

Attachment and Panel Identification in Primary Health Care

Accuro EMR Supplement

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Purpose: This supplement is intended to support you in working through the steps of the [PHC Attachment and Panel Identification Workbook](#) on an Accuro EMR. We hope that this will be a useful tool for you and your team to successfully continue with panel identification.

Acknowledgements: This resource has been adapted from the [Attachment and Panel Identification in Primary Health Care: Med Access EMR Supplement](#). Our Med Access Supplement was adapted with permission from the British Columbia's General Practice Services Committee Practice Support Program (original document created by Audrey Jones, Kelly Hawes, and Ferdi Lowe), with additional guidance included by the Alberta's Accelerating Change Transformation Team.

Patient Statuses

What is a Patient Status & Where are they Located?

The **Patient Status** field is a field in the **Patient** section of the EMR under **Patient Demographics** that allows the administrative user to categorize patients. The most common Patient Statuses are active, inactive, deceased, and transferred.

Other Patient Statuses can be created by the clinic to support the categorization of other patient groups, such as grouping patients by the type of care being provided (i.e., walk in clinic, pap smear clinic, inpatient care etc.).

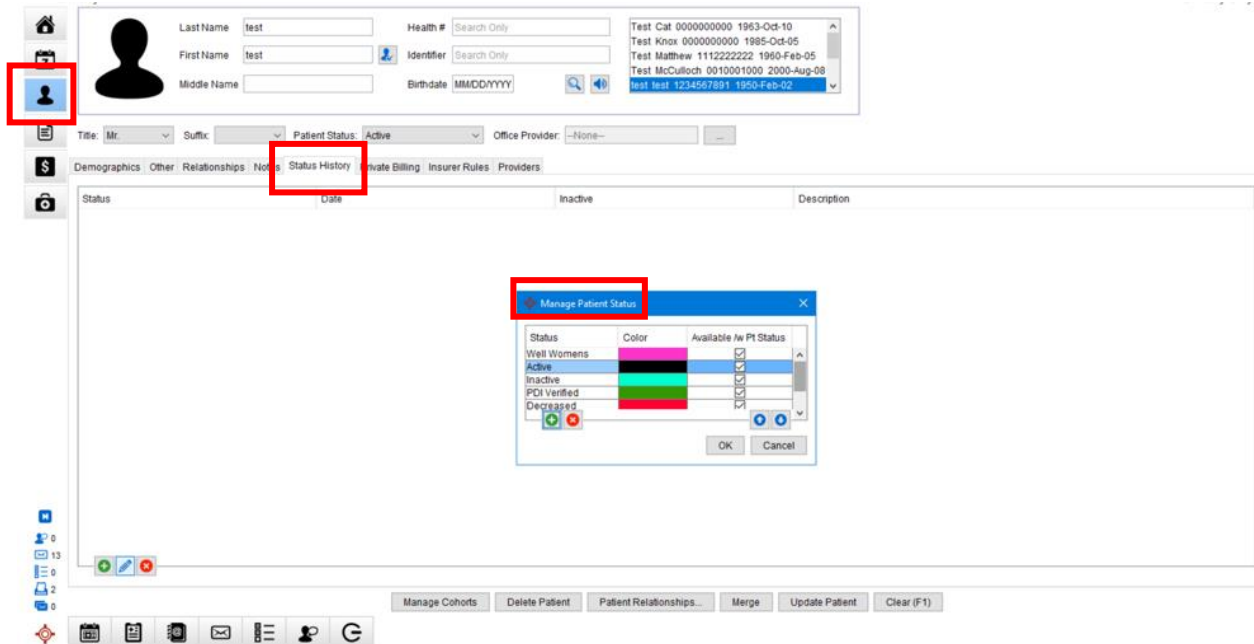
The screenshot displays the Accuro EMR interface for a patient's demographic information. The left sidebar contains navigation icons for Home, Scheduler, Patients (highlighted with a red box), Documents, Claims, and EMR. The main content area shows the 'Patient Demographics' form. The 'Patient Status' dropdown menu is highlighted with a red box and is currently set to 'Well Womens'. Other fields include Last Name, First Name, Middle Name, Health #, Identifier, Birthdate, Title, Suffix, Office Provider, Demographics, Relationships, Notes, Status History, Private Billing, Insurer Rules, and Providers. The form also includes fields for Health #, Expiry, File Number, Alias, Birthdate, Age, Gender, Deceased, Family Phys, Referring Phys, Address, City, Postal/Zip, Type, Phone #s (Home, Work, Cell, Fax), Preferred Contact Method, Default Insurer, Pharmacy Contact, Global Message, and Your Message.

The Patient Status can be associated to a color. This can be used to give the provider or administrator a visual sign when searching patients in the EMR. For example, active patients could be highlighted with black text (this is the default) and deceased patients could be highlighted with red text.

It is important for the clinic team to define the Patient Status options to assist with panel clean-up and improve consistency within the practice.

How To Create a New Patient Status

If the team requires a Patient Status that is not available in the system by default, they can add additional statuses to meet the clinic's needs. To add additional Patient Statuses, follow the steps below.



1. Go to a **Patient** section of EMR
2. Search a patient's name at the top of the screen
3. Open the "**Status History**" tab
4. Access the "**Manage Patient Status**" Window
 - Click the **Green +** icon
 - Click **create new status**
 - Name Status
 - Select color for status (default is black)
 - Press **ok**
5. Ensure the box for '**Available with Patient Status**' is checked
6. Click **Ok**

Patient Validation

What is Patient Validation?

Patient contact information and most responsible provider [MRP] should be confirmed (validated) at every visit. The MRP is identified in the **Patient** section of the EMR, in the **Demographics** tab under the **Office Provider** or the **Family Physician** field.

The screenshot shows the Accuro EMR interface for patient validation. The top navigation bar includes 'Home', 'Scheduler', 'Patients', 'Documents', 'Claims', and 'EMR'. The 'Patients' menu is highlighted with a red arrow labeled '1'. The 'Demographics' tab is active, showing fields for Last Name, First Name, Middle Name, Health #, Identifier, Birthdate, Title, Suffix, Patient Status, and Office Provider. The 'Office Provider' dropdown is highlighted with a red box and labeled '3'. Below the 'Demographics' tab, the 'Family Phys' dropdown is also highlighted with a red box and labeled '3'. A red arrow labeled '2' points to the 'Patients' menu. The interface includes various input fields, dropdown menus, and search icons for patient information.

