

#OMDESC19

Supporting the New Ontario Health Teams

**Integrated Digital
Tools Produce Value
Through
Improved Transitions**

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OntarioMD Delivers a Suite of Digital Health Services

Our Partners:



Partnered Initiatives:



OntarioMD Initiatives:



OntarioMD's Vendor Partners



OntarioMD is Quality

Quality isn't Job One
Being totally frickin' amazing is Job One



@gapingvoid

What is Value?

Six domains of Quality: Efficiency, Effectiveness, Safety, Timeliness, Patient-centred, Equity

$$\begin{array}{c} \mathbf{V} \\ \text{(VALUE)} \end{array} = \frac{\begin{array}{c} \mathbf{Q} \\ \text{(QUALITY)} \end{array} + \begin{array}{c} \mathbf{S} \\ \text{(SERVICE)} \end{array}}{\begin{array}{c} \mathbf{\$} \\ \text{(COST)} \end{array}}$$

What Value Means to Us

Timely
Efficient
Equitable
Patient-centred
Safe
Effective



Delivered with a high degree of service and reliability

At a reasonable cost to the system

**This is why we do what we do.
It's actually about care.**



Let's Talk About John

John



- Homeless and sleeping in a downtown Ottawa shelter
- Has bipolar disorder and chronic pain due to peripheral neuropathy
- Family physician is usual prescriber: Percocet – max 4 daily, 120 tabs/month
- Monthly prescription usually gone within a week; John buys additional “percs” on the street or gets them through walk-in clinics – opioid use disorder

A Story of Missed Connections

- Admitted to Royal Ottawa Hospital for manic episode one month ago. Stayed one week and discharged back to shelter. Discharged to fam doc on Lithium and a Rx for 30 Ativan tabs to help sleep.
- Shelter MRP is nurse practitioner (NP) who charts on paper.
- Out of Percocet and too sick to access more from his doc. Visits Montfort Hospital complaining of severe headache (“migraine”). Does not disclose recent admission. Investigations normal.

A Story of Missed Connections

- Receives injection of morphine and ketorolac, prescription for morphine syrup.
- Visits NP at shelter next morning complaining of severe pain; Not knowing about his visit and new Rx she renews his Percocet prescription as it is due (100 tablets).
- John dies later that day from overdose of Percocet, morphine and benzodiazepine.

John's Digitally Disconnected Journey

- Two different hospitals, two different HIS
- No EMR in primary care environment (shelter) – no hospital reports
- Double doctoring (FP, NP, ER)
- No access to controlled substance history before prescribing
- Lack of communication between care settings – no warm hand-offs
- Family doc / NP alone in their treatment decisions
- Frequent health care access not known by others
- Providers don't view their practice as a population (diffusion of responsibility)

John's Journey in a Connected Environment

- Primary care provider using certified EMR is connected to **multiple sources of information in real time**, accessing or viewing appropriate data when needed
- **Health Report Manager** is fully deployed and physician trained to use it, supplemented with **ConnectingOntario ClinicalViewer** access, seamlessly and contextually launched
- **High-risk patients identified** in the practice for proactive care via Insights4Care EMR Dashboard
- **No duplication** of opioid prescriptions or addition of other high-risk drugs

Invoking an Integrated Care Delivery System

- **Social / home care organizations** can be involved
- Appropriate **care in addictions and mental health** can be activated in real time with access to same data
- Warm handoffs occur with **case management** and coordination
- John would have been identified as high risk for readmission or death and a prevention network activated

What are the Components?



