Identifying Candidates for Enrolment

Introduction

Enrolment is a foundational step to support identifying who has continuous care in Manitoba, and more importantly, who does not. Continuity is defined as:

"The extent to which there is a continuous long-term relationship between a patient and a primary care practice, where most patient primary care visits are to this practice over the patient's lifespan. This includes smooth transitions and 'safe handoffs' within and between services and programs, which is essential to supporting a reliable and seamless experience. Stability in medical information, provider relationships, and access to care are key elements in successful transitions between services.

- Informational Continuity: information transfer and sharing, such as medical histories, values and preferences, between allocated service providers to inform future care decisions (e.g. Medication management at the time of admission, transfer or discharge to avoid adverse drug effects).
- Relational Continuity: an ongoing therapeutic relationship between a patient and one or more providers (e.g. My Health Team).
- Management Continuity: the extent to which services delivered by different providers are timely and complementary such that care is experienced as connected and coherent."

Enrolment Methods

Patients may be enrolled with Home Clinics using one of two methods: Active or Passive. Neither approach confirms continuity, but they will help identify who *likely* has continuous care.

Active enrolment involves communication with the patient. Active enrolment is the preferred approach because it solidifies the patient's relationship with a particular Home Clinic. As a result, it significantly reduces the risk of an enrolment conflict between Home Clinics.

Passive enrolment is determined by the Home Clinic, and is based on an inferred relationship between the patient and the Home Clinic. The analysis supporting passive enrolment must, to the extent possible, focus on continuity and comprehensiveness. The analysis will, of course, be subject to the limitations of the data collected by providers in their EMR. Because passive enrolment does not involve confirmation of the relationship with the patient, risk of an enrolment conflict with another Home Clinic is higher. To avoid these conflicts, Home Clinics should only passively enrol patients for whom they are confident a continuous and comprehensive care relationship exists.

In the event of a conflict, both Home Clinics will be impacted. The patient's enrolment will be put on hold until a Home Clinic actively engages with the patient, and enrolment with the patient can be confirmed. The hold will only be lifted when an active enrolment is

submitted. This means that this patient can no longer be passively enrolled to any Home Clinic, and can only ever be actively enrolled.

Please be conservative when submitting your list of passively enrolled patients. It will save your Home Clinic and other Home Clinics time and effort by reducing the number of enrolment conflicts to manage.

Initial Approaches

Approaches to identify candidates for passive enrolment are different for new and longer term patient relationships. The approaches below were informed through numerous consultations with primary care clinicians and clinic managers.

New Patients

It is recognized that it is not possible to infer a continuous, comprehensive relationship with new patients because there is little history in the EMR data. Patients who were accepted by a provider within your practice in the last year may be good candidates for active enrolment. These recently established relationships reduce the risk of a passive enrolment conflict.

> If a new EMR was recently implemented, or a provider has recently joined a Home Clinic, there may not be sufficient history in the EMR to infer a continuous, comprehensive relationship with patients.

Longer Term Patients

The relationship to longer term patients is best determined through analysis of data in the clinic's electronic medical record (EMR), not based on assumptions. The analysis should be able to indicate provision of continuous, comprehensive care. The following tips are based on input from members of Manitoba's primary care community.

STEP 1: GENERATE PATIENT LIST

Generate a list of patients assigned to or associated with each family physician or nurse practitioner in your Home Clinic. This assignment or association generally indicates those considered to be in the provider's patient panel. Depending on the EMR product used within your Home Clinic, this may be indicated in a variety of ways. Most commonly, the provider's name will be captured within a discrete field that enables quick identification of with whom an appointment for the patient should be scheduled. In commonly used EMR, for example, this field is called Office Provider, Primary Provider or Family Doctor.

STEP 2: REVIEW AND ANALYZE LIST

Review and analysis of the list is required to be confident that the patients included on the list have a continuous, comprehensive care relationship with your Home Clinic. This review and analysis may be done manually by viewing individual patient records or by executing more robust queries of the EMR data. Below is a list of factors that may help you to confirm the relationship, and reduce the list to patients with whom the relationship is clear.

- The assigned provider performed a **periodic health assessment** or **complete physical exam** for the patient within the last three years. Note: complete physical exams done for pre-operative purposes should be excluded.

- The assigned provider **actively managed the patient's chronic condition(s)**

(e.g. Diabetes, Hypertension, Coronary Artery Disease or Congestive Heart Failure) over the last 12 to 18 months. Active care may be confirmed in the EMR in a variety of ways including the assigned provider prescribing a medication directly related to the chronic condition, or by the assigned provider ordering labs directly related to the chronic condition.

- For those already leveraging the Primary Care Quality Indicators (PCQI) and submitting the Primary Care Data Extract (PCDE), active management of patient care may also be indicated by **high completeness of PCQI data** as reflected in reports your Home Clinic receives from Manitoba Health Seniors and Active Living. Stakeholder consultation suggests that high completeness would be 75 percent or higher.

- The assigned provider had two to three encounters with the patient over the past three years. Note: **visit frequency** is highly dependent upon the patient demographic. For example, healthy males in their twenties visit much less frequently.

Note: Patients for whom only episodic care (e.g. walk-in patients) is provided must be excluded.

Sample EMR Queries

Example queries include, but are not limited to:

A	**EMR Query**: - Patient is assigned to the provider; - Patient is not inactive, walk-in or deceased (e.g. patient status); and - The assigned provider performed a periodic health assessment or complete physical exam, not for pre-operative purposes, within last three years.

B	**EMR Query**: - Patient is assigned to the provider; - Patient is not inactive, walk-in or deceased (e.g. patient status); and - Patient had two or more encounters with assigned provider within last three years.

C	**EMR Query**: - Patient is assigned to the provider; - Patient is not inactive, walk-in or deceased (e.g. patient status); - Patient has a diagnosis of Hypertension; and - Assigned provider prescribed Ramipril within the last 12 months.

Feel free to contact the Home Clinic team at 204-926-6010, 1-866-926-6010 or homeclinic@sharedhealthmb.ca for further support in developing an appropriate EMR query.

STEP 3: FINALIZE LIST AND ENROL PATIENTS

Based on the analysis results, remove patients with whom the continuous, comprehensive care relationship could not be confirmed. Enrol those patients in the EMR using passive enrolment method. If you are using your Primary Care Data Extract to submit enrolment, passive enrolment is indicated in the EMR by an Enrolment Start Date of 01/01/1899. If you are using Enrolment Service, a passive enrolment is is recorded through specific functionality in the EMR. Candidates for enrolment are identified through analysis of data in the Home Clinic EMR.

As the Home Clinic model evolves, so will the approach for enrolling patients, and what further information may need to be collected. We look forward to working with the primary care community to help us more accurately measure continuity.