Note: It is important to confirm with the clinic whether the Office Provider or Family Provider section is being used to document the MRP status. Office Provider is the most common field to document this information.

How to Validate a Patients Chart

Each patient encounter is an opportunity to confirm the patient’s demographic information, including their MRP. Confirming the patients’ demographics and updating them is “validating” the patient.

Accuro EMR 2017.984.6 - NSHA Test Environment ***Client Services - 1.866.729.8889***

2

1

3

Office Provider: --None--

Demographics Other Relationships Notes Status History Private Billing Insurer Rules Providers

Health # [] NS, Canada [] Expiry MM/DD/YYYY [] File Number []

Alias

Birthdate MM/DD/YYYY Age [] Gender [] Deceased [] MM/DD/YYYY []

Family Phys --None-- [] Referring Phys --None-- []

Address [] Note []

City [] NS, Canada [] Postal/Zip [] Type []

Phone #s: Home (000) [] [] Work (000) [] [] Cell (000) [] [] Fax (000) [] [] Preferred Contact Method []

Default Insurer MSI []

Pharmacy Contact --None-- []

Global Message Your Message

When patient demographics are updated in the **Patients** section of Accuro, the last updated field reflects the date of the update and the user who selected the **Update Patient** button. The act of updating a patient’s demographics is also logged in the Audit Logs.

Global Message Your Message

Hello []

Last Updated: Never Last Updated: Never

Last Updated: 2024-Jul-30 by Alyssa McCulloch (Nova Scotia Office)

Manage Cohorts Delete Patient Patient Relationships... Merge Update Patient Clear (F1)

Validation Rate as a Process Indicator for Quality Improvement

Calculating the validation rate is an important process check that indicates how often patient data and attachment is verified by the team. The validation rate calculated over a longer period of time, such as year, should be higher for clinics with established processes than a validation rate calculated over a shorter period of time such as three months. A team may choose to calculate a validation rate over an appropriate timeframe that will give them feedback on their process improvements.

To calculate validation rate, you will need to calculate both the number of patients who have had their charts validated in a specified timeframe (numerator), and the number of unique patients seen in that same period (denominator).

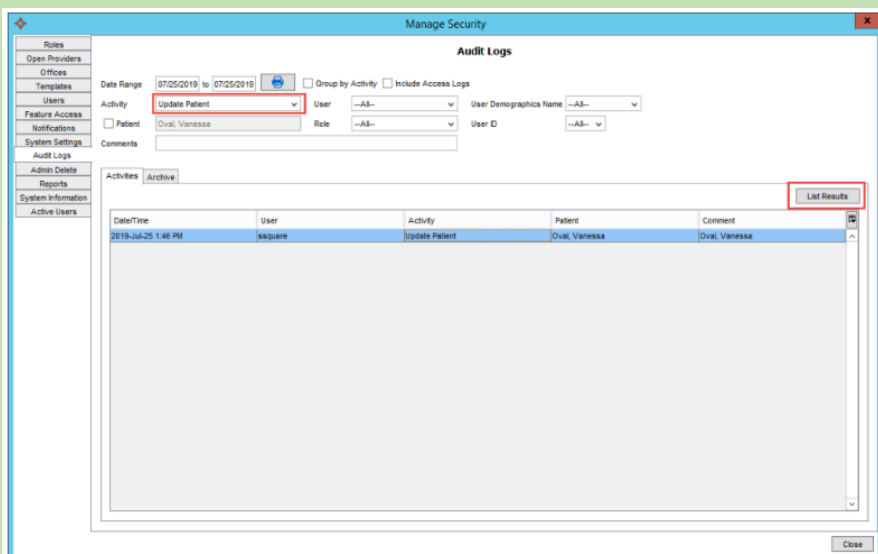
Numerator:

An Accuro user who is a System Administrator can access the Audit Logs.

1. Go to the Accuro Menu in the bottom left corner and search “audit”.
2. Select **Audit Logs**.
3. Select the **Activity Filter**.
4. Sort by the activity **Update Patient**
5. Choose the desired date range.
6. Select **List Results**.

Note: If you are planning to measure validation rates, you require System Administrator access. If you do not have access, check with the clinic manager to see if obtaining access is appropriate. If it is not, consider asking if you could work with a clinic member who has System Administrator access to obtain this information.

The number of patients in the list is the numerator.



Denominator:

1. Create a query to calculate the number of appointments that have occurred in the same time frame as above. For example...

Number of appt in Date range

Current Rules

Appointment Date in the Last 1 Year
Status Contains 'Active'
Office Provider = Test, Test

New Rule

Rule Category: Demographics

Address
Carecard
City

Manage Rule

Office Provider

Doesn't Match Patient Records Only Optional

Update Rule Remove Rule

Instances 1

Number of appt in Date range

Last Name	First Name	PHN	Birthdate	Sex	Home Phone	Status
Test	McCulloch	0010000000	08/08/2000	F	(902) 999-7878	Unassigned
Test	McCulloch	0010000000	08/08/2000	F	(902) 999-7878	Unassigned
Test	McCulloch	0010000000	08/08/2000	F	(902) 999-7878	Unassigned
Test	McCulloch	0010000000	08/08/2000	F	(902) 999-7878	Unassigned
Test	McCulloch	0010000000	08/08/2000	F	(902) 999-7878	Unassigned
Tester	Chester	1111111111	07/05/1988	M	(000) ___-___	Unassigned
Tester	Chester	1111111111	07/05/1988	M	(000) ___-___	Unassigned

7 Matches - Select Action - Completed Rerun Print All Export Close

To find the Validation Rate, divide the number of patients who had their charts validated in the specified timeframe (numerator) by the number of unique patients who had an appointment in that same period (denominator) for your ratio.

