



Séminaire Winter Arrhythmia School

*Annual Cardiac Arrhythmia Meeting
Division of Cardiology, University of Toronto*

**Specialist Update:
The Ideal EMR for the Cardiologist**

Presented James Swan M.D

Goal of Presentation

- Progress Update: Practice Perfect Cardiology EMR
- Our Vision of Where This EMR Must Go In The Future For Cardiologists And Their Staff To Buy In, Use And Support It

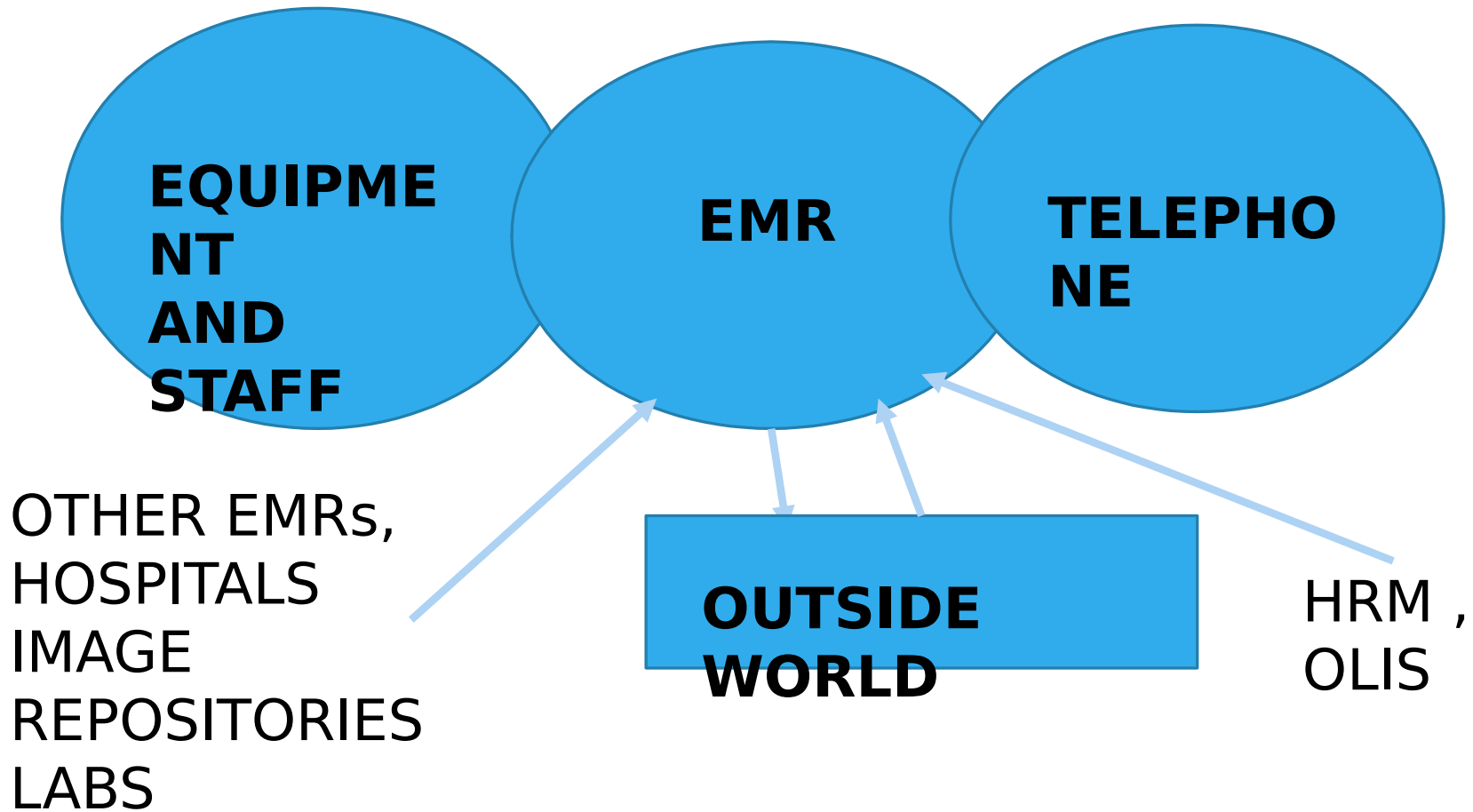
Members on the Panel

- Robert Wald
- James Swan
- Richard Davies
- Anatoly Langer
- Yaariv Khaykin
- Mukesh Bhargava
- Joel Niznick
- Aidan Lee
- Omar Ahmad
- Rohan Thareja
- Evangeline Chima
- Andrew King
- Elizabeth Keller

Ideal Cardiology EMR for 2016: Upgrades Needed Now

Scheduling	8 requirements
Billing	14 requirements
Cardiology templates/clinical encounter	5 requirements
Device integration	Dicom handshake
Review images	Important
Cardiology problem list	Fundamental
Access to provincial services	Required
Remote access	Required
User forum -training and support	Fundamental to success

