Advancing Professional Practice and Care through Digital Health

June 3, 2015
Overview of Panel Discussion

1. To provide an overview of the Clinical Adoption strategy and the resulting clinician and change management research.

2. To review and discuss the pan-Canadian findings and implications from a first ever quantitative survey of Canadian nurses and Community Pharmacists access, usage and impact of technology on practice.

3. To review and discuss key benefits & barriers; short term and long term actions to advance engagement, access and evidence informed based decision support and care.
Vision

Healthier Canadians through innovative digital health solutions
Clinical Engagement Strategy

- Advocate for clinical value & engagement
- Advance professional practice
- The next generation
- Link with clinical leaders
- Direct care providers
Clinician Education Campaign

www.knowingisbetter.ca
Transforming Practice, Improving Care

Timely Access to Information

Collaboration & Communication

Improves Efficiencies & Avoids Duplication

Information Management & Education

Decision Support & Workflow
Connecting the Team
Communication & Collaboration

Connecting the Patient
Self-Management

ePractice
Clinical/Health Informatics

Connecting to Evidence Based Information
Knowledge Based Practice

Quality Measures
Continuous Quality Improvement
<table>
<thead>
<tr>
<th>National Change Management Framework Elements</th>
<th>Key Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance &amp; Leadership</td>
<td>Only 39% of respondents state a senior leader is accountable for change most or all of the time</td>
</tr>
<tr>
<td>Stakeholder Engagement</td>
<td>Only 36% state a structured stakeholder engagement process is used most or all of the time</td>
</tr>
<tr>
<td>Communications</td>
<td>Only 46% state key messages delivered by the senior leader most or all of the time.</td>
</tr>
<tr>
<td>Workflow Analysis &amp; Integration</td>
<td>Only 43% respondents indicate that workflow analysis and integration is conducted on change initiatives most or all of the time.</td>
</tr>
<tr>
<td>Education &amp; Training</td>
<td>Only 61% of respondents state they provide training segmented by user type and role most or all of the time</td>
</tr>
<tr>
<td>Monitoring &amp; Evaluation</td>
<td>Only 35% of respondents state their change management process includes review and monitor change tactics</td>
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</tbody>
</table>
NURSING PRACTICE - CURRENT STATE
Nursing Practice

The National Survey of Canadian Nurses: *Use of Digital Health Technologies in Practice*, is the first ever quantitative survey of Canadian nurses to explore their access, use and impact of using technology in nursing practice.

This inaugural survey was undertaken jointly by the Canadian Nurses Association and Canada Health Infoway. It was conducted between February and March 2014 by Harris Decima. 1,094 surveys were completed by nurses in direct practice. The data has been weighted to be representative of the actual nursing population.
Q3. Thinking about your MAIN patient care setting, which of these describes the patient record keeping system that you use? Please check ONLY ONE

Community based primary care
- Electronic INSTEAD of paper: 61%
- Combination paper and electronic: 20%
- Paper only: 19%

Nursing home/LT care/Seniors
- Electronic INSTEAD of paper: 8%
- Combination paper and electronic: 60%
- Paper only: 32%

Inpatient setting
- Electronic INSTEAD of paper: 10%
- Combination paper and electronic: 59%
- Paper only: 31%

Outpatient setting
- Electronic INSTEAD of paper: 12%
- Combination paper and electronic: 71%
- Paper only: 17%

Emergency
- Electronic INSTEAD of paper: 4%
- Combination paper and electronic: 70%
- Paper only: 26%

Base: All respondents (n=1,094)
While most Canadian nurses work with a combination of paper and electronic record keeping, **1 in 4 work** in a paper environment and 2 in 10 are electronic.

**Wide variance** in electronic use across the practice care settings.

**65%** use electronic records to enter and retrieve clinical patient notes.
Canadian Nurses - all practice settings
Top 3 functionalities in use

1. Electronic records to enter and retrieve clinical notes
2. Electronic Ordering of Lab tests
3. Electronic list of all medications taken by an individual patient
## Access and use of specific functionality and tools

<table>
<thead>
<tr>
<th>Function</th>
<th>Use on a computer or laptop</th>
<th>This is available but I do not have access</th>
<th>This is not available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic records to enter and retrieve clinical patient notes</td>
<td>63%</td>
<td>4%</td>
<td>31%</td>
</tr>
<tr>
<td>Electronic list of all medications taken by an individual patient</td>
<td>53%</td>
<td>10%</td>
<td>34%</td>
</tr>
<tr>
<td>Electronic access to provincial/territorial patient information systems (e.g. drug, laboratory, diagnostic images)</td>
<td>43%</td>
<td>13%</td>
<td>37%</td>
</tr>
<tr>
<td>Electronic clinical decision support tool (e.g. Application for medications, dosages, BMI calculator)</td>
<td>41%</td>
<td>5%</td>
<td>40%</td>
</tr>
<tr>
<td>Electronic referral to other physicians or health care provider (e.g. physiotherapist, social worker, dietitian)</td>
<td>35%</td>
<td>7%</td>
<td>51%</td>
</tr>
<tr>
<td>Electronic reminders for recommended patient care (following clinical practice guidelines)</td>
<td>29%</td>
<td>4%</td>
<td>58%</td>
</tr>
<tr>
<td>Electronic transfer of clinical/patient medical information securely to other health professionals</td>
<td>24%</td>
<td>7%</td>
<td>55%</td>
</tr>
<tr>
<td>Access to provincial electronic health record</td>
<td>15%</td>
<td>9%</td>
<td>58%</td>
</tr>
</tbody>
</table>

30 - 60% Don’t Have Access
49 per cent do not feel they have adequate access to the tools for their role.

57 per cent say the types of digital health tools in their practice are not adequate for their role.

Canadian nurses are poised for digital health leadership, 83 per cent are confident in using digital tools.
Q18. How would you rate your confidence in using electronic clinical information systems and tools in clinical practice?

- Very confident: 22%
- Confident: 61%
- Not confident: 14%
- Not at all confident: 3%

Base: Valid respondents (n=925)
Nurses are split in their satisfaction with the digital tools/systems currently in use in their practice.

86 per cent of nurses had little or no input into the introduction of digital health systems.

91 per cent of nurses state they have little to no influence in the use of digital health tools in their practice.
Q12. How satisfied are you with the electronic clinical information and tools that you currently use in your practice?

- Very satisfied: 8%
- Moderately satisfied: 40%
- Neither satisfied nor dissatisfied: 13%
- Moderately dissatisfied: 23%
- Dissatisfied: 17%

Base: Valid Responses (n=931)
Opportunity to improve nursing consultation prior to implementation

Consultation about decisions to use electronic clinical information systems
- 4% A great deal
- 10% Quite a lot
- 28% A little
- 58% None at all

Influence the use of electronic clinical information
- 3% A great deal
- 8% Quite a lot
- 6% A little
- 62% None at all

Base: All respondents in clinical practice providing direct care (n=931)
Excludes those who responded: Not applicable - no electronic systems in place
Nurses opinion is split on adequacy of tools and level of access

- Types of tools: 40% Yes, 57% No
- Level of access: 47% Yes, 49% No

Base: All respondents in clinical practice providing direct care (n=933)
Base: All respondents in clinical practice providing direct care (n=937)
Excludes those who responded: Don’t know and Not applicable - no electronic systems in place
Nurses identify a number of benefits associated with the use of digital health tools:

- Improved continuity of patient care and communication between the care team (78 per cent)
- Improved patient safety (72 per cent)
- Improved lab/diagnostic response time to support decision making (71 per cent)
While nurses recognize the benefits for both themselves and their patients, there are a number of factors impacting the full realization of digital health in nursing practice:

- Use of both paper/electronic records (61 per cent)
- Multiple log-ins to access different clinical information systems (54 per cent)
- Lack of available equipment (48 per cent)
Generally more than one log-in required

Q8. On a typical working day, please indicate how many different logins (usernames and passwords) you use to access electronic record/clinical information systems to manage patient care.