Producing a Providers Panel List

A first step in cleaning a provider's panel is to produce a list of all active patients attached to a provider using the query functionality of the clinic EMR. It is useful if the panel list includes the following columns of information:

- Name (first, last)
- Gender
- Birthdate / age
- First appointment date
- Last appointment date (may assist to identify active patients, i.e., those with a visit in the last 3 years)

Sorting by the column headers in the panel list in the EMR or a spreadsheet is a quick way to get an impression of any patients with statuses who may need to be investigated or who still need to be validated:

- Older patients that may be deceased
- Patients with no visits to the clinic within the last 3 to 5 years
- Patients that have never had their attachment or primary provider confirmed.

These lists can create awareness for initial panel clean up. Confirmation of the data produced on the lists with the primary provider and team will help to determine validity of the information. Further panel clean-up is assisted by additional queries in the EMR.

Note: After running additional queries and cleaning the patient panel by updating statuses and reassigning MRP (if/as necessary), run the providers panel list again to obtain a cleaned, accurate, update panel list of active patients

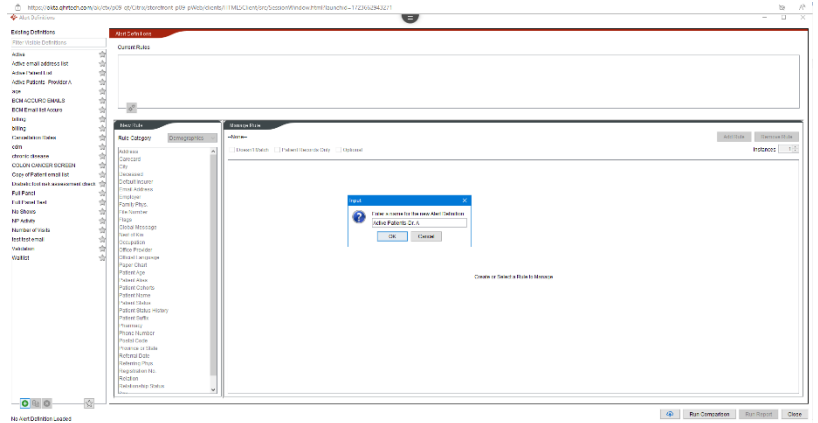
How to Query for a Panel List

In generate a provider's Panel List in the EMR, the user needs to create a query.

To generate a query, follow the steps below:

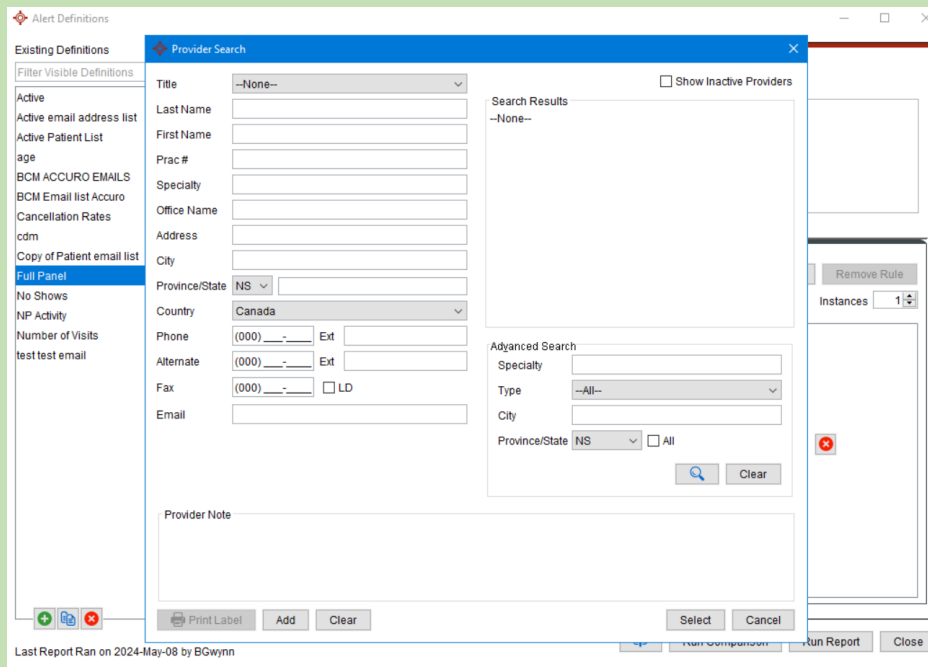
Attachment and Panel Identification in Primary Health Care Accuro Supplement

1. Go to the **Accuro Menu**,
 - Type Query Builder,
OR
 - Select **Reports → Query Builder (Alerts)**
2. Select the **green plus icon** in the bottom left of the screen.
 - Name the Query
 - Select **ok**.
3. Decide which “rules” you want to use to build your report.



For example, when looking to view a Physician or Nurse Practitioner’s full panel (all patients with the provider listed as the family physician):

- Click family physician under **New Rule**.
- Click **New**.
- This will bring up a search bar.
- Click the **magnifying glass** to search for an existing provider.
- After putting in the correct provider’s information, click **Select**.



