Digital Coalition – How a Coalition of the Willing is Changing the Face of Primary Care

Presenters:

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Toronto, ON

Partnering for Quality

Working together to improve health outcomes

DIGITAL COALITION

Ontario

Faculty/Presenter Disclosure

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Relationships with commercial interests:
- Grants/Research Support: **None, None, None**
- Speakers Bureau/Honoraria: **None, None, None**
- Consulting Fees: **SW LHIN/CCO, None, None**
- Other: **N/A**

Partnering for Quality

Working together to
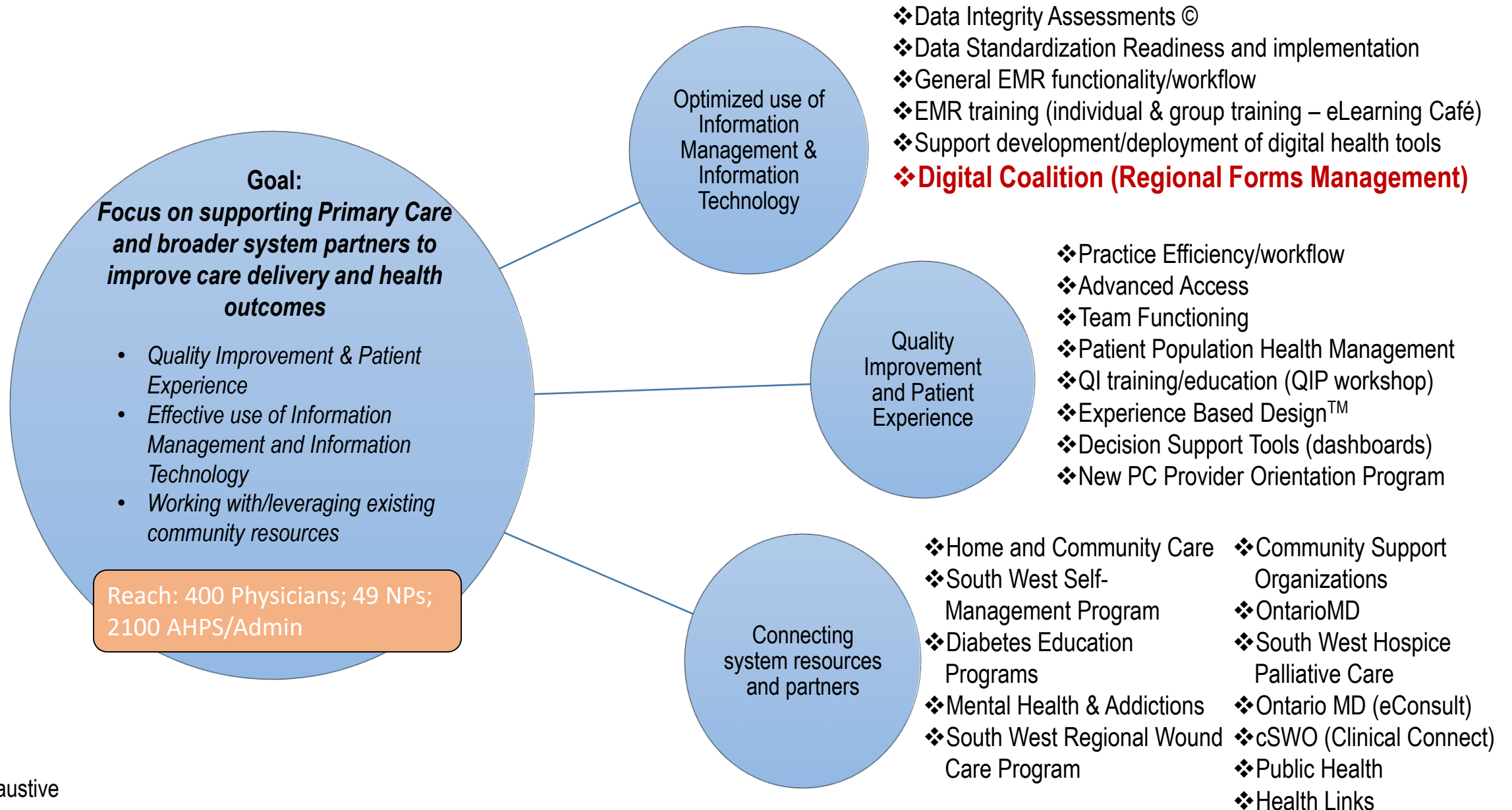improve health outcomes

DIGITAL COALITION

Disclosure of Commercial Support

- This program has received no financial support.

- This program has received no in-kind support.

- Potential for conflict(s) of interest:
  - No potential conflicts of interest.

Mitigating Potential Bias

- This program is not funded by any outside sources.

- No particular pharmaceuticals will be discussed in this presentation.