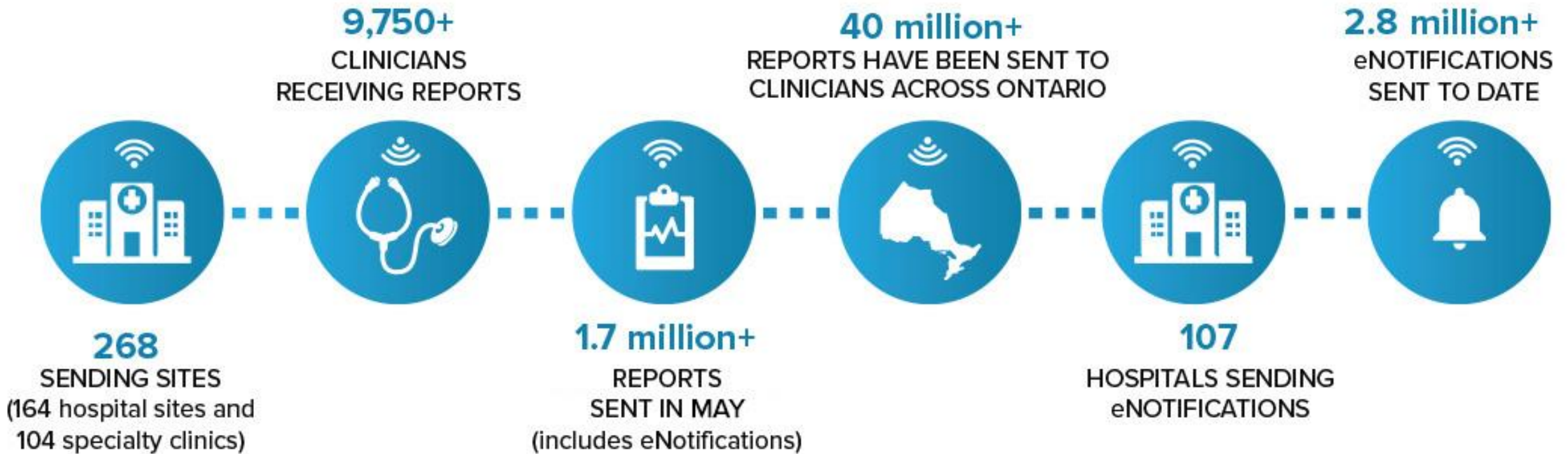
HEALTH REPORT MANAGER

HRM

- **Award-winning** OntarioMD-developed digital solution
- Enables physicians and nurse practitioners to **receive patient reports** from hospitals and other sending facilities **into certified EMR**
- **Safer, more efficient delivery** of important, time-sensitive patient information
- Allows physicians to **immediately act on info**



HRM's Impact



What This Means for John's Care

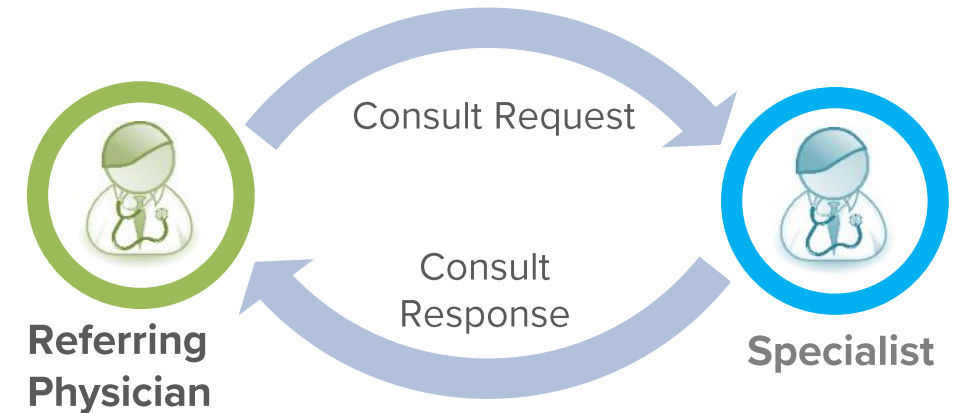
- **eNotifications alert providers** to admission, discharge and transfer
- **Hospital reports arrive in real time** to an EMR-based practice
- **Family practitioner is aware** of issues
- **Other care providers** could also be notified
- **Discharge drugs** noted
- **Follow-up plans** coordinate
- **Case worker notified** of high risk status to begin community monitoring and care navigation



eCONSULT DEPLOYMENT AND EMR INTEGRATION

What is eConsult?

