

CEP: Top Provider “Go To” in Ontario for Primary Care Clinical Tools and Supports

Knowledge Translation in Primary Care Initiative (KTinPC)

Centre for Effective Practice

September 2019

Overview of KTinPC

The Centre for Effective Practice is collaborating with the Ontario College of Family Physicians & the Nurse Practitioners' Association of Ontario to develop and disseminate health information and clinical tools for Ontario's primary care providers (family physicians and primary care nurse practitioners).

Goal

To improve communication and dissemination of health information and clinical tools for primary care providers in Ontario for up to five topics a year.

Objectives

Provider engagement	System coordination	Develop & disseminate tools
Understand clinical priorities, information needs, and communication preferences through direct engagement with providers	Align and coordinate the clinical tools and dissemination activities with activities of other organizations in the primary care system	Develop and disseminate 15 health information and clinical tools to primary care providers across Ontario

Data collection methods



Provider surveys



Focus groups and usability sessions



Pilot site data



Provider interviews



Web analytics

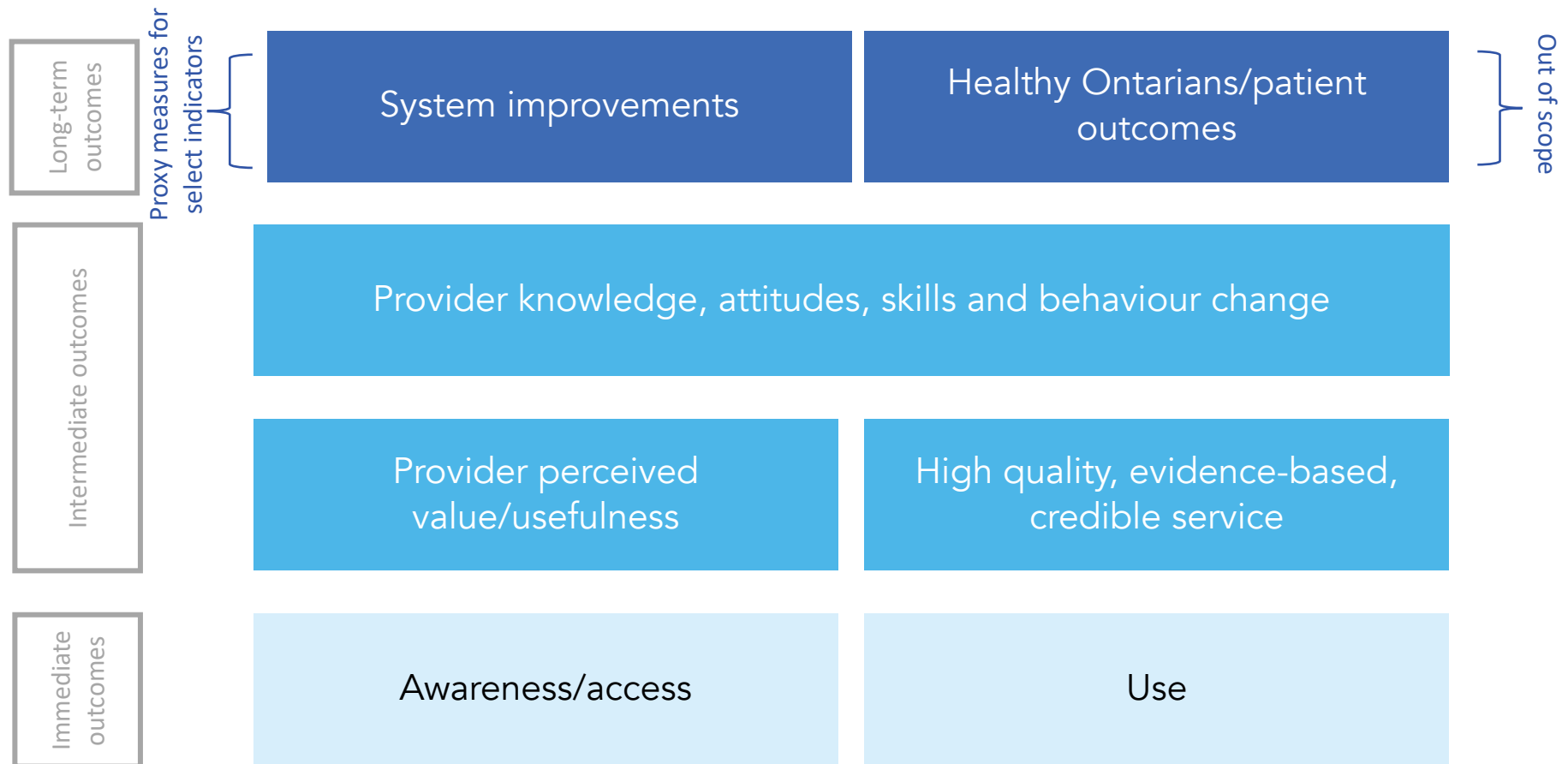
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I really enjoyed participating. I feel that this sort of engagement makes me feel that CEP truly cares about making tools that meet the needs of the end user. I appreciate that I was encouraged to be brutally honest and not to worry about offending anyone [...].

– *A Family Physician's feedback on the CEP's usability sessions*

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Initiative logic model



Key impact areas: our “musts”



Providers find tools and resources to be valuable



Tools and resources lead to measurable increase in provider knowledge, attitudes and skills, impacting behaviour and patient care



Tools and resources lead to measurable system improvements/cost-savings and pay for themselves

Reach of tools and resources



23% of all family physicians (FPs) and **58%** of all primary care nurse practitioners (NPs) in Ontario use CEP's website *every month* – *unique visits*¹



60% of providers downloading our tools are FPs, with **solo doctors** most likely to use our tools²



225+ stakeholder organizations engaged



15 priority topic areas covered and now available 24/7 on CEP's site, with four tools integrated directly into Electronic Medical Records (EMRs)



#1 site for clinical tools and resources in Ontario



Providers universally want more of CEP's tools and supports

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Just today after doing a baseline assessment for one of my patients, and when he was leaving, he shook my hand with both of his hands and thanked me for taking the time to address his concerns regarding his pain.

I think this is an invaluable tool that would greatly aid in our clinical care in regards to managing pain, thanks again!

– Dr. Mark Shew, solo provider,
Scarborough

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100%

of family physicians and primary care nurse practitioners surveyed request ongoing funding for the development of CEP clinical tools and resources¹

Solo providers are
10x more likely
to use the CEP's EMR tools²



CEP tools and resources lead to change in provider knowledge and clinical confidence¹

CEP improves knowledge and clinical confidence which drives better patient outcomes for Ontarians

> **97%** of primary care providers who have used our tools and resources report a **sustained increase in their knowledge of the evidence and their clinical confidence** (e.g. in recognizing a condition, providing appropriate treatment and management of patients)



CEP tools address an ongoing, previously unmet need for unbiased, evidence-based clinical tools and health information materials, particularly for solo providers



CEP has direct impact on provider behaviour change, supporting system transformation

81% report improved prescribing patterns, testing and screening patterns, as well as in their non-pharmacological management of conditions

67% report improved referral patterns as a result of CEP

67% of providers who indicated that they use the CEP's tools and resources reported that they use them during patient and outside of patient visits for decision-making and patient education



CEP tools and resources influence and change provider behaviour, including more comprehensive assessments and the reduction of inappropriate tests

The tools support primary care providers at point-of-care for documentation and assessment, as well as to enhance knowledge around a specific topic area with up-to-date evidence outside of patient encounters



CORE Back Tool Case Study: System savings for diagnostic imaging referrals

I have been using the CORE Back Tool and the CORE Neck tool and Headache Navigator, since they were released.

It has made me **more confident** as I deal with with these problems especially decreasing my worry that I am missing something serious.

Also, I am **ordering fewer imaging tests** because of these tools.

And I feel my patients are getting better care.

- Dr. John Axler, Toronto

Our tools help to support the reduction of inappropriate diagnostic imaging referrals:

Evaluation data suggests cost savings as a result of reducing inappropriate imaging referrals (no new referrals for low back pain imaging during 3-month post-intervention period)

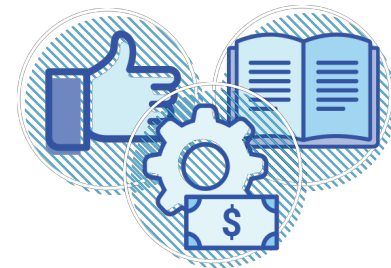
Assuming the CORE EMR tool is adopted by 15% of FPs in Ontario* and projecting 25% reduction in imaging, conservative analyses indicate **\$950,000 in savings per year**.^{1,2**}

* According to the diffusion of innovation curve for adoption of digital tools and assuming 11, 000 practicing FPs in Ontario

**Using EMR Pilot data with provider savings and \$128/MRI scan

Value of CEP's tools and resources

CEP's design process generates strong support from providers



- ✓ The value lies in the **practical synthesis of evidence** in a system where providers are bombarded with emerging complex evidence.
- ✓ Tool content helps to **influence** and **validate** the provider's desired course of action, making it easier for them to 'do the right thing'

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There is much reference information on many apps - they are far too often American based.

The CEP provides **local, evidence-based information all in one, easy-to-find place.**

Indeed, it is often provided for several regions (provinces, cities, etc.) as the differences are appropriate.

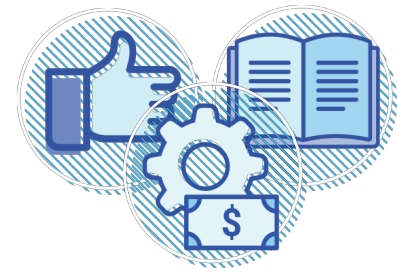
- Dr. Judy Patterson

Ottawa

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Value of CEP's tools and resources

CEP's design process generates high demand from providers



- ✓ Use of the tools has **improved the quality and comprehensiveness of chart documentation**, which will support provider communication as the system shifts to integrated care models
- ✓ Tool use is **changing the nature of assessment and treatment** (i.e. whether the provider requests imaging or prescribes)

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I will oftentimes turn my screen and I'll say listen...There's **no indication for me to order an MRI** because you have none of these points and I'll go through the red flags.

I find it just **validates what I'm telling the client** whereas before they would just say well, no, they're not helping me at all, they won't even order anything. Just having the tool right there, it's pretty handy because I'm showing them why I'm making that decision.

– Melissa Guerin, Nurse Practitioner
Sudbury

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CEP's tools and resources pay for themselves and generate provincial cost-savings

- The cost of a tool is \$11/primary care provider in Ontario (assuming 14,900 FPs and NPs).
 - The cost for the **one-time** development of a tool is \$150,000.
- One metric (inappropriate diagnostic referrals for low back pain) has been extrapolated to save the system \$950,000 **per year**.
- EMR data suggests that there are further cost-savings from reducing inappropriate opioid prescriptions, surgical referrals, and promoting other healthcare best practices within tools.¹

CEP's tools and resources are self-sustaining, cost-effective and impactful