

Mustimuhw Solutions

2016

Cowichan Tribes

Strengthening the
Circle of Care

First Nations Client Empowerment
Through Personal Health Record
Enablement

June 2016



We are BC's
Largest
First Nations
Community



About
Cowichan Tribes

Tribes
Governance

Member
Services

Presence
in the Valley

ABOUT COWICHAN TRIBES

- History
- Demographics
- Land Base
- Economy
- Facilities
- Research Index

About Cowichan Tribes

With over 4,600+ members, we are the largest single First Nation Band in British Columbia.

About half of our members live on the Reserve. Ours is a relatively young population, with a large percentage of the population under the age of 35.

We have seven traditional villages: Kw'amutsun, Qwum'yiquun', Hwulqwselu, S'amuna', L'uml'umuluts, Hinupsum, Tl'ulpalus.

We have been delegated responsibilities for a variety of [member services](#) including Children & Families, Education, Health, Housing, Membership, and Social Development.



Other Facts

- Total Reserve area is currently 2,400 hectares (5,900 acres), made up of nine Reserves.
- Core Traditional Territory is approximately 375,000 hectares (900,000 acres).



A young child with dark hair, wearing a blue, white, and orange plaid shirt, is shown from the side, reaching out to touch a patch of bright green moss growing on a dark, wet rock. The child's hands are positioned just above the moss. The background consists of a rocky shoreline with many dark, smooth stones and patches of similar green moss. The scene is outdoors, likely near a body of water.

Tl'i' to' mukw' mustimuhw

"Each person is important"



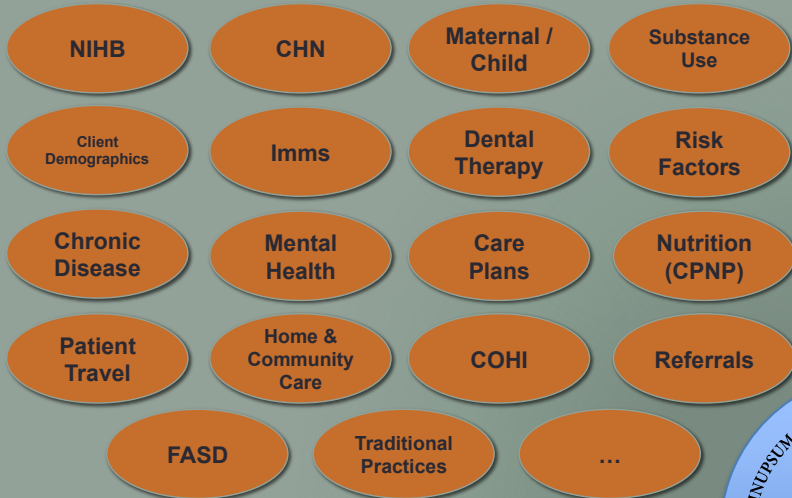
- Healthy Families
- Elders Program
- Maternal Child Health
- Counselling
- Dental Program
- Patient Transportation
- Shexun sun'ts'a' Clinic

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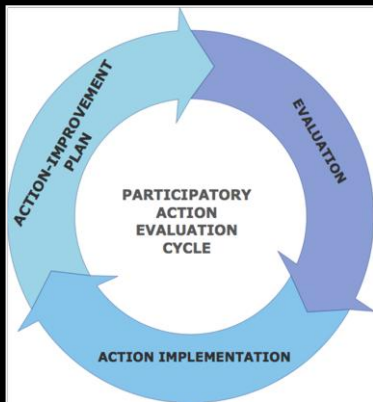


panorama

Community Electronic Medical Record



Data Governance, Privacy and Security Evaluation



Ts'ewulhtun Health Centre

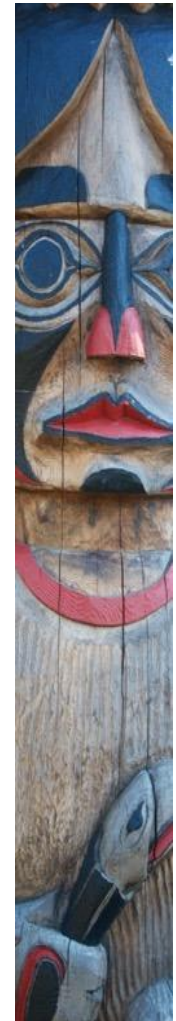
- Information Asset Inventory
- Data Governance, Privacy & Security Policies
- Data Governance, Privacy & Security Practices



