We respectfully and gratefully acknowledge that UBC Robson Square is located on the traditional, ancestral, and unceded territory of the Coast Salish Peoples, including the territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), Stó:lō and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

Meet the Presenters

Daniel Rainkie is a Quality Care Pharmacist with the Pharmacists in PCN Program. He supports the Primary Care Clinical Pharmacists (PCCPs) in their daily clinical work and provides quality assurance. He has 7 years of experience in ambulatory care and primary care and an interest in how EMRs can support collaboration and patient care.

Tory Kim is the Program Lead for the Pharmacists in PCN Program, leading the operational, implementation, and administrative teams. She has about 10 years experience each in community, hospital, and ambulatory settings, including working in an integrated primary care clinic.

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OSCARCON '23
OPTIMIZING YOUR OSCAR EMR EXPERIENCE

OSCAR BC
Connecting Care · Creating Community

Objectives

1. Describe how pharmacists in the Program leverage the functions of EMRs to facilitate team-based care

2. Share learnings of perceived barriers and solutions from our experiences in shared EMR charting

Pharmacists in PCN Program

- UBC leading first 3 years of Pharmacists in PCN Program

- Partnership with Ministry, health authorities, PCNs

- Up to 50 pharmacists in first 3 years

- Program will continue ongoing

- Focus on adult patients with complex medication needs
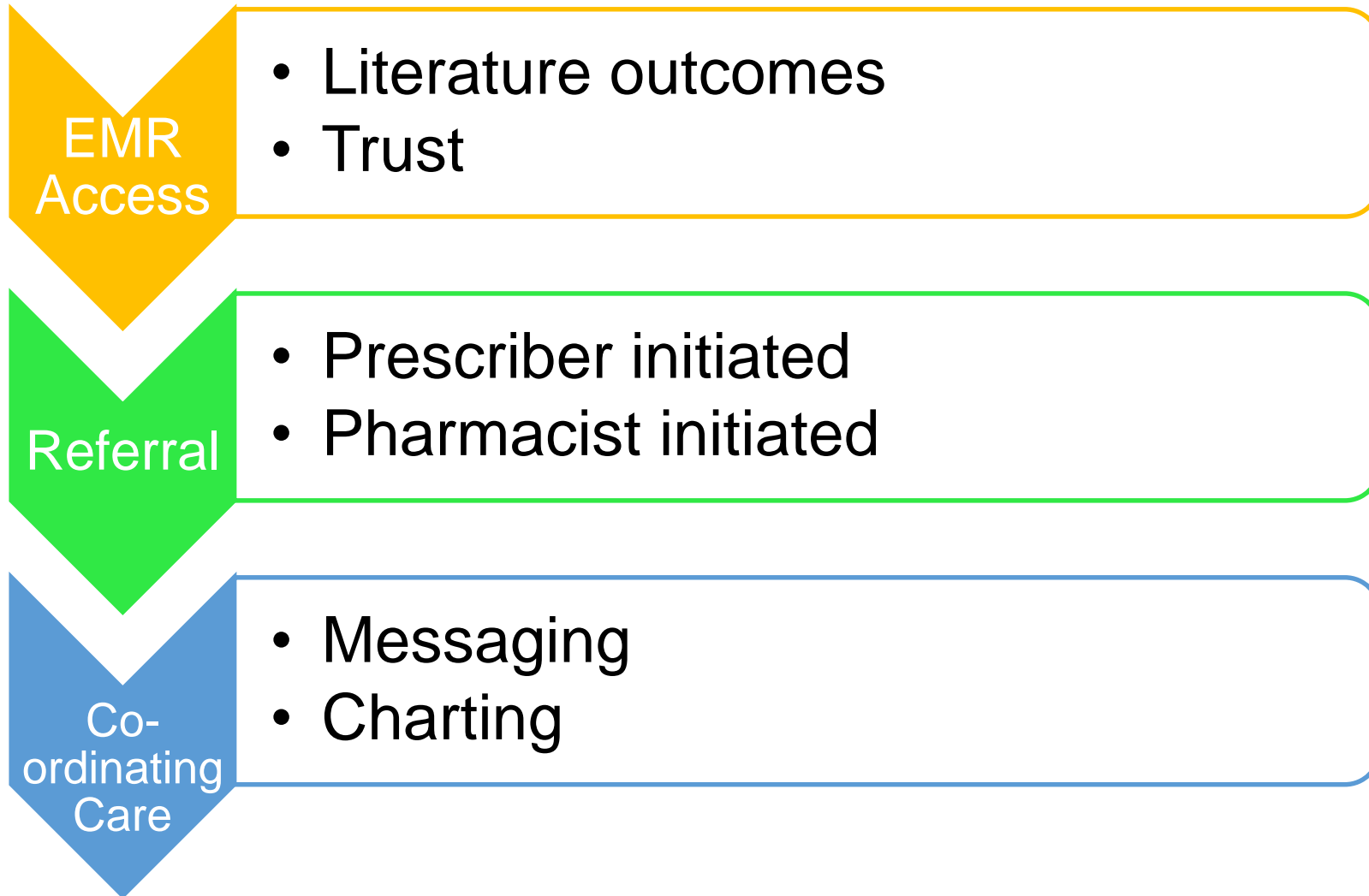
- Team based care

Our Context

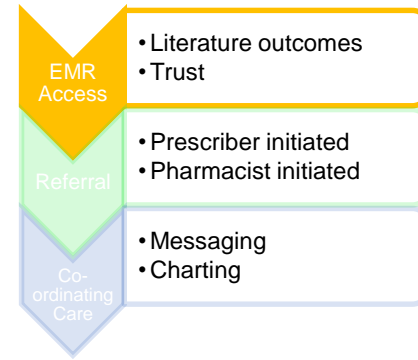| Collaboration Structure	Collaboration Types
MD-RN centered teams	Co-located collaboration (no referral, natural collab)
MD-RN-Rx triad	Non-hierarchical collaboration
Highly multidisciplinary teams	Collaboration through shared consult
Specialized teams	Collaboration by referral/counter-referral

Our Experience

- MD-RN centered teams and MD-RN-Rx triad
- Collaboration by referral/counter-referral

3 Milestones of EMR Collaboration

EMR Access
- Literature outcomes
- Trust

Referral
- Prescriber initiated
- Pharmacist initiated

Co-ordinating Care
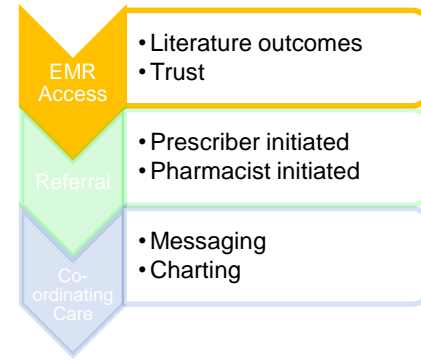- Messaging
- Charting

EMR Access

- Literature outcomes specific to EMR use (not just pharmacist involvement)
  - Hypertension, diabetes, fewer visits, increase in meds (but not # of pills), transitions of care

> *"Clearly they are in the circle of care but…"*

- Primary barrier: Trust
  - Cite privacy concerns
  - Concerns about critiquing of practice

Facilitating EMR Access

EMR Access
- Literature outcomes
- Trust

Referral
- Prescriber initiated
- Pharmacist initiated

Co-ordinating Care
- Messaging
- Charting

- Recognizes patients as owners of their information

- Improves care relationships, opportunities for quality improvement, and identifying referrals

- Team Charting Agreements
  - FPSC team charting guidance: When possible, all team members should chart in 1 system
  - Usually arranged by PCN/HA (If pharmacist employee of health authority, need TCA)
  - Delineate roles and responsibilities regarding information in EMR
  - Require patient notification (e.g., poster)
  - Often use template from FPSC
    - https://www.pcnbc.ca/media/pcn/Team_Charting_Agreement_V2.pdf

Referrals
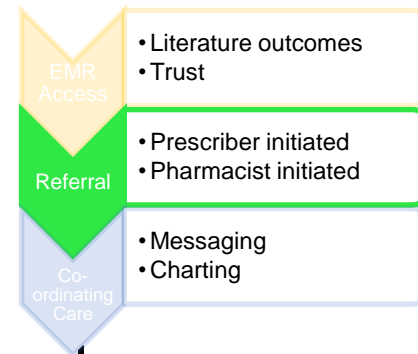
- EMR access reduces need for complete information in referrals
  - Ability to see more complete medical history including specialist consultations, encounter notes, medication history
  - Reduces delays due to illegible or missing information on referral form
  - May not need to use referral forms

- Prescriber identified referrals
  - Consultations: Fax referrals (+/- eForm)
  - Inbox: Trackable
  - Ticklers: Disappears once completed

- Pharmacist identified referrals
  - Case finding using the report function
    - Data driven or billing code driven

Experience with Referrals in Oscar

Inbox

Tickler

Pharmacist co-located

Inbox/Ticklers

Brief reason for referral (pharmacist can gather info from chart)
Quicker responses
Manage scheduling

eForms
Consultations

Pharmacist in Central Hub Location

Faxed referrals (+/- eForm)

Brief reason for referral (pharmacist can gather info from chart)

- Literature outcomes
- Trust

EMR Access

- Prescriber initiated
- Pharmacist initiated

Referral

- Messaging
- Charting

Co-ordinating Care

Report

Pharmacist case finding

Data driven case finding

Billing code driven case finding

Practice support program
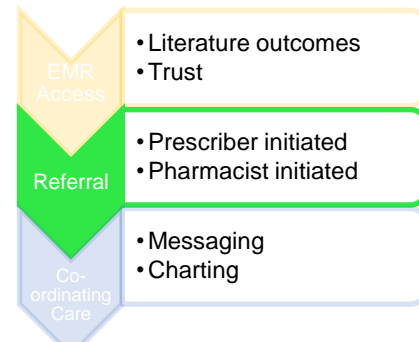
Coordinating Care
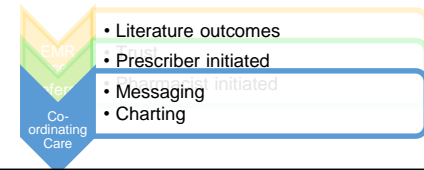
	Read Only	Read/Write
Referral information	Y	Y
Access to patient information for workup	Y	Y
Pharmacist updated medication list, patient preferences, special authority forms	N	Y

Charting

Messaging

Connecting Care • Creating Community

Experience with Coordinating Care in Oscar

- Literature outcomes
- Trust
- Prescriber initiated
- Pharmacist initiated
- Messaging
- Charting

EMR Access / Referral / Co-ordinating Care

[26-Oct-2022 .: Tel-Progress Note]

REASON FOR REFERRAL/PRIMARY CONCERN

73 year old man with chronic back pain. Reported ankylosing spondylitis. Uses T1. Waiting for rheumatology. Pain management options for arthritis seen on x-ray – considering duloxetine and topical diclofenac.

His concerns:
Supplement for prostate – saw urologist but medication prescribed might make him dopey he says. Enlarged prostate- every 2 hours peeing in the night
Ankloysing spondylitis … every 2 hours waking with pain.
Avoid dopey medications priority
Teary eye left eye – new in the last 10 days – some drops
Hasn't started duloxetine – note to NP about why
Curious about humira – referral to rheumatologist couple of months
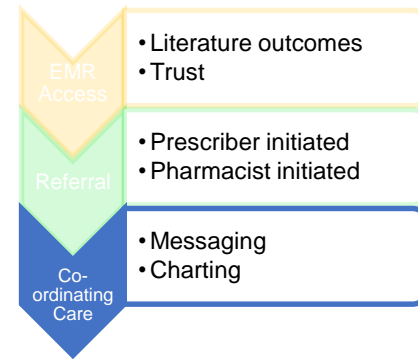
DOCUMENTS +

Encounter Note
Toilet paper roll
+ easy to find
+ data relevant to next patient encounter
- detailed plans may get lost