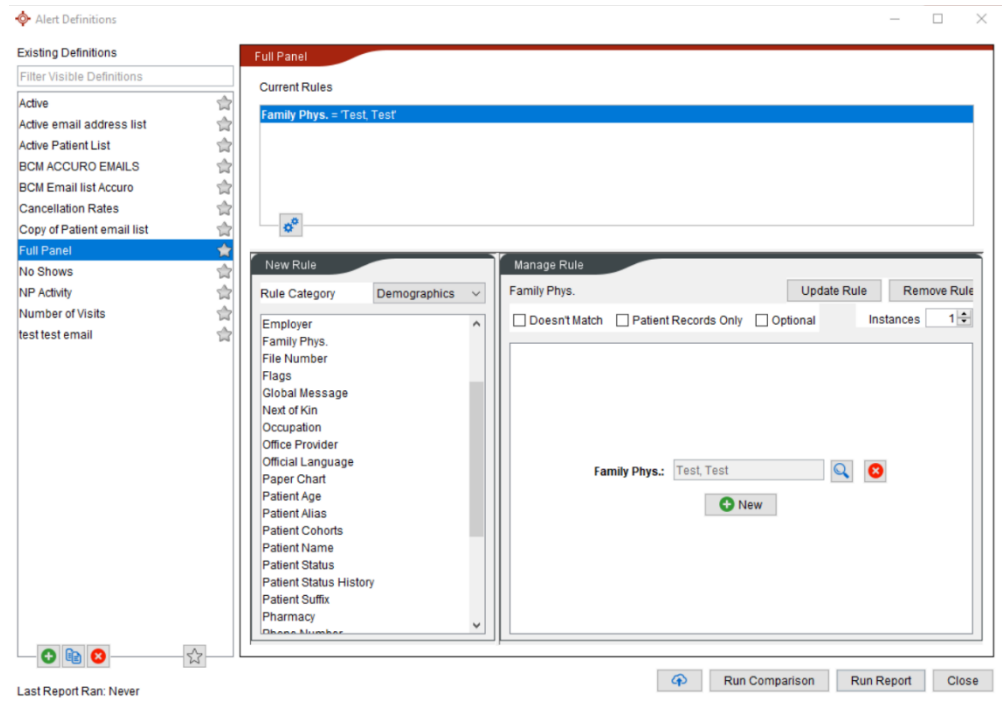
Note: Some clinics may store this information under the office provider section of the demographics. If that is the case query under the office provider rule instead of family physician rule.

4. Following step 3, click **Add Rule** to add the provider to rule.

5. Under **Current Rule** you will now see that provider is now added to this list as family phys= “providers name”.

The more rules you add, the more you narrow down the criteria and build your report.

6. Once you have added all the rule required, select **Run Report**.

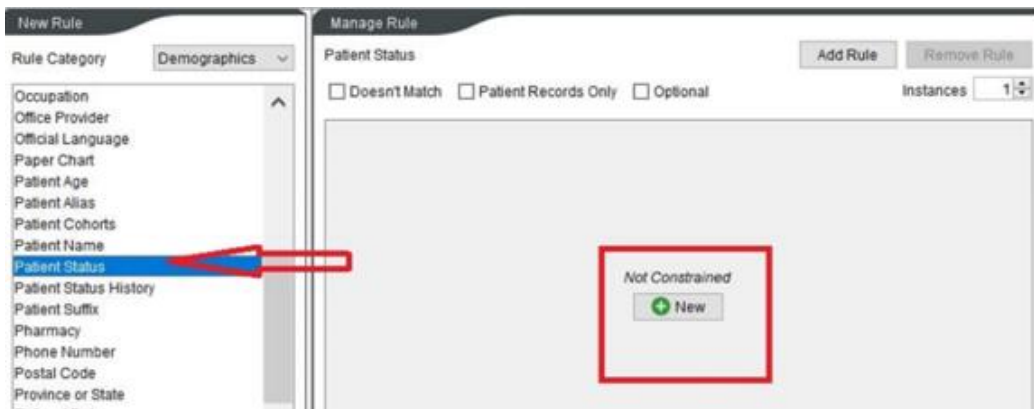


7. Click off the appropriate boxes and hit **Run**. This will bring up the Family Physician’s/Nurse Practitioner’s panel.

If you choose to do more specific lists of patients like active only or inactive only, etc., you can add those filters to the rules in the query builder by choosing the criteria and clicking **Add Rule**.

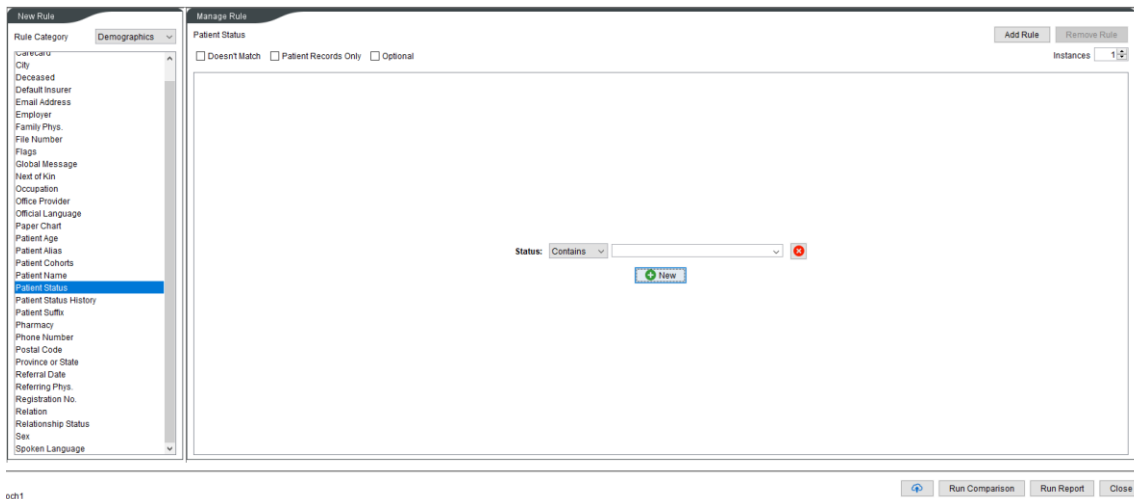
To only query active patients, continue with the following steps.

8. Under the **Rule Category** select **Demographics**



9. Double Click on **Patient Status**.

- A New Constraint automatically populates.
 - Select **New**
10. Ensure the Status is set to “Equals” Active and select **Add Rule**.
- **Note:** If you are searching for a list patient with different statuses enter those statuses instead.
 - **Note:** If contains “Active” is used, the report will also bring up results with an Inactive patient status.



Note: Rules do not have to be constrained if not relevant to the query. For example, you could consider adding rules such as: carecard=exists or patient name=exists by selecting the rule on the right then adding

11. Select **Add Rule**.

This will generate a list of your active patient population which can be viewed in the EMR or copy and pasted into an excel document.

This query is now accessible for you to search again in the future.

Active Patients-Dr. A							
Last Name	First Name	PHN	Birthdate	Sex	Home Phone	Status	Patient Status
Labador	Dakota	987654321	10/07/2006	F	(902) 564-5113	Unassigned	Active
McDonald	Alexander	0014857845	12/14/1955	M	(000) -	Unassigned	Active
Tester	Chester	1111111111	07/05/1988	M	(000) -	Unassigned	Active

Note: Nova Scotia Health Primary Health Care and Chronic Disease Management Network: [How-to Demo: Identifying an Active Patient Panel List in Accuro EMR on Vimeo](#) is a resource to support teams in running active patient panels in Accuro EMR.

