

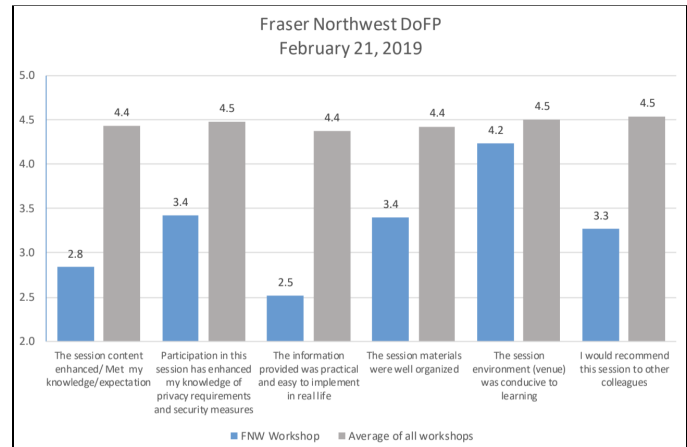
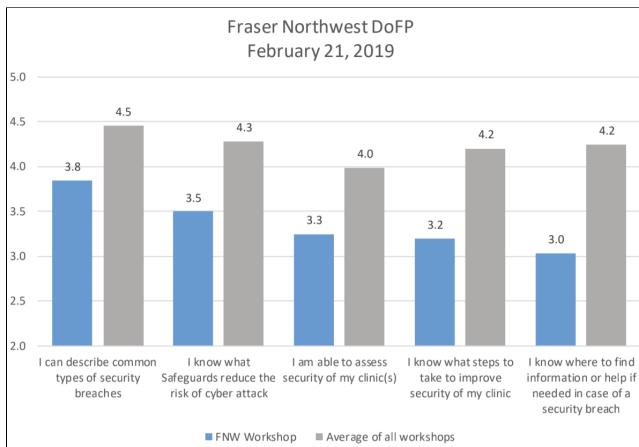
# Information Technology Program: Year in Review

Fraser Northwest Division of Family Practice

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## Initial Program Intent

The introduction of a dedicated FNW Information Technology (IT) Support resource emerged in early 2019 out of the pre-existing Division-led Practice Improvement program. Direct feedback from FNW Physicians was a key element in the creation of this role and came to light from a February 2019 workshop hosted by the “Doctors Technology Office (DTO) on Physician Office Security - Safeguards 101”. Feedback from FNW members indicated lower ratings around confidence with information technology and privacy and security within the clinic environment:



One of this program’s key responsibilities was to “assist practices in maximizing use of available information technology resources in order to accomplish improved patient outcomes and increased office efficiency”. Since the inception of a dedicated IT Coordinator in Summer 2019, this role was designed to support FNW Patient Medical Homes (PMH) in the following ways:

- Help to implement new technologies/systems into family practices, including but not limited to:
  - Online booking software
  - Virtual Telehealth applications
  - Secure messaging
  - Websites
- Work with and support family practices with privacy and security audits using and implementing the Doctor Technology Office (DTO) workbook;
- Problem-solve and troubleshoot IT issues for Division staff and members;
- Provide excellent and courteous support to family practices in the FNW region;
- Monitor infrastructure, identify issues and take preventative action to ensure business continuity; and
- Manage the deployment, monitoring, maintenance, development, upgrade, and support of IT systems for the Division including computers, laptops, printers, phones, monitors and tablets.

In March 2020, with the onslaught of the Covid-19 pandemic, the FNW Division rapidly adapted to support members' pandemic response needs in addition to the ongoing programs and work so this role's portfolio shifted to ensuring support of members in a new virtual environment.

