Terms of Reference

EMR Data Management Subcommittee

Purpose

The purpose of the EMR Data Management (EMR-DM) subcommittee is to use our collective wisdom to facilitate improvement of quality of care and advance clinical improvement in primary care through the implementation and enhancement of EMR data management tools by:

- Guiding the development of a working knowledge base of functionality requirements and utilization strategies.
- Prioritizing issues identified.
- Leveraging relationships with vendors and supply chain partners to resolve these issues.
- Supporting change management initiatives.
- Bringing awareness and deployment to developed tools.

Context

The EMR-DM subcommittee operates in support of the Quality Improvement and Decision Support (QIDS) program of AFHTO and to facilitate improvement of quality of care through EMR data management tools. The key goals of the QIDS Program are to improve primary care and enable primary care as a sector to be the foundation for health system transformation. The EMR-DM subcommittee contributes to the achievement of these goals through improved use of information technology. There are many factors that affect the ability of health teams to use information technology to improve quality and provide decision support. Internally, these factors include variability in the level of sophistication of EMR implementations across FHTs. Externally, these factors depend on the programs and services provided by supply chain partners. Three main groups of supply chain partners of relevance to our initiative have been identified as follows:

- EMR vendors,
- providers of reporting tools for exported data (e.g. CPCSSN, EMRALD, Intellidash),
- and system-level governance/advisory organizations (e.g. OntarioMD, the Ministry of Health, eHealth Ontario).

Through each of the above stated mechanisms, the EMR-DM subcommittee therefore concerns itself with guiding the QIDS Program in building capacity to use technology to capture, access, analyze and report data needed by AFHTO members for QI and DS.

Scope

The scope of the subcommittee is to provide strategic advice to QSC and the QIDS program to build productive relationships with supply chain partners, support implementation of tools and prioritize enhancement of existing or new tools to better support improvement in quality of care. While individual members of the EMR DM subcommittee have operational roles in all of the above, the subcommittee as a whole retains a strategic and advisory role for the program.

Roles and Responsibilities

The work of the committee is aligned with its purpose to build productive relationships, support implementation and prioritize enhancements of information technology tools.

Building productive relationships

Identify and establish a working relationship with the supply chain partners for the purposes of facilitating responsiveness of and support from the partners in meeting the needs of AFHTO members.

- Define, measure and track progress on indicators to advance use of IT in QI and DS and maturity
- Establish good working relationships with EMR CoP members, vendors and leads
- Guiding the EMR CoPs to improve the use of EMRs and advance patient care

Supporting implementation

- Guide the development of a working knowledge base of functionality and utilization issues for each of EMRs and data management tools as they relate to the requirements and concerns identified by AFHTO members
- Compile technical specifications for data capture and extraction, including indicator definitions used in reporting tools.
- Act as a resource for the Communities of Practice (CoPs) to facilitate prioritization and escalation of concerns.

Prioritizing enhancements

- Establish priorities for improvement and development in technology
- Establish priorities for advocacy regarding policies and procedures to improve usefulness of technology for QI and DS

Reporting Relationship

The EMR DM subcommittee provides advice and feedback to QSC and assists with the QSC priorities such as D2D.

It is anticipated that individual members will contribute the knowledge and expertise inherent in their own pre-existing roles. As part of the subcommittee, members also have roles beyond those in their own organizations to enable the subcommittee to support the AFHTO membership as a whole. For example, members will be considering issues with EMRs and other tools which may NOT be in use in or otherwise within the mandate of their own organization.

Meetings

The meetings will be quarterly, mostly via teleconference.

Decision-making

The group will strive to reach consensus in developing its recommendations.