

Primary Health Care Team Requirements

Comparison with EMR functionality

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RWI INFORMATICS

CNIA CONFERENCE NOV 22-24, 2009

Objectives

- ▶ This presentation will highlight the work done over the past two years
 - Determine the business, functional, privacy, and technical requirements
 - For a Primary Health Care solution for multiple PHC sites and multiple providers in a PHC team.
- ▶ This presentation will explore the approach used
 - to identify, analyze, and compare the various requirements,
 - the findings in relation to appropriate solutions available, and
 - the team-based additional requirements that were identified.



Key Questions

Physician EMR requirements have been under review by National stakeholders for provincial procurements and EHR integration

- ▶ How different is the Team-based Primary Health Care (PHC) model of delivery to Medical office practice?
- ▶ What are the clinical requirements and how would they differ from the national standard of EMR functionality?



EMR functionality

Clinical and Business Functionality of EMR

- Scheduling
- Registration
- Health Record Management
- Billing
- Ordering (DI, lab tests, prescriptions)
- Results Review
- Documentation
- Referrals
- Clinical Decision supports
- Reporting
- Goals/Outcomes for patients



Team EMR



Program Directives

What did the Primary Health Care funders
want from the system?



What is Primary Health Care

- ▶ Primary Health Care is a service–delivery model where Physicians, Nurse Practitioners, and allied health providers and office support staff work as a team
 - May be a single community or across multiple communities
 - Medical practice in rural or urban communities with limited resources
 - Focused programs for care in that community
 - Non–fee for service to promote increased time with the client & collaboration with team



Key principles of Primary Health care

Team Access



Information



Healthy Living



Program Requirements

- ▶ Single solution
- ▶ All Providers and support staff
- ▶ Flexibility for multiple workflows
- ▶ Support the care decisions
- ▶ Improved client outcomes
- ▶ Support delivery of Team Based Care
- ▶ Report the performance
- ▶ Future development of services
- ▶ Client's to access and input into solution



Client Outcomes

- ▶ Improved client care coordination
- ▶ Improved client access
- ▶ More complete client record
- ▶ Reduced duplication of tests
- ▶ Improved provider communication
- ▶ Improved client education
- ▶ Wellness programs
- ▶ Improved health outcomes



Provider Outcomes

- ▶ Improved access to client information
- ▶ Improved information flow & communication
- ▶ Improved clinical workflow
- ▶ Promotes best practices
- ▶ Supports team-based care delivery
- ▶ Knowledge sharing
- ▶ Successful physician recruitment



Team



Specialist



Physician



Therapist



Nurse



Client & Family



Nurse Practitioner



Educator



Pharmacist



Nutritionist



Provider Requirements

- ▶ Previously identified over 3000 documents used in Primary Health with over 40 different providers
 - Asked to standardize the documentation!!!



Requirements Analysis



Informatix Approach

- ▶ Needed to analyze the core clinical and business functions of all providers
 - What was different for these roles? – what was the same?
 - Site visits to about 10 teams asking questions such as:
 - Who are your patients? What is top three clinical problems for your patients?
 - How do you provide services?
 - To whom do you communicate with for care services?
 - What is the first thing that would make your practice easier?

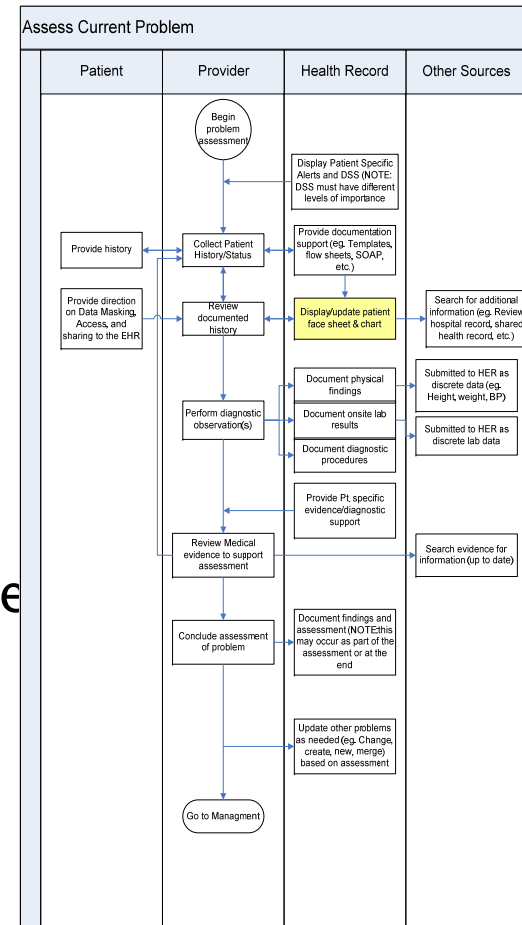


Business Analysis & Requirements

- ▶ Visited multiple teams and sites
- ▶ Working groups were engaged
- ▶ Workflow analysis & validation

- ▶ Documentation & validation of national and provincial requirements
 - Functional, Privacy & Security
 - Technical, Interoperability, Corporate

- ▶ Verification and validation with clinicians in practice



Workflow analysis

- ▶ Detailed Business Process Analysis
 - Working with Clinicians and Office Support staff at the sites to map out detailed business processes
- ▶ Identify key issues/concerns
 - Addressing the key issues/concerns with the clinical working group and other groups
- ▶ Detailed Future State Business Process & Configuration
 - What needs to change and how can it best be done



EMR Functionality

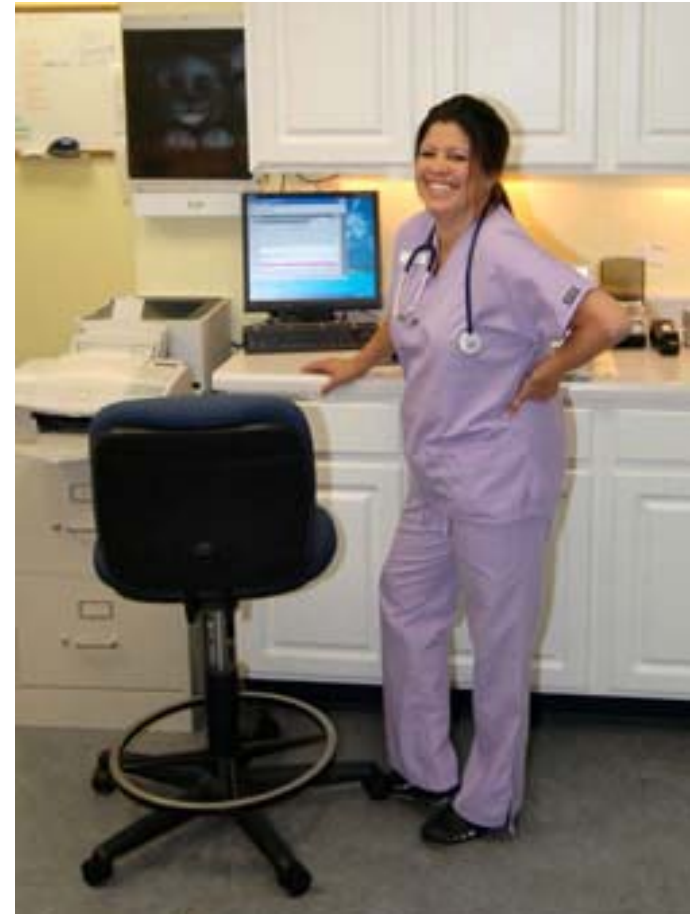
- ▶ Scheduling
- ▶ Registration
- ▶ Health Record Management
- ▶ Billing
- ▶ Documentation
- ▶ Care Plans
- ▶ Ordering (DI, lab tests, prescription)
- ▶ Results Review
- ▶ Referrals
- ▶ Clinical Decision supports
- ▶ Reporting



