



Shea Wilks, Patient Medical Home Optimization Evaluation Manager

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The Palliser Primary Care Network (PCN) supports health homes (clinics) in southeastern Alberta. Approximately 100 family physicians and more than 70 health care professionals work together to deliver primary care for patients.

THE GOAL

As the Patient's Medical Home Optimization Evaluation Manager, Shea Wilks supports two practice improvement facilitators to identify data-informed areas of quality improvement for health homes and more broadly across Palliser PCN.

Shea says Palliser is heavily reliant on the data in the 40-plus clinic EMR systems across Palliser PCN to do this work. However, the Health Quality Council of Alberta's Primary Healthcare Panel Reports are among the important secondary data sources that contribute to the efforts

THE VALUE

"There's value in having access to this external source of data from the HQCA to help us validate and complement what we're seeing in our EMRs and guide our clinical decisions," he says.

AT A GLANCE

Organization

The Palliser Primary Care Network.

Delegate Requestors

Shea Wilks, Patient's Medical Home Optimization Evaluation Manager, and his team of practice improvement facilitators.

How They Use Their Panel Reports

- ✓ EMR data validation
- ✓ Chronic disease management support and advice
- ✓ Patient continuity support and advice
- ✓ Panel management support and advice

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– **Shea Wilks, Palliser PCN**

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Panel reports use administrative health data from Alberta Health and Alberta Health Services so PCNs and individual physicians can get insight into activity happening inside and outside their clinic walls. This includes inpatient hospital visits, emergency department use, cancer screenings completed in the community, vaccination data and more.

The patient continuity measures available from panel reports are often interesting to review, Shea says.

“With a confirmed patient list panel report, you can see which patients are predominantly highly continuous (visiting one family physician) and where you have low continuity (patients visiting multiple family physicians),” he says. “This allows you to identify those individual patients and learn something more about them that you wouldn’t be able to get from your clinical EMR.”

PANEL MANAGEMENT

Another useful measure in panel reports is “Visits to Any Family Physician.” For primary care teams who are more engaged with the quality improvement process, they can use this information and a physician’s typical work schedule to help physicians calculate their ideal panel size.

Shea says he and the practice facilitators on his team – more so than physicians – are typically the ones reviewing and comparing the numbers in their EMR systems, panel reports, and other data sources.

Shea’s been looking at these types of reports for many years. He knows the data well, and readily cites measurement trends, data disparities, and quality improvement opportunities for the clinics in his PCN.

At the end of the day, Shea believes continually improving, more reliable, trusted resources and data will support the health home optimization work that Palliser PCN teams undertake.

“We need to use data for quality improvement success,” he says. “That’s our ultimate goal.”

ABOUT THE HQCA

The Health Quality Council of Alberta is a provincial agency that brings together patients, families, and our partners from across healthcare and academia to inspire improvement in patient safety, person-centred care, and health service quality. We assess and study the healthcare system, identify effective practices, and engage with Albertans to gather information about their experiences. Our responsibilities are outlined in the *Health Quality Council of Alberta Act*.

