



Health Care Provider Portal Learnings for the Future

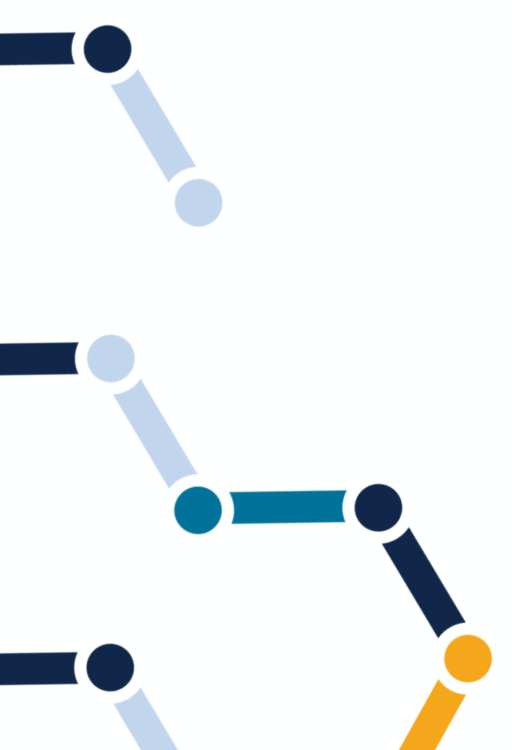
OMD Every Step Conference

Dr. Sohail Gandhi | September 26, 2019



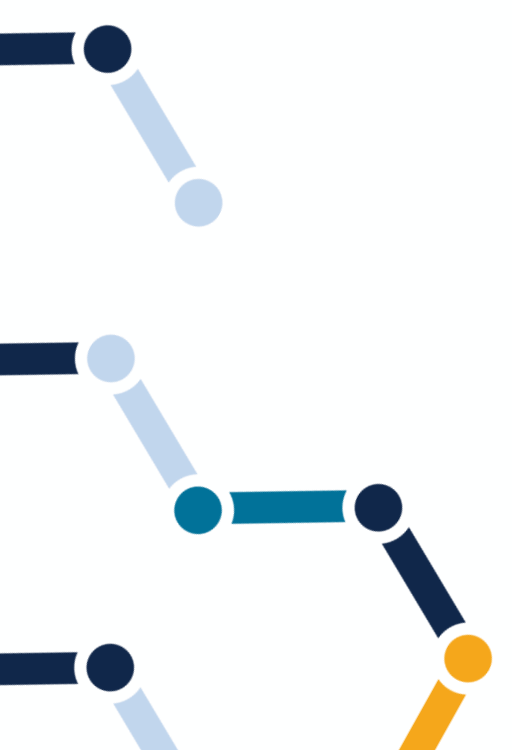
Dr. Sohail Gandhi

- Disclosures
 - Hate paperwork
 - Politically incorrect
 - Low tolerance for bureaucracy
 - President of the Ontario Medical Association
 - (Where I drive the CEO crazy as he tries to keep me out of trouble)



HCP – Background

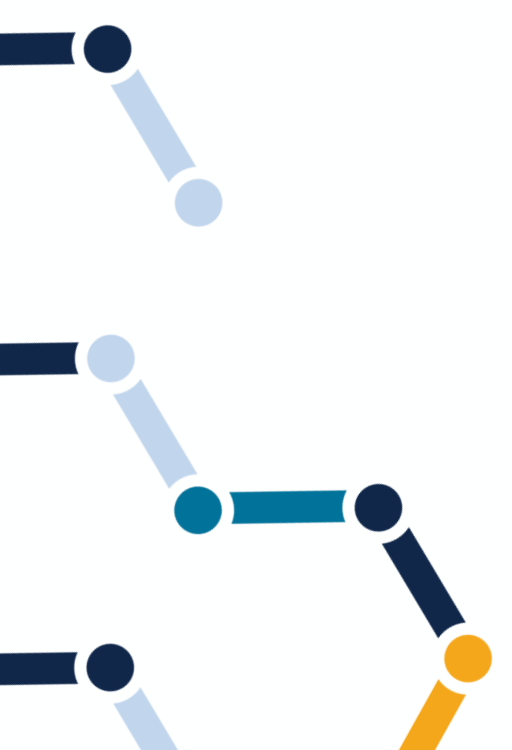
- South Georgian Bay had ePrescribe since 2008
- Chosen because all family docs in the region agree to merge their database, with virtually every patient in the area on the same server
 - Currently 50 family physicians over 22 offices and 1 CHC, 65K active patients
- Required the pharmacy to have a portal that connected to our server and limited data sharing (prescription list, allergies, demographics, lab work)
- Allowed prescriptions to be sent electronically to the pharmacy of patients choice
 - Messaging put was added in as nice feature