Active Patient List Review and Clean-up

Considerations

These are some items to consider when cleaning up your patient panel and determining which patients are active.

1. Run a report to determine which active patients had a visit within the last 3 years.
 - Exceptions can be made if there are active patients who have not had a visit within a 3-year range, but the provider deems their chart should remain active.
2. With these results:
 - Patients 19 years of age or older who had a visit in the last 3 years should remain “Active”. This patient list will be re-visited in step 3, below.
 - Patients 19 years of age or older who have not had a visit within the last 3 years should be marked as “Inactive”.
 - Patients under 19 years of age who had a visit in the last 3 years should remain “Active”.
 - Patients under 19 years of age who did not have a visit in the last 3 years should be considered separately.
 - i. Who are their family members? If not listed, check for the same address, then the same phone number.
 - ii. Has an immediate family member had a visit in the last 3 years?
 - iii. Has a family member’s chart been listed as moved away?
3. Regarding the patients who had a visit within the last 3 years, explore their Visit Type.
 - Patients receiving the following care can be made “Inactive” or “Temporary”*:
 - i. If the patient received emergency care and/or had a follow-up to an emergency visit.
 - ii. If the patient received walk-in clinic care and/or had a follow-up to a walk-in clinic visit.
 - iii. If the visit was added solely to be billed (i.e.: procedures).
 - iv. If the visits were billed as out of province/country, and the patient is not planning to move to town or update their medical and has not requested to be taken on by the clinic/provider for the purpose of receiving longitudinal primary care services.
 - v. If the visit was solely regarding an ill family member who was receiving care from the clinic/provider.

*These parameters are at the discretion of the clinic – some providers may prefer to keep these patients active but change their status to a different active status such as “Walk-in” or “ED”.

4. Other items to consider:
 - Was there a documented conversation about taking the patient on and becoming the patient’s MRP (i.e. attached)? Or are they booked for an appointment in the near future (re: they were recently taken on as part of the provider’s panel)?
 - Should a secondary provider be assigned for those patients who are cared for by two providers? (e.g.: physician as MRP and nurse practitioner at secondary provider).

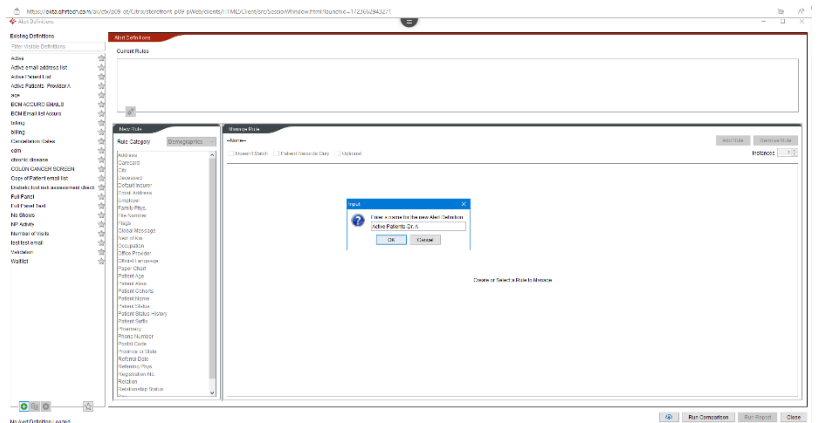
- Are there other items listed in the patient's chart (i.e. Prescriptions, problems/health issues, recalls, recent lab results, allergies...)?
- Was there a documented conversation about the patient planning to move out of town? To move to town? e. Is the patient's permanent address out of town/province/country? f. Has the patient previously requested their chart to be transferred out? g. How frequent were previous visits?
- Does the patient have multiple charts?
- Is the patient over the age of 90 and has not been seen in the last year? This could indicate end of life or movement into long term care.

How to Build a Query for a Panel Clean Up

To generate the query, follow the steps below:

1. Go to the Accuro Menu,

- Type **Query Builder**,
- OR
- Select **Reports → Query Builder (Alerts)**
- If the query has been created in the past you can select the query from the menu on the left.
- If you want to add new rules to a query that already exists, the existing query can be copied by selecting it and then selecting the **Copy** button on the bottom left.
- Name the Query.
- Select **ok**.



2. Decide which additional “rules” you want to use to build your report.

Recommended Searches

Last visit date (and no future appointments)

Adult patients of a provider that have not had a visit in the last 3 years and do not have an appointment in next 3 months (if your clinic schedules out longer than 3 months, change this).

Note: When querying for appointment data you will get a list of every appointment. By **selecting Patient Records Only**, you will be able to see a list of patient names instead.

Last visit date (and no future appointments)

Current Rules

Appointment Date In the Last 3 Years OR In the Next 3 Months
Office Provider = Test, Test
Status = Active
Age Older Than 19 Years

New Rule

Rule Category: Demographics

Address
Carecard
City
Deceased

Manage Rule

Patient Status

Doesn't Match Patient Records Only Optional

Update Rule Remove Rule

Instances: 1

No visits to the practice (and no future appointments)

Producing this list of patients will identify patients that registered but may have never shown up to the practice. This search may also identify registrations of patients where lab results were received to the practice, but the patients were never seen at this practice.

Note: By selecting **Doesn't Match**, you will be able to see a list of data that does not meet that rule criteria.

