

## Scenario for Method 3: Digital Tool Exploration

### Example: Introducing digital tools to assist in the transition to a Patient Medical Home Model

**Current Tools:** Your practice is transitioning from a traditional multi-doctor practice to a [Patient Medical Home](#). To assist with coordination of your team, you are looking to automatize processes as much as possible. One strategy is to implement an online booking system that would free both you and your Medical Office Assistant (MOA) from answering the phone from 9-5 Monday to Friday just to book patient appointments.

**Maturity and Interoperability:** As you do not have a booking system that will integrate with your EMR (MedAccess), you hire a separate provider (Veribook). This system provides excellent customer service and does not charge extra for set up. The system is also flexible enough to accommodate different types of visits (e.g., routine, Pap smear, mental health) of different durations (15 to 30 min). Over time, you are able to integrate other digital tools including a Patient Portal (Pomelo) which expanded your offering of online booking to secure messaging services and videoconference.

**Usefulness for Patient-centred Measurement (PCM):** Patients are very satisfied with the booking system (initially using Veribook and later through the patient portal). They do not need to call and wait on the phone when they want to book an appointment. The system sends patients an immediate e-mail confirming their booking and also a reminder 24 hours before the visit. This reminder also asks them for confirmation of their visit and for completion of a Covid-19 Screening Questionnaire. This feature has helped to keep “no shows” to a minimum and has been expanded to include other patient questionnaires as appropriate (e.g., new patient medical history).

**Availability of Resources:** For you, the most important resource considered in making any type of technological decision is time. Time to research what is available, to meet with the providers, to ask questions, to discuss experiences with current users, and to think about the pros and cons of incorporating a new tool and its effects on patients and the medical health team. Also needed is time to train staff and patients about the new tool, plan for strategies to minimize or correct pitfalls that could arise, to be proactive, to think ahead and identify strategies to promote its use.

You find that having good and reliable technical support is essential, especially during the initial phases of implementation. Learning about integrated features or “adds-on” of a clinic’s current EMR should prove to be a good first step when deciding on implementing online booking or other types of digital tools.

**Unintentional Consequences:** Initially, a few patients were resistant to switching to online booking, but through listening to them and offering solutions (e.g., bringing in your laptop and providing help in setting this up), only a few patients remained who needed to use the phone to

make appointments. To “fix” this, you offer a limited time schedule for phone calls and have an answering machine where patients can leave messages requesting a visit.

Before using an integrated booking system, the MOA manually populated the EMR’s daily visits list one by one. This was a tedious and time-consuming task, and resulted in occasional mistakes. Changing or switching appointments was also difficult since it needed to be done in both the online booking system and the EMR simultaneously. Now, with an integrated online booking system, this is no longer an issue. However, this still requires vigilance about the “reason for the visit” since some things cannot wait (e.g., new-onset chest pain or headache). You and the MOA still need to triage and recommend that patients come in sooner when needed.

**Positive Impact on PCM:** Patient satisfaction has improved with the booking system, which is easy to use and very convenient. Patients can book up to 3 months in advance if desired. This results in your team is being freer to focus on matters that require human input. Automating repetitive and tedious tasks has led to improved provider wellbeing and work satisfaction. In addition to lowering overhead which allows for a more sustainable medical practice.