HCP – ePrescribe Learnings

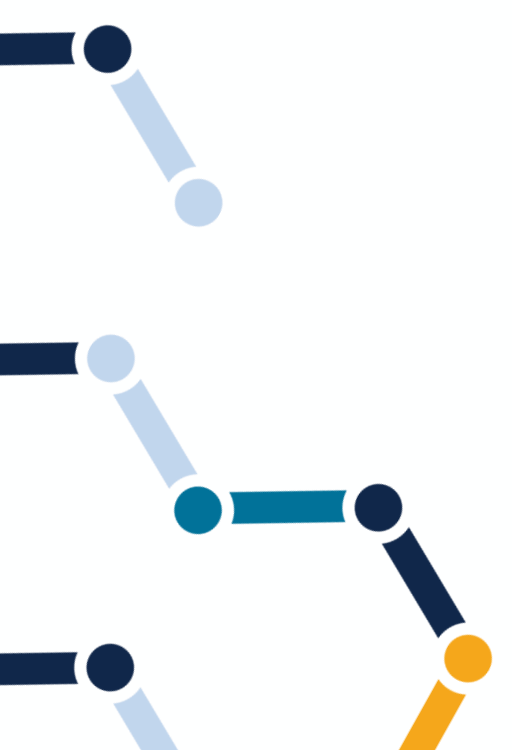
- SECURE MESSAGING

- Was not part of the initial pilot as a feature to be studied
- Resulted in HUGE improvements to patient care
 - Pharmacists messaged physicians with concerns re prescriptions/dosing etc. – and got a **TIMELY** response
 - Physicians messaged pharmacists and asked questions re meds
 - Much more timely refills of prescriptions
 - Patients getting much more timely care



HCP – Health Links

- South Georgian Bay Health Links
- Goal was to reduce the costs of caring for the top 5% of complex patients in our geographic area
- Felt that we could use the experience of ePrescribe to build a portal for allied health care workers, to communicate more securely with each other and physicians – speed up delivery of health care and prevent conditions from deteriorating
- Especially since physicians already on board



HCP – Proposal

- Let Nursing Homes have a portal that both accessed EMR data, but also securely message physicians
- Roadblock over funding
- Hospital vs LHIN vs eHealth vs other
- Foundation generously donated \$35,000, this helped us get the project up and running



Your Care is Our Cause

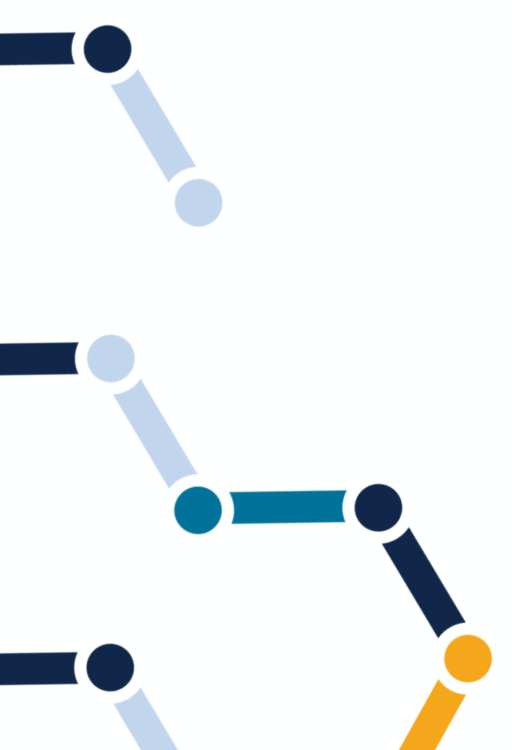
HCP – Proposal

- Assistance of Bay Haven appreciated as pilot site
- 60 LTC Residents, 40 Retirement Residents – ALL COMPLEX



HCP – Results

- Number of Hospitalized Days
- Portal Started in 2014
- September 1st – August 31st chosen for yearly data

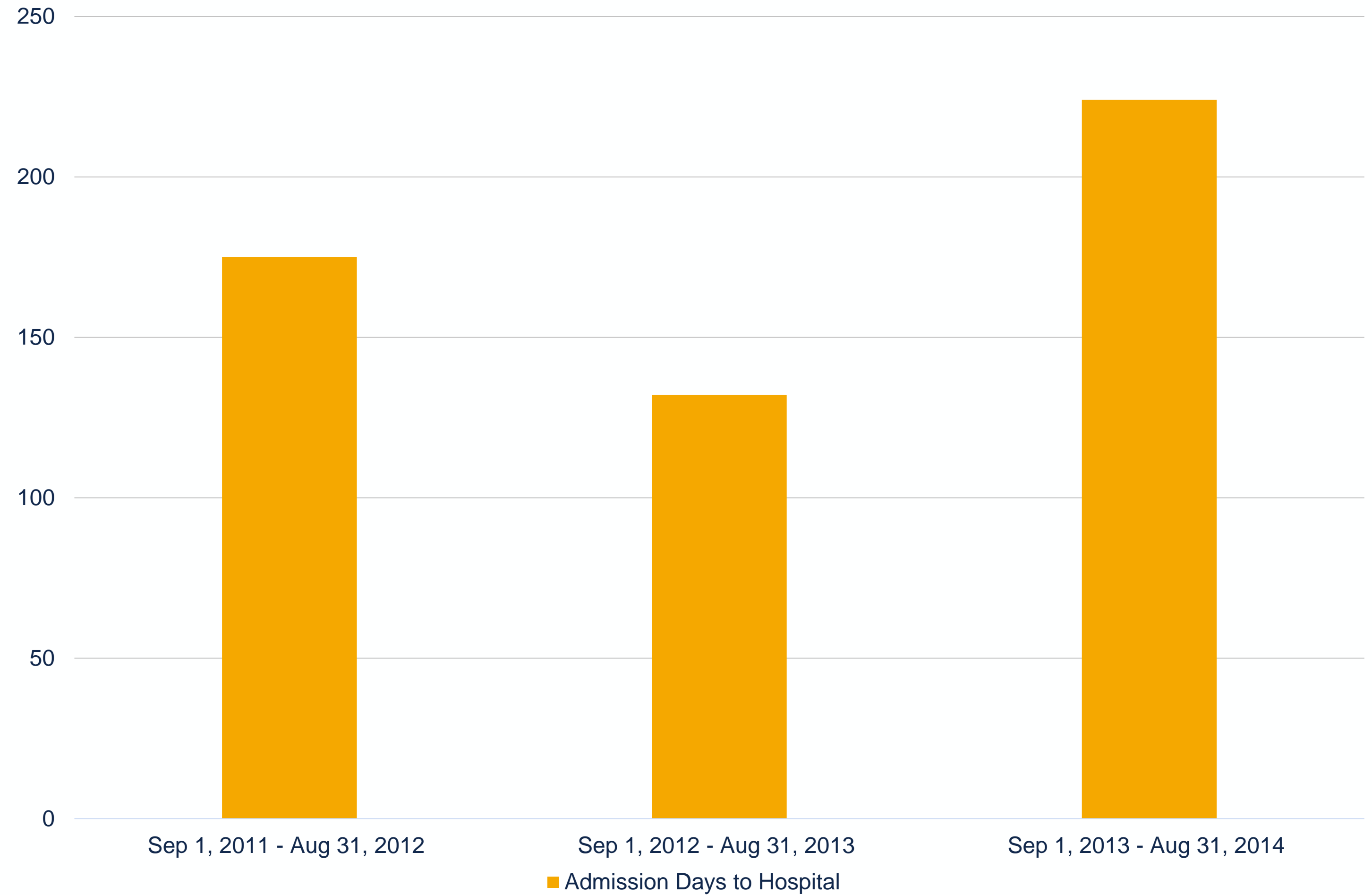


HCP – Before

Admission days to hospital

- Sep 1, 2011 – Aug 31, 2012
 - 175
- Sep 1, 2012 – Aug 31, 2013
 - 132
- Sep 1, 2013 – Aug 31, 2014
 - 224

Admission Days to Hospital



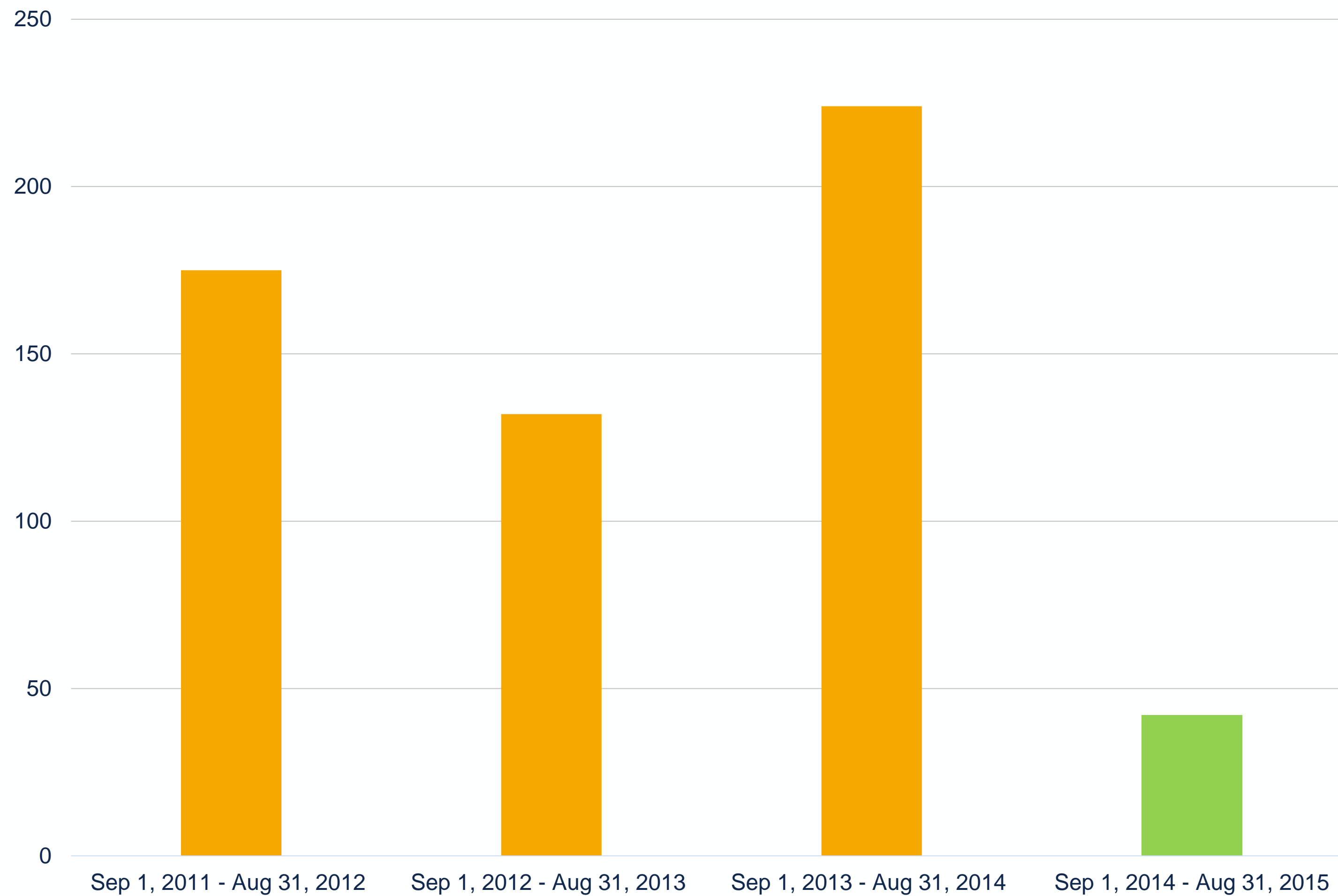
HCP – Results

Admission days to hospital

- Sep 1, 2014 – Aug 31, 2015

