

Abstract Submission Form 2018

#53

Salutation: * Ms.

First Name: * Katie

Last Name: * Hagel

Clinic/Company: * Centre for Effective Practice

Role: * Director

Phone Number *

Email Address: *

Type: * Concurrent Session

Salutation: * Ms.

First Name: * Katie

Last Name: * Hagel

Role: * Director

How long have you been using an EMR? * N/A

Salutation: Ms.

First Name: Claire

Last Name: Stapon

Role: Manager

How long have you been using an EMR? N/A

Salutation:

First Name:

Last Name:

Role:

How long have you been using an EMR?

Has this session been accredited by the College of Family Physicians (CFPC)? * No

Who is your target audience? * New EMR Users
Intermediate EMR Users
Advanced EMR Users

Abstract Title: * Electronic Medical Record (EMR) – Integrated Solution in Primary Care to Screen and Support those Living in Poverty

Learning Objectives: * To review the methods & results of the pilot test: EMR-integrated solution for screening and supporting those living in poverty

To learn about existing EMR forms and other tools that might be relevant for practice in Ontario

Abstract: *

Background:

Primary care providers are well situated to act as entry points to social service supports for individuals living in poverty. Opportunistic identification of social need at primary care medical appointments allows for access and support for individuals who may not otherwise be aware of services or social resources that they may be eligible for. Yet, many providers report feeling ill-equipped to address these issues.

Purpose:

To develop and pilot test an EMR-integrated tool that allows primary care providers to screen for patients living in poverty, and provide access to appropriate local resources/supports to those living in poverty.

Methods:

In primary care waiting rooms, patients completed a brief poverty screening questionnaire using a tablet computer. Results were automatically populated in their EMR, and if the patient was identified as living in poverty, the EMR provided customized solutions enabling the provider to discuss relevant government benefits and services with the patient. In addition, the EMR also enabled providers to set follow-up reminders based on discussions, indicated any need for referral to allied health professionals (i.e. social workers), and generated a customized, printable list of local resources based on patients' questionnaire responses and postal codes.

We tested our intervention in four primary care practices across Ontario (Toronto, London, Cambridge, and Sudbury) for two months. We collected data on number of patients screened, number identified as at risk of living in poverty, and interventions and referrals made in the EMR. Before the intervention period and one month after completion, providers were asked to complete a questionnaire assessing their views about referring and providing resources to patients living in poverty, in addition to self-reporting how often they provided this care. We also conducted qualitative, post-intervention interviews with clinicians and staff focusing on their experience with the intervention, to identify any potential barriers for further implementation.

Results:

The evaluation is currently in progress. Preliminary results show that 4517 patients were screened for poverty, with 535 patients (12%) indicating that they had difficulty making ends meet at the end of the month. This rate varied considerably between sites, with a range of 6–23%. Pre-intervention questionnaires indicated that although providers were highly motivated to provide social resources and referrals, they only did so for an average of 2 patients (out of 142 seen) during a typical two-week period. Full results will be included in the final presentation, including observed rates of intervention, as well as barriers identified by practice staff.

Conclusion:

We observed that over a fifth of patients may be living in poverty, depending on the population served. Primary care staff are motivated to act as entry points to social support services for these patients, but express a need to develop the skills and knowledge of resources required to be effective in this capacity. The implementation of our enhanced EMR is designed to address this issue. Findings from this pilot will contribute to a body of knowledge supporting future primary care interventions on the social determinants of health, and poverty reduction programs across the province.

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