

FHT EMR Landscape Report – November 26, 2013

The QIDS Program is working to improve the Ontario EMR Vendor-User landscape. **A crucial first step of this work was the understanding of the existing gaps between the vendor and the user communities.** This report is based in part on valuable input from the rapidly growing cadre of QIDS Specialists working with FHTs across the province. It is an early example of how knowledge sharing between QIDS Specialists (intended to help host and partner FHTs advance their own QI efforts) can also benefit the membership and ultimately the sector as a whole. This document highlights the background, initial observations and data, preliminary conclusions and next steps in the vendor-user landscape.

Background

The QIDS Program is working to help optimize the capacity of EMR users in FHTs to be autonomous experts in the meaningful use of data. This entails effective relationships with EMR vendors to ensure that current functional offerings and other services are fully utilized. The first step in these inter-connected strategies is a description of the existing vendor-user landscape. A key element is the gathering of the information about the baseline levels of FHTs' technical capacity. FHTs' technical capacity includes such notions as:

- Current levels of EMR adoption (including expertise with data extraction and analysis)
- Current issues with EMR use

Data Sources

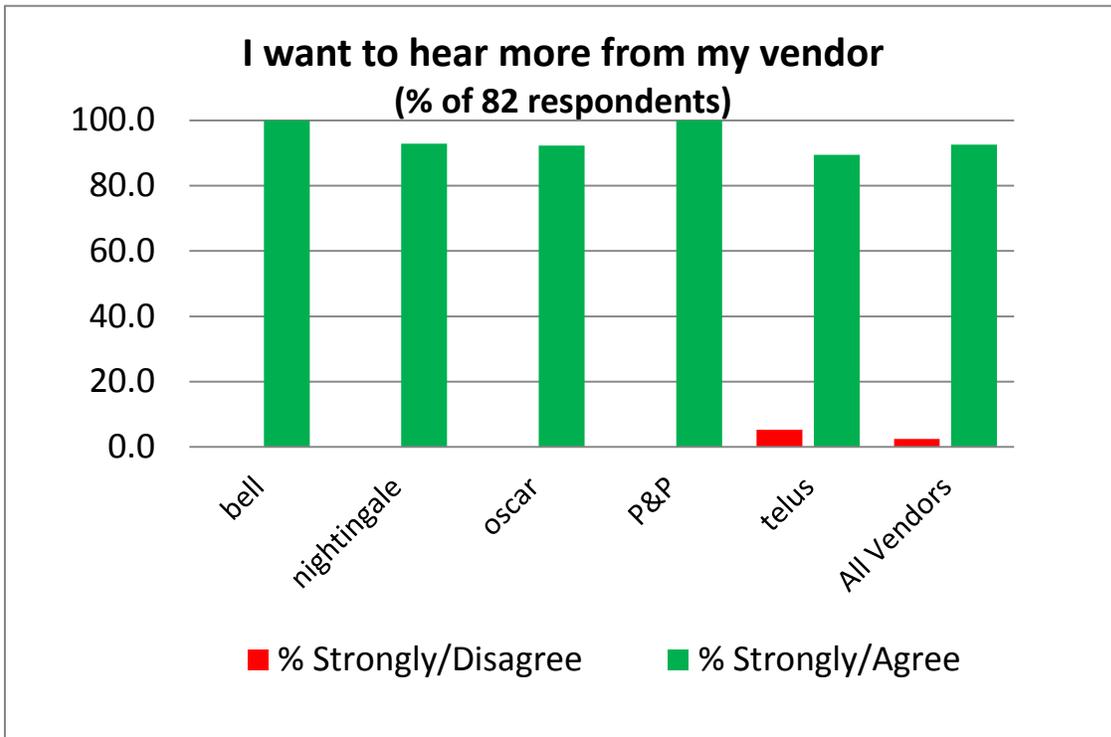
At this early stage, there are three main sources of information:

- Evaluations of the EMR vendor sessions at the AFHTO conference, October, 2013: (Bell, Practice Solutions, Oscar, P&P, Nightingale).
- Input from QIDS Specialists currently in the field: QIDSS were asked to comment on the most prominent concerns and important EMR functionalities they were able to take advantage of, based on their experience with the many different EMRs they are supporting in their host and partner FHTs,
- Initial scan of the primary care-EMR environment on a vendor by vendor basis: This includes direct observation of EMR functionality, conversations with EMR vendors and key informants at partner organizations.

