

March 31, 2024

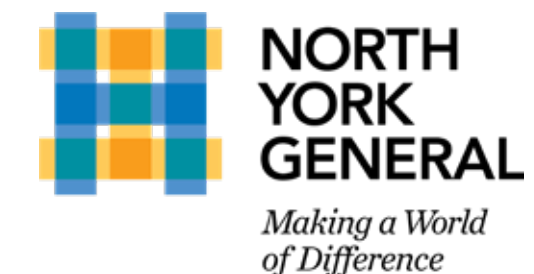
2021-2024 Report

Evidence2Practice (E2P) Ontario is a provincial program focused on designing easy-to-use digital tools and implementation supports that seamlessly integrate the most up-to-date and relevant evidence and quality standards into front-line clinical systems.

The purpose of this document is to highlight the development of E2P as a program, as well as the impact of E2P to date.



Centre
for Effective
Practice



December 2021
Launched the consortium

Established strong program foundation

Consortium of organizations | Governance model | Brand and visual identity

Comprehensive stakeholder engagement model

Raise program awareness, trust, and reputation | Support system alignment and harmonization | Engage sites and clinician adopters

Developed topic selection process & confirmed initial topic areas

Responsive tool & enhancement development process

Responsive, user-centred design with an iterative approach | Built for scale and spread | Shared implementation instances create efficiencies

Acute care localized change management approach

Built upon existing workflow at each site | Collaborative approach to learn from others | Toolkits centrally developed to support program scale

Innovative primary care one-door approach

Mainpro+ / Learning Plan credit certified | Novel clinician-centred approach | Streamlined and individualized experience

November 2022

Heart failure launch



March 2023

Anxiety & depression launch



September 2023

Prediabetes and Type II Diabetes



February 2024

Chronic Obstructive Pulmonary Disorder



Primary care only

Ongoing spread and scale

Access

Over **13,000** Ontario clinicians provided with access

Implement

Change management supports over **1,100** change management and academic detailing engagements.

