



PEER LEADER PROGRAM

BENEFITS EVALUATION & CLOSURE REPORT

July 2015 - December 2017



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1. Executive Summary

The current phase of the OntarioMD Peer Leader Program, part of Canada Health Infoway's (Infoway) Clinician Peer Network, began on July 1, 2015 and ended on December 31, 2017. This phase extended a successful partnership between OntarioMD, Infoway and the Ministry of Health and Long-Term Care that began in 2007. The program's objective was to provide value by expanding Peer Leader support beyond assisting primary and specialty care practices in the adoption of Electronic Medical Records (EMRs) to focus on more support for the optimization of EMR use to realize more clinical value for physician practices and the patients in their care.

This expanded support also placed a strong emphasis on leveraging OntarioMD's expertise in developing and delivering innovative digital health products and services on a provincial scale to improve the quality of patient care and to meet the objectives and targets of OntarioMD's partner stakeholders. It also supplemented OntarioMD's innovative change management approaches and complemented client service teams located across the province who have long relationships with, and in-depth knowledge of, physician practices spanning over a decade.

Through the mentorship of physicians, nurses and practice staff, OntarioMD Peer Leaders support the adoption and effective use of digital health tools to impact practices through improving patient care and clinical quality. The peer network has brought together natural leaders, physicians, nurses and clinic managers, who are well-informed about Ontario's digital health landscape, all working toward a common good.

The program objectives are to:

- Measure and assess users' current level of EMR maturity
- Develop strategies and approaches to support clinician practices in embracing workflow and other changes to realize more clinical value from using EMRs, including support for new services (e.g. EMR Dashboard) integrated with EMRs
- Support the EMR Practice Enhancement Program's quality improvement initiatives, such as data quality and reporting
- Share best practices, tools, guides, web-based services and other 'self-learning' material to help clinical practices advance their EMR maturity
- Obtain feedback from practices about their needs and goals to identify quality improvements domains of interest and recommend strategies to address them
- Monitor physician progress against action plans and planning targets
- Support for new adopters of certified EMRs
- Act as ambassadors for OntarioMD and subject matter experts for its products and services
- Represent OntarioMD at partnership tables where required, offering their expertise and perspective on health system improvements

During this phase of the program, Peer Leaders provided support to physician practices across all phases of EMR maturity (Figure 1). Peer Leaders contributed to the design and development of new and innovative digital health products and services that enhance EMR use by providing valuable guidance and insight while participating in user groups, advisory committees and working groups. They also imparted expert advice to clinicians on a wide range of subjects related to EMR with the goal of realizing tangible, immediate clinical value, incremental quality improvements and leading to the management of population health. This brings to life the full potential of EMRs. Peer Leaders also shared best practices for transitioning from one EMR to another, including data migrations. Peer Leaders collaborated with OntarioMD client service teams to resolve EMR-related issues or issues with other digital health tools (e.g., HRM, eNotifications, eConsult, OLIS, etc.).

The Peer Leader Program's emphasis was aligned with OntarioMD's broader educational strategy. Peer Leaders were key participants in OntarioMD's accredited *EMR: Every Step Conferences*, leading many of the sessions based on their

advanced practices. In 2017, Peer Leaders were core to the success of the main draw for OntarioMD’s new series of accredited educational seminars – *On the Road with OntarioMD*, designed to reach physician practices at a time that was convenient for them, close to where they practice. The sessions focused on using EMRs for safer opioid prescribing and were presented by Peer Leaders. These were followed by interactive small groups learning led by additional Peer Leaders in front of their EMR product, sharing and learning about this difficult topic. The small group sessions were also opportunities for physicians and practice staff to ask the Peer Leaders questions on any other EMR functions in which they wished to improve. Peer Leaders shared clinically-valuable tips and explained the value of other digital health services with client service teams on hand to enroll physicians in these services (ONE® ID, eConsult, HRM, etc.). In addition to these OntarioMD-hosted educational events, Peer Leaders also represented OntarioMD and networked with physicians at various events organized by OntarioMD’s partners, health care organizations and academic bodies.

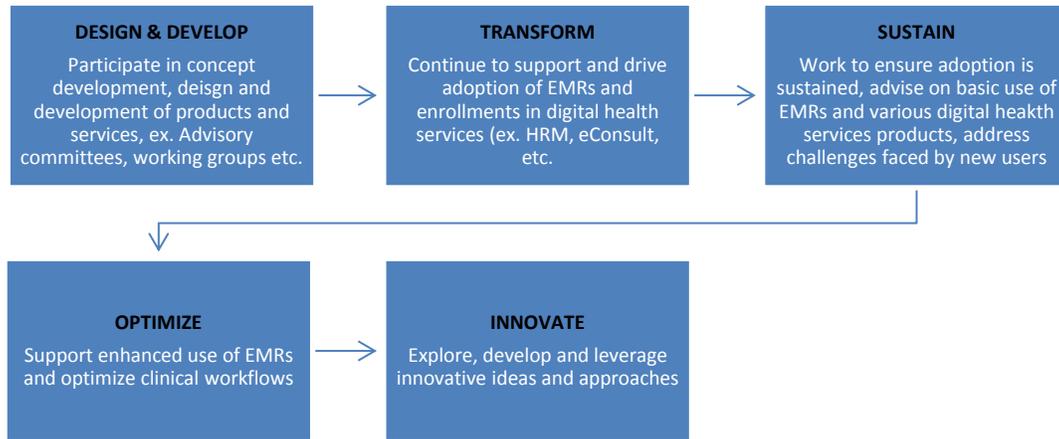


Figure 1: Peer Leader Contribution in Five Phases of EMR Maturity

2. Purpose of this Report

This report delivers:

- An overall summary of activities performed by the Peer Leaders including time spent working with physician practices and costs incurred
- An assessment of the impact of the OntarioMD Peer Leader Program’s support services on program participants and stakeholders
- A report on the level of preparedness of Peer Leaders and their satisfaction with the engagements
- An estimation of the impact of Peer Leaders on priority areas - EMR maturity, enrollments in various digital health products and services and the level of proficiency in the use of these digital health tools. It is to be noted that these provincial digital health assets (e.g., HRM, eConsult etc.) are not managed by the Peer Leader Program. They are managed by other OntarioMD departments or health care organizations.
- An insight into various approaches adopted for program management and delivery, and identification of opportunities for improvement.

3. Program Resources / Peer Leaders

The program had an average of 60 Peer Leaders available to deliver peer support to Ontario physicians and their staff. The table below shows the program resources available around the time of closure of this phase of the program in December 2017. The table shows the number of Peer Leaders for each certified EMR offering.

	Family Physicians	Specialists	Clinic Managers / IT Staff	Registered Nurses	Nurse Practitioners	Total
Total # of Peer	42	7	8	1	1	59

EMR Offering (Vendor)	# Peer Leaders
AbelMed EHR – EMR (AbelMed)	1
Accuro EMR (QHR Technologies Inc.)	12
Clinic Information System (CIS) (P&P Data Systems Inc.)	3
EMR Advantage (Canadian Health Systems Inc.)	1
Indivicare (Indivica Inc.)	2
Med Access EMR (TELUS Health Solutions)	1
Nightingale On-Demand (TELUS Health Solutions)	3
OSCAR EMR - OSCAR	5
PS Suite (TELUS Health Solution)	31

4. Program Enablers & Barriers

There are many factors that contributed to the success of this phase of the Peer Leader Program and there were some factors that posed challenges to the day-to-day program delivery. ‘Enablers’ and ‘Barriers’ that have been identified are (Table 3 & 4):

Table 3: Program Enablers

Category	Enablers
1. Program Strategy	<ul style="list-style-type: none"> A thorough, unbiased Peer Leader selection process Experienced, knowledgeable and motivated Peer Leaders Competent and committed leadership
2. Governance	<ul style="list-style-type: none"> OntarioMD’s experience in delivering and managing clinically valuable digital health products and services, including effective policies and procedures A stakeholder steering committee and working group that included OntarioMD, Infoway, Ministry of Health and Long-Term Care (MOHLTC), Health Quality Ontario (HQO) and Peer Leaders to provide direction to the program
3. OntarioMD Staff Expertise and Support Services	<ul style="list-style-type: none"> Access to OntarioMD client service teams (Practice Advisors, Practice Enhancement Consultants and EMR Technical Specialists) Knowledgeable and experienced administrative and change management staff Access to OntarioMD legal services Quality marketing and communication strategy and tactics Effective promotion leading to requests for Peer Leaders Access to OntarioMD’s educational tools/resources on EMRs for clinicians OntarioMD’s EMR Progress Reporting tool Infoway-hosted webinars, seminars, Peer Leader toolkit etc.
4. Technology and Tools	<ul style="list-style-type: none"> Access to OntarioMD portal to host publicly available content related to the program Access to WebEx and Skype for virtual meetings Access to FIS (financial information system) portal to manage finances

<p>5. Financial Support</p>	<ul style="list-style-type: none"> • Funding from Infoway and OntarioMD • Recognition of the value and effectiveness of the program and the need to extend it
<p>6. Project Management Methodology</p>	<ul style="list-style-type: none"> • A detailed Project Charter • Detailed Project Management Plans, including Human Resources Plan and Communications Plan • Monthly and quarterly teleconferences enabled continuous monitoring of the program activities, team-building, networking and collaborative problem solving • Continuous monitoring and controlling through customer feedback surveys and Peer Leader self-assessment surveys • Self-reporting and invoicing by Peer Leaders followed by a validation process helped keep program activities in scope
<p>7. Networking opportunities</p>	<ul style="list-style-type: none"> • Participation at OntarioMD’s EMR: Every Step Conferences, On the Road seminars, and other primary care or digital health events provided opportunities for Peer Leaders to share experiences, address challenges and engage with Peer Leaders from all parts of Ontario. It also helped Peer Leaders familiarize themselves and keep abreast of the digital health landscape.
<p>8. Flexibility</p>	<ul style="list-style-type: none"> • The Peer Leader Program was designed to enable Peer Leaders to schedule a time to help their colleagues that was mutually convenient. • A variety of approaches and communication channels to determine the best one to use for each unique physician practice, e.g., inter-professional teams of Peer Leaders (physicians, clinic manager, nurse), use of teleconferences, webinars, in-person interactions or a combination