Early Observations

AFHTO Conference's Vendor Sessions' Feedback

The general response from vendor session evaluations (all vendors) suggests that users have a strong need for hear more from EMR vendors. The graph below illustrates the desire of respondents to hear more from their vendors.



Additionally, across all vendors, the following five topics were identified as the most important challenges/priorities:

- Data quality
- Data extraction
- Data analysis
- Queries and reports
- User education

Finally, the majority of users stated that *question/answer period was crucial* and they would *highly appreciate a computer demonstration of the EMR functionalities*. These two comments strongly point to interest in more **EMR knowledge exchange/training** from the vendors.

QIDS Specialists' FHT Assessment

The following assessment is based on input from the 8 QIDS Specialists in the field at the time and reflects their early impressions of the EMRs in the over 50 FHTs they are supporting. These data were captured as part of the initial orientation of QIDS program staff (provincially and in the field) to better understand the EMR landscape and our collective challenges and areas of expertise. As such, they are a preliminary "point in time" snapshot, not a definitive assessment of the capacity or functionality of the EMRs, FHTs or QIDSS.

Some EMRS were able to generate lists of health card numbers and/or lists of patients with specific characteristics. There was variation between FHTs in terms of whether such lists had actually been produced in the past or not. For example, one FHT with a particular EMR might report that they had not yet succeeded with a particular task even though other FHTs with the same EMR were able to do the task.

Other functions of interest or importance were

- Ability to develop and use "Stamps" (specific to one EMR) and other tools for standardization of data entry
- Access to training materials
- Diagnosis code automation
- Encounter assistance

Common issues or challenges reported by the QIDSS included:

- Data extraction
- Data analysis
- Data standardization
- Coding
- Poor usability
- Report generation and searches not intuitive

Observations from Vendors' Perspective

An important observation from conversations with vendors and other non-FHT stakeholders is that some of the users' concerns about EMR functionality did not seem reflective of current EMR capability.

For example, although data extraction is highlighted by users as a key gap in EMR functionality, all EMR vendors report that they are able to support data extraction/exporting in XML format. Another concern users attribute to the EMR vendors is data quality. However, experience outside of the healthcare environment suggests that data quality issues tend to be related to user training/expertise.

Conclusions

Early indications are that there are at least two gaps of importance between the users in FHTs and the EMR vendor community.

1. **EMR adoption gap** – There appears to be functionality in EMRs that is not being fully utilized by all users, resulting in users' inability to get the best use of their EMRs.
2. **EMR functionality gap** – There appear to be functions missing from EMRs that are important in meeting users' demands and needs.

There is a need to review the evidence to date with stakeholders such as the QIDSS and FHTs to learn more about apparent contradictions in the data, and more importantly, what could or should be done to address these gaps.

Next Steps

The QIDS program will continue to collaborate and consult with stakeholders such as the QIDSS, the FHTs and vendors to better understand the data to date, update and refine this initial vision of the landscape and resolve gaps between EMR functionality, knowledge and user needs. Included among the possible strategies are:

1. **Optimize the users' EMR expertise.** This includes building and maintaining an inventory of the state-of-the-art data extraction and analysis tools, advocating for the use of such tools, as well as EMR training focused on clinical users as well as QIDS roles.
2. **Work with the EMR vendors to bridge functionality gaps.** An example includes developing/expanding regular User Group meetings with all EMR vendors to enable productive collaboration and solution finding between vendors and users.
3. **Improve EMR data field specifications** to reduce problems with coding and data analysis associated with free text data entry.