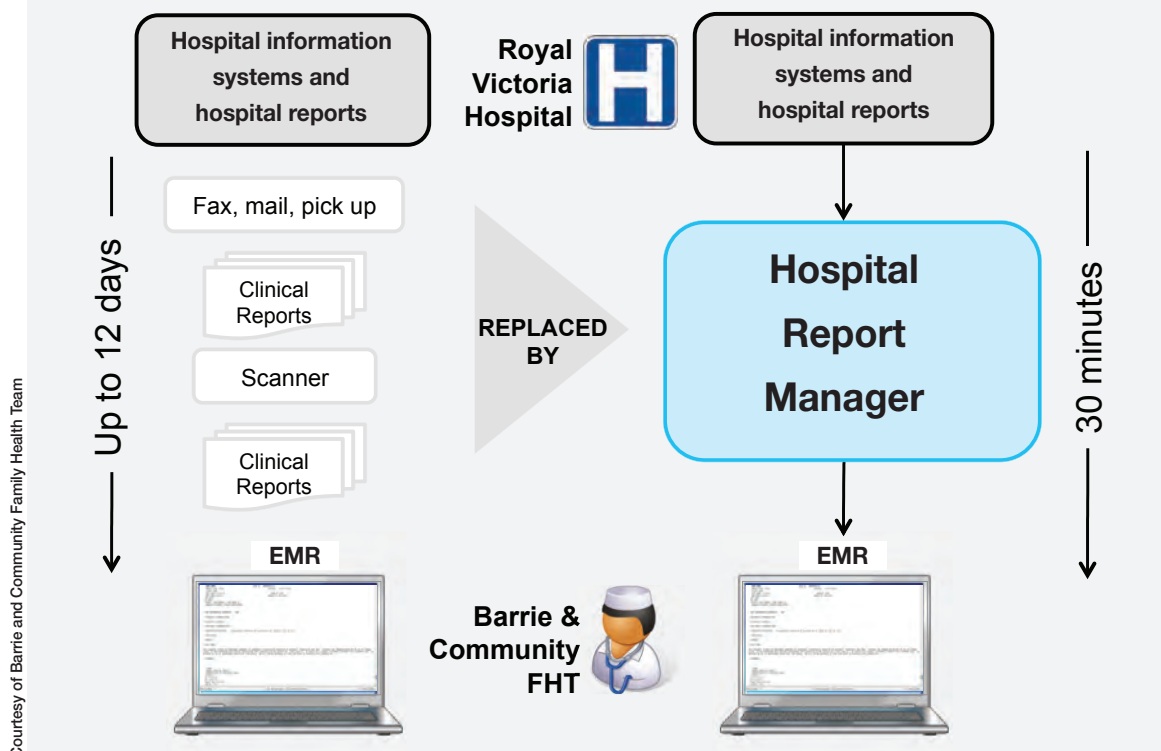


How it works

The Royal Victoria Hospital in Barrie, Ont. provides almost all dictated reports directly into community physicians' EMRs within half an hour:



Courtesy of Barrie and Community Family Health Team

Making hospital-to-EMR link work in Barrie, Ont.

by Julia Belluz

BARRIE, ONT. | On a Monday morning in April last year, Jennifer Paradis went to see her family doctor here with symptoms of fatigue, abdominal distress, and joint and muscle pain.

Before long, she was rushed from that doctor's community clinic off to the emergency room at the Royal Victoria Hospital for blood work and X-rays. The next day, Paradis' test results were back. And by the end of the week, she was sitting in an oncologist's office, on her way to having a bone-marrow biopsy and two blood transfusions.

This speedy response to what turned out to be a diag-

nosis of Churg-Strauss Syndrome, a form of vasculitis, was facilitated by the Barrie and Community Family Health Team's use of an electronic medical record system (EMR) that receives patient reports—often in the same day—from the Royal Victoria.

In a recent interview, Paradis said the EMR “got the ball rolling, and got me referred to the specialists and got them trying to get down to the answers right away.”

Feeling weak and anxious about the cause of her illness was difficult enough. “But at least I didn't have to sit around and wait to think about what my test results would say.”



