Ontario Rheumatology Association

ORA EMR User's Forum
Jan 15 2015

Vandana Ahluwalia MD FRCPC
Director of Models of Care, Chair EMR Committee, ORA
Past President, Ontario Rheumatology Association
Chief of Rheumatology, William Osler Health Center, Brampton

Meeting Agenda at a Glance

1:00pm	Opening Remarks: The ORA Rheumatology EMR Journey	Dr. Vandana Ahluwalia
1:30pm	Medical Documentation- why should you care?	Dr. Mary Bell
2:00pm	Working with your Peer- Leader for EMR optimization	Dr. Stephen McLaren Ontario MD
2:30pm	Health and technology Break	
3:00pm	EMR Maturity Model: EMR Progress Reporting (EPR)	Mr. Dennis Ferenc Change Management Ontario MD
3:30 pm	Update from EMR champions	Dr. Art Karasik (QHR) Dr. Henry Averns(Oscar)
4pm-6pm	EMR Platform Breakout sessions: Accuro workshop	EMR Vendors + EMR Champions

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Oscar workshop was in am

Housekeeping Items

1. Bathrooms are on the other side of the escalator
2. Break: coffee and munchies ...
3. Accuro Users: jot down your questions and we will collect them at the break in preparation for the workshop.

ORA Mission

Ontario Rheumatologists
Pursuit in Excellence of Arthritis Care
Leadership
Advocacy
Education
Communications

ORA Organizational Priorities

Access

PRIVATE PAYERS
EAP
SEB
UVEITIS

Models of Care

Government Framework
OBRI (research)
EMR (practice efficiency)
Manpower

Advocacy & Communication

OMA
Website
Nomination & Awards
ORADE
AGM
Stakeholder Relations
Government Relations

Who is participating today?

Group	Count	
Rheumatologists	32	
AHPs	8	Nurses, PTs working with EMRs in rheumatology setting
Office Staff	3	
Other	10	Researchers Ontario MD Industry EMR Vendors
Total	53	

Forum Objectives

A forum for Ontario Rheumatologists and allied health professionals working in a model of care setting who are currently using or thinking about using EMR solutions:

- Learn about Provincial EMR initiatives and the maturity model
- Learn about new Rheumatology tools
- Identify work flow efficiencies
- Demonstrate usage via best practice workshop's

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Funding disclosure

Thank you to : Abbvie Canada

Unrestricted educational grants for the past 3 years to continue to help Rheumatologists transition and operationalize EHR's

Adoption of Electronic Medical Records

In an effort to better support rheumatology, the ORA EMR initiative+ sub-committee was established to work with Ontario certified EMR companies to support the development and integration of essential missing rheumatology tools.

93% of community rheumatologist are using or have applied for funding for an EMR solution

EMR Adoption

Over 11,650 community-based physicians in Ontario are moving forward with an EMR:

- Approximately 8,325 of an estimated 10,000 general practitioners (83%);
- Approximately 3,325 of an estimated 5,700 specialists (58%)

More

Adoption

Less

Section	Community Specialists*
Cardiology	275
Orthopedics	167
Gastroenterology	125
Otolaryngology	171
Obstetrics and Gynecology	429
Rheumatology	100
Dermatology	182
Pediatrics	904
Ophthalmology	339
Physical Medicine and Rehab	101
Neurology	170
Psychiatry	1,247
Subset of approx. 30 specialties	

Approximate Section Size**:	167
Community-based rheumatologists **	100
Applications to EMR Adoption Program *	93 (93%)
"Go-lives" *	71 (71%)

**Adoption numbers are as of January 2015*
*** Based on 2014 OMA estimates*

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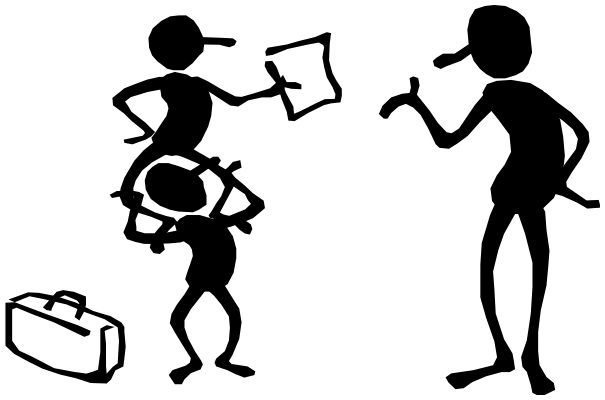

Our work began 36 months ago, with 5 Ontario certified EMR vendors.....today we have a focused working relationships with 2 vendors

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We have worked with many…

2010-2014

- Bell/Xwave- chose to stay focused on primary care –bought out by Accuro
- Nightingale – preliminary interest but fell through
- Practice Solutions/ Telus- initially had good engagement and completed Phase 1 and part of Phase II

EMR Platforms currently working with us

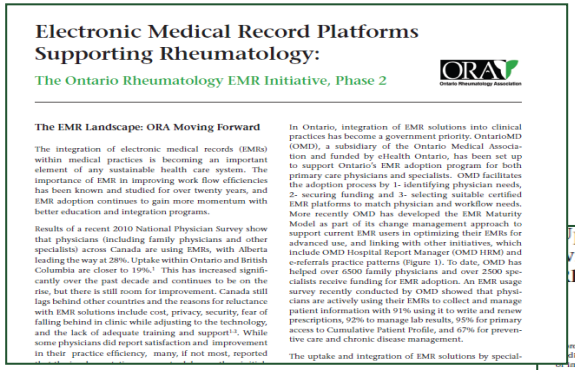
QHR Technologies
Accuro EMR CMS4

McMaster University
Department of Family Medicine– OSCAR McMaster v9.06

ORA EMR Medical Communication

We have been busy along the way…..

- 2 medical Communication pieces by the ORA
- One piece in the Ontario Medical review
- One interview in Rheumatology Network



Electronic Medical Record Platforms Supporting Rheumatology:

The Ontario Rheumatology EMR Initiative, Phase 2

The EMR Landscape: ORA Moving Forward

The integration of electronic medical records (EMRs) within medical practices is becoming an important element of any sustainable health care system. The importance of EMR in improving work flow efficiencies has been known and studied for over twenty years, and EMR adoption continues to gain more momentum with better education and integration programs.

Results of a recent 2010 National Physician Survey show that physicians (including family physicians and other specialists) across Canada are using EMRs, with Alberta leading the way at 28%. Uptake within Ontario and British Columbia are closer to 19%.[1] This has increased significantly over the past decade and continues to be on the rise, but there is still room for improvement. Canada still lags behind other countries and the reasons for reluctance with EMR solutions include cost, privacy, security, fear of falling behind in clinic while adjusting to the technology, and the lack of adequate training and support[1,2]. While some physicians did report satisfaction and improvement in their practice efficiency, many, if not most, reported

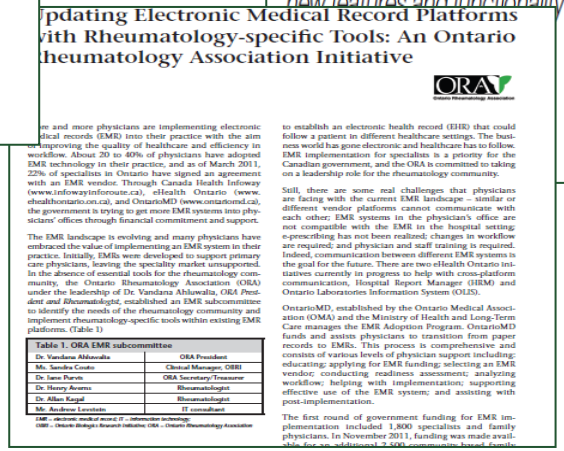
In Ontario, integration of EMR solutions into clinical practices has become a government priority. OntarioMD (OMD), a subsidiary of the Ontario Medical Association and funded by eHealth Ontario, has been set up to support Ontario's EMR adoption program for both primary care physicians and specialists. OMD facilitates the adoption process by 1- identifying physician needs, 2- securing funding and 3- selecting suitable certified EMR platforms to match physician and workflow needs. More recently OMD has developed the EMR Maturity Model as part of its change management approach to support current EMR users in optimizing their EMRs for advanced use, and linking with other initiatives, which include OMD Hospital Report Manager (OMD HRM) and e-referrals practice patterns (Figure 1). To date, OMD has helped over 6500 family physicians and over 2500 specialists receive funding for EMR adoption. An EMR usage survey recently conducted by OMD showed that physicians are actively using their EMRs to collect and manage patient information with 91% using it to write and renew prescriptions, 92% to manage lab results, 95% for primary access to Cumulative Patient Profile, and 67% for preventive care and chronic disease management.

The uptake and integration of EMR solutions by special-

Electronic Medical Records

EMRs: evolving with physicians' needs

advancing common specialty-specific requirements, new features and functionality



pdating Electronic Medical Record Platforms
ith Rheumatology-specific Tools: An Ontario
heumatology Association Initiative

re and more physicians are implementing electronic dical records (EMR) into their practice with the aim mproving the quality of healthcare and efficiency in workflow. About 20 to 40% of physicians have adopted EMR technology in their practice, and as of March 2011, 22% of specialists in Ontario have signed an agreement with an EMR vendor. Through Canada Health Infoway (www.infowayinforoute.ca), eHealth Ontario (www.ehealthontario.on.ca), and OntarioMD (www.ontariomd.ca), the government is trying to get more EMR systems into physicians' offices through financial commitment and support.

The EMR landscape is evolving and many physicians have embraced the value of implementing an EMR system in their practice. Initially, EMRs were developed to support primary care physicians, leaving the speciality market unsupported. In the absence of essential tools for the rheumatology community, the Ontario Rheumatology Association (ORA) under the leadership of Dr. Vandana Ahluwalia, *ORA President and Rheumatologist*, established an EMR subcommittee to identify the needs of the rheumatology community and implement rheumatology-specific tools within existing EMR platforms. (Table 1)

Table 1. ORA EMR subcommittee

Dr. Vandana Ahluwalia	ORA President
Ms. Sandra Coutts	Clinical Manager, OIRI
Dr. Jane Purvis	ORA Secretary/Treasurer
Dr. Henry Averns	Rheumatologist
Dr. Allan Kegal	Rheumatologist
Mr. Andrew Lenstein	IT consultant

EMR – electronic medical record; IT – information technology; OIRI – Ontario Biologics Research Initiative; ORA – Ontario Rheumatology Association

to establish an electronic health record (EHR) that could follow a patient in different healthcare settings. The business world has gone electronic and healthcare has to follow. EMR implementation for specialists is a priority for the Canadian government, and the ORA is committed to taking on a leadership role for the rheumatology community.

Still, there are some real challenges that physicians are facing with the current EMR landscape – similar or different vendor platforms cannot communicate with each other; EMR systems in the physician's office are not compatible with the EMR in the hospital setting; e-prescribing has not been realized; changes in workflow are required; and physician and staff training is required. Indeed, communication between different EMR systems is the goal for the future. There are two eHealth Ontario initiatives currently in progress to help with cross-platform communication, Hospital Report Manager (HRM) and Ontario Laboratories Information System (OLIS).

OntarioMD, established by the Ontario Medical Association (OMA) and the Ministry of Health and Long-Term Care manages the EMR Adoption Program. OntarioMD funds and assists physicians to transition from paper records to EMRs. This process is comprehensive and consists of various levels of physician support including: educating; applying for EMR funding; selecting an EMR vendor; conducting readiness assessment; analyzing workflow; helping with implementation; supporting effective use of the EMR system; and assisting with post-implementation.

The first round of government funding for EMR implementation included 1,800 specialists and family physicians. In November 2011, funding was made avail-

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Phases of the ORA EMR Work

Rheumatology Adoption	Rheumatology Tools	Extract Data out of EMRs	Collect data via forms (Forms Library)	Embed clinical guidelines for improved health outcomes

• 93% of community rheumatologist are using or have applied for funding for an EMR solution	• Rheumatology specific tools
	  • Clickable Homunculus
	  • Disease activity scores
	  • Patient reported Outcomes
	  • HAQ, BASDAI, BASFI
	  • eOBRI data collection form
		• Create a process that allows data to be moved out of EMRs in a standardized way and package them into specific data *sets for users:*
		• *MD practice evaluation tool*
		• *patient portal*
		• *Research link*
			• Create a forms management system for clinicians, consumer, research , industry drug access , hospital forms	• Integrate clinical guidelines seamlessly into work flow, and create quality indicator measurements for practice improvements

		Phase 3 of ORA EMR initiative		Phase4 of ORA EMR initiative

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EMR Survey August 2014

September 2014

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Survey Objective & Methods

Objective

Among ORA EMR users, understand their satisfaction with EMRs across multiple dimensions and identify current & emerging areas of need and opportunity.

Methodology

- Online Survey Method
- Audience – Current Rheumatology ORA members
- Screened for EMR Users
- Response Collection Period: August 5-18, 2014
- Total # of Entries into Survey = 41

Note: Last EMR survey was Aug2013

6 Key Learnings

ORA Rheumatologists are heavy & experienced EMR users

Although measures of satisfaction & vendor loyalty are high , there is opportunity for continuous vendor improvement

ORA Rheumatologists provide excellent direction for EMR improvement

(forms, e Rx and databases)

Accuro is the dominant EMR Vendor of ORA Rheumatologists; work with Accuro specifically to support the needs of the membership.

Current usage of ORA forms is sub-optimal; improvements in EMR & Workflow integration of forms will enhance usage.

Industry can play an important role in supporting Rheumatologist through EMR integration of electronic forms.

We are working to support our members needs

Member's Survey:
Identified Rheumatology Specific Needs

- ❑ e-referral
- ❑ Patient Portal to collect data
- ❑ Need a Rheumatology specific interface on EMR with disease templates
- ❑ Standardization + ease of access to ORA forms
- ❑ Downloading data into database for research purposes
- ❑ Integration of clinical guidelines

ORA

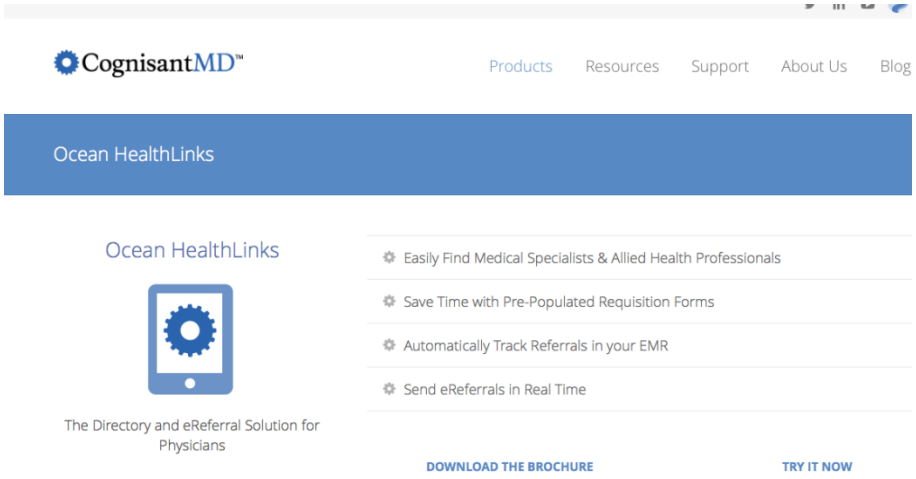
Phase III and IV projects

1. E-referral
2. Patient Portal/kiosk to collect data
3. Forms Library: Rheumatology specific disease templates and forms that are easy to find and "loinked" to labs and PRO's
4. Rheumatology Data dictionary
5. Point of Care data extraction
6. Clinical decision tools at point of care (Quality measures)

1. E-Referral

CognisantMD™ Healthlinks

Easily Find Medical Specialists & Allied Health Professionals
Save Time with Pre-Populated Requisitions
Automatically Track Referrals in your EMR
Send eReferrals in Real Time
Free for Doctors



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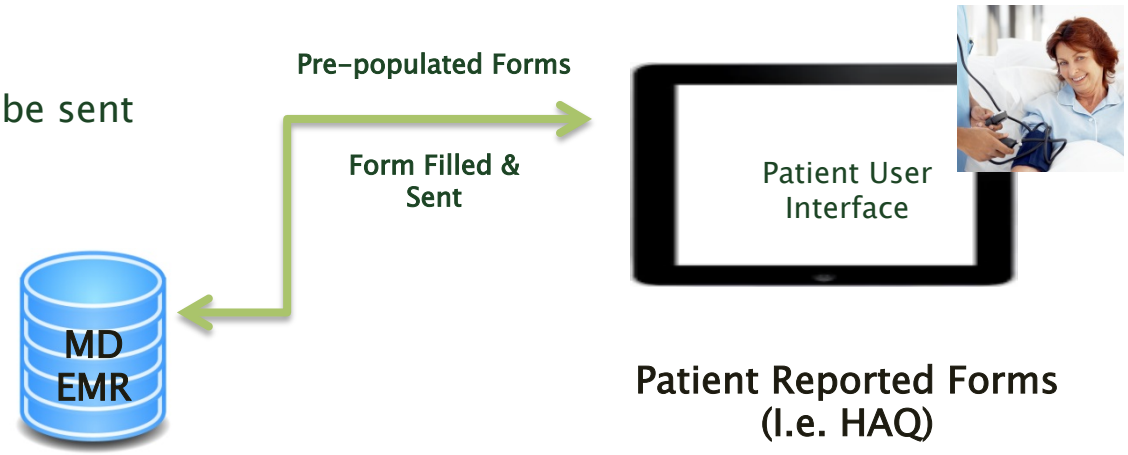
2. Patient Portal to collect data

A channel **WITHIN** your EMR to share information between you and your patients

Can be TABLET or Web-based link

- ORA standard intake form can be sent out prior to appointments
- Patient reported questionnaire
- OBRI questionnaires



- The data captured in these e-forms would be integrated and saved in your EMR as discrete data variables (ie not a PDF)
- Integration with EMR vendors is ongoing

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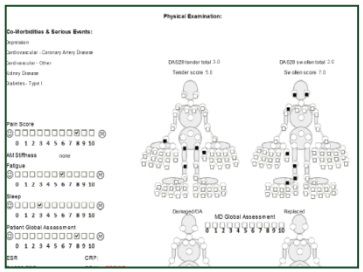
3. Rheumatology specific interface with ORA disease templates that are easy to find

Cloud based Forms library–clinician and patient forms



Clinician Forms (i.e. RA)

Research Forms (i.e. OBRI)

Patient Reported Form (i.e. HAQ)

Cloud eForms

MD EMR

Data Analytics

Patient User Interface

- The data captured in these e-forms forms would be
- pulled from your EMR and also completed at time of
- encounter.
- These data would be saved in your EMR
- Integration with EMR vendors is ongoing

