pursue the Option for Patients Who Stand to Benefit: https://www.rxfiles.ca/rxfiles/uploads/documents/Opioid-Tapering-Newsletter-Compilation.pdf

Additional Chronic Pain and Opioid Resources from College of Family Physicians of Canada: https://portal.cfpc.ca/ResourcesDocs/UploadedFiles/CPD/List_of_Pain_Opioid_Initiatives_May_2_2017_final.pdf

6. Resources for Prescribing Benzodiazepines

Canadian Coalition for Seniors' Mental Health Benzodiazepine Guidelines and Screening Tools: https://ccsmh.ca/substance-use-addiction/benzo/