Dr. Duvall

With 63 participating physicians located at 34 practice sites, the Barrie team is the fourth largest family health team in Ontario and the largest integrated network using one EMR platform

(Clinicare but as of this spring they were transitioning to Accuro software, both by QHR Technologies). Over the last year, as part of an OntarioMD-organized pilot project, the Royal Victoria has been sending electronic patient reports from the hospital to the family health team. The result is all patients in Barrie effectively have paperless hospital health records, and all their care information is centrally located

and shared by local medical practitioners.

Milestone moment

The folks at OntarioMD, an arm of the Ontario Medical Association responsible for getting physicians using EMRs, have described the Barrie experience as a milestone in the digitization of health information in the province.

For example, when a doctor writes a clinical report based on a test at the hospital, it's put into the hospital's electronic Meditech system and signed off. Then that test result is relayed to the family health team's EMR. The transfer takes about 30 minutes.

These speedy electronic transactions of course replace the traditional paper chase—hospital pick-up, mail or fax—which meant a document could take up to 12 days to reach even a nearby family doctor's office. And the interface has now expanded to three other hospitals in the Barrie area, as well as four additional family health teams. This means patients like Paradis are getting quicker feedback on their test results, and can be treated in a more timely fashion.

According to Brian Forster, CEO of OntarioMD, the Barrie family health team gets some 10,000 reports per month—about six per physician per day—from the hospitals. Over the past year, the physicians

have received some 134,000 reports from the hospitals, and it's estimated that the electronic process saved 500,000 pages of scanning.

Dr. Anne Duvall, a Barrie physician who was the family health team's medical director at the time the system was rolled out, said the EMR hasn't changed how doctors actually see patients. “But the big impact is that we get information in a more timely manner, without delays, and because it's in the EMR we don't have to spend much time looking for things.”

Currently, the family health team gets any text report the hospital produces about a patient. This includes dictated reports such as admission and discharge summaries, consultation reports, oncology and surgical reports, as well as almost all diagnostic imaging reports (except mammograms from the Ontario Breast Screening Program). Investigative reports such as spirometry, stress test and echocardiogram reports can also be sent.

Dr. Duvall said the new system has changed her practice and had an immediate impact on patient care. “In the past, if my patient had a CT scan done, it would be dictated and transcribed by the dictatypist, and then physically put into my mailbox at the hospital. I would have to go to pick it up at the hospital and bring it to

What they get – and what they don't

LOCAL DOCTORS GET:

- Almost all dictated reports that come out of the hospital including specialist consultation, admission, history and physicals, discharge summary, spirometry information, stress tests and most diagnostic imaging reports (though they don't see the images but instead get dictated reports on imaging)

LOCAL DOCTORS DO NOT GET:

- Handwritten reports from the ER
- Lab data
- Pathology reports
- Mammogram
- Community radiology reports (they come faxed)
- Out-of-town specialist reports

Source: Dr. Anne Duvall

Because

better practices mean better patient care.

Are you considering EMR?

PS Suite® software is owned and backed by the Canadian Medical Association. We work with physicians to build ease of use into our EMR, letting you focus on providing better health care.

Find out how healthcare professionals use our EMR at md.cma.ca/emr

MD. Specializing in you.



Financial | Practice | Living

md.cma.ca

MD Physician Services provides financial products and services, the MD family of mutual funds, investment counselling services and practice management products and services through the MD group of companies. For a detailed list of these companies, visit md.cma.ca.
 ® Registered trademark of the Canadian Medical Association, used under licence.

my office. I would have to look through a bunch of papers to find it.”

Now, she explained, half an hour after a test is dictated, it's ready in her EMR. “So if a patient had a CT scan in the morning, by the afternoon, that report is in my EMR without me having to do anything. Nobody has to look for it; my staff doesn't have to scan it in. It's this access and availability of information that's really the most important part.” Dr. Duvall added: “It's about patient safety, timeliness, and better continuity of care.”

More dictated reports

Dr. Brent Elsey, the current medical director for the family health team who was also involved in the project's early days, said an added benefit to the pilot that no one predicted was that his colleagues in the ER are more often dictating their reports (instead of hand-writing them) because they know the dictated reports will reach the family doctor more speedily. “And these reports are much more legible and more comprehensive than the old carbon copies we used to get,” he told the *Medical Post*.