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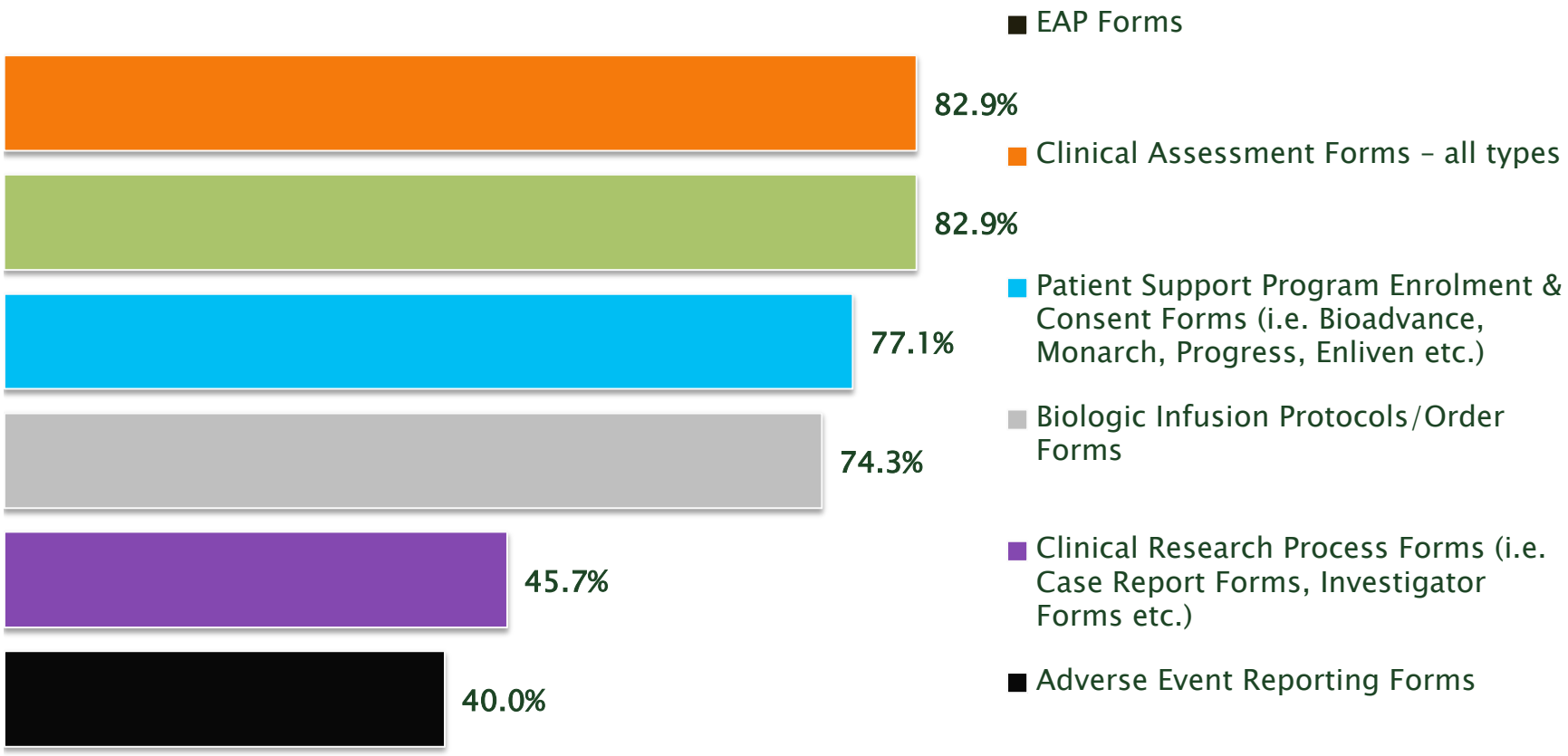
ORA Membership preferences for forms



Q13. The ORA is in the process of identifying outstanding forms that may be missing from EMR Systems. Which types of forms would you be interested in having integrated into your clinical workflow through your EMR System (select all that apply) (n=35)

eForms are in Demand

Client Segments

Research Community

- Clinical Researchers & Research Organizations
- Health System/Program Evaluators
- Guideline Implementers

Private Industry

- Pharma/Biotech/Device
  - Primary Care Focus
  - Specialty Focus
- Insurers
- eHealth & Telehealth

Types of Forms

- Clinical Research Forms
- Clinical Assessment Templates
- Patient Reported Forms
- EAP & Reimbursement Forms
- Infusion Protocols
- Patient Support Programs – Enrollment Forms
- Screening & Assessment Tools
- Patient Counselling Tools
- Patient Visit Forms

4. Rheumatology Data dictionary

Key highlights from ORA EMR Retreat Jan 9 2015
Discussion of Data Standards, led by Dr. Steve Edworthy , Calgary

There is adoption towards systematical collection of structured data
(SNOMED)Systematized Nomenclature of Medicine Clinical Terms

- A systematic, computer-processable collection of medical terms, to provide codes, terms, synonyms and definitions (electronic vocabulary system) which cover anatomy, diseases , findings, procedures, micro-organisms, substances, etc.
- Allows a consistent way to index, store, retrieve, and aggregate medical data across specialties and sites of care.
- Allows multilingual support and automatic translation of medical terms.
- Although now international, SNOMED was started in the US by the College of American Pathologists in 1973 and in 2002, SNOMED was merged and expanded with the UK National Health Service
- International agreement that we need to look at terms that will be recognized internationally
- Many US based EMR Vendors have integrated it Unfortunately Canadian EMR vendors still lag

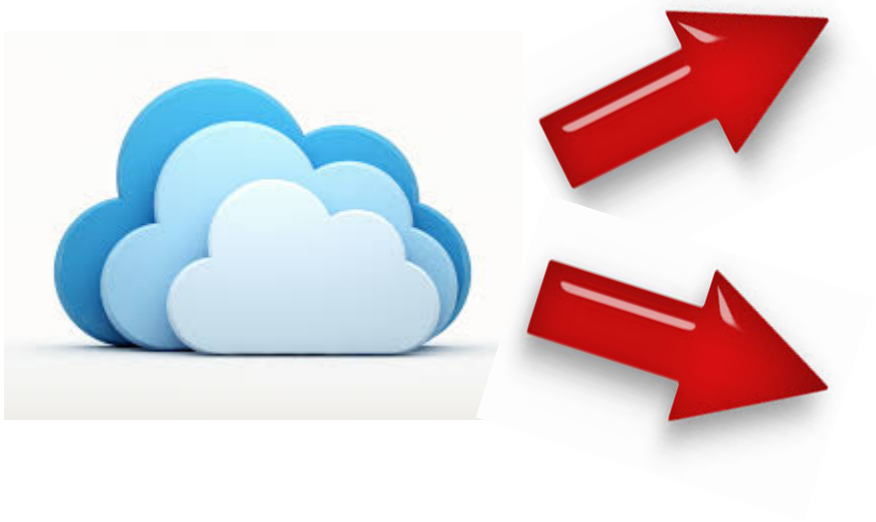
Why is this relevant to us?

- Agreement on what will be minimum data requirements for Rheumatology
- Collaboration with experts in Data Standards (like EHO, Canada Health Infoway) to help develop a framework for Rheumatology provincially and nationally
- Presentation of work plans to EMR vendors
- Seamless data collection so physicians don't need to worry as coding is done in the background

5+ 6 . Point of Care data extraction

Seamlessly extracting data from EMRs

a) **Practice tool for Quality Improvement**
b) **Big Data for Research**

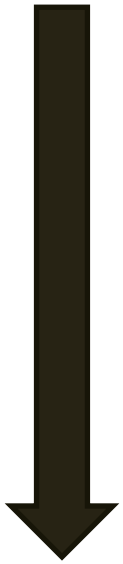


Physicians are primarily interested in caring for their patients and while they are certainly capable of analyzing data – this is NOT the best use of our health care resources .

We need to create capacity and a model that supports data governance & data stewardship at the practice level for physicians

Data Governance-
Managing use, integrity , security of data

Data stewardship –
Overseeing data to provide users with high quality data that can easily be accessed in a consistent manner .



OBRI is well positioned to support this for the ORA

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Why is this important?

Regulatory Initiatives ARE coming your way

a) Insights4Care (i4C)

- Provide physicians with important clinical and individual patient insights from their EMR data
- Design a 'one-stop' technical solution through which all data requests can be filtered, minimizing impact on physician's workflow
- Facilitate sharing of de-identified data into a larger data set enabling physicians to support broader system data use and re-use
- Allow physicians to participate in health system advances like quality improvement, personalized medicine, population health management, measurement
- Deliver direct value to physicians by minimizing administrative burden, minimizing risk, and ensuring compliance with legal, regulatory and privacy requirements

b) Integration of EMR with ICES –for government regulation

c) College of Physicians & Surgeons of Ontario – to monitor quality of care

Technology Partner working with ORA- Think Research and Infoclin

Delivering Best Practices to the Point of Care

THINK. | Patient Order Sets.com | Safe Health Systems | fliitherapy™ | Safe Health Technologies

- Canadian market leader in order set deployment & clinical decision support **content and technology**
- Working in **multiple phases of care**
- Used by over 300 hospitals and health care organizations, including over **70% of Ontario hospitals**

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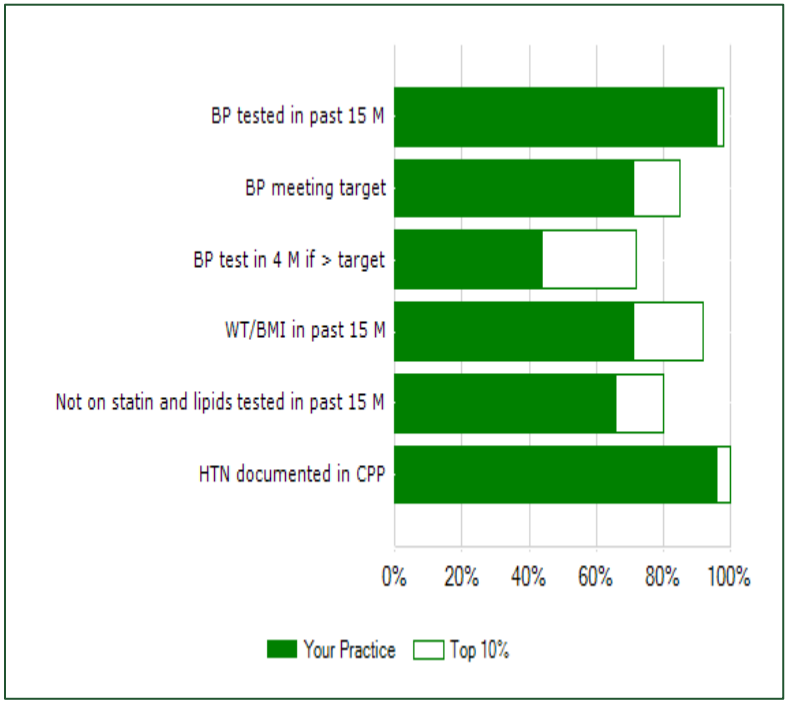
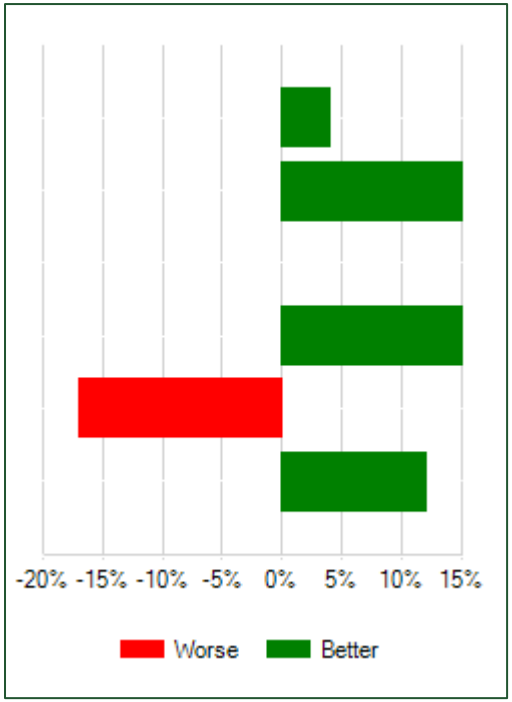
EMRALD – SAFIRE– a Physician Dashboard * an example





	Patients	Percentage
Your practice:	28	25%
Overall EMRALD:	32,343	23%
HTN Patients with DM		
Your practice:	9	32%
Overall EMRALD:	9,095	28%
HTN Patients with IHD		
Your practice:	6	21%
Overall EMRALD:	4,427	14%
Female HTN Patients		
Your practice:	28	100%
Overall EMRALD:	17,188	53%
Average Age of HTN Patients		
Your practice:	50 years	
Overall EMRALD:	67 years	

Past Performance			
Targets	Jul 01, 2014 Your Practice	Jul 01, 2014 Top 10%	May 01, 2013 Your Practice
BP tested in past 15 M	**96%**	98%	92%
BP meeting target	**71%**	85%	56%
BP test in 4 M if > target	**44%**	72%	44%
WT/BMI in past 15 M	**71%**	92%	56%
Not on statin and lipids tested in past 15 M	**66%**	80%	83%
HTN documented in CPP	**96%**	100%	84%

We are working to support our members needs

Member's Survey: Identified Rheumatology Specific Needs

- ❑ Need a Rheumatology specific interface on EMR with disease templates
- ❑ Standardization + ease of access to ORA forms
- ❑ Patient Portal to collect data
- ❑ Downloading data into database for research purposes
- ❑ Integration of clinical guidelines
- ❑ e-referral

ORA Phase III projects

1. E-referral
2. Patient Portal/kiosk to collect data
3. Forms Library: Rheumatology specific disease templates and forms that are easy to find and "loinked" to labs and PRO's
4. Rheumatology Data dictionary
5. Point of Care data extraction
6. Clinical decision tools at point of care (Quality measures)

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Update on Collaboration with CMA

Upcoming Presentation by the ORA on Jan 30 2015, in Ottawa at the Specialists Forum

Dr Vandana Ahluwalia

Dr Carter Thorne

Our work at the CMA Specialist Forum

Produces the following opportunities:

- to reduce unwarranted clinical practice variation.
- impact various dimensions of quality – reduce wait times, create quality assurance processes, adherence to clinical practice guidelines, and build in appropriateness initiatives such as Choosing Wisely
- It presents stakeholders with a process that has been proven to engage physicians in quality improvement.
- This initiative is also a positive example of collaboration between specialist societies and provincial medical associations.

Commentary

Commentary: **Lost in Translation? How Electronic Health Records Structure Communication, Relationships, and Meaning**

Beth A. Lown, MD, and Dayron Rodriguez

Abstract

The media through which we communicate shape how we think, how we act, and who we are. Electronic health records (EHRs) may promote more effective, efficient, coordinated, safer care. Research is emerging, but more is needed to assess the effect of EHRs on communication, relationships, patients' trust, adherence, and health outcomes.

The authors posit that EHRs introduce a "third party" into exam room interactions that competes with the patient for clinicians' attention, affects clinicians' capacity to be fully present, and alters the nature of communication, relationships, and physicians' sense of professional role. Screen-driven communication inhibits patients' narratives and diminishes clinicians' responses to patients' cues about psychosocial issues and emotional concerns. Students, trainees, and clinicians can, however, learn to integrate EHRs into triadic exam room interactions to facilitate information sharing and shared decision making.

Student exposure to EHRs is currently limited. Educators and researchers should implement curricula and assessment tools to help learners integrate EHRs into clinical interactions in ways that foster, rather than diminish, communication and relationships. Further, educators must prioritize the teaching and modeling of self-awareness and self-calibration, mindful presence, and compassion within such curricula to prevent these important qualities and skills from being lost in translation in the digital era.

Effective patient–physician communication is essential for high-quality care. Medical students learn structured ways of interviewing patients and communicating through written notes early in medical school. These communicative structures contribute to their enculturation as physicians, influence their understanding of the patient–physician relationship, and shape how they interact, communicate, interpret patients' problems, think about patient care, and understand their roles as physicians. As electronic health records (EHRs) become increasingly common components of 21st-century health care delivery systems, these technologies will inevitably shape communication and relationships.

EHRs and other forms of health information technology hold the promise of enabling users to provide more effective, more efficient, more coordinated, and safer care. Recent evidence suggests that some of these benefits are beginning to emerge, but provider dissatisfaction with EHRs remains problematic, and patients' reactions to EHRs are mixed.[1,2] EHRs introduce a "third party" into exam room interactions that reshapes the patient–physician encounter, alters the patient's narrative, and diverts physicians' attention away from the patient. This diminishes the patient-centeredness of filled with a mixture of excitement and dread, many feeling like impostors. When they begin, their eyes are glued on the patient. They follow the threads of the patient's story, winding down the many paths of personal loss and sorrow, accepting unfiltered how the patient's associations explain the cause of symptoms. Here is an example of a note written by a first-year medical student:

> Mr. A is a 70-year-old school cafeteria worker who came to the hospital because he was feeling sharp chest pain and lightheadedness. He's had this pain in the past, which comes and goes, usually in the chest wall, but at times into the neck, shoulders, up the arms and around the back of his head. He takes medications for

Academic Medicine, Vol. 87, No. 4 / April 2012

Through the new medium of EHRs, will compassionate, effective, patient-centered care get lost in translation?

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EHR's will shape communications and relationships

On the bright side, EHRs may facilitate the task of gathering information for minor, acute complaints using point and-click functions to structure the elicitation and recording of information.

On the not-so-bright side, Physicians focused on biomedical information tend to exhibit "screen-driven" information-gathering behaviors,.

Clinicians can integrate the EHR as a third party, creating triadic interactions by introducing the use of the computer, announcing transitions between conversation and computer related tasks, maintaining eye contact with the patient more often than with the computer, and sharing data displays, images, and salient information to enable decision making.

What do patients think about sharing their PHI for secondary uses—Users and Use of data?

The use of data was a more important factor in the conjoint analysis (importance weight, 64.3%) than the user

In unadjusted linear regression models, marketing uses ($\beta = -1.55$), quality improvement uses ($\beta = -0.51$), drug company users ($\beta = -0.80$), and public health department users ($\beta = -0.52$) were associated with less willingness to share health information than research uses and university hospital users

Original Investigation

Public Preferences About Secondary Uses of Electronic Health Information

David Grande, MD, MPA; Nandita Mitra, PhD; Anand Shah, MD, MSHP; Fei Wan, MS; David A. Asch, MD, MBA

IMPORTANCE As health information technology grows, secondary uses of personal health information offer promise in advancing research, public health, and health care. Public perceptions about sharing personal health data are important for establishing and evaluating ethical and regulatory structures to oversee the use of these data.

OBJECTIVE To measure patient preferences about sharing their electronic health information for secondary purposes (other than their own health care).

DESIGN, SETTING, AND PARTICIPANTS In this conjoint analysis study, we surveyed 3336 adults (568 Hispanic, 500 non-Hispanic African American, and 2268 non-Hispanic white); participants were randomized to 6 of 18 scenarios describing secondary uses of electronic health information, constructed with 3 attributes: uses (research, quality improvement, or commercial marketing), users (university hospitals, commercial enterprises, or public health departments), and data sensitivity (whether it included genetic information about their own cancer risk). This design enabled participants to reveal their preferences for secondary uses

Hispanics and African Americans differentiated less than whites between uses.

ORA EMR committee is working in collaboration with

- Ontario Best Practice Research Initiative
- Canadian Rheumatology Association
- Ontario Medical Association
- OntarioMD **
- E health Ontario
- E- liaison branch at MOHLTC
- EMR Certified vendors: QHR, Oscar

Meeting Agenda at a Glance

1:00pm	Opening Remarks: The ORA Rheumatology EMR Journey	Dr. Vandana Ahluwalia
1:30pm	Medical Documentation- why should you care?	Dr. Mary Bell
2:00pm	Working with your Peer- Leader for EMR optimization	Dr. Stephen McLaren Ontario MD
2:30pm	Health Break	
3:00pm	EMR Maturity Model: EMR Progress Reporting (EPR)	Mr. Dennis Ferenc Ontario MD
3:30 pm	Update from EMR champions	Dr. Art Karasik (QHR) Dr. Henry Averns(Oscar)
4pm-6pm	EMR Platform Breakout sessions:	EMR Vendors + EMR Champions

Medical Documentation – why should you care?