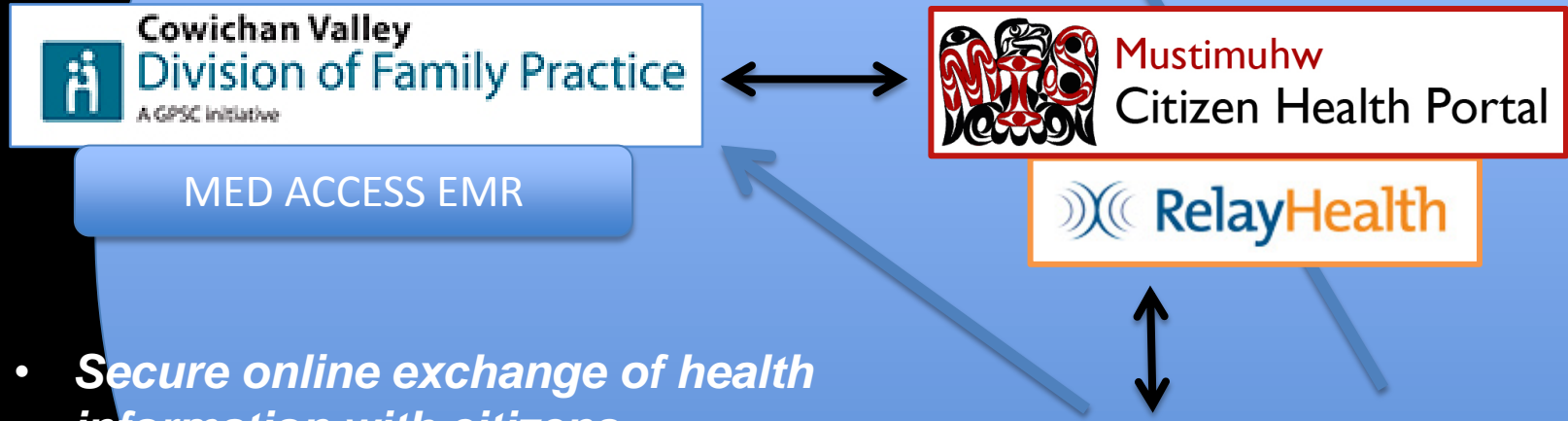
Why a PHR?

Increasingly, providers and citizens want – and expect to have – an efficient, coordinated, secure and technology-enabled circle of care.

Within First Nations health programs the individual, family, and community are seen as key pillars in the circle of care. Rather than reinforce a model of passive citizens, First Nations have built their approach to care around an empowerment philosophy where the citizen is an active member.



- Inefficient & time delays
- Limited Citizen involvement
- P&S and jurisdictional barriers (actual or perceived)
- Circle of Care not optimal



- *Secure online exchange of health information with citizens*
- *Empower citizens to be full partners*
- *Self-management, shared and informed decision-making*
- *Info continuity between providers*
- *Enable citizen-centric care (Patient Centred Care Framework)*





Project Setup

- Reviewed benefits, outcomes, lessons from other PHR / Consumer Health projects and found that...
 - ...integrating EMRs with the PHR has the ability to reduce workflow inefficiencies
 - ...benefits available both providers and citizens using a PHR model (for example: sharing test results electronically, eBooking, eMessaging for clinical services, etc.)
 - *“...when a PHR is included as part of a model of care, it can contribute to a quantifiable increase in practice capacity...the PHR can support improved management of patients with chronic illness and that patients themselves can have increased capacity for better self- management of their healthcare”¹*
 - ...in a survey of citizen users, 86% of respondents indicated they would recommend PHR to a friend

¹Novas Scotia PHR Demonstration Project Benefits Evaluation Report 2014



Thanks to all
for
persevering

Project Setup

Over 24 months
to get to project
kick-off

Early 2014: Discussion with CHI re project requirements

March 2014: Discussion with Island Health to explore collaboration

May 2014: Approval from Cowichan Valley Division of Family Practice

April 2015: FNHA letter to CHI confirming endorsement for project

Sept 2015: Presentation to and endorsement from SCIMIT

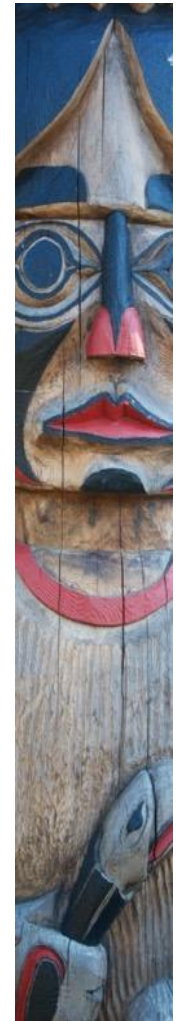
Fall 2015: Procurement process to identify CHI-certified PHR solution

