

Practical Solutions for Community Specialists Today and Tomorrow Webinar

May 8, 2020

Supporting Resources and Q&A Summary

This information was gathered on May 8th during question & answer period of the Practical Solutions for Community Specialists Today and Tomorrow Webinar.

Tools and Resources

- **AMA Virtual Care Tools and Resources:**
 - [Meeting Patient's Needs Algorithm for Today's Primary and Specialty Care Teams](#)
 - [Virtual Care Appointment Guide](#)
 - [Know Your Practice Checklist for Specialists](#)
 - [AMA Virtual Care Homepage](#)
 - [Essentials for Getting Started with Virtual Care](#)
 - [EMR Integrated Tool Table](#)
 - [Privacy Tips](#)
 - [Privacy Checklist in Relation to Adoption Virtual Care technology during Pandemic](#)
- **Community Information Integration (CII):**
 - [CII Specialist FAQ](#)
 - [CII Specialty Tools and Resources](#)
 - Email: cii-specialty@albertadoctors.org

Questions & Answers

CII/CPAR:

What are the approximate costs, if any, associated with setting up and maintaining CII, given that one is already using a compatible EMR?

Response: CII (Community Information Integration) is available free to all community offices. The EMRs it can integrate with are TELUS Health, QHR and Microquest. It will take time of a clinic resource, usually a clinic manager, to fill out the forms to register. An office also needs an up to date PIA to participate. Depending how long it has been since it was updated, that may take effort. The good news is that the eHealth team will assess the PIA for each participating clinic and offer advice if it needs updating and what to update.

CII/CPAR (Cont'd):

Are there any other challenges/costs/details that someone would need to be aware of when setting up CII?

Response: There is no cost to participate in CII. There is effort for someone at the clinic to complete the registration forms and liaise with eHealth Support Services to be set up. One other piece is that the clinic PIA needs to be up to date. If it hasn't been touched in a while the clinic may appreciate that eHealth Support Services will do a PIA Update assessment with a clinic contact. They'll provide guidance if it needs updating and what to update. Once enabled, the submission to Netcare is simple. It does vary by EMR but most clinics experience minimal workflow adaptations.

Do referral letters from CII transfer to Connect Care as well?

Response: They are available in Netcare but they do not push to Connect Care.

Is there an EMR paging function to connect us with calls from referring physicians?

Response: I am not aware of this functionality in secure mail.

Where to Start:

If I'm a specialist, or supporting a specialist in the clinic, where should I start? (i.e. what is the first tool that I should be using?)

Response 1: The [Know Your Practice Checklist for Specialists](#) gives you a good place to start and conceptualize things. For example, I started by looking at my referral processes and used the AIM tools to look at my clinic's waitlist and how to better manage it (see section #3 of the checklist for links to these tools). I also suggest looking at your patients and professionals.

Response 2: Determine the part of your business that is the most problematic or gives you the most headache. Then think about what virtual tool will help you the most (e.g. the referral part? the patient f/u part?). When implementing a virtual tool, focus on one thing you really want to fix and do that well. It will be much easier for staff to learn the tool, socialize it, change the management of it. Then you can expand it to do whatever else you need to do. There is not just one tool.

Referral Processes:

I work in Calgary in Psychiatry. We have a mandated centralized referral organization called ACCESS Mental health. While this can make referrals more standard, it also makes the referral process and feedback quite impersonal. Do you have any thoughts about this?

Response: The problem is that everything is done by fax and you don't always know where someone is in the process or who to talk to. Email is depersonalizing in some ways but engaging in other ways. There is a balance between this. I would like to have the referral process directly in EMR through secure messaging instead of having to fax a letter. This would allow for better patient care. It will take time to change the referral process, but systems integration is happening a lot faster in the community.

How can tools be used to improve the referral process and build/enhance relationships with referring providers?

Response 1: The patient is at the centre of the Patient's Medical Home and there are a lot of possible care connections from there. This means that we have to be better at provider to provider interactions. I would love to message another specialist, for example, and say: "What about this DI, can you look at it or help me know what test to order?". This seems to be the kind of interaction that what we are now trying to build in our network. Secure messaging can help with this because it allows anyone with an email address to be involved in the patient's care (e.g. physiotherapists, social workers, family members). For example, secure messaging has allowed me to connect with larger families. I've also connected with pharmacists when working with the medications of troubled Parkinson's patients.

Response 2: There are many aspects to the referral process, which makes it hard to identify a single tool as a solution. Some of the tools we talked about today will help enhance relationships with referring providers. When these tools aren't available, it's about using the phone appropriately. Physicians have a responsibility to answer another physician's call. For example, if I'm calling another physician, the physician receiving the call should answer the call. If the receiving physician can't answer the call, he should be calling the physician back. The caller should also be leaving their cell phone number so they can be reached directly. Some of this is taking the responsibility to make sure you get through to the referring providers. You should make it as easy as possible for referring providers and the people to whom you're referring to get in touch with you. I haven't seen anyone abuse this system and it's a useful way to build good relationships with people because they like talking with me directly.

Secure Messaging:

When using secure messaging with your patients, do you find that you're having to do more work (e.g. dealing with multiple messages from patients)? If so, how are you dealing with that?

- **Response:**
 - Efficiency: Secure messaging is another tool in my toolbox and I think that the asynchronous part of it makes it easier to use than other means of patient communication (e.g. telephone and other follow-up methods). At the end of a long day, when you go to do telephone calls and you can't get a hold of people, it is far more efficient to just send a basic asynchronous message and then deal with it.
 - Triaging messages: A lot of the work is done through the virtual front desk which allows my assistants to triage messages and deal with messages that don't require my input. I also have my own personal inbox so I can personally message someone if they contact me first.
 - Patient response: Patients have been very respectful and love getting their results through secure messaging because they feel that they are included. You do have to control it but, in the end, it has been a much more efficient way of dealing with, especially follow-up results, in my practice. If someone is abusing the messaging, you must cut it off and terminate it. The CMPA and College are aware that this may happen, but, in my experience, no one has abused it.
 - Using Tool for Follow-Up Interventions: You could also use secure messaging to do follow-up interventions. For example, you may start someone on a migraine medication and want to know if the treatment is successful. Secure messaging is an easy way to do this.
- The latest information on secure messaging can be found: