PEER LEADER PROGRAM

ONTARIO

Benefits Evaluation Report

July 2012 - December 2014

Canada Health Infoway / Inforoute Santé du Canada

RNAO — Registered Nurses' Association of Ontario

OntarioMD — Empowered Practices. Enhanced Care.

Contents

1. Introduction

1.1. Program Overview

Canada Health Infoway's (Infoway) Clinician Peer Network is a pan-Canadian peer-to-peer program that promotes the active engagement of health care providers involved in the implementation of health information and communication technology (ICT) systems across Canada.

The network brings together natural leaders – physicians, nurses, pharmacists, and other health care providers to:

• share best practices and build new knowledge.
• provide clinical leadership to develop expertise and facilitate learning.
• identify common and unique barriers in the implementation of change and clinical transformation.

In August 2007, as part of the Clinician Peer Network, OntarioMD entered into a project agreement with Infoway to develop and manage the OntarioMD Peer Leader Program to support EMR adoption in Ontario. This Peer Leader Program began with physicians as Peer Leaders and was a complimentary support service available to all Ontario clinicians. As the provincial adoption of certified EMRs grew, a decision was made to expand the program to include Clinic Manager Peer Leaders.

In 2012, OntarioMD and the Registered Nurses Association of Ontario (RNAO) entered into a program agreement to again expand the program to include Nurse Peer Leaders with a view to focus on inter-professional collaboration in the uptake of ehealth. As of December 31, 2014, the Peer Leader Program consisted of 30 Physician Peer Leaders, 12 Clinic Manager Peer Leaders and 6 Nurse Peer Leaders, making it the Peer Leader Program with the largest clinician audience in Canada. This OntarioMD-RNAO collaborative program successfully delivered approximately 5,000 Peer Leader hours across 2,000 engagements. Throughout the period funded by Infoway and the RNAO, the Peer Leaders successfully engaged with over 8,000 clinicians.

1.2. Purpose of the Benefits Evaluation

The purpose of this Benefits Evaluation is to measure the impact of the OntarioMD-RNAO Peer Leader Program's processes and services on program participants and stakeholders. As Peer Leader services were provided to the clinicians based on their needs, and were performed in combination with other change management and IT adoption staff (internal customers), it was important to get the feedback and expectations from these internal customers as well. In addition, it was important to get the feedback from those project managers (from various ehealth organizations) who have consulted with the Peer Leaders for their ehealth initiatives. The Benefits Evaluation for this project was conducted at various stages of the program, including the evaluation of needs and resources, both before and after the occurrence of an activity.

1.3. Scope

The Benefits Evaluation encompasses the preparation, implementation and evaluation of OntarioMD-RNAO Peer Leader Program including:
• Assessment of Peer Leader knowledge and readiness to provide support to clinicians.
• Assessment of service quality.
• Identification of clinician learning needs during the pre-implementation and implementation phases of EMR adoption.
• Collection of post–implementation feedback.
• Identification of clinicians' future learning needs.

It is beyond the scope of this Benefits Evaluation to include:
- Quality of EMR implementation.
- Quantitative assessment of growth in maturity levels.

2.   Approach Taken

A combination of quantitative and qualitative survey techniques was used and multiple surveys were conducted 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 with regards to 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 the results from many of the surveys that were conducted.

3.   Surveys & Results

3.1 Client Satisfaction Surveys

#### 3.1.1   Physicians' EMR Use and EMR Progress Reporting Surveys
Conducted by: OntarioMD

Background: Survey data regarding physicians' EMR usage and satisfaction for the period January to July 2013 and EMR Progress Reporting for the period August 2013 to December 2014 were collected on a continuous basis to evaluate the success of Ontario's EMR Adoption Program and maturity of EMR use. For the purposes of reporting on the Peer Leader Program, this data was collected on a quarterly basis. In both surveys, physicians were asked the question "How satisfied are you with the support of OntarioMD's EMR Peer Leaders?"

Demographics: 3,387 physicians completed both surveys, out of which 2,122 physicians responded to the question about satisfaction with Peer Leaders as stated above.