Winter 2015/16: PHR solution selected, project agreements signed

Spring 2016: Project Kick-off; user engagement underway

May 2017: Demonstration project end; sustainment model implemented

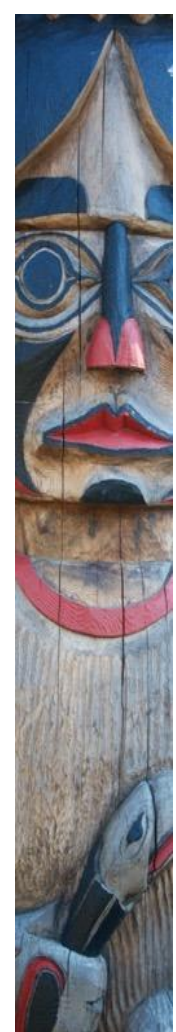
Project Structure / Agreement with CHI





Demonstration Project Purpose

- Assess the benefit of access to on-line health records for citizens, their families and caregivers
- Assess the benefit of citizens' ability to efficiently interact electronically with health providers
- Support citizens to play an active role in their health care
- Assess benefits, challenges, opportunities, etc. for participating nurses and physicians
- Enable providers' PHR-mediated interaction with citizens
- Enable provider access to their colleagues' contributions to health records, thereby increasing clinical insight and decision making and reducing time currently spent manually filling gaps in citizens' records





Hwial'asmut ch tun' s-ye'lh

"Take care of your health"

Information Flow (planned)

- Citizen Demographics
- Citizen added Rx/drugs
- Consent settings
- Immunization records
- Chronic Disease Info
- Lab/Diagnostic results
- Maternal/Child info
- Communications from citizens
- etc.



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MED ACCESS EMR

- Citizen Demographics
- Citizen added Rx/drugs
- Consent settings
- Immunization records
- Chronic Disease Info
- Lab/Diagnostic results
- Maternal/Child info
- Communications from citizens
- etc.

- Contact info
- OTC Meds
- Consent settings
- Chronic Disease info
- View results
- Communications with providers
- etc.



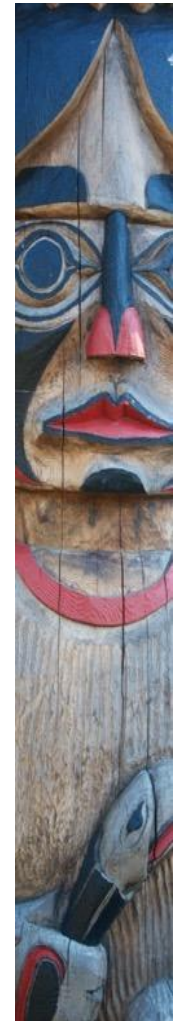
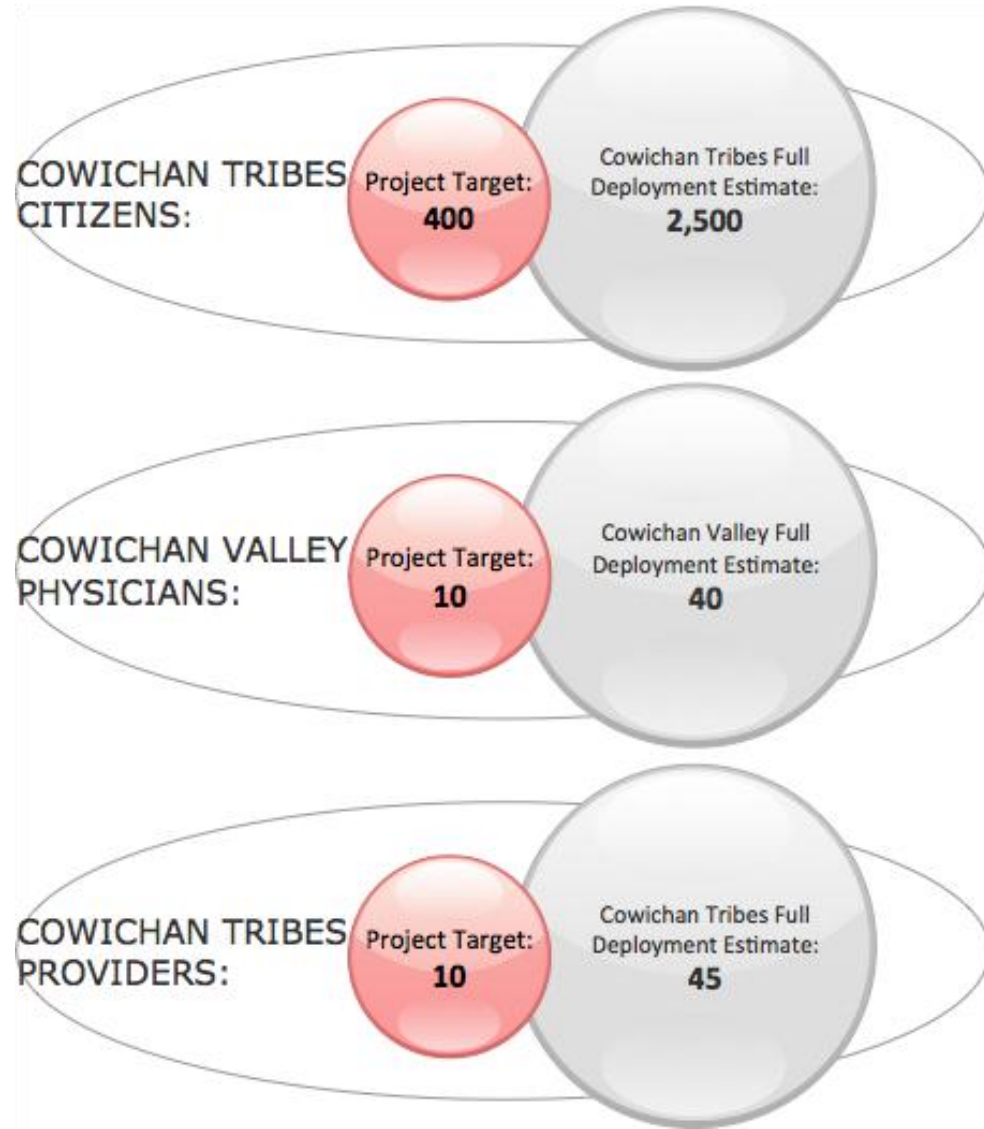