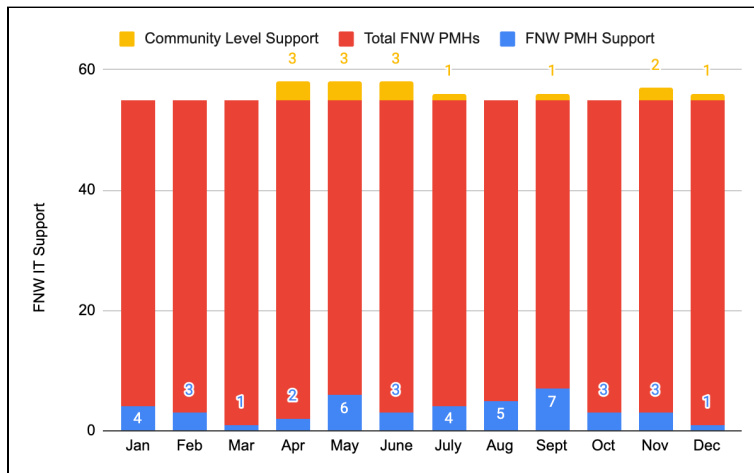
## Current State

Based on the 2020 summary of the work that took place by this program, there was a total of 16 FNW PMH's that were engaged with or were supported with IT related activities ranging from:

- Software and hardware support, consultation, installation;
- Virtual telehealth support for PMHs moving towards virtual care;
- Privacy assessment reviews and implementation of the DTO workbook at each PMH;
- Printer cost assessments and solution recommendations; and
- Phone and internet provider assessment and solution recommendations.

Additionally, with the onslaught of the Covid-19 pandemic, community level support was provided throughout the FNW communities and this included:

- FNW Covid-19 and Influenza Like Illness Assessment Clinic;
- Long Term Care Home Covid-19 virtual telehealth support and devices to support implementation;
- FNW Virtual Hub support for unattached patients and those recently discharged from acute care requiring follow up from Physicians;
- Fall Influenza Community Clinic support; and
- Shelter Housing Covid-19 virtual telehealth support and set up of donated devices to support implementation.



A month over month overview of the number of PMHs supported as well as the number of community level support provided by this role is detailed in the graph above.

Members who have been involved in the FNW PCN Registered Nurse In Practice initiative indicated the importance of a privacy office or someone with a strong understanding of privacy needs. The needs related to this initiative identify the importance of privacy-management and supporting team-charting needs required within this initiative.

A recent feedback survey distributed out to FNW members in January 2021 requested feedback around:

- When PMHs had initially learned of the program;
- How many times this program has been utilized;
- What worked well and didn't work well;
- Suggestions for future improvement; and
- How likely PMHs are to recommend this program to other PMHs.

This feedback survey received feedback from 16 members including 88% Physicians, 6% Registered Nurses, and 6% MOA's responses. When asked about the first learning of this program, there was a distribution of responses ranging from recent months to a year to 3-5 years (approximately 2017 - 2015). This feedback indicates an opportunity to better support promotion of this program within the FNW PMHs as this program has only been in existence since Summer 2019. Feedback around successes further indicated the opportunities for program clarification since participants identified the clinic website as being key successes; however, this is nested under a different program umbrella. Other suggestions included the following:

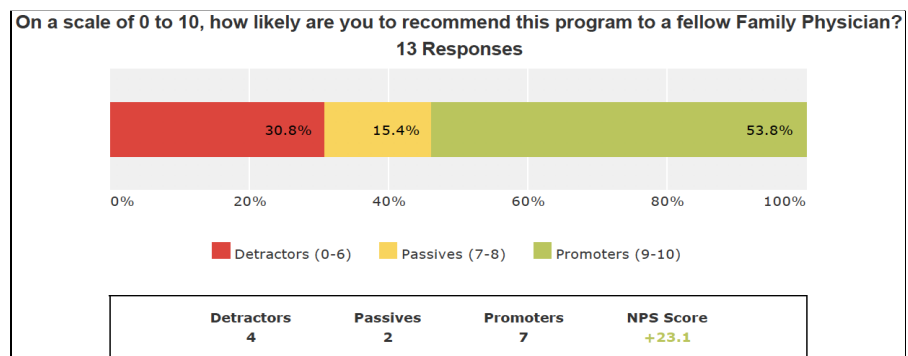
- *They have been helpful, accessible and available on short notice for 'emergency' IT issues. They are friendly, personable, knowledgeable and efficient.*
- *Readily accessible, on site support, helps navigate between EMR vendor, internet provider, hardware issues and DTO issues.*
- *Provides honest practical answers.*