Highlights of Survey Results:
- Of the 2,122 physicians who responded to the survey question, an average of 92% were satisfied with the level of support they received from Peer Leaders in each reporting period.
- The results are very positive and support the important role that Peer Leaders play in connecting with clinicians in the adoption and use of EMRs.
- The chart below shows the percentage of respondents who were either 'satisfied' or 'very satisfied' with the Peer Leader services.

% of Respondents 'Satisfied' or 'Very Satisfied'
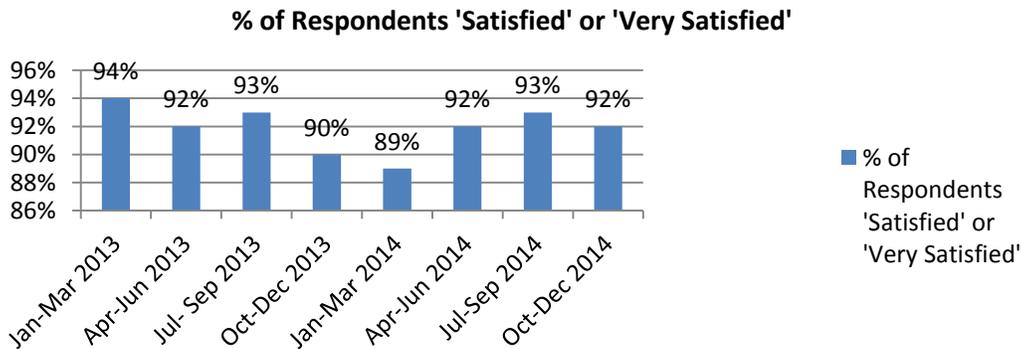
3.1.2 Peer Leader Program – Stakeholder Satisfaction Survey
Conducted by: OntarioMD

Background: Over the past seven years, Ontario Peer Leaders have progressed from being pioneers to experts in a variety of areas related to EMR adoption and health information technology. As EMR adoption increased across the province, Peer Leaders became instrumental in supporting many organizations, practices and clinicians. This survey was conducted to get feedback from those clients who were supported by Peer Leaders in order to assess Peer Leader impact and contribution to practice improvement.

Demographics: This survey was sent to approximately 80 clients who had received Peer Leader services from Nurse, Clinic Manager or Physician Peer Leaders since July 2012. These clients included primary care clinicians and project managers (from some ehealth organizations/agencies) who had received Peer Leader support at least once. A total of 21 responses were received.

Response Breakdown:
Users of Peer Leader services (physician, nurses or clinic staff) – 70%
Sponsor/Program partner – eHealth Ontario, Ministry of Health and Long-Term Care, Infoway, RNAO – 15%
User of Peer Leader services - an organization/agency – 15%

Highlights of Survey Results:
- Over 35% of respondents had used Peer Leaders to help improve workflows and to learn about 'Best Practices'. A similar percentage had used Peer Leaders for support with more advanced uses of EMRs, e.g., chronic disease management and population management.
- When asked about their 'Satisfaction Level' with Peer Leader support, over 85% reported either 'satisfied' or 'very satisfied'.
- Over 93% of the respondents indicated the desire to use Peer Leaders going forward.
- Some areas of improvement that were identified by the respondents were:
  – The need for a knowledge repository and Communities of Practice for storing and sharing knowledge assets and ideas exchange.
  – Peer Leader Program should recruit peer leaders who have advanced EMR capabilities and are visionaries of ehealth.
  – Having a 'Matrix' of Peer Leaders with their location, areas of interest, strengths, etc. would help in identifying the right Peer Leader and expedite their engagement.

For details on the analysis, please click on the icon below:

Stakeholder
Satisfaction Survey.p

3.2 Peer Leader Readiness and Satisfaction Surveys

3.2.1 Ontario Peer Leader Survey
Conducted by: Canada Health Infoway

Background: Ontario Peer Leaders have played a key role in advancing their colleagues' knowledge and adoption of Electronic Medical Records (EMR), the Ontario Laboratories Information System (OLIS), Hospital Report Manager (HRM), and other information technology (IT) systems, and have assisted clinicians with data migration, practice improvement and advancing patient care. This survey 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, OntarioMD and the RNAO.