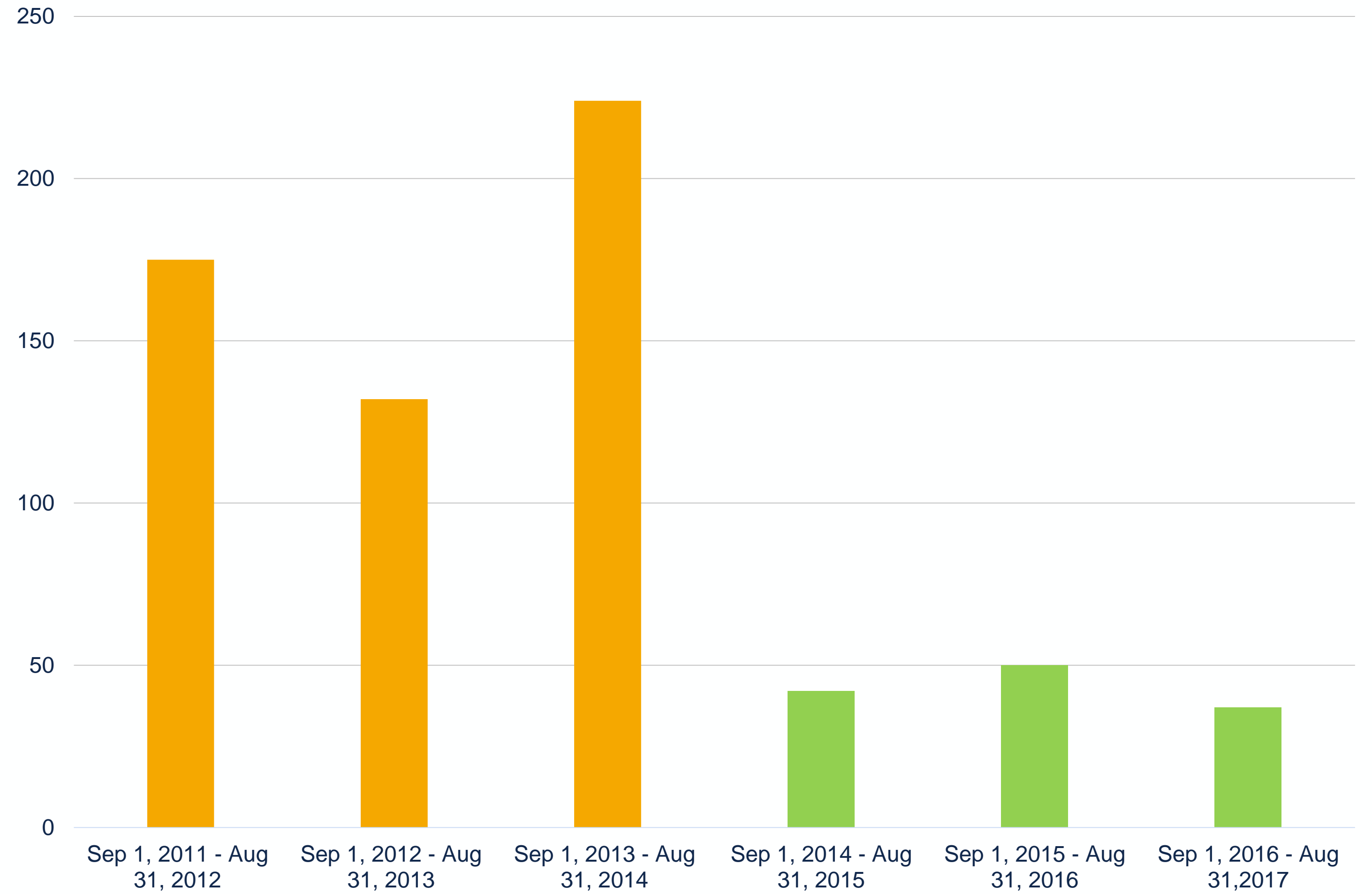
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Admission Days to Hospital



HCP – Results

Admission Days to Hospital



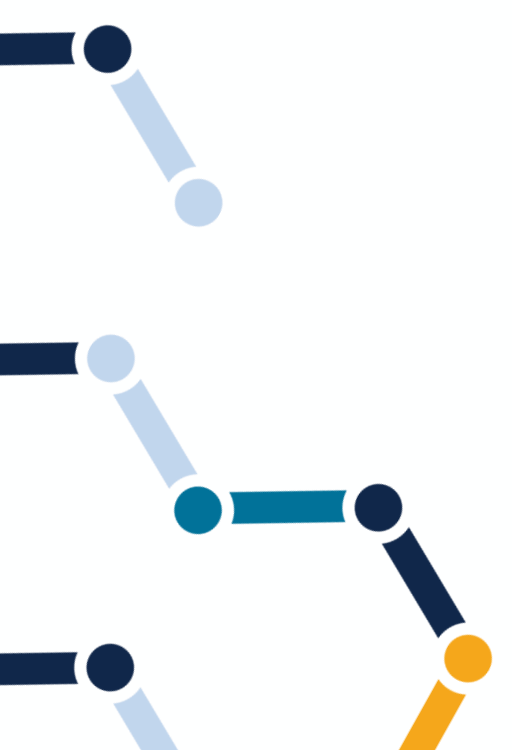
HCP – Results

- Reduced ER visits
- Decreases potential for communication between shift to shift
- Concern re transcription of an order – easy to check
- No faxing – so much faster
- EMR access to lab/data/xray
- Major improvement in information transmission when resident goes to ER



HCP – Challenges

- Educated nurses re CNO electronic order guidelines – ensure that information is from physicians
- Policies to transcribe orders prior to implementation
- Portal “etiquette” – it’s a legal document!!
- Ongoing fee (\$35,000 per year) – who pays?
- Why the @\$@#@\$@#\$ can’t it integrate with other software as well?!?!?!?!?!?!?



HCP – The Problem

- Health Links funding ended...
- \$35,000 per year, but
- Hospital – didn't have a funding letter, separate program costs
- LHIN – "savings meant to pay for ongoing costs"
- MOH – "unable to fund one instance"
- eHealth – "not within scope of budget"
- So.....