User requirements

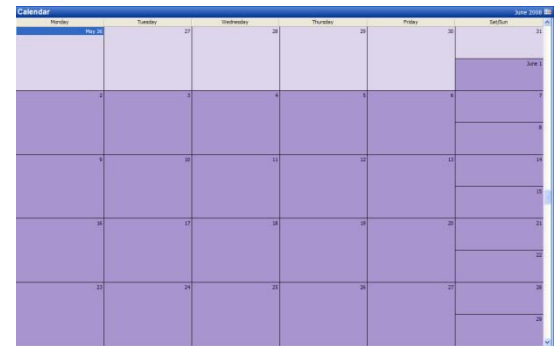
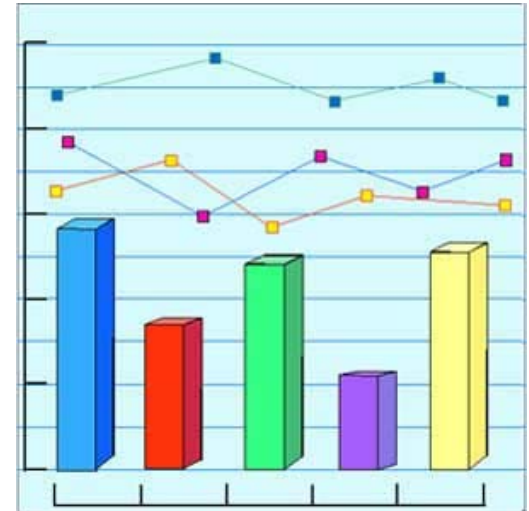
- Usability options
- Configuration Flexibility
- Permissions and role flexibility
- User control of alerts
- Ability to add new documents
- Manage best practices, documentation references

- Ability to reduce complexity for smaller sites



Reports & Practice Support

- Provincial and national indicators
- Practice improvement support
- Client recall appointment lists
- Outcome & benchmarked reports
- Analysis of the population served
- Analysis of the programs & services provided
- Specific research queries



Additional Requirements

▶ Team

- Virtual members of the team
- Part-time or shared providers across sites/organizations
- Grow and reduce depending on needs of client
- Patient access and self-care

▶ Access

- Remote access in rural and north communities
- Security role-based access across sites
- Family care

▶ Information

- Electronic record supporting all care providers
- Communication with provincial EHR & some hospitals
- Best practice guidelines and references
- Collaborative care
- Indicators of improved services

▶ Healthy Living

- Education, graphs, materials for patients & families
- Goals for population and individual patients



Additional Requirements

- ▶ The emerging Nurse Practitioner role may be the primary clinical resource
- ▶ There was a variety of the team-based services and programs are interacting with the patients, depending on community needs and regional resources
- ▶ Medical information may need to be shared across various clinical settings and organizations
 - Covering providers across geographical boundaries