Demographics: The survey was shared with 49 Peer Leaders including Nurse, Clinic Manager and Physician Peer Leaders. There were 28 respondents consisting of 9 Clinic Manager Peer Leaders, 4 Nurse Peer Leaders and 14 Physician Peer Leaders and one other respondent. There were between 27 and 29 responses to each of the survey questions. 64% of the respondents have been a Peer Leader for longer than two years with 93% working in primary care settings. Other work settings included long-term care, acute care and three worked in 'other' settings.

Highlights of Survey Results: The results of this survey are categorized into three sections: Peer Leader Role, Resources, and Peer Network.

Peer Leader Role:
- Out of the 28 respondents, 86% either agreed, or strongly agreed, that they were satisfied with their role.
- The areas that were most satisfying pertained to clinical engagements. Doing presentations at OntarioMD conferences was also found to be satisfying for some Peer Leaders.
- Peer Leaders showed a desire for more clinical engagements.
- All respondents agreed, or strongly agreed, that they had a positive influence on the colleagues they supported.
- It was stated that working in isolation was the least satisfying aspect of the Peer Leader role for one Peer Leader and having more communication between all those from OntarioMD working with the client would be beneficial.
- 79% agreed moderately through strongly that Peer Leaders had regular opportunities to engage with other Peer Leaders to exchange ideas, resources, lessons learned and success stories.
- 21% felt there was a lack of regular opportunities to engage with other Peer Leaders.

Resources:
- 87% of respondents felt adequately prepared with the right tools and resources to support their colleagues while 13% remained neutral.
- 57% indicated that they found the 'Infoway Peer Leader Resource Toolkit' useful or somewhat useful.
- 46% were unaware of the Infoway Peer Network online community.
- 89% of the respondents found the resources provided by the Ontario Peer Network to be useful or somewhat useful.
- Peer Leaders also stated that OntarioMD resources and website were very helpful along with resources from vendors.
- Some Peer Leaders stated they would like more training on new tools.
- Personal knowledge and end user experience were seen as very helpful when supporting colleagues, as was using resources prepared in the clinical settings in which the Peer Leaders worked.

Peer Network:
- 86% of respondents found that the Peer Network was beneficial to clinicians, Clinic Managers and staff, while 14% remained neutral.
- 85% felt that the Peer Network had a positive impact on patient care management.
- Physicians being up-to-date with technology was seen as necessary for providing the best possible patient care.
- 92% felt that the Peer Network was effective. Respondents felt that the Peer Network was effective in providing an opportunity to work together and network.
- Some respondents found that annual retreats and quarterly teleconferences were effective modes of connecting with the Peer Leaders.
- Arranging for clinicians to visit other offices that used the same EMR was found to be an effective approach to peer support.

For details on the analysis, please click on the icon below:

Ontario Peer Leader
Survey[updated].pdf

3.2.2 Nurse Peer Leader Role Assessment Survey
Conducted by: RNAO

Background: This quality improvement survey was developed to gain Nurse Peer Leader input into the recruitment process, role expectations, communication and support, engagements and program support activities, and the reporting process. The survey also collected suggestions for quality improvement.

Demographics: The survey was sent to all Nurse Peer Leaders. Five out of six Nurse Peer Leaders responded.

Highlights of Survey Results: Survey results have been categorized into five sections:

Recruitment Processes:
- The Nurse Peer Leaders stated that the application process, interview process and orientation process were either 'good' or 'excellent'.
- One respondent stated that the orientation day at OntarioMD was 'invaluable.'
- It was suggested that Nurse Peer Leaders should meet OntarioMD Practice Management Consultants and regional field staff in person to help with integrating them into the team.

Role Expectations:
- Respondents stated that the expectation that Nurse Peer Leaders do face-to-face engagements was only 'somewhat realistic'. This response is based on the fact that there are only six Nurse Peer Leaders to cover all of Ontario and most of them have full-time jobs and family responsibilities that take priority over Peer Leader activities.
- Respondents felt that involvement in, and the time commitment for, engagements and program support activities was either 'realistic' or 'somewhat realistic'.
- Some felt that more advance notice was needed to get time off work for program support activities.
- Two respondents felt that it was 'unrealistic' to expect Peer Leaders to travel to engagements, conferences and retreats given that they are working full-time elsewhere.

