



SMALL, REPEATABLE STEPS PROVE BIG EFFECTS ON PATIENT CARE



Collaborative support from the Health Data Coalition (HDC) and the Practice Support Program (PSP) to enable practice improvement

When Dr. Ashraf El Karsh, a family physician in Qualicum Beach on Vancouver Island enrolled with the HDC, he didn't have a lot of extra time in his day. However, he recognized the value of data in tracking his patient outcomes, so he began small.

Using **HDC Discover** since January 2020, Dr. El Karsh tracked simple yet meaningful measurements. He focused on two patient groups: patients with diabetes and patients with chronic kidney disease (CKD). With the support of Kent Marley, Clinical Services Manager at HDC and his PSP Practice improvement coach Suzanne Beyrodt-Blyt, Dr. El Karsh was able to clearly identify the two patient groups, to better manage their care. A year later, Dr. El Karsh was allocating small but regular pockets of time to input and analyze data to identify patient groups, areas for improvement, streamline patient processes, and improve overall care.

Dr. El Karsh began to explore other opportunities to repeat this process for other patient groups and conducted other small projects to improve the care he offered. Suzanne showed Dr. El Karsh how HDC Discover data complements the PSP Practice Facilitation Cycle. Suzanne and Dr. El Karsh collaborated to identify what success in his practice would look like and which HDC measurements to track. "My support as a practice improvement coach provides the time and implementation of quality improvement learned methods for family physicians like Dr. El Karsh. With these concepts, Dr. El Karsh is able to recognize opportunities and can create an improvement plan for one specific disease or medical problem at a time," she explains.

"Using **HDC Discover** is time very well spent," explains Dr. El Karsh. "It offers the opportunity to audit my own practice. Data gives me good insight into areas of stability and shows areas I need to work on when I compare myself to colleagues in the area and province wide. Taking pro-active control of my data is the simplest way to improve and move my practice forward."

Dr. El Karsh used the PSP Practice Facilitation Action Plan, which offers up to 15 hours of sessional funding and Continuing Medical Education (CME) credits, and offset his time spent capturing data into his EMR and analyzing the results in HDC Discover.

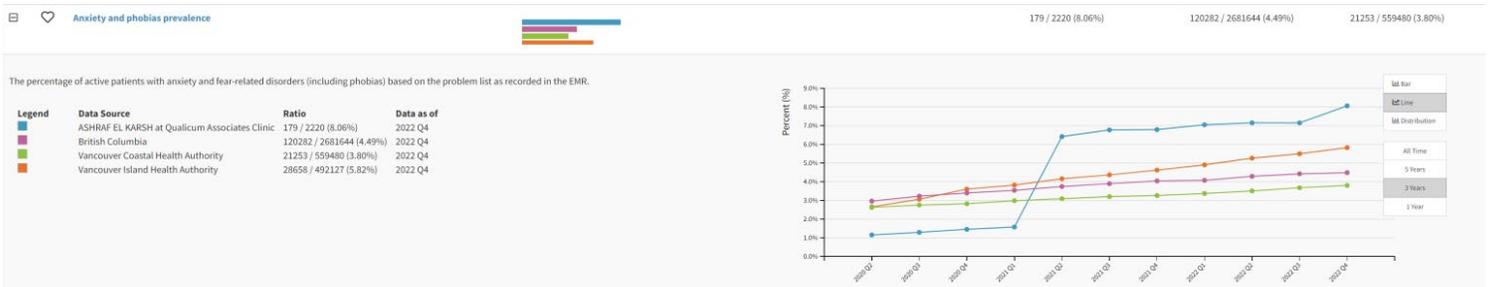
"Suzanne has been a wonderful support to my practice," says Dr. El Karsh. "The support, resources and credits are there for physicians to use. Suzanne has enabled me to improve my practice and to improve the care I give to my patients by advocating for them."



Dr. El Karsh’s three most recent case studies demonstrate that allocating minimal, yet strategic time towards several small projects can lead to continuous improvement for his practice and his patients. Supported by HDC and PSP, QI is an embedded part of Dr. El Karsh’s practice, demonstrated in the improved care for patients in the below groups:

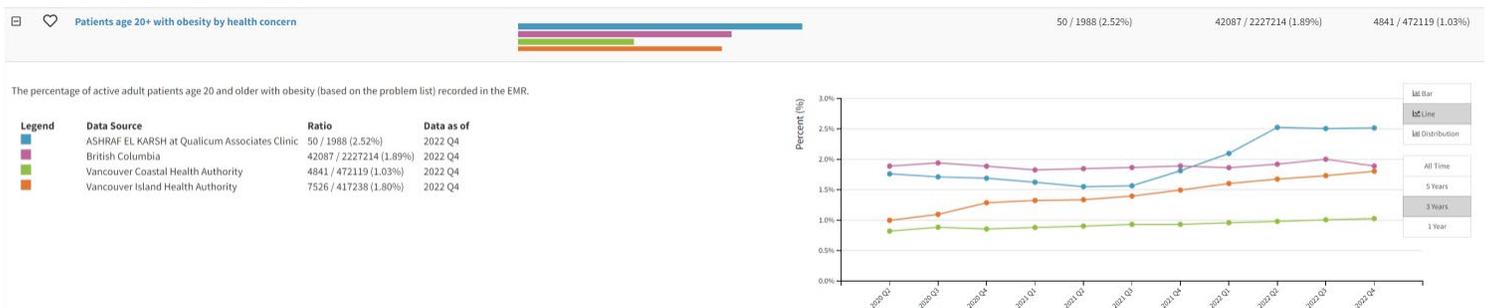
1. Patients with anxiety and/or depression diagnoses