Table 4: Program Barriers

<p>Category</p>	<p>Enablers</p>
<p>1. Limited Capacity</p>	<p>With surges in requests for Peer Leader support after conferences, events and promotional campaigns, managing requests was sometimes a challenge. Cross-functional teams (including a combination of Physician / Clinic manager/ Nurse Peer Leader) teleconferences and group engagements were used to address these needs.</p>
<p>2. Higher Pay Expectations and Fewer Specialists</p>	<p>Higher pay expectations by specialists made it challenging to recruit specialists as Peer Leaders. This challenge was overcome by seeking referrals from OntarioMD Practice Advisors and existing Peer Leaders to recruit nine specialists as Peer Leaders.</p>
<p>3. Non-Collaborative Clinical Culture</p>	<p>In some practices, clinicians work very individually, without a collaborative working environment or process in place to solve EMR challenges. A targeted approach, working with a pre-identified EMR-savvy staff at the practice, was adopted with the help of OntarioMD Practice Advisors. This helped to identify relationships, core issues, break down resistance to change and gain buy-in from sceptical clinicians. With the help of Practice Advisors, clinicians were encouraged to meet with Peer Leaders as a group rather than individually.</p>
<p>4. Delayed Response to Peer Leader Emails / Phone Calls from Clinician Offices</p>	<p>In many cases, excessive delays in responses from clinicians (mentees) resulted in Peer Leader frustration and delayed delivery of services. This was addressed by Peer persistence, continuous follow-ups, and assistance from Program Manager and client service teams.</p>
<p>5. Unequal Market Share of EMR Offerings</p>	<p>Higher number of requests from the users of the EMRs with more market share resulted in unequal workloads for Peer Leaders was anticipated. Efforts were made to equalize Peer Leader utilization levels by involving them in various advisory and working groups, based on their knowledge levels.</p>

<p>6. <i>Absence of Automated Reporting and Feedback Mechanism</i></p>	<p>Absence of an automated and centralized reporting mechanism made it difficult to track the status of engagements and capture feedback. The Program Manager reached out to each Peer Leader to capture status updates from everyone involved in an engagement (e.g., Peer Leader, Practice Advisor and client). This caused delays in invoicing and payment.</p>
<p>7. <i>Lack of Awareness Amongst Clinicians about the Availability of the Peer Leader Program as a Complimentary Service</i></p>	<p>Initial lack of awareness of the Peer Leader Program and not emphasizing enough that the program was complimentary resulted in lower than desired requests by clinicians. Comprehensive, persistent marketing and outreach campaigns, including a central role at events helped in raising awareness and increasing the visibility of the program and at times caused surges in demand.</p>
<p>8. <i>Travel Requirement</i></p>	<p>Addressing the needs of remotely located clients sometimes posed a challenge for the Peer Leaders with challenging workloads. Webinars, teleconferences, video conferencing and emails were used to address these challenges.</p>

5. Peer Leader Hours & Engagements

Peer Leader Hours

Between July 2015 and December 2017, a total of 3,073 hours was delivered by Peer Leaders across the province comprising of a wide range of activities. The chart below shows a quarter-over-quarter distribution of those hours.

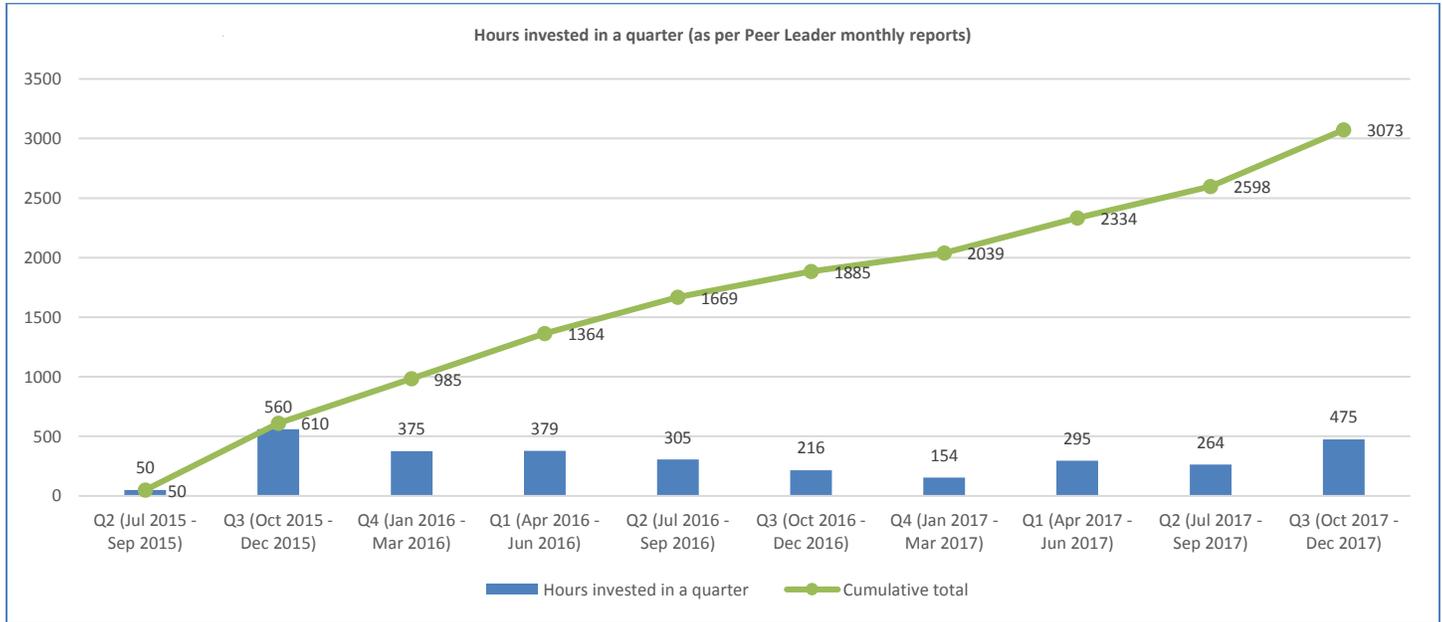


Figure 2: Peer Leader Hours

Peer Leader Engagements

During this phase of the program between July 2015 and December 2017, over 1,000 engagements were delivered by the Peer Leaders across the priority areas that included clinical engagements, digital health projects (working groups, advisory committees, etc.), events/conferences and program support.

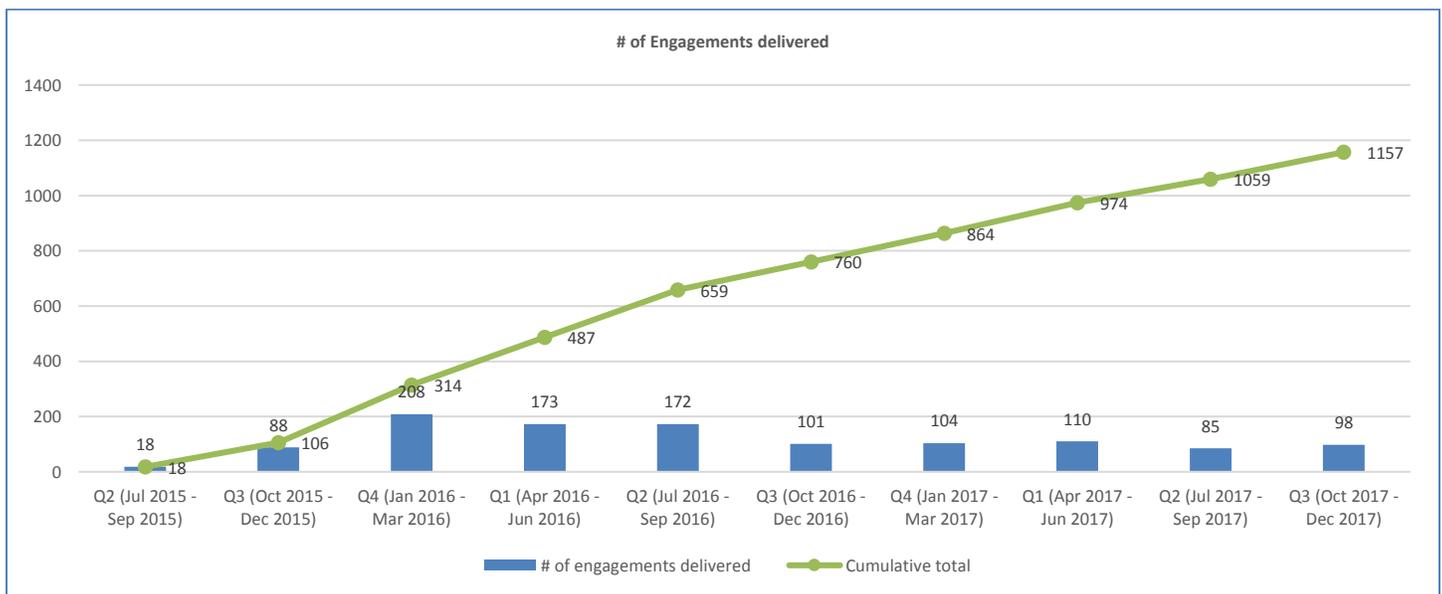


Figure 3: Peer Leader Engagements

6. Peer Leader Participation in OntarioMD Conferences and Digital Health Initiatives

The following table lists the conferences and digital health initiatives that benefitted from Peer Leader participation:

Period	Conferences	Digital Health initiatives
(July 2015 – Dec. 2015)	<ul style="list-style-type: none"> CFPC Family Medicine Forum OMA Council Meeting OHA Health Achieve OntarioMD EMR: Every Step Conference – Toronto 	<ul style="list-style-type: none"> MOHLTC Primary Care Roundtables on Digital Health Plan HRM Provincial User Group Physician EMR Dashboard - Business Requirement Working Group MOHLTC/HQO Roundtable - Digital Health Plan
(January – June 2016)	<ul style="list-style-type: none"> OntarioMD EMR: Every Step Conference – London OMA Council Meeting Pri-Med Conference TELUS Health User Conference COACH eHealth Conference Hamilton Academy of Medicine Academic Day Mississauga Halton Local Health Integration Network (LHIN) Primary Care Oncology Day – Hamilton 	<ul style="list-style-type: none"> Review of Request for Services (RFS) for vendor selection for eConsult Canada Health Infoway's InfoCentral collaboration platform CPSO Peer Assessor education - training tools for Peer Assessors Digital Health Drug Repository (DHDR) Clinical Advisory Working Group Physician EMR Dashboard - Business Requirement Working Group Digital Health Immunization Registry (DHIR) -Clinical Advisory Group ASP EMR Vendor Certification Working Group HRM User Working Group
(July 2016 – Dec. 2016)	<ul style="list-style-type: none"> OntarioMD EMR: Every Step Conference – Toronto Academy of Medicine Ottawa Clinical Day Association of Family Health Teams of Ontario (AFHTO) Conference 	<ul style="list-style-type: none"> eConsult initiative - Clinical Advisory Group HRM Provincial User Group Physician EMR Dashboard - Business Requirement Working Group Focus group organised by MD&A for MOHLTC Digital Health Drug Repository Clinical Advisory Working Group
(Jan. – Mar. 2017)	<ul style="list-style-type: none"> Hamilton Academy of Medicine Annual Clinic Day Section of Urology – presentation on data quality 	<ul style="list-style-type: none"> Digital Health Drug Repository Clinical Advisory Working Group Physician EMR Dashboard – Design & Development Opioid prescribing summit organized by HQO eConsult Clinical Advisory Group
(Apr. – Jun. 2017)	<ul style="list-style-type: none"> Hamilton FHT's Health IT Symposium 66th Annual refresher – Ottawa Journées Montfort Conference – Ottawa Pri-Med Conference OMA Spring Council OntarioMD EMR: Every Step Conference – Ottawa 	<ul style="list-style-type: none"> Physician EMR Dashboard – Design & Development eConsult Clinical Advisory Group

	<ul style="list-style-type: none"> Association of Ontario Health Centres (AOHC) Conference 	
(Jul. – Sep. 2017)	<ul style="list-style-type: none"> OMA Early in Practice Day, Ottawa OntarioMD EMR: Every Step Conference, Toronto 	<ul style="list-style-type: none"> Digital Health Drug Repository Clinical Advisory Working Group Discussion on eConsult strategies
(Oct. – Dec 2017)	<ul style="list-style-type: none"> On the Road with OntarioMD, Windsor, Ajax and Kingston Peer Leader Training Day - Toronto 	<ul style="list-style-type: none"> Digital Health Drug Repository Clinical Advisory Working Group Contributed to the 'concept development' / business requirement gathering of 'Online Booking'

7. Clinician Engagement

While the baseline target for the Peer Leader Program was to support 5,000 clinicians in Ontario between July 2015 and December 2017, the program exceeded its target by supporting over 5,800 clinicians.

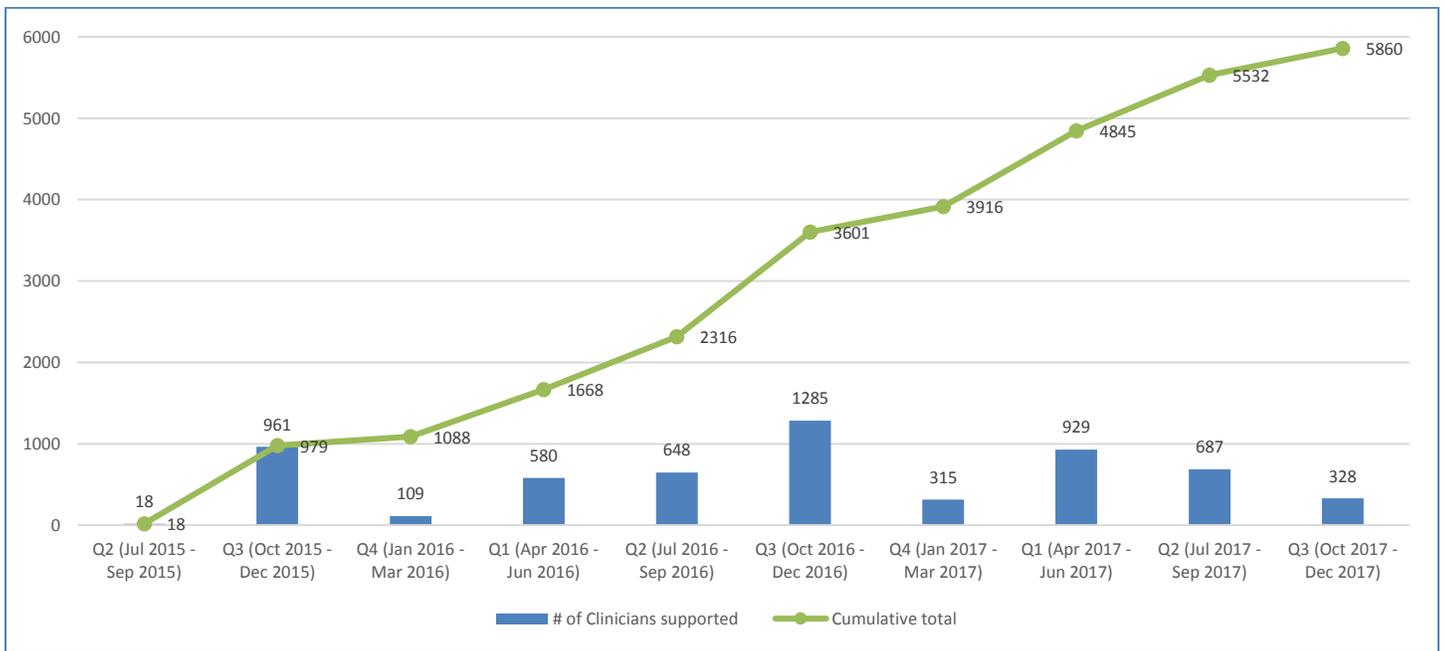


Figure 4: Clinicians engaged

8. Program Expenditure

While delivering against the defined objectives, by program closure, a total actual cost of only \$953,307 was spent, out of a total planned budget of \$1,200,000. This was achieved by careful monitoring and controlling of the program activities and adoption of approaches like the use of virtual means of delivery, engaging local Peer Leaders for events etc., to reduce travel.



Figure 5: Program Expenditure

9. Peer Leader Requests Received

The chart below shows a cumulative view of the number of requests received during the program from July 2015 until December 31, 2017. It is to be noted that most of the requests for peer support were for ‘clinical engagements’ via one-on-one and small-group meetings, indicating the need for peer support in advancement of technology in the clinical setting and the desire amongst the clinicians to improve their EMR maturity levels.

Requests are primarily driven by promotion and a multi-faceted marketing approach to service consumption. The program has focussed on concerted promotion efforts to increase awareness of the program among the clinicians of Ontario and to make it more accessible to Ontario clinicians.

