Frequently Asked Questions
ASaP Screening Maneuvers Menu for Adults Updates 2016

NOTE: Highlighted questions are new or revised since the last version of this document.

About this FAQ

1. Who is this FAQ for?

This FAQ was developed with Improvement Facilitators (IFs) in mind although other audiences can use it too.

It is intended to help IFs to answer questions their teams may have about how the updated ASaP Maneuvers Menu for Adults will impact their ongoing screening and prevention improvement work.

Background

2. What has changed? Why were the changes made?

The updated ASaP Maneuvers Menu for Adults continues to strike a balance between the evidence and what is practical and achievable within a primary care setting – *i.e., focus on addressing the most important maneuvers, for most of the people (general, low/normal risk population), most of the time.*

Highlights:

- a number of the recommended screening intervals have been lengthened
- alcohol screening has been removed (for more details refer to the table below)
- NEW - in alignment with Choosing Wisely Alberta – the ASaP menu will specify a what NOT to do – *i.e.,* do NOT do pap testing for women under 21 years of age

See the table on the next page for more details about the updates.

Maneuver	What's New?	Why the Change?
Pap Testing	Recommended ages and intervals changed. Previous recommendation - women 21 - 69 every 3y. Now: ● < 21 – DO NOT screen ● 21 – 24 – OPTIONAL ● 25 - 69 – DO SCREEN every 3 years from start *(initiation process of 3 normal, annual tests, before move to 3 yearly screening interval, no longer recommended)*	Aligned with the newly updated TOP Cervical Cancer Clinical Practice Guideline (CPG) - released May, 2016. The updated TOP CPG responds to the need for greater awareness of screening harms versus benefits at different ages. In alignment with Choosing Wisely Alberta, emphasis is placed on NOT screening women under 21. Regular screening should be emphasized for women 25-69 and older (if under/unscreened), but all women 21 and older should be given a choice. Women who feel the potential benefits outweigh the potential harms may choose to begin screening between the ages of 21-24 and some women may choose to continue with screening beyond the age of 69.
Plasma Lipid Profile – Non* Fasting	Recommended interval increased from every 3 years to every 5 years	Aligned with TOP Cardiovascular Disease Risk Clinical Practice Guideline released 2015 |TOP CVD Risk Clinical Practice Guideline | ** REMINDER – fasting no longer required*
Cardiovascular Risk Calculation		
Diabetes Screen		Guidelines reviewed recommend every 3-5 years. Given the lack of and limited evidence of benefits of 3 years vs. 5 years, the ASaP recommendation is to screen every 5 years (pragmatic and more aligned with other ASaP screening maneuver intervals).

Alcohol Use Assessment	Removed	The ASaP maneuver menu balances the evidence against what is practical and achievable within a primary care setting. Ideally alcohol screening is accompanied by effective interventions, however, research into patient-oriented outcomes for such interventions is limited, and there are challenges to implementing these in practice (Refer to the Alberta College of Family Physicians Tools for Practice outlining the evidence for brief intervention). Although general population screening may not be feasible, there may be a role for special population screening and/or case finding.
Weight	Recommended interval increased from annually to every 3 years	Weight alone is not a valuable screening measure. It is, however, needed for other important screening calculations such as BMI and cardiovascular, diabetes (and osteoporosis) risk– the increased interval is pragmatic, balancing the opportunity cost of the provider's time against evidence of clinical value. It is now more aligned with the overall maneuver menu.
Mammography	Age range "officially" noted as 50-74 vs. 50-69 (74)*	Aligned with TOP Breast Cancer Clinical Practice Guideline released 2015 |TOP Breast Cancer Clinical Practice Guideline | **this is retroactive - change has been implemented already*

Like all of the ASaP maneuvers the recommended ages and intervals are suitable for the general adult population (*i.e.,* low/normal risk population). The approach for individual patients will vary and is at the physician's/provider's clinical discretion. For each maneuver, the physician/provider should offer as appropriate.

3. What is Choosing Wisely Alberta?

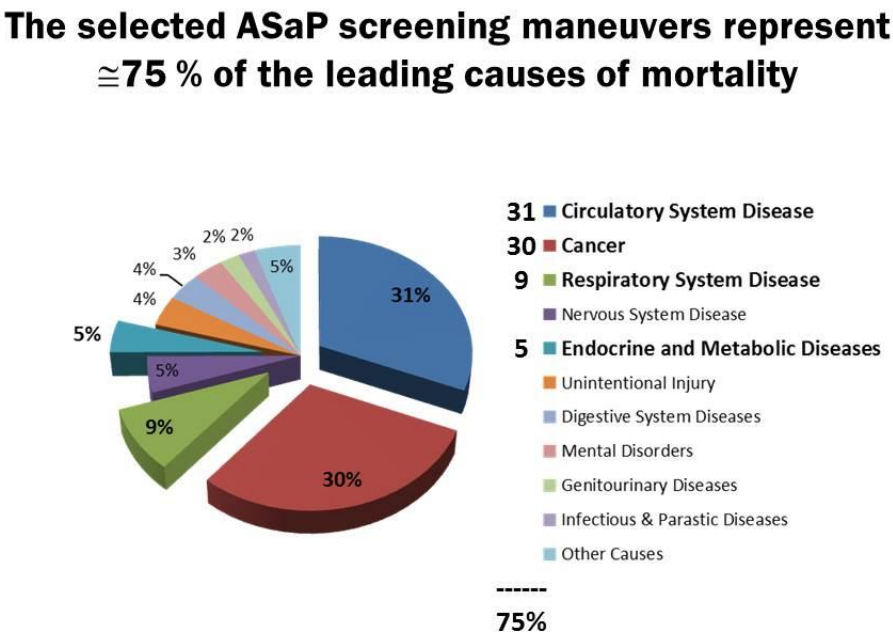
Choosing Wisely Alberta (CWA) is part of a larger Canadian movement (Choosing Wisely Canada) with the goal of reducing tests, treatments and procedures identified as being of low or no value for patient care.

To learn more, visit the CWA website: www.albertadoctors.org/leaders-partners/choosing-wisely-alberta.

To inquire about how clinics or PCNs can get more involved in this initiative please contact choosingwisely@albertadoctors.org

4. Originally, how were the ASaP maneuvers selected? Why these maneuvers and not others?

The process for decision making utilized by the Scientific Advisory (SA) Committee[i] involved synthesizing the evidence in the Alberta context and utilizing a consensus process to determine the most important maneuvers for most of the people (general population) most of the time that was practical and achievable within a primary care setting. As illustrated below, the selected ASaP screening maneuvers represent approximately 75 % of the leading causes of mortality.



5. What was the process for updating the maneuver menu?

The Scientific Advisory (SA) Committee[i] reviewed the new evidence in the Alberta context and used a consensus process to determine whether existing maneuvers should be updated. The

committee balanced the opportunity costs of time and resources against practicality and evidence of clinical/behavioural benefits.

The updated menu will continue to adhere to the ASaP philosophy of focusing on the most important maneuvers for most of the people (general population) most of the time, while being practical and achievable in a primary care setting.

Updates & Process Considerations

6. Alcohol screening maneuver

A. Why has this maneuver been removed from the maneuver menu?

The ASaP maneuvers menu balances the evidence against what is practical and achievable within a primary care setting. Given the enormity of what has to be done in primary care, the opportunity cost of the amount of time a family physician/provider would need to invest to impact change is too high without solid clinical benefits.

Refer to the Alberta College of Family Physicians Tools for Practice outlining the evidence.

B. Will existing participants be able to continue measuring this maneuver?

Yes. Before continuing process improvement and measurement activities, we highly recommend teams discuss the evidence behind the removal of this maneuver and weigh the pros and cons within their own practice settings.

Those who have already selected this screening maneuver in their ASaP Super Form (tool Improvement Facilitators use to capture the chart review data) will be able to continue measuring it if they choose to.

C. If a participant chooses to stop measuring this maneuver, what do they need to do?

Those who decide to stop measuring it, the chart reviewer can use the "opt-out" feature on the set up tab in the providers updated Super Form (see image below). This will remove the maneuver from chart reviews ongoing.

