

Profile of an EMR community of practice: Shuswap–Revelstoke

With a 92% EMR implementation rate, the Shuswap–Revelstoke CoP is leading the way in BC.

Physicians in more than 14 BC communities have developed EMR communities of practice (CoPs). CoPs bring together GPs and specialists in a geographical community via a common electronic medical record (EMR) system. The goal of this collaboration is to improve services to a shared patient population using a common EMR and ease the transition to EMR through peer support and collaboration. The Shuswap–Revelstoke CoP is a leading example, with among the highest level of adoption and a physician membership strongly focused on using the EMR to enable their shared-care and quality-improvement goals.

Forming the CoP

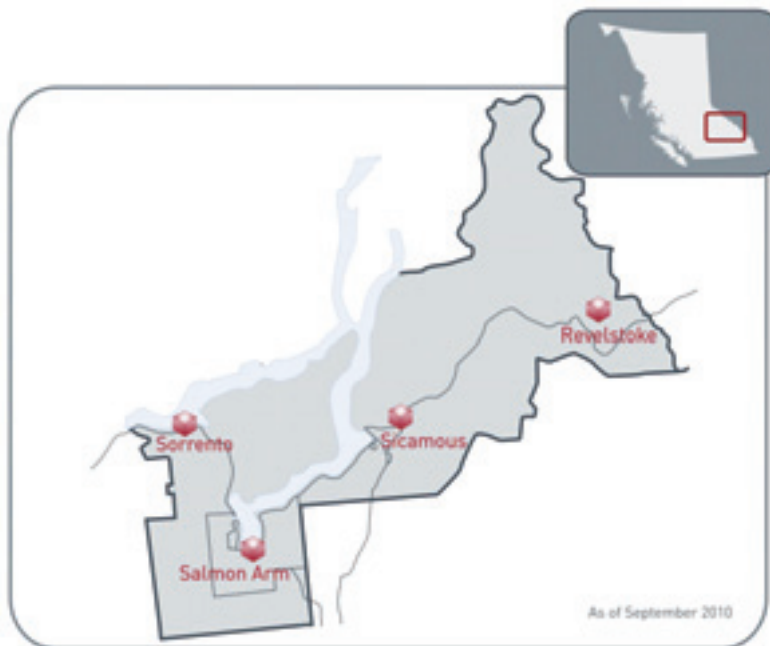
Dr James Levins, the Shuswap–Revelstoke CoP lead, completed the application to form an EMR community of practice in September 2008.

By March 2010, 80% of the CoP clinics went live on the EMR, and by August 2010, 92% of the clinics had implemented in Salmon Arm, Sicamous, Sorrento, and Revelstoke.

The CoP leadership comprises a clinical advisory team made up of five GPs, three office managers, and one specialist.

“In order to begin the EMR adoption process we organized vendor demos for the CoP members. Our selection committee had representation from every clinic in the region, and we did reference checks and site visits to see the EMR working in different practices,” Dr Levins says.

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Shuswap–Revelstoke CoP boundaries.

“We actually conducted two rounds of demos, which was a 3-month process,” Dr Keith Hepburn, member of the CoP’s advisory core team, says.

The goals of the Shuswap–Revelstoke CoP include:

- Optimizing knowledge transfer between providers, patients, and allied health professionals, thus enhancing care collaboration and continuity of care.
- Providing tools to support shared care: records that flow with the patient to reduce costly duplicate diagnostic tests, structured referral letters to improve care coordination between GPs and specialists, patient information packages to improve patient self-management skills, communications platforms, and guidelines and protocols to enable the community to meet the goals of shared care.

- Increasing collaboration between GPs and specialists on template development and information exchange, thus improving patient safety and service.

Two years later

By the end of 2010, 10 clinics with over 30 physicians in Salmon Arm, Revelstoke, Sicamous, and Sorrento were part of the Shuswap–Revelstoke CoP.

