Background

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. Over 30 Quality Improvement Decision Support Specialists (QIDSS) are dispersed across the province to help members access and use data better to improve care, supported by the Association of Family Health Teams (AFHTO's) Quality Improvement Decision Support (QIDS) program.

Objectives

1. Leverage the wisdom of the field
2. Change conversations with EMR vendors to expedite improvement
3. Identify data extraction tools and processes

Measures

Process Measures

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

Outcome Measures

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

Balancing Measures

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

Change Concept – EMR Communities of Practice (CoPs)

AFHTO convened CoPs for 6 EMRs to engage EMR vendors, QIDS Specialists, Physicians, Interdisciplinary Healthcare Providers, and practice staff to continuously improve user expertise and access to EMR data.

Unlike most EMR "user groups" the CoPs have the following characteristics:

- have *equality* of members
- focus on issues *in common*
- are led by *users* (QIDSS, physician etc.)
- set priorities *collectively* via action item list
- solve problems *collaboratively* through sharing of best practices

- are accountable to the *community*
- have *their own* social networking platform
- meet *regularly*

Lessons Learned

Process Measures

- CoPs currently involve over 200 participants, a 65% increase from first year, even with the closure of one CoP
- All CoPs use an action item list, 3 CoPs use a prioritization process

Outcome Measures

1. Rapid spread of solutions

   67 teams have implemented standard queries to improve access to data in custom forms, an item assigned high priority by 86% of the Telus PS CoP members.

2. Improved vendor role and engagement

   Vendor reps are product managers and developers as well as sales staff. They participate as equal members – with rapid resolution to problems posted on the online forum.

3. Use of solutions beyond AFHTO membership

   A query to more accurately identify patients with COPD is being spread to all EMR users through partnership with the Ontario Lung Association.

Balancing Measures

- CoPs have presented their innovations at vendor user conferences
- OntarioMD is actively involved in the CoP work through their participation in several QIDS governance committees within AFHTO

Where are we now?

Access to good quality EMR data remains a challenge, with low maturity in EMR use and low functionality. Integration with other systems is increasing but still problematic. Increase in the spread of standard EMR data entry and extraction tools, however, illustrates that people and processes can increase the value of the technology, with the goal of being able to show improvements in care.

WHAT'S NEXT?

AFHTO continues to support the EMR Communities of Practice to help members access and use data better to improve care.

For more information or if you'd like to join an EMR CoP - please contact Marg Leyland at marg.leyland@afhto.ca.

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