Dr. Mary Bell

ORA EMR User Forum

Jan 15 2015

Toronto Ontario

Sheraton Gateway Hotel

ORA Ontario Rheumatology Association

Disclosures

CPSO Peer Assessor

Sunnycare EMR

Learning objectives

At the conclusion of this presentation participants will be able to:

1. Identify the benefits of good medical records practices
2. Evaluate the quality of their own medical records for using a standardized approach
3. Improve the quality of their medical records

CPSO Quality Assurance Program (est.1980)

MOC Section 3

Types

- Random selection > 5 years in practice
- Age-related > 70 yrs of age Q5years
- Registration pathway

Phases

- Pre-assessment: practice profile, sample reports review, assessor assignment and timing
- Assessment: 1/2 day, 20-30 charts, discussion
- Post-assessment: Report 12 weeks

Complete Medical Records

- Quality of care
  Patient health status, rationale for treatment decisions
- Continuity of care
  Other providers know patient past and current health status, effective referrals
- Assessment of care
  External reviews, investigations, billing ,reviews, self-assessment
- Evidence of care
  Legal, regulatory, and auditing requirements

Value of EMRs

- Promote more effective, efficient, coordinated, and safer care
- Facilitate information sharing and shared decision making
- Unknown effects on communication, relationships, patients' trust, adherence, and health outcomes

Organization of the Record

Overall	Chronicles patient story and decision making
Clarity	Legible, understandable
Documentation	Systematic, sign/date, strike
Organization	Chronological
Access	Patient, circle of care, explicit consent for outside
Transfer	Whole or summary
Security/Storage	Back up, encrypted written agreement
Commercial services	Legal advice for offsite storage

Complete Medical Records

- Daily diary of appointments
- Patient chart
  - CPP*
  - Clinical notes (SOAP)
  - Telephone/email notations (date, time, advice)
  - Consultation requests
  - Flow sheets *
  - Procedure documentation*
  - Missed appointments*

Cumulative Patient Profile (CPP)

- ID and emergency contacts
- Personal and family data
- PMH
- Risk factors*
- Medications/allergies/drug reactions
- Ongoing health conditions
- Health maintenance /immunizations*
- Consultants

SOAP

Subjective data

- Presenting complaint
- HPI
- Duration/severity
- Functional inquiry -positives and negatives*
- CPP reviewed

SOAP

Objective

- Vital signs*
- Complete physical exam (new)* positives/ negatives
- Focused physical (follow-up)*
- Review of consultation reports, labs, procedures

Assessment

Working/differential diagnosis

Rationale*

Plan

- Discussion of management options *
- Tests/procedures ordered/performed, risks/benefits, consent, details, outcome *
- Consultation requests made and why
- Medications ordered - copies of scripts, risks and benefits *
- Advice and education given to patient
- Follow-up plan and who's responsible for what *
- Specific concerns - patient refusal

Consultation Requests

- Reason for referral
- Urgency of consultation
- Relevant medical history
- Current medications
- All test and procedural results

Chronic Disease Flow Sheets

- Biologic screening tool *
- Guidelines ticklist *
- Trending capacity *
  - Cumulative labs
  - Disease activity
  - Physical function
  - Damage
  - Sequellae of meds or disease
  - Lifestyle - smoking cessation, diet, exercise

Procedure Documentation*

- Informed Consent
- Patient name and identifiers
- Family doctor/Referring physician
- Date and procedure performed
- Physician/assistants performing procedure
- Detailed outline of procedure: findings, meds, complications, recommendations

Missed Appointment

Date and time of missed appointment

Action taken

- Rebooked
- Informed GP

Possible future ORA EMR Projects

- Scanning procedures manual
- Automatic CPP development
- Macros for procedures
- Trending apps
- Guideline checklists
- Monitoring reminders
- Guidelines for transfer of EMR
- Instructions for destroying EMR

Comments or Questions

ONTARIO PEER TO PEER PROGRAM

Presentation to ORA

January 15, 2015

Stephen McLaren BSc MD CCFP FCFP

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PEER TO PEER NETWORK

Presentation to ORA

January 15, 2015

- outline

history
- who
- why
- early work

expansion
- scope

current ’15
- who
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- how

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- share best practices and build new knowledge
- provide clinical leadership to develop expertise and facilitate learning
- identify common and unique enablers and barriers to clinical transformation using ICT solutions

OntarioMD

- mentor their colleagues, drawing on their own expertise and experiences, to improve practice efficiency and quality patient care.
- can be accessed for questions through every part of the EMR Adoption life-cycle, from awareness to implementation, to post adoption and the fully mature use of an EMR.

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9 Physicians

- increase adoption
- get going and get good

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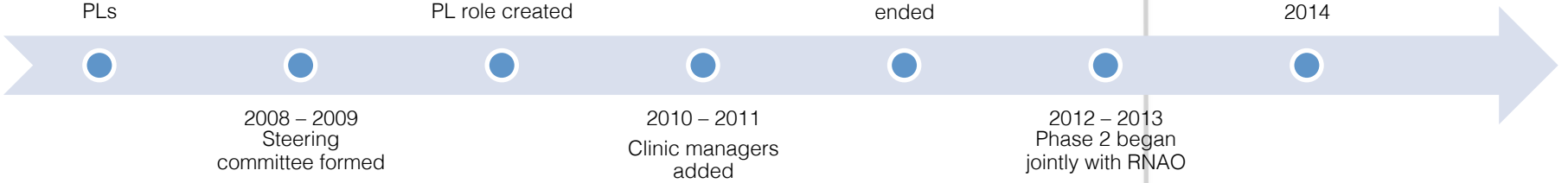
Total Funding $1.45mill



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30 physicians

12 clinic managers

6 nurses

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Faculty Peer Leader Network

-Medicine , Pharmacy , Nursing

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EMR Optimization

EMR Maturity

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integrate digital health competencies into the curricula

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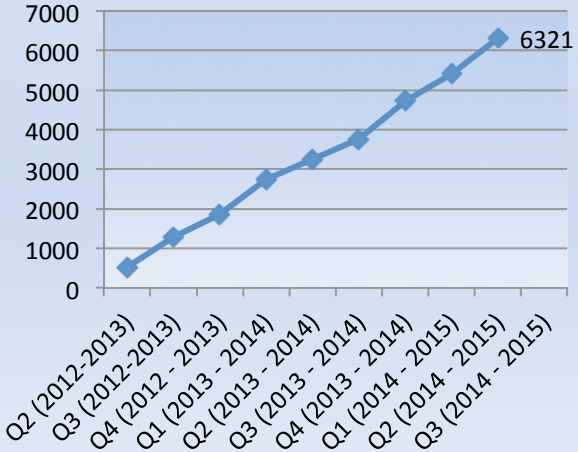
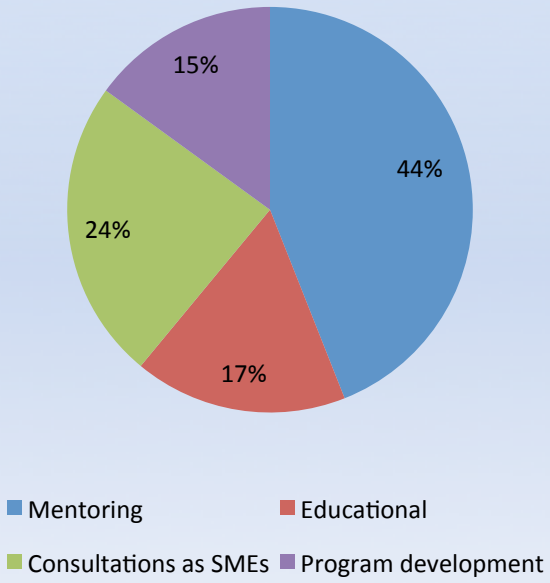
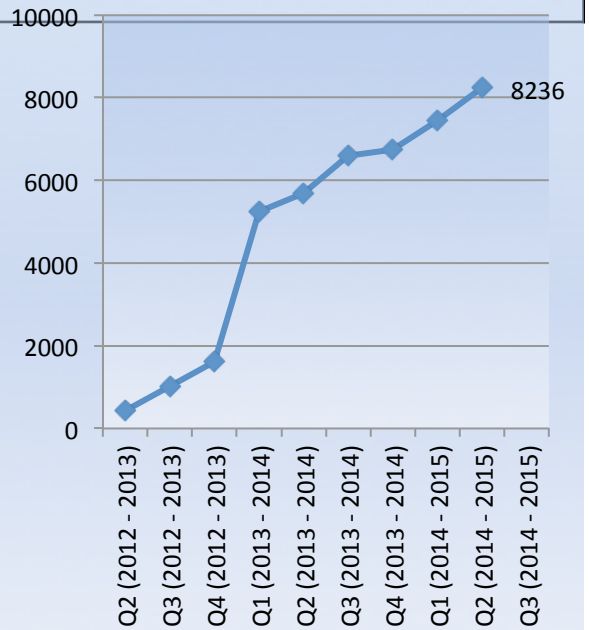
Peer Leader hours delivered	Number of Peer Leader engagements delivered	Number of Clinicians supported
PL hours delivered ~ 6,321 Hours include – mentoring engagements, educational events & consultations on ehealth initiatives.	PL engagements delivered ~ 1,197	Approx. # of Clinicians supported ~ 7,000 Avg. # of Peer Leaders engaged (monthly) ~ 25







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OntarioMD RNAO

	Physicians	Nurses	Clinic Support
Peer Leaders	30	22	14
Engagements	10,500 FP	104 NP	1,000
	5,500 SP	4,400 RN	

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OntarioMD

- accelerate adoption
- change management support
- support optimization of EMR for clinical value and quality

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• outline

With a focus on linking experienced clinicians *with their peers* for support, mentoring and sharing of knowledge, experiences, lessons learned and leading practices, peer leaders have been –

- visiting medical practices to address specific issues/ concerns
- Attending various educational events and other healthcare conferences/ seminars
- Assigned to specific eHealth projects, working groups, advisory committees etc. for consultations
- Participating in various local and provincial 'Communities of practices" thereby providing advice and support to clinicians.

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EMRs represented	Accuro/ Optimed, Bell Alliant, Jonoke, Nightingale, Oscar, P&P data, Telus
Program highlights	EMR experience > 6 years Expertise in developing clinical workflows Data quality/ reporting Experience with multiple EMRs Experience with HRM Retired physician to support those close to retirement Mentor peers, advise eHealth project teams, committees etc., assist with development of change management tools/ resources
Geographical coverage	PLs located all across ON, in LHINs from 1 – 13

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- identify your need(s)
- contact your OntarioMD Practice Advisor or contact Peer Leader program coordinator through OMD portal
- enquire about Peer to Peer support

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OntarioMD

- identify your need(s)

contemplation –vendor neutral High Level Advice
pre-implementation – align with Peer using same product
post- implementation – “
product Migration – align with Peer who has migrated to your possible new product

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Typical Scenario

email networks you with a peer leader via OMD Practice Advisor

define the problem

get together and problem solve

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PEER TO PEER NETWORK

Presentation to ORA

January 15, 2015

Questions?

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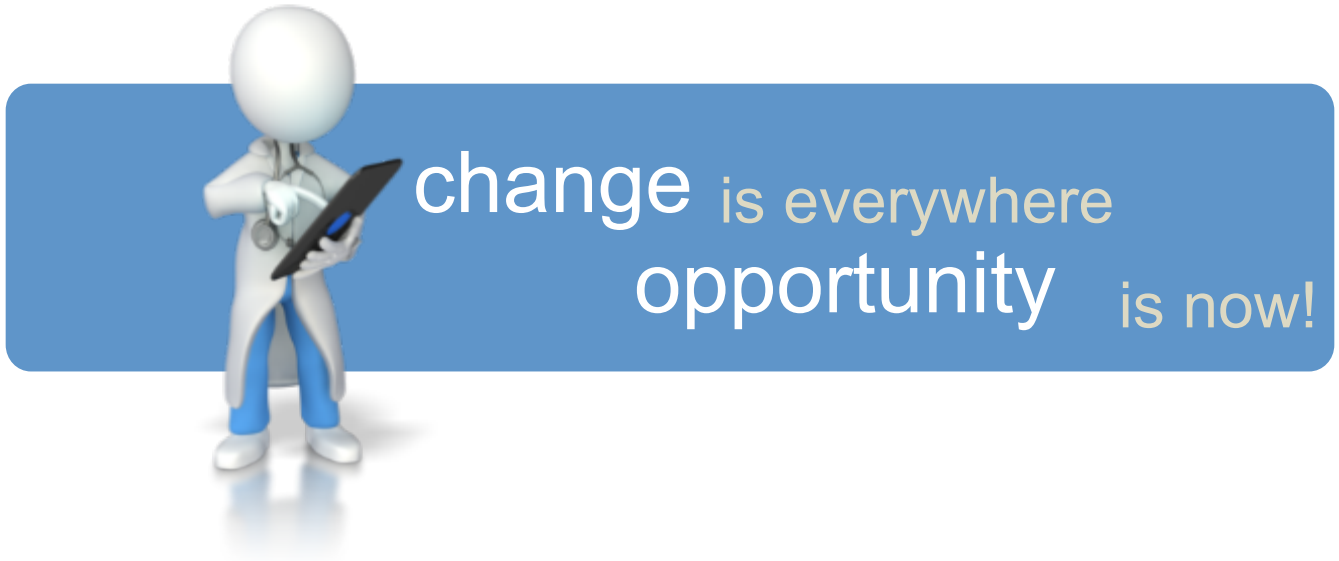
THE EVOLUTION OF EMR MATURITY



Ontario Rheumatology Association

Presented By:
Dennis Ferenc, Director
Special Projects and Change Management
OntarioMD

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Rationale

- High percentage of EMR users (new vs. experienced)
- Changing mandate of OntarioMD
- Increasing levels of interoperability
- Results of previous EMR surveys
- Feedback from physicians (e.g. conferences)

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Approach

- Research on different maturity/capability models (e.g. Maslow, HIMMS, Gartner, IT, Business, PROSCI, Organization)
- Review of other jurisdictions (e.g. BC, Alberta)
- Build on previous surveys
- Integrate with funding program
- Developed a maturity framework and reporting tool (primary care based, evolving for specialists)

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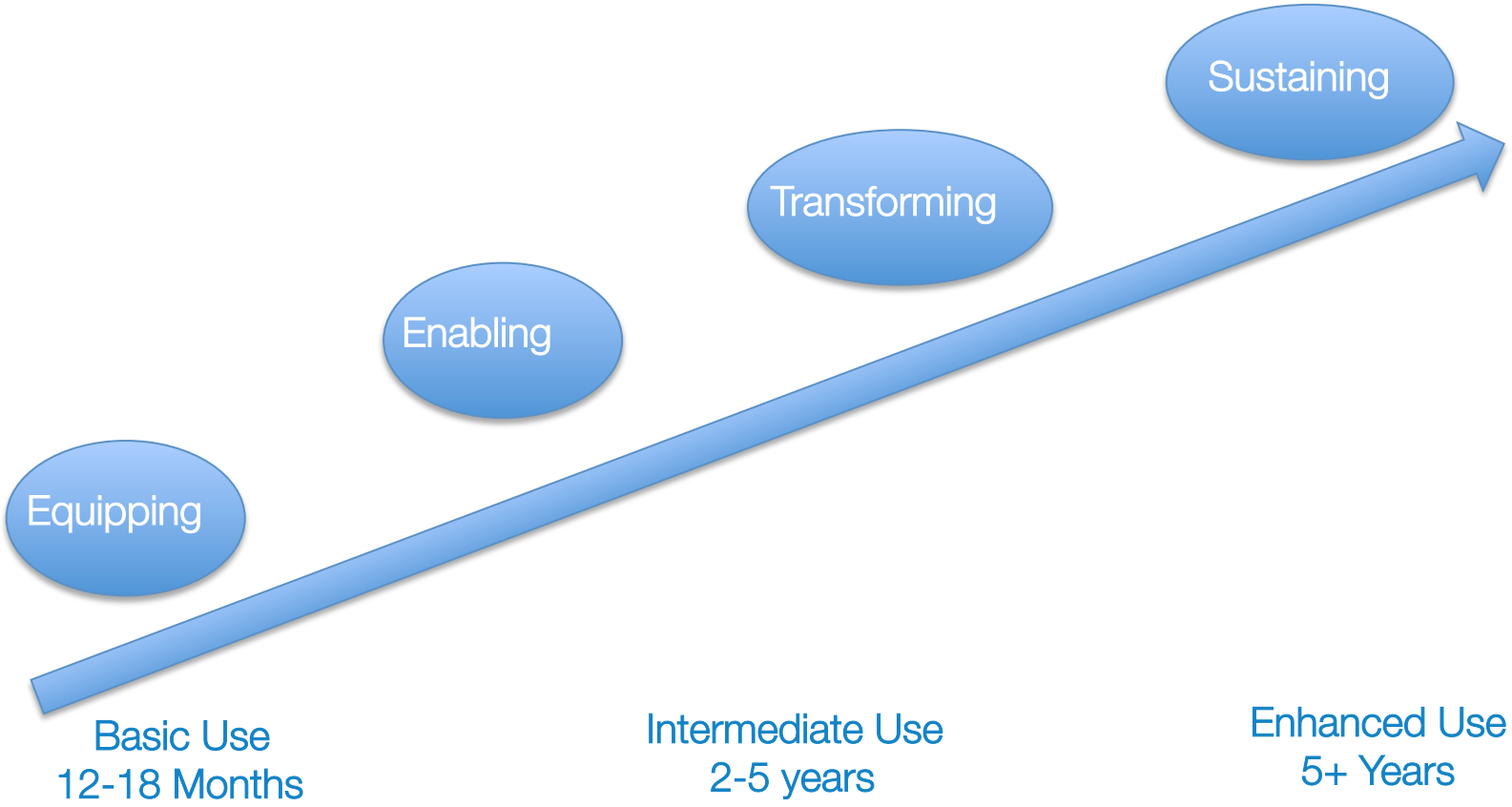
EMR Maturity Road Map