Demonstration Project Scope

The project is scheduled to occur between Dec 2016 and May 2017.

400 citizens, 10 physicians and 10 nurses will be engaged to be users of the RelayHealth PHR in this time.

Information will be collected throughout the project to build a case for sustainment and expansion of the PHR model.

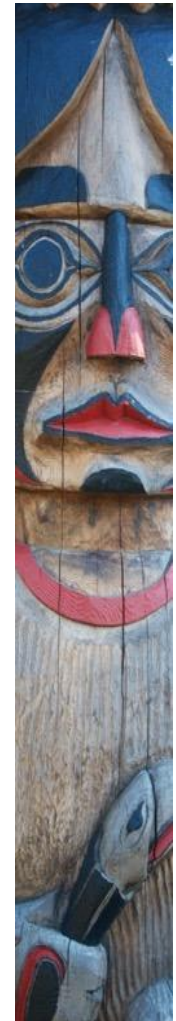




Topics to Work Through

As this is a demonstration project funded in part by Canada Health Infoway, there is an emphasis on learning and testing models. To date, several topics have been identified for analysis:

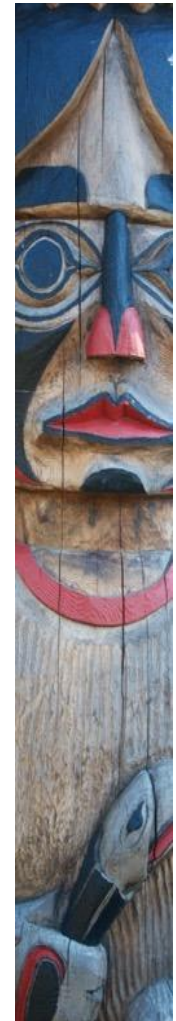
- Inclusion of First Nation health centre providers in a PHR model
- How to support “mature minors” to create and use PHRs
- How to integrate the use of PHRs into BC physician office workflows
- etc.





Next Steps...

