PSS User Group Survey Results – June 27, 2012

Background

The purpose of this survey was to identify priority issues common to all FHTs using Practice Solutions (PSS). The survey was distributed to all FHTs that had reported through a previous AFHTO survey that they use PSS in their clinics (n=57 FHTs).

There were 3 elements to the survey:

- Identify common issues across FHTs
- Prioritize action items to focus the user group when working on common issues for FHTs
- Feedback on "Account Manager" proposal

Findings

The 39 responses (about two-thirds of total) are summarized below. Detailed survey results are available in the separate attachment "PSS User Group Survey Summary 2012-06-27.pdf".

Next Steps

This report is being sent out to all FHTs that have reported through a previous AFHTO survey that they use PSS in their clinics. It will also be sent to Ontario MD for their advice and assistance. The PSS User Group will use the results regarding priorities for action to guide further steps.

SUMMARY OF RESULTS

Common Issues across FHTs

How often have you encountered this issue? (descending order)	Avg. Score for FREQUENCY (rating scale where "frequently"=3 and "never"=1)
6. FHTs inability to extract necessary data	2.56
5. Lack of updates/follow-up on tickets for clients	2.51
4. Lack of customer input	2.50
1. Gap with client/regional managers and their level of authority to act on behalf of FHTs	2.47
2. Lack of internal coordination to ensure client problems are resolved	2.33
10. PSS enhanced reports and features do not work as intended	2.24
3. Customer inability to understand PSS processes	2.05
8. Data backup process	2.05*
9. Inability to transfer records between PSS clients	1.83
7. PSS is sometime unaware of OntarioMD requirements	1.82

*Response pattern was somewhat bi-modal.

To what extent does this have a negative impact on your FHT operations? (descending order)	Avg. Score for IMPACT (rating scale where "extremely"=3 and "not at all"=1)
6. FHTs inability to extract necessary data	2.46
4. Lack of customer input	2.29
5. Lack of updates/follow-up on tickets for clients	2.26
2. Lack of internal coordination to ensure client problems are resolved	2.15
10. PSS enhanced reports and features do not work as intended	2.11
1. Gap with client/regional managers and their level of authority to act on behalf of FHTs	2.08
3. Customer inability to understand PSS processes	1.97
8. Data backup process	1.95
9. Inability to transfer records between PSS clients	1.77
7. PSS is sometime unaware of OntarioMD requirements	1.76

*Response pattern was somewhat bi-modal.

Action Priorities for User Group (descending order of priority)

1. **Data Extraction:** FHTs are interested in extracting data to inform quality improvement initiatives. Health Quality Ontario is defining data requirements for quality reporting. The user group will seek support from PSS to assist FHTs in accessing usable data.
2. **Interfaces (eg. Lab, e-prescriptions):** FHTs are and will be involved in health systems planning and innovation, the EMR should be innovative as well. The user group would work with PSS to determine what works needs to move ahead, and what work needs to wait for province-wide or LHIN-wide rollouts.
3. **Communications:** FHTs would like to have a single point of contact within PSS who will have the authority and ability to speak for FHT issues and will coordinate priority issues for FHT clients.
4. **FHT Working Environment:** The user group will work with PSS to increase their awareness of and responsiveness to the fact that the FHT working environment is different from that for physicians working in more traditional environments.

Results from Survey:

Prioritize Action to be Taken by User Group	1st Priority (count)	2nd Priority (count)	3rd Priority (count)	4th Priority (count)	Weighted score ("1st priority"=4 and "4th priority"=1)	Response Count
Data extraction	14	16	7	2	3.08	39
Interfaces (eg. Lab, e-prescriptions)	11	12	11	5	2.74	39
Communications	11	6	16	4	2.65	37
FHT working environment	3	5	5	25	1.63	38

Additional Actions recommended by respondents:

- Service expectations to resolve ticketed problems needs to be established. No timeframe is given for resolving problems. Often told that the issue will be addressed in the next version but there's no guarantee of this or the exact timeframe for resolution.
- Ensure interface action includes contact person and liaison with interface providers. Changes made to PSS impact interface and cause information to be lost/misplaced in transmission. Only find out about problem when realize information is missing, track back to interface, change made in PSS changes interface but other side not aware and therefore unable to make changes on their end until after info missing. Repeated attempts to discuss issue with PSS unsuccessful both for our FHT and our interface provider
- Please ensure you incorporate the needs of academic FHTs (resident teaching sites) in the FHT working environment item above.

Feedback on "Account Manager" proposal

Response	Percent	Count
I support the proposal to send to PSS.	82.10%	32
I support the proposal, with some changes as indicated below.	15.40%	6
I do not support the proposal as outlined by the PSS user sub-group.	2.60%	1

Comments on proposal:

- "We have seen no attempt at solving the issues from PSS other than working as per normal in the processes that are being done the same way they have always been done .... if you attempt to have different results from doing the same processes it's a sign of insanity !!!
  What is Jim Kavanagh role in PSS -- still directly emailing some physicians with wrong information or information that doesn't seem to be vetted by PSS ...."
- "We need to be realistic about this. PSS has been up for sale for some time. No one seemingly wants to buy it.
  If we can work with them to see how they can improve their working style and address the nature of the relationship to be more responsive, they may get a better press, a buyer and hopefully get an injection of needed $ to move the software forward."
- Believe account manager should happen for all customers of PSS. FHT's can be community led, blended model or physician led, this means the FHT may have general access to the PSS system but the information is owned by the physician(s) and any upgrades/problems/resolutions are based on the physician's or clinic PSS account.
- Funding for the position will need to be clarified.
- It is difficult to address FHT vs. physician/FHO issues as the server is owned by the physician group. How would this type of issue be addressed by the Account Manager?
- We probably would not be interested if this were to incur any extra fees/charges
- "Comment - when we do have a major issue we do have a ticket number, name of the tech working with us, and a number to get a hold of the person. We also have a specific contact for sales and a PSS rep should we have concerns or questions.
  Honestly we have no problems with PSS.
  However - Consistency would be beneficial.
  We have our own server on site - and wonder if this makes any difference?"
- This is a brilliant proposal. It is along the lines of what our FHT has been asking PSS for ever since they dropped us from the implementation manager stream.