NHS
North Central London
Cancer Alliance

# HealtheIntent (HEI) cancer care registry for general practice

## USER GUIDE

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## Amendment History

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**FOREWORD**

This guide is intended to support implementation of the HealtheIntent (HEI) cancer care registry for primary care.

It should be used in conjunction with the HEI educational resources.

Details of HEI and Cerner and the totality of their projects can be found on the normal NCL GP website resource.

The images and information presented is accurate at time of issue.

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## 1. INTRODUCTION

**HealtheIntent** is Cerner's **population health management platform** that has been deployed across North Central London.

The HealtheIntent platform brings together and synthesises patient data from across NCL providers. Data in the platform is refreshed/updated by the source providers approximately every 24-72 hours.

It complements the existing clinical workflow and GP contractual obligations, facilitating information gathering, saving clinician time to focus on the patient. Digital data tools like analytic health dashboards and health registries help present data visually so that users can understand it better, patterns can be detected that otherwise may not have been noticed. There are two types of population health management tools available to users: **HealtheAnalytics and HealtheRegistries.**

**HealtheRegistries**– present data in a visual format, collecting and analysing data based on a group with shared characteristics (e.g. Diabetes or Asthma). Registries support patient care by providing a real-time view of health and care information for patients and populations, with a defined condition against evidence-based **quality indicators**. Registries help clinicians better identify gaps in care and see what clinical care has already been done for a patient, saving time and minimising risk of duplication.

**HealtheAnalytics** – are dashboards designed to highlight care given to different cohorts within our population and identify unexplained variation in provision. Dashboards are already embedded into quality improvement work across healthcare settings.

The North Central London Cancer Alliance has worked with NCL's HealtheIntent team to develop this cancer specific registry to enable quality improvement to cancer care provision in primary care settings.

## 2. CANCER CARE REGISTRY FOR GENERAL PRACTICE – THE USE CASE

More people are living with cancer and cancer is being treated and managed as a long-term condition. People with cancer are growing older and unsurprisingly have more complex health needs. The current service they are receiving has significant inequalities in terms of outcomes and experiences. In general, this group of patients reports a significant level of unmet need.

HealtheIntent provided an opportunity to think about the use of a registry to support improvement in the quality of care that could be provided to this group of people. We scoped out the cancer care 'use case' and developed the key quality standards for this registry.

In this user guide, we provide information to support you with implementation of the registry in your practice. We have also developed a cancer care registry user video to be viewed alongside this guide.

## 3. ACCESSING THE REGISTRY

### Getting ACCESS to the registry:

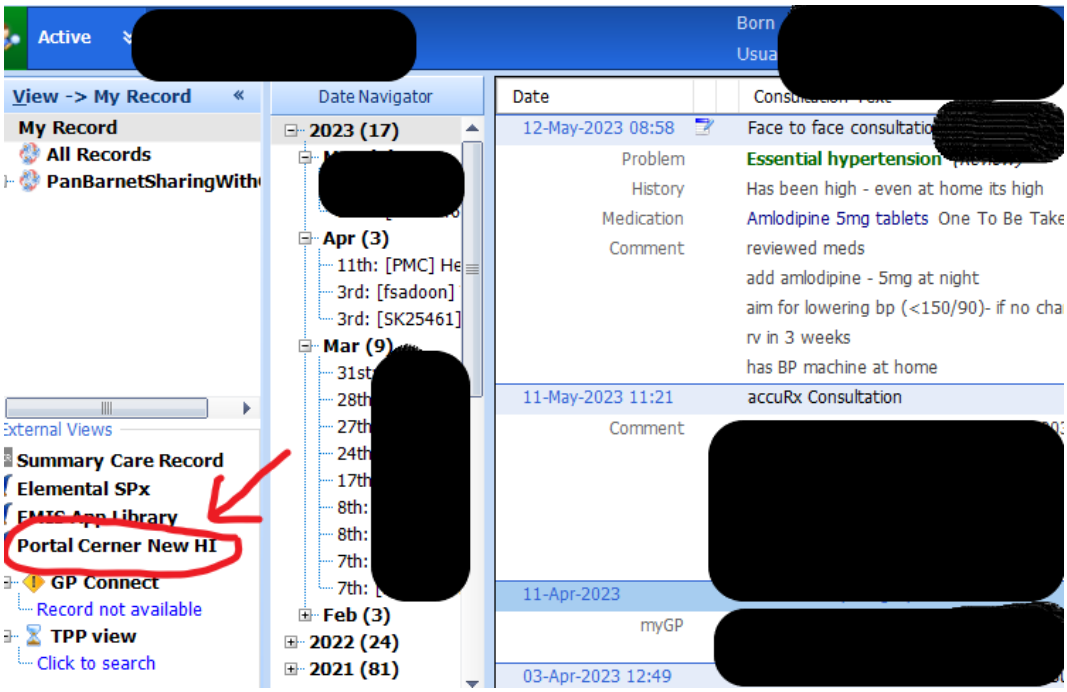
Portal access may be requested via the NCL Helpdesk nclicb.digitalhelpdesk@nhs.net. You may need to get approval to access patient data from your organisation's Caldicott Guardian prior to portal access being provided.

