



A case study on clinician experience with the Anxiety and Depression EMR Tool in primary care

The **Evidence2Practice Ontario (E2P) Anxiety Disorders and Depression (A&D) EMR Tool** supports clinicians in providing the optimal standard of care for adults with anxiety and depression by giving them access to the most up-to-date evidence at the point of care.

Generalized anxiety disorder (GAD) and major depression (MD) are among the most common mental health disorders in Canada.



4.9% of adult Canadians have GAD¹



There is a 16.1-year delay in GAD patients seeking care²



40% of GAD patients do not get the treatment they need³



12.6% of adult Canadians experience depression⁴



People in lower-income areas experience higher hospitalization rates and less follow-up care after starting antidepressant medications⁵

E2P's EMR-integrated point-of-care tools provide clinicians with access to the right evidence at the right time, allowing them to focus on caring for their patients while ensuring alignment with clinical best practices. Grounded in Ontario Health's quality standards, the E2P A&D tool supports the screening and assessment of patients with risk factors for A&D and the use of a stepped approach to care and supports patient self-management with local and virtual resources.

It gives us an idea that, first of all, we are not missing something. Secondly, how we are going to make a plan for the patient, so the patient is aware of what's going on for the next step... I think it helps standardize the care for every patient.

Dr. Z. Altaweel, Physician, Brampton, ON

This case study explores how the E2P A&D tool supports evidence-based care by examining real-world use by a clinician in a comprehensive family medicine practice. These findings emphasize the benefits of structured assessments in family practice and provide insights for clinicians looking to integrate digital tools to improve workflow efficiency, patient care, and better align their care approach with best practices.

Dr. Altaweel is an experienced family physician working in a comprehensive primary care practice in Brampton, Ontario. With a patient panel of ~1,700 individuals, his clinic serves a diverse community spanning various ages, ethnicities and social backgrounds. His clinic began using the E2P A&D tool in May 2023. We recently sat down with Dr. Altaweel and he shared his experiences using the tool, and how it helps him apply best evidence and practice into his day-to-day patient care:

Workflow and ease of use

Dr. Altaweel discussed how the tool helps him manage patient care, particularly the **medication management module and medication reference table**. He found the tool helpful for tracking patient medication history, including dosage adjustments and drug interactions as the tool features information related to medication issues. The tool also saves Dr. Altaweel time by generating encounter notes directly, reducing the need for additional documentation outside the consultation.



Improved patient care

Improving patient care is a key focus in Dr. Altaweel's practice. Dr. Altaweel emphasizes that the tool helps him manage patients safely in the community before considering referral to further psychiatric care. This **personalized, flexible approach** ensures that patients receive the most appropriate level of care based on their individual needs. His care reflects the **stepped-care approach**, a model that ensures patients receive the least intensive, yet effective, intervention first, escalating care only when necessary. This minimizes unnecessary psychiatric referrals while ensuring that urgent cases (e.g., suicidal patients) receive immediate, specialized intervention.



Application of Quality Standards

Dr. Altaweel's approach to mental health care was supported by the E2P tool through **early identification, timely follow-up, continuous monitoring, and safe medication management**. He shared how the GAD 7 and PHQ 9 standardized assessment tools were useful for translating subjective symptoms into objective data and making it easier to engage patients in a discussion about their mental health. He did, however, note gaps in documentation and follow-up during patient transitions across services, which can disrupt care continuity. Improved communication between providers could enhance patient outcomes.



If you have any questions or would like further information on this case study, contact evidence2practice@cep.health
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