CONNECTING SOUTH WEST ONTARIO

Benefits Realization: Matching patient need and geriatric medicine / geriatric psychiatry referrals

Benefits evaluation is an important component of the connecting South West Ontario (cSWO) Program that helps to support and demonstrate the realization of health system benefits through the adoption of an electronic health record (EHR). By pursuing the measurement of organizational value (improvements in the efficiency of care delivery such as time-savings and redirected resources) and clinical value (patients undergo fewer unnecessary tests, patients have improved access to care) ultimately, patients benefit from higher quality, better informed clinical decision-making.

The cSWO Benefits Realization program uses a research-based approach to identify areas of clinical best practice that are affected by the use of the EHR, and works collaboratively with clinicians to understand the value of the EHR. This formative evaluation process informs change management and adoption, and enables clinicians to use the EHR more effectively. This research does not include the use of any personal health information.

The document is one in a series of case studies which describe the clinical value of the EHR in different clinical settings and contexts, particularly with respect to clinical best practices. The work of the cSWO Benefits Realization program is ongoing; in some cases, these cases raise questions for further investigation, and clinicians are invited to participate in benefits evaluation to continue to develop these answers.

Value statement

Using the cSWO Regional Clinical Viewer, ClinicalConnect™, the Waterloo Wellington Specialized Geriatric Services (SGS) clinical intake accesses information to combine understanding of co-morbid chronic diseases and geriatric syndromes to direct patients to appropriate geriatric outreach, geriatrician and geriatric psychiatrist care.

Responding to a call for better specialized care for frail seniors

The demographic shift of Canadian populations has led governments to question whether we can afford our health system and health policy makers to look for opportunities to provide better quality care in less costly community settings (Sinha, 2012). For some patient groups, solutions are easily defined, for others, the challenges are more difficult to assess. Frailty and multi-morbidity, the clinical focus of those trained in geriatric medicine continue to be difficult problems to solve for several reasons. First, geriatricians, sometimes referred to as decathletes of internal medicine because of their training on the complexities of aging, are in short supply (Heckman, Molnar & Lee, 2013). Second, there is a need to combine information about geriatric syndromes, such as cognitive impairment, sensory impairment, falls, urinary incontinence, dizziness and weight loss with information about co-morbidities such as diabetes or heart disease to best identify impending disability and concurrent burden. “These data show how the concurrent burden of geriatric syndromes and multimorbidity more accurately reflects health status and risk among seniors, consistent with the depiction of frailty resulting from the accumulation of deficits across multiple systems” (ibid, p. 192).

One cause for optimism in the provision of care is the investment in comprehensive geriatric assessments, and in trained assessors like Geriatric Emergency Management (GEM) nurses to divert seniors away from patient flows that focus on acute problems to more appropriately address the more complex combination of issues that create risks. While the investments have been tied to improved care, it is important to facilitate continuity of that assessment information to best enable continuity of care for the most frail residents in our communities.

Specialized Geriatric Services (SGS) use the EHR to improve referrals and outcomes

The SGS Clinical Intake is a collaborative partnership between the Canadian Mental Health Association, Waterloo Wellington Dufferin, St. Joseph’s Health Centre Guelph and the Waterloo Wellington Community Care Access Centre. The SGS clinical intake and services within the SGS system use ClinicalConnect to promptly review and create comprehensive assessment records to ensure more efficient, appropriate and timely access.

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Figure 1 – Integrating information on frailty to enable more efficient geriatric referrals

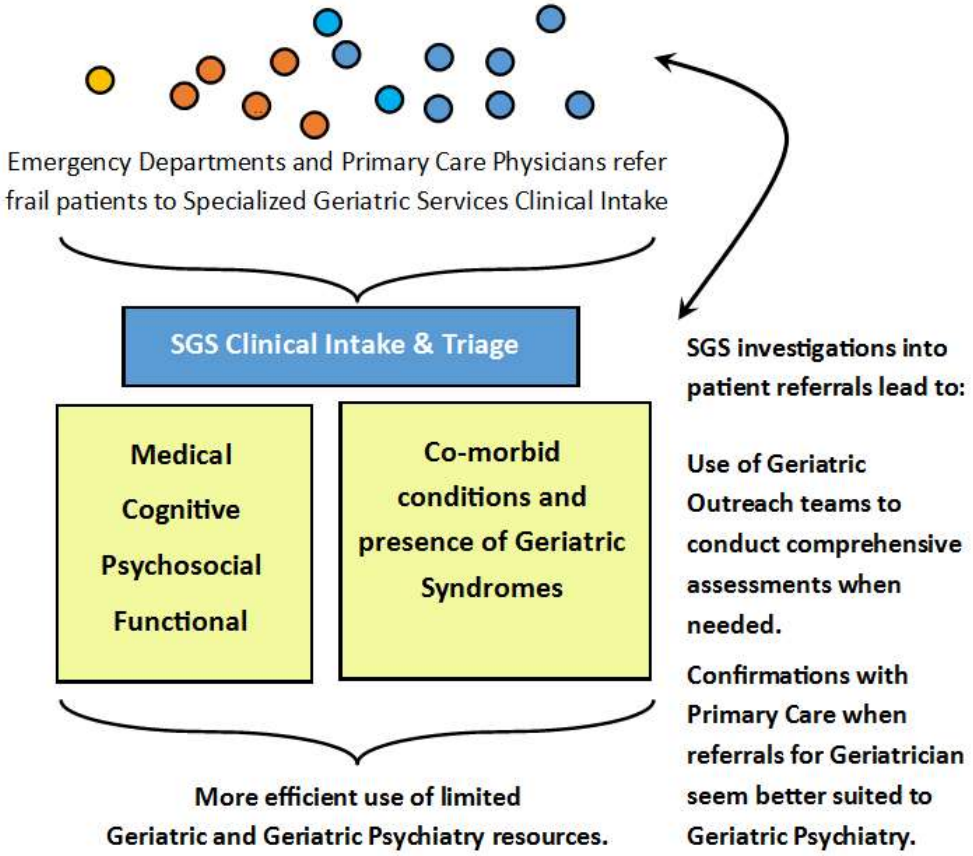

Figure 1 depicts the referral process from emergency departments and primary care to the SGS Clinical Intake. In its current state, benefit is being realized through a one-stop, real-time, information repository containing medical, cognitive, psychosocial and functional detail allowing for better triage and referral of frail seniors in the provision of care. In some cases, detailed GEM nurse assessments speed up and clarify that process further. This comprehensive assessment process, as it continues to be developed, can be reviewed for additional sharing opportunities with appropriate health care team members, yet to be identified.

Testimonial

"ClinicalConnect ensures that geriatric medicine and mental health specialists begin with a clear picture of the seniors' pathway through the health care system. It is an integral tool in helping us to complete a person-centred referral package while ensuring that there is no duplication of service."

Christina McLellan, BASc, Specialized Geriatric Services Clinical Intake

Questions

For questions, comments, or to participate in cSWO Program's Benefits Realization program, please contact:
Ted Alexander, Manager, Benefits Realization, cSWO Program: ted.alexander@lhsc.on.ca

Sources

Heckman GA, Molnar FJ, Lee L. Geriatric medicine leadership of health care transformation: to be or not to be? Can Geriatr J. 2013;16(4):192-5.
Sinha, SK. Living Longer, Living Well: Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on Recommendation to Inform a Seniors Strategy for Ontario. Government of Ontario. 2012, Dec.

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