### VIA Microsoft Edge web browser:

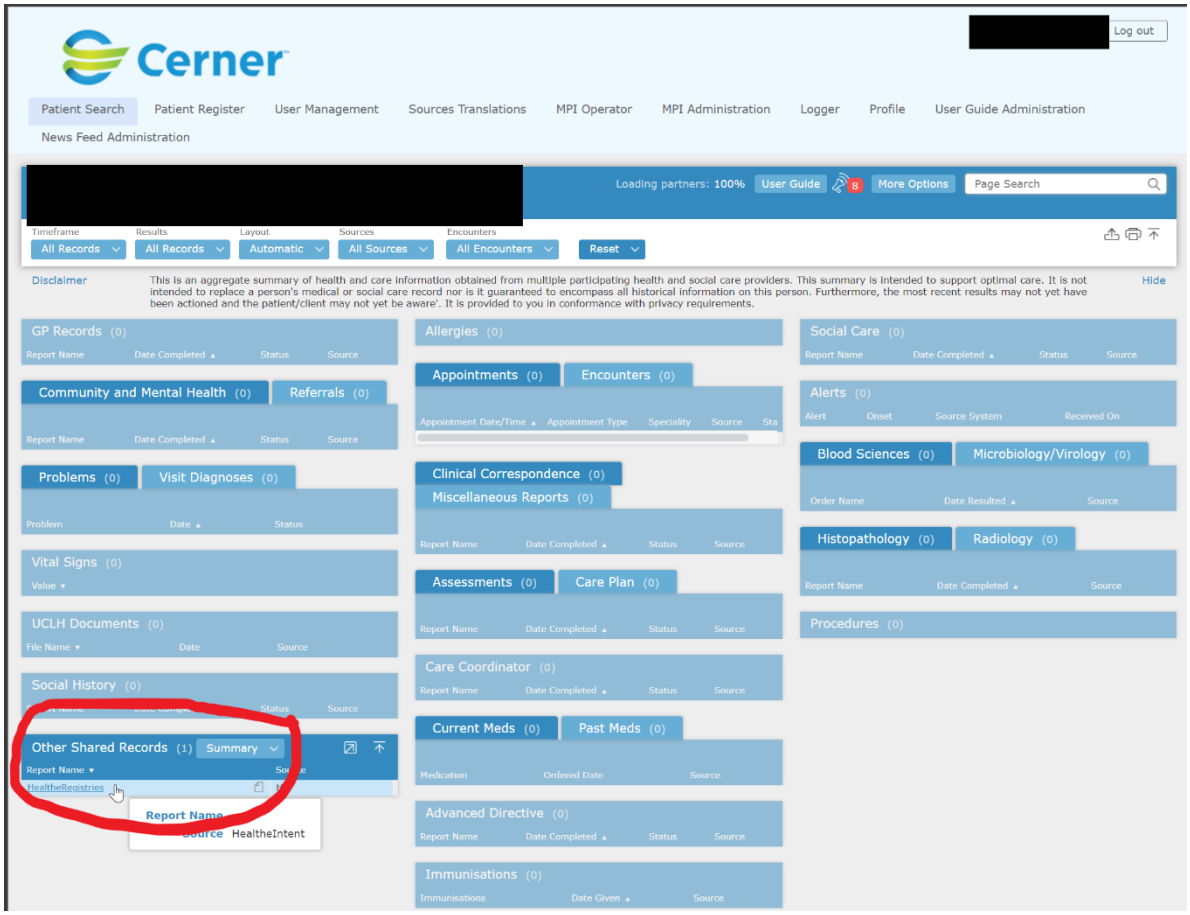
1. Use the web link - https://nlhcr.registries.eu.healtheintent.com/
2. Access the registry through your normal nhs.net email account.
3. The HealtheRegistries home page displays, and you can navigate to the 'registries' tab to access the registries.

### VIA EMIS Web:

You can access the London Care Record on the widget in EMIS Web named 'Portal Cerner New HI'.



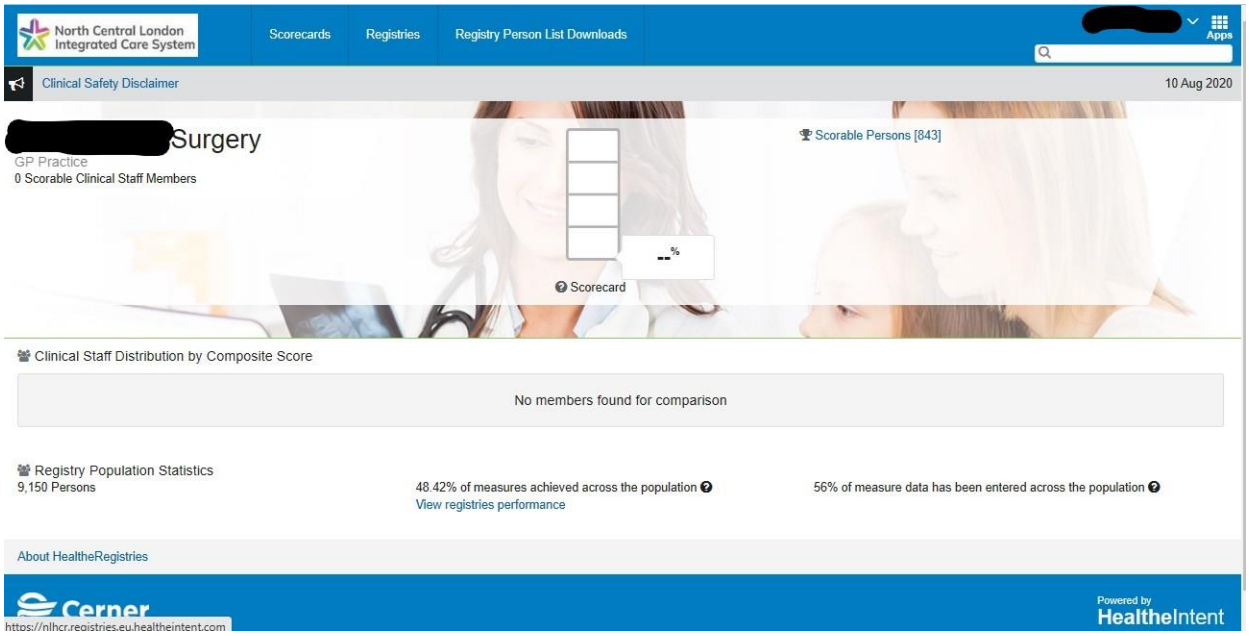

Once the record is launched in the London Care Record, it will show all the data held across the joint health records. If the person is on a HealtheRegistry it will be displayed under the 'Other Shared Records' tab.




## 4. WHAT DOES IT LOOK LIKE?

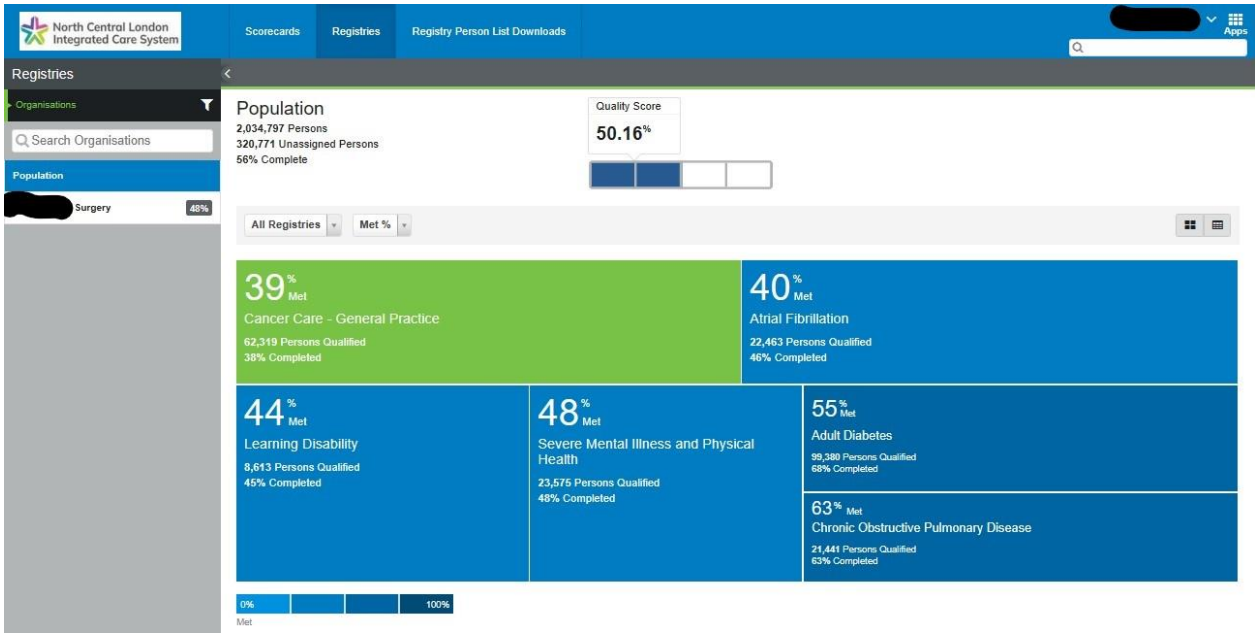
### Walk through the registry

Once logged into the registry portal, this is the homepage:

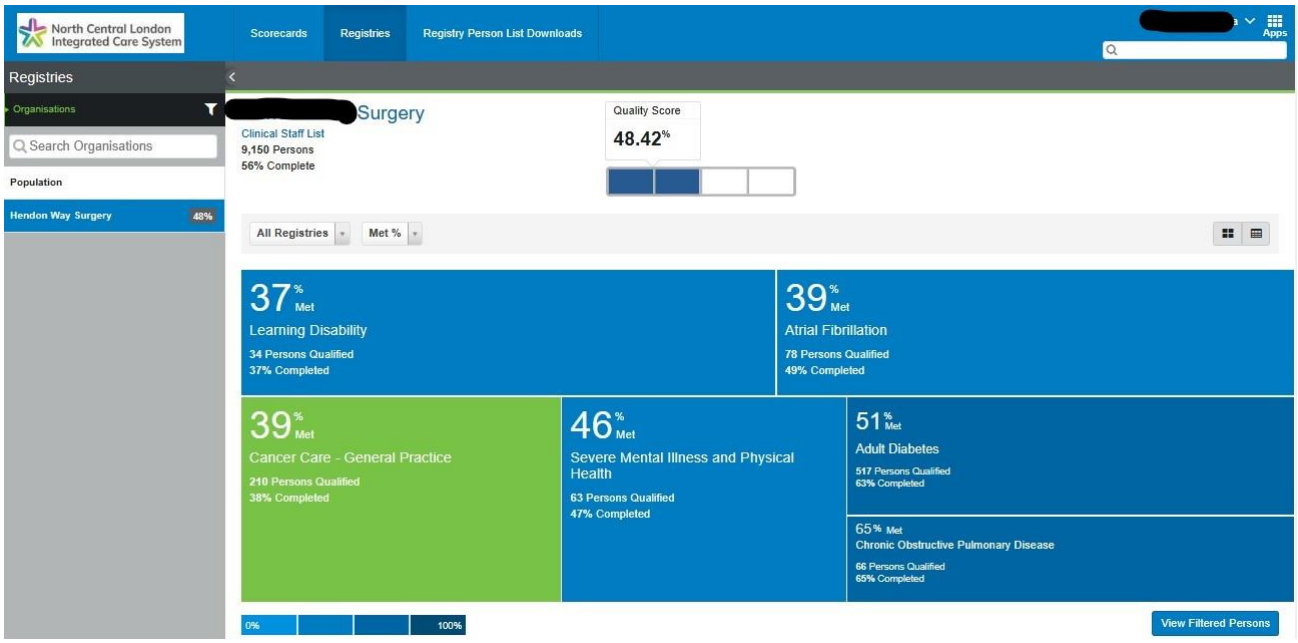


By selecting the tab for ‘Registries’ at the top you can view all the registries within HEI.

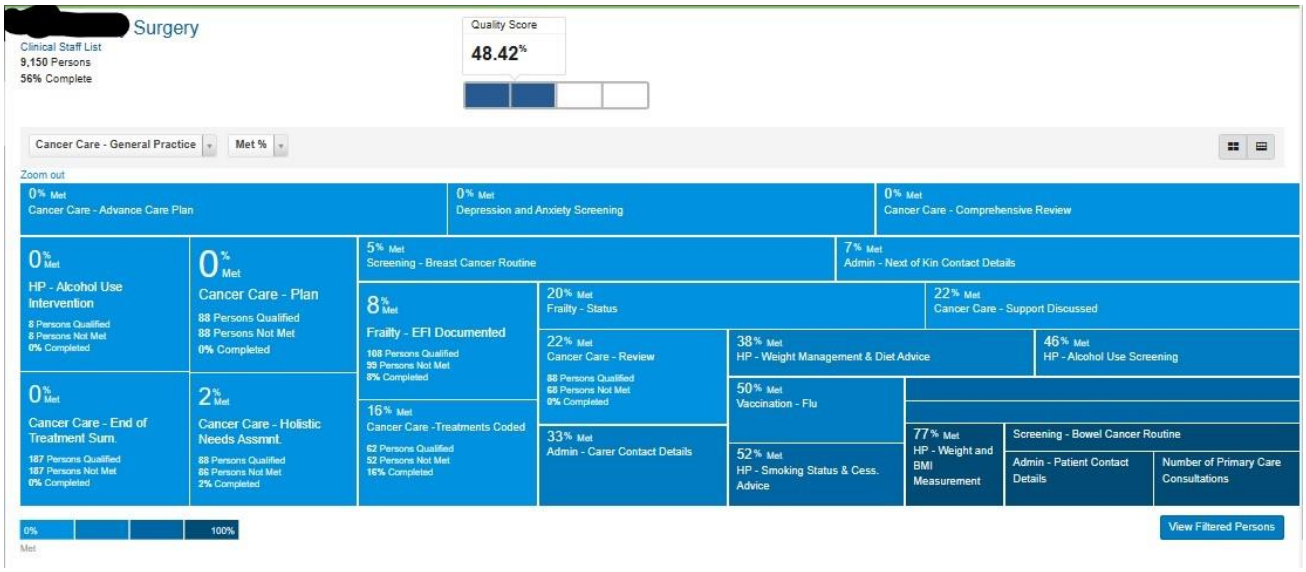
The registries will display at an NCL population level:



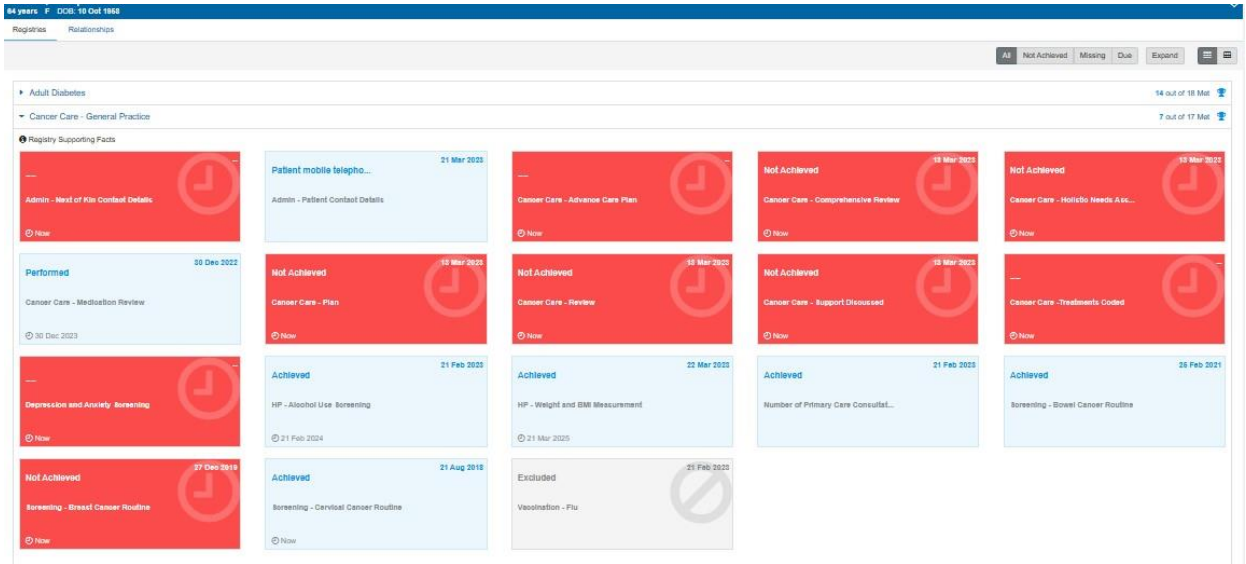

Once you click your own surgery tab on the left, you can view the ‘all registries’ dashboard at your own surgery level:



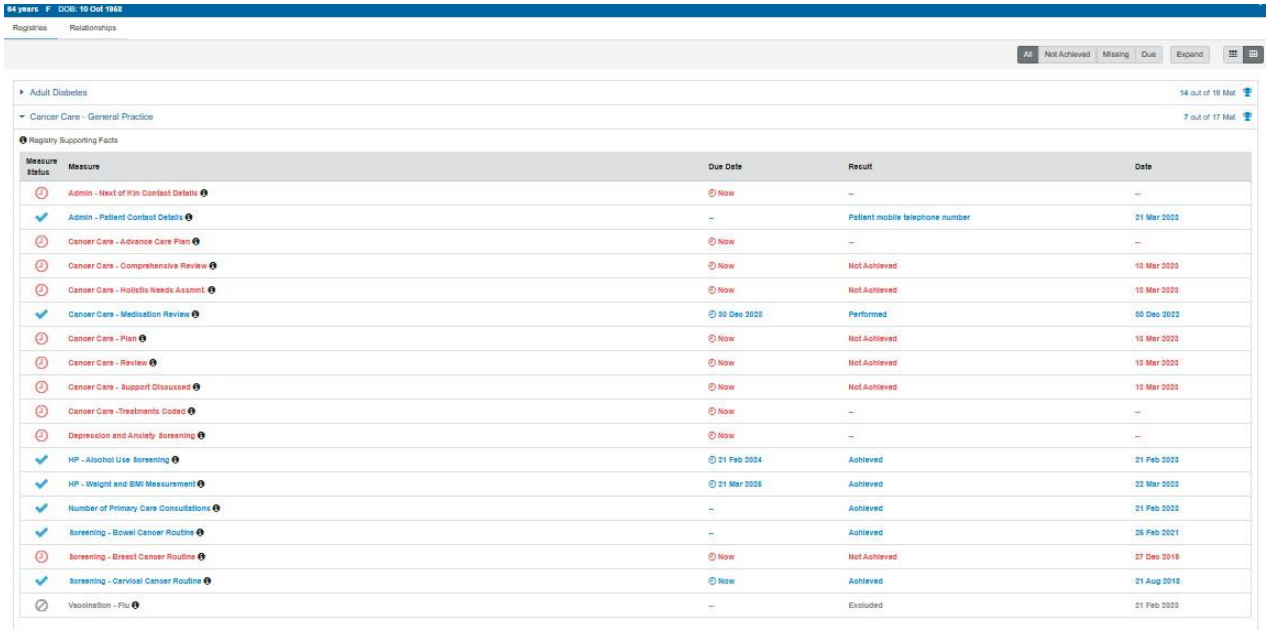
Double click the cancer care registry tile to open the cancer care registry for your surgery population. This view shows you all the quality indicators for people with cancer.