- One: 16%
- Two: 28%
- Three: 26%
- Four: 12%
- Five: 4%
- Six or more: 7%
- None: 6%
- Don't know: 0%

Base: All respondents who work in a clinical practice (n=992)

©Harris/Decima
Challenges

- Use of both paper charts and electronic records (61%)
- Multiple logins required to access different systems (54%)
- Lack of available equipment (e.g., workstations) (48%)
- Too many other work demands (38%)
- Equipment does not meet nursing needs (37%)
- It takes too long to sign in to use the systems (34%)
- Lack of permissions to access systems (27%)
- Clinical information system very complex and not user-friendly (27%)
- Lack of appropriate training (26%)
- Does not align with clinical workflow (24%)
- Internal policies do not support accessing (19%)
- Helpdesk response too slow (16%)
- Use of electronic record/clinical information (12%)

Base: Valid respondents (n=910)
Opportunities

✓ Capitalize on nursing confidence
✓ Improve nursing access
✓ Enhance nursing input into:
  • Types of tools
  • Planning for implementation
  • Education
COMMUNITY PHARMACISTS
PRACTICE
CURRENT STATE
Background and Methodology

– As part of Infoway’s Clinical Engagement Strategy – Direct Care Providers, in partnership with the Canadian Pharmacists Association (CPhA), we invited community pharmacists to participate in a survey to understand their use and perceived benefits of electronic systems in practice.

– Harris/Decima hosted a Web-based survey and provided analysis of results.

– CPhA and provincial pharmacy associations distributed survey to its members. Survey was open from Apr 15 to May 12, 2014.

– Total N=447 (all respondents). The data were weighted to reflect the universe of pharmacists in a community setting.*

*Source: Pharmacists Workforce, CIHI, 2012. Weighting factors that were applied are within the industry standards (under 2.5)
Provincial Distribution of Responses

- The table below highlights the number of completions by province*.  

<table>
<thead>
<tr>
<th>Province</th>
<th>Completions (unweighted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alberta</td>
<td>65</td>
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<tr>
<td>British Columbia</td>
<td>55</td>
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<tr>
<td>Manitoba</td>
<td>20</td>
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<tr>
<td>New Brunswick</td>
<td>21</td>
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<tr>
<td>Newfoundland</td>
<td>23</td>
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<tr>
<td>Nova Scotia</td>
<td>25</td>
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<tr>
<td>Ontario</td>
<td>114</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>27</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>97</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>447</strong></td>
</tr>
</tbody>
</table>

*Quebec, Nunavut, NWT and Yukon did not participate
Access and Use of Digital Health

- All use clinical decision support tools (e.g.):
  - Electronic warning for adverse drug interactions or contraindications (99%)
  - CPhA e-Therapeutics+/eCPS electronic clinical decision support tool (88%)

- 65% have access to and use patient medication profiles from a provincial drug information system (DIS).

- 22% have access to and use electronic access to laboratory test results from a provincial laboratory information system (LIS).

- Over 90% of those who cannot access to DIS or LIS would like to have access.
Provincial DIS - Impact on Productivity

Since the availability of an electronic provincial drug system in your practice, please estimate the change in productivity in your pharmacy practice.

Previously practiced in non-DIS environment (n=107)
Provincial DIS – Impact on Quality of Care

How has the quality of the patient care you provide changed since the availability of an electronic provincial DIS?