Communication and Support:
- All the respondents felt that they could easily access the Senior Nurse Peer Leader and RNAO and OntarioMD Project Coordinators.
- They found that having monthly teleconferences was an excellent way to stay connected, share information and coordinate activities.
- Respondents also felt that the RNAO *e*Health Community of Practice was an excellent communication tool.
- The Nurse Peer Leaders stated that it was difficult to access and integrate with OntarioMD regional teams.
- They also felt that they needed more networking time and more continuing education opportunities.
- One respondent commented that having a Senior Nurse Peer Leader, who is committed to program development and coordination and is there to support and advocate for the Nurse Peer Leaders, was helpful.
- The respondents suggested that Nurse Peer Leaders continue to be involved in OntarioMD events to help with integration. They also suggested that OntarioMD offer more learning opportunities for Peer Leaders so they can meet the needs of clinicians who are advanced EMR users.

Engagements and Program Support Activities:
This section looked at the engagement process, the approach to securing engagements, the number of engagements, and support for engagements. This section also looked at Nurse Peer Leaders' involvement on OntarioMD working groups and committees, involvement in Peer Leader Program decision-making, and involvement in Nurse Peer Leader activity planning.
- Respondents felt that these areas were either 'good' or 'fair'.
- Most of respondents felt that involvement with OntarioMD and overall Peer Leader Program planning was only 'poor' or 'fair', but the majority of respondents said that involvement in Nurse Peer Leader activity planning was 'good' to 'excellent'.
- Respondents stated that it would be valuable to have more face-to-face interaction between all Peer Leaders, the OntarioMD Practice Management Consultants and regional field staff. They also stated that it would be helpful to arrange regional retreats rather than one centrally located retreat.

Reporting Process:
- The respondents felt that monthly invoices are fairly easy to complete and that reminders were helpful to prevent delays in submission.
- The respondents felt that the reporting tool needs to be revised to reflect Peer Leader Program activities and that the reporting tool is too highly geared to OntarioMD Practice Management Consultants and regional field staff.

For details on the analysis, please click on the icon below:

Nurse Peer Leader
Role Assessment Surv

3.2.3   Peer Leader Survey for Skills & Interest Assessment
Conducted by: OntarioMD

Background: Peer Leaders have been important contributors in encouraging physicians to adopt EMRs and have played key roles in EMR benefits realization. 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 systems like HRM and OLIS, and to help them use these systems efficiently. As the EMR adoption in the province approached the 80% mark, and as the focus of OntarioMD as an organization moved from increasing EMR adoption to EMR optimization, it was important to re-assess the skills and interests of Peer Leaders. In this survey, Peer Leaders were asked to rate their EMR expertise and suggest areas in which they felt their EMR use was strong. The survey consisted of eight questions that included one question specifically focused on some new approaches proposed. Below is a summary of the survey results.

Demographics: Out of a total of 50 surveys sent out, 32 Peer Leaders responded, including 9 Clinic Managers, 19 Physicians and 4 Nurse Peer Leaders. Responses indicate that 25 of the respondents are leading their practices in some capacity, of which, 20 lead IT initiatives at their respective practices/groups and 5 provide clinical leadership. The survey reported that 50% of the respondents are 'Practice Solutions' users, 20% are 'Accuro' users, and 10% are using 'Nightingale'. As part of their self-evaluation process, 70% of the respondents rated themselves as 'Expert' EMR users and 30% as 'Average' users.

Highlights of Survey Results:
- In order to increase the number and quality of engagement requests for Peer Leaders, most Peer Leaders felt that doing a follow-up call after the engagements and assigning a Peer Leader to a physician at the time of signing a new funding agreement with OntarioMD was important.
- Peer Leaders stated that they would like to support their peers with Chronic Disease Management, Patient Information & Results Management, Lab Consults, Data Analytics/ EMR Reporting, Data Management, Secure

Messaging, Workflows for EMR Efficiency, Diagnosis Support, Workflows for Population Health/ Practice Efficiency, Referral Tracking, Prescribing, Evaluation & Monitoring.