Consult Letter
Documents
+ similar to receiving consults
+ longer detailed notes easy to find
- additional clicks
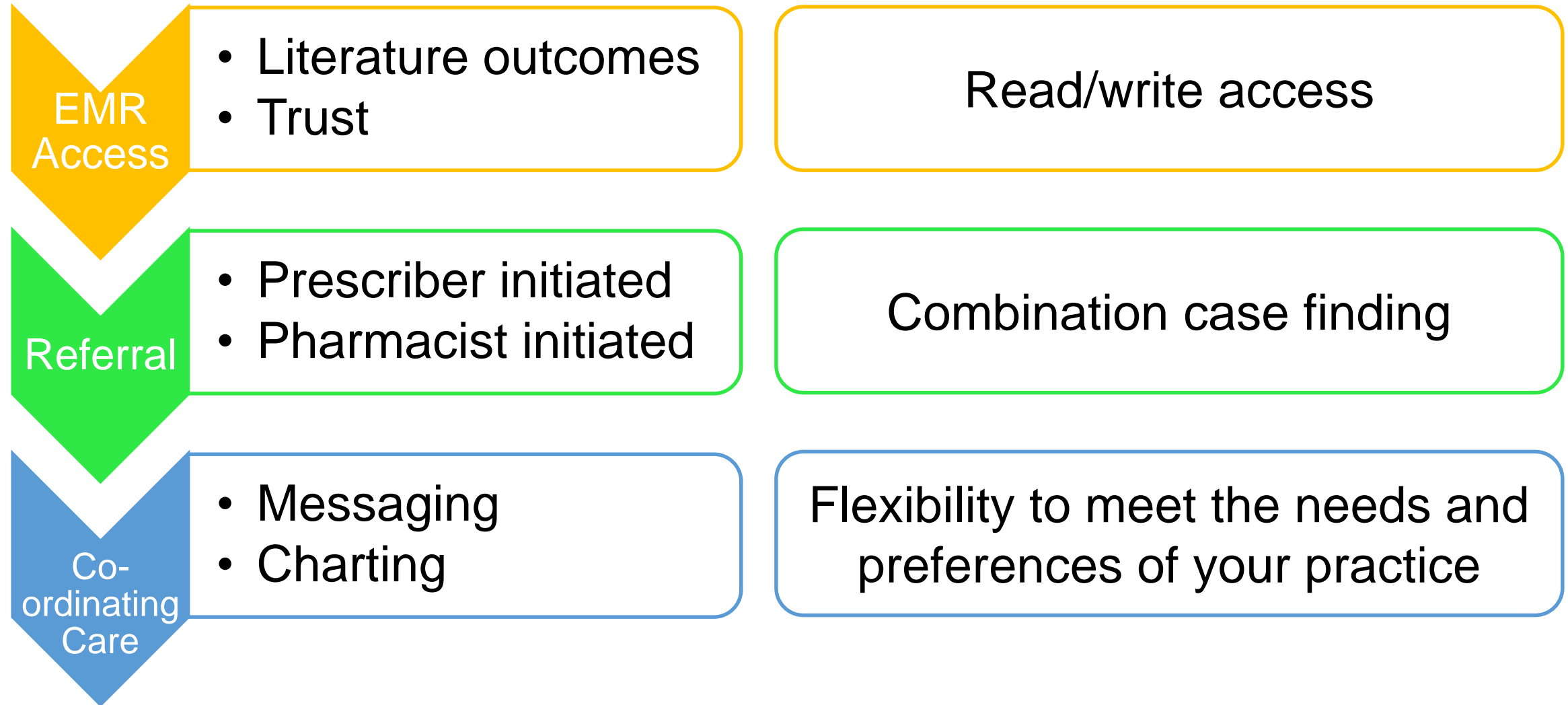
Updated Data
Complete medication list
Patient medication preferences
Special authority forms

Perceived Collaboration Threats

- Using messaging, inbox, ticklers may be more efficient for orchestrating care but at the cost of human interaction
  - → Co-located models and case conferencing may address this concern and facilitate team trust

- Charting data reported in different ways/locations
  - → Team functioning and learning

- Providers don't trust others to have fully captured all information relevant to their assessment or decision making
  - → Shared EMR access and information better

Best Practice

EMR Access	• Literature outcomes • Trust	Read/write access
Referral	• Prescriber initiated • Pharmacist initiated	Combination case finding
Co-ordinating Care	• Messaging • Charting	Flexibility to meet the needs and preferences of your practice

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