



A key component in evaluating the success and benefits of patient medical homes involves collecting stories of health care change from doctors, patients, and allied care providers. These stories take readers on a journey toward understanding how patient medical homes are improving care around the province.

Change Snapshot: How PSP staff support helped a provider completely embrace an EMR.

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Supporting the Transition to Group Practice

I was an office manager for a family practice clinic, as well as a peer mentor for the Practice Support Program (PSP) and consultant for the division. When there was a clinic in need of support, I would go into the clinic and do an assessment with my PSP colleague. We'd meet with the staff at the clinic to talk about workflow, efficiency, EMR support, and staff training.

In this case, the clinic had recently gone from paper to EMR. There were two doctors, one wanting to retire, and the other thinking about retiring. They had struggled with the transition to EMR for six months. During the assessment, I learned that they were unhappy working with their EMR, which was affecting their workflow. I worried that they might shut their door and stop practicing altogether.

We worked with them one-on-one to envision how their practice could work with the EMR. Combining my experience managing a practice and working with other clinics, I helped them develop ideas on how the system should work. The physician had been told by his EMR vendor that what he wanted to do in his clinic couldn't be done. We found ways that would allow him to work how he wanted, and use functions of the EMR that he wasn't initially interested in, such as histograms. I helped hire summer students to scan previous records, including children's records that would need to be kept past the age of majority.

The move to EMR also made the practice look more attractive for recruitment. There was a new physician in town, who wanted to try a locum role in the practice. The clinic was also considering joining another clinic, which they were able to do with everything in the EMR. Moving to a team-based care model was attractive to the new locum, who ultimately took over for the retiring physician after the move to a multi-physician office. We even attracted two solo physicians who had previously been working on their own. Moving into a multi-physician clinic was appealing for them. Our new model was more attractive for recruitment.

The most significant change for me was meeting someone so frustrated by their EMR that they were ready to give up, and then see them turn around and want to learn more features and change the way they practice. This is a success story that I think can lead into another success story. The physician is happy to reach out to others because of his experience. It's significant to me because it has a lot to do with my support for the clinic, and this is my calling. I can do an assessment and support someone to change their practice for the better. Many physicians in our community are looking into retiring, and maybe with extra support, they can bring someone else into their practice or retire later, especially if they start working in a team-based care model.