Pre-Implementation MHA EMR Questions and Answers

V1.3

October 18, 2023

Contents

1. EMR Basics

1.1 What does a Provincial EMR mean?

The Electronic Medical Record (EMR) is a single province-wide solution that modernizes how we collect, share, and use client information.

- ✓ Reduced dependency on paper forms
- ✓ Easier access to reliable data
- ✓ Reduced burden scanning, faxing, phoning
- ✓ Comprehensive client record for clinical decisions
- ✓ New ways to interact with clients (e.g., self-assessments, appointment notifications)

Some key benefits to MHA:

- A more user-friendly system than previous ISM. Less susceptible to data entry errors/inconsistencies
- Ability to track and manage referrals, view specialist wait times or out-of-office notifications prior to making a referral, ability to group referrals by specialty
- Forms and templates for commonly used psychiatric content, dictation to text, clinical assessment questionnaires
- Ability to create prescriptions in EMR and electronically transmit to the PMS; Electronic renewals from a PMS to an EMR
- Lab discrete results and reports will be received electronically in the EMR from the CIS laboratory module.
- Streamlined reporting rather than relying on paper files or other program-specific files (Excel files, binders, etc.) generated in response to ISM limitations

Provincial access and sharing of client information represents a fundamental shift from a site's client chart to a client's shared electronic record containing encounter information from across care settings (e.g., clinical notes from Specialists or other providers that the client visited).

A key difference between a stand-alone EMR used in most parts of the country and a provincial EMR is:

- All users are contributing to a clients' electronic chart.
- With collective access to viewing and sharing client information each provider has a more comprehensive view to that client to support their role in providing care.
- It supports, promotes, and enables team-based care – no matter where your practice is in the province.

Within the EMR, it is possible to filter for encounter information specific to your practice and to mark certain sensitive information as confidential (as appropriate). Is the EMR connected to other Provincial systems?

Yes. A client's record in the EMR includes:

- Clinical Documents, Diagnostic Imaging Reports and Lab Results (for microbiology, bloodbank, and cytology) from the hospital Clinical Information System
    - GenLab results are still in development.
- PrescribeIT Phase 1 - for electronic submission of client prescriptions direct to the client's pharmacy of choice

There is no direct link to the provincial Drug Information System.

1.2 What functionality will be available for implementation?

Core EMR functionality is available for rollout in 2023. Examples include:

- Client Demographics (including integration with the provincial Client Registry for demographic information)
- Case Documentation
- eReferral Management
- E-faxing (e.g., for diagnostic imaging requisitions, etc.)
- Billing integration with the Integrated Claims System
- Automatic appointment reminders, Q'naires (self-assessments)
- MHA Clinical content – Forms, Templates, Letters, Q'naires
- Provincial clinical content – Forms, Templates, Letters, etc.

The EMR Program is still planning for the roll-out of the more advanced functions such as the Client Portal and the Video Conferencing Virtual Visits.

1.3 Can a site decide what functionality it wants to implement?

The standardization of functionality within the provincial-wide solution is key to achieving the One Person, One Record vision. There will be a single instance of a client record.

It is expected that all core EMR functionality (see section 1.3) will be used as of Go Live, where applicable. For the Client Portal, ebooking, data analytics and other advanced use functions, we will support sites to learn at a pace that is manageable for their practice. While the goal is to utilize all solution capabilities, it will be an evolution.

1.4 Who will use the EMR?

The initial roll-out of the EMR included family physicians, community-based specialists, nurse practitioners and support staff. The EMR Program has evaluated unique situations whereby other providers have been included.

Roll-out to all Mental Health and Addiction Programs is in progress and will continue through to 2024.

In future phases, other areas such as Walk in Sites and Public Health Nursing may be considered. Providers requiring View Only access may also be considered (e.g., Emergency Department physicians).

1.5 Will the use of the EMR increase my workload?

There will be a learning curve associated with implementing a new solution. The time it will take to become more efficient at navigating, entering information, and adapting to a new workflow will depend on the user role, their comfort with technology in general, and the ease at which they can adapt to a transformation in the way client care is delivered. For some, it may take days or weeks, for others, it could be months. The post implementation surveys indicate that it takes approximately 6-18 months for sites to return to pre-EMR efficiencies.

It is recommended that sites reduce client capacity for go live and at least the first week or two, then consider ramping up incrementally.

Evidence gathered from the >85% of medical professionals who have implemented an EMR in Canada indicates that overall practice management functions including scheduling, billing, exchanging clinical information with hospitals, labs and pharmacies will require significantly less effort than if using paper records or an EMR that is not integrated with these other points of care. These time savings may offset – at least in part – the time required to learn and use the new solution.

1.6 Can healthcare employees add their own forms?

Over the past year, representatives from the various MH&A programs have contributed to the development of clinical content to streamline templates, forms, etc. across MH&A. This content will be available to each site when they go live on the EMR.

1.7 What agreements do I need to sign to enroll?

MH&A staff (as HPEI staff) are not required to sign any additional agreements to use the EMR. However, all Fee for Service providers must sign a participation agreement before we begin the implementation process. We encourage Fee for Service providers to contact the EMR program for more information.

1.8 Who will be responsible for implementing the EMR at my Site?

Site Lead is a critical role within the site implementing EMR to ensure ongoing clinic communication and implementation project activities are moving forward as planned. Each site will have their own site lead who is a member of the site's current staffing team.

- Work closely with the PM to schedule the Kick-Off Meeting, Site Needs Assessment calls and ongoing project management calls.

- Disseminate all information and learnings to the entire site, throughout the various stages of implementation.
- Organize ongoing internal site meetings to keep all staff up to date on how implementation is progