



Using MD Snapshot-Prescribing as the data source for a PPIP activity

Practice-driven quality improvement is one of the three Physician Practice Improvement Program (PPIP) activities that physicians must complete over a five-year cycle. This activity involves the use of data and quality improvement methodology to identify opportunities for improvement, then developing an action plan on how to implement those improvements. Find out more on CPSA's website: <https://cpsa.ca/physicians-competence/ppip/practice-driven-qi/>.

The following pages contain information about PPIP and how to complete a robust practice-driven QI activity, along with two sample action plans, using MD Snapshot-Prescribing as the source of practice data and focused on optimizing prescribing.



PHYSICIAN PRACTICE
IMPROVEMENT PROGRAM

The Physician Practice Improvement Program (PPIP) was launched by CPSA on Jan. 1, 2021, to fulfill its legislated mandate of ensuring competence within the profession. All CPSA regulated members must participate in PPIP (<https://cpsa.ca/physicians-competence/ppip/>). Provided below are examples of how MD Snapshot-Prescribing can be used for practice-driven quality improvement activities using objective data. Prior to beginning your PPIP activities, it is recommended that you enjoy and take tips from the PPIP videos accessible from the above link.

As per PPIP guidance, it is recommended that you use SMART goals and the PDSA cycle to make your QI project more effective. Before you begin, take time to consider the following:

- What available data sources are available? (e.g., EMR (both clinical and schedule data), Netcare, PIN, vaccine registry, Alberta Health Services dashboard, feedback from peers/learners/patients, prescribing data through [MD Snapshot-Prescribing](#), Health Quality Council of Alberta’s [Primary Healthcare Panel Reports](#), [Canadian Primary Care Sentinel Surveillance Network](#).)
- What is the gap or opportunity?
- Who is your team? Identify your team which includes local members such as MOAs (Medical Office Assistants) and distributed members such as community pharmacists.
- What resources are available to support you in making a change (e.g. Choosing Wisely Canada, your Primary Care Network or your professional association)?

1. **SMART goals are Specific, Measurable, Achievable, Relevant and Timely.** Create a SMART goal which will move you towards closing the gap. Once you have a SMART goal, you can write out your Action Plan using the template provided or another QI Action Plan template.

Specific	Be clear, precise, and sensible
Measurable	What evidence will determine your progress? Progress should be easy to track, meaningful and motivating
Achievable	Attainable
Relevant	Align with your long-term objectives
Timely	Be realistic. Defined start and end date

2. **PDSA cycle – Plan-Do-Study-Act** attempts to capture the iterative nature of QI.

Plan	Write an action plan
Do	Start doing the work
Study	Pause at regular intervals to study your data
Act	Act on the results by modifying your action plan



3. **The action plan** will ask you to think about the problem. Try to anticipate barriers and write down how you will take action towards your SMART goal. Try to start the 'Do' portion as soon as possible after making your plan. The Action Plan will also ask how you will monitor your progress.

Sample action plan using MD Snapshot-Prescribing data: Z-drug prescribing

	Goal
1. What is the opportunity or gap?	There is an opportunity to review my prescribing of Z-drugs for assessment of appropriateness and patient stability.
2. What is your SMART goal?	Over the next three months (i.e., by April 2024) I will review the files of patients to whom I've prescribed Z-drugs (in 2023) and assess the indication and rationale for use.
3. Who will lead the change?	I will lead the change.
4. Who will help implement the change and how will they need help?	I will implement the change. As needed, office administrative staff may assist with the collection of data (e.g., from EMR).
5. How will you identify the root causes of the issue?	A review of patient charts to determine indication for use and current clinical practice guidelines (CPG's) to look for evidence for appropriate use.
6. Considering root causes, what is a potential intervention which may be tested to improve the challenge you are facing?	Review of Z-drug use with patients at their next appointments.
7. What resources are needed?	Identify patients receiving Z-drugs for a set period, from EMR data, MD Snapshot-Prescribing ¹ information and/or prescriber data from the Tracked Prescription Program ² .
8. What is the timeline?	To complete the review of patient files and references in three months.
9. What barriers may compromise success?	Volume of patients to be reviewed, time available for review.
10. What strategies will you employ to mitigate the barriers identified?	May need to reduce the volume of patients by reviewing two quarters of prescribing or focusing on specific patient categories, e.g., seniors.
11. How will achieving the goal be identified or measured?	The number of prescriptions may decrease or remain stable but will be appropriate to patient context and reason for use.
12. What strategies will you employ to evaluate and sustain the change?	Implement pop-up flags (in EMR) to review Z-drugs annually with all patients prescribed these medications.