For details on the analysis, please click on the icon below:

Peer Leader Survey
for Skills & Interest.pdf

3.3 Activity Assessment Surveys

3.3.1 Nurse Peer Leader EMR Webinar Series Survey
Conducted by: RNAO

Background: This survey was used to gain feedback on the registration process, timing content and links to resources supplied for the webinar. The survey also captured any comments the participants were willing to share. The online registration for the webinars captured the types and location of organizations in which the registrants were working and their professional designation. The post-webinar survey was sent, after each webinar, to all those registered for the webinar.

Demographics: There were 23 completed surveys returned in total for all four webinars. Based on registration data, there were participants working in Family Health Teams, Community Health Centres, Nurse Practitioner-Led Clinics, solo physician offices, Public Health, not-for-profit organizations, and colleges and universities. Participants included: primary care nurses, nurse practitioners, office administrative staff and staff of not-for-profit organizations, physicians, allied health professionals, faculty and students. Participants joining the webinar were well distributed across Ontario.

Highlights of Survey Results:
- The majority of participants felt that presenting webinars on Thursdays between noon and 1pm was 'good' or 'excellent'.
- The majority felt that the registration process was 'good' or 'excellent', although some found the repeated reminders sent by Webex were more than necessary.
- The majority felt that the webinar content was either 'good' or 'excellent' and that the links to resources were 'fair' or 'good'.
- Some participants found the content of one webinar 'too basic,' and one participant stated that the title of one webinar did not accurately reflect the content. Others said that the webinars were 'excellent' and 'very useful.'
- Participants were asked to list other EMR topics they would like to be presented. The list included:
    - EMR Security
    - Ethics of EMRs
    - EMR Policy Development
    - Specialty EMR Content - Cardiology
- Based on this list and the results of the Primary Care Nursing Network Learning Needs Survey, there is an excellent list of topics for future EMR-related webinars for primary care clinicians.
- This survey showed that webinars are an appropriate method for reaching primary care clinicians across large geographic areas such as Ontario, including northern and remote regions.
- It was learned that during the webinar planning phase, planners need to determine how to accurately track participants, which can be a challenge depending on the webinar system being used.
- This survey showed that clinicians can make time over the lunch hour for educational sessions, which is helpful for webinar planning.
- The survey showed that when marketing webinars, it is important to clearly describe the webinar content and

identify whether the webinar is geared to the novice, intermediate, or advanced EMR user.

For details on the analysis, please click on the icon below:

Nurse Peer Leader
EMR Webinar Series S

3.3.2 Effectiveness of Quarterly Teleconference (May 16, 2014) & Assessment of EMR Progress Reporting (EPR) Key Measures
Conducted by: OntarioMD

Background: Peer Leaders have been an important pillar supporting the EMR Adoption Program and also have been at the forefront of EMR benefits realization. It is therefore important to keep Peer Leaders informed of various ehealth initiatives, new products, services, and any emerging issues; Peer Leader teleconferences have played a pivotal role in keeping Peer Leaders informed. In this survey, Peer Leaders were asked to evaluate the quarterly teleconference (held on May 16, 2014) on certain specific criteria, rate the topics, and the EMR Progress Reporting (EPR) key measures that they would like to support.

Demographics: Out of a total of 50 surveys sent out, 18 Peer Leaders responded including 4 Clinic Managers, 9 Physicians and 5 Nurse Peer Leaders. Fourteen of these respondents had attended the Peer Leader teleconference and four had not. This survey was shared with all Peer Leaders in order to know the EPR key measures they would prefer to support.

Highlights of Survey Results: Peer Leaders were asked to rate the teleconference on the following five parameters: amount of time allotted to the content, amount of time allotted to Q&A, timing (12:00pm – 1:00pm), suitability of content, and the speakers. The results indicate that -
- Over 85% of those who had attended the teleconference felt that sufficient time was allotted to the content.
- Over 22% suggested that more time should have been allotted to Q&A.
- Almost 80% supported the choice of the hour for this teleconference and over 92% found the content suitable.
- Over 91% liked the choice of speakers.
- Key measures that emerged as the top priorities were: Encounter Documentation, Data Quality Management, Nomenclature Consistency, Privacy and Security, Hospital Summary Information, and Referrals and Consults Tracking (Specialist).