No visits to the practice (and no future appointments)

Current Rules

Appointment Date Before 2024-Aug-23 OR In the Next 3 Months
Office Provider = Test, Test
Status = Active
Age Older Than 19 Years

New Rule

Rule Category: Demographics

Address
Carecard
City
Deceased
Default Insurer
Email Address

Manage Rule

Appointment

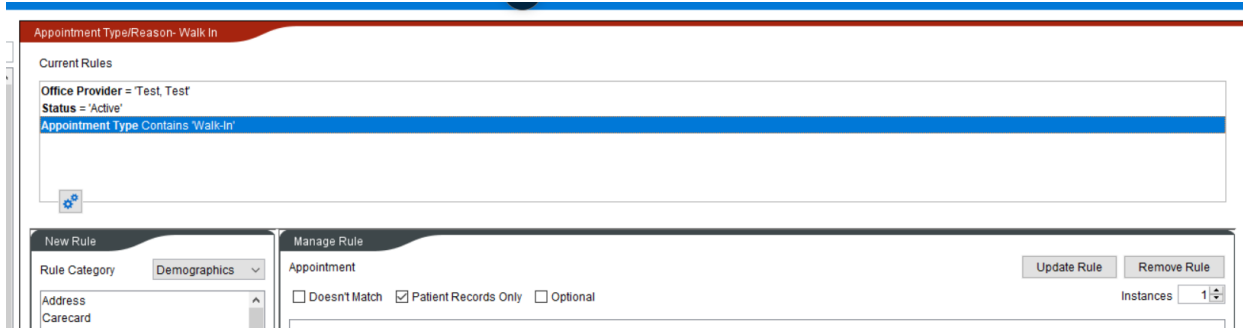
Doesn't Match Patient Records Only Optional

Update Rule Remove Rule

Instances: 1

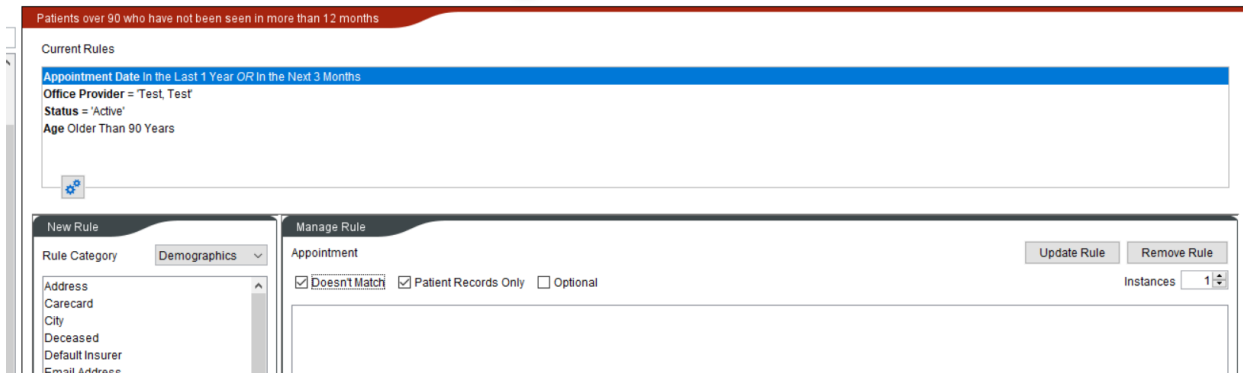
Appointment Type/Reason

If the practice uses the appointment type or reason when scheduling visits, searching by this information may produce lists of patients that are not family practice panel patients such as 'Walk-in Clinic' or 'Flu Shot Clinic'.



Patients over 90 who have not been seen in more than 12 months.

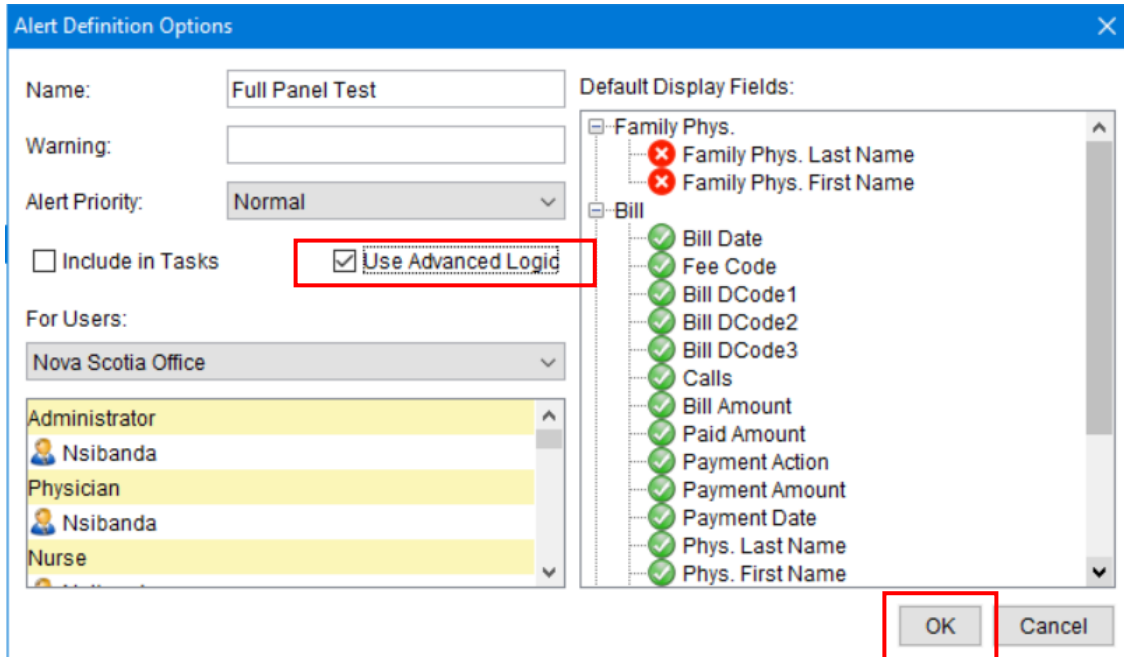
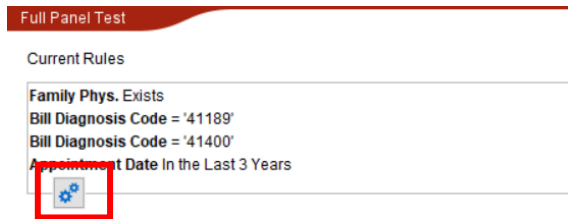
A list of patients over the age of 90 who have not been seen in the last year. This report could indicate patients that require closed considerations as they may have moved to long term care or may have passed away.