DIGITAL COALITION

PFQ, Practice Facilitation - "menu" of services

Goal:
Focus on supporting Primary Care and broader system partners to improve care delivery and health outcomes

- *Quality Improvement & Patient Experience*
- *Effective use of Information Management and Information Technology*
- *Working with/leveraging existing community resources*

Reach: 400 Physicians; 49 NPs; 2100 AHPS/Admin

Optimized use of Information Management & Information Technology

- ❖ Data Integrity Assessments ©
- ❖ Data Standardization Readiness and implementation
- ❖ General EMR functionality/workflow
- ❖ EMR training (individual & group training – eLearning Café)
- ❖ Support development/deployment of digital health tools
- ❖ **Digital Coalition (Regional Forms Management)**

Quality Improvement and Patient Experience

- ❖ Practice Efficiency/workflow
- ❖ Advanced Access
- ❖ Team Functioning
- ❖ Patient Population Health Management
- ❖ QI training/education (QIP workshop)
- ❖ Experience Based Design™
- ❖ Decision Support Tools (dashboards)
- ❖ New PC Provider Orientation Program

Connecting system resources and partners

- ❖ Home and Community Care
- ❖ South West Self-Management Program
- ❖ Diabetes Education Programs
- ❖ Mental Health & Addictions
- ❖ South West Regional Wound Care Program
- ❖ Community Support Organizations
- ❖ OntarioMD
- ❖ South West Hospice Palliative Care
- ❖ Ontario MD (eConsult)
- ❖ cSWO (Clinical Connect)
- ❖ Public Health
- ❖ Health Links

Not exhaustive

The Digital Coalition

Practice Facilitation

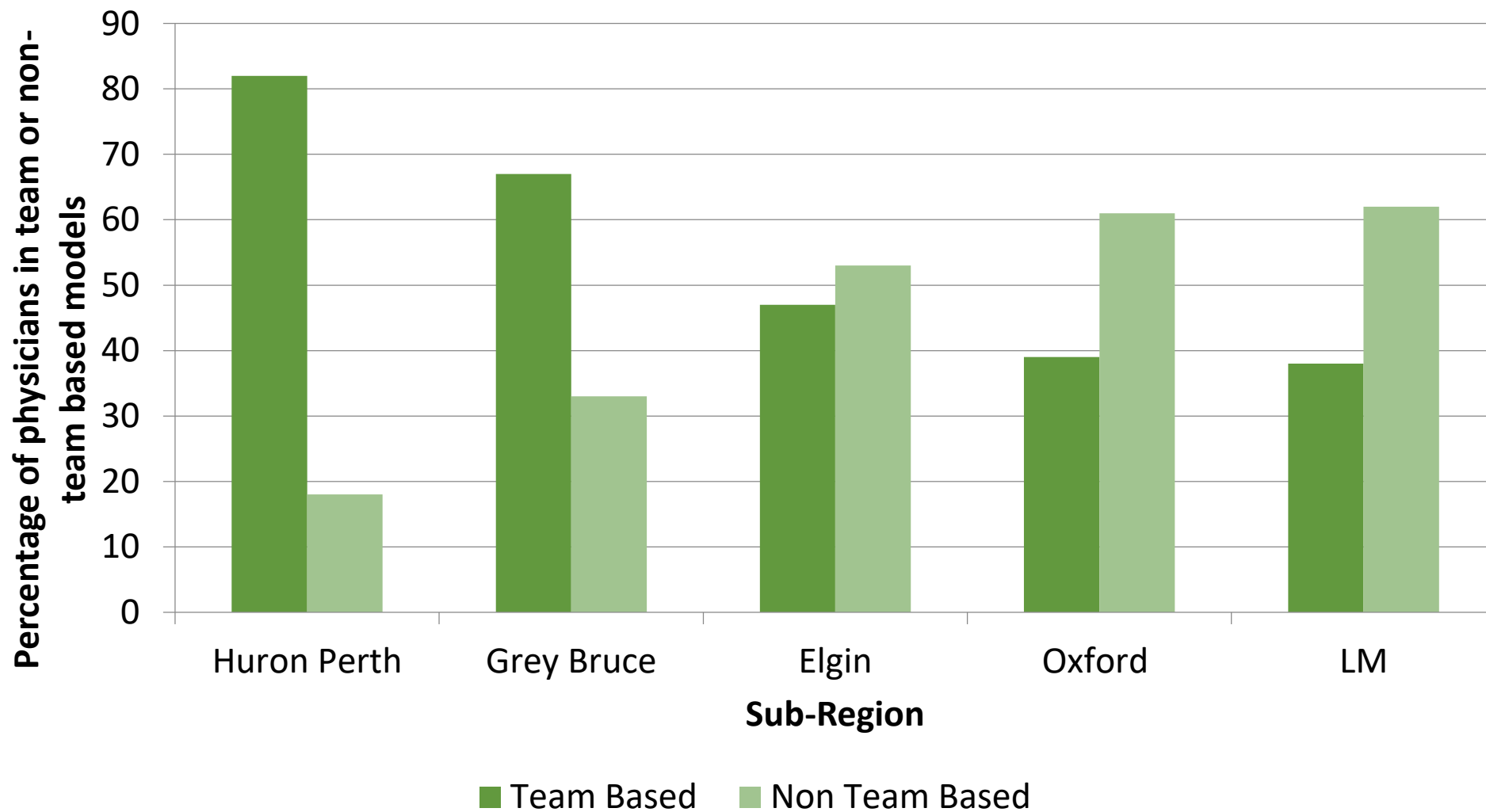Change **Management**

Practice Facilitation

IT/IM Leads

How we got here

South West
Primary Care Alliance - model

Primary Care Distribution in the South West

The Solution – The Digital Coalition (DC)

Why is it important?