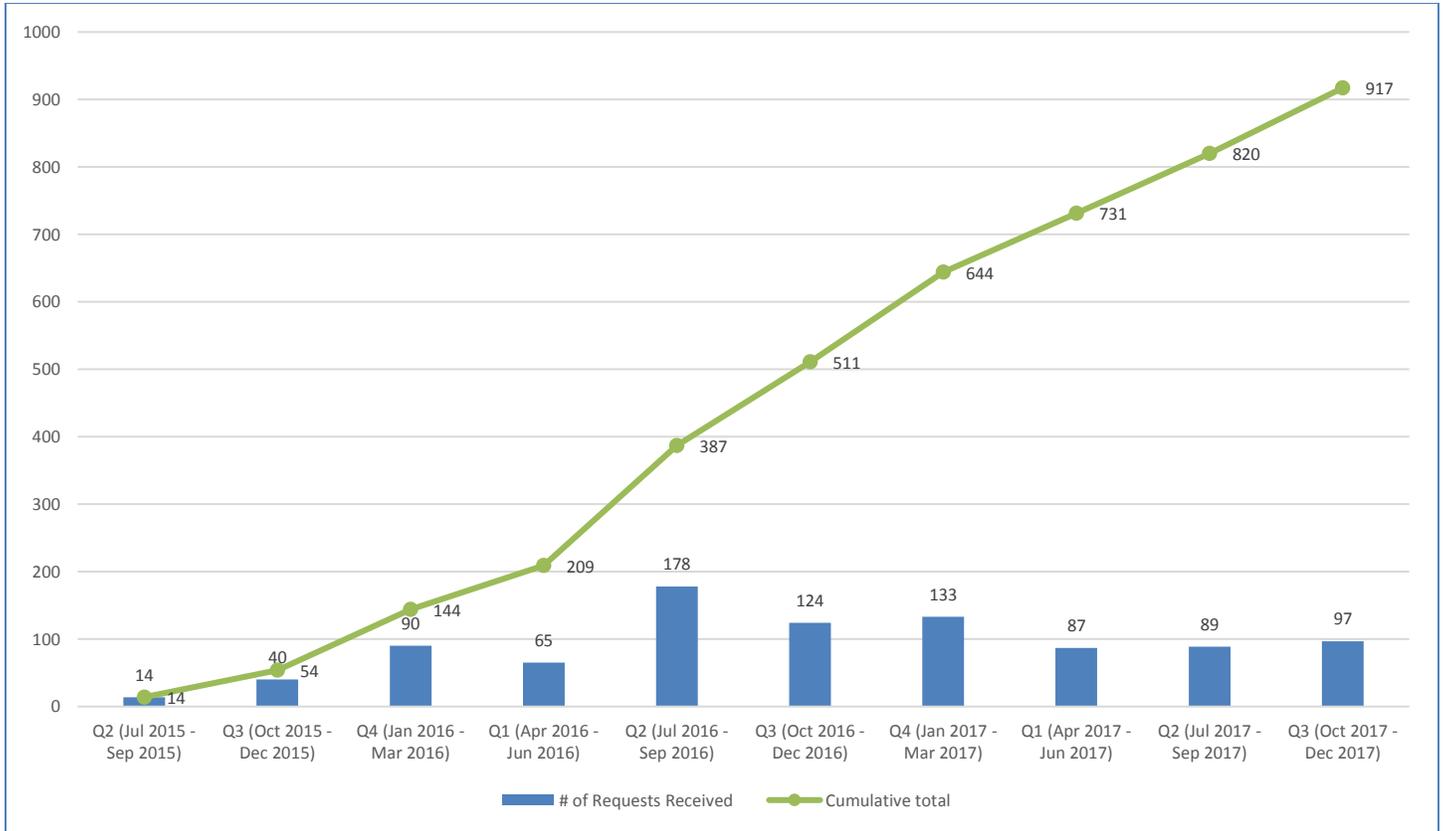


Figure 6: Requests received

10. Lessons Learned

This section brings together insights gained during this phase of the Peer Leader Program that can be usefully applied to similar future projects. Table 6 below shows lessons learned categorized by project **Knowledge Areas**. Descriptions, impacts, and recommendations are provided. This section includes both successes and deficiencies of the program.

Knowledge Area	Lessons Learned	Impact
Integration Management	It is important to use a combination of inter-professional teams of Peer Leaders (nurse/clinic manager/physician) to deliver engagements.	This leads to better problem solving and improved enabling and engaging of clinical teams around the physician.
	It is important to maintain collaboration and coordination between the OntarioMD Practice Advisors covering all areas of the province, the EPEP (EMR Practice Enhancement Program) team of Practice Enhancement Consultants, change management staff, EMR Technical Specialists and Peer Leaders.	This leads to a better understanding of the clinicians’ needs/practice culture leading to better outcomes and a unified approach to service delivery.
Scope Management	It is important to train and support Peer Leaders for their involvement in Communities of Practice locally.	This would improve peer networking and discussion of local/regional issues and increased participation in solution development for pre-identified issues.
Time Management	The development of a knowledge repository and electronic database of best practices and resources is important for sharing the lessons learned/best practices identified by Peer Leaders.	This improves resource sharing, prevents loss of existing knowledge and the need to ‘re-invent the wheel’ which will ultimately save time and financial resources.
	Peer Leaders prefer group engagements over individual meetings.	This saves time and prevents duplication of effort and can lead to better interaction and outcomes.
Cost Management	It is important to find effective alternatives to long distance travel for Peer Leaders supporting clinicians by encouraging the use of technology (virtual tools) and encouraging clients to visit Peer Leaders at Peer Leaders’ clinics wherever possible.	This can reduce the financial burden of engagements and improve Peer Leader and clinician satisfaction.
	Have clearly defined invoicing policies and review these during Peer Leader orientation.	This can help to keep travel cost in control and can enable Peer Leaders to make their own travel arrangements.
	Set a policy on the maximum number of hours for each engagement and make prior approval of an engagement and associated hours mandatory.	This can help keep engagement costs under control.
	Perform regular financial tracking, put each engagement request through an approval process, and allocate time for each engagement.	This can help in managing program expenses better.

Knowledge Area	Lessons Learned	Impact
Quality Management	Use post-engagement clinician feedback mechanisms to capture clients’ feedback immediately after an engagement for better and timely responses.	This can improve the ability to monitor and evaluate Peer Leader support, determine if, and what kind of additional support is needed. It can also assist with the Program Benefits Evaluation.
	It is important to have a post-engagement mechanism in place to capture feedback from OntarioMD client service staff and Peer Leaders.	This can help assess satisfaction levels and identify gaps and challenges that need to be addressed. This can also lead to process improvements.
	It is important to clearly define engagement objectives.	This can prevent clinicians from becoming overwhelmed with complexity of tasks, improve clinician understanding, and improve clinician buy-in of change.
Human Resource Management	It is important to clearly articulate role expectations and time commitments in Peer Leader job postings to ensure that Peer Leaders hired have the time available to meet the needs of their role. Onboarding with a conversation with OntarioMD’s Chief Medical Information Officer is mandatory.	This will help in setting the right expectations and improve retention.
	It is important to maintain a good mix of skill sets and experience levels to enable a better connection with clinicians.	This can enable the team to address a diverse set of clinicians’ needs at different stages of EMR adoption and use.
	It is important to provide Peer Leader orientation and ongoing training opportunities.	This can enhance Peer Leader learning, keep Peer Leaders current on EMRs and digital health evolution, can improve job satisfaction, as well as improve Peer Leader ability to support clinicians’ EMR learning needs. This can also improve consistency of engagement approaches and align Peer Leader activities with Program goals and objectives.
Communications Management	Have a clearly defined engagement follow-up plan for Peer Leaders and review this during orientation and training sessions.	This can provide guidance to Peer Leaders regarding consistent clinician follow-up processes.
	Develop an automated reporting tool for Peer Leaders to: 1) Update the status of an engagement immediately after its completion 2) Document the engagement details 3) Identify next steps	This can reduce the risk of delays in follow-up actions. This would also help the program management team to track and expedite the follow-up activities.
	Regularly communicate program-related information and learning opportunities with Peer Leaders and provide a two-way communication opportunity. Encourage Peer Leaders to talk with each other.	This can help to keep Peer Leaders up-to-date on the current trends in the digital health space, improve Peer Leader awareness of current and upcoming program events and activities. It also improves monitoring of Peer Leader activities while providing an opportunity to address challenges or concerns.

Knowledge Area	Lessons Learned	Impact
Procurement Management	Open-ended contracts with no expiration date help with program evolution.	This instills trust in the program and reduces the administrative burden for contract management.

11. Scope of the Benefits Evaluation Report

This Benefits Evaluation Report encompasses the planning, implementation and evaluation of the OntarioMD Peer Leader Program and includes:

- Assessment of Peer Leader knowledge and readiness to provide support to clinicians
- Assessment of service quality
- Identification of Peer Leaders’ future learning needs
- Assessment of Peer Leader impact on the advanced clinical digital health tools for physician practices and patient
- Contribution to EMR optimization/enhanced use
- Assessment of Peer Leader activity and impact through educational events/conferences

12. Stakeholders / Audiences Involved in the Benefits Evaluation Work

The table below (Table 7) lists the key stakeholders who were engaged throughout the benefits evaluation process and the roles they played:

Stakeholder	Role
Mentees/End Users	Clinicians and their staff Provide qualitative data on the quality of Peer Leader services and the specific areas from which they benefitted
Facilitators	OntarioMD EMR Practice Enhancement Consultants and Practice Advisors Provide their feedback on the quality and effectiveness of Peer Leaders in addressing physician practice needs. They also provide information on many Action Plans that were supported by the Peer Leaders and the specific key measures/indicators that were addressed by them.
	Program Team Execute the Benefits Evaluation activities, gather all required data, perform benefits evaluation and compile the Benefits Evaluation Report
Mentors	Peer Leaders Provide their feedback on their ‘readiness’ to support physician practices and identifying the potential areas for future learning

13. Benefits Evaluation Approach

A combination of quantitative and qualitative survey techniques was used. Data collection occurred throughout the program. Survey data provided useful information pertaining to program activities, approaches and benefits as well as identification of clinicians’ EMR learning needs. In each survey, statistical data was collected regarding participant demographics. Qualitative techniques were used to analyze the diversity of survey participants’ demographics and their experiences with the Peer Leaders. The following section highlights results from many of the surveys that were conducted.

14. Benefits Evaluation Surveys & Results

Client Satisfaction Survey

Conducted by: OntarioMD

Background: Over the past seven years, Ontario Peer Leaders have progressed from being pioneers to becoming experts in a variety of areas related to EMRs and digital health assets. As EMR maturity increased across the province, Peer Leaders became instrumental in supporting many organizations, practices and clinicians resulting in an increase in the number and depth of Peer Leader engagements. This survey was conducted to obtain feedback from those clients who were supported by Peer Leaders to assess the impact of peer support and their contribution to quality improvement in Ontario physician practices.

Demographics: This survey was sent to clients who had received Peer Leader services from Nurse, Clinic Manager or Physician Peer Leaders since March 2016. A total of 203 responses were received.

Highlights of Survey Results:

- **93% of mentees reported that their meeting with the Peer Leader was either ‘Very successful’ or ‘Successful’.**

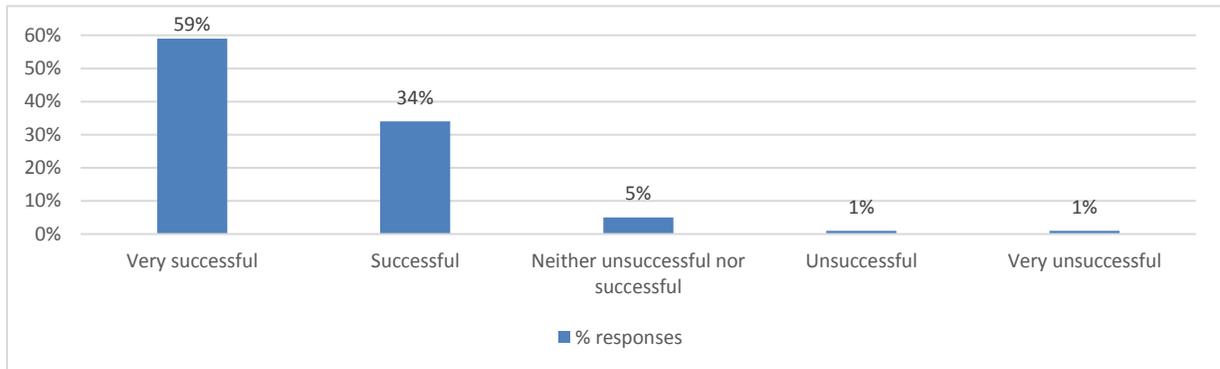


Figure 7

- **When asked how likely they are to put their new-found knowledge to use in the future, 99% of the respondents reported either “Very likely” or “Somewhat likely”.**



Figure 8

- **When asked to rate their understanding of the topic before and after the Peer Leader meeting, most of the mentees reported to have been at level 1 or level 2; after the session, they progressed to level 3 or 4, indicating a significant improvement in understanding**
- **An average improvement of 1.2 levels was reported by most of the respondents.**

Average before, improvement and after

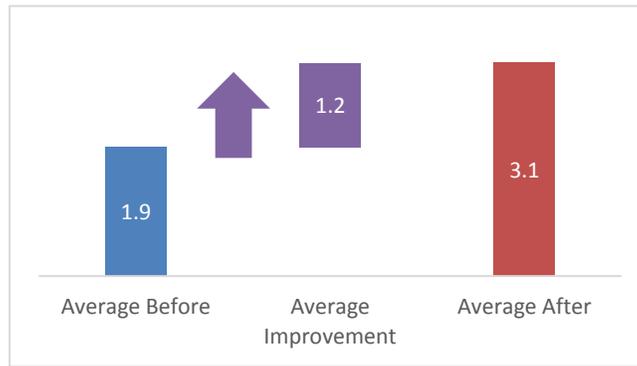


Figure 9

- **Most of the participants expressed that they would like ongoing contact from Peer Leaders in the future.**

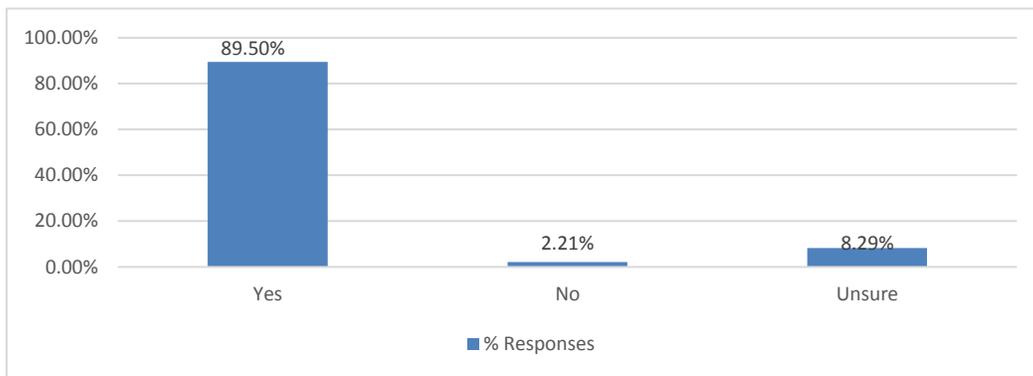


Figure 10

- **Topics on which the mentees felt that they would like future support by Peer Leaders were:**

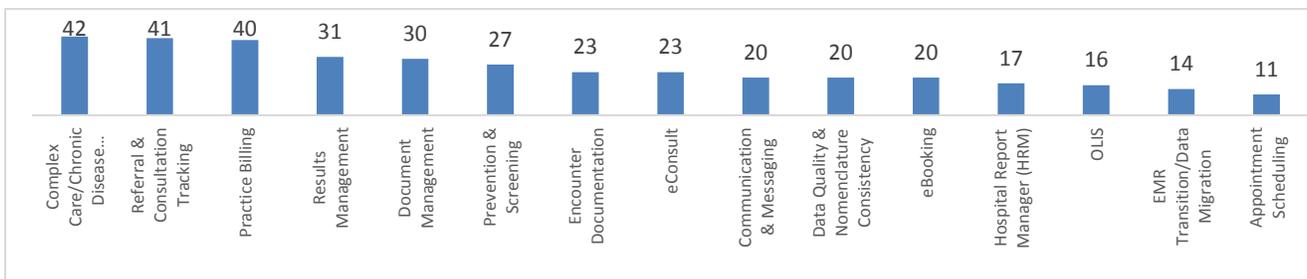


Figure 11

Peer Leader Satisfaction & Preparedness Assessment Survey

Conducted by: OntarioMD

Background: Peer Leaders have been integral in encouraging physicians to adopt EMRs and have played a key role in advancing EMR maturity levels. With more active users of EMRs, Peer Leaders are now being requested by primary care and specialist practices to help them optimize the use of their EMR, assist them with the provincial digital health assets like HRM and the Ontario Laboratories Information System (OLIS), and to help them use these tools efficiently. In this survey, Peer Leaders were asked to rate their post-engagement satisfaction level, level of their preparedness and feedback on areas of improvement. A summary of the survey results is provided in Figure 12.

Demographics: This survey was shared with Peer Leaders after each Peer Leader engagement and 122 responses were received. These responses were provided by Peer Leaders immediately after completion of a clinical engagement.

Highlights of Survey Results:

- **Most of the Peer Leaders felt that they were either ‘Very prepared’ or ‘Prepared’ for the meeting with the client(s) at the Clinical engagement.**

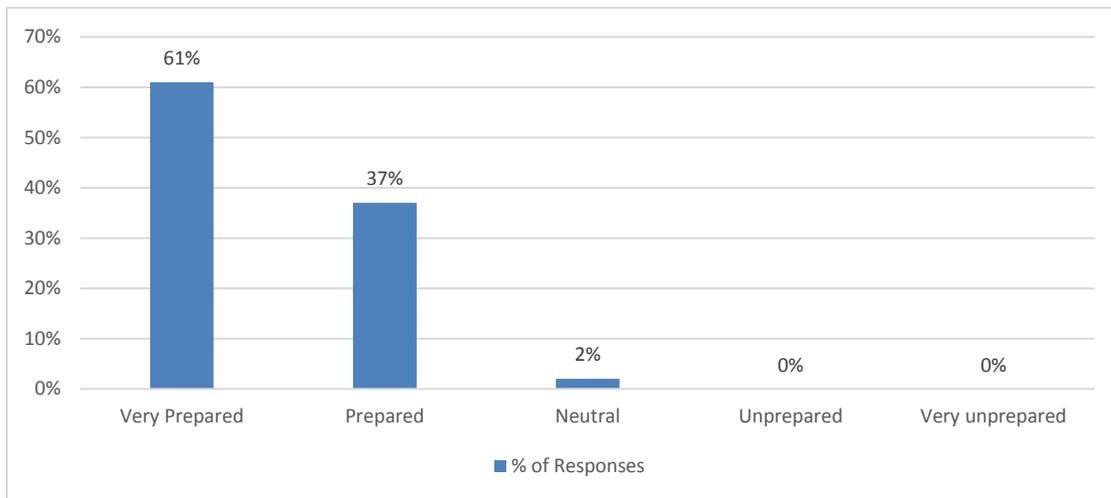


Figure 12

- **Topics that were frequently addressed by Peer Leaders included:**

<i>Appointment Scheduling</i>	<i>Communication and Messaging</i>	<i>Complex Care and Chronic Disease Management</i>	<i>Data Quality and Nomenclature Consistency</i>	<i>Document Management</i>
<i>eBooking</i>	<i>eConsult</i>	<i>EMR Transition/ Data Migration</i>	<i>Encounter Documentation</i>	<i>Health Report Manager (HRM)</i>
<i>Ontario Laboratories Information System (OLIS)</i>	<i>Practice Billing</i>	<i>Prevention and Screening</i>	<i>Referral and Consultation Tracking</i>	<i>Results Management</i>

Peer Leader Self-Assessment Survey

Conducted by: Canada Health Infoway

Background: Ontario Peer Leaders have played a key role in advancing their colleagues’ knowledge and use of Electronic Medical Records, eConsult, HRM, and other digital health assets, and have assisted clinicians with data migration, quality improvement and enhancing patient care. This survey was conducted at the end of the program and collected feedback on their experience as a Peer Leader. Peer leaders were asked to provide their comments and views on various aspects of the Peer Leader Program including the level of satisfaction with their role and support they received from Infoway and OntarioMD.

Demographics: The survey was shared with all the Peer Leaders including Nurse, Clinic Manager and Physician Peer Leaders and 31 responses were received.

Highlights of Survey Results:

- **When asked “In my role as a Peer Leader, I believe I have positively influenced my colleagues in their understanding of advanced uses of EMRs, HRM, OLIS, eConsult, workflow improvements etc., (where applicable) in their practice settings”, over 96% of the respondents either ‘Strongly agreed’ or ‘Agreed’ with the statement.**