Ideal EMR



Cardiology – Projected Timeline

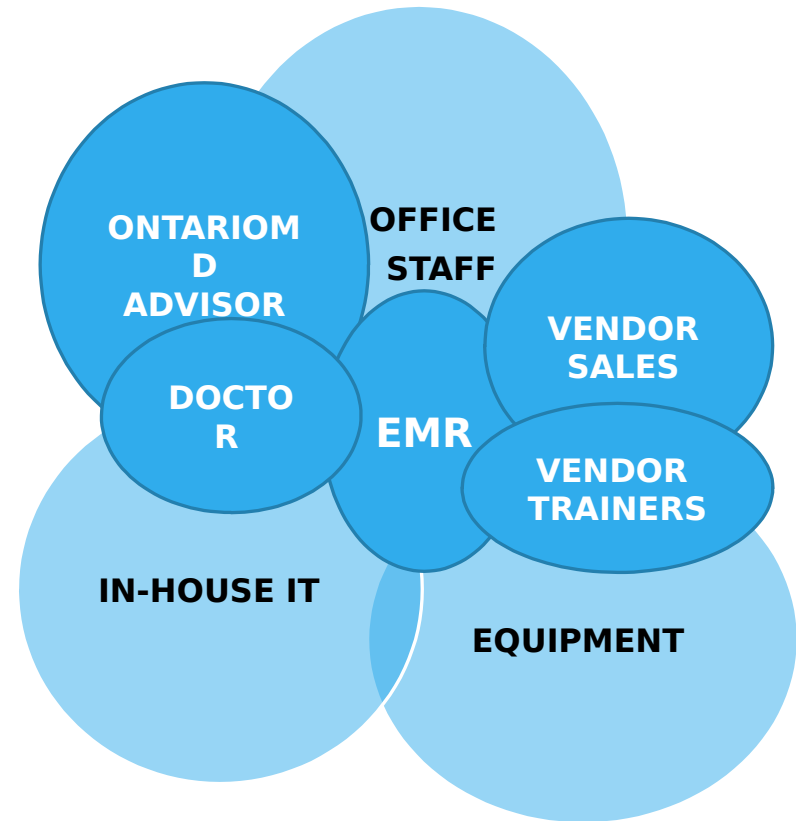
Cardiology Initiative	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
Complete Cardiology Requirements Workshops							
Distribute & Consolidate requirements - Stakeholders							
Distribute & Consolidate requirements – Vendors							
Finalize Cardiology Requirements							

Overall Project Goal

- Improve our existing electronic record or start a new one
- Get on the EMR bandwagon
- Improve patient care
- Improve how we function in the office and the hospital
- Make sure that billing is simple, correct and fast in the new EMR
- Calendar integration with Outlook, Blackberry, Apple and other phone calendar very important
- See EMR remotely on iPad or phone or tablet
- Improve automation for the cardiologist
- Be cost effective
- Change how our staff function in a positive way
- Not slow the clinician down

Players in the Integration

- Our own in-house IT
- OntarioMD advisors
- Vendor sales people
- Senior staff in our office
- Vendor training
- External trainer and outside support
- Do not forget the pillars for success



Most Important Things in the EMR

Easy to use, helpful and friendly

- Scheduling
 - Office
 - Non-invasive lab
 - Hospital
- Billing
- Clinical Encounters with artificial intelligence integration
- Templates
- Reports
 - Financial
 - Patient data
- Information Integration
- Device integration

Our Office Deficiencies

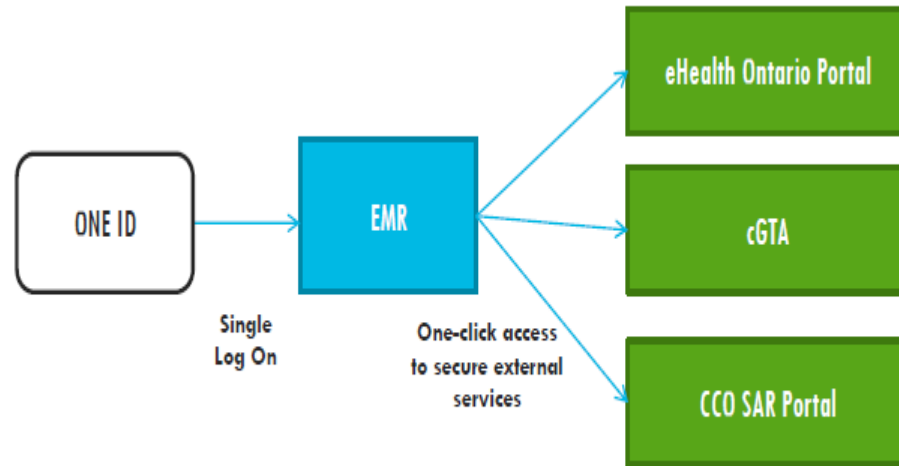
- Billing slow
- Cumbersome procedure
- Getting information into EMR
- Calendar integration - two calendars – smartphone
- Two -way calendar communication lacking
- Voice dictation directly into EMR
- Menus template dropdown
- Letter generation
- Dragon and transcription models
- Lab work into the body of the letter
- Forums
- Continuing education
- Adobe integration
- **EMR not Easy to learn; need to pay for extra training**
- Any appt in QHR is bill i.e. cath by other doctor – must delete duplicate bill - one workaround
- **Sharing of software custom updates between docs**
- Data analysis and transfer
- Export to Excel
- EMR communication – offices and hospital – seamless integration critical for success of Patient, staff and docs or else another eHealth scandal awaits us

Good

- Workflow improved
- Less clerical errors
- Audit trail for everything
- Know where the patient is
 - patient tracker
- Integrated phone system saves staff time and money
- Stand alone fax server saves time and money
- Better organized than before
- Prescriptions writing and renewals
- See what staff are doing
- Reporting improved for finances
- Better patient staff interaction
- Letter generation when information present inside EMR

What is Single Sign-On?