Dr. Elsey said getting answers for his patients as quickly as possible is the greatest benefit. “In the old days, patients would have to wait for about a week before the doctor would have a test result in the office. Front office staff would say, ‘This report won't be available until next Monday,’ so patients were in limbo. Now, that wait has been significantly shortened.”

Abnormal mammogram

He used the example of a patient who has had an abnormal mammogram and has gone on to have further testing. “She wants to know, ‘Am I going to need surgery, chemo, or radiation?’ (Now) I get the reports from the oncologist and the radiologist soon after they are done, and I can sit down and discuss and explain to her what is going to happen in a much more timely manner,” said Dr. Elsey.

Indeed, from the patient's perspective, quick answers can be a great relief. As Paradis explained, “My doctor was able to address my illness immediately, and it wasn't up to me to drag around a binder of test results from office to office.”

Next: EMR to hospital ER

IN THE NEXT phase of the local electronic health project, which should roll out this summer, OntarioMD will be working with the Barrie and Community Family Health Team and Royal Victoria Hospital to get patient data flowing the other way: from the family doctors' EMR to the hospital.

Brian Forster, the CEO of OntarioMD, explained the goal thus: “If a patient goes to the emergency, the ER physician will be able to—based on the patient's consent—make an inquiry to the patient's family physician (system) and get the patient's information from the EMR. So the patient's profile and longitudinal information will be made available to the ER physician so he or she can treat the patient.”

The hospital physician would only see a snapshot of the patient's record as it's held in the family health team's EMR, and wouldn't be able to modify that record. While meetings are being held to determine what information is appropriate for emergency room physicians to access, they'll more than likely at least see summary information, such as special needs, personal history, past illnesses, allergies and adverse reactions, as well as medications and treatments.

According to Forster, the main challenges that need to be addressed now are how to deal with privacy and consent issues. OntarioMD has implemented “audit trails,” so that whenever one provider is sharing information with another, both

the hospital system and the family physician's system track what's shared, by whom and at what time. “When a patient presents himself to the ER, we pass information up to the ER doctor, and when a physician uses this information as the basis of a clinical decision, we want to make sure we know what information they had, and how they made that decision,” explained Forster.

Dr. David Chan, an associate professor in the department of family medicine at McMaster University in Hamilton, is wary about the privacy

“Typically family doctors are not knowledgeable enough to open their secure ‘door’ to the hospital.”

—Dr. David Chan

issue raised by such information sharing. “A family doctor's role is to protect the patient's information,” said Dr. Chan, “and typically they are not knowledgeable enough to open their secure ‘door’ to the hospital, where it's possible that hundreds of people can see the patient's information.”

Another over-arching challenge, said Dr. Brent Elsey, the family health team's medical director, is figuring out how to give the patient some degree

of control over his or her health record. “Unfortunately we haven't got a good mechanism by which the patient—who should be the ultimate custodian of his or her health—can give authorization to a person in the hospital to look at (his or her) records. One would think that it's possible to give the patient a card or pin number that the providers in the hospital have to be given to allow them to look into the (electronic) hospital report. That's what I'd like to see happening.” —Julia Belluz



CANADIAN
CARDIOVASCULAR
CONGRESS

CONGRÈS CANADIEN
SUR LA SANTÉ
CARDIOVASCULAIRE

2011

October 22-26 • Vancouver, BC • du 22 au 26 octobre

Together. Ensemble.

Register today!
Inscrivez-vous dès aujourd'hui!

Come for the experience and leave with the knowledge!
Venez pour l'expérience et repartez avec les connaissances!

Preliminary Program available on-line / Programme préliminaire disponible en ligne

Hosted by / Organisations d'accueil :



Canadian
Cardiovascular
Society
Leadership. Knowledge. Community.

Société
canadienne
de cardiologie
Communauté. Connaissances. Leadership.



HEART &
STROKE
FOUNDATION

FONDATION
DES MALADIES
DU CŒUR

www.cardiocongress.org