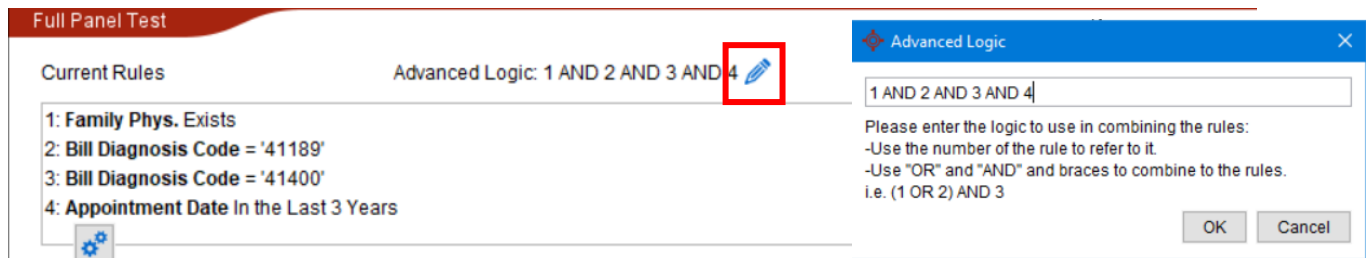
Using Advanced Logic

Advanced Logic is a feature that can be used to future specify queries by adding AND or OR statements in the search criteria. To add advanced logic to a search, follow the instructions below:

1. Click on the **blue gear** symbol.
2. Check the box that says, **Use Advanced Logic** and press **ok**.



3. Next, under the **Current Rules** section you'll find the advanced logic settings indicated by a blue pencil icon.
4. Click on the **blue pencil** to access the editing options.
 - You can now specify the search criteria by adding AND and OR search terms between the rules applied in your query.



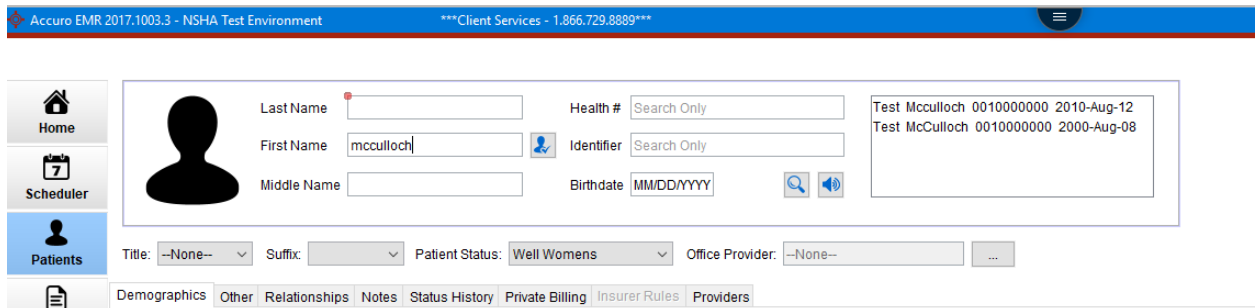
Merging Duplicate Charts

When running a panel report, it is possible to identify that there are duplicate patient charts. This may be caused by the patient being registered twice or because a result came in for them that did not match properly to their existing chart in the EMR. As part of the panel clean-up process you may be required to merge duplicate chart to ensure that each patient only has one record in the clinic.

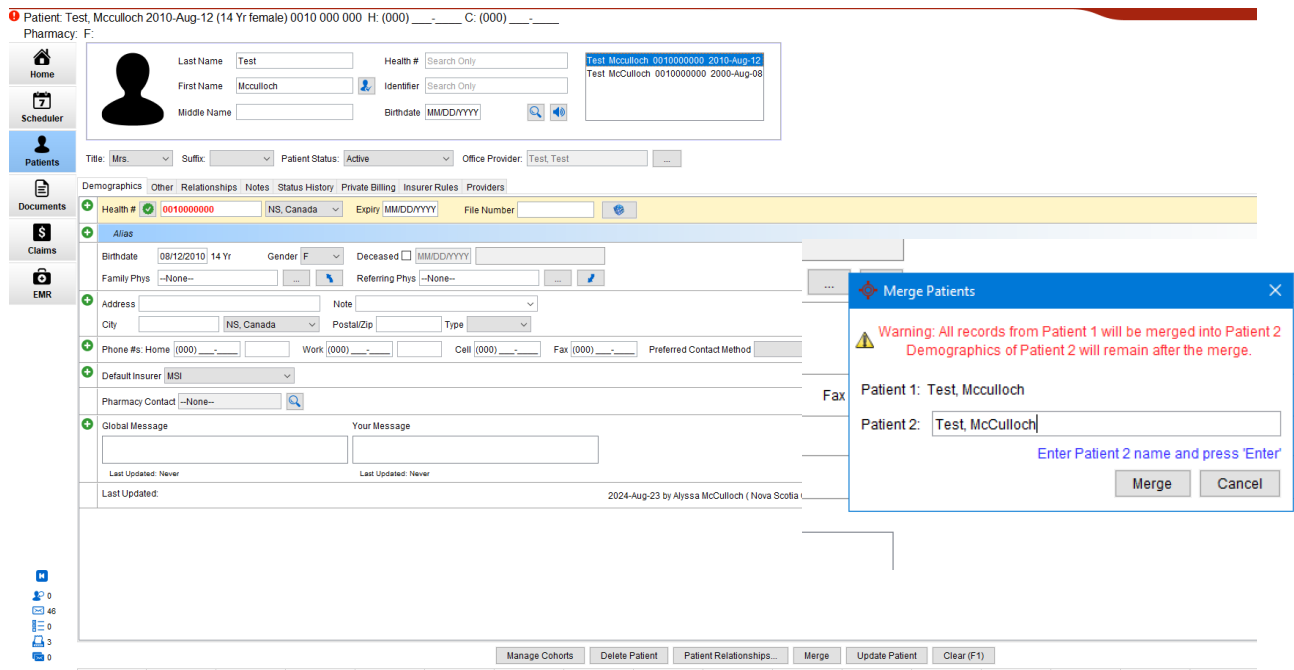
Note: When merging charts, you must open both records. The information from the first chart opened will be merged into the second chart.

