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## High-needs patients to benefit from new portal in Barrie, Ontario

BY JERRY ZEIDENBERG

The Barrie and Community Family Health Team, in Barrie, Ont., is one of the first primary care groups in the province to roll-out a computerized web portal, enabling patients and their care-givers to communicate with clinicians and check on their medical records.

The system is certainly in line with the trend towards empowering patients by giving them ready access to their information. But it's far more than that – it's being tested to see if it can, as the pundits predict, reduce overall health-system costs and also improve medical outcomes.

"It has to show health improvement, and also a cost improvement," said Dr. Brent Elsey, medical lead for the Barrie and Community Family Health Team, and a project director for the portal, which is known as MyHe@lthLinked.

The portal started signing on patients and clinicians in March, and Dr. Elsey says that a data management group will crunch the numbers after six months to obtain initial results.

After issuing an RFP for the project, the team selected a portal and patient health record system from McKesson's RelayHealth. For its part, RelayHealth has supplied the technology for a patient portal in Nova Scotia, and recently won contracts in Thunder Bay and Cobourg, Ont.

In Barrie, the first priority is to sign-on

patients with complex, chronic conditions. According to the Ontario government, these patients comprise only 5 percent of the population, but account for 66 percent of the health spending in the province.

If the portal can help keep these patients healthy and out of emergency rooms, it would contribute mightily to controlling runaway healthcare costs. And in doing so, it would improve the quality of life for the patients and their families.

As Dr. Elsey observes, the portal should

**E-visits can make practices run more efficiently, and enable patients to stay in close touch with their caregivers.**

be able to accomplish these goals by giving patients or their care-givers faster access to physicians and other clinicians, including nurses and nurse practitioners.

"It's easy to foresee cases where patients don't end up in the ER because they could contact us," he said. "For example, because they got an antibiotic, they didn't get sick and end up in the hospital."

Proponents of secure messaging between clinicians and patients, a phenomenon called eVisits, say that closer communication will lead to better care-plans and improved adherence, as many patients simply won't come in for an office visit.

For some, it's too much trouble, while

others will simply give up if they're kept on hold when trying to book an appointment by telephone.

But a quick message to the doctor or care-team can do wonders. The patient can find out if a weight gain is serious, if breathlessness or a cough needs immediate attention, or if a medication requires an adjustment.

"Often, patients simply want advice on a care-plan, such as what they should do when they're on vacation," says Dr. Elsey. "We can handle this through messaging, instead of requiring them to come into the office."

Of course, in many cases an in-person appointment is best, and the portal assists on this front, too. Using the online system, patients can cancel or re-book appointments, find out about how to prepare for an appointment, or ask about changing a care plan.

In Nova Scotia, which has been using RelayHealth for several years, the province found that secure communications have enabled doctors to handle more patient encounters, both virtual and in-person, according to a recent benefits study.

Moreover, by handling smaller matters via electronic messaging, more time is available to spend with patients in the office with more complex issues to discuss.

And although a fear among some physicians is that they will be overloaded by patient messages, the experience in Nova Scotia showed that most patients are

careful about not overtaxing their doctors with questions.

"And if there are patients who do send too many messages," said Dr. Elsey, "we can always tell them that they will have to come into the office with any further questions."

Remuneration is also a key issue, and many physicians will wonder how they will be paid for the work they do online. For salaried physicians working with a roster of patients, it's not a worry, as they're paid a set amount. eVisits tend to make their practices more efficient, and promise to keep patients healthier – which are powerful incentives for deploying a patient portal.

But those working on a fee-for-service model are asking for compensation – either a lump sum or a fee for each eVisit. Provinces using patient portals, and other forms of telemedicine, have been experimenting with different payment models.

In a second phase of the MyHe@lth-Linked project, the Barrie team will start feeding lab and diagnostic imaging test results into the secure, patient records in the portal. Patients will also gain access to other parts of their records, such as allergies and medications.