- No Change/Unsure: 8%
- Better: 47%
- Much Better: 45%

Previously practiced in non-DIS environment (n=107)
Community Pharmacists
Top 3 Functionalities in Use

1. Electronic warning for adverse drug interactions or contraindications
2. Electronic reminders for recommended patient care
3. Electronic list of all medications taken by an individual patient (accessible through DIS)

Source: 2014 Infoway National Survey of Community Pharmacists
©Canada Health Infoway 2015
Impact of DIS on Clinical Practice

Since the availability of an electronic provincial drug system in your practice, please estimate the percent improvement in the following:
Since having electronic access to laboratory test results (available through provincial/territorial information systems), the productivity at my community pharmacy practice has:

- 16% Greatly Decreased/Decreased/Unsure
- 27% No Change
- 57% Increased/Greatly Increased

Electronic Lab Access (n=102)
Access to Lab Results - Impact on Quality

How has the quality of the patient care you provide changed since having electronic access to laboratory test results (available through provincial/territorial information systems)?

- 13% No Change/Unsure
- 43% Better
- 44% Much Better

Electronic Lab Access (n=102)
ELECTRONIC PRESCRIBING
e-Prescribing Definition: CMA-CPhA

“The secure electronic creation and transmission of a prescription between an authorized prescriber and a patient’s pharmacy of choice, using clinical Electronic Medical Record (EMR) and pharmacy management software.”

e-Prescribing Joint Statement 2012
Canadian Medical Association & Canadian Pharmacists Association
**Prescription Sources**

Please estimate the percentage of total weekly prescriptions received in your pharmacy practice from the sources listed below.

<table>
<thead>
<tr>
<th>Source</th>
<th>Less than 20%</th>
<th>21 - 60%</th>
<th>More than 60%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephone (e.g. physician/prescriber calls)</strong></td>
<td>95%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Handwritten and brought in by patient</strong></td>
<td>55%</td>
<td>34%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Handwritten and faxed to pharmacy</strong></td>
<td>95%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Typed/Printed (i.e. computer generated &amp; signed by prescriber) brought in by patient</strong></td>
<td>43%</td>
<td>41%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Typed/Printed (i.e. computer generated, printed in the prescriber’s office with an electronic signature, stamped signature or are signed and then faxed to the pharmacy)</strong></td>
<td>76%</td>
<td>21%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Computer generated, printed with electronic prescriber signature and brought in by patient</strong></td>
<td>72%</td>
<td>23%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Auto-fax (i.e. generated from physician system to pharmacy fax with some form of e-signature)</strong></td>
<td>88%</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>ePrescribing (i.e. from physician system directly to pharmacy practice management system)</strong></td>
<td>97%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Prescription accessed through an electronic provincial Drug Information System (DIS)</strong></td>
<td>98%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

All respondents (n=447)
Early impact of moving from handwritten/verbal prescriptions

- Legibility of prescriptions
- Productivity of pharmacy technicians/assistants
- Productivity of pharmacists
- Time requirements to process a prescription
- Selection of correct dose
- Selection of correct drug
- Correct instructions/directions
- Correct duration of treatment
- Prescriber identification of potential drug...
- Communications with prescribers
- Inter-professional collaboration
- Contraindications/inappropriate drug
- Drug therapy monitoring and/or medication...
- Patient compliance and adherence
- Formulary /insurance Issues

(n=340 to 353) depending on the respondents able to answer the question.

Small decline or deterioration
Decline or deterioration
### Variability in clarification of electronic processes

#### In your pharmacy practice, do you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not Applicable</th>
<th>Never/Rarely</th>
<th>Sometimes</th>
<th>Frequently/Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept auto-faxed/printed prescriptions as received</td>
<td>11%</td>
<td>23%</td>
<td>13%</td>
<td>53%</td>
</tr>
<tr>
<td>Seek to verify the electronic signature by contacting the prescriber</td>
<td>12%</td>
<td>40%</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Seek to verify with the prescriber that a unique prescription authorization process is in place</td>
<td>13%</td>
<td>49%</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>Receive a negative response from prescribers when seeking to verify the electronic signature</td>
<td>21%</td>
<td>36%</td>
<td>22%</td>
<td>20%</td>
</tr>
</tbody>
</table>

*All respondents (n=447)*
PHARMACISTS EXPANDED SCOPE OF PRACTICE
Leading Clinical Benefits for Community Pharmacists