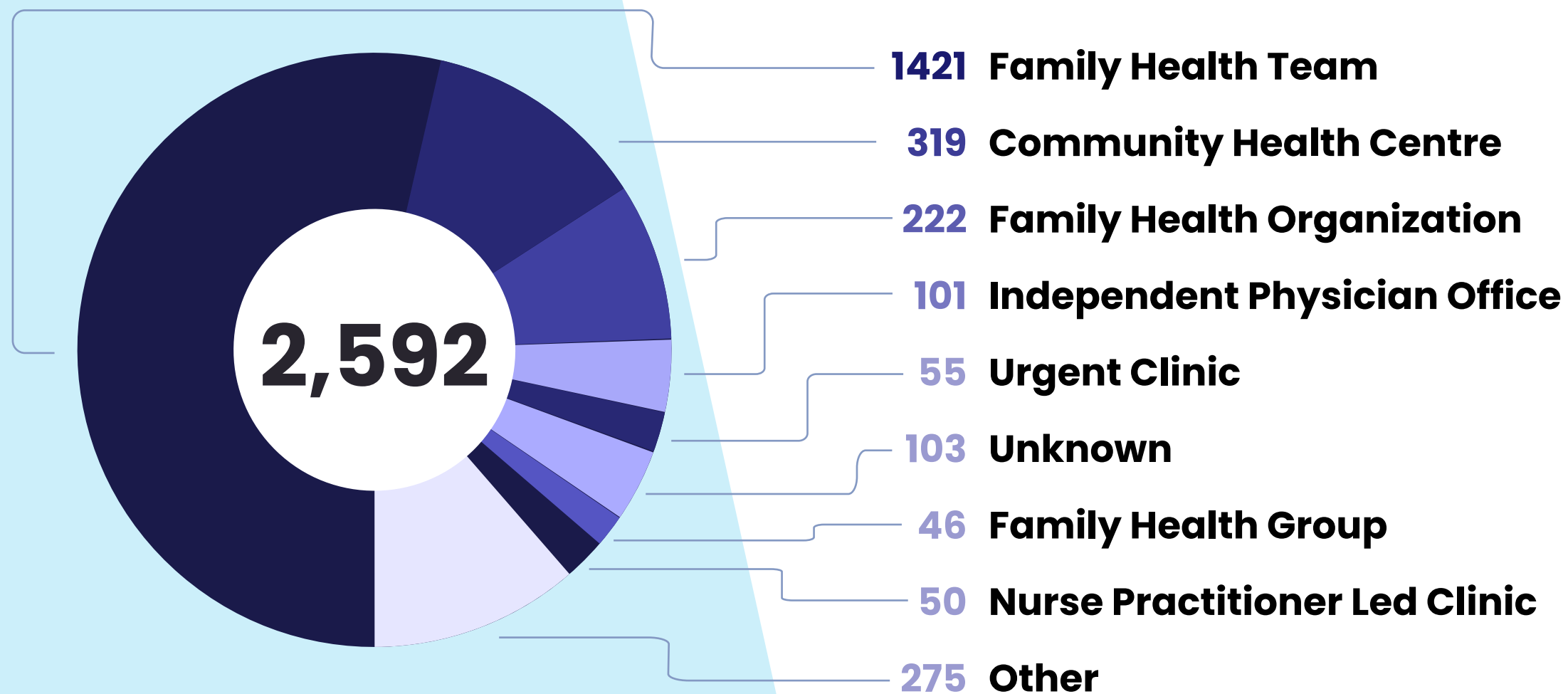
99%
SATISFACTION RATE

Usage

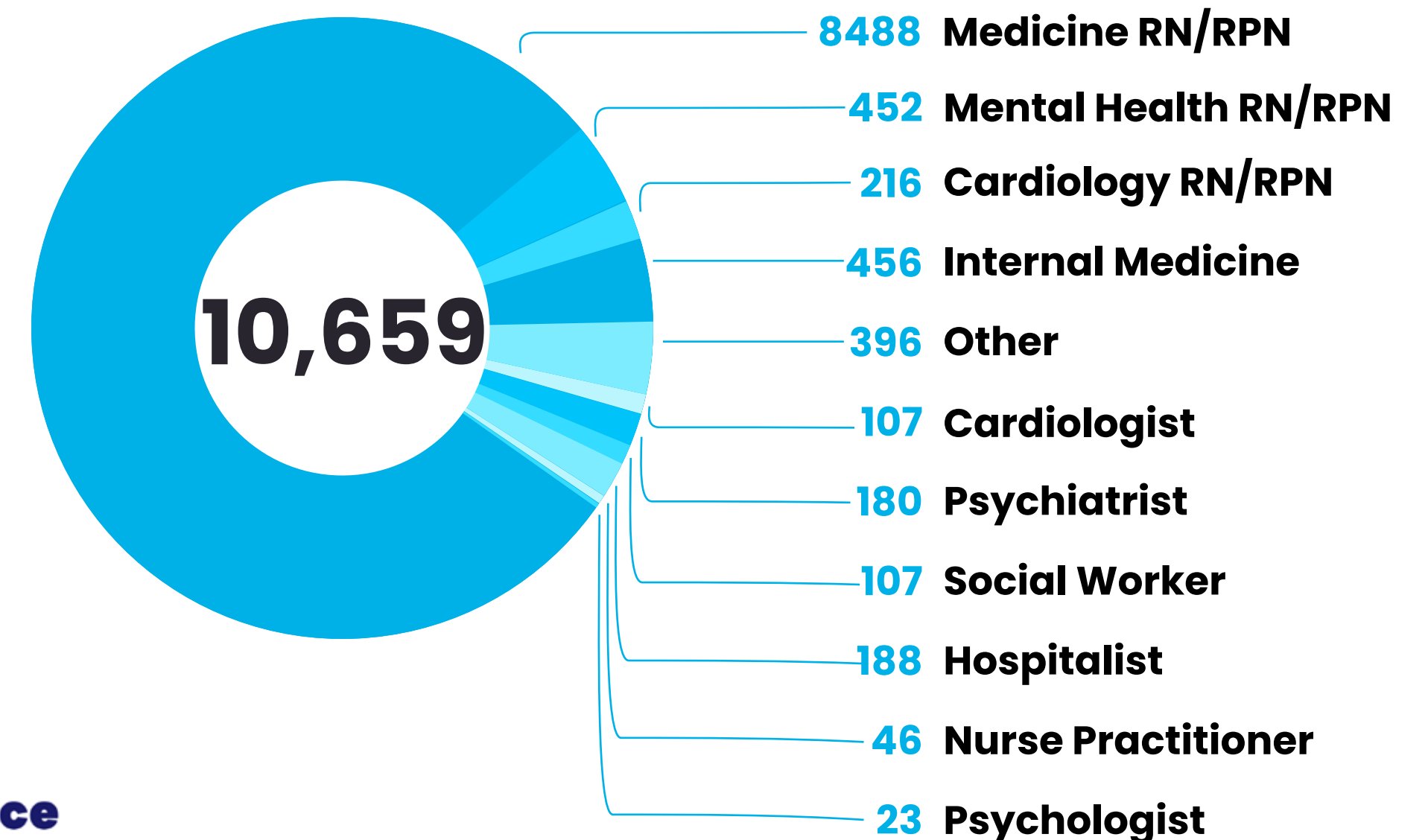
Tools & enhancements used more than 20,000 times

Numbers are estimated based on currently available data.