Each indicator can be selected to review those patients who have not met it. If you select a specific indicator, such as cancer care review, which is a QOF requirement, and press 'view filtered persons' in the bottom right-hand corner, this will generate a new screen with a list of people who have not had their cancer care reviews completed. There will be a list of these people on the left-hand side. The cancer care registry indicators are then presented for each patient in this group. Red indicators signify they have not been completed for a patient diagnosed with cancer in the appropriate time periods:



The same patient's cancer care registry indicators can be switched to a list view. The button on the top right-hand corner enables the view switch.




**This is the list of all the quality indicators included in the cancer care registry:**

- Carer Contact
- Details Next of Kin
- Contact Details
- Patient Contact Details
- Advance Care Plan
- Cancer Care Review
- Comprehensive Measure End of Cancer Treatment Summary
- Holistic Needs Assessment Medication Review
- Cancer Care Plan
- Cancer Care Review
- Cancer Care Support Discussed
- Cancer Treatments Coded
- Anxiety and Depression Screening
- Electronic Frailty Index
- Documented Frailty Status
- Alcohol Use Intervention
- Alcohol Use Screening
- Smoking Status and Cessation Advice
- Weight and BMI Measurement
- Weight Management & Dietary Advice
- Number of Primary Care Consultations
- Colorectal Cancer Routine National Screening
- Breast Cancer Routine National Screening
- Cervical Cancer Routine National Screening
- Influenza Vaccination

## 5. USING THE REGISTRY

Primary care staff who could use the tool are those who have responsibilities and interest in population health improvement for their practice.

Practices (and PCNs) may also have cancer clinical leads who work on reviewing the cancer contractual requirements for their organisation to review and reflect on this cancer registry.

It gives the user an easy way to see their cancer patients, aligned to the key quality indicators.

### How do the quality indicators relate to QOF and other cancer contractual elements of GP practice?

In short, they are aligned.

The registry gives you a visual view of who has met the various indicators that are part of your QOF measures. The cancer care registry goes beyond GP contractual requirements and provides a holistic view of this patient group. There are indicators covering areas such as screening, lifestyle, health promotion and more.

### Using the dashboard to support quality improvement work

The dashboard supports quality improvement work for this population, by having an oversight of key indicators and levels of attainment. Using the filters, you can drill down into areas where there are gaps and choose areas to focus on.

The list can be actioned by downloading it in a preferred format (e.g. Excel in most surgery cases). This sheet will give a summary tab and secondary tab with detailed information (including SNOMED codes required to capture the relevant data gaps).

For this cancer cohort, there are several quality indicators which span into other conditions areas. This means attainment in the cancer quality indicators will have greater impact across your whole practice of work. There are also HealtheRegistries to support care and quality improvement for other conditions.