- Need to do more with less
- Organize the work differently to maximize talents/skills
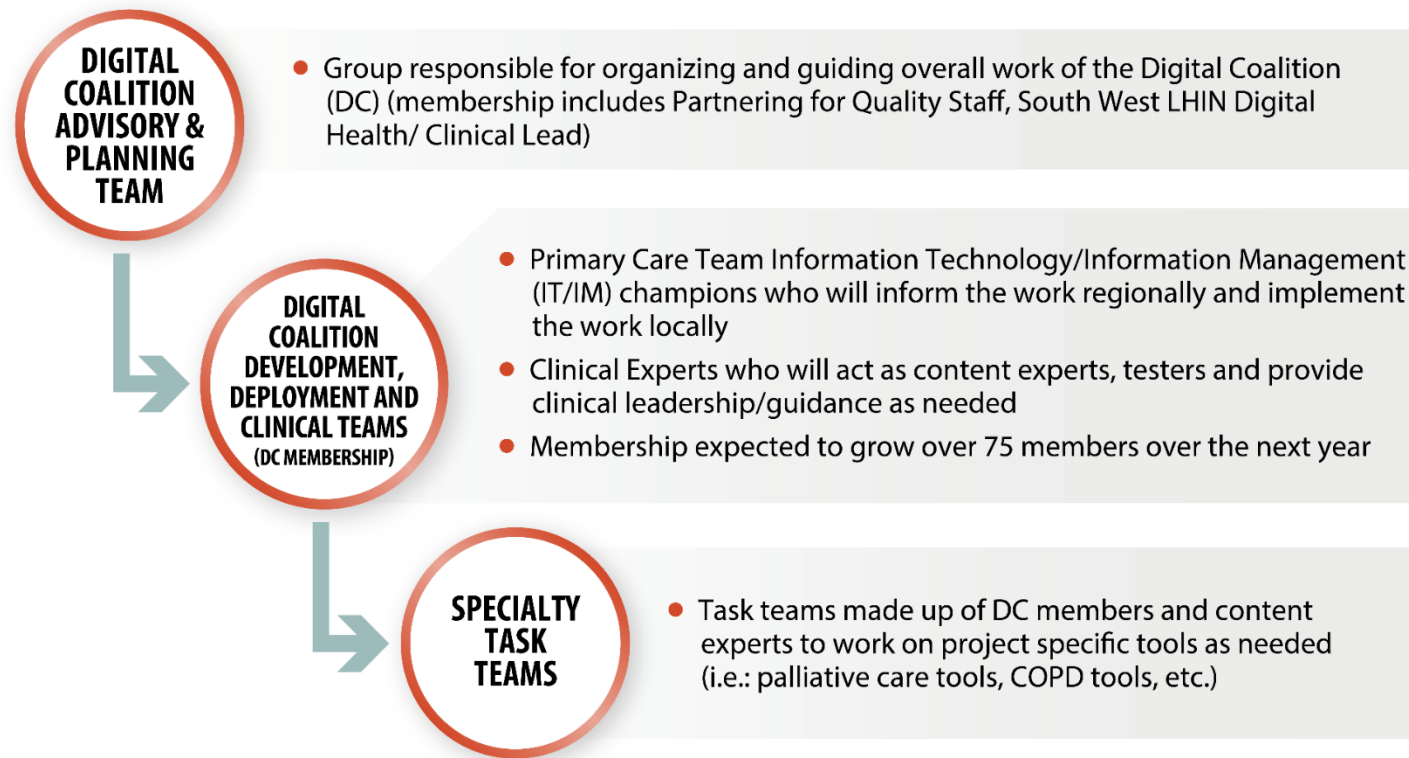- Patient Care is impacted if we don't

What is it?

- An active voluntary partnership of IT/IM champions across over 40 healthcare organizations in the 'south west'

What do they do?

- Share their time, expertise and experience towards collective gains rather than siloed efforts

Digital Coalition Structure

The South West LHIN Digital Coalition will support the *development of digital health human resources* to begin *addressing capacity, quality and consistency issues identified regionally*. In addition to assisting in deployment of regional digital health priorities such as imbedding referral forms into EMR, supporting deployment of digital tools (eConsult, My Chart etc.)

DIGITAL COALITION ADVISORY & PLANNING TEAM

- Group responsible for organizing and guiding overall work of the Digital Coalition (DC) (membership includes Partnering for Quality Staff, South West LHIN Digital Health/ Clinical Lead)

DIGITAL COALITION DEVELOPMENT, DEPLOYMENT AND CLINICAL TEAMS (DC MEMBERSHIP)

- Primary Care Team Information Technology/Information Management (IT/IM) champions who will inform the work regionally and implement the work locally
- Clinical Experts who will act as content experts, testers and provide clinical leadership/guidance as needed
- Membership expected to grow over 75 members over the next year

SPECIALTY TASK TEAMS

- Task teams made up of DC members and content experts to work on project specific tools as needed (i.e.: palliative care tools, COPD tools, etc.)

WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM

-Albert Einstein
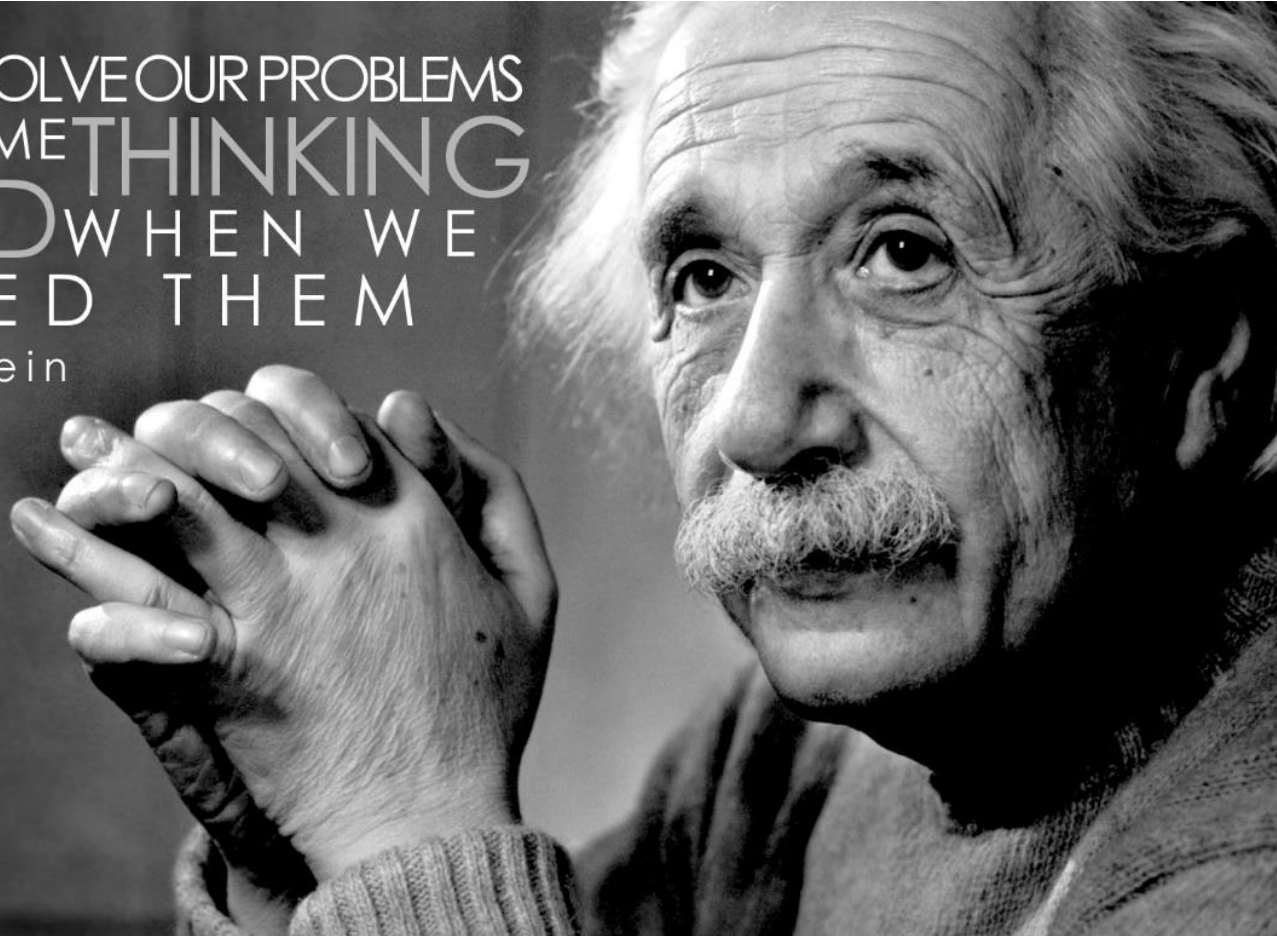
Initial Priority:
Regional Forms Management

South West Primary Care Alliance

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Dear Colleague

Thank you for forwarding your new or updated referral/requisition form.

With the intention of improving patient care and outcomes, a new process has been created for the development of new or updating referral/requisition forms by South West LHIN Clinical Leaders and the Partnering for Quality Program.

There is currently no standard process to help with the development of referral forms with a high standard of quality or consistency across the region. The 'Digital Coalition' aims to optimize the experience for both the referring and receiving teams as well as improve patient care and experience by facilitating movement towards high quality referral forms that improve standardization of content, decrease overall form burden, and streamline workflows for all involved.

Please send a PDF version of your new form, identifying any changes and the reasoning behind them via email to info@partneringforquality.ca. Should you have any general questions, please also contact this email and your inquiry will be directed to the appropriate individual(s).

The next step in the process will be a review of your request by a small group of end-users of the form (primary care or other relevant clinicians) with some feedback to you. Thereafter, EMR-friendly versions will be developed to integrate into our workflow. Our team will then distribute the various formats of your new form (PDF and EMR-friendly) to primary care providers across the South West LHIN. At this time, there is a 5-7 week timeframe for a form to flow through this process

Form development guidelines, can be found here: http://www.swpca.ca/EMRResource/, and additional information can be found in Appendix A
We trust you will continue to accept the current version of your form or letter to book the patient for the requested test/consult/service until your new form has been finalized through this process to ensure timely, patient-centred care for our mutual patients

Sincerely,

Dr. Paul Gill & Dr. Matt MacDonald	Dr. Kellie Scott & Dr. Melissa Tenbergen
Co-chairs	Co-chairs
Huron-Perth Primary Care Alliance	Elgin Primary Care Alliance

The Platform For Change

Acute Care and most other sectors receiving referrals/requisitions from Primary Care (PC)

- Quality of referrals received (distorted faxed forms, incomplete)