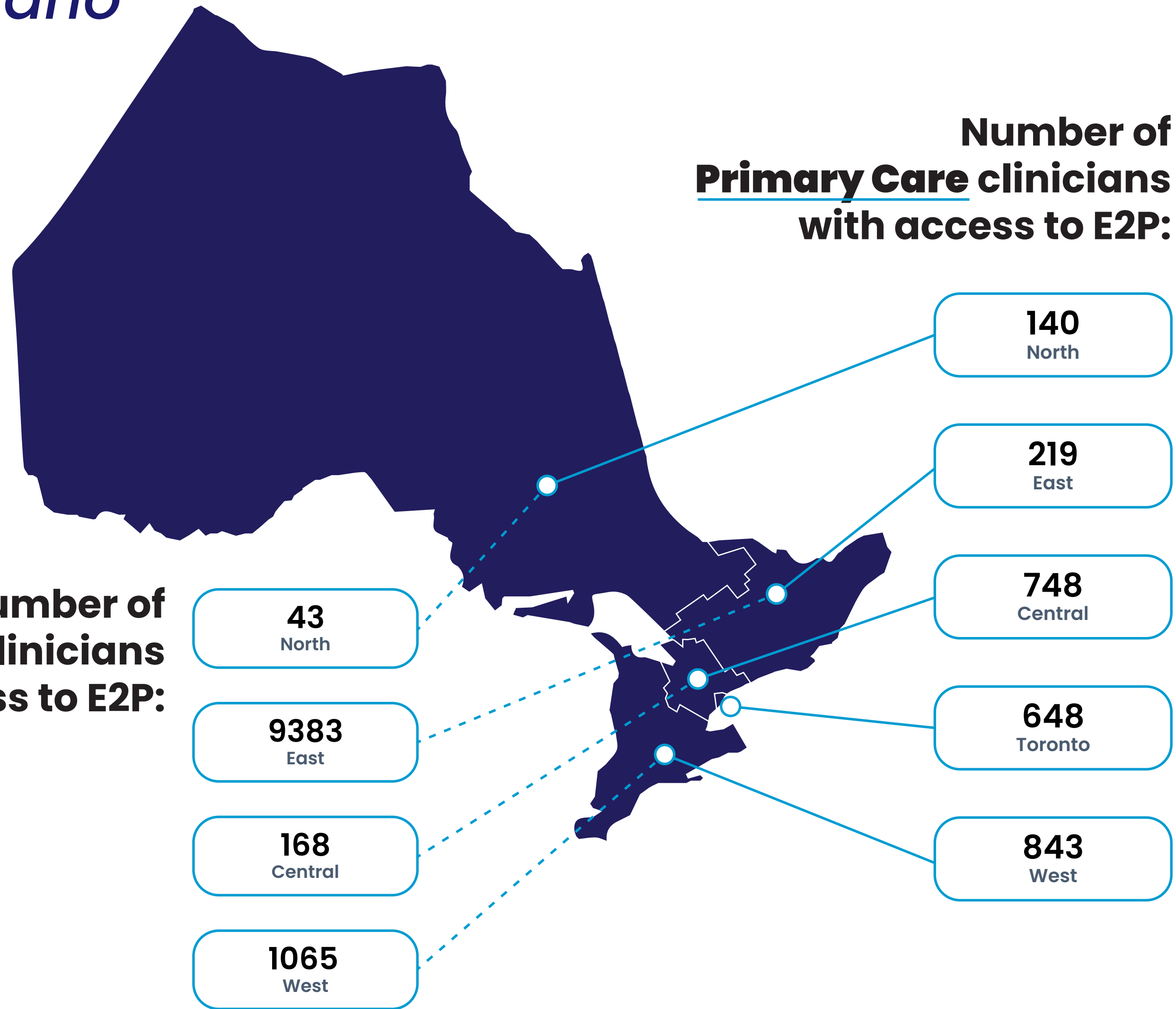
Number of primary care clinicians with access to E2P (by practice type)



Number of acute care clinicians with access to E2P (by clinician type)



E2P reach in Ontario



Implementation & system partners

Logos of implementation and system partners include:

- ARNPRIOR REGIONAL HEALTH
- HALBURTON HIGHLANDS HEALTH SERVICES
- Erie Shores HealthCare
- North York General
- Waypoint
- Ontario Shores Centre for Mental Health Sciences
- HÔTEL-DIEU GRACE HEALTHCARE
- CAMPBELLFORD MEMORIAL HOSPITAL
- Northumberland Hills Hospital
- The Ottawa Hospital
- PRHC Peterborough Regional Health Centre
- St. Joseph's Healthcare Hamilton
- ROSS MEMORIAL HOSPITAL
- SHN SCARBOROUGH HEALTH NETWORK
- Lakeridge Health
- WINDSOR REGIONAL HOSPITAL
- St. Mary's
- North Bay Regional Health Centre
- afhto association of family health teams of ontario
- INDIGENOUS PRIMARY HEALTH CARE COUNCIL
- npao NURSE PRACTITIONERS' ASSOCIATION OF ONTARIO
- RNAO
- OMA Ontario Medical Association
- EqHS Equity in Health Systems Lab
- Ontario College of Family Physicians
- SGFP GENERAL & FAMILY PRACTICE
- RISE
- OHA Ontario Hospital Association
- NPLCA Nurse Practitioner-led Clinic ASSOCIATION
- OPCC ONTARIO PRIMARY CARE COUNCIL
- Alliance for Healthier Communities

Hear about our impact:



The tool focuses your attention to the important aspects of Congestive Heart Failure that should be looked at. I think overall, it does improve the quality of care for the patient.



Primary care clinician



Every hospital is different. Being able to tailor the implementation was very important to us.



Acute care pilot team member



The E2P guides are an excellent way to create some level of standardization in hospital processes so that no matter where the patient presents, the process of care is similar.



RISE Coach



This is an excellent service that is very important to our practice. These resources are all very important and MDs will find them valuable for their patients. [My academic detailer] is outstanding in sharing knowledge and answering questions.



Primary care clinician



While it may initially appear time consuming, it in fact is going to make you much more confident about how well you are managing this patient.



Primary care clinician



What's next?

- Expand the Heart Failure, Anxiety and Depression, Prediabetes & Type II Diabetes tools/enhancements to new primary care clinicians and acute care sites.
- Deploy COPD tools into new primary care EMR systems and launch a new set of enhancements for Sickle Cell Disease for acute care.
- Better enable the continuous program quality improvement by evaluating the successes, benefits, and challenges to better enable to program's spread and scale.

Standardizing care.

E2P tools support evidence-based care at the point of care.

Primary Care. Point-of-care tools enabled 48 Ontario Health Quality statements across 5 topics – heart failure, anxiety disorders and depression, diabetes, and chronic obstructive pulmonary disorder.

Acute Care. 19 E2P hospital partners collectively implemented HIS enhancements for 4 topics – heart failure, anxiety disorders, depression, and diabetes. These enhancements reflect the digital implementation of over 40 Ontario Health Quality statements.

Seamless integration.

E2P works to build digital enhancements that align with clinical workflows.

Primary Care. Single tool installation provides access to the entire E2P suite of tools to all clinicians within the site. Tool adoption is supported through tailored change management support and academic detailing visits.

Acute Care. Shared E2P reporting templates and data mapping effectively reduced workloads by 50% or greater. The program aims to implement in shared instances to reduce the overall work required to spread enhancements to more clinicians.



Implementation success.

The E2P program aims to reduce cost and implementation workload over time.

Primary Care. Across Ontario, 1 in 5 patients with heart failure (HF) do not receive recommended diagnostic imaging. In a case study with a clinician using the E2P HF tool, 100% of patient with HF received the recommended diagnostic imaging.

Acute Care. Standard adherence metrics demonstrated a 29% increase in patients receiving PHQ-9 and 25% increase in patients receiving GAD-7.

Provincial alignment.

E2P gains momentum by aligning with provincial initiatives and partnering with enterprises to improve care quality.

Primary Care. Leveraged existing best practices from partners like Best Care, Wounds Canada, and Diabetes Canada to enhance E2P services and delivery. E2P is working with Ontario Health Teams (OHTs) to align tools with Integrated Clinical Pathways work.

Acute Care. Leveraged existing best practices from patient-oriented discharge summaries (PODS), measurement based care in Anxiety and Depression, and the Canadian Heart Failure Society guidelines for order sets.

Primary care: implementation supports

What is change management?

Change management supports the "people" side of change, helping you realize the value that technology can bring to your clinical processes.

Change management specialists from the eHealth Centre of Excellence work with you one-on-one to ensure that the Evidence2Practice tools fit seamlessly into your existing workflow while also increasing your efficiencies to maintain lasting and meaningful use of digital health tools and services.

What are clinicians saying?

"Very informative session. Most helpful with installation and demo. I'm looking forward to using the tool."