Members identified the following for what hasn't worked well previously

- Initially available to do routine IT jobs, however with increasing workload not as accessible. Had initially planned to support with privacy campaign.
- *It has been really great. Much appreciated. Could have used a bit of extra support in navigating EMR transition at the time if the Division IT coordinator could become familiar with the process.*
- *When we had them come to the clinic they didn't know how to fix our issue. It happened a couple times so we had to hire an IT contractor. So we currently don't use them as they weren't really familiar with our system we use OSCAR.*

In terms of future improvements and development over the next year, members provided the following suggestions:

- Having an IT professional for more routine maintenance and proactive follow-ups;
- Enhanced privacy safety and security in the virtual environment - especially with EMRs; and
- General program information sessions.





## Next Steps/Lessons Learned

Based on the feedback collected for this program over the last year, there have been key lessons learned to support the direction for this program moving forward.

- Providing clarity on the role and function/scope of the IT program is necessary for Division members, the Division as a whole, and the role itself as there appears to be three main areas of support requested and all are quite different skill sets:
  - IT Tech Support;
  - EMR Support; and
  - Data privacy and security.
- Importance of distinguishing - and balancing - between the identified program strategies and the requests from members.
- Utilizing and building relationships with other resources and stakeholder agencies to support PMHs where requests may fall outside of this program's scope.
- Recognizing that every PMH's needs may be specific to the clinic and creating a program approach which recognizes this.
- Each PMH has a different level of IT support and it was quickly realized that the infrastructure within these clinics is heavily dependent upon one physician who has taken this role on. Physicians fixing hardware and software issues impact patient care and leave many of the PMHs vulnerable.
- The Division as an organization uses this resource to support its technical needs. As a PCN community with an increased number of Division staff, the support needed for the Division team has increased along with the Division's privacy and security support needs.
- The pandemic has required program work to adapt rapidly with a recognition that privacy and security plays an even greater role as longitudinal primary care takes place in this virtual environment.
- The skill sets required are broad and may not be found within one individual. IT support technicians and cybersecurity/privacy analysts have some overlapping areas they can both support but have fundamentally different roles to play.

In discussions with Division members, PMH Program Director, FNW Executive Director, and the IT Coordinator, how this program will look in the coming year(s) focuses on identifying the balance between supporting members basic IT needs and providing opportunities to identify IT related challenges associated with longitudinal practice and the effect that these challenges can have on a practice. There are opportunities for further discussions around the role of the Division in supporting this balance and if basic IT needs are a priority, recognizing that this support needs to be provided and available for urgent response during all clinic operating hours as well as in the outside of office hours to avoid clinic downtime. In all the work that the Division does, and its role in providing support, needs to be rooted in:

			FNW Information Technology Program Alignment
<b>PMH Attributes</b>	<b>Service Attributes</b>	Commitment (a personal family physician)	
		Contact (timely access)	
		Comprehensive Care	
		Continuity of Care	
		Coordination of Care	
	<b>Relational Enablers of Care</b>	Team-Based Care	
		FP networks supporting practice	
		PMH networks supporting communities	
	<b>Structural Enablers of Care</b>	Information technology enabled	★
		Education, training, research	
		Evaluation and quality improvement	★
		Internal and external supports	★
<b>PCN Core Attributes</b>	Process for ensuring all people in a community have access to quality primary care, and are attached within a PCN.		
	Provision of extended hours of care including early mornings, evenings and weekends.		
	Provision of same day access for urgently needed care through the PCN or an Urgent Primary Care Centre.		★
	Access to advice and information virtually (e.g. online, text, e-mail) and face to face.		★
	Provision of comprehensive primary care services through networking of PMHs with other primary care providers and teams, to include maternity, inpatient, residential, mild/moderate mental health and substance use, and preventative care.		
	Coordination of care with diagnostic services, hospital care, specialty care and specialized community services for all patients and with particular emphasis on those with mental health and substance use conditions, those with complex medical conditions and/or frailty and surgical services provided in community.		
	Clear communication within the network of providers and to the public to create awareness about and appropriate use of services.		
	Care is culturally safe and appropriate.		

<b>Quadruple Aim</b>	Provider Experience	★
	Patient Experience	
	Improved Health Outcomes	
	Lower System Costs	