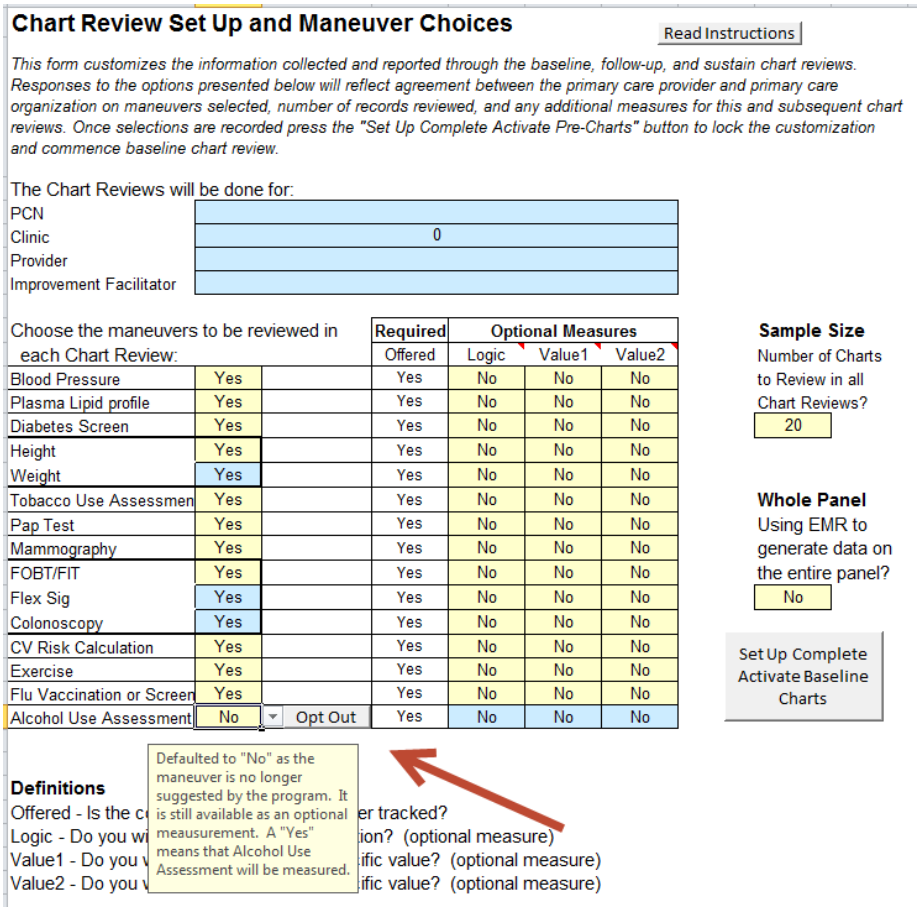


Chart Review Set Up and Maneuver Choices

Read Instructions

This form customizes the information collected and reported through the baseline, follow-up, and sustain chart reviews. Responses to the options presented below will reflect agreement between the primary care provider and primary care organization on maneuvers selected, number of records reviewed, and any additional measures for this and subsequent chart reviews. Once selections are recorded press the "Set Up Complete Activate Pre-Charts" button to lock the customization and commence baseline chart review.

The Chart Reviews will be done for:

PCN	
Clinic	0
Provider	
Improvement Facilitator	

Choose the maneuvers to be reviewed in each Chart Review:			Required	Optional Measures		
			Offered	Logic	Value1	Value2
Blood Pressure	Yes		Yes	No	No	No
Plasma Lipid profile	Yes		Yes	No	No	No
Diabetes Screen	Yes		Yes	No	No	No
Height	Yes		Yes	No	No	No
Weight	Yes		Yes	No	No	No
Tobacco Use Assessmen	Yes		Yes	No	No	No
Pap Test	Yes		Yes	No	No	No
Mammography	Yes		Yes	No	No	No
FOBT/FIT	Yes		Yes	No	No	No
Flex Sig	Yes		Yes	No	No	No
Colonoscopy	Yes		Yes	No	No	No
CV Risk Calculation	Yes		Yes	No	No	No
Exercise	Yes		Yes	No	No	No
Flu Vaccination or Screen	Yes		Yes	No	No	No
Alcohol Use Assessment	No	Opt Out	Yes	No	No	No

Sample Size
Number of Charts to Review in all Chart Reviews?
20

Whole Panel
Using EMR to generate data on the entire panel?
No

Set Up Complete Activate Baseline Charts

Defaulted to "No" as the maneuver is no longer suggested by the program. It is still available as an optional meausurement. A "Yes" means that Alcohol Use Assessment will be measured.

Definitions
Offered - Is the c… er tracked?
Logic - Do you wi… ion? (optional measure)
Value1 - Do you v… ific value? (optional measure)
Value2 - Do you v… ific value? (optional measure)

D. Will new participants who enroll after the updated menu is released be able to include alcohol?

Yes. Prior to making process improvements, we highly recommend teams discuss the evidence behind the removal of this maneuver and weigh the pros and cons within their own practice settings.

The alcohol screening maneuver will remain in the updated ASaP Super Form (tool Improvement Facilitators use to capture the chart review data) as an optional measure. To include it use the dropdown list to select "yes" as illustrated above.

7. I need more information about the new pap testing maneuver. Where can I find it?

Refer to the TOP Cervical Cancer Clinical Practice Guideline (CPG) (released May, 2016) for more details.