This will allow the more proactive patients to really take charge of their own health, modifying their behavior to achieve better results. For example, diabetics can monitor their results over time to ensure better eating or exercise habits.

But Dr. Elsey notes that care will be taken when sending information to the patient portal. "We know if we have an anxious patient, that he or she shouldn't have the information without an explanation," he said.

On the other hand, there are many patients who are perfectly able to interpret their own lab results, along with other information. "When the tests are normal, there is no problem in giving them the results. If they're abnormal results, we still may attach a note for the patient to call us."

As Dr. Elsey says, for certain patients, access to the information can encourage self-management.

MyHe@lthLinked is a project set up by the Barrie and Community Family Health Team as part of Healthlinks, a program the province launched to encourage com-

munity initiatives for the care of high-needs patients.

And while the initial thrust will be to recruit complex, chronic care patients, Dr. Elsey says that in the long run, he'd like to see the portal made available to all patients.

When interviewed at the beginning of March, Dr. Elsey said the project was aiming to enlist at least 10 providers and about 100 patients by the end of the month. But with excitement growing about MyHe@lthLinked, he anticipated the figures would be more like 20 clinicians coming aboard in the first month.

By the end of the year, he predicts that 1,800 patients will be using the system, along with 100 clinicians, including doctors, nurses and nurse practitioners.

In the Barrie area, most of the physicians use QHR's Accuro electronic medical record, and RelayHealth has integrat-

### **Patients are able to specify how much information they'd like to share with each member of the care team.**

ed the system with this EMR. "We need to make it easy to use for the physicians," said David Mosher, Director of RelayHealth at McKesson Canada. "We've configured it so that it launches right from their EMRs, so they don't have to start a new application."

MyHe@lthLinked is also easy to use for patients, who can connect and share information with those they choose by using their web browsers. "It's like LinkedIn," said Mosher. "You make a connection with another person, and then it allows you to share data with them. Family members can also be authorized to book appointments or contact care providers."

He notes that MyHe@lthLinked has strong security tools, and has gone through a privacy and security assessment. Patients are able to specify just how much information they'd like to share with each member of the care team, and they can also check to see who has viewed the data.

"The patient can go in at any time, and can see who has looked at his or her record," said Mosher.

The MyHe@lthLinked portal was launched with funding from Canada Health

Infoway, and the support of the provincial Ministry of Health and eHealth Ontario.

Patients seem very anxious to connect with physicians on-line. As Dr. Elsey noted, of the first 10 patients he invited onto the system, nine immediately agreed. "One opted out," said Dr. Elsey, "because he didn't have a computer."

Evidently, patients and their care-givers like the ability to message clinicians. They also like accessing their own medical records.

Mosher notes that, "85 percent of patients say that having access to their health records makes them more aware of their health issues."

In the end, this helps both patients and the medical system. For example, he mentions medication compliance. "We know that compliance is only 50 percent. Many patients don't know why they're taking their pills, so they stop. But if they can send a quick message to their doctors, to find out if everything is happening the way it should, they're more likely to keep taking their meds."

In future, said Dr. Elsey, the portal will likely be opened to other organizations with a stake in the patient's care. He said discussions have already started with the local Community Care Access Centre, which coordinates home care with Emergency Medical Services.

"We can see this as a great benefit to paramedics, who could access the patient's record when giving care," said Dr. Elsey. Paramedics could see, for example, the medication record instead of relying on the recollections of the patient's family or friends.

Dr. Elsey is quick to point out, however, that analysis needs to be done to prove the worth of the system, especially to justify an ongoing investment.

The data management group, he says, will be collecting information about emergency department visits and hospital re-admissions, to see if they have fallen with use of the portal. They will also look at metrics like follow-up visits to GPs after discharge from hospital, to see if they have improved.

He is optimistic that MyHe@lthLinked will deliver on its promise. "This will be an enabling piece of technology," said Dr. Elsey. "In the end, it will help us deliver better care."