1. MD Snapshot-Prescribing reports are available via the Analytics tab of the Physician Portal.
2. Prescribing profiles, for any Tracked Prescription Program monitored drugs for any dates, can be requested by emailing TPP.info@cpsa.ab.ca.

Sample action plan using MD Snapshot-Prescribing data: Fluoroquinolone prescribing

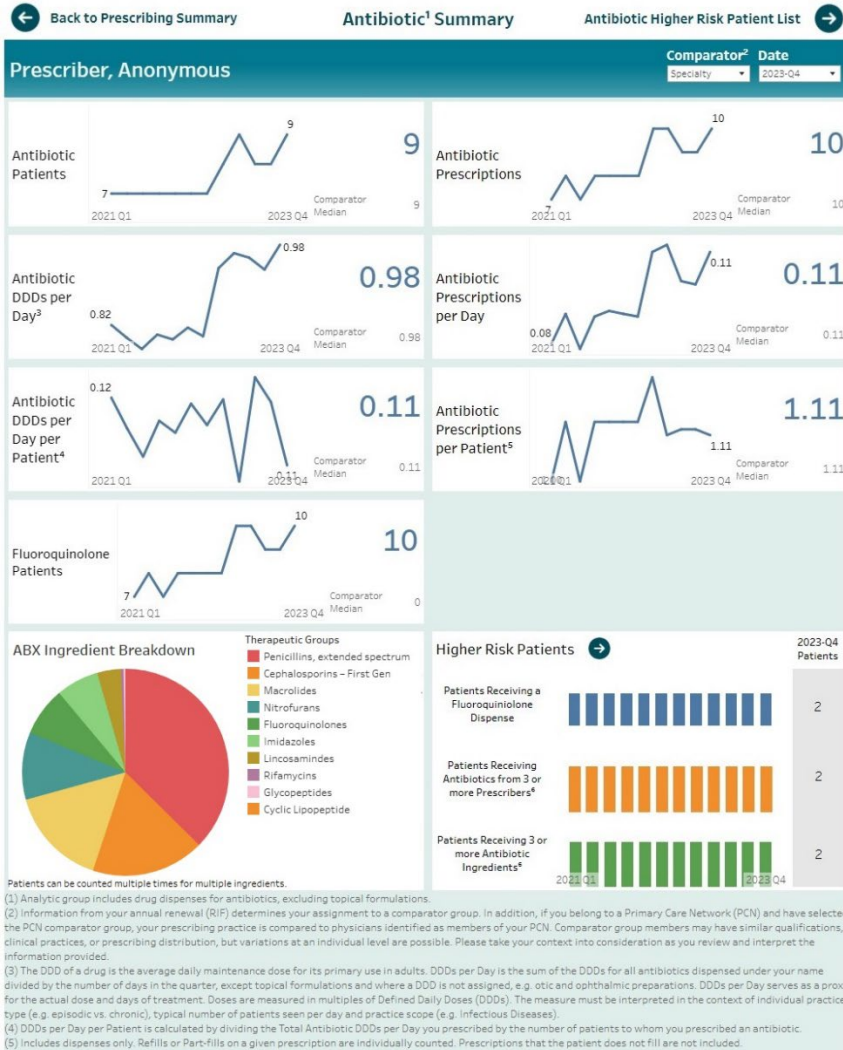
	Goal
1. What is the opportunity or gap?	There is general concern about the over-or-inappropriate use of fluoroquinolone antibiotics (FQs). I want to assess whether my prescribing of this drug class is appropriate. Example reference: https://www.albertahealthservices.ca/assets/info/asm/if-asm-2022-04-issue-22.pdf
2. What is your SMART goal?	Over the next three months (i.e., by April 2024) I will review the files of patients to whom I prescribed FQs in 2023, to assess whether my prescribing was appropriate based on current clinical practice guidelines (CPG's).
3. Who will lead the change?	I will lead the change.
4. Who will help implement the change and how will they need help?	I will implement the change. Administrative staff may be required to gather data and references from appropriate sources. As available, library staff may provide reference material.
5. How will you identify the root causes of the issue?	Review of patient charts to determine indication for use and of current (CPG's) to provide evidence for appropriate use and rationale. Reflection on findings.
6. Considering root causes, what is a potential intervention which may be tested to improve the challenge you are facing?	Collection of objective prescribing data and review of current prescribing guidelines and other resources for information on the use of FQs that outline the best treatment options for the medical issues for which I prescribed them. For example, using Bugs and Drugs to look up the diagnosis and determine if FQ was an appropriate first line agent. https://www.bugsanddrugs.org/
7. What resources are needed?	Prescription data: EMR, Netcare Pharmaceutical Information Network (PIN), MD Snapshot-Prescribing ¹ , Tracked Prescription Program Prescribing Profile for FQs (antibiotics) ² . Prescribing references: Bugs and Drugs, CPGs, etc.
8. What is the timeline?	Three months (by April 1, 2024)
9. What barriers may compromise success?	The volume of patients to assess, lack of time for review.
10. What strategies will you employ to mitigate the barriers identified?	Review prescriptions prescribed over a shorter period (e.g., six months instead of 12) and/or prioritize a patient demographic (e.g., 65+ years of age). Block off time in my calendar to complete this review.