- Complete the project, evaluate outcomes and benefits
- Develop and implement sustainment plan
- Explore expansion opportunities
 - Expansion in functionality / info sources
 - Additional PHR functionality
 - Collaboration with Duncan Regional Hospital (Island Health)
 - etc.
 - Expansion in deployment scope
 - Expanded adoption by local physicians
 - Expanded adoption by Ts'ewulhtun Health Centre providers
 - Expansion to other BC First Nations using Mustimuhw
 - Expansion to First Nations in other provinces using Mustimuhw





Thuluqtul ch 'u kwthun'
kwunmun

"Share what you have"

Mustimuhw Solutions

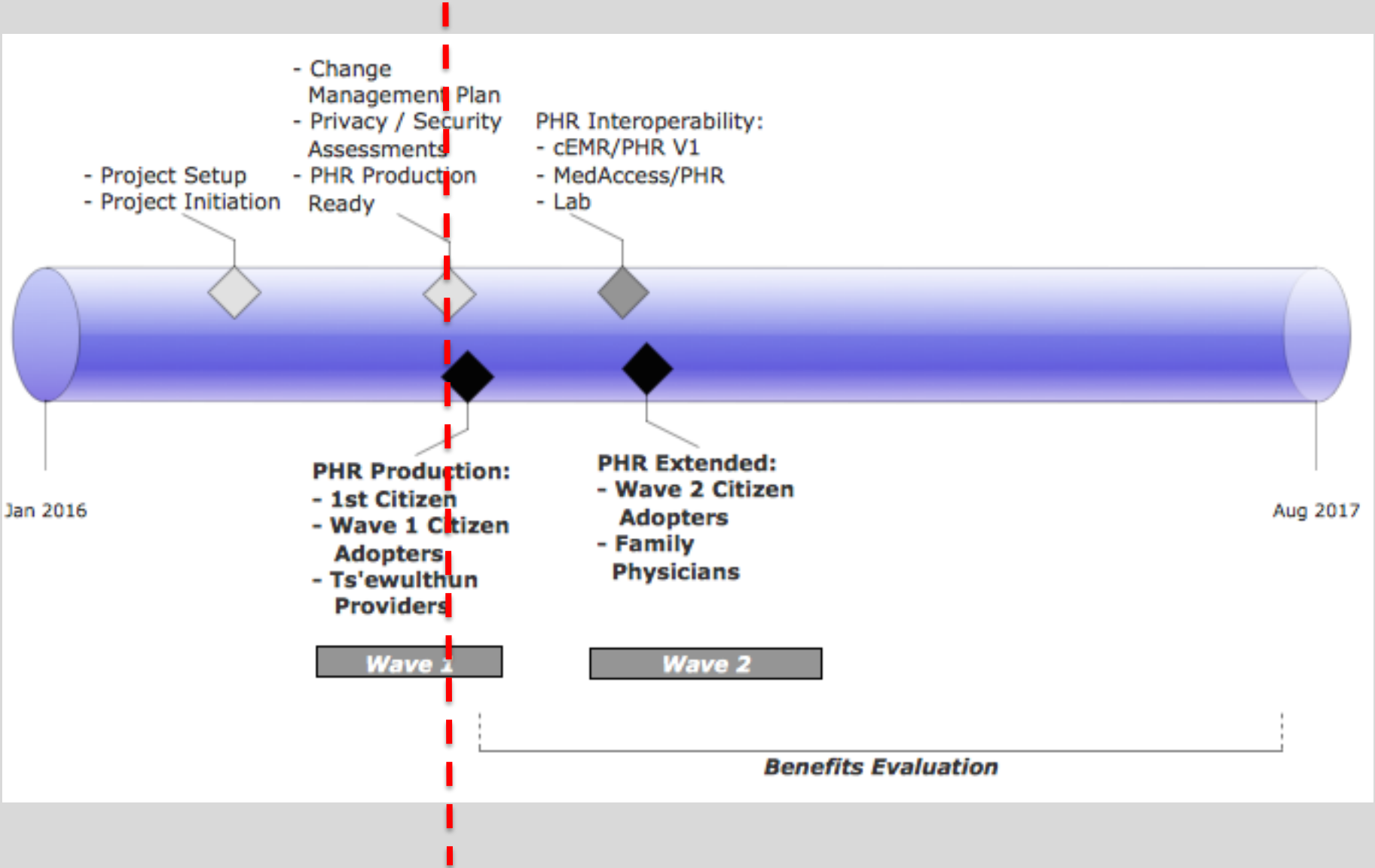
2016

Huy Tseep Q'u!



Mustimuhw Information Solutions
Inc.

Project Timeline



- Change Management Plan
- Privacy / Security Assessments
- PHR Production Ready

- PHR Interoperability:
- cEMR/PHR V1
 - MedAccess/PHR
 - Lab

- Project Setup
- Project Initiation

- PHR Production:**
- 1st Citizen
 - Wave 1 Citizen Adopters
 - Ts'ewulthun Providers

- PHR Extended:**
- Wave 2 Citizen Adopters
 - Family Physicians

Wave 1

Wave 2

Benefits Evaluation

Jan 2016

Aug 2017

