EMR Lessons Learned from Ontario and British Columbia Demonstration Projects and the PHC Voluntary Reporting System (PHC VRS)

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Trillium Primary Care Research Day
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Presentation Objectives

Highlight lessons from demonstration projects and PHC VRS:

• The value of collaboration

• The need for standardized EMR data

• The role of the PHC EMR Content Standard (PHC EMR CS) in improving data for decision-making

• Informing implementation of the PHC EMR CS
Context Setting

• Clinicians and Jurisdictions need high-quality, comparable PHC data and information to support PHC **patient care**, **performance measurement** and **quality improvement**

• CIHI is collaborating with clinicians and jurisdictions to support PHC performance measurement through **indicators**, **standards**, **survey tools** and **EMR data collection** and feedback reporting
CIHI’s PHC Voluntary Reporting System (PHC VRS) Prototype

• QI tool for clinicians using an EMR, able to submit to CIHI
• Clinicians inform report design, no new data collection
• PHC VRS collects a minimum amount of EMR data in a privacy sensitive manner and provides feedback reports to support PHC clinicians in their quality improvement efforts

• Value includes:
  • Clinician quality feedback reports
  • Demonstration projects (ON, BC)
  • CIHI analytical reports
  • Informs PHC EMR CS and PHC Reference Sets
  • National presentations and lessons learned
## Demonstration Projects: Background

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<th>Ontario</th>
<th>BC</th>
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<td><strong>Project</strong></td>
<td>Ontario EMR Demonstration Project</td>
<td>BC PITO Innovation and Diffusion Project</td>
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<td><strong>Stakeholders</strong></td>
<td>CIHI, MOHLTC, eHealth Ontario and OntarioMD</td>
<td>BC PITO, Physician Community of Practice</td>
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| **Identified Goals** | Inform usefulness, availability and value of PHC EMR data for clinical purposes using Spec 4.1  
Post-implementation of 63 PHC EMR CS data elements | Understand EMR use for supporting care  
Identify gaps in the use of EMRs (pre-PHC EMR CS)  
Inform practices focused on populations with chronic disease |
| **Outputs**          | Clinician and vendor feedback reports  
Presentation on lessons learned | Clinician and vendor feedback reports  
Workshop to share lessons learned, implementation considerations |
Data Extraction – Lessons Learned

Business / Operational Challenges
• Vendor access to PHC Data Extract Specification
• Support to vendors mapping to PHC DES

Technical Challenges
• Running of data extraction impacts EMR system performance
• Lack of alignment between data extract specification and existing data structure/architecture

Data Quality Challenges
• Predominantly unstructured data
• Data inconsistent across fields resulting in incomplete data
• Highlights the need for PHC EMR CS data elements, ref sets and data extract specification in combination
EMR CS Implementation – Lessons Learned and Considerations

• The PHC EMR CS is the foundation to supporting high-quality, standardized EMR data for point of service and health system use needs

• Considerations for implementation include:
  • Priority subset of PHC EMR CS to accelerate adoption and implementation
  • Need coordinated change management and engagement
  • Strong provincial and clinician leadership
  • Collaborative partnerships to reduce duplication and prioritize based on regional/jurisdictional needs
  • Education to support optimizing EMR use and value
In Conclusion

• Clinicians and Jurisdictions need high-quality, comparable PHC data and information to support PHC **performance measurement** and **quality improvement**

• The PHC EMR CS is one enabler to support improved EMR data structure and extraction

• Support for PHC EMR CS implementation is starting across several jurisdictions

• CIHI will collaborate with jurisdictions, vendors and clinicians to support adoption of and capacity building for PHC EMR CS implementation
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