- Delays in access to specialists

- Uptake of 'most current' form low

- Missing information or illegible forms is received

Primary Care

- Health Human Resource Capacity (# of ppl)

- Variable technical skills within primary care settings

- Variable 'quality' standards with tools/forms

- Volume of forms/tools (500+)

- Clinics report between 3-5hrs/week are spent building/editing forms

- Overall forms management within each primary care clinic varies significantly

Benefits of Forms Management

Patient

- ↑organized care
- ↑ quality referrals
- ↑ access & timely care
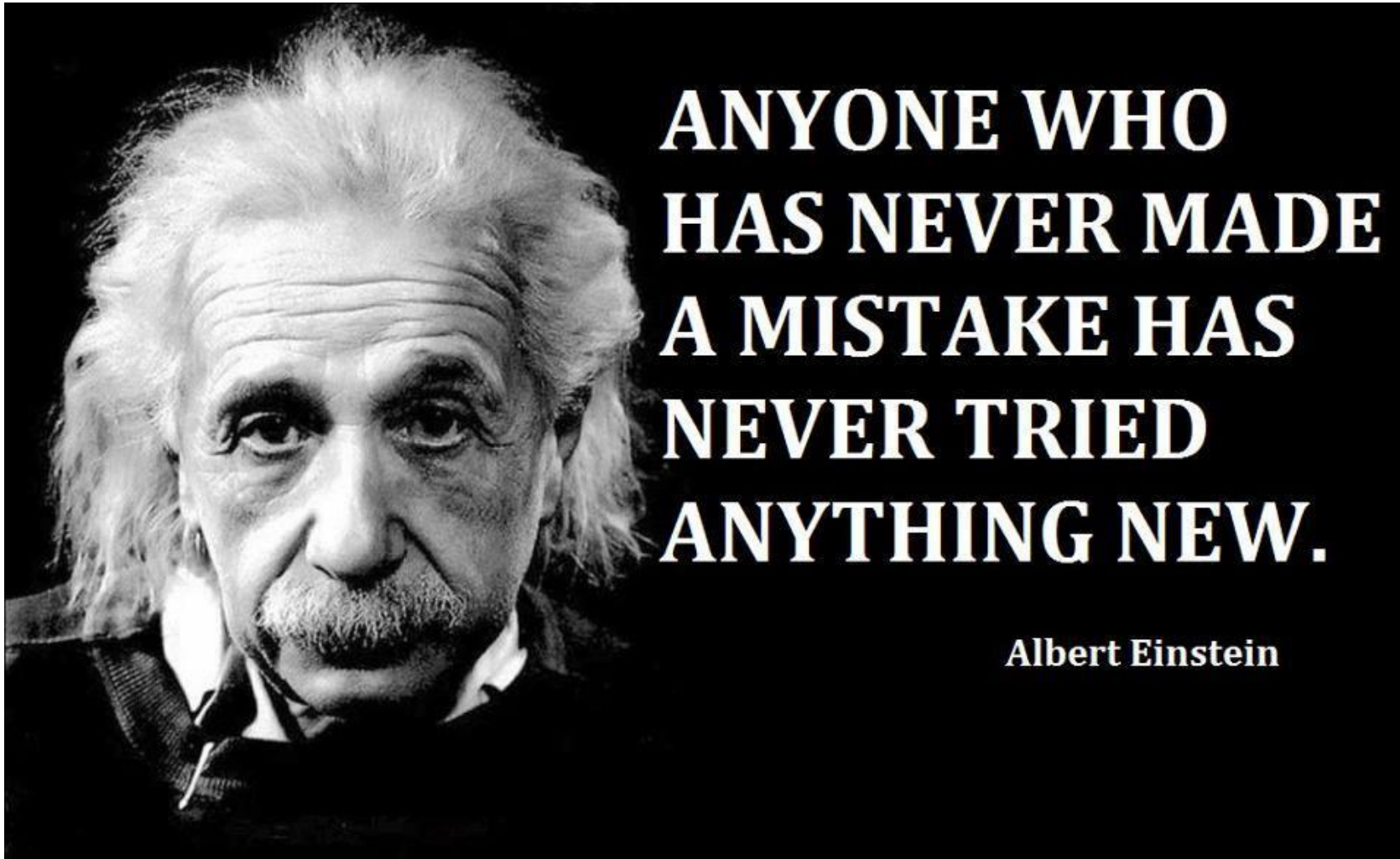- ↑patient safety

Clinicians/ Clinics

- ↑ quality referrals
- ↑workflows
- ↓administrative workload
- ↓referral 'chaos' (redirects & rejections)

Health System/ Acute Care

- ↑integration of 'forms' across specialties
- ↓wait times
- Support e-Enablers

Forms Management Process

| 1 INITIAL REQUEST | 2 FORM APPROVAL | 3 EMR COMPATIBLE FORM BUILD | 4 TESTING DIGITAL FORM | 5 FORM CIRCULATED TO PRIMARY CARE PROVIDERS | 6 UPDATES/ EDITS |

STEP 1

Request from Subject Matter Expert (SME) via **info@partneringforquality.ca** and/or via Partnering for Quality Team or LHIN Clinical Lead

RATIONALE:

One point of contact

Ability to manage the 'queue'; work with the Subject Matter Experts (SME) to look at 'Design Standards'

Forms Management Process

1 INITIAL REQUEST	2 FORM APPROVAL	3 EMR COMPATIBLE FORM BUILD	4 TESTING DIGITAL FORM	5 FORM CIRCULATED TO PRIMARY CARE PROVIDERS	6 UPDATES/ EDITS

STEP 2

Subject Matter Experts (SME)/Clinical Leads (CL) finalize content and approval

SME design discussions with PFQ staff and/or DC member (identification of mandatory and/or mutually exclusive fields, etc.)