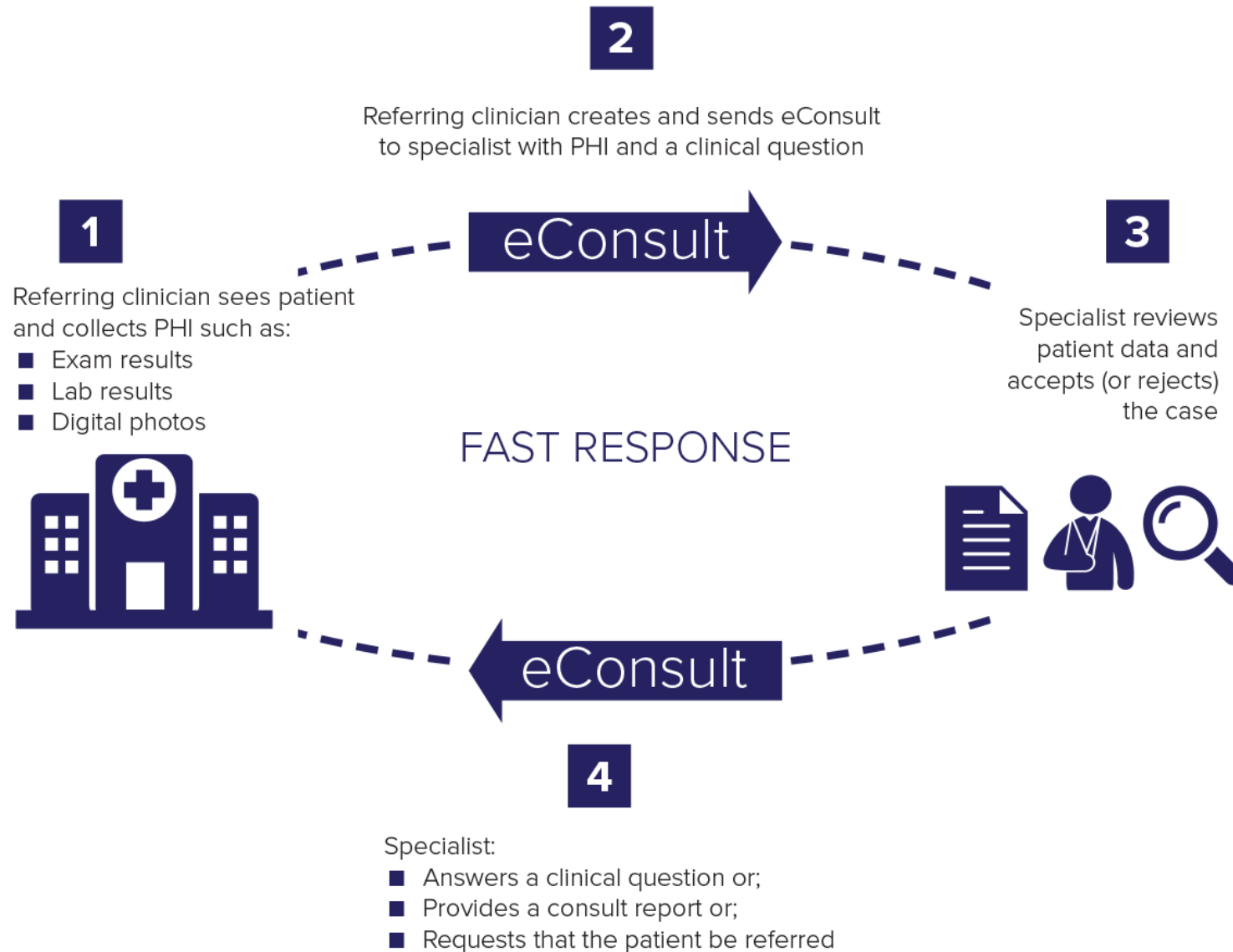
eConsult enables physicians to engage in a secure, electronic dialogue with specialists to manage patient care, without the need for patient visit with specialist.



Benefits

- ✓ Faster access to specialist advice
- ✓ Avoid unnecessary in-person specialist visits
- ✓ Improve care coordination and enable collaboration between clinicians
- ✓ More flexible and auditable than traditional phone calls, pages or hallway conversations

How Does eConsult Work?



Accessing eConsult

Web access through OTNhub

2017 winner of the Canadian Health Informatics Award for Innovation in Care Delivery

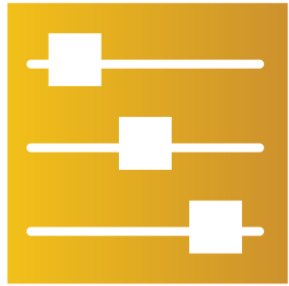
EMR access (currently available through QHR Accuro[®] and OSCAR EMR)

The screenshot shows the OTNhub eConsult interface. On the left is a sidebar with navigation options: Create Case, Referred Cases, Needs Attention, Waiting for Response, Completed, Cancelled, Drafts, Reports, and Search. The main area is divided into a list of cases and a detailed view of a selected case. The selected case is for a 65-year-old female patient with a thyroid nodule or goiter. The detailed view includes fields for Referrer, Specialist, Patient, and Case ID, along with a timeline of events such as 'Case completed' and 'provided consult'.