### Implementation tips

When implementing the registry, a phased approach allows your team to adapt and manage new workflows. Consider making a clinical and non-clinical person a lead for registries. Ensure all practice teams are onboarded in the importance of high-quality data entry and coding. Completed and correct data entry is key to closing the incomplete measures in the registries.

## 6. WHY USE THE CANCER CARE REGISTRY?

We provide some case study examples of how the tool can be used to benefit your work and improve patient care.

### Scenario 1: Improving population health – reducing variation and improving outcomes for all

Dr LM is a GP partner and in her role manages the cancer patient population. She is responsible for the contractual aspects of their care. She has been into the registries previously for reviewing her patients on the Serious Mental Illness and Asthma registry. She has seen the update about the cancer care registry and investigates further in her management session.

She first goes into the dashboard for her practice and sees the how this group of patents are being cared for across the quality parameters. She is quickly able to see there are several red boxed indicators. The cancer indicators all align with the QOF contract requirements but also connect with other aspects of health that are important for GPs to be monitoring or assessing.

She drills down into the cancer care review indicator and can see a significant number of patients, who have not met this measure. She can review individual records of the patients and look at the various unmet indicators. She can also generate patient lists.

**Next steps** - Dr LM produces a list of her patients who are due for cancer care reviews. She has been keen to improve the transition of care for cancer patients across secondary and primary care. She uses a 'cancer care review' template invitation on her surgery SMS system to make her eligible patients are aware of this offer.

**Quality Improvement** - In 6 months, Dr LM's surgery is meeting the cancer care review requirements and other long term condition indicators, due to making more proactive contact with cancer patients. There has been verbal feedback from patients that they have been appreciative of the contact and consequent reviews.

**Scenario 2: Improving patient level care, multimorbidity**

Mrs SM is a middle-aged professional woman who loves gardening. She developed breast cancer 1.5 years ago and has AF and asthma. She would consider herself an activated patient.

Her GP, Dr BA, was reviewing her cancer care registry list and noted that Mrs SM had several indicators unmet in this registry, but also that Mrs SM spanned three registries.

There was common ground across the three long term conditions and Dr BA thought a combined approach to review her holistically would benefit the patient and also be more efficient for the practice. She prepared a tailored SMS signposting the patient to the unmet indicators and to expect a follow up appointment to try and address these via an extended appointment.

**Next steps** - Individual approach to patient with more complicated needs.

**Quality Improvement** - Over time, the practice had less duplication in long term invites, and patients like Mrs SM had a personalised appointment slot to review her health needs and monitor her long-term conditions.

**Scenario 3: Practice team onboarding to registry use**

A GP practice can implement registry use in several ways and can choose to have wide-ranging professionals use it, or only key people involved. Ideally, the practice should train two individuals in registry implementation and integration into practice workflow.

Clinical and clerical members should be given time and support to use the registry. As practice staff onboard, the registry can be used to:

- facilitate pre-visit planning
- review gaps in care for this group and plan activities to close gaps
- risk-stratify care management

**Quality improvement** - Over time, this improves data reliability, consistency of care, reduces inequalities in care provision at the practice level.

**Scenario 4: Evaluating your QI approach**

The cancer care registry can be used to track and understand if the processes undertaken have improved the number of patients with completed care indicators for cancer.

For example, at time X you can download a report showing gaps in indicator A. You roll out the intervention needed to increase this activity. In month X+3 you can review your new spreadsheet on indicator A, and you can make comparisons with the two data sets.

**Quality improvement** - This organised approach to tracking and reporting specific indicators will help you and your practice team reveal opportunities for improvement and the delivery of better and more efficient care to your patients.

**7. REFERENCES:**

Patient focused registries can improve health, care, and science - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5367618/

The American Medical Association (AMA) Educational Hub: Module - Patient Care Registries - Proactively Manage Chronic Conditions.

https://edhub.ama-assn.org/steps-forward/module/2702745

https://www.healthit.gov/playbook/population-public-health/#section-10-3