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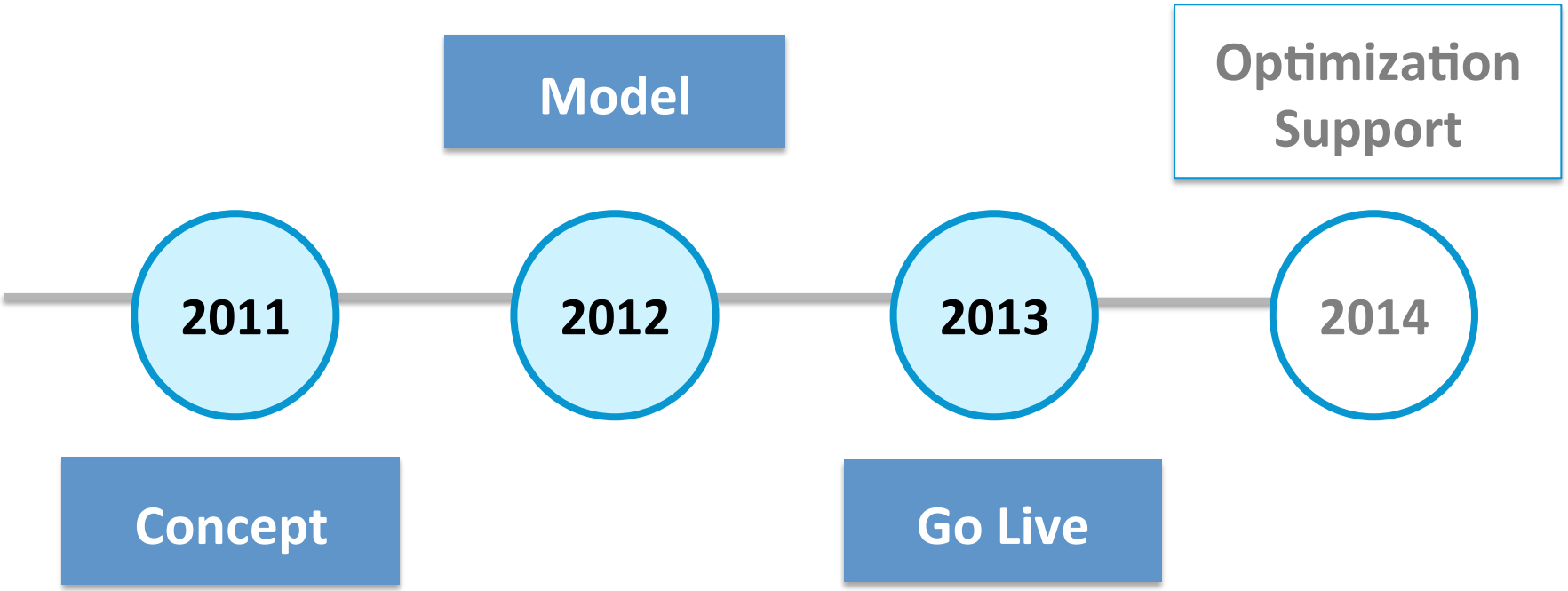
EMR Maturity Model Progression



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EMR MATURITY MODEL

- Innovative and leading practice model for assessing EMR adoption in community care practices
- Detailed maturity roadmap of existing and potential EMR capabilities
- Five levels of EMR maturity starting with basic functions first, then moving towards advanced and complementary functions
- Developed with direct input from OntarioMD's Physician and Clinic Manager Peer Leaders
- Forms the basis for COACH's national tool for broader comparisons of system performance

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OntarioMD's EMR Maturity Model

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Key Measures

Practice Management

1. Appointment Scheduling
2. Practice Billing
3. Communication & Coordination
4. Business Continuity Planning

Information Management

5. Registration Information
6. Encounter Documentation
7. Data Quality Management
8. Nomenclature Consistency
9. Document Management
10. Privacy & Security

Patient Results Management

11. Laboratory Results
12. Diagnostic Image Reports
13. Hospital Summary Information
14. Referrals and Consults Tracking

Diagnosis Support

15. Patient Assessment Tools
16. Preventive / Follow-up Care
17. Evidence Based Resources

Treatment Planning Support

18. Care Planning & Coordination
19. Medication Management
20. Complex Care / CDM

Patient Engagement & Communication

21. Patient Education
22. Self-Care / Co-Management

Evaluation & Monitoring

23. Health Quality Indicators
24. Health Outcome Measures (Provincial Reporting)
25. Public Health Reporting

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EMR Maturity Model Roadmap

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KEY FEATURES

- Online Self-Assessment
- Benchmarking
- Gap Analysis/Potentials for advanced EMR use
- Online Resources & Tools

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EMR PROGRESS REPORTING APPLICATION

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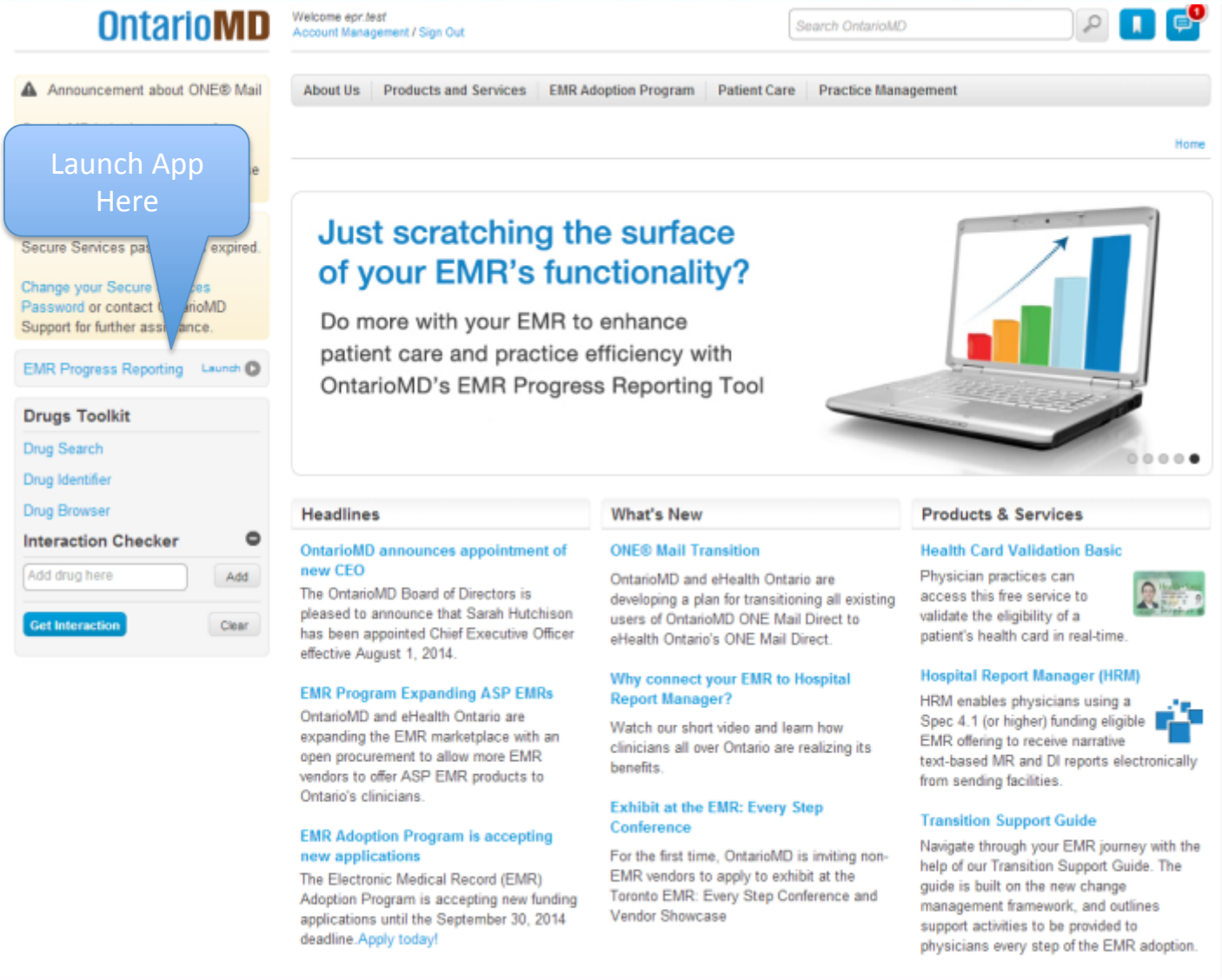
EMR Progress Reporting (EPR)



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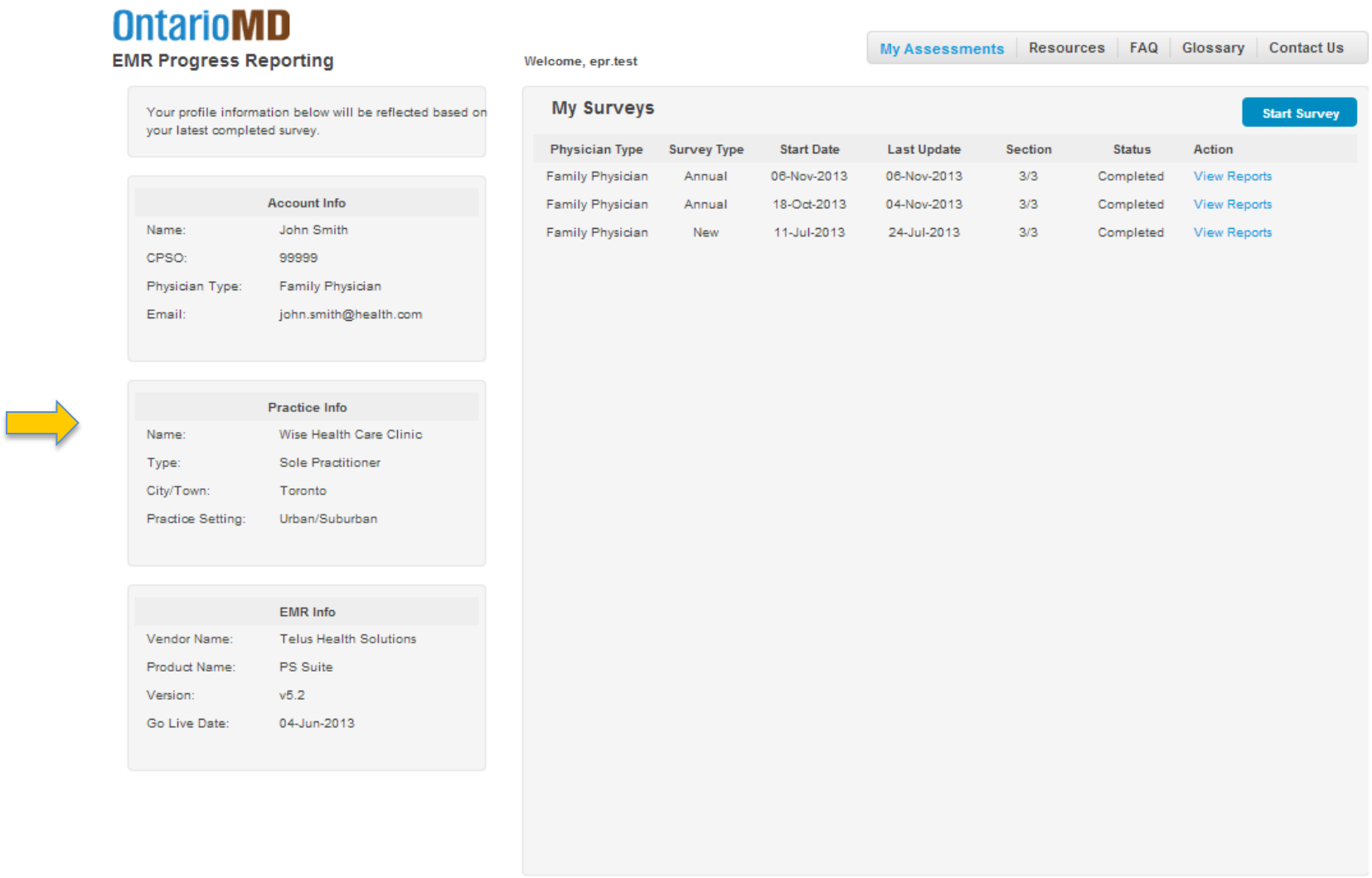
EPR – Home Screen



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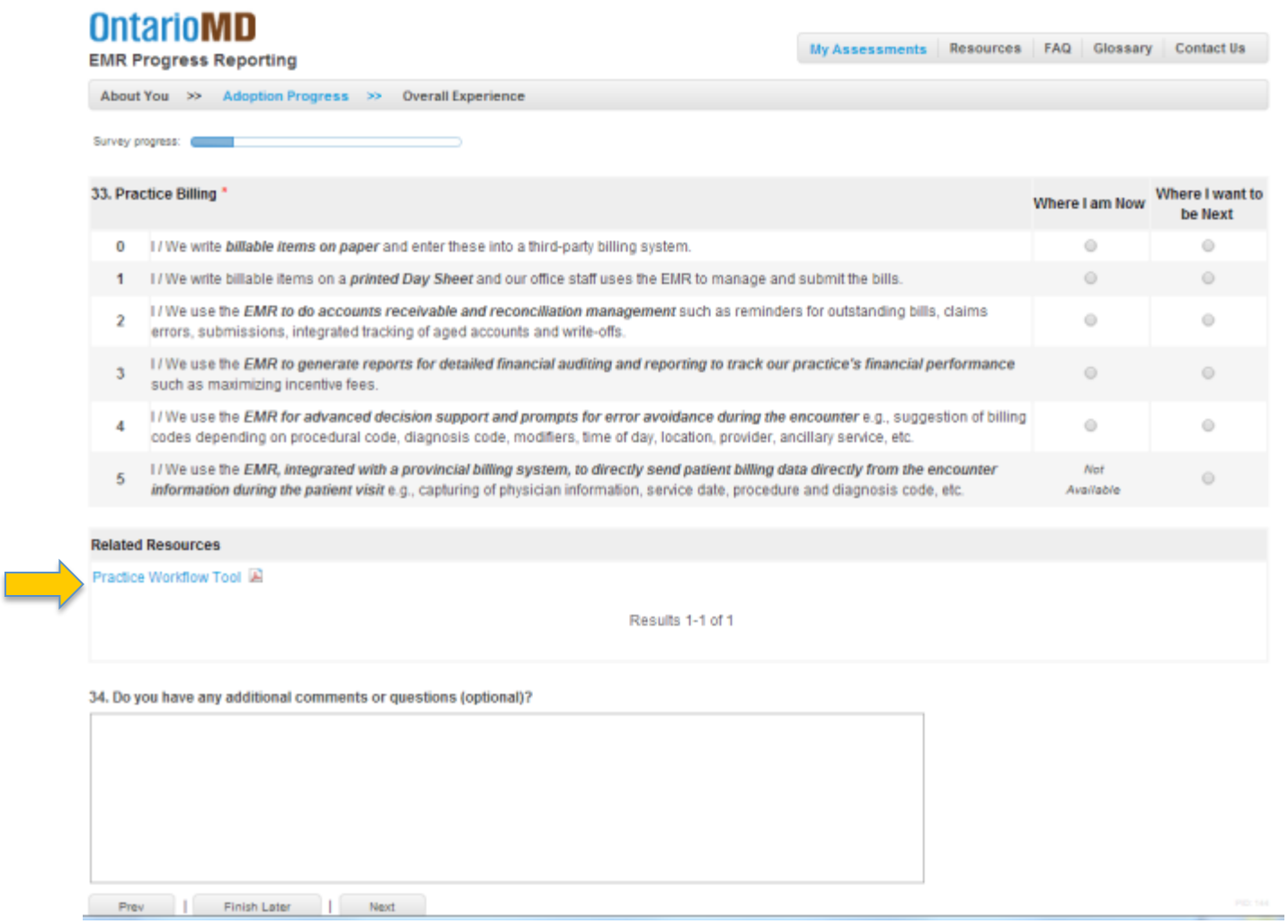
EPR – Sample Assessment Question



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EMR Progress Reporting

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About You >> Adoption Progress >> Overall Experience

Survey progress:

33. Practice Billing *		Where I am Now	Where I want to be Next
0	I / We write ***billable items on paper*** and enter these into a third-party billing system.		
1	I / We write billable items on a ***printed Day Sheet*** and our office staff uses the EMR to manage and submit the bills.		
2	I / We use the ***EMR to do accounts receivable and reconciliation management*** such as reminders for outstanding bills, claims errors, submissions, integrated tracking of aged accounts and write-offs.		
3	I / We use the ***EMR to generate reports for detailed financial auditing and reporting to track our practice's financial performance*** such as maximizing incentive fees.		
4	I / We use the ***EMR for advanced decision support and prompts for error avoidance during the encounter*** e.g., suggestion of billing codes depending on procedural code, diagnosis code, modifiers, time of day, location, provider, ancillary service, etc.		
5	I / We use the ***EMR, integrated with a provincial billing system, to directly send patient billing data directly from the encounter information during the patient visit*** e.g., capturing of physician information, service date, procedure and diagnosis code, etc.	*Not Available*	

Related Resources

Practice Workflow Tool

Results 1-1 of 1

34. Do you have any additional comments or questions (optional)?

Prev | Finish Later | Next

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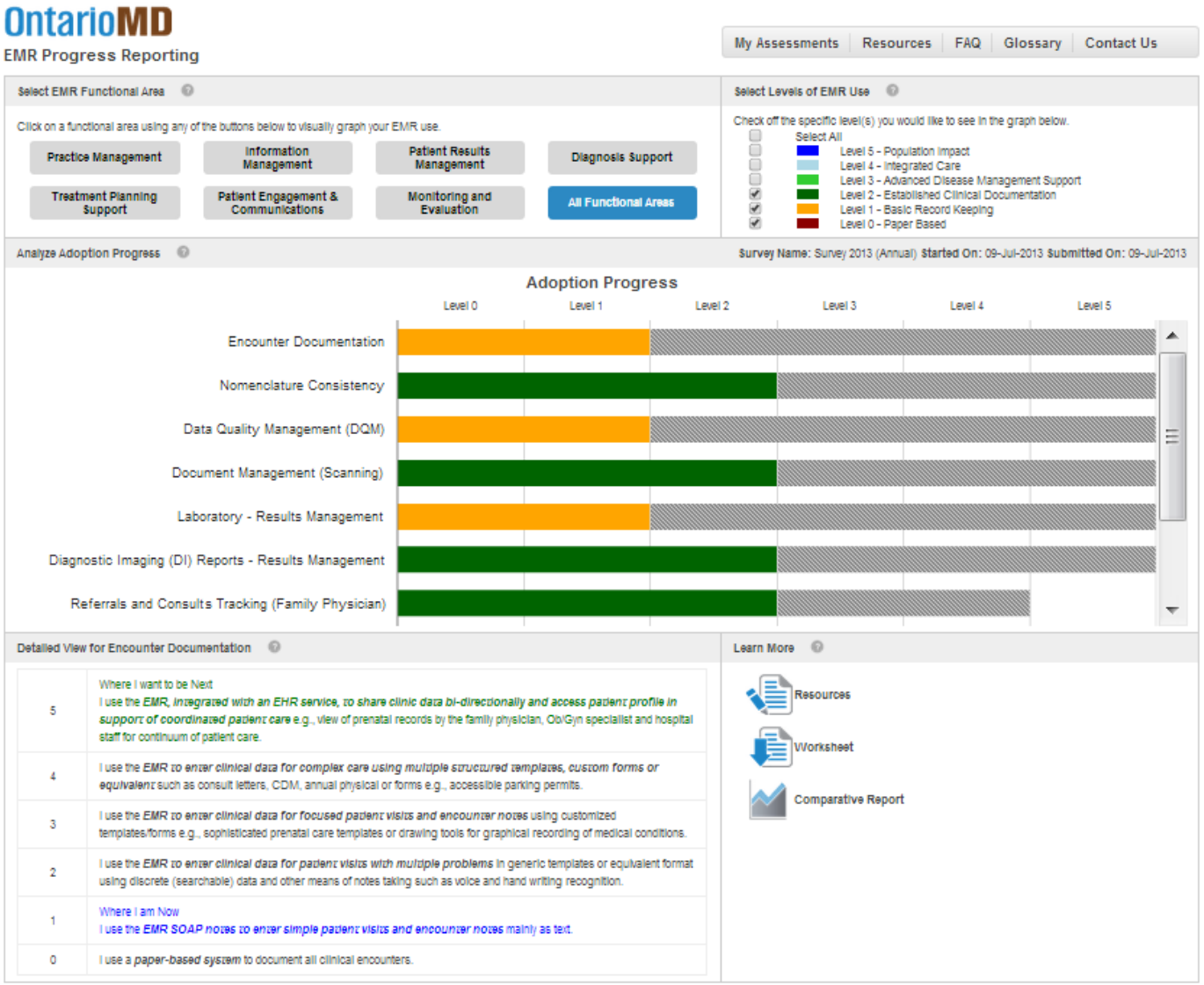
EPR - Sample Interactive Chart