"Very satisfied with the training. The trainer wasn't perturbed by potential computer software issues and calmly solved the problem."

What is academic detailing?

One-on-one time-efficient discussions with a clinical pharmacist (academic detailer) via the Centre for Effective Practice.

Academic detailers offer family physicians and nurse practitioners in-person or virtual visits to discuss the latest evidence, practical tips and local resources on E2P clinical topics tailored to each clinician's needs and practice setting.

What are clinicians saying?

"[Academic detailing] is the best CME out there, hands down. Major impact for MDs and patients. The CME is concise, evidence-based, a pleasure to engage with. Truly makes me a much better physician!"



"[My academic detailer] is an exceptional educator, providing valuable information with an efficient use of time."

Change management by the numbers

330 Clinicians across every region in Ontario have been supported by E2P's Change Management Team.

100% ✓ Plan to use E2P tools after receiving tool training
✓ Agree that the training enhanced their knowledge
✓ Were satisfied with the tool training session

95% ✓ Agreed that the knowledge gained through their training session had the potential to positively impact the quality of care they provide
✓ Would recommend the tool training session to a colleague

Academic detailing by the numbers

770+ Clinicians across every region in Ontario have received academic detailing on an E2P topic.

99% ✓ Were satisfied with their academic detailing session.

98% ✓ Agree that academic detailing sessions improve patient care.
✓ Agree that academic detailing sessions increased their confidence on the topic.



Did you know? Change management activities and academic detailing visits are Mainpro+ accredited!

Primary care: case study on the impact of the heart failure EMR tool

Authored by: Emma Conway, eHealth Centre of Excellence, Published: February 2024

The E2P heart failure EMR tool supports clinicians in providing the optimal standard of care for patients with heart failure by bringing the most up-to-date evidence to the point of care.

Heart failure is a chronic condition with a high risk of death. Once diagnosed with heart failure, 50% of people will die within five years, and over 90% within 10 years¹. Yet, evidence-based best practice is not being delivered to patients consistently across Ontario¹. Variations in care for patients with heart failure must be reduced to promote effective disease management.

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 simultaneously ensuring their clinical practice is in alignment with best practice. E2P reduces the administrative burden associated with finding and updating this information on their own.

Dr. R. Dacre, a primary care physician, shared his insights on the effectiveness and applicability of the E2P heart failure tool:

Improves time and resource efficiency, enabling clinicians to see more patients



Practice Impact



Helps identify patients who may benefit from heart failure monitoring and disease management

Improves care towards best practices



Promotes holistic consideration of the patient to ensure appropriate care is provided



This tool will help you to ensure that you are up to date with the way that this disease is identified, diagnosed, treated, and monitored. It's going to make you much more confident about how well you're managing this patient - and not just more confident, but I think more pleased with how you're doing it.



Dr. R. Dacre, Physician, Toronto, ON

Primary care: case study on the impact of the heart failure EMR tool

Authored by: Emma Conway, eHealth Centre of Excellence, Published: February 2024

Dr. R. Dacre is an independent physician in the Toronto region who accessed both change management support and academic detailing through the E2P program to support optimal use of the E2P heart failure tool. Since gaining access to the tool 7 months ago, Dr. Dacre has used the tool for all patients seen for their heart failure visits during this time. His practice treats a total of:



2,400 patients



29 patients with heart failure



Dr. Dacre has used the E2P heart failure tool with

11

patients, which represents all heart failure visits conducted during the study period.

When examining the impact of the tool, the analysis focused on specific indicators for patients with a diagnosis of heart failure.



of patients who had the tool used received recommended diagnostic assessments



of patients who had the tool used received recommended vaccinations



Patients who had the tool used were more likely to receive quadruple therapy

Based on best practice guidelines, patients with heart failure should receive a chest x-ray, ECG, and echocardiogram either leading up to or after their diagnosis.¹ Across Ontario:



25%

Approximately 1 in 5 patients with heart failure over the age of 40 have not received a chest x-ray or ECG.¹

of people over the age of 65 with heart failure have received triple therapy medications.¹

In this case study, **25% of patients** over the age of 65 who had the tool used **were prescribed the more recently recommended quadruple therapy medications**, and **100% had received the recommended immunizations** for patients with heart failure.

Based on the findings of this case study, the sustained use of E2P tools at the point of care, at scale, has the potential to improve the management of patients with heart failure in Ontario.

¹ Ontario Health. "Heart Failure Care in the Community for Adults." Quality Standards, 2019 [Online]. Available at: <https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-heart-failure-quality-standard-en.pdf>
<https://cep.health/e2p/>