	Goal
11. How will achieving the goal be identified or measured?	Completion of reviews and reflection on prescribing choices. Increased conformance with CPGs.
12. What strategies will you employ to evaluate and sustain the change?	As possible, use e-tool FQ/antibiotic indication reminders (e.g., in EMR); assess FQ prescribing metrics with each MD Snapshot release; include antimicrobial stewardship in my practice focus including provision of patient resources (e.g., Choosing Wisely’s Antibiotic resources: https://choosingwiselycanada.org/patient-resources/ https://www.ema.europa.eu/en/news/fluoroquinolone-antibiotics-reminder-measures-reduce-risk-long-lasting-disabling-and-potentially-irreversible-side-effects).

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MD Snapshot-Prescribing Visuals for Goal Evaluation

Example: Review prescribing proportions of different antibiotic therapeutic groups over time.



Additional ideas for PPIP action plans using MD Snapshot-Prescribing data:

1. Refer to the MD Snapshot-Prescribing high-risk measures for the different drug categories and assess (for one or multiple quarters) appropriateness of the prescribing decision(s):
 - a. Antibiotics
 - i. Patient receipt of 3 or more different antibiotics
 - ii. Patient receipt of antibiotics from 3 or more prescribers
 - b. Benzodiazepines/Z-drugs
 - i. Prescriptions for doses of 2 DDDs/day or more
 - ii. Prescriptions for patients 65 years of age and older
 - iii. Receipt of 3 or more different BDZ/Z-drug prescriptions
 - iv. Receipt of prescriptions from 3 or more prescribers
 - c. Opioids
 - i. Patient receipt of opioids and BDZ/Z-drugs concurrently
 - ii. Receipt of 3 or more different opioid prescriptions
 - iii. Receipt of prescriptions from 3 or more prescribers
 - d. Opioid New Starts – patient receipt of:
 - i. A long-acting opioid preparation
 - ii. A prescription at a dose of 90 OME/day or more
 - iii. A prescription with a supply of 14 days or more
 - iv. A prescription for tramadol.
2. Antibiotics
 - a. Days' supply (based on antibiotic prescribed, reason for use, patient-specific considerations, etc.)
 - b. Use for urinary tract infections.