The screenshot shows the Accuro Messaging interface. The window title is 'Accuro Messaging'. The subject is 'Test Case Jan 3'. The participant is 'Brook QHRSpecialist2'. The patient is 'Michael Jackson'. The case ID is '57730671'. The status is 'Consult Provided 2 Participants'. The conversation thread shows a message from 'You' at 3:12 PM: '53 year old patient is presenting cardiac arrhythmia. List of allergies are supplied. Suggestions on how to manage?'. A response from 'Brook QHRSpecialist2' at 3:15 PM: 'Please provide frequency and additional symptoms.'. Another message from 'You' at 3:17 PM: 'Shortness of breath experienced after climbing three flights of stairs to apartment. Commencement was since having influenza last month. Otherwise, very fit, active 10 km runner.'. A final response from 'Brook QHRSpecialist2' at 3:19 PM: 'This does not appear to be a cardiac related event. It is most likely associated with recent influenza. If the condition persists after three additional weeks, then contact me again.'

What This Means for John's Care

- **Family Physician / NP can get help** when feeling outside of his/her skill set
- **Directed activity** toward substance use disorder
- Able to get **assistance** from pain specialist, mental health specialist, SUD specialist in **as little as two days**
- **Greater access to help**
- **Patient does not have to move**, but his information will



EMR QUALITY DASHBOARD

Population Health Analytics: A System-Wide Problem

- Community-based physicians are **amassing a wealth of data** in their EMRs
- **They crave access to that data in real-time** at the point of care, with the ability to drill down to patient-level data for better preventive care and to identify trends
- **Current solutions only aggregate patient data centrally** for research or population health purposes and cannot drill down to the individual patient

OntarioMD Insights4Care Dashboard: A Real Solution

- OntarioMD has completed a Proof of Concept to give physicians tools to use their EMR data better for clinical outcomes and practice efficiency that:
 - Leverages recognized provincial indicators that demonstrate clinical or practice value and improve the quality of local EMR data
 - Opioid indicators now included
 - Are expandable and repeatable across all certified EMR products
 - Give physicians the choice of opting in or out of sharing, trending and comparing their statistics

Proof of Concept - Accomplishments

Successfully Completed in March 2019



Successfully demonstrated the technical feasibility and clinical relevance of an EMR-integrated Dashboard

500

physicians and their practices participated



30

Dashboard indicators
Indicator Governance



2 EMR Vendors
and
Three EMR Offerings

OSCAR EMR
TELUS Med Access
TELUS PS Suite

Key benefits validated through benefits evaluations



EMR Specification (Draft)
Published



Provincial
Expansion Plan

What is a Dashboard?

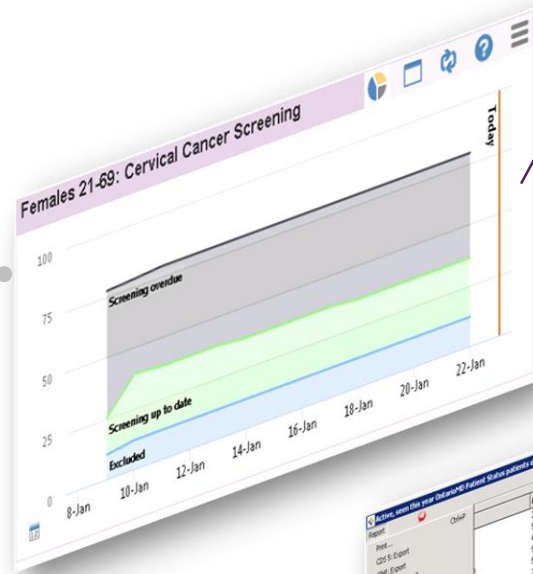
At-a-glance visual representation of patient info
(Number of diabetics, number of smokers, those overdue for cancer screening follow-up, etc.)