To merge duplicate patient charts:

1. Open the patient section of the EMR and search for the patient you are merging. You should see two records with the same or similar demographic information.



2. Select the record that you would like to merge (usually the record with incorrect information or few entries).
 - Select **Merge** at the bottom of the screen.



3. Type in the name on the patients chart you wish to merge the record with.
 - A pop up called **Merge Patients** will appear.
 - Confirm any differences between the two charts by clicking the check boxes.
 - Select **Continue**.

4. Another menu called **Merge Patients** will appear prompting if you would like to continue with the merge.
 - Select **yes** to complete the process.
 - Press **ok** to close the window.

Note: Once the merge process has been confirmed the first record will be deleted permanently. Please exercise caution when merging charts to avoid errors.

Bulk Updating Patient Charts

To Mass Assign an Office Provider to Patient Records

As you review your lists of patients, ensure MRP assignments are correct. There could be a time such as when a provider has left a practice, that a clinic may need to assign a group of patients to a new **Office Provider** in bulk.

It is recommended to run a report of patients with 'no assigned' or "unassigned" provider. If this report has no results, it means all patients have been assigned. If you have results, review this list, and decide if any should be assigned to a provider in the clinic.

The **Office Provider** field in the **Patient Demographics** is used to capture the MRP for each patient.

Accuro EMR 2017.984.6 - NSHA Test Environment ***Client Services - 1.866.729.8889***

Patient: Test, McCulloch 2000-Aug-08 (23 Yr female) 0010 000 000 H: (902) 999-7878 C: (000) ____

Pharmacy: F:

Home
Scheduler
Patients
Documents
Claims
EMR

Last Name: Test Health #: Search Only
First Name: McCulloch Identifier: Search Only
Middle Name: D Birthdate: MM/DD/YYYY

Title: Ms. Suffix: Patient Status: Active Office Provider: --None--

Demographics Other Relationships Notes Status History Private Billing Insurer Rules Providers

Health #: 0010000000 NS, Canada Expiry: MM/DD/YYYY File Number:

Alias Birthdate: 08/08/2000 23 Yr Gender: F Deceased: MM/DD/YYYY
Family Phys: --None-- Referring Phys: --None--

Address: 987 Road Street Note:
City: Test Town NS, Canada Postal/Zip: B0N 5T7 Type:

Phone #: Home: (902) 999-7878 Work: (902) 777-5565 Cell: (000) ____ Fax: (000) ____ Preferred Contact Method:

Default Insurer: MSI
Pharmacy Contact: --None--

Global Message Your Message:
Hello
Last Updated: Never Last Updated: Never

Last Updated: 2024-Jul-30 by Alyssa McCulloch (Nova Scotia Office)

Manage Cohorts Delete Patient Patient Relationships... Merge Update Patient Clear (F1)

The Accuro EMR has a feature called the **Unassigned Patients/ Office Provider Assignment Tool**. This is a tool that allows System Administrators to search the patients in the EMR by provider and mass assign them to a different **Office Provider**.

Note: In order to use this function, the user required System Administrator access. Please request System Administrator access if you need to complete office provider assignment or work with a clinic member who has this access.

This tool can also be used to bulk assign patient to a provider that have no assigned **Office Provider** in the EMR.

The rules are:

- Rule 1: Selected provider is family physician and patient has no other Office Provider.
- Rule 2: Selected provider is family physician and patient has different Office Provider.
- Rule 3: Selected provider is most commonly seen, and patient has no Office Provider.
- Rule 4: Selected provider is most commonly seen, and patient has different Office Provider.
- Rule 5: Selected provider is last seen and patient has no Office Provider.
- Rule 6: Selected provider is last seen and patient has different Office Provider.

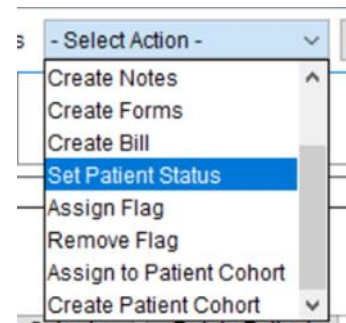
For more information on how to use this tool please see the Accuro help menu [User Guide \(optimedsoftware.com\)](#) or review the [Panel Management Workbook Support](#) created by QHR.

Apply Status in Mass

Patient statuses can also be added in bulk. This can be done through the Query Builder. To mass assign statuses in bulk, query for the patient list that required the status update (See [How to Build a Query for a Panel Clean Up](#) if you require additional information).

For example, there could be a cohort of patients who are marked as Active that only access the clinic for a pap clinic. You may want to switch all those patients to a pap clinic status.

1. Create and run the query of the patients that require a status update.
2. Highlight all patients that require a status change by holding the control key and highlighting the rows.
3. Below the highlighted cells, use the drop-down menu to select **Set Patient Status**.
4. Select the appropriate status and click **ok**.



All patients highlighted on the list will not be moved to the new status.

Maintaining Active Patient Panel Lists

It is recommended to maintain the status of each patient chart when the MRP or Admin staff becomes aware of a change (i.e., the patient notifies the clinic that they have moved, a physician/NP leaves the clinic, a chart transfer is requested, birth of a patient, transient patient, specialty care patient, or a death notice is received).

Depending on the size of the panel and provider's preference, it can be helpful to run and review the cleaned and updated active patient panel list on a quarterly, biannual, or annual basis.

Some things to look for:

1. Is there a drastic increase or decrease from the baseline or previous report? This could indicate a change in how EMR users are using Active patient status (i.e., Transient and Walk-In patients were previously coded as Active, but are now Inactive in the system; ED or Long Term Care patients were previously not listed in the system, but are now included in Active patient status; or, new statuses have been created to capture patients that were previously captured as Active patients).
2. Look at the patients with addresses outside of the expected geographic location(s) that are usually seen in the clinic. For more details on running a search with these expanded parameters, please contact the EMR vendor.

Rationale: Since reviewing and cleaning the MRP assignments and Active and Inactive patient lists, you can now be confident that the Active patient panel list is accurate, and these are the patients the provider is responsible for.

Congratulations! You now have an accurate list of all Active patients on the provider's panel. This list is foundational for further panel management activities.