When reviewing his practice prevalence of patients with anxiety and/or depression, Dr. El Karsh’s prevalence was quite a bit lower than his community and other parts of the province. This prompted Dr. El Karsh, with Suzanne’s assistance, to review his patient population. He found that most patients with anxiety (and/or depression) were labelled with an ICD9 code of 50B, a generalized code that was introduced for billing purposes. He began updating records, using more specific ICD9 coding of 300 for anxiety and 311 for depression. This change has led to improved identification, more specific care plans for these patients and a better understanding of mental health diagnoses across his patient population.



2. Patients with Obesity Diagnoses

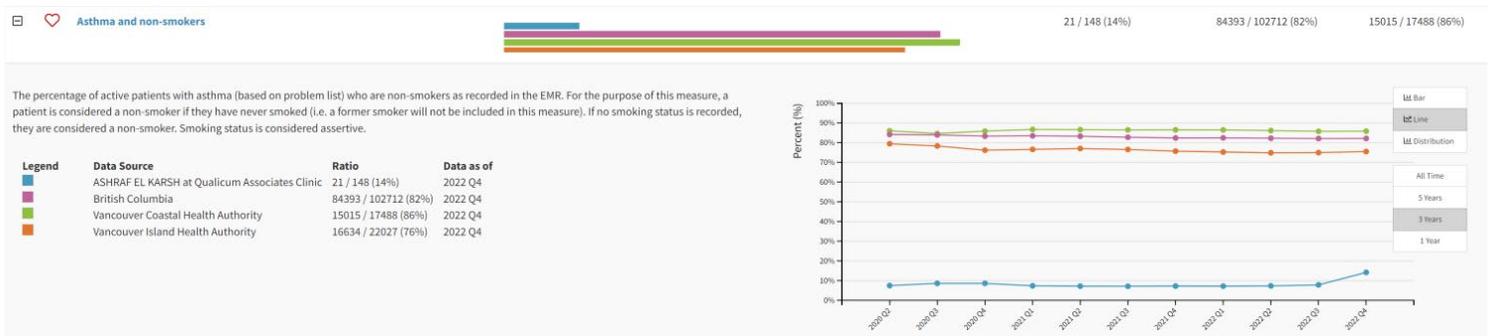
Upon realizing that his prevalence of patients with obesity (20 years and older) was lower than the provincial average, Dr. El Karsh saw another opportunity to re-examine his patient population using HDC Discover. With Suzanne’s assistance, he ran reports to identify and update patient records with an ICD9 diagnostic code of 278 for obesity. Dr. El Karsh then incorporated a proactive recall process that ensured 2-3 patients with obesity were reviewed weekly. This slow incremental work resulted in improved patient care plans and patient management for patients with obesity.



3. Patients with Asthma that are Smokers

While reviewing his patients with asthma, Dr. El Karsh realized his numbers for asthmatic patients that smoked didn't feel accurate as he thought the number was too low. He wanted to investigate further as he hoped to identify potential candidates for a new lung cancer screening program. This prompted another meeting with Suzanne and Kent to review his patient data in **HDC Discover**.

The goal was to identify all patients with asthma and accurately reflect their smoking status. Supported by Suzanne and Kent, Dr. El Karsh uncovered 38 patients that had never smoked and 78 patients with no smoking status recorded, which represents 2/3 of his asthma patients. Dr. El Karsh is now updating patients' smoking status to capture this risk factor and ensuring lung cancer screening where appropriate.



By studying his practice on a regular basis and monitoring small, incremental changes, Dr. El Karsh has taken control of his practice by continuing to improve his workflows and tracking of patient outcomes. This step-by-step approach allows him to identify populations of focus, his patients' specific needs, and adjust his practice processes to proactively manage his patient population.

“When reviewing HDC Discover data on a regular basis, it becomes easier to take on subsequent practice improvement opportunities. Over time, we can see the effort and success,” explains Suzanne. “Our work is validated as the projects we created demonstrate the improvements that benefit Dr. El Karsh's patients.”

This knowledge streamlines his administrative processes and improves his ability to effectively pull accurate patient reports when needed. Kent and Suzanne have been keen to support Dr. El Karsh with these small projects since it has led to Dr. El Karsh learning more about his practice, making it easier to identify patients at risk.

“It's easy to become isolated in your practice,” continues Dr. El Karsh. “It's been an eye opener for me incorporating data into practice reflection. When you're dealing with data, you really understand where the progress and the deficiencies are taking place. It's based on numbers, not just assumptions.”

Quality improvement is a part of a successful practice. Coaching support, resources, sessional funding, CME credits and an application to give external perspective of primary care practice are available to all BC family physicians, no matter how experienced they may be with quality improvement initiatives.

[Learn more](#) about how **HDC Discover** data can support quality improvement within your practice through small meaningful measures.

Contact Us

Learn more about how your data can empower your practice:

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