Easy-to-Interpret Indicators, using real-time EMR data

Trend and Compare – view indicator trending over time and the ability to compare against aggregate of all participating physicians

Drill down – review patient details behind each indicator

Actionable – take action on the patient list (call patient for follow-up, email reminders, initiate a workflow)

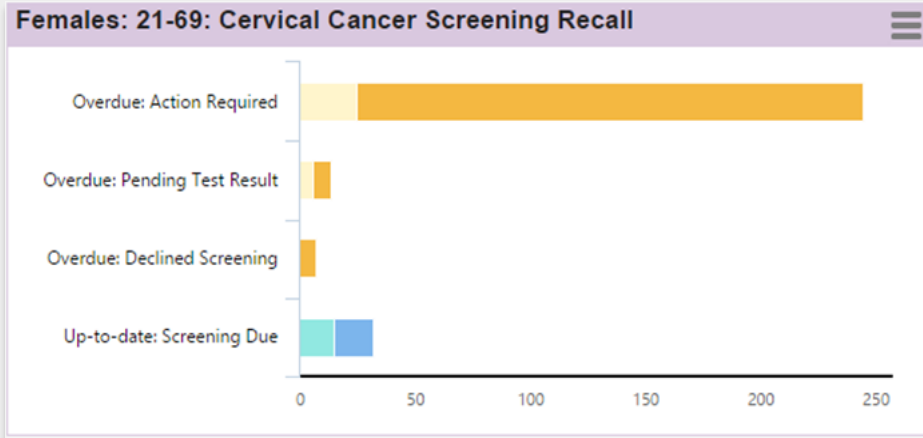
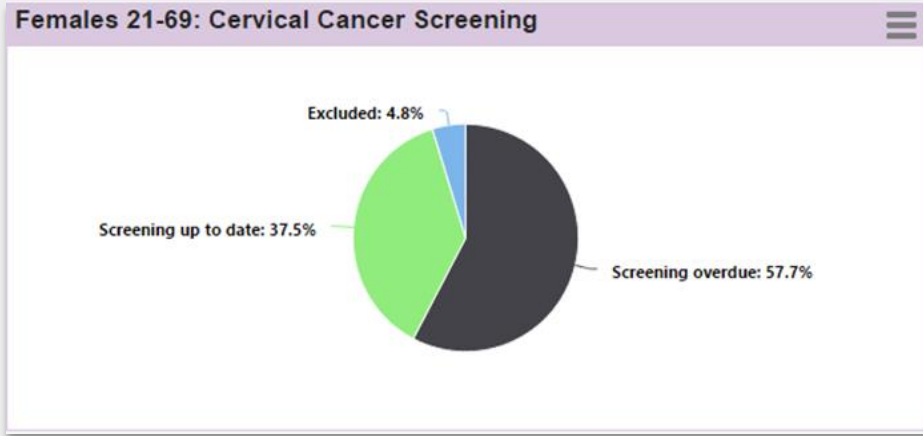


The screenshot shows a patient list table with columns for 'Age', 'Home Ptn.', 'Business', 'Mobile Ptn.', 'Privacy', 'Member Status', 'Scheduling Date', 'Last Seen', and 'Primary Provider'. A context menu is open over the table, listing actions such as 'Print as Patient Label', 'Print as Coverage Label', 'Print as Home & Number Label', 'Print as Shipping Label', 'Print as Family Coverage Label', 'Send Family Labels', 'Batch Bill for All Found', 'Add Problem for All Found', 'Print Letter for All Found', 'Print Letter for This Patient', 'Message for All Found', and 'Message for This Patient'.

