



## Collaborative Health Record User Bulletin – November 2021

### Topics:

- Duplicate patient clean-up will continue this week and then will occur weekly until all the clinics have been migrated to CHR.
- User permissions and access issues will be addressed over the next week.
- Client Registry will go-live this week
- Lab Integration is still being worked on
- When ready for Patient Portal functionality contact your EMR Advisor to discuss.
- Thank you for your patience as we address these issues!

### User Permissions and Access

A few issues have been identified related to user permissions and access (e.g., Inbox accessibility, schedule, etc.). As a result, changes have been implemented over the past week to correct these permissions. As we introduce these changes, they may cause access problems for some users. Please report these through Intercom and we will investigate. We appreciate your patience as we work through these issues. Once this is implemented and exceptions are worked through, it should provide more stability to access going forward.

In the meantime, we will continue to rely on the access auditing features in place and encourage you all to continue to do your due diligence in only accessing information relevant for the patient care you are providing.

### Breaking the Glass

Work is underway to improve the access override feature (and should be available within the next week or two). The first change will allow users to set a duration when they break the glass (e.g., 3 months). Following that, another update will come (in the near future) to allow users to break the glass from other areas of CHR (e.g., Scheduling window, billing window, etc.).

### Duplicate Patients

We understand the presence of duplicate patients in the system is causing confusion. Below is an explanation of why this is happening and guidance for recording information.

With one provincial-wide instance of the EMR, each clinic data imported may introduce duplicate patients into the production environment. This is a result of patient information being migrated from multiple sources (e.g., ICORE, Practimax) for multiple providers simultaneously. You can expect this duplicate patient appearance until all clinics are added to the EMR which is another six to nine months. We recognize this is causing frustration and we are working with TELUS to improve the existing process to reduce the volume of duplicates.

A more focused clean up began last week and will continue this week. Going forward, a duplicate clean-up will occur on a regular basis. As each new clinic is implemented, the duplicate records introduced will be merged within two days of the clinic signing off on their data.

Merges will include all clinical information from all records. If you are listed as the primary care provider on your patient's record, that will be the primary record which means all other information will be merged to this record. Demographics information will come from this primary record. If secondary records have additional demographics information (i.e., that is not part of the primary record) they will be added.

Guidance for updating demographics in in the case of duplicate records:



- Primary Practitioner (PP) is the family physician.
- If only one of the duplicate patient records shows a PP, the demographic changes should be made to this record.

This record will be the master record where demographics will be taken from and all other clinical data will be merged under. If secondary records have additional demographics information (i.e., that is not part of the primary record) they will be added.

- If more than one of the patient records has a PP, regardless of they are the same practitioner or different, the merge process will skip these records and include them in a report to the EMR Program to be merged manually (in consultation with the clinic). If you prefer these records to be merged automatically (quickly) follow these additional steps:
  - If PPs are different people. A communication between two physicians should occur and CHR should be updated to leave the record with the PP (Family physician) and change the other PP to Unaffiliated Provider.
  - If PPs are the same person (this often happens when physicians migrate data from two e.g., Oscar and Icore/Practimax), leave the record that comes from Oscar and change iCore record to show Unaffiliated Provider as PP.
- If all patient records are unaffiliated then make the demographic changes to the first-in record, which you can identify from the URL of the patient. The first-in record will have a lower number. Example: <https://peiemr.inputhealth.com/app#patients/13112866/dashboard>

## Client Registry Integration Status

Client Registry (CR) will go live on **November 5<sup>th</sup>**.

The CR integration will enable bidirectional updates of patient demographic information and Medicare eligibility between the EMR and CR. Users will be able to:

- Search, create and/or update a patient demographics using CR data; and
- Send updated demographics to the CR for use by other Health Systems such as the CIS

Implications for initial roll-out:

- When the Client Registry integration is turned on, it will become the source of truth for the *basic* demographic elements (i.e., Name, Gender, Date of Birth, Mailing Address, Home Address, Medicare Eligibility, and Date of Death from Vital Stats). We understand that the majority of the information in the client registry has recently been updated as it was used for the COVID-19 vaccinations.
- This means that the CR will **overwrite** patient demographic basic elements (as above) for all matched patients in the EMR. Matching is based on Health Card Number, Gender, Date of Birth.
- The first time a patient is created from the CR, Phone numbers (i.e., Home Phone, Cell Phone, Business Phone) will be populated in the EMR. From that point forward, the EMR becomes the source of truth for Phone numbers. When updated demographics are sent to the CR, they will update Phone numbers from the EMR.
- All other demographic elements including Preferred Name and email address that are not part of the *basic* ones listed above will not be overwritten by the CR.

We will send you a notification including support materials once the CR is live.



## **Lab Integration**

We understand integration with the lab is an important piece of functionality. The Lab integration will enable the sending of laboratory results from the Laboratory Information System to EMR.

This integration is a high priority and work is well underway. Lab results have a number of catalogs that need to be reviewed and tested to ensure the quality of data coming across which increases the time and effort to implement this integration.

More information to come. Users will be provided training support materials once this integration is live.

### **Patient Portal Features:**

If your clinic feels ready to look at some of the patient-facing features, please reach out to your EMR Advisor to discuss prior to moving forward. We'll want to ensure things are set up and properly configured for your clinic! These areas can be trained during your Day 3 training with Telus (if your clinic is ready). Patient communication materials are also available.

## **Support and Help**

A number of concerns were shared regarding the use of Intercom. The EMR Program is working with TELUS to improve the service. It is imperative that you have quality and timely responses to your concerns, especially in these early days. We hope to see improvements in that area very soon.

### *Who to Contact and When*

Please see attached *EMR User Quick Support Guide* to illustrate who to contact and how to contact for support issues or requests.