Now the community is working on making the most of their EMR, particularly through joint activities with their new Division of Family Practice and the Practice Support Program (PSP). Salmon Arm is undertaking one of the first PITO-PSP “Maximizing Clinical Value Pilots,” supporting the physicians to use the EMR to the utmost to support chronic disease management and complex care.

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The physicians in the region also launched an e-referral pilot project in July 2010.

The e-referral network is an IT solution that facilitates a more efficient transition of patient care information between the providers within the Shuswap–Revelstoke CoP and to other GPs and specialists in the CoPs surrounding communities, such as Kamloops and south Okanagan. E-referral allows the GP and the specialist to send relevant parts of the patient chart electronically; for the specialist it automatically adds to the chart and the GP can accept changes to the chart when he or she receives the results consult note.

“We were very pleased to have the 10-plus physicians in Revelstoke join our CoP. The Salmon Arm internists, Dr Danny Myers and Dr Scott McKee, regularly travel to Revelstoke to consult on patients. We hope that this will be a situation that will lend itself to the use of the e-referral capability,” Dr Levins says.

Peer collaboration

Members of the Shuswap–Revelstoke CoP have created numerous vehicles for sharing and enhancing their collective EMR knowledge. For example,

Other communities with high EMR adoption and collaboration

- South Okanagan
- Kootenay–Boundary
- Kamloops
- Prince George
- Terrace–Kitimat–Nisga’a
- Mission
- Maple Ridge
- Chilliwack
- White Rock
- Langley
- Nanaimo
- Courtenay–Comox

PITO, PSP, and the Shuswap Division of Family Practice join forces for diabetes/EMR pilot project

Beginning in January 2011, 13 physicians in the Shuswap–Revelstoke CoP, assisted by joint PITO Relationship Manager and PSP Coordinator Robin Watt, began working with their EMR to:

- Test and validate the delivery/support model for diabetes care.
- Support a cohort to integrate diabetes guidelines into their practice using the EMR.
- Validate the templates and EMR configuration that enabled physicians to use the care guidelines effectively.
- Determine the criteria that would confirm meaningful use of EMR for diabetic care.
- Demonstrate the value of leveraging the EMR to provide diabetes care.

physicians and MOAs hold monthly user-group meetings where they share experiences and tips and tricks of using their common EMR. They also produce a newsletter as a communications tool for all the CoP-related initiatives on a regular basis.

“Being able to share customized templates with the CoP members and to show physicians how to make the most of the electronic system really helps,” Dr Hepburn says.

“Besides the e-referral project,” says Hepburn, “we have recently shared tips on topics such as clinical decision support triggers and the way they can be used to speed up data entry and support patient care, the “front of chart” items, and the Medinet lab interface.”

Challenges

As is the case in many kinds of change, Dr Levins points out, “it’s hard to get 30 physicians or more to agree on anything, and it’s hard to get everybody’s input into the decision process. Many of our current CoP members hadn’t seen the EMR vendors’ demos when we formed the CoP, however we did have ‘open houses’ and lots of informal discussions.”

Some of the other challenges faced by the CoP physicians were the lack of typing skills, difficulty in adopting voice recognition software, and the clinics’ different rates of adoption.

Key lessons and advice

“We weren’t quite prepared for the change when we started out. Physicians should know that this is not just paper to EMR; it’s a complete change in workflow and it’s also an attitudinal shift,” Dr Hepburn says.

“It is more difficult for large clinics to implement regardless of the EMR vendor that you choose. When you decide to switch from paper to an EMR, try to have the clinic’s manager, MOAs, and schedulers on your project team.”

Dr Levins believes that having the same IT person or only one IT company working for all the community’s clinics has tangible benefits to the EMR implementation process. “Have the same IT specialist support all the clinics in your CoP. That way, you save time because the steps and processes the IT company learns during the first implementation are sped up for the subsequent implementations, so you reap the benefit in the long run.”

—**Jeremy Smith, Program Director Physician Information Technology Office**

For more information

For further information on CoPs and other EMR adoption processes, please contact a relationship manager: www.pito.bc.ca/cms/support/lrms.