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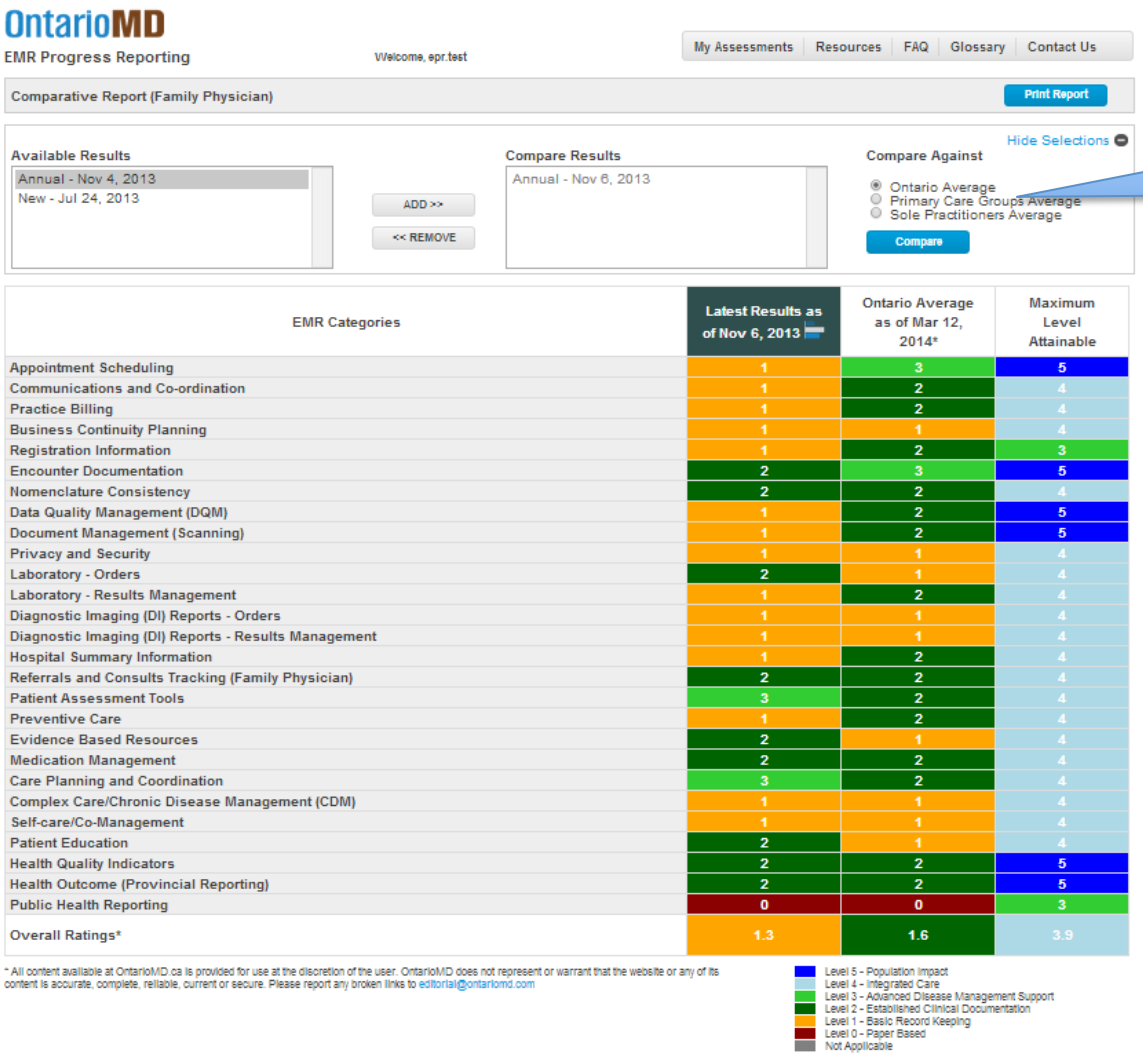
EPR - Individual Performance vs. Colleagues



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EMR Progress Reporting

Welcome, epr.test

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Comparative Report (Family Physician) — Print Report

Hide Selections

Available Results: Annual - Nov 4, 2013; New - Jul 24, 2013

ADD >> | << REMOVE

Compare Results: Annual - Nov 6, 2013

Compare Against: Ontario Average; Primary Care Groups Average; Sole Practitioners Average

Compare

Also available by Sole Practice Or Primary Care Group

EMR Categories	Latest Results as of Nov 6, 2013	Ontario Average as of Mar 12, 2014*	Maximum Level Attainable
Appointment Scheduling	1	3	5
Communications and Co-ordination	1	2	4
Practice Billing	1	2	4
Business Continuity Planning	1	1	4
Registration Information	1	2	3
Encounter Documentation	2	3	5
Nomenclature Consistency	2	2	4
Data Quality Management (DQM)	1	2	5
Document Management (Scanning)	1	2	5
Privacy and Security	1	1	4
Laboratory - Orders	2	1	4
Laboratory - Results Management	1	2	4
Diagnostic Imaging (DI) Reports - Orders	1	1	4
Diagnostic Imaging (DI) Reports - Results Management	1	1	4
Hospital Summary Information	1	2	4
Referrals and Consults Tracking (Family Physician)	2	2	4
Patient Assessment Tools	3	2	4
Preventive Care	1	2	4
Evidence Based Resources	2	1	4
Medication Management	2	2	4
Care Planning and Coordination	3	2	4
Complex Care/Chronic Disease Management (CDM)	1	1	4
Self-care/Co-Management	1	1	4
Patient Education	2	1	4
Health Quality Indicators	2	2	5
Health Outcome (Provincial Reporting)	2	2	5
Public Health Reporting	0	0	3
Overall Ratings*	1.3	1.6	3.9

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Level 5 - Population Impact
Level 4 - Integrated Care
Level 3 - Advanced Disease Management Support
Level 2 - Established Clinical Documentation
Level 1 - Basic Record Keeping
Level 0 - Paper Based
Not Applicable

* Majority of respondents are the first few years of EMR Implementation

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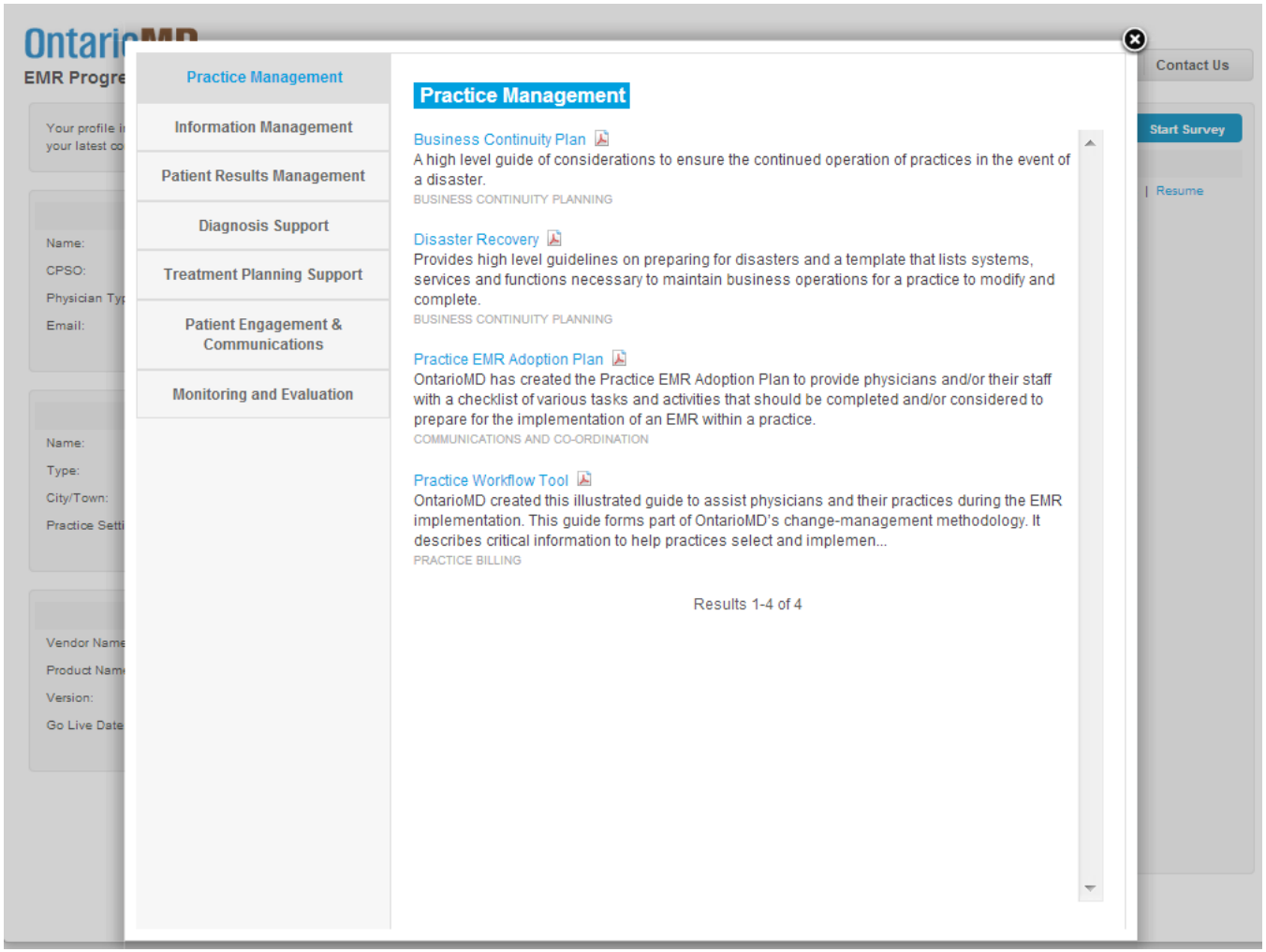
EPR - Online Resources/Tools



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BENEFITS

1. Opportunities to advance EMR use and experience in enhancing patient care
2. Access to broad range of advanced experience (*network of Peer Leaders and Practice Advisors*)
3. Ability to understand new opportunities and acquire new skills at your own pace
4. Earn Mainpro-C Credits by completing one or more Linking Learning to Practice exercises

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RESULTS AT A GLANCE

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Ontario's EMR Use Results

Profile	Results
Reporting Period	August 2013 – August 2014
Respondents	Over 2681 surveys completed - Family Physicians = 66% - Specialists = 34%
Years in Use	Less than 3 years – 70% Greater than 3 years – 30%
Practice Models	Primary Care Groups = 58% Solo Practices– 42%

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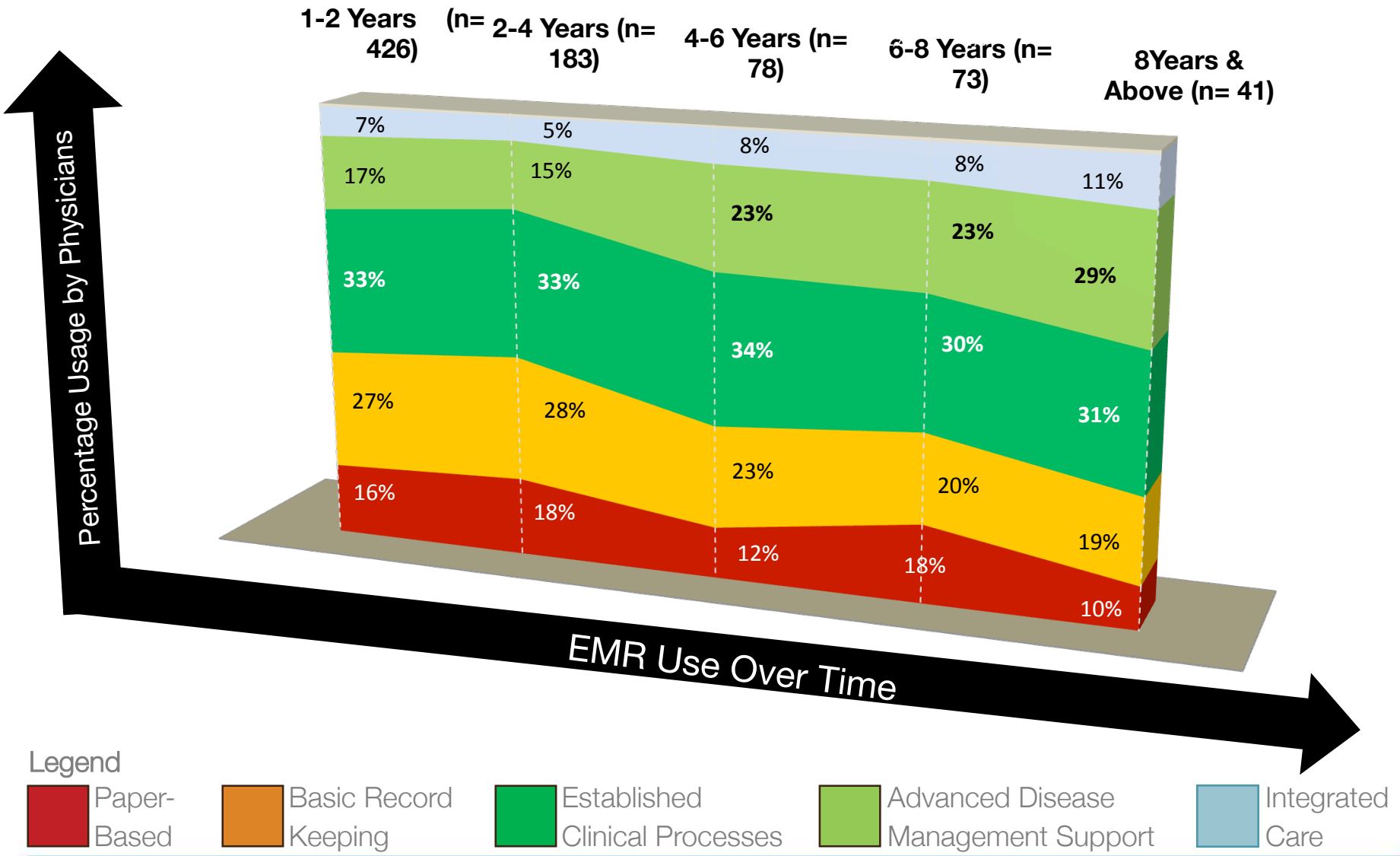
Family Physicians Current Use Over Time



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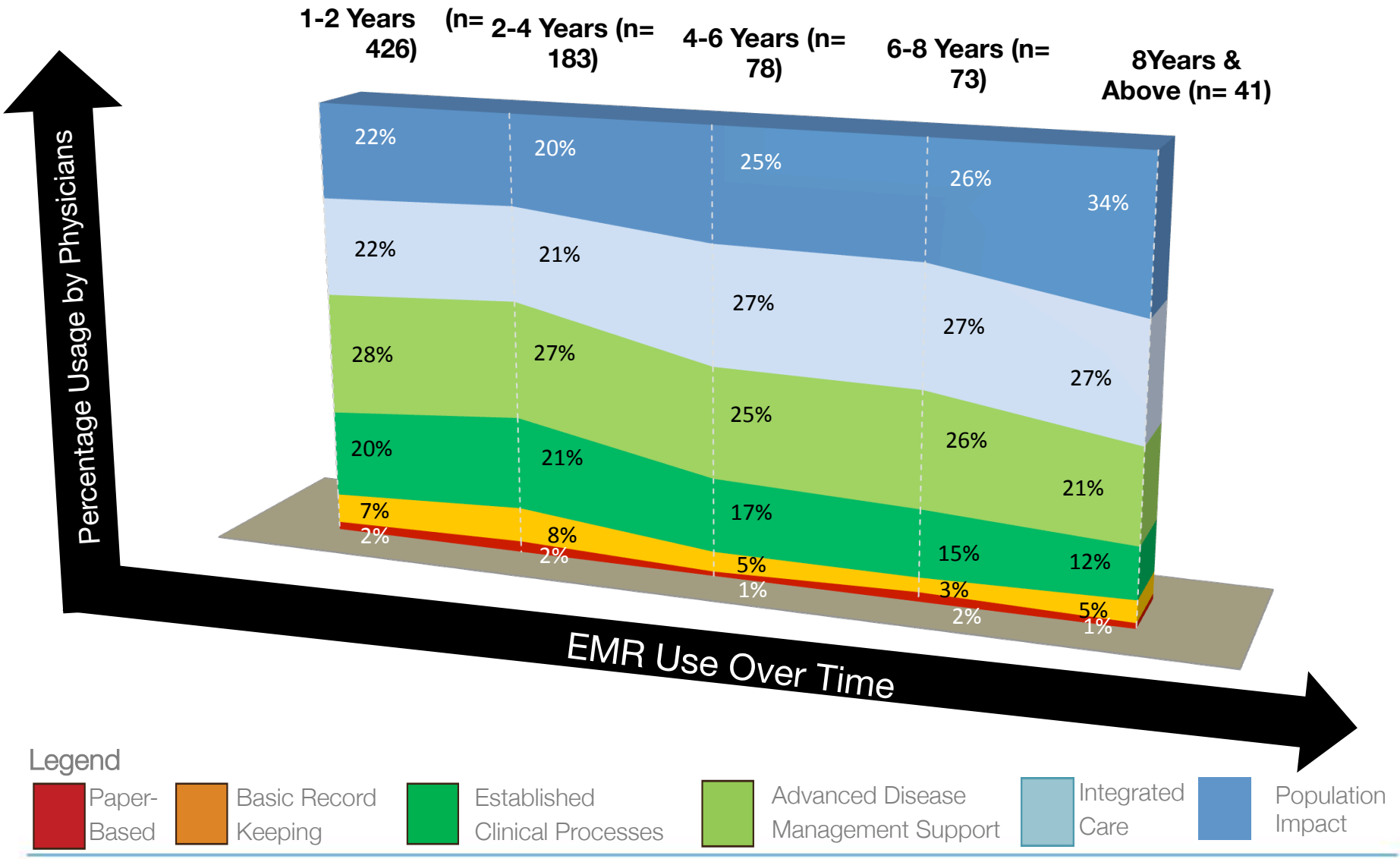
Family Physicians Future Use Over Time



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A Change Management Approach……

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The EPR Process

EPR Complete the EPR

Access your results through a variety of reports

OMD Contact an OntarioMD practice advisor

Make improvements

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Optimizing EMR Use and Value

Practice Improvements

- Expert Project Managers, Practice Advisors & Peer Leaders
- Customized & Prioritized Coaching
- Educational and transformational training and tools
- Readiness for eHealth integrated initiatives

EMR Enhancements

- New features and enhancements
- Feedback on vendor support / services
- Advocate for local and national interoperability solutions

Health System Planners

- Support MOHLTC system priorities such as Health Links, QBPs, QIPs etc.
- Demonstrate EMR value and use

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Thank you!