- Access to patient information
- Pharmacist prescribing activities
- Conducting medication reviews
- Continuity of patient care

Previously practiced in non-DIS environment (n=107)
Pharmacists moving FROM Product-Focused Patient Care...
... Moving TO **Outcomes**-Focused Patient Care.
<table>
<thead>
<tr>
<th>2005</th>
<th>Pharmacists’ Expanded Scope of Practice in Canada</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Implemented</td>
</tr>
<tr>
<td>Provide emergency prescription refills</td>
<td>BC</td>
</tr>
<tr>
<td>Renew/extend prescriptions</td>
<td>X</td>
</tr>
<tr>
<td>Change drug dosage/formulation</td>
<td>X</td>
</tr>
<tr>
<td>Make therapeutic substitution</td>
<td>X</td>
</tr>
<tr>
<td>Prescribe for minor ailments/conditions</td>
<td>X</td>
</tr>
<tr>
<td>Initiate prescription drug therapy</td>
<td>X</td>
</tr>
<tr>
<td>Order and interpret lab tests</td>
<td>X</td>
</tr>
<tr>
<td>Administer a drug by injection</td>
<td>X</td>
</tr>
<tr>
<td>Regulated Pharmacy Technicians</td>
<td>X</td>
</tr>
<tr>
<td>Activity</td>
<td>BC</td>
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<tr>
<td>----------------------------------------------</td>
<td>----</td>
</tr>
<tr>
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<tr>
<td>Regulated Pharmacy Technicians</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Pharmacists’ Expanded Scope of Practice in Canada

#### 2015

- ** Implemented in jurisdiction
- ** Pending legislation, regulation or policy for implementation
- ** Not implemented

<table>
<thead>
<tr>
<th>Service</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>QC</th>
<th>NB</th>
<th>NS</th>
<th>PEI</th>
<th>NL</th>
<th>NWT</th>
<th>YT</th>
<th>NU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide emergency prescription refills</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<td>✓</td>
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<td>X</td>
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<tr>
<td><strong>Prescribe for minor ailments/conditions</strong></td>
<td>X</td>
<td>✓</td>
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<tr>
<td><strong>Administer a drug by injection</strong></td>
<td>✓</td>
<td>✓</td>
<td>P</td>
<td>✓</td>
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<td>✓</td>
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<td>P</td>
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<td>Service</td>
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<tr>
<td>Medication Review/Assessment — Basic/Standard</td>
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<td>Medication Review/Assessment — Specific for Diabetes</td>
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| Prescription Adaptation, Renewals, Trial Rx, Refusal to Fill Rx, Pharmaceutical Opinion, etc. |    |    |    |    |    |    |    |    |     |   ✓
## Payment for Medication Management Services

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Summary of Results

• Community pharmacists are using and benefiting from digital health in practice.
  • Those using provincial drug information systems (DIS) and laboratory information systems (LIS) report increased productivity and quality of care.
  • Pharmacists are also reporting substantial improvement in clinical benefits related to expanded scope of practice activities.
  • Those who do not have access to a provincial DIS or laboratory test results would overwhelmingly like to have it to help inform patient care.

• EMR-generated prescriptions are increasing in prevalence and are associated with better legibility, however, there are opportunities for further benefits.
CASE STUDY – Floods in Calgary Area (High River) July 2013

**ENABLERS:** expanded scope of practice + access to information + payment models
Key Take Aways

• We have a baseline of where we are at

• Clinicians are looking for more

• We have a number of opportunities for improvement

*We need to build capacity and integrate the required competencies into existing Professional Practice Frameworks and Models of Care*
The Check List

- Visible Clinical & IT Leadership
- Budget for Change Management
- Selected Change Approach/Methodology
- Engaged Clinicians & Informatics Specialists
- Communication Plan & Key Messages
- Workflow Analysis & Practice Process Redesign
- Role Specific Training & Education
- Ongoing Technical, Operational & Clinical Support
- Pre & Post Change Indicators & Evaluation
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