Process where a user logs on once (with a trusted credential) and is able to access a range of applications through multiple channels without having to logon again during that session.

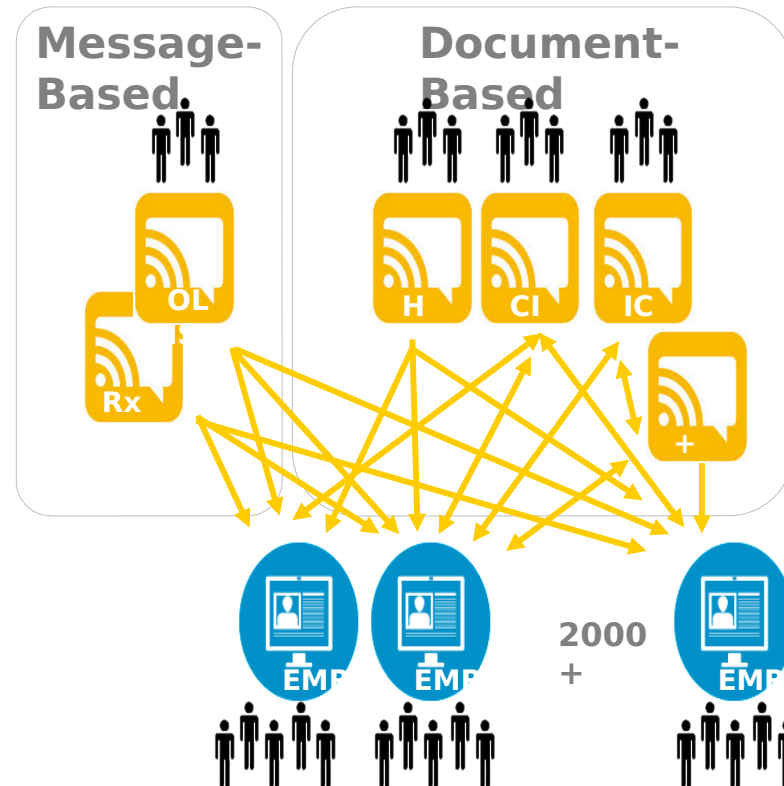


SSO



What Ad Hoc Connectivity Looks Like – Current State

- There is no single / standard means of extracting EMR data
- EMR vendors must build and maintain individual interfaces for each extraction; resulting in potentially thousands of EMR interfaces
- Moving toward meaningful use, the growing requirements and applications of EMRs and the data collected within, illustrate that the current model needs to be improved



Future EMR Look is Not



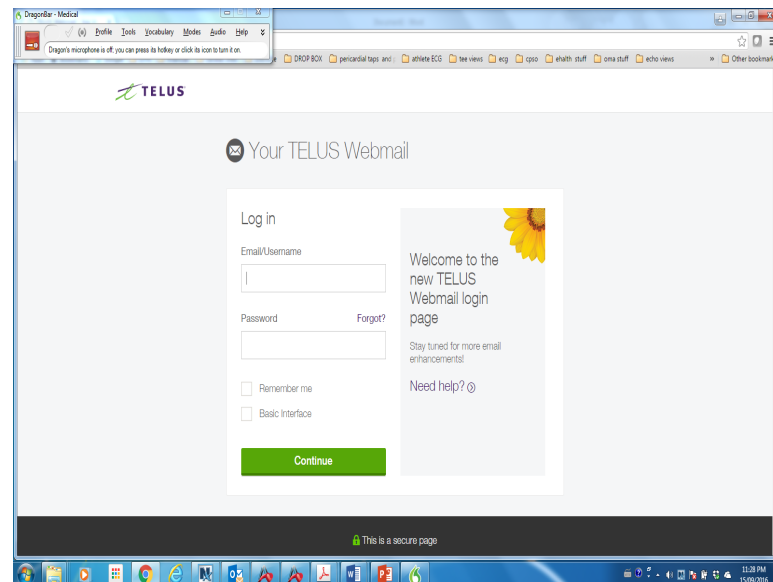
Drug Store / Grocery Store Giant vs. Phone Company Giant

Shoppers Drug Mart says dispensing legal medical pot 'the safest option'

Canadians could be buying medical marijuana at major drugstores by 2017, according to industry insiders.



Shoppers Drug Mart, Canada's biggest drugstore chain is interested in selling medical-marijuana in its stores. (GRAEME ROY / THE CANADIAN PRESS)



Thank you!

Questions?



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