

Electronic Health Records: The OSCAR Experience

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Background



- Understanding practice patterns of Ontario chiropractors:
 - Survey/qualitative study (costly)
 - Abstracting case files (time consuming/costly)
 - Administration data bases (no clinical data)
- Community-based research studies:
 - Paper-based (recruitment, time)
 - Paper-based +electronic (missing data, admin data)
- Merging health and administrative data: EHR?

Electronic Health Records (EHR)

- Digital infrastructure increasingly used in healthcare
- Templates aid adoption of treatment guidelines
- Prompts/reminder systems improve safety & pathway adherence, enhance preventive activities
- Improve reimbursement and financial management
- Research: academic health centres vs community

EHR's: Community & PBRNs

- Community important to facilitate research
- Recruit variety of patients, diverse case mix
- EHRs can be used to recruit, identify potential subject
- Developing standards for exchanging clinical data is expanding rapidly
- Need assurances for privacy, standards for remote data capture, searchable anonymized database

EMR: Gaps in knowledge & research*

- **Primary care practice & research:**
 - Uncertainty of value in patient care
 - Implementation /adoption influencers
 - Innovative data entry/extraction procedures
 - Agreement/understanding of data share
 - Limited funding/resources in e-health
 - Creating collaborative initiatives



EHRs: OSCAR Experience @ CMCC

- Why OSCAR (**O**pen **S**ource **C**linical **A**pplication **R**esource)
 - Open source product – core readily available
 - Centralized (APC) or de-centralized (LCS)*
 - Certified by OntarioMD; Class II Medical Device®
- Suite of web-based linked applications
 - EMR – core functionality
 - Pt controlled health record; MyDrugRef; Client Access
 - Expandable: templates; eForms; graphical interface

*APC: Application Service Provider; LCS: Local Client⁶ Server

EHRs: Key modifications/lessons

- **Standardizing relevant patient data**
 - Expert panel defined key patient information
 - Creation of e-forms, intake and billing applications
- **Ensuring security and privacy controls**
 - Preventing unauthorized access to patient level data
 - Queries originate and terminate from dedicated server
- **Collection of clinical data**
 - Promote standardized inputs via training
 - Importance of maintaining good quality data

Theory to practice: Implementing OSCAR



- Intake: collecting clinical data
- Invoice: collecting service data
- Outcomes: tracking change
- Implementation strategy

Preparing OSCAR for “meaningful use”



Examples of CMCC’s
modifications to core EHR
functionalities.....

Thank you