“

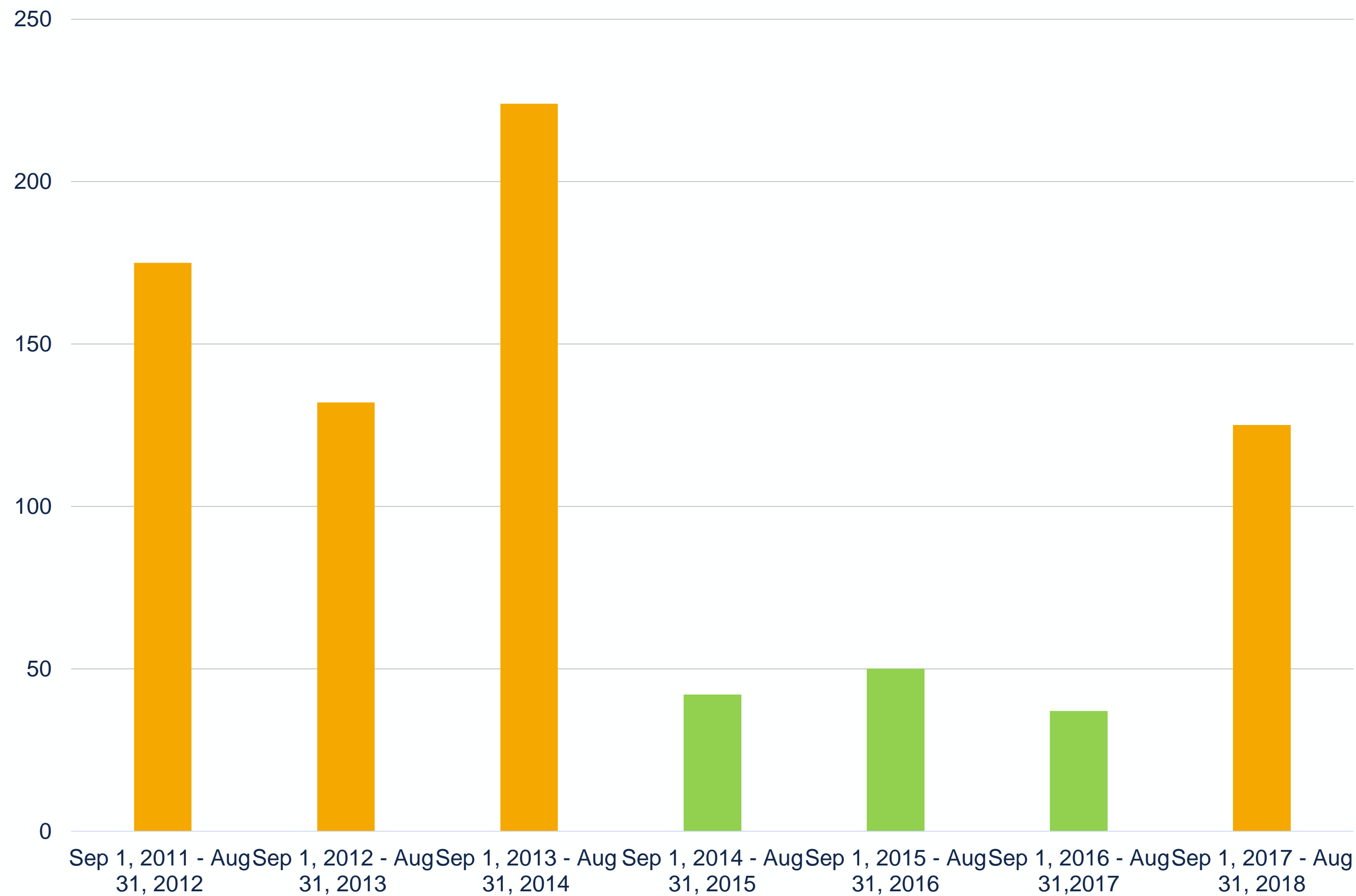
HCP – Results

Admission days to hospital

• Sep 1, 2017 – Aug 31, 2018

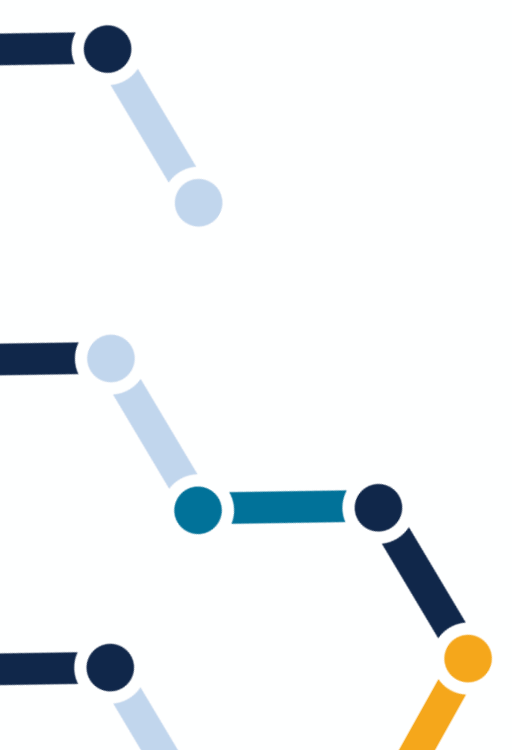
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Admission Days to Hospital



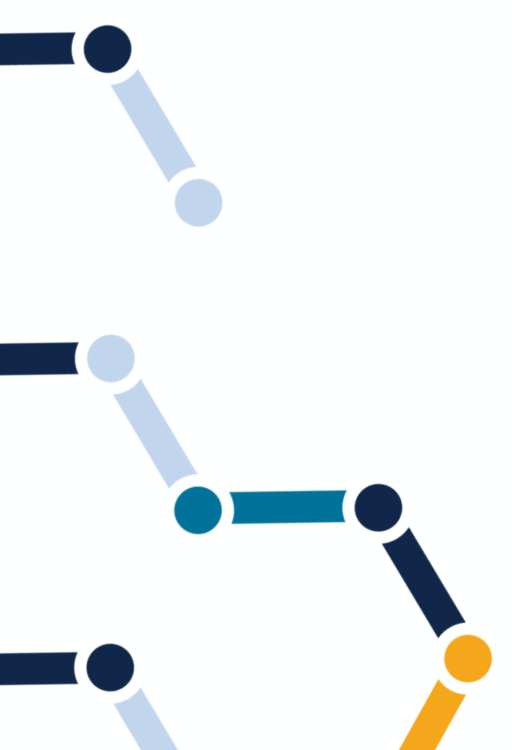
HCP – Learnings

- IT CAN help improve patient care and reduce costs
- To do so, it MUST be easy to use and MUST integrate (need Province Wide Standards)
- Physician Leadership and Buy In is the key
- Bureaucracy must get out of the way
- Political Pressure needs to be brought to Health IT Companies
 - 21st Century Cures Act



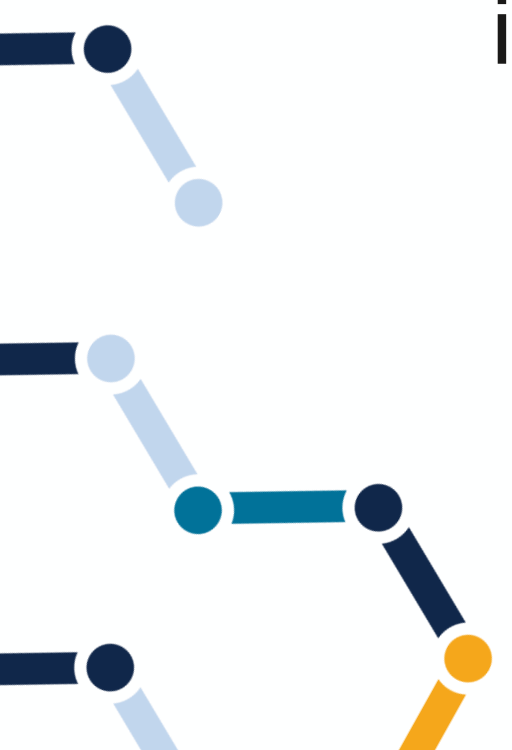
What Does This Mean Going Forward? (Ontario Health)

- Reason for optimism
- Consolidation of LHINs, eHealth, etc. into one organization, at least provides a clear chain of command
- Ontario Health – must work with OMD to provide clear guidelines and rules to drive integration
 - Set a standard for intra operability
 - Promote regulatory changes to allow IT enabled treatment (e.g. – Orders via secure messaging)



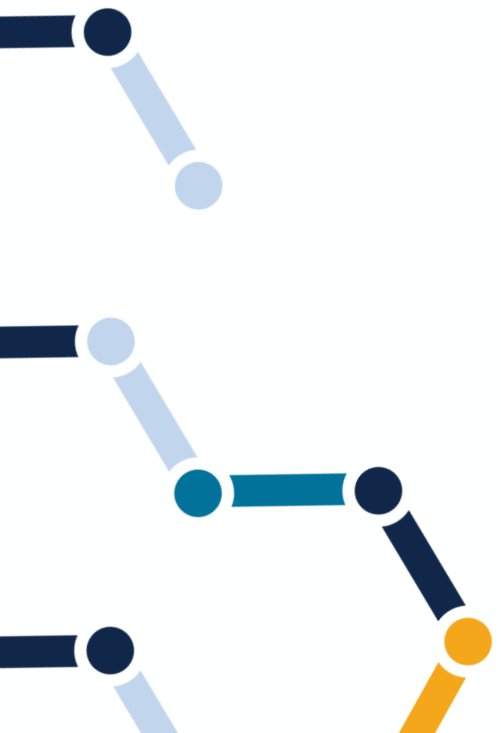
What Does This Mean Going Forward? (OHTs)

- Without strong Health Information Systems (HIS) – OHTs will fail
- Without strong physician use of HIS – HIS will fail
- Without strong physician leadership – physicians will not use HIS
- Integration is essential
- Secure, real time messaging has the best effects
- Must be collaboration between agencies so all understand the benefits
- One Provincial Solution for patient apps is a MUST (especially as we allow patients to get information, book online etc.)



Conclusion

- I believe there is room for cautious optimism
- Improving Health Care IT is one of my three goals as President of the OMA
- There is a willingness on part of Government to move forward – BUT we should keep the pressure on





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