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

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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

	Ontario	BC
Project	Ontario EMR Demonstration Project	BC PITO Innovation and Diffusion Project
Stakeholders	• CIHI, MOHLTC, eHealth Ontario and OntarioMD	• BC PITO, Physician Community of Practice
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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