Questions?

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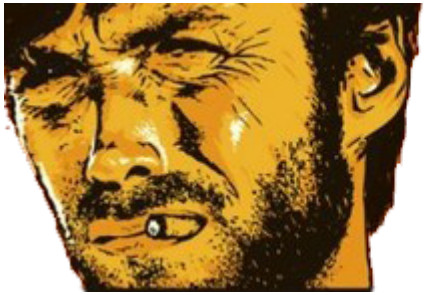
ORA EMR Day – OSCAR update

Henry Averns

THE GOOD THE BAD AND THE UGLY

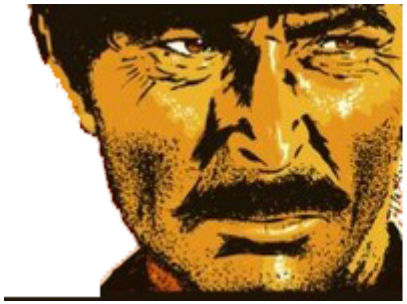


The GOOD

- The functionality of Oscar is amazing – though it takes effort and a brief but steep learning curve
- Macros, templates, advanced data extraction in to forms is relatively straightforward

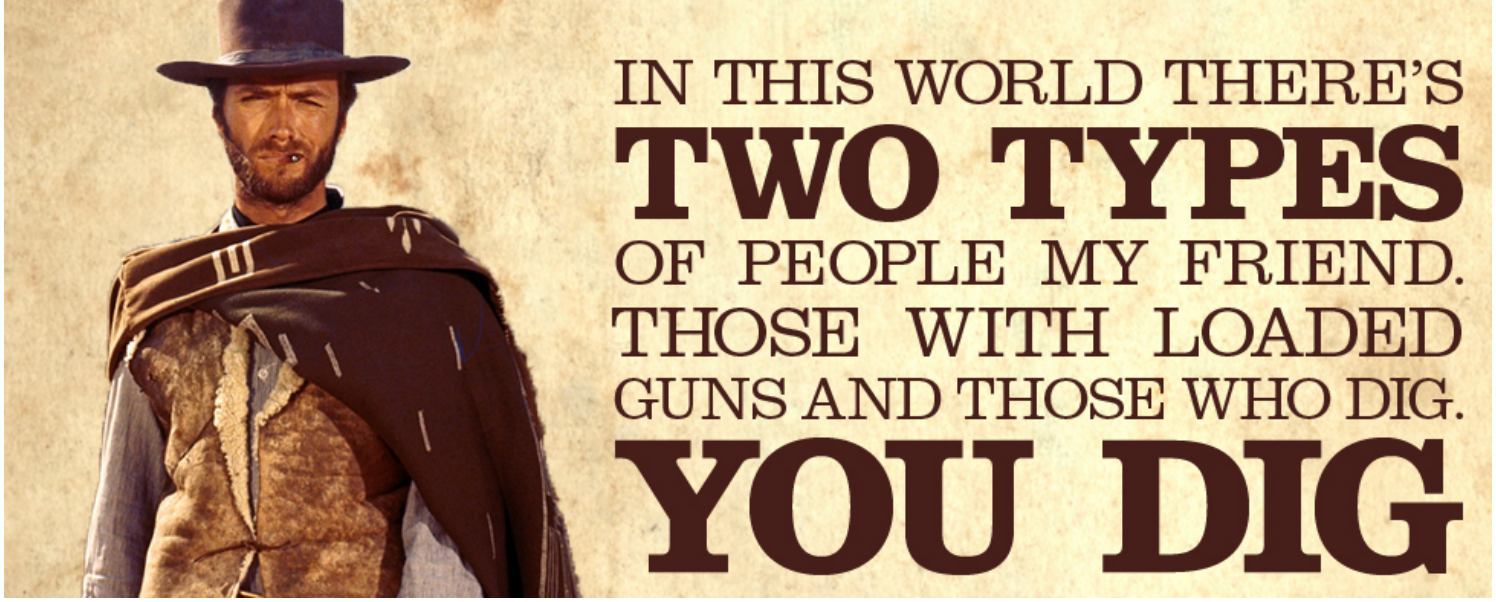
- It remains an inexpensive option
- Mine has never gone down on me (my EMR)

- My web based forms now submit straight in to the inbox
  - Why not in to the patient chart?
  - Because I worry about hacking and data integrity and do not want false data in the actual record
  - I review all data before it is attached



The BAD

- As a group we have failed to meet up and share experiences effectively
- To succeed Oscar needs give and take IN BOTH DIRECTIONS
- The homunculus does not allow serial analysis of the data within it yet
  - This is possible but the Ugly will reveal why we have not achieved it



- Importing form data in to oscar is possible but I cannot do it in data format in a meaningful way…and am reluctant to do this at this point
- Extracting data for reports is a confusing process which requires the ability to design the right query
  - BUT it also requires that all users report data in the same way and put it in the right place

- McMaster changed the terms and conditions of its license in a scurrilous manner and demanded
  - monthly payment ONLY from users with funding
  - Physicians to accept total liability for any flaws in the software
  - Restrictive practices in terms of new software developments being given back to McMaster, against the spirit of the original shareware ethos

Indivica, who wrote OLIS, and who found and repaired about 150 flaws in the oscar software, refused to sign up to this outrageous demand

Ontario MD have been left in an embarrassing and difficult situation since they currently do not have a contract with other oscar vendors

The Stand-off continues

- SO we are waiting to see how the legal fight pans out
- Until then funding for Indivica Oscar will continue
- And until then independent Oscar providers will be reluctant to invest money in new oscar toys

THANX
ORA EMR Day
Dr. Karasik
Accuro Update

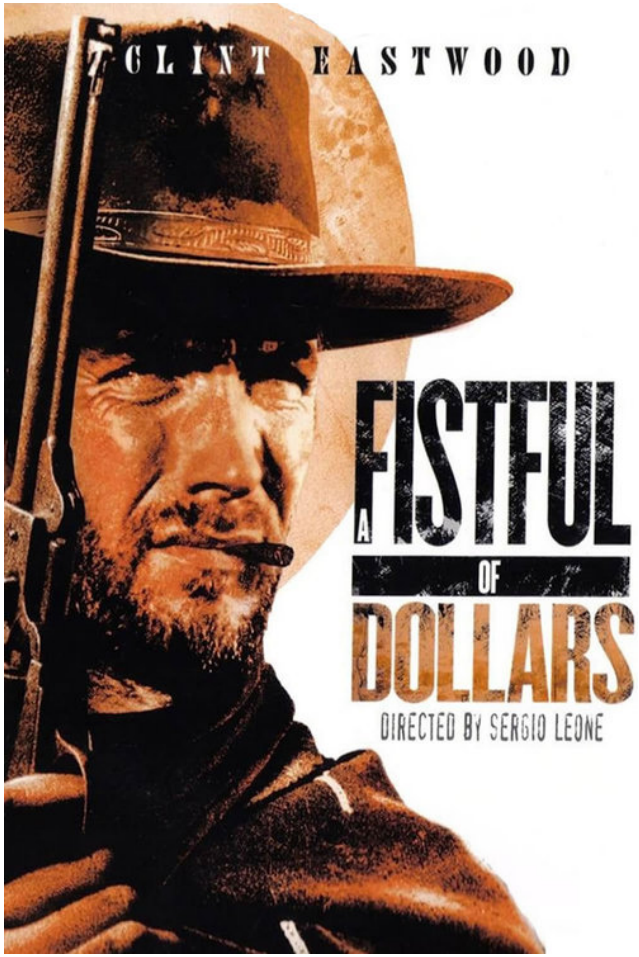
EMR “Champion” Update

EMR Committee

Champions of Change

What have we accomplished across our EMR Rheumatology platforms?

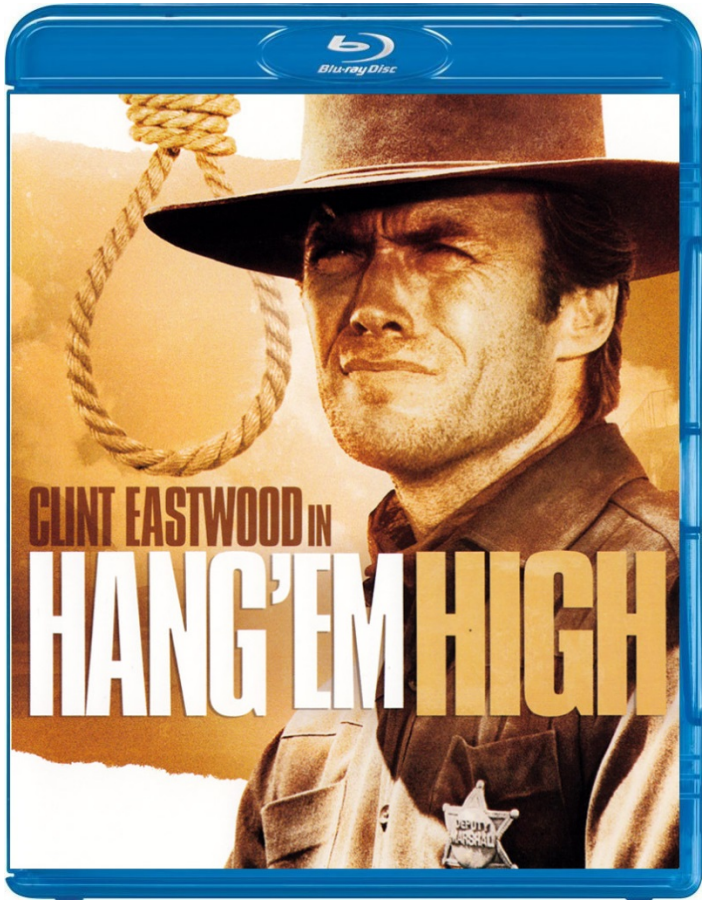
ANY WHICH WAY YOU CAN


CLINT EASTWOOD
A FISTFUL OF DOLLARS
DIRECTED BY SERGIO LEONE

The first 2 weeks ?

CLINT EASTWOOD

HEARTBREAK RIDGE



BUT WITH TIME……

What have we accomplished across our EMR Rheumatology Platforms?

EMR Platforms currently working with us

QHR Technologies
Accuro EMR CMS4

McMaster University
Department of Family Medicine– OSCAR McMaster v9.06

Patient Reported Forms

Get in and out of bed? ☐ 0 ☒ 1 ☐ 2 ☐ 3

AIDS OR DEVICES that you usually use for any of the above activities: ☐ *Devices used for Dressing (button hook, zipper pull, etc.)*

ARISING - Are you able to:

Stand up from a straight chair? ☐ 0 ☐ 1 ☒ 2 ☐ 3

Get in and out of bed? ☐ 0 ☐ 1 ☒ 2 ☐ 3

AIDS OR DEVICES that you usually use for any of the above activities: ☑ *Special or built up chair*

EATING Are you able to:

Cut your own meat? ☐ 0 ☐ 1 ☒ 2 ☐ 3

Lift a full cup or glass to your mouth? ☐ 0 ☐ 1 ☒ 2 ☐ 3

Open a new milk carton? ☐ 0 ☐ 1 ☒ 2 ☐ 3

AIDS OR DEVICES that you usually use for any of the above activities: ☐ *Built up or special utensils*

WALKING - Are you able to:

Walk outdoors on flat ground? ☐ 0 ☒ 1 ☐ 2 ☐ 3

Climb up five steps? ☐ 0 ☒ 1 ☐ 2 ☐ 3

AIDS OR DEVICES that you usually use for any of the above activities: ☐ *Cane* ☐ *Wheelchair* ☐ *Crutches* ☐ *Walker*

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

☐ *Dressing and grooming* ☐ *Arising* ☐ *Eating* ☐ *Walking*

HYGIENE - Are you able to:

Wash and dry your body? ☐ 0 ☐ 1 ☒ 2 ☐ 3

Take a tub bath? ☐ 0 ☐ 1 ☒ 2 ☐ 3

Get on and off the toilet? ☐ 0 ☐ 1 ☒ 2 ☐ 3

AIDS OR DEVICES that you usually use for any of the above activities:

☐ *Raised toilet seat* ☐ *Long-handled appliances in bathroom* ☐ *Bathtub seat* ☐ *Bathtub bar*

REACH - Are you able to:

Reach and get down a 5 pound object (such as a bag of sugar) from above your head? ☐ 0 ☐ 1 ☒ 2 ☐ 3

Bend down to pick up clothing from the floor? ☐ 0 ☐ 1 ☒ 2 ☐ 3

AIDS OR DEVICES that you usually use for any of the above activities: ☐ *Long-handled appliances for reach*

GRIP Are you able to:

Open car doors? ☐ 0 ☐ 1 ☒ 2 ☐ 3

Turn faucets on and off? ☐ 0 ☐ 1 ☒ 2 ☐ 3

Open previously opened jars? ☐ 0 ☐ 1 ☒ 2 ☐ 3

AIDS OR DEVICES that you usually use for any of the above activities: ☐ *Jar opener (for jars previously opened)*

ACTIVITIES Are you able to:

Run errands and shop? ☐ 0 ☒ 1 ☐ 2 ☐ 3

Get in and out of a car? ☐ 0 ☒ 1 ☐ 2 ☐ 3

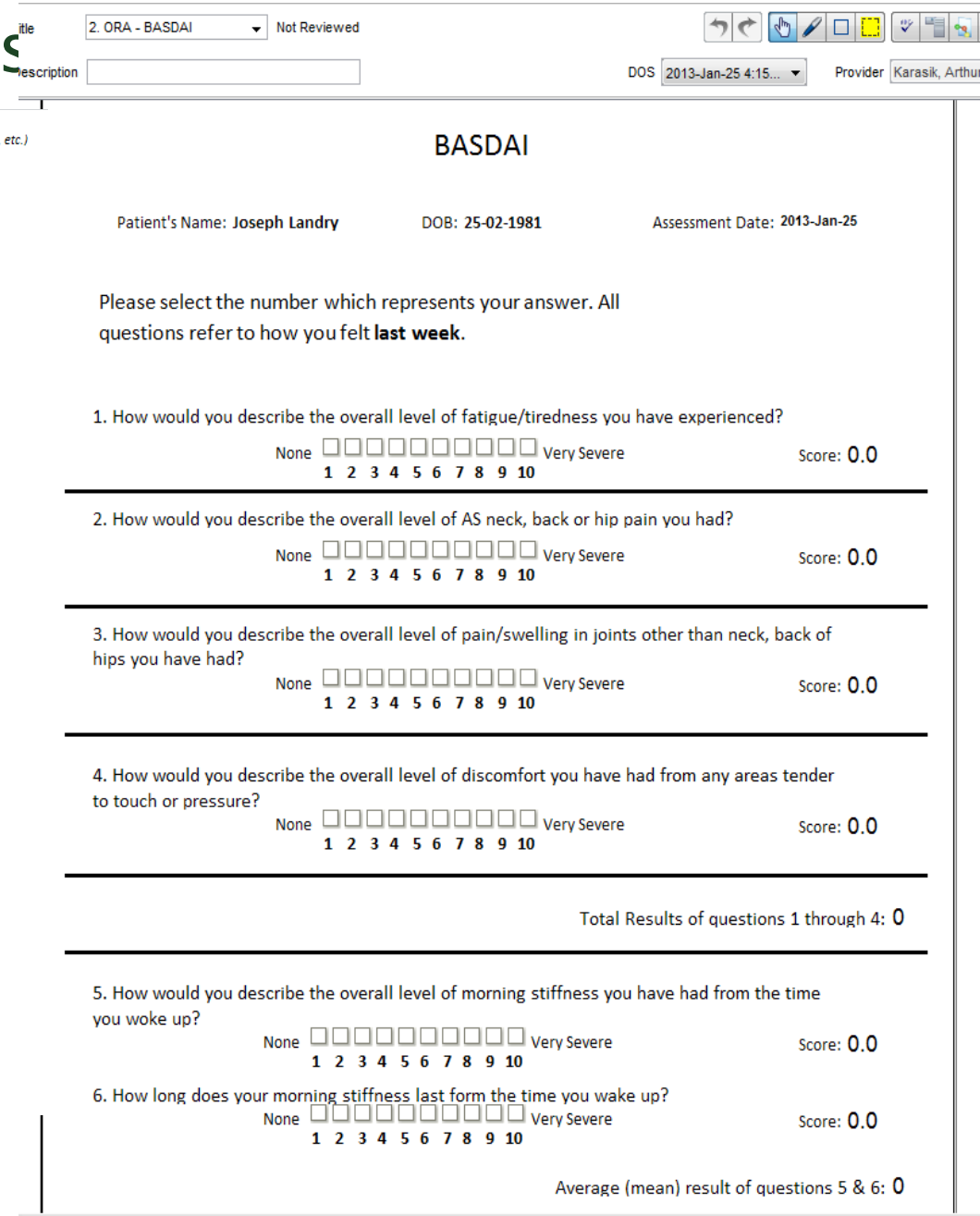
Do chores such as vacuuming or yard work? ☐ 0 ☒ 1 ☐ 2 ☐ 3

Please check any categories for which you usually need HELP FROM ANOTHER PERSON:

☐ *Hygiene* ☑ *Reach* ☐ *Gripping & opening things* ☐ *Errands and chores*

Total HAQ Score: 1.75

Ontario Rheumatology Association



itle 2. ORA - BASDAI Not Reviewed

escription DOS 2013-Jan-25 4:15... Provider Karasik, Arthur

BASDAI

Patient's Name: **Joseph Landry** DOB: **25-02-1981** Assessment Date: **2013-Jan-25**

Please select the number which represents your answer. All questions refer to how you felt **last week**.