Timelime dependent on SME and CL

RATIONALE:

Collaborative approach to meet the needs of both partners

Co-designing the form at the outset saves both partners time and effort but also helps improve the patient experience by ensuring the right information is shared at the right time and reduces the potential for delays in referrals/tests/services

Forms Management Process

1	2	**3**	4	5	6
INITIAL REQUEST	FORM APPROVAL	**EMR COMPATIBLE FORM BUILD**	TESTING DIGITAL FORM	FORM CIRCULATED TO PRIMARY CARE PROVIDERS	UPDATES/ EDITS

STEP 3

Partnering for Quality (PFQ)/Digital Coalition (DC) members build forms in QHRNet (Accuro), Telus Practice Solutions Suite (PSS) and create an interactive PDF for those not using the above mentioned EMRs

Approximate timeline is 1-2 weeks dependent on PFQ/DC member existing workload

RATIONALE:

As DC members are staff of busy primary care clinics, this timeline allows them a window of time to complete the work requested within their schedules as to not take away from clinic operations or patient care

Spreading work across various DC members reduces the workload of staff in many offices doing this same work

Forms Management Process

1	2	3	4	5	6
INITIAL REQUEST	FORM APPROVAL	EMR COMPATIBLE FORM BUILD	TESTING DIGITAL FORM	FORM CIRCULATED TO PRIMARY CARE PROVIDERS	UPDATES/ EDITS

STEP 4

Primary Care clinical team, tests EMR compatible form to ensure quality, functionality and efficient workflow

Approximate timeline is 2-3 weeks in order to allow time for testing, editing if needed and retesting dependent on clinical team and DC member's existing workload

RATIONALE:

If the digital form is not tested, the functionality may be subpar preventing primary care from using the form

As Clinicians are busy with patient care, this timeline allows them a window of time to complete the work requested within their schedules as to not take away from clinic operations or patient care

Forms Management Process

STEP 5

Final form published on the South West Primary Care Alliance website under EMR Resources tab (swpca.ca)

Communication goes out to the DC members that form have been published

Scheduled releases quarterly

RATIONALE:

swpca.ca website, EMR Resources tab is the central repository for 'single source of truth' forms that have been built, tested and promoted within the South West region

Timelines for release help the DC members manage incoming forms (clinic messaging, uploading new and/or replacing existing forms)

Forms Management Process

| 1 INITIAL REQUEST | 2 FORM APPROVAL | 3 EMR COMPATIBLE FORM BUILD | 4 TESTING DIGITAL FORM | 5 FORM CIRCULATED TO PRIMARY CARE PROVIDERS | 6 UPDATES/ EDITS |

STEP 6

For any significant changes/edits to existing forms, follow the above mentioned steps and proposed time period for requesting changes to release form (every 2-3 years)

RATIONALE:

Timeline is due to the volume of forms that exist. Partners should be mindful that even a minor change to a form may actually require a complete redesign of the EMR compatible form

Non-essential updates to forms can create a ripple effect that leads to inefficient use of time/effort for all partners and has the potential to delay referrals and impact patient access to services/care.

Digital Coalition Work Streams
Revision Date: July 29, 2019

Communications	DC Framework	Recruitment/ Training	Operations (building forms)	Website Design/ Redesign	Stakeholder Engagement	DC member relations	Sustainability	Spread
Develop DC Communique for Distribution	Develop Initial process for Forms Flow	Initial group of builders/ testers	Develop 'Flow' of Forms In/ Out of Queue	Identifying Key Priorities of website	DC Launch (December 2018)	Accepted Conferences AFHTO (Presentation & Bright Lights Submission) OMD (Presentation)	Complete Sustainability Exercise	Discussions with Other Regions
Develop Reply Letter from Primary Care	Develop application & partnership agreement	Recruit Builders	Develop Process for Managing the Queue	Statement of Work with healthline.ca	eLearning Café DC Update		Developing Toolkit	Develop Digital Coalition "Playbook"
Develop Generic PowerPoint	Develop ToR for Digital Coalition	Recruit Clinical Testers	Launch initial DC vetted forms	Monitoring/ Testing Changes and Updates	Develop newsletters	Quarterly T/C	Develop DC "Playbook"	Discussions Beyond Referral Forms (CEP/OCFP)
Develop Template for DC Updates	Develop Design Standards	Train Builders (basic forms training) both ACC + PSS	Process for increased requests	Develop Naming Convention	Working with EMR Vendors	In-person/ Remote meetings	Recruiting 'Mentors' - Team Leads	Recruit/Train 'Facilitators' Beyond PFQ Team
Develop Logo	Develop Build Standards	Builder BootCamps for Quality	Field Requests for B Forms and Local Forms	Developing 'online Tools' + Past Comms Section	Managing Comms re: MRI/CT/Breast Req/MSK etc.	Training as Required		
Develop Brochure	Develop Testing Standards	Recruit Mentors/ TeamLeads	Process for Internal General Requests	Posting/ Tagging/ Managing Site				
Create Twitter Account	Develop Queue	Develop 'orientation'/ expectations for Mentors	Co-Develop Prioritization Methodology					
Develop Newsletter & Distribution list	Reporting Tool (quarterly)		Increase DC Capacity re: Requests but Keep 'Quality'					
Develop "Playbook"			Develop "Design" modules					