Example from TELUS Outcomes Dashboard

A Closer Look at Indicators

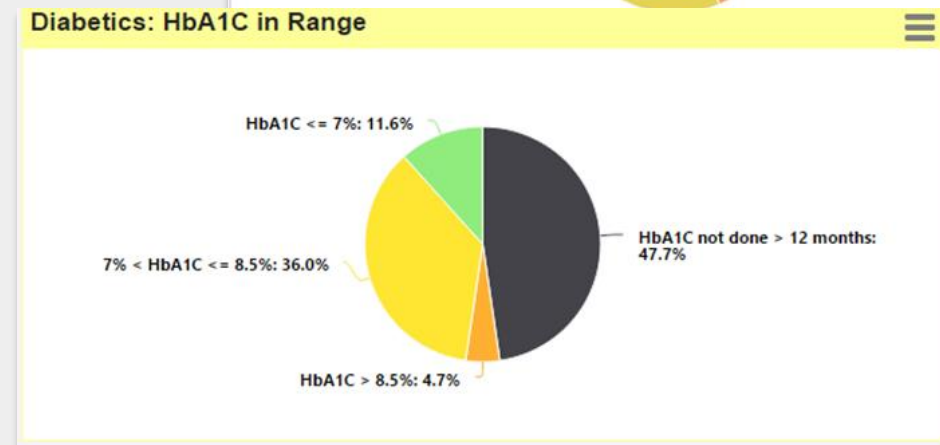
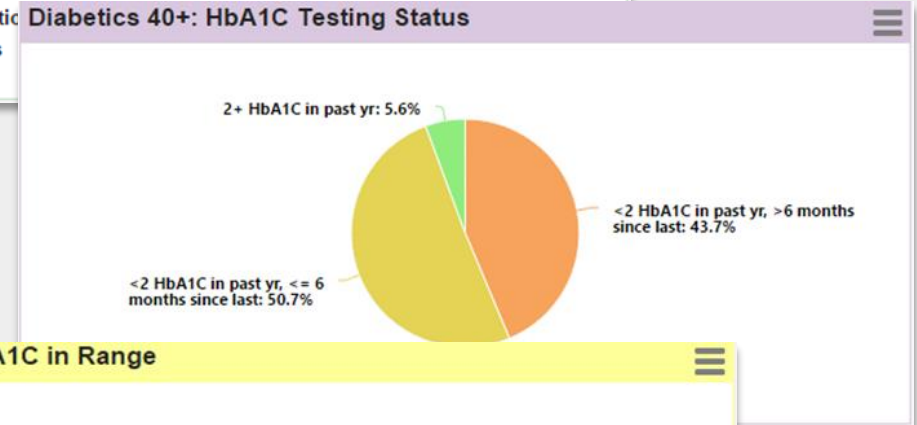
Cervical Cancer Screening



Diabetes Management

Identification Prospects for Diabetes

Category	Value (Count)
Diabetes Coded	85
Consider Diabetes: Documented as text but not coded	17
Consider Diabetes: Dx in 2+ bills	10
Consider Diabetes: HbA1C >6.5%	0
Consider Diabetes: Medications present	5
Consider Diabetes: Total	27
Diabetes Exclusion: Other Conditions	
Diabetes Exclusion: Pre-Diabetes	
Diabetes Exclusion: Cohort	



Key Findings

1

Dashboard Enables Quality Improvement

87% of Dashboard indicators recorded improvements only after 90 days of use

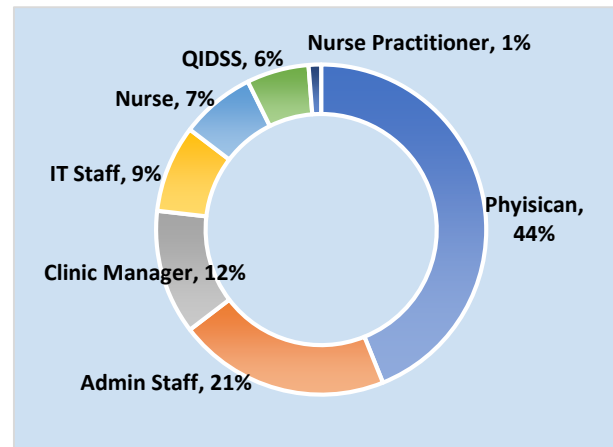
Top 3 Benefits of Dashboard

1. Helped to identify patients requiring follow-ups (64%)
2. Gave me the ability to drill down on an indicator to access patient lists (59%)
3. Prompted our practice to update information to improve data quality (53%)

2

The Dashboard Is Used by Different Staff in the Clinic

Dashboard has different user* types



*accessed the Dashboard at least once per month

3

Change Management Support is Important

Two most common barriers to data quality improvement

- #1 - Insufficient time
- #2 - Insufficient staff

In **13** of **15** indicators measured, clinicians trained by OntarioMD with **follow-on change management support** improved more than those who elected not to proceed with follow-on engagements.

