



The Nominees (L to R) Carla Mazur – RN, Dr. Lori Gohill, Skende Huskic - Office Manager/Panel Manager, Dr. Harjot Singh, Dr. Christina Siau, Dzemila Hasific, MOA, Lisa Gooliaff, MOA (missing Dr. Cassandra Millar)

## ABOUT

We began paneling indirectly by starting a quality improvement project to better support complex care patients. Going through the panel manager training with TOP, we had our first A-Ha moment: "We were already paneling!" said Skende.

They began by cleaning up their EMR data with the support of their team and the EMR provider's guidelines. Once that was complete, they had an up-to-date dashboard that helped identify complex care patients and notify them when plans needed to be renewed or updated.

Paneling is hard work and to have that acknowledged means a lot. Someone sees that we're actually working hard to improve our practices and it is improving patient care.

## BEING NOMINATED

**Communication:** It was important to talk to the team to know any challenges they may face and work together to overcome them. They also identified patients as an important part of the equation. [It's] not just team engagement, it's patient engagement.

**Patience:** Not every physician bought in from the start. Once they saw the great outcomes that the first physicians have, it's easier to get them on board.

**Patient's Perspective:** Those patients who have complex care plans done appreciate the extra time and the depth to which I'm looking at their overall health - not just the diabetes.

## ENGAGE & MOTIVATE

**"When we started working on a project for a complex care plans... that's when we realized that's what panel is all about. Before you can do any form of measure, you really need to know your panel."**

## TOP TIPS

**Small Steps:** How we did it was one of the more complex ways. We did it in combination with a complex project – complex care patients. We wouldn't recommend this to other clinics who are starting. We would recommend smaller steps!

**Utilize the EMR:** We had to clean up our EMR first, then we were able to use the dashboard to identify complex care patients. Ensuring every team member knows the importance of standardization. Standardization is key.

**Team Approach:** You have to have the support of your immediate staff, EMR provider, and support of your health home team such as your CDM nurse, psychologist, etc.

## WHAT'S NEXT?

**Maintain Panel Process:** Our next goal is make sure that we are maintaining the panel. We need to identify how to maintain who active patients are and what to do with ones that are in nursing homes, etc.

**Optimize EMR Use:** We are looking at the utilization of our EMR and starting to fully use them; working smarter not harder. Our physicians are willing to work harder on standardization in the EMR. We want the EMR to work for us, not us work for the EMR so we became part of the Alberta EMR Peer to Peer Network.

**"We have an understanding of what our patient panel encompasses, we were able to place the team members within the medical home that are required to fulfill the needs of our patient panel when it comes to a disease process."**