1. How would you describe the overall level of fatigue/tiredness you have experienced?

None ☐☐☐☐☐☐☐☐☐☐ Very Severe Score: 0.0

1 2 3 4 5 6 7 8 9 10

2. How would you describe the overall level of AS neck, back or hip pain you had?

None ☐☐☐☐☐☐☐☐☐☐ Very Severe Score: 0.0

1 2 3 4 5 6 7 8 9 10

3. How would you describe the overall level of pain/swelling in joints other than neck, back of hips you have had?

None ☐☐☐☐☐☐☐☐☐☐ Very Severe Score: 0.0

1 2 3 4 5 6 7 8 9 10

4. How would you describe the overall level of discomfort you have had from any areas tender to touch or pressure?

None ☐☐☐☐☐☐☐☐☐☐ Very Severe Score: 0.0

1 2 3 4 5 6 7 8 9 10

Total Results of questions 1 through 4: 0

5. How would you describe the overall level of morning stiffness you have had from the time you woke up?

None ☐☐☐☐☐☐☐☐☐☐ Very Severe Score: 0.0

1 2 3 4 5 6 7 8 9 10

6. How long does your morning stiffness last form the time you wake up?

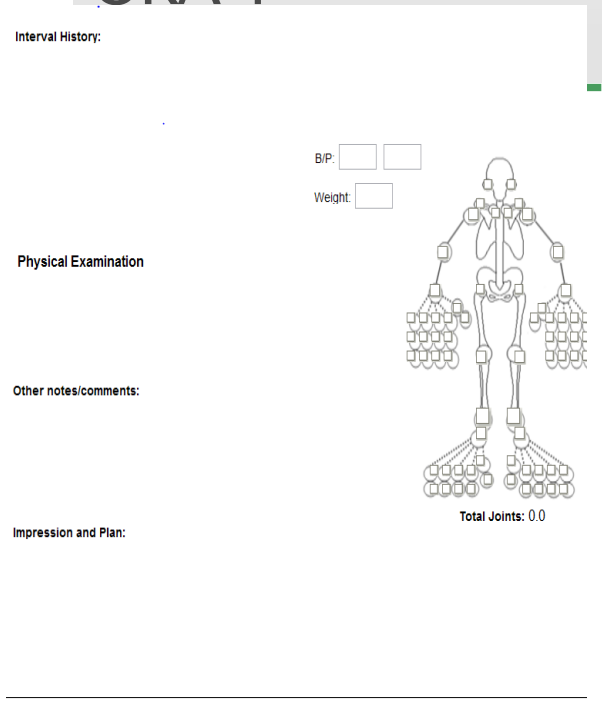
None ☐☐☐☐☐☐☐☐☐☐ Very Severe Score: 0.0

1 2 3 4 5 6 7 8 9 10

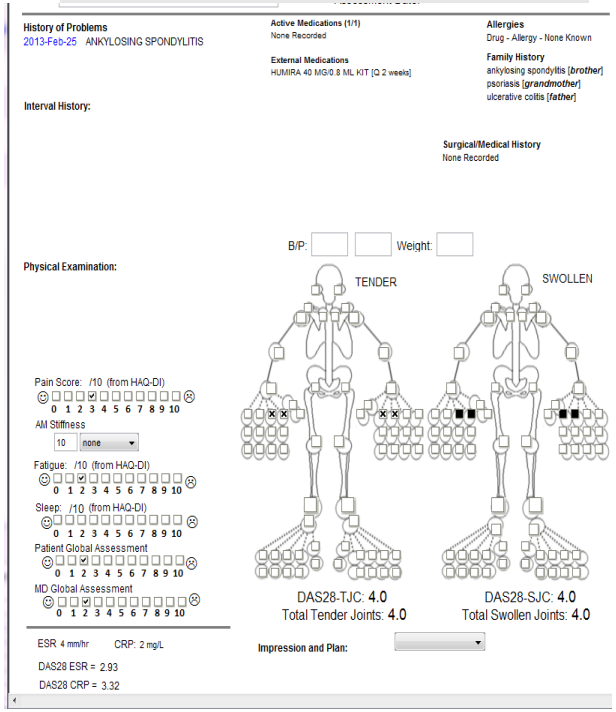
Average (mean) result of questions 5 & 6: 0

Clinical Forms-Minimum

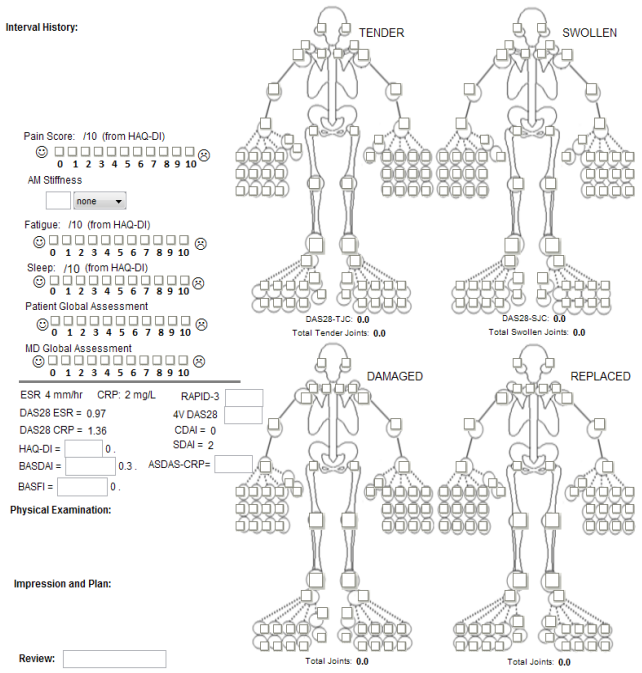
1 Homonculus-ORA-1



2 Homonculi-ORA-2



4 Homonculi-ORA-4



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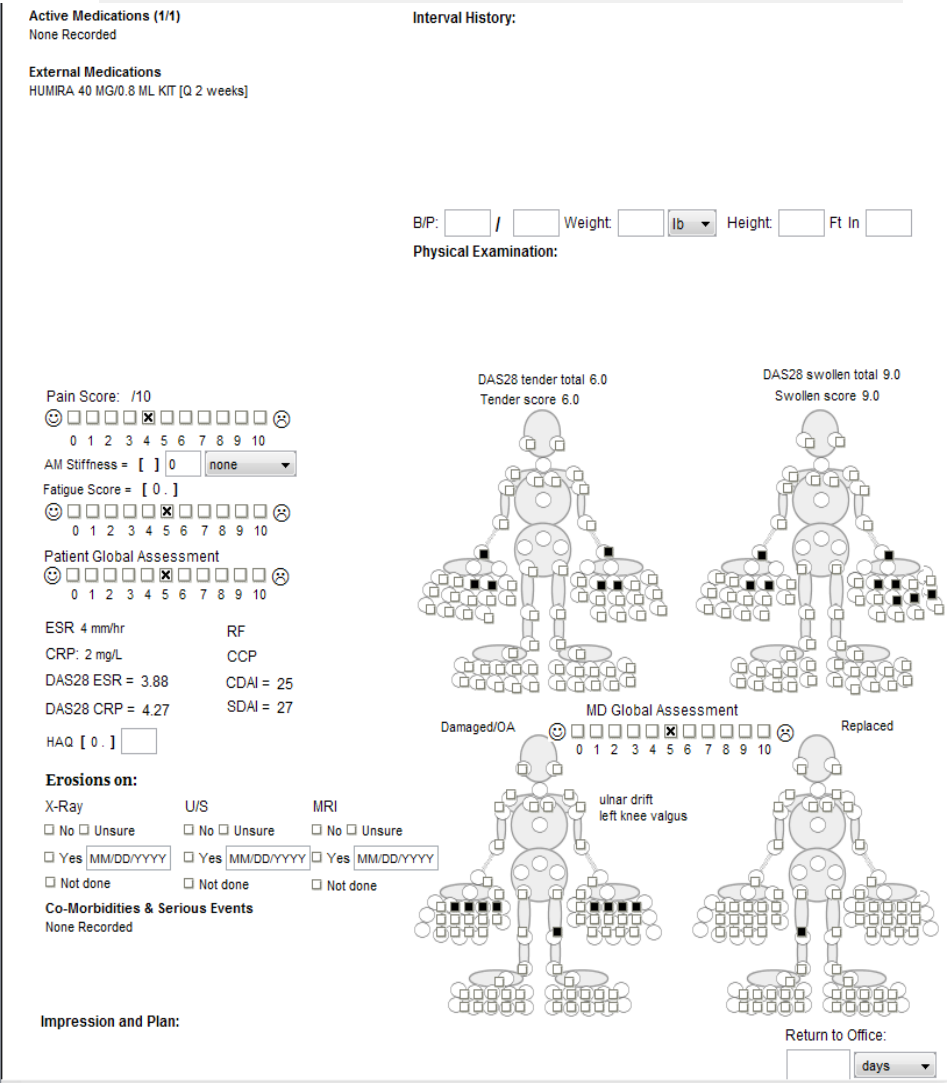
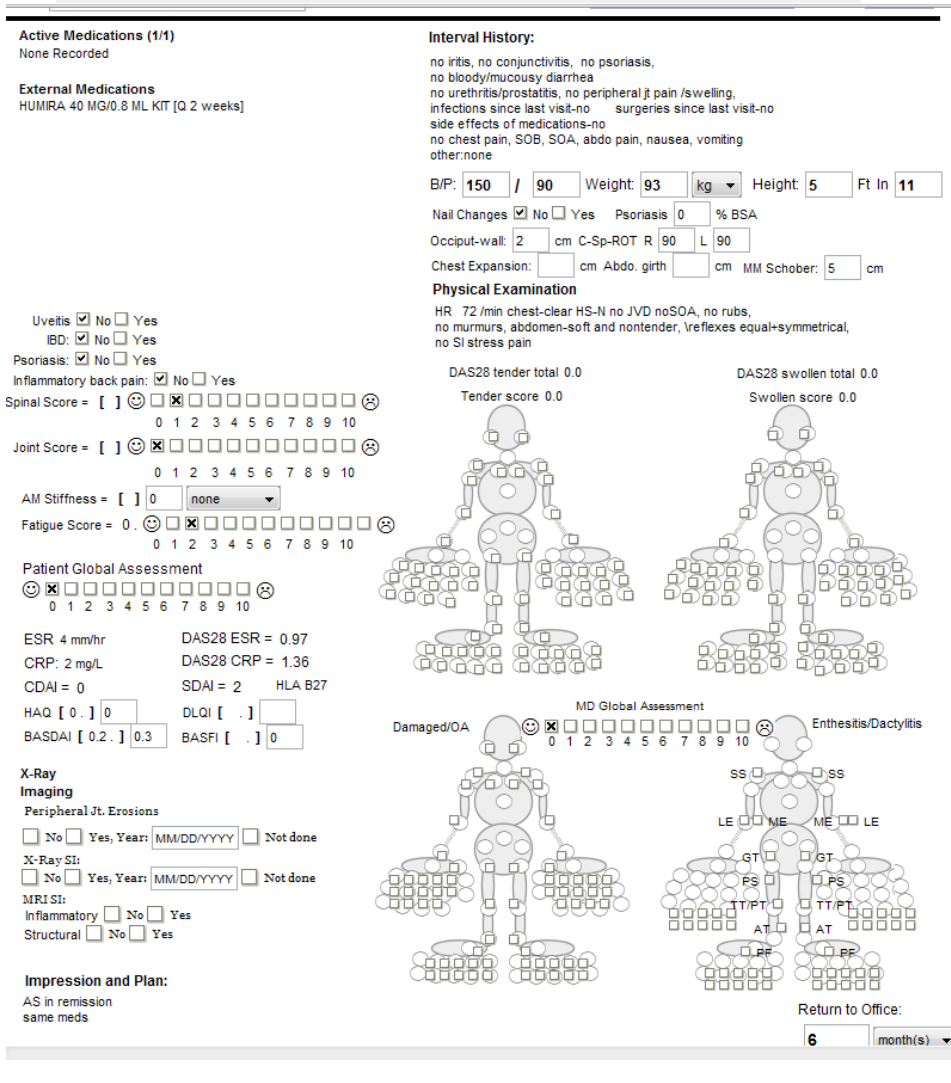
Forms changed-enhanced