Completed	
Ongoing	
In Progress	
Outstanding	

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This is a 'live' working document and subject to change. Revision dates will be noted at the top of the document

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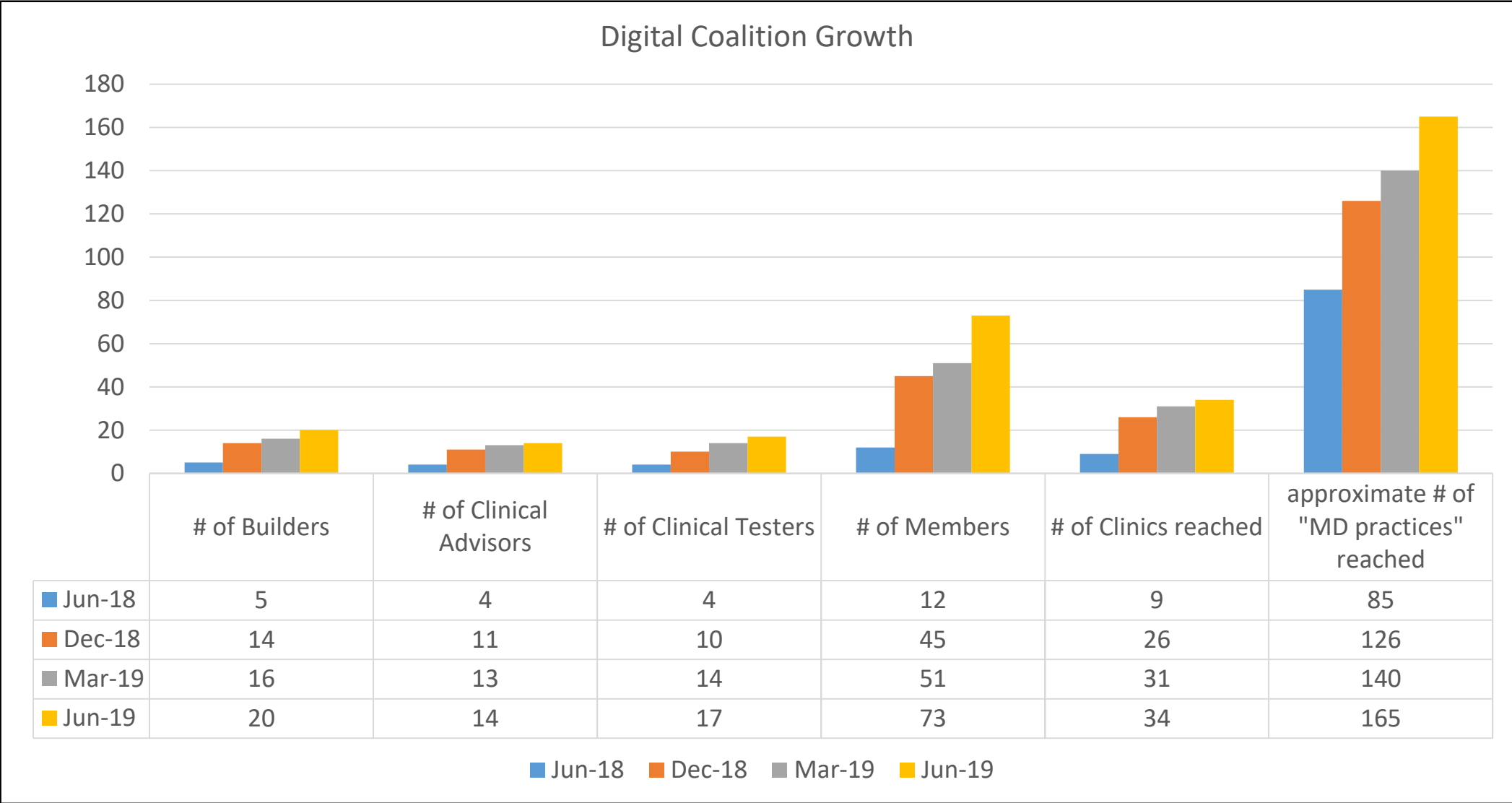# What have we accomplished? A few highlights

<u>Foundational elements</u>

- Terms of Reference, Forms Request Process
- Established Design, Build Standards (swpca.ca)
- Recruitment/training of Digital Coalition members (incl. partnership agreement)
- Communications (Communique, Reply Letter from Primary Care)

- **<u>Forms development/distribution</u>**
- 81 forms now completed (created or updated) through the DC
- 8-12 forms in the queue at any given time
- Large volume of forms not yet identified
  - acute care organizations are just beginning to engaged - our work has been grassroots until official Communique in July

✓ **~1900 administrative time saved across 23 clinics in 17weeks***

*Initial weeks Dec'18-Mar '19

How have we grown in under 1yr?

Digital Coalition Growth

	# of Builders	# of Clinical Advisors	# of Clinical Testers	# of Members	# of Clinics reached	approximate # of "MD practices" reached
Jun-18	5	4	4	12	9	85
Dec-18	14	11	10	45	26	126
Mar-19	16	13	14	51	31	140
Jun-19	20	14	17	73	34	165

■ Jun-18   ■ Dec-18   ■ Mar-19   ■ Jun-19

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In the coming months…

- Building a Playbook so others can join the fun
- Co-designing how to prioritize form requests
- Co-designing how to increase volumes while keeping quality
- Investigating co-design standardized referral/requisition forms WITH system partners
- Investigating potential shared measurement re: reducing referral delays

# Acknowledgements to date (and growing)

- ✓ Clinton FHT (CFHT)
- ✓ Stratford FHT (SFHT)
- ✓ North Huron FHT (NHFHT)
- ✓ London FHT (LFHT)
- ✓ North Perth FHT (NPFHT)
- ✓ East Elgin FHT (EEFHT)
- ✓ Thames Valley FHT (TVFHT)
- ✓ Wolseley Medical Clinic
- ✓ London Intercommunity Health Centre (LIHC)
- ✓ Saugeen Shores Medical Associates
- ✓ Brockton and Area FHT (Chesley)
- ✓ St. Thomas Elgin General Hospital
- ✓ South West Regional Wound Care Program
- ✓ London Health Sciences Centre (LHSC)
- ✓ Elmdale FHO (EFHO)
- ✓ Hanover FHT

- ✓ South Huron FHO (SHFO)
- ✓ Happy Valley FHT (HVFHT)
- ✓ Huron Community FHT (HCFHT)
- ✓ London & Region Medical Referrals
- ✓ South Huron Medical Centre
- ✓ St. Joseph's Health Care London
- ✓ Maitland Valley FHT (MVFHT)
- ✓ London Lambeth FHO (LLFHO)
- ✓ Partnering for Quality staff
- ✓ South West LHIN Clinical Leads
- ✓ Huron/Perth QIDSS
- ✓ Dr. Rachel Orchard (Oxford)
- ✓ Four Counties FHT (FCFHT)
- ✓ Tilsonburg Family Physicians
- ✓ Sauble FHT (SFHT)
- ✓ STAR FHT
- ✓ Various solo practices

Long-Terms Vision

- Forms
  - Back office efficiency (e.g: insurance forms)
  - Standardization (pressure to specialist/CMPA)
  - Central Intake
  - eReferral
  - Uber

- Tools (through same spread) to improve quality of care
- Primary care EMR renewal linkages
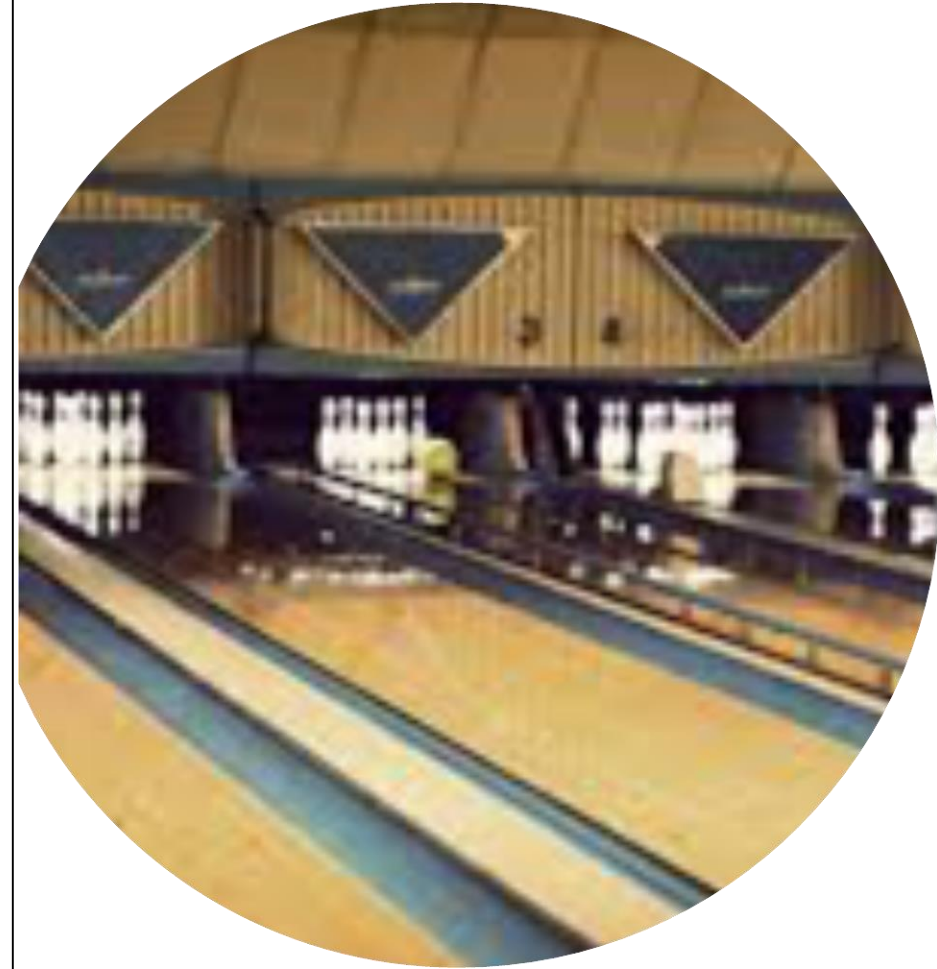
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