

*Barrie and Community*

**Family Health Team**

# Providing Expertise About Your EMR Can Make You Popular

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# Background

- Largest purchase group of EMR in Canada
- Rollout out 3-4 sites every 3 weeks for 6 months
- Support needed to come from within FHT as vendor did not have staff for such large group (and funds)
- Have IT specialist, IT hardware specialist, IT admin
- 65 doctors, 38 sites, 350 users



# Why did pharmacists get involved

- Needed clinicians to be using EMR so that we could work remotely
- Pharmacists have been working with various software vendors-comfort level
- Prescribers were looking to pharmacists to be the experts on the medication software part
- Pharmacists were visible and accessible to help in the MD office



# How do pharmacists support EMR Rollout involvement

- Provided with “expert” training from vendor
- Met with offices to help with planning of implementation- offices knew we were a resource from the onset
- Provided classroom training to FHT staff
- Member of the EMR committee
- Also know labs, referral letters, scanning, and reporting functions of software
- Entered refill RX into system for some MDs as a way of increasing pharmacist knowledge of software



# Pharmacy enhancements

- Built more than 2000 aliases-prescribing shortcuts  
eg.amo500tid10d=amoxicillin 500mg tid x 10d
- Built compound aliases
- Built aliases with the LU codes included
- Built aliases with antibiotics based on pediatric weights
- Built templates around drug prescribing ie accutane protocols at 0,1,2,3 months
- Built in defaults for common drug allergies
- Created new default frequencies to make prescribing easier



# Results

- Compound alias now used as a database to prescribe
- Doctors asking about 5 questions/request/week/pharmacist around more enhancements
- Medication writer being used to prescribe and update profile
- Pharmacists are liaison with vendor when missing drugs or inappropriate interactions are identified



# Results Continued

- PRESCRIBING PRACTISES HAVE BEEN IMPROVED- DRUGS ARE BEING PRESCRIBED PROPERLY WITH APPROPRIATE QUANTITIES!
- Reduced frustration of MDs –less resorting to hand-writing RXs
- MD support staff entering meds to keep profile current (with refill RX)
- Pharmacists became valued and popular as such an accessible software expert
- EMR adopted by most physicians. Communication now possible with MD electronically



# Next steps

- Involved in developing documentation standards for all IHPs
- Receiving referrals through EMR
- Using EMR for stats collection
- Using EMR to extract medication data
- Teaching prescribers how to keep med profile current
- Using the EMR to manage INRs
- Managing the Drug Interactions function in the EMR



# Learning About Your EMR

- Other FHT pharmacists with the same EMR
- IT specialist for your FHT
- Software vendor
- Vendor's manual (ok usually >1000 pages)
- "Superusers" of the system in your FHT
- Spending time "fooling" around with system