Background

Access to specialty advice remains a barrier in the Canadian Health Care system. Over the last decade, novel solutions have emerged that aim to harness our increased connectivity in order to address barriers to care access. Two such technologies are electronic consultation (eConsult) and electronic referral (eReferral):

- **eConsult:** a secure, online platform allowing primary care providers (PCPs) and specialists to communicate asynchronously (i.e. not in real time) about a patient's care. PCPs may gain advice allowing them to treat the patient without initiating a face-to-face specialist visit.
- **eReferral:** a system, often integrated into an electronic medical record, that automates the referral process, and may or may not include eConsult capabilities.

During the eConsult/eReferral National Forum held on November 1, 2018, a group of PCPs, specialists, decision-makers, and patients from across Canada met to discuss issues affecting eConsult's spread and scale across Canada. Among these were two table-top sessions addressing the integration of eConsult and eReferral workflows into electronic medical records (EMR).

Discussion Highlights

The following considerations emerged from the Forum regarding integration of eConsult and eReferral workflows into EMR:

1) **Leadership and government mandates for EMR capacity to integrate eConsult/eReferral**
   Participants in the focus group discussed that in order to implement an EMR integrated workflow for eConsult/eReferral, the mandate has to be set by the government.

   - Participants discussed how existing EMR vendors are complacent if they do not have mandates and incentives laid out by the Ministry of Health: "*EMR vendors have zero interest in making their product better.*"
   - One participant commented, "*…until a ministry or someone steps up, Department of Health steps up and says, EMR vendors must integrate to these list of eReferral solutions…and we're willing to pay them for the work, it's not going to happen in any meaningful way.*"
   - One participant commented that strong leadership on this issue is necessary and it shouldn't fall to the vendors to take on this initiative: "*It's a matter of somebody who takes the leadership to drive it, right, to make it happen. And it shouldn't be a vendor that gets put in that position.*"
   - Strong leadership should set forth clear mandates that EMR vendors must abide by in order to be licensed in the province and sell their product to healthcare organizations.

2) **Incentivizing and financing EMR vendors**
   Participants had discussions around the importance of identifying who is the client and who should pay for EMR innovations: Ministry of Health, Hospitals or physicians.

   - One participant commented: "*Often the EMR vendors want to sell the interface between their EMR and a third party solution. And…their client is the physician. Their client isn't the Ministry of Health. It isn't eHealth Ontario. It is the actual individual clinicians that are using that EMR.*"

- There was agreement that most physicians would not pay for their EMR, and the responsibility to fund the development rested with the Government.
- One participant noted how important funding was for innovating EMR platforms, noting: "*So it always comes back to money at the end of the day.*"

3) Patient safety, privacy and transparency
Participants recognized the importance of ensuring the considerations of patients was repeatedly emphasized during these discussions, especially surrounding the issues of patient safety, privacy and transparency.

- Alongside integrating the eConsult/eReferral workflow into the EMR, participants discussed a centralized process in a patient portal with information such as: "*How many referrals are out there for me? What's the status of each referral? Has it been accepted? Has it been declined? Has it been scheduled?*" to improve transparency with the patient.
- A representative from Alberta shared that the province is starting to implement 'Connected Care' which allows patients to have visibility of their medical records through a patient portal. The next steps for this initiative are to define metrics and evaluate if patient safety increases with a more connected system.

4) Defining gatekeepers and ensuring flexible workflow
Participants recognized that flexibility in the EMR workflow and allowing both primary care providers and specialists to be the gatekeepers of determining which case constitutes an eConsult or eReferral would be important in the success of eConsult/eReferral integration.

- Primary care providers should own the decision on whether to do an eConsult or eReferral.
- Specialists could reroute the case to an eConsult or eReferral after the primary care provider has sent the case.
- One participant commented that patients should also have a say in whether their case was fitting for an eConsult or eReferral, and they should have the primary care providers listen to them about what their needs are with a specialist.

Summary and Recommendations
- **Unified national vision**. Participants noted that while this would be a challenge, undertaking it would be worthwhile as a long term strategy. Some national organizations such as Canada Health Infoway were noted as being important to lead a national vision for EMR integration.
- **Unified provincial strategy.** A unified provincial strategy for EMR integration would be even more important and possibly more feasible than a national strategy.
- **Keep EMR vendors accountable and competitive** by establishing requirements, guidelines and incentives.
- **Recognize the additional challenges that are posed by eReferrals.** Participants noted that the simplicity of the standardized form led to the success of the BASE™ eConsult program. However, the additional complexities in eReferral make it more challenging to integrate into an EMR workflow.
- **Flexible workflow and gatekeepers.** "*If you optimize a workflow and make it visible for all of the participants and you cut back on faxes and on lots of manual and labor intensive processes, you get a significant amount of leverage*" "*Allow for flexibility in the workflow to allow it to originate in other directions*"
- **Patient involvement** to improve patient safety. Participants recommended that patients be included.
- **Evaluate impact:** Have a way to measure impact with an evaluation/logic model at the start.