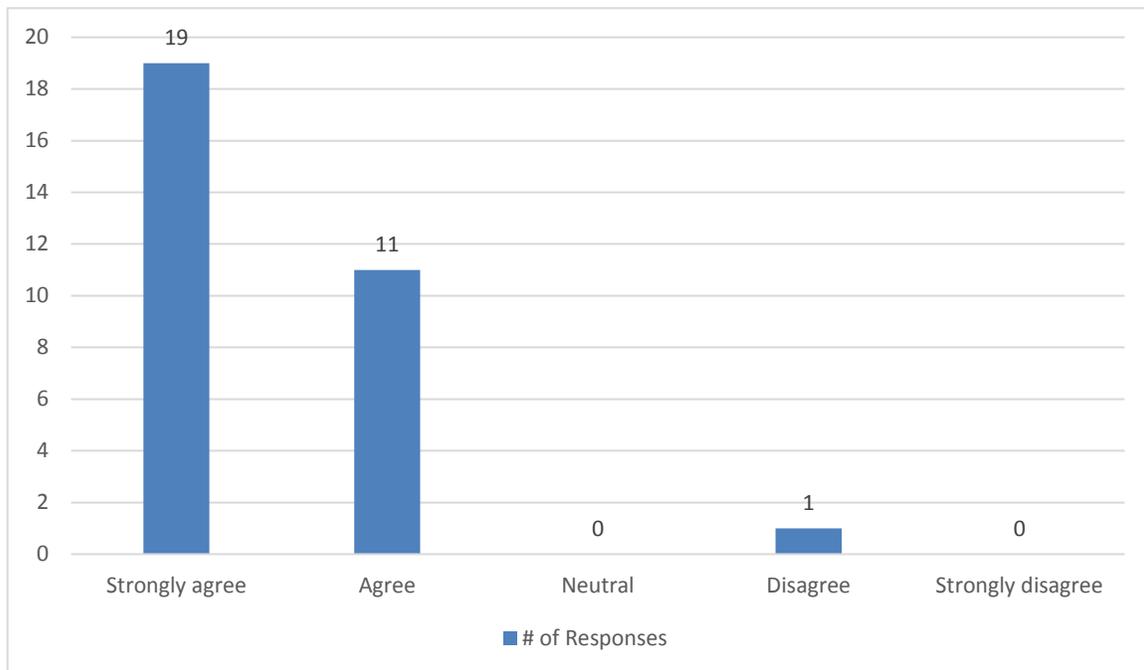


Figure 13

- **When asked “As a Peer Leader, I am adequately prepared (i.e., have the right tools and resources) to advise and support my colleagues”, 71% of the respondents either ‘Strongly agreed’ or ‘Agreed’ and about 16% remained neutral.** Some of the comments provided by those who disagreed to the above statement are given below and the program will make it a priority to address these issues.
 - *“OntarioMD has many resources, but I have not taken advantage of learning everything that is offered. I could have done better at that.”*
 - *“Need more sharing between peer leaders, need a 'curriculum' to follow to standardize engagements based on maturity level. Library of videos/webinars would help us to direct users to”*

- *“I would love more training so we are all on similar footing. Some are better at certain things, but not others. We should be learning more.”*

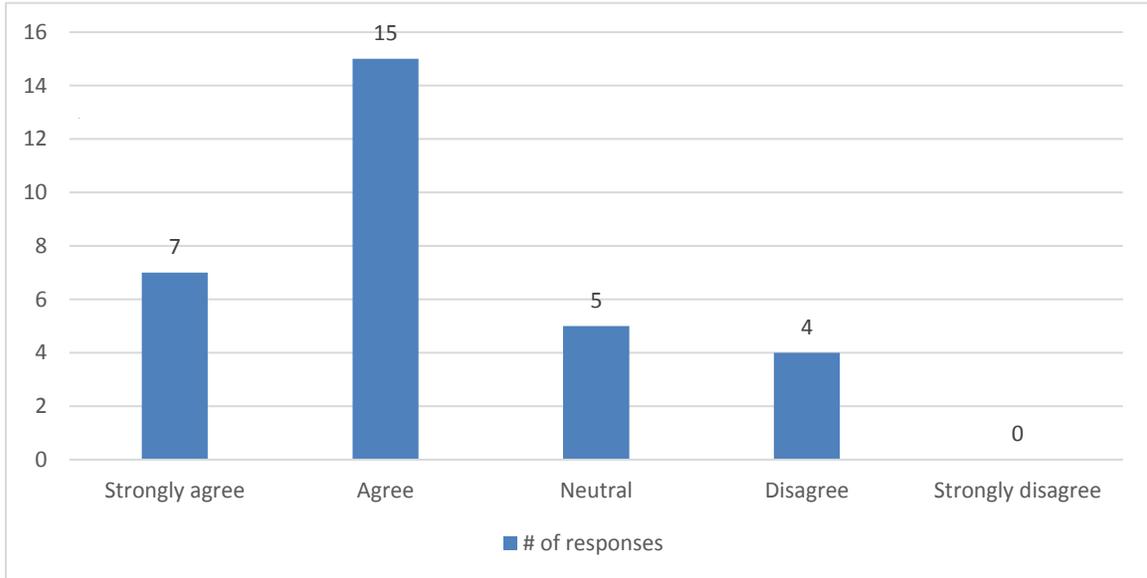


Figure 14

- ***When asked “Please indicate the usefulness of the following resources in your role as a Peer Leader: [Infoway’s Pan-Canadian Clinician Peer Network Community webpages]”, about 35% either reported ‘Very useful’, ‘Useful’ or ‘Somewhat useful’.***

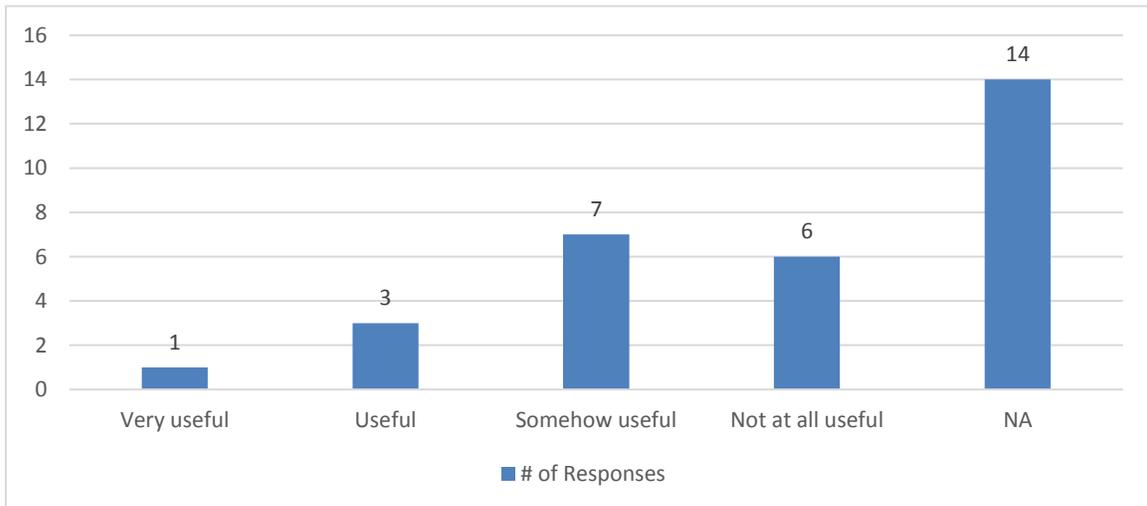


Figure 15

- **When asked “Please indicate the usefulness of the following resources in your role as a Peer Leader: [Online Peer Leader Group on InfoCentral, Infoway’s Pan-Canadian Clinician Peer Network Community webpages etc.]**, only 45% of the respondents indicated that they found these resources either ‘Useful’ or ‘Somewhat useful’. 55% either had not used the services at all or found them of limited utility.

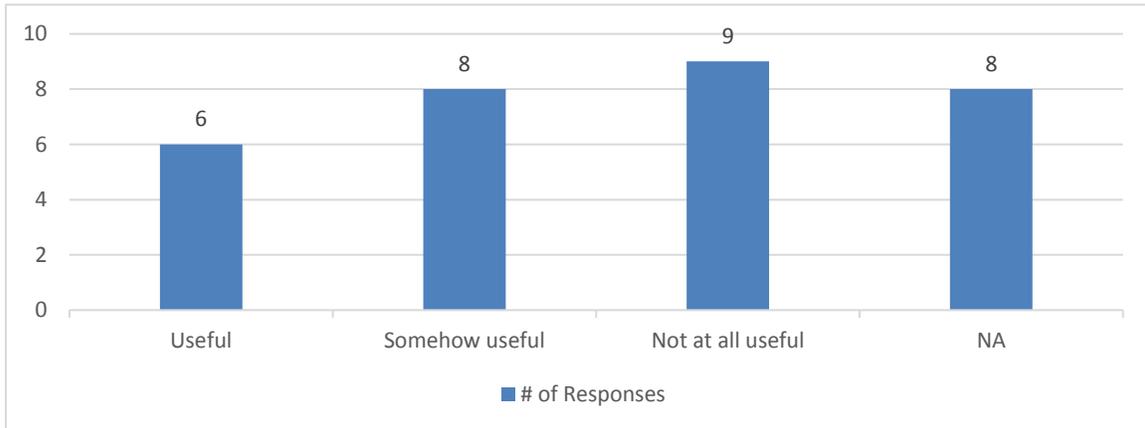


Figure 16

- **When asked “Please indicate the usefulness of the following resources provided to you by OntarioMD (e.g. orientation and training materials, monthly webinars, ongoing support, etc.) in your role as a Peer Leader”, virtually all Peer Leaders felt that these resources were useful.**

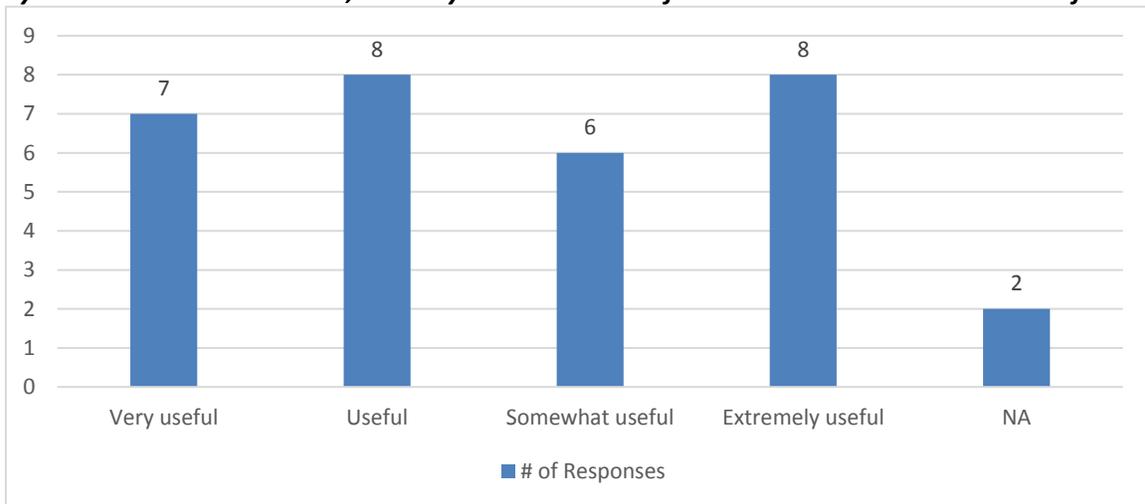


Figure 17

- ***When asked “I have regular opportunities to engage with other Peer Leaders to exchange ideas, resources, lessons learned and success stories”, approximately 52% of the respondents either ‘Strongly agreed’ or ‘Agreed’, whereas about 32% remained neutral.***

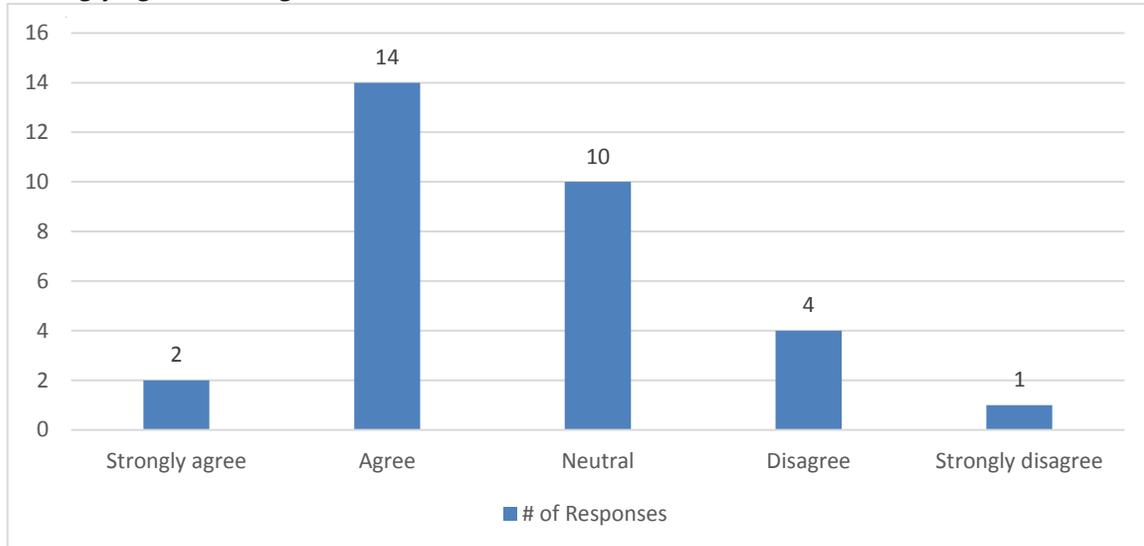


Figure 18

- ***When asked “The Peer Network is beneficial to clinicians and/or clinic managers/staff”, virtually all Peer Leaders felt that the Peer Network is highly beneficial to the clinicians and their staff.***

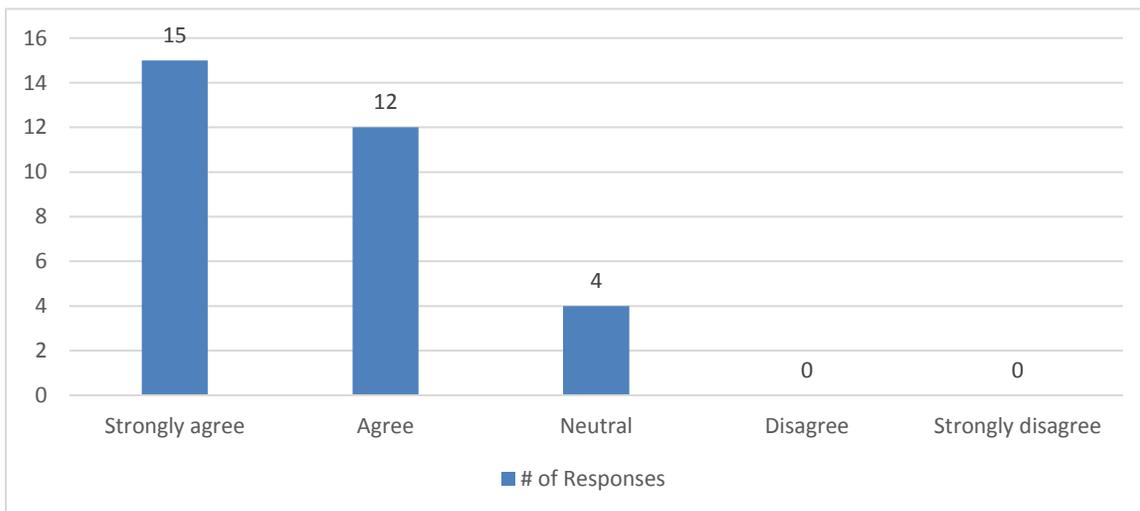


Figure 19

- **When asked “If you responded “Agree” or “Strongly Agree” to the above question, please answer this question: The Peer Network has a positive impact on patient outcomes or experience, about 71% of the respondents responded either ‘Strongly agree’ or ‘Agree’.**

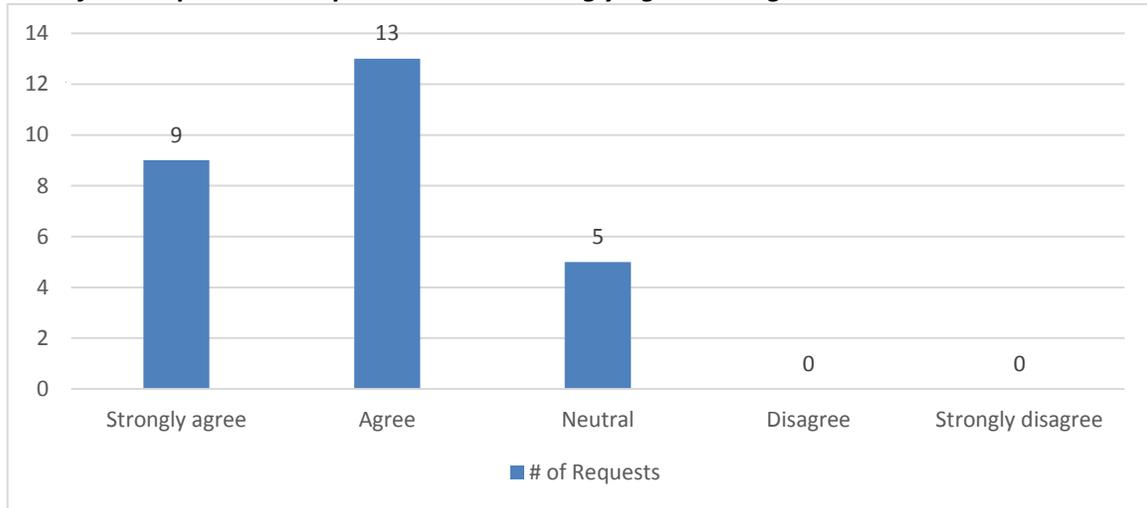


Figure 20

- **When asked “Overall, I am satisfied with my role as a Peer Leader”, over 90% of the respondents either ‘Strongly agreed’ or Agreed’.**

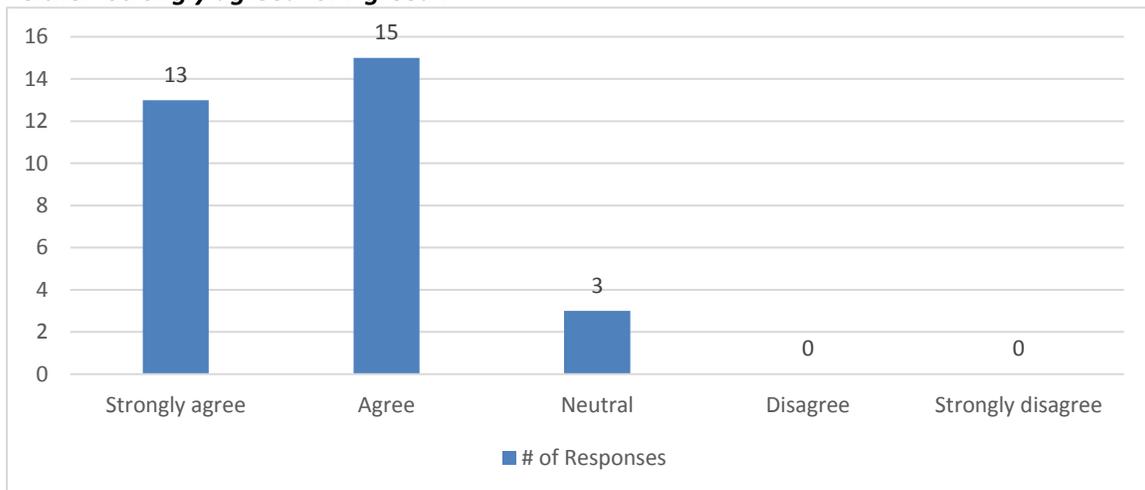


Figure 21

- **When asked “What aspects of your role as Peer Leader are most satisfying?”, the responses indicated the following:**
 - “The opportunity to present at conferences, the connection to the Steering Group, so that I can share a non-MD perspective and participation in clinical or digital working groups as a OntarioMD PL.”
 - “One-on-one teaching ground users, data, population health, metrics, EMR tools and innovations.”
 - “Helping physician colleagues with challenges in their day-to-day work. Visiting with and discussing challenges in the EMR space with colleagues. Interacting with other Peer Leaders.”
 - “Being in MD offices who have questions that I can answer and problems that I can set them on the right path to solve.”
 - “Learning from other peer leaders.”

- “Site visits and giving 1:1 attention to problems presented.”
 - “Helping physicians streamline their practice and improve their happiness with EMR use.”
 - “Helping my colleagues, being involved in the forefront of ehealth initiatives, sharing ideas with other leaders.”
 - “Connecting one on one with peers and sharing helpful knowledge and experience.”
 - “Seeing my peers enjoy using their EMR and see its value.”
 - “Ability to provide insights and help to peers which facilitate their clinical efficiency, and patient safety.”
 - “I enjoy the meetings especially the training. I enjoy exchanging info with other peer leaders and realizing that we mostly feel the same way about the system. If the government does not work on inter-connectivity between hospitals and physicians then the rest is not as useful. This is crucial to fix the system and should be a priority!!!!”
 - “The opportunity to stay atop the latest developments in eHealth.”
 - “Knowing that I have helped a colleague improve their daily practice - better patient care, better workflow, more efficient.”
 - “Interacting with colleagues and assisting them in their EMR journey.”
 - “The opportunity to teach people how to get the most from their EMR.”
 - “Seeing my colleagues utilizing their EMR to its best, improving their documentation in timely manner, using EMR for decision making for evidence based treatments, ultimately helping patients outcome.”
 - “Assisting other clinicians with improving their EMR use, especially with certain "low-hanging fruit" tasks that are easily to learn and implement that I know will result in the clinician providing better care on a routine basis.”
 - “Meeting physicians/clinic staff and helping them be more efficient/comfortable in their EMR use which translates into better patient care.”
 - “Helping others reach a level of comfort utilizing EMR systems is extremely beneficial to clinicians, support staff and of course patients.”
 - “Presenting at conferences where knowledge translation can reach more people at one time.”
 - “I love learning and helping others advance their EMR usage.”
 - “Knowing I have helped a fellow physician improve their efficiency and perhaps even their clinical care.”
 - “The ability to assist colleagues in a way that makes a tangible difference in their work lives.”
- ***When asked “What aspects of your role as Peer Leader are least satisfying?”, the responses indicated the following:***
 - “The one-on-one engagements! (At events) I was usually paired with office managers or nurses who performed duties related to billing. Not my forte, unfortunately.”
 - “Trouble coordinating with my busy schedule and other responsibilities. *** the remuneration is an opportunity cost and far below fair market value for the level of expertise we bring. ****”
 - “Difficulties with bureaucracy. Having to ask permission to do stuff.”
 - “Some of the training day presentations were lacking on meat and practical components and were more fluff than necessary.”
 - “Completing the monthly invoice, very awkward.”
 - “Not being able to assist others due to my lack of knowledge. I am good at convincing others to use their EMR better but can’t always show them how.”
 - “Sometimes feel like a glorified trainer, often thankless.”
 - “More training would be helpful. We need to be true experts using our EMRs to share those skills with our colleagues.”
 - “On occasion, there may be someone who really needs basic training on their EMR and that is not really what the PL program is about.”
 - “Absence of strategic plan to guide our work.”

- “Trying to assess whether questions need to be deferred to a trainer, i.e., not appropriate for a PL.”
- “Not having regular training and education for Peer Leader specific.”
- “Lack of clarity on the objectives with a clinician client.”
- “Under utilized as a resource, in general there is a lack of awareness in physician community as well there is a lack of understanding as to the value and resources available.”
- “Spending the last year and a half listening to physicians complain about their contracts. (!!!) There was not a single conference I attended in 2016-17 where this did NOT occur. Even within OntarioMD events, there were times when the day was hijacked by physicians airing their grievances. Going forward, I will be more selective about what I attend.”
- “I think we are under used. We could be doing more if not always volunteer.”
- “Wish I personally could give more time to program.”

- **When asked “Overall, I believe the Peer Network has been effective to date”, about 87% of the respondents either ‘Strongly agreed’ or ‘Agreed’.**

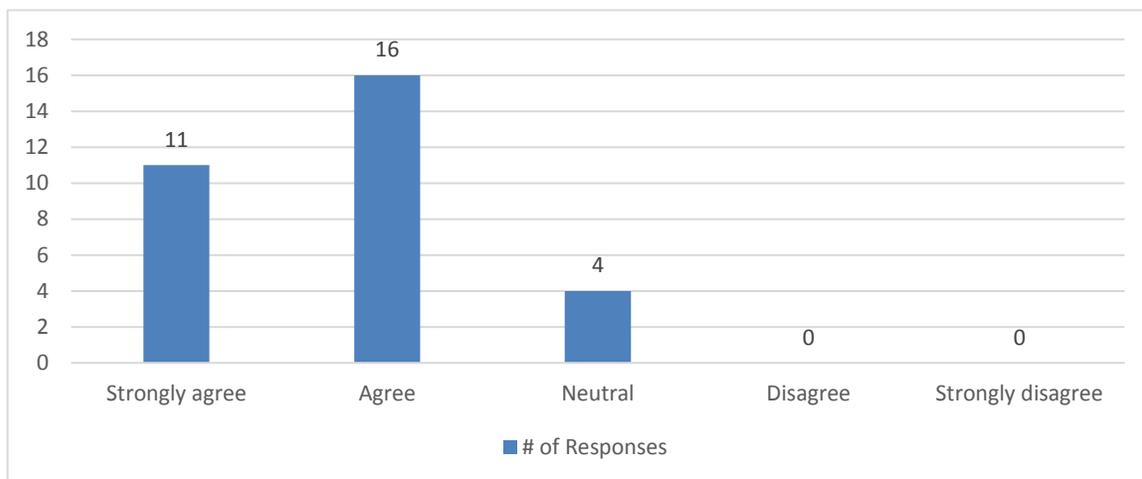


Figure 22

- **When asked “What have you found to be most effective?” the following responses were received:**
 - “Knowledge sharing and learning/ promoting a culture of using data and EMR.”
 - “Face-to-Face meetings with colleagues / One on one peer leader engagements.”
 - “Going to sites to see what is going on and evaluating it directly.”
 - “Connecting one on one with peers and sharing helpful knowledge and experience / The ability to network with my peers to discuss challenges and best practice in the industry.”
 - “Opportunity to be involved in new initiatives like e-Consult and OLIS and cancer screening.”
 - “Ability for colleagues to reach out and directly contact/network with Peer Leaders.”
 - “The opportunity to share ideas with other Peer Leaders.”
 - “To have established a group that includes physicians for mentoring.”
 - “The engagements, when proper vetting of questions for the PL has occurred beforehand.”
 - “Learning from other peer leaders about tips and trick of EMR utilization.”
 - “Matching my area of expertise with a gap in knowledge of a clinician client. This is not often done, but is very effective.”
 - “Engagements are often very effective, much more than anticipated by the group requesting the service. In every case those I have engaged with, have stated they wish they had done this much earlier and did not realize the value of the peer leader program.”

- “I am sure that the sites have taken something from the visits. Many of the clinicians are interested in advanced functionality like search and quite a few have been working sub optimally at these sites.”
- “EMR conference, one on one engagements, on the road seminars/Roundtable discussions.”
- “Giving peers the opportunity to access support in a formal setting.”

- ***When asked to provide other comments, the following were contributed:***
 - “I would like to thank the leadership of the PL program, especially Sarah, Darren, Knut and Nandita. They have been very supportive and accessible. They always ensured the work of PLs was grounded in the "roots" of the practice setting. It has been a pleasure to work with them.”
 - “The remuneration is an opportunity cost and far below fair market value for the level of expertise we bring.”
 - “Very impressed that the powers that we have, the insight to fund this and impressed at how well managed the program is.”
 - “Thank you for the opportunity to work with OntarioMD as a Peer Leader!”
 - “Unfortunately for most physicians using EMR effectively and thoroughly takes time to learn. Physicians don’t have time! There are too many things required by family docs and no time to improve their EMR functionality.”
 - “This program is an important resource to physicians. EMRs are complex and we all need help at times harnessing the EMR's full potential.”
 - “Many questions I got during one to one engagements were around billing.”
 - “Consider Peer Leader billing staff, or ensure clinic managers are well versed in billing, to meet those needs.”

15. Conclusions

As evident from the number of requests for peer support received, the number of registrations for meetings with Peer Leaders at OntarioMD conferences and seminars and at digital health and primary care events, the Peer Leader Program is highly valued by the clinicians of Ontario.

The current Peer Leader Program benefited greatly from the collection of program impact data. Many qualitative surveys were used, assessing the impact as seen by clients, OntarioMD client service field teams and the Peer Leaders themselves. In these assessments, Peer Leaders were proven to play an integral role in the optimization and advanced use of EMRs. Peer Leaders supported practices in many ways including quality improvement efforts, switching EMRs, data migration, and population health analysis and reporting. Peer Leaders also played a critical role in guiding provincial projects and the Ministry of Health and Long-Term Care's *10 Point Action Plan for Digital Health*. Key initiatives that benefited from Peer Leader advice included the Ministry's Digital Health Drug Repository, Digital Health Immunization Repository, Health Quality Ontario's Partnered Efforts for Safer Opioid Prescribing, OntarioMD's EMR Physician Dashboard – Design & Development, HRM Provincial User Group, and more.

Data also suggested that over 93% of the clients that received peer support found meetings with a Peer Leader either 'successful' or 'very successful' and 99% indicated that they will apply the newly-found knowledge to their practice immediately. Overall, an average improvement of 24% was reported by mentees when asked to compare their knowledge level before the Peer Leader meeting with the knowledge they gained after the meeting.

Peer Leaders were satisfied with their role and took pride in their ability to support their peers. Peer Leaders are ready to take on more responsibilities and would appreciate more opportunities to connect with their colleagues. The biggest barrier to expanded work was a relatively low compensation level compared to competing clinical work, especially for specialists.

Clinicians who received peer support emphasized that they would benefit from ongoing assistance from Peer Leaders in the future and had ideas on the topic for which they wanted the most help. The top three areas identified were: Complex/Chronic Disease Management, Referrals Tracking and Practice Billing.

While Peer Leaders have continued to play a pivotal role at EMR: Every Step Conferences and OntarioMD's On the Road seminars, Peer Leaders' knowledge and expertise are already recognized provincially and should be leveraged to have an even greater impact and reach. This could be accomplished through the development of alternative support platforms such as an online knowledge repository and Communities of Practice to bring like-minded clinicians together for knowledge exchange.