

Implementation and Adoption

How to ensure sustained adoption of regional eHealth initiatives?

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Objectives of This Session

1. Provide a range of perspectives on what works and what does not in delivering **large regional/provincial IM/IT initiatives**
2. Compare and contrast different approaches to implementation and adoption depending on a program's **maturity and level of complexity**
3. Learn from **real-life examples** about how challenges can be turned into positive implementation experiences

Introducing the Regional Programs



Regional electronic health record

- **~40 organizations** across multiple Local Health Integration Networks
- **~2.4 million patients** captured (36% of the region's population)
- **~1,200 clinicians enrolled** to date
- **~20, 000 clinicians** by end of 2015



Key Strengths

- Program driven and solution designed **by clinicians**
- **175+ clinicians** are directly engaged through Clinical Working Group, Clinician Champions, Clinical Solution Team
- Clinicians prioritized most **valuable functionality, identified barriers** to adoption early, and **captured clinical stories**



Engage	Engage & Enlist	Educate & Exchange	Embed & Execute
2 Clinical Leads 1 Clinical Advisor 14 Clinical Working Group members	~20 Clinician Champions ~20 Clinical Solution Team Members ~40 Usability Testers	Up to 75 Clinicians representing Early Adopter sites	~20,000 Clinical End Users ~4,000 Active Users

Key Learnings

- **Balancing significant clinical input and direction with other program considerations:**
 - **Program delivery timeline**
 - **Solution design, product roadmap and enhancement timing**
 - **Site ability to deliver data**
 - **Operational processes**
 - **Privacy and security policies**
 - **Full go live approach**



Regional DI repository

- Facilitates **the sharing of diagnostic images** between health service providers
- **19 health service providers**, across 5 Local Health Integration Networks, are part of the GTA West DI-r consortium
- The DI-r houses **3 million MRI & CT scans, Ultrasound and X-Rays**



Key Strengths

- Through **Foreign Exam Management (FEM) functionality**, GTA West DI-r users have access to diagnostic images and reports from other health service providers
- GTA West DI-r **facilitates greater collaboration between clinicians**
- GTA West DI-r **reduces patient exposure to radiation and patient travel times**



Key Learnings

- The application was **rolled out by organization's PACS**, who identified radiologists as the primary audience.

- Participating organizations have identified a need to **expand the DI-r's usage to other clinicians**

- The key challenge is to customize the tool to **meet new clinical requirements but remain true to existing user base**





eReferral Application

- Facilitates the **sending, managing and receiving of Alternate Level of Care referrals** in Toronto Central LHIN
- **80 health service providers** use the RM&R application as their ALC referral management tool
- **27,587 registered users**, ranging from physicians to nurses to social workers, use RM&R
- Clinicians can send **CCAC In-Home, Rehab/CCC, Long-Term Care, Community Support Services and Palliative Care** referrals





Key Strengths

- The RM&R application provides **real-time referral status updates** facilitating greater collaboration between clinicians
- The RM&R application also **matches patients to the most appropriate ALC program**, facilitating more equitable access to care
- The RM&R program captures a **wide variety of referral data** that can be used for health system planning or organizational business improvement initiatives





Key Learnings



- Clinician diversity, organizational diversity and variety of functionalities contribute to the **complexity** of the application's usage
- The key challenge is **developing and implementing customized solutions** that allow RM&R to be an adaptable tool

Themes to sustain adoption

- **Extensive clinical engagement** and clinical governance
- Program objectives guided by **clinical guidelines**
- **Transparency** about unknowns and limitations
- Adoption efforts led at the **local level** and supported centrally



Questions?