8. What if a team would like to focus on a screening maneuver that's not on the ASaP menu?

It's possible. The ASaP intervention is about process improvements which can be extended past the ASaP screening maneuvers.

While the ASaP maneuver menu focuses on those supported by the evidence as having the greatest clinical impact, each provider and team must use their discretion to decide what is best for their patients.

Although the ASaP tool developed to collect the baseline, follow-up and sustain chart review data (i.e., the Super Form) will not be able to capture improvement data outside the standard maneuvers, participants can use the same process improvement strategies and methodologies to focus on additional screening maneuvers.

9. How will my existing ASaP Super Forms be updated to the new version?

As capacity allows, the TOP- ASaP team will migrate all existing participants' super forms to the new version and will email them to the assigned Improvement Facilitators for continued use. If you require an updated super form sooner, please email asap@albertadoctors.org.

10. As an Improvement Facilitator, what can I do to support my teams with implementing the updates?

Your facilitation and quality improvement skills will continue to come in handy. Consider the following:

- **BE AVAILABLE TO ANSWER QUESTIONS.** You will be the first point of contact for questions from participants. This FAQ has been developed to support you and you can always reach out to your TOP Improvement Advisor as needed.
- **BUILD AWARENESS & SOCIALIZE THE UPDATES.** Simply knowing and understanding what's new will be the first step for most teams.
- **FACILITATE TEAM PLANNING & DECISION MAKING.** Consider meeting with your teams to discuss the new evidence/updates and help them make a plan outlining how they would like to proceed. Here are a few questions you might want to use to prompt teams during their planning discussions:
    - What are your current processes for the screening maneuvers that will be updated? Do you need to change them?
    - What modifications do you need to consider in your work processes? Clinical decision processes? EMR processes/templates/reminders, etc.?

- How will you best document the decision and process changes to inform future measurement?
- Will you need to update any resources (*e.g.,* posters, handouts, web content, etc.)?
- Are there key messages you can begin to script for staff if patients ask why their screening (e.g., interval) has changed?

REMEMBER: your TOP Improvement Advisor and the EMR Team are available to support Improvement Facilitators with this work.

TIP: when decisions and process changes are made, we recommend you document them to inform future measurement results.

11. Will EMR templates and tip sheets be updated to reflect the new menu?

Yes. The ACTT EMR team is updating the vendor specific tip sheets to reflect the updates. As available these tip sheets will be posted on the TOP website.

https://actt.albertadoctors.org/EMR/

NOTE: Microquest - Healthquest EMR users - clinics need to call Healthquest to request the updated template and CDS notifications. No other vendor has pushed out a template or CDS notification with an age range or screening interval, as such all EMR template updating work has to be done at the clinic level.

Measurement Considerations

12. How will we compare chart review results if the previous one was done based on the existing menu?

In general, the ASaP intervention is about ongoing process improvement and, ongoing, we know evidence will continue to be updated and recommendations will change.

For those whose chart reviews will span the existing and updated menu, please be aware improvement results may be affected (i) by interval extensions (*e.g.,* diabetes: screen every 5 years from screen every 3 years) and (ii) for newly added measurement components (*i.e.,* do NOT offer Pap testing for women < 21 years) you'll have to wait until your next chart review for a more comparative value. To inform the interpretation of your chart review results in this instance, we recommend you document decisions and process changes and consider them when looking at your chart review results.

Also, keep in mind teams' EMRs are excellent sources of data and are more sensitive to changes in individual maneuver improvements compared to the ASaP chart review report which is intended to provide an overall picture of screening improvements.

13. Considerations for continuing/stopping alcohol screening measurement

Refer to question 6.

14. How will my existing ASaP Super Forms be updated to the new version?

Refer to question 9.

15. My current Super Form blacks out the screen offer field for mammography when I input an age over 69. What should I do?

