

## Title

Increasing Quality and Access to EMR data: one community of practice at a time

## Authors

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## Background/Context

Access to data in primary care is difficult, largely because the quality of data in EMRs is poor. While it is important to improve the quality of data going into EMRs, it is also worthwhile to get better at using the data and systems as they are.

The Association of Family Health Teams (AFHTO) is a not-for-profit membership organization. Through AFHTO's Quality Improvement Decision Support (QIDS) program, over 30 Quality Improvement Decision Support Specialists (QIDSS) are dispersed across the province to help members better access and use data to improve care.

## Objectives

- Identify tools to improve data extraction processes
- Change the conversations with EMR vendors to expedite improvement
- Leverage the wisdom of the field

## Measures

### Process

- Participation in Communities of Practice (CoPs) - see below
- Use of an action item prioritization process

### Outcome

- Number and spread of EMR tools designed by QIDSS and the CoP members

### Balancing

- Competing interests/mandates with EMR-specific user groups and EMR specification and certification process

## Change Concepts – Communities of Practice (CoPs)

AFHTO has convened CoPs for 6 EMRs to engage EMR vendors, QIDSS, physicians, interdisciplinary healthcare providers and practice staff in continuously improving user expertise and access to EMR data.

The concept of equal partnership and prioritization by consensus distinguishes the CoP from traditional "user groups".

The CoPs meet monthly via teleconference, annually in person, and continuously via a social networking platform. Experience varies from EMR super-users to new users. The CoP leads include QIDSS, practice managers and a physician. Meetings involve sharing EMR best practices and problem solving of common issues. An action item list is used to prioritize and track the work of CoPs. Unlike most EMR user groups, the CoPs meet on a regular basis, have equality of members and a more targeted focus on *common* issues.

## Outcomes and Results/Lessons Learned

### Process

**Participation in Communities of Practice** - CoPs currently involve over 200 participants, a 65% increase from first year, even with the closure of one CoP

**Existence of action item prioritization process** - All CoPs use an action item list, 3 CoPs use a prioritization process

### Outcomes

Several success stories have emerged from the CoPs, illustrating the role of CoPs in the spread of improvements, change in behaviours and expectations, and impact beyond its own boundaries.

#### **I. Rapid spread of solutions**

In Telus PS, it was historically not possible for users to access data that have been saved in custom forms even though the tool is used extensively to enter data in a standard way. Through collaboration between one user and the vendor, custom queries were created to extract this data in May 2014. Since deployment of these queries was ranked as high priority by 86% of the CoP members, the queries were installed at over 60 sites and counting, within less than 1 year. The data has been used to facilitate required reporting as well as guide and monitor the effectiveness and efficiency of clinical programs such as quit rates for smoking cessation programs, call volumes, peak call times, reported symptoms and resulting outcomes for nursing triage services.

#### **II. Improved vendor role and engagement**

The role of the vendor participation has evolved such that representatives are product managers and developers in addition to or instead of sales staff. They participate as equal members – something demonstrated in the rapid, spontaneous resolution to problems posted on the online forum, without the need for a call to the support desk or ticket for a change request. Vendors increasingly see a benefit in participation as a source of business intelligence for their companies.

#### **III. Using data beyond AFHTO membership**

QIDSS and EMR CoPs are incorporating the formal case definitions developed by CPCSSN and EMERALD (with their active participation) into EMR queries to help EMR users extract clinical data more consistently. For example, a COPD query (with a predictive value of 86%) is being used to more accurately identify patients with COPD within AFHTO and, with the partnership of the Ontario Lung Association, to all EMR users.

### Balancing

AFHTO's CoPs have been invited to present their innovations at vendor user conferences. Vendors have also asked to be included in the CoPs to learn about the process and extend it in their settings. OntarioMD is actively involved in the CoP work through their participation in several QIDS governance committees within AFHTO.