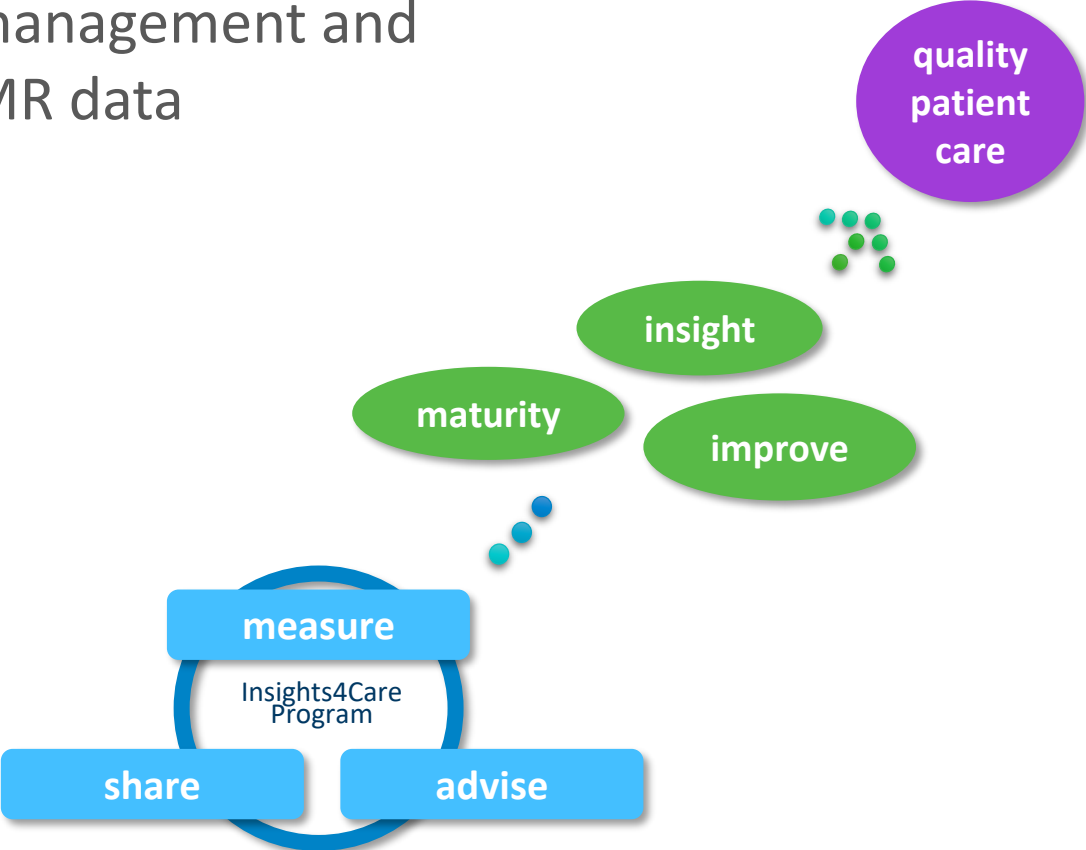
Insights4Care Program

To support primary care quality improvement and to unlock the value of EMR data by delivering tools and services to enable clinical and population insights, to facilitate performance management and to improve access to community-based EMR data

Measure – Providing clinicians with EMR-integrated, actionable, quality reporting and population management tools

Advise – Supporting clinicians in their quality improvement journey and in maximizing the value of their EMRs

Share – Providing the technology platform and associated policies to facilitate access to, and sharing of, physician-level data with health system partners



Insights4Care Program



Dashboard

EMR-integrated, actionable, population health management tool



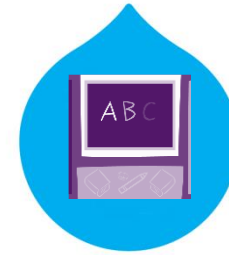
Advisory

Advisory support by OntarioMD's quality improvement and EMR experts



Knowledge

Tools and information resources on practice enhancements and quality improvements (panel management, EMR toolkits, guidelines)



Learning

Primary Care oriented quality and practice improvement learning opportunities (self-paced, online, classroom)



Reporting

Dissemination of benefits evaluation results, research findings and reports



Collaboration

Facilitating innovation and information sharing through Communities of practice

What This Means for John's Care

- **At-risk patients identified** if meds list is up to date
- **Trending of issues** over time
- **Allows for program development** within a practice
- **Creates a more proactive view**
- **Can be shared** for health system planning

Thank You!

Questions?



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