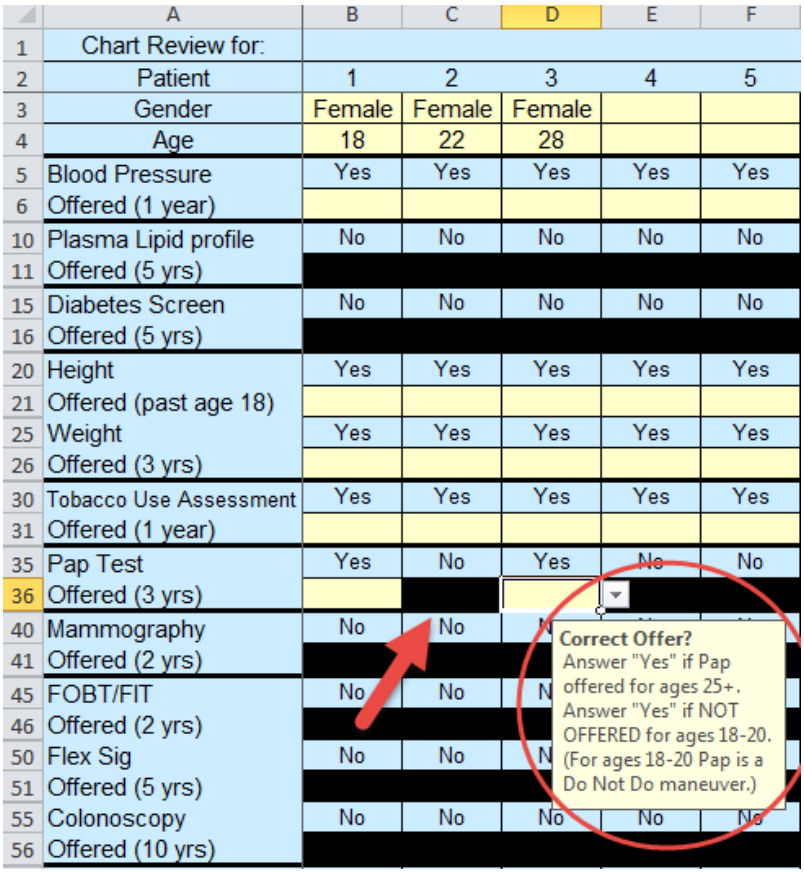
You are using an old version of the Super Form. Updating the form to the new version will fix this. Refer to question 9 for more details.

16. For pap testing, will we have to change how we document/measure offers during a chart review?

Yes. User functionality reflects updates to pap testing recommendations, which include the first DO NOT screen on the ASaP menu. For women 18-20 and 25-69 years of age a pop-up message is available to support the chart reviewer (see image below). *When conducting a chart review it's important to keep in mind that you are measuring whether the correct offer was made. The following table outlines the logic you will need to use for pap testing (and other Do Not screens in the future)*

Age range	Answer "Yes" in the chart review for pap if:	Answer "No" in the chart review for pap if:
women 18-20	Pap test NOT offered	Pap test offered
women 25-69	Pap test offered	Pap test NOT offered

NOTE: for women 21-24 years of age the Super Form will black out the pap testing field as screening is optional for this group (see image below)



	A	B	C	D	E	F
1	Chart Review for:					
2	Patient	1	2	3	4	5
3	Gender	Female	Female	Female		
4	Age	18	22	28		
5	Blood Pressure	Yes	Yes	Yes	Yes	Yes
6	Offered (1 year)					
10	Plasma Lipid profile	No	No	No	No	No
11	Offered (5 yrs)					
15	Diabetes Screen	No	No	No	No	No
16	Offered (5 yrs)					
20	Height	Yes	Yes	Yes	Yes	Yes
21	Offered (past age 18)					
25	Weight	Yes	Yes	Yes	Yes	Yes
26	Offered (3 yrs)					
30	Tobacco Use Assessment	Yes	Yes	Yes	Yes	Yes
31	Offered (1 year)					
35	Pap Test	Yes	No	Yes	No	No
36	Offered (3 yrs)					
40	Mammography	No	No			
41	Offered (2 yrs)					
45	FOBT/FIT	No	No			
46	Offered (2 yrs)					
50	Flex Sig	No	No			
51	Offered (5 yrs)					
55	Colonoscopy	No	No	No	No	No
56	Offered (10 yrs)					

Resources and Contacts

17. Will there be an easy way to get new copies of the ASaP tools and resources?

All tools and resources are available at https://actt.albertadoctors.org/PMH/organized-evidence-based-care/asap/Pages/Tools-and-Resources.aspx

18. Who should I contact if I have further questions?

Improvement Facilitators – please connect with your TOP Improvement Advisor for support and clarification as needed.

[i] **Scientific Advisory (SA) Committee consists of 7 members representing practicing primary care physicians and specialists and a mixture of academics and non-academics. The committee meets annually to review and discuss the maneuvers, the guideline evidence and recommend changes based on maneuver selection criteria, emerging or current evidence and their own experience in practice. The SA Committee is administered/supported by the Toward Optimized Practice Clinical Practice Guidelines Team.*