Smart form-RA

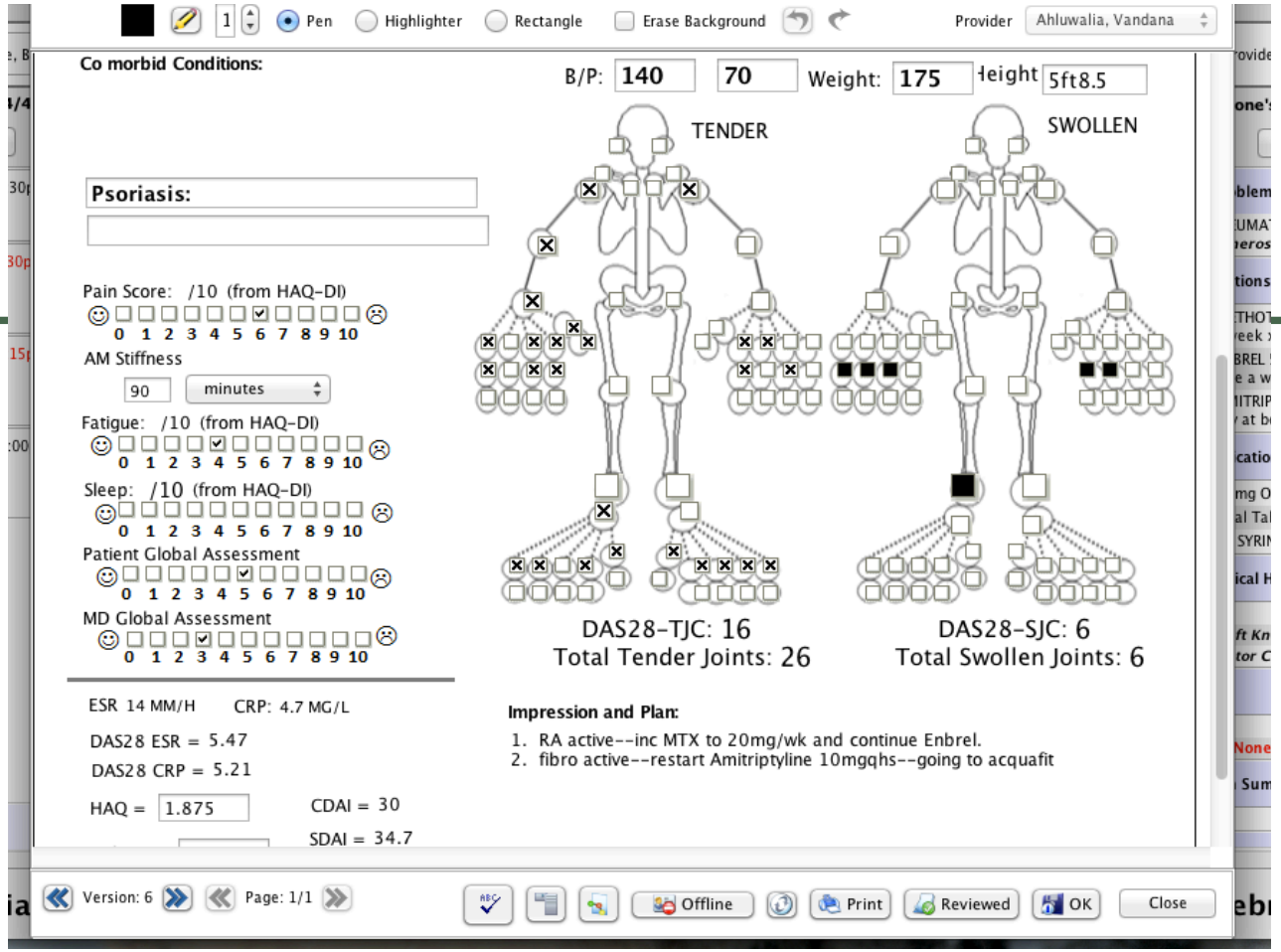


Smart form- sPA

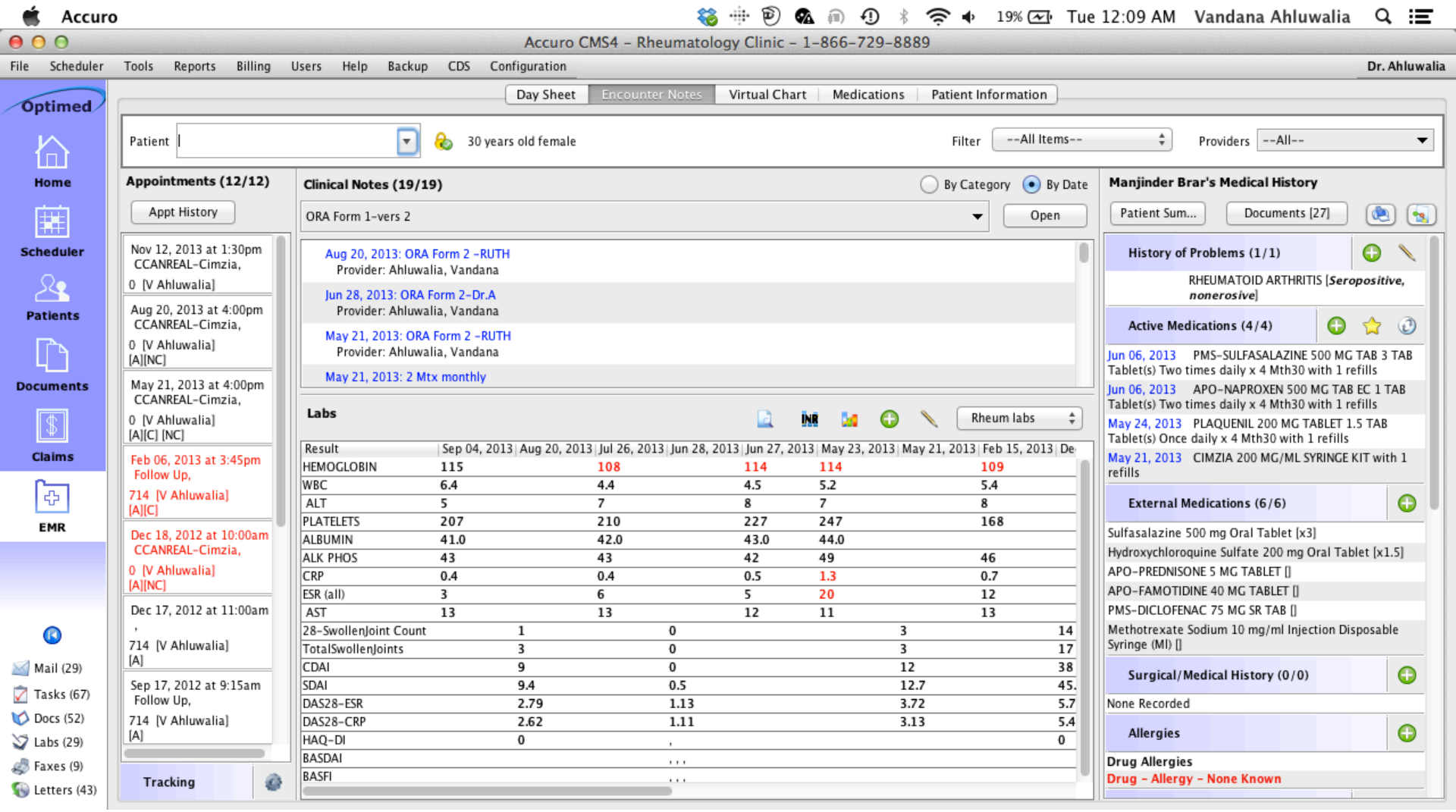


Clinical forms–example

Ontario Rheumatology Association

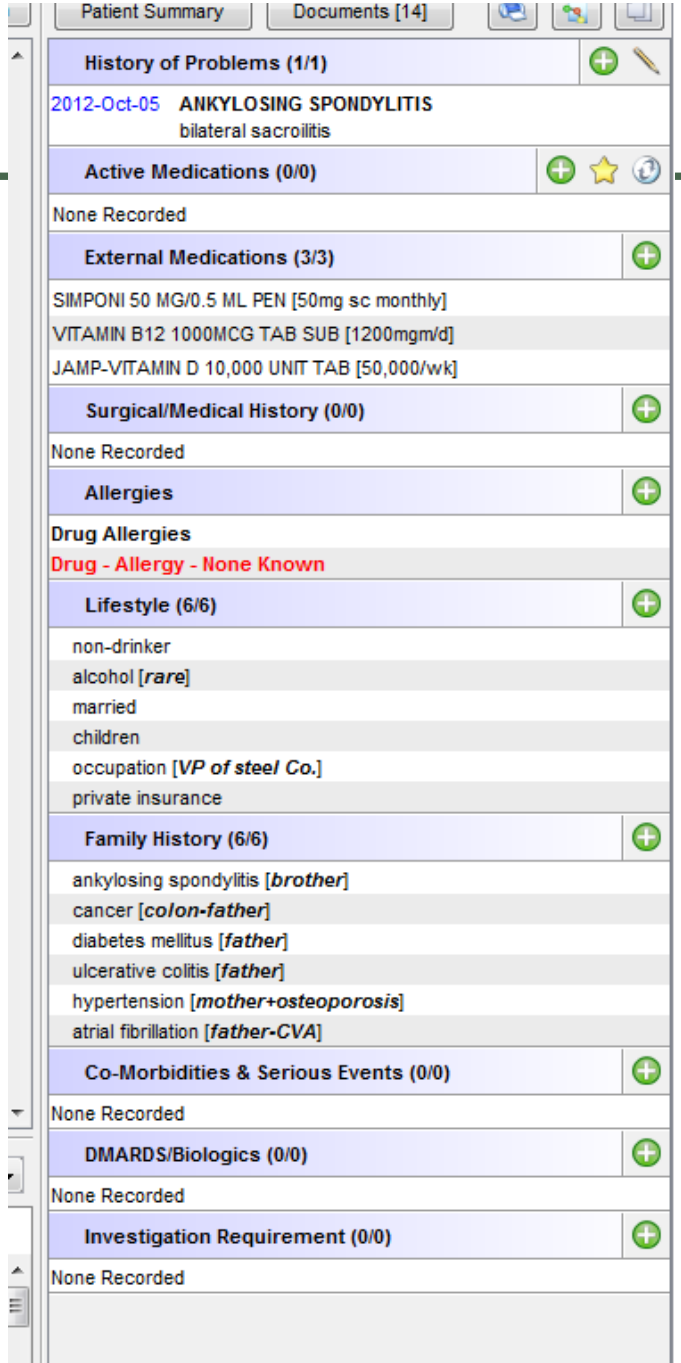


Chronic disease management trending reports–Rheum View



ORA Ontario Rheumatology Association

Custom Bands



ORA Ontario Rheumatology Association

Pharmacy

Favorite	Prescription
Aclasta	ACLASTA 5 MG/100 ML IV BOTTLE | [Order Status: Unknown]
Actonel-150	ACTONEL 150 MG TABLET | 1 Tablet(s) for 12 Mth30 starting on 2012-Oct-01 [Order Status: Unknown]
Actonel-DR	ACTONEL DR 35 MG TABLET | 1 Tablet(s) for 56 Day(s) starting on 2012-Dec-17 [Order Status: Unknown]
allopurinol-300	ALLOPURINOL 300 MG TABLET | 1 Tablet(s) for 90 Day(s) starting on 2013-Jul-09 [Order Status: Unknown]
arava 10	ARAVA 10 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Oct-01 [Order Status: Unknown]
arava 20	ARAVA 20 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Oct-01 [Order Status: Unknown]
Arthrotec 50	ARTHROTEC 50 MG-200 MCG TABLET | 1 Tablet(s) for 28 Day(s) starting on 2012-Sep-06 [Order Status: Unknown]
arthrotec 75	ARTHROTEC 75 MG-200 MCG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-06 [Order Status: Unknown]
ativan - MRI	ATIVAN 2 MG TABLET | 1 Tablet(s) for 1 Day(s) starting on 2012-Sep-21 [Order Status: Unknown]
avelox	AVELOX 400 MG TABLET | 1 Tablet(s) for 7 Day(s) starting on 2014-Apr-30 [Order Status: Unknown]
bactroban	BACTROBAN 2 % OINTMENT | [Order Status: Unknown]
celebex OD	CELEBREX 200 MG CAPSULE | 1 Capsule(s) for 30 Day(s) starting on 2012-Nov-28 [Order Status: Unknown]
celebrex 100	CELEBREX 100 MG CAPSULE | 1 Capsule(s) for 39 Day(s) starting on 2012-Oct-02 [Order Status: Unknown]
celebrex 100 - 316	CELEBREX 100 MG CAPSULE | 1 Capsule(s) for 39 Day(s) starting on 2013-May-21 [Order Status: Unknown]
celebrex 200 bid	CELEBREX 200 MG CAPSULE | 1 Capsule(s) for 30 Day(s) starting on 2012-Sep-05 [Order Status: Unknown]
celebrex 200 LU 316	CELEBREX 200 MG CAPSULE | 1 Capsule(s) for 30 Day(s) starting on 2014-Oct-31 [Order Status: Unknown]
celebrex-317	CELEBREX 200 MG CAPSULE | 1 Capsule(s) for 30 Day(s) starting on 2012-Sep-24 [Order Status: Unknown]
chloroqine	TEVA-CHLOROQUINE 250 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Dec-13 [Order Status: Unknown]
cimzia 200 q2wks	CIMZIA 200 MG/ML SYRINGE KIT | [Order Status: Unknown]
cimzia 200mg q 2 wks	CIMZIA 200 MG/ML SYRINGE KIT | [Order Status: Unknown]
cimzia monthly	CIMZIA 200 MG/ML SYRINGE KIT | 2 mL for 1 Day(s) starting on 2012-Sep-08 [Order Status: Unknown]
cimzia-monthly	CIMZIA 200 MG/ML SYRINGE KIT | [Order Status: Unknown]
clebrex 100 bid 317	CELEBREX 100 MG CAPSULE | 1 Capsule(s) for 39 Day(s) starting on 2013-Jan-29 [Order Status: Unknown]
Cymbalta	CYMBALTA 60 MG CAPSULE | 1 Capsule(s) for 30 Day(s) starting on 2012-Sep-14 [Order Status: Unknown]
cymbalta-30	CYMBALTA 30 MG CAPSULE | 1 Capsule(s) for 30 Day(s) starting on 2012-Sep-18 [Order Status: Unknown]
depomedrol 40mg/ml with lidocaine	METHYLPREDNISOLONE AC 40 MG/ML | [Order Status: Unknown]
depomedrol-2	DEPO-MEDROL 80 MG/ML VIAL | 1 Units for 1 Day(s) starting on 2014-Jul-12 [Order Status: Unknown]
depomedrol-80	DEPO-MEDROL 80 MG/ML VIAL | 1 Units for 1 Day(s) starting on 2012-Oct-01 [Order Status: Unknown]
dexilant	DEXILANT DR 60 MG CAPSULE | 1 Capsule(s) for 30 Day(s) starting on 2013-Mar-27 [Order Status: Unknown]
durolane-3 ml	C# Durolane | [Order Status: Unknown]
Enbrel-50	ENBREL 50 MG/ML SYRINGE | [Order Status: Unknown]
feramax	Feramax® 150 | 1 Capsule(s) for 100 Day(s) starting on 2014-Apr-08 [Order Status: Unknown]
folic	FOLIC ACID 5 MG TABLET | 2 Tablet(s) for 12 Week(s) starting on 2012-Sep-08 [Order Status: Unknown]
folic acid	APO-FOLIC ACID 5 MG TABLET | 2 Tablet(s) for 12 Week(s) starting on 2014-Dec-08 [Order Status: Unknown]
fosamax	FOSAMAX 70 MG TABLET | 1 Tablet(s) for 8 Week(s) starting on 2014-Jul-11 [Order Status: Unknown]
HCTZ 25	HYDROCHLOROTHIAZIDE 25 MG TAB | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-08 [Order Status: Unknown]
humira	HUMIRA 40 MG/0.8 ML KIT | [Order Status: Unknown]
humira q 2weeks	HUMIRA 40 MG/0.8 ML KIT | [Order Status: Unknown]
Kenalog-40	KENALOG-40 40 MG/ML VIAL | 1 mL for 1 Day(s) starting on 2012-Oct-01 [Order Status: Unknown]
leucovorin	LEDERLE LEUCOVORIN 5 MG TAB | 1 Tablet(s) for 1 Day(s) starting on 2012-Sep-10 [Order Status: Unknown]
levaquin-10	LEVAQUIN 500 MG TABLET | 1 Tablet(s) for 10 Day(s) starting on 2013-May-09 [Order Status: Unknown]
levaquin-7	LEVAQUIN 500 MG TABLET | 1 Tablet(s) for 7 Day(s) starting on 2013-May-30 [Order Status: Unknown]
lipitor 10	LIPITOR 10 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-08 [Order Status: Unknown]
lipitor 10	LIPITOR 10 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-08 [Order Status: Unknown]
Losec	LOSEC 20 MG CAPSULE | 1 Capsule(s) for 30 Day(s) starting on 2012-Dec-31 [Order Status: Unknown]
lozide 1.25	LOZIDE 1.25 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2014-Jun-04 [Order Status: Unknown]

Favorite	Prescription
MTX 6	APO-METHOTREXATE 2.5 MG TAB | 6 Tablet(s) for 10 Week(s) starting on 2012-Sep-05 [Order Status: Unknown]
MTX 7	APO-METHOTREXATE 2.5 MG TAB | 7 Tablet(s) for 10 Week(s) starting on 2012-Sep-05 [Order Status: Unknown]
MTX 8	APO-METHOTREXATE 2.5 MG TAB | 8 Tablet(s) for 10 Week(s) starting on 2012-Sep-05 [Order Status: Unknown]
MTX-9	METHOTREXATE 2.5 MG TABLET | 9 Tablet(s) for 9 Week(s) starting on 2013-Oct-21 [Order Status: Unknown]
MTXsc 10mg	METHOTREXATE 50 MG/2 ML VL | 0.4 mL for 56 Day(s) starting on 2012-Oct-02 [Order Status: Unknown]
MTXsc 12.5mg	METHOTREXATE 50 MG/2 ML VL | 0.5 mL for 56 Day(s) starting on 2012-Sep-06 [Order Status: Unknown]
MTXsc 15mg	METHOTREXATE 50 MG/2 ML VL | 0.6 mL for 56 Day(s) starting on 2012-Sep-06 [Order Status: Unknown]
MTXsc 17.5mg	METHOTREXATE 50 MG/2 ML VL | 0.7 mL for 56 Day(s) starting on 2012-Sep-06 [Order Status: Unknown]
MTXsc 20mg	METHOTREXATE 50 MG/2 ML VL | 0.8 mL for 56 Day(s) starting on 2012-Nov-01 [Order Status: Unknown]
MTXsc 22.5	METHOTREXATE 50 MG/2 ML VL | 0.9 mL for 56 Day(s) starting on 2012-Sep-06 [Order Status: Unknown]
MTXsc 25mg	METHOTREXATE 50 MG/2 ML VL | 1 mL for 56 Day(s) starting on 2012-Sep-06 [Order Status: Unknown]
naprosyn regular	Naproxen 500 mg Oral Tablet | 1 Tablet(s) for 30 Day(s) starting on 2012-Oct-23 [Order Status: Unknown]
NEOVISC	C# NEOVISC | 1-6 mL for 1 Day(s) starting on 2012-Sep-11 [Order Status: Unknown]
nexium 40	NEXIUM DR 40 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-08 [Order Status: Unknown]
norvasc 5	NORVASC 5 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-08 [Order Status: Unknown]
pantoloc-297	PANTOLOC DR 40 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2013-Sep-11 [Order Status: Unknown]
pariet	PARIET EC 20 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Nov-22 [Order Status: Unknown]
pariet-10	PARIET EC 10 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Dec-10 [Order Status: Unknown]
pennsaid	PENNSAID 1.5 % DROPS | [Order Status: Unknown]
pennsaid	PENNSAID 1.5 % DROPS | [Order Status: Unknown]
pepcid	PEPCID AC 20 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2014-Jul-10 [Order Status: Unknown]
PQL bid	PLAQUENIL 200 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-04 [Order Status: Unknown]
PQL hs	PLAQUENIL 200 MG TABLET | 2 Tablet(s) for 30 Day(s) starting on 2012-Oct-02 [Order Status: Unknown]
prednisone as directed 88	APO-PREDNISONE 5 MG TABLET | [Order Status: Unknown]
prevacid	PREVACID 30 MG CAPSULE | 1 Capsule(s) for 30 Day(s) starting on 2012-Sep-19 [Order Status: Unknown]
prolia	PROLIA 60 MG/ML SYRINGE | 1 mL for 1 Day(s) starting on 2012-Sep-10 [Order Status: Unknown]
prolia-428	PROLIA 60 MG/ML SYRINGE | 1 mL for 1 Day(s) starting on 2012-Dec-13 [Order Status: Unknown]
prolia-429	PROLIA 60 MG/ML SYRINGE | [Order Status: Unknown]
restasis	RESTASIS 0.05 % EYE EMULSION | [Order Status: Unknown]
simponi	SIMPONI 50 MG/0.5 ML PEN | [Order Status: Unknown]
SSZ 2 bid	Sulfasalazine 500 mg Oral Tablet, Delayed Release (Enteric Coated) | 2 Tablet(s) for 30 Day(s) starting on 2012-Sep-04 [Order Status: Un
SSZ one bid	Sulfasalazine 500 mg Oral Tablet, Delayed Release (Enteric Coated) | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-04 [Order Status: Un
sulindac-200 bid	TEVA-SULINDAC 200 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2014-Sep-17 [Order Status: Unknown]
synvisc-One	C# viscosupplementation | [Order Status: Unknown]
Tecta	TECTA DR 40 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-20 [Order Status: Unknown]
trental bid	PENTOXIFYLLINE SR 400 MG TAB | 1 Tablet(s) for 30 Day(s) starting on 2014-Sep-04 [Order Status: Unknown]
uloric	ULORIC 80 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-19 [Order Status: Unknown]
valtrex weekly	VALTREX 500 MG TABLET | 1 Tablet(s) for 8 Week(s) starting on 2012-Sep-08 [Order Status: Unknown]
vimovo bid	VIMOVO 500-20 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Oct-01 [Order Status: Unknown]
Vit B12	VITAMIN B12 1000MCG/ML VIAL | [Order Status: Unknown]
vitamin D2-8	Ergocalciferol (Vitamin D2) 50,000 unit Oral Capsule | 1 Capsule(s) for 28 Day(s) starting on 2013-May-28 [Order Status: Unknown]
voltaren rapide	VOLTAREN RAPIDE 50 MG TABLET | 1 Tablet(s) for 30 Day(s) starting on 2012-Sep-12 [Order Status: Unknown]
voltaren-100	VOLTAREN SR 100 MG SA TABLET | 1 Tablet(s) for 30 Day(s) starting on 2015-Jan-05 [Order Status: Unknown]
voltaren-SR 75	VOLTAREN SR 75 MG TABLET SA | 1 Tablet(s) for 30 Day(s) starting on 2013-Feb-25 [Order Status: Unknown]
zithromax	ZITHROMAX 250 MG TABLET | [Order Status: Unknown]
zolendronic acid	ZOLEDRONIC ACID 5 MG/100 ML | [Order Status: Unknown]

eOBRI forms

Ontario Biologics Research Initiative: Safety and Effectiveness Study

University Health Network

STUDY ASSESSMENT FORM
PLEASE FAX TO: 1-888-757-6506

Site: Patient Number: Patient Initials:

Visit Information:
Date: Day / Month / Year /

☐ Baseline ☐ Follow-up

Form Completed By:
Signature:
Date: Day / Month / Year /

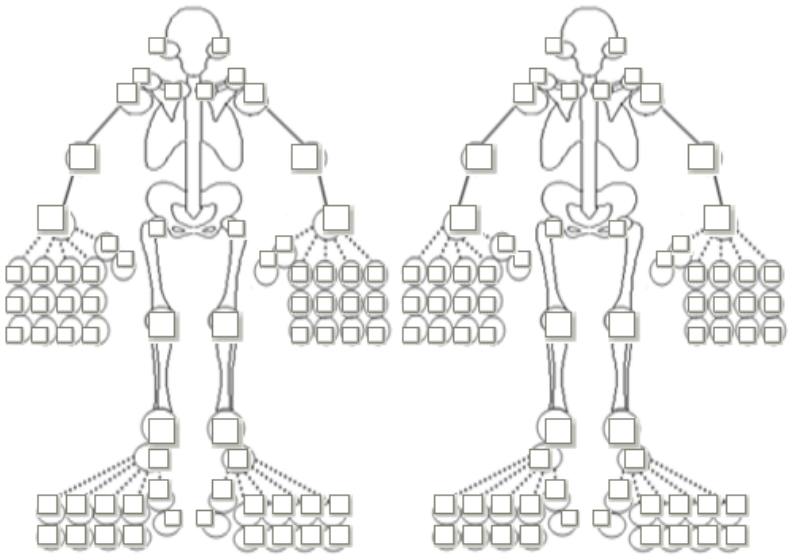
Physician Global Assessment of Current Disease Activity: ☐ Not done

Not Active At All 0 1 2 3 4 5 6 7 8 9 10 Extremely Active

Patient Global Assessment of Current Disease Activity: ☐ Not done

Not Active At All 0 1 2 3 4 5 6 7 8 9 10 Extremely Active

Joint Assessment:
We have provided a 68 joint homunculus. However, we only require a 28 joint count assessment (selected joints are highlighted). Please shade in all tender & swollen joints. If a joint has been replaced or injected with corticosteroids within the last 3 months, it should NOT be counted. Please use an arrow to indicate these joints.



Total Tender Joints: 0.0
☐ No Shading, Tender Count Only:

Total Swollen Joints: 0.0
☐ No Shading, Swollen Count Only:

Laboratory:

ESR: mm/hr ☐ Not Done
Date: Day / Month / Year /

CRP: mg/1 ☐ Not Done
Date: Day / Month / Year /

Co-Morbidities & Serious Events:

☐ **NONE**
☐ **NO CHANGE at Follow-up**
☐ **Depression:**
☐ **Cardiovascular:** ☐ Coronary Artery Disease ☐ CHF ☐ HTN ☐ Arrhythmia ☐ Other:
☐ **CNS:** ☐ Stroke ☐ TIA ☐ Other:
☐ **Lung Disease:** ☐ Asthma ☐ COPD ☐ Pulmonary Embolism ☐ ILD ☐ Other:
☐ **GI:** ☐ Ulcer ☐ Other:
☐ **Kidney Disease:**
☐ **Diabetes** ☐ Type I ☐ Type II
☐ **Hematologic:** ☐ Anemia ☐ Other:
☐ **Liver Disease**
☐ **Osteo or Degenerative Arthritis:**
☐ **Autoimmune Disease:** ☐ SLE ☐ Vasculitis ☐ Other:
☐ **Cancer:**
☐ **Serious Infection:**
☐ **Tuberculosis:**
☐ **Fungal Infection:**
☐ **Central Demyelination:**
☐ **Other:**

Did any of these events result in death/hospitalization/IV antibiotics/significant loss of function or disability/congenital malformation/or was life threatening?

☐ No ☐ Yes, Specify

Erosions on X-ray?

☐ No ☐ Unsure ☐ Yes, Year of X-Ray: ☐ Not done

Additional Comments:

EMR Platform Breakout sessions:

(QUESTIONS And/or IDEAS)

- ☐ News from your EMR platform
- ☐ Practical demonstrations- new tools
- ☐ Short-cuts and best practices
- ☐ Wish lists for future needs

a)Q&A, open discussion

- Where are we going ? Michael Hall -QHR- National Sales Manager
- Current Rheumatology Tools-Dr. Karasik
- Accuro EMR Update 2015-Colin Greenway- software engineer