For details on the analysis, please click on the icon below:

Effectiveness of
Quarterly Teleconfere

3.3.3 Primary Care Nurses Learning Needs Survey
Conducted by: RNAO

Background: It is important to assess learning needs prior to developing educational sessions since learning needs change as clinicians become more proficient in their EMR use. Assessing EMR learning needs based on OntarioMD's key measures is an effective way to organize learning needs into specific categories. This survey was developed to identify the learning needs of primary care nurses.

Demographics: The members of the RNAO Primary Care Nurses list-serve were the target population for this survey. Seventeen primary care nurses completed the survey.

Highlights of Survey Results:
- Key measures identified by primary care nurses as their top learning needs were: Preventative/Follow-up Care, Care Planning and Coordination, and Complex Care/Chronic Disease Management
- This survey highlighted the need for ongoing education opportunities for primary care nurses.
- The results guided the development of the 2014 EMR Webinar Series.

For details on the analysis, please click on the icon below:

Primary Care Nurses
Learning Needs Surve

3.3.4   EMR Every Step Conference and Vendor Showcase Surveys
Conducted by: OntarioMD

Background: Surveys were conducted at all of the EMR Every Step Conferences and Vendor Showcases at the completion of each session and after the event. Data collected included attendee profiles and attendance statistics, attendee, Peer Leader and vendor feedback, and satisfaction scores. Information was collected about which aspects of the conference were most successful, where improvements could be made and recommendations for future conferences. These survey results are included in this report because Peer Leaders played an important role at these conferences, including presenting sessions, assisting with workshops and staffing the OntarioMD and RNAO booths.

Demographics: The target population for these surveys was all conference attendees, including those working or planning to work in primary care or specialist offices, and who are currently using or considering an electronic medical record.

Highlights of Survey Results:
- Conference attendance varied by location, Toronto having the greatest attendance followed by London and then Ottawa. With the addition of Nurse Peer Leaders to the team, nursing attendance improved, but the number of nurse attendees remained low, possibly due to the need for nurses to stay back at the office while physicians attended the conference. The average score for overall participant satisfaction was 4.4 out of 5.
- After each conference, survey data was reviewed and compiled into a report that was shared with the Peer Leader management team. Suggestions for quality improvement and recommendations for future conference presentations were used when planning next conferences.

4.   Conclusions

The surveys conducted during and after the completion of the program enabled the Peer Leader management team to continually monitor activities, assess available resources, evaluate program benefits, and make changes where possible.

Based on survey results, Peer Leaders definitely play an integral role in EMR adoption and optimization of EMR use. Data shows that Peer Leaders supported practices in many ways including: selecting an EMR, optimizing the use of their EMRs, switching EMRs, data migration, and reporting. Peer Leaders played a critical role in assisting ehealth project managers in various key initiatives like the development of cancer screening guidelines by Cancer Care Ontario, prioritization of EMR key measures, OLIS, HRM, and Application Service Provider (ASP) hosted EMR

marketplace expansion. Data suggests that over 93% of the clients found Peer Leader support useful and would like their support in the future.

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 networking opportunities to connect with their colleagues. Although some Peer Leaders found the expectation to travel to engagements a challenge, they suggested the use of teleconferences and webinars as acceptable alternative modes of engagement delivery.

Some of the top priorities identified by Peer Leaders included: Encounter Documentation, Data Quality Management, Nomenclature Consistency, Privacy and Security, Hospital Summary Information, and Referrals and Consults Tracking (Specialist).

Surveys that were conducted to assess the effectiveness of certain activities, like the quarterly teleconference, the Peer Leader led webinar series and the EMR Every Step Conference, yielded some very useful suggestions for potential webinar topics such as EMR security, ethics of EMRs, EMR policy development, and speciality EMR content, specifically in cardiology.

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 learning arenas such as an online knowledge repository and Communities of Practice to bring like-minded clinicians together for knowledge sharing.