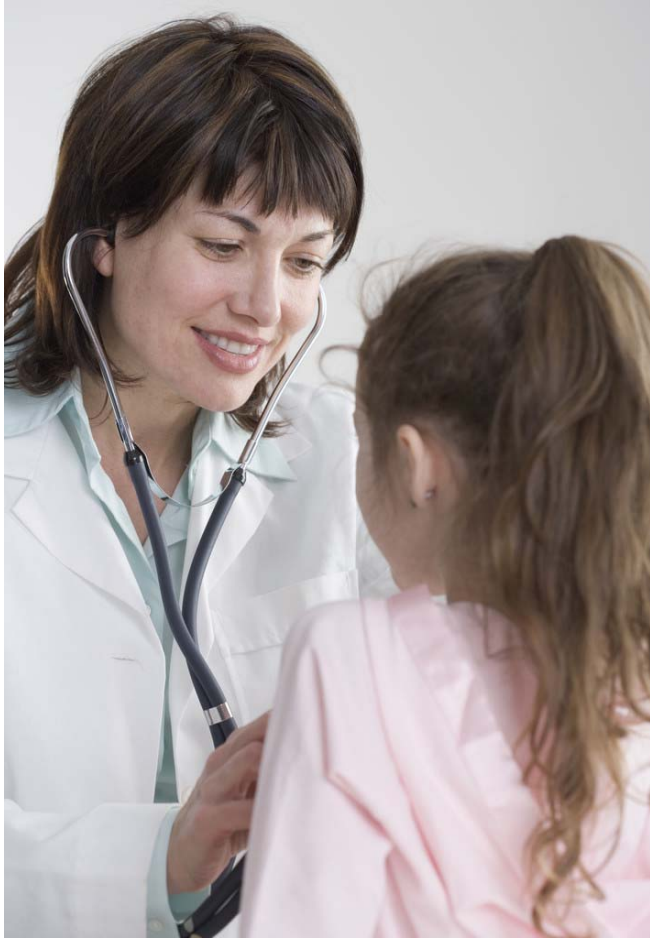


Observation – Nursing

- ▶ The Nurse and Nurse Practitioner role was influenced by site environment and how the team allows full practice or not
- ▶ Introduction of technology could influence and promote new opportunities for Nurse's roles in this care setting
- ▶ Nurses could be primary providers in some programs such as socially high risk pregnancy, healthy lifestyle, wellness, education.



Nurse Practitioner Practice



- ▶ Very similar to Physicians
- ▶ Varied with each team
- ▶ Varied with the community needs
- ▶ Often dependent on the interests and capabilities of the Nurse Practitioner
- ▶ Was interdependent with the organizational structure and informal and formal relationships
- ▶ Was sometime dependent on how Physician worked with NP



Shared Record – New requirement

- ▶ Sharing of information amongst the team of care providers who provide and manage client care
- ▶ Care providers may be within one organization or across organizations
- ▶ Each patient/client could have different team members
 - Could expand or contract as required
 - Could be limited to single provider
 - Patient could have consent control for providers
 - Based on current practice but adapted as required



Sharing of Clinical Record

- ▶ To meet requirements of privacy, confidentiality and security, a Client Care Team concept was developed



Supporting Team Based Care: Client Care Team

- ▶ The CCT is the group of care providers who are providing care to a specific client at a specific time
- ▶ Participation in a CCT can be long or short term
- ▶ A client's CCT will change over time as new providers are added and others leave



Client Care Team (CCT)



Specialist



Physician



Therapist



Nurse



Client & Family



Nurse Practitioner



Educator



Pharmacist



Program



CCT Purpose in terms of EMR

- ▶ Main objective is to use the CCT for
 - Explicitly identifying the care team for a client at a point in time for the purpose of communication, collaboration and data sharing
 - Identifying the Primary Provider (s) for each client. This primary provider will manage the CCT over time for the client
 - Restricting access to client data in the solution to CCT members only



Secure Access in CCT

- ▶ Access to a client's record will be restricted to members of the client's CCT
- ▶ Access by each member of the CCT can be further restricted based on their clinical role
- ▶ Providers will be able to 'break the glass' on client specific protected information when required, but they will be required to provide a reason and specify a duration



Future Additional Requirements

- ▶ Processes to generate and send electronic referrals
- ▶ Interfaced data coming from other sources & EHR
 - Lab results
 - Drug profile
 - Images
 - Hospital documents
 - Provincial EHR data
- ▶ Patient data recorded by patient



Implementation

THAT'S LIFE

BY MIKE TWOHY



Currently status

- ▶ Single solution, also one of the four EMR solutions
- ▶ Enterprise configuration enhancements to support multiple sites and privacy laws
- ▶ Implementation at 2 sites before Christmas
 - 65 sites to go!!
- ▶ Work being shared with First Nations, Physician Association, Northern health
- ▶ Nurses & Nurse Practitioners are very excited and are willing to learn



Questions?

