# Experiences Implementing Ambulatory EMRs and Early Benefits

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# Today's Presentation

• Infoway and Investment in Ambulatory EMR

Adoption Progress

• Emerging Benefits

Success Factors



### Who and what is *Infoway*?

### With our partners, *Infoway* helps accelerate the development, adoption and effective use of digital health solutions across Canada



### Canada's Economic Action Plan



In 2009, Canada's Economic Action Plan provided \$500 Million to Canada Health Infoway. Of this amount \$380 million was allocated to EMR investments:

### The EMR investment is focused on:

Upgrading	Deploying	Achieving
the clinical solutions	the clinical solutions	increased clinical value
<ul> <li>Upgrade EMR and Pharmacy solutions</li> <li>Connect Hospital Information Systems to EHR</li> </ul>	<ul> <li>Implement the upgraded EMR solutions in community and ambulatory settings</li> </ul>	<ul> <li>From the use of EMRs by physicians (general practitioners and specialists) and nurse practitioners</li> </ul>

### Supported by:

Creating new and supporting existing physician office support programs I Peer Leader Networks I EMR Benefits Evaluation EMR & Ambulatory EMR product certification I Interoperability tools to support vendors and jurisdictions

### Ambulatory EMR Investment Objectives & Progress

### Enhance EMR Interoperability with the EHR

 Approx. 40 RHA/hospitals; 10 different hospital information systems have been upgraded and connected to jurisdiction EHRs

### **PROGRESS to DATE**

 60+ hospitals using 11 different hospital information systems that have been upgraded

#### **Increase Ambulatory EMR adoption**

 Initial objective was to deploy up to 8000 seats in ambulatory clinics.

### Achieve increased clinical value

- Achieve Clinical Value 1
- Achieve Clinical Value 2

11,879 seats funded due to demand. Of these, 98% have been deployed

- ~76% of Clinical Value 1 targets have been met.
- ~40% of Clinical Value 2 targets have been met.



# Ambulatory EMR Canadian Landscape Estimates

### Frequency of Clinician eCharting



- 9,830 hospitalaffiliated ambulatory outpatient clinics (2013)
- 57,000 clinicians and other staff
- 44 million visits/year

Source: Ambulatory EMR Landscape Survey, Harris Decima, (October 2013) ©Canada Health Infoway 2015

### Ambulatory EMR Use to Date



32% of clinics across Canada routinely enter clinical encounter notes electronically, a good indicator of mature EMR adoption.

#### Notes:

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1) Quarterly reporting for Ambulatory EMR seat go lives began in Q2 2012/13  $\hfill \mbox{\scriptsize Canada Health Infoway 2015}$ 

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Source: Data from National Physician Survey (2007, 2010, 2013 & 2014) ©Canada Health Infoway 2015



# **Evaluation Results**

# **Overall, I Find the System Easy to Use Post-implementation (3-6 Months)**



Source: System and Use Survey administered by Infoway AMB EMR Projects: &Assessment\_dome\_201520-months post implementation What Specialists Say: Average Productivity Gains

# +11% for clinicians+11% for clinics



*Source: Ambulatory EMR Landscape Survey, Harris Decima, (October 2013), Survey of Specialists Base: Specialists who maintain some or all of their records electronically (n=56) Caution: Small sample size* 

### Clinician and Clinic Process Efficiencies Admin, Nursing and Physician Process impact

### **10 - 50% Reduction in time spent:**

- Locating Chart
- Reviewing Chart
- Order/retrieve labs and other tests
- Appointment scheduling



Same/More time spent:

Entering clinical documentation/orders Medication reconciliation Information transfer to external sources/providers Generate reports

Source: Centre for Research in Healthcare Engineering, University of Toronto. Benefits of EMR Adoption in bespital-based Outpatient Ambulatory Clinics (2014)



### From the Project Files Examples of Clinician and Clinic Efficiencies

- 80% reduction in staff time calling patients
- Reduction in transcription FTE's from 51.8 to 17.63, estimated annual savings: \$2.2 million
- Reduced average transcription cost per clinic/dept
   -\$714

### What Specialists & Staff Say

82%: improved info sharing among providers
91%: can now find patient info quickly & easily
89%: timely access to clinical doc improves
decision-making

*Source: Ambulatory EMR Landscape Survey, Harris Decima, (October 2013), Survey of Specialists Base: Specialists who maintain some or all of their records electronically (n=56) Caution: Small sample size* 

### Connected Amb MDs see Fewer Info Gaps Connected Dunconnected



% of encounters for which a specific type information was required where an information gap existed CAll results statistically significant. Source: Infoway Ambulatory Outpatient Clinic Information Gaps Study

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# Info Gaps Cause Fewer Consequences for Connected Amb MDs



% of all encounters for each cohort with a specific impact generated by an information gap  $C_{C}^*A$ 



# From the Project Files Improved time-to Cancer Treatment Consultant Appointment Date of first

### • Hemato-oncology: 7 days sooner Source: Sicotte C., et al (2014) Implementation of an electronic health record specifically for cancer Phase 2: Quantitative

Source: Sicotte C., et al (2014) Implementation of an electronic health record specifically for cancer Phase 2: Quantitative analysis of impacts associated with the deployment of a specialized electronic health record at the Centre intégré de Cancérologie de Laval 15

treatment



- 19% 40% reduction of in-clinic wait times in two studies
- 86% physicians report improved interaction with patients
- 82% patients report care provider accessed info from prior visit



Canada Inforoute Health Santé What Specialists Say

64%: Ambulatory EMRs are beneficial or very beneficial for quality of care



*Source: Ambulatory EMR Landscape Survey, Harris Decima, (October 2013), Survey of Specialists Base: Specialists who maintain some or all of their records electronically (n=56) Caution: Small sample size* 

# Barriers to Value and Success Factors





### Barriers to realizing full clinical value of EMR: Outpatient Ambulatory Clinic Nurses

Use of both paper charts and electronic records

Multiple logins required to access different clinical information systems

# Lack of available equipment (e.g. workstations)



Source: 2014 Infoway-CNA National Nurses Survey

Base dall respondents in clinical practice providing direct care in In-patient (critical care) setting (n=119)

# Top Project Risks and Issues

- 1. Schedule
  - Projects underestimate complexity and dependencies, causing delays
- 2. Scope
  - Ambitious project scope and required scope adjustments
- 3. Adoption
  - Diverse clinics and populations within projects



- Workflow analysis & integration with administrative and clinical practice requirements and hospital and/or regional IT systems
- Stakeholder engagement and training supporting use of advanced features and multiple systems
- Leadership and governance ensuring commitment to scope and resources long-term



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