Primary Health Care Team Requirements

Comparison with EMR functionality
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.
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?
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
Provider Requirements

- Previously identified over 3000 documents used in Primary Health with over 40 different providers
  - Asked to standardize the documentation!!!
Requirements Analysis
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?
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
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.
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)

- Nurse
- Specialist
- Physician
- Therapist
- Nurse Practitioner
- Educator
- Client & Family
- Pharmacist
- Program

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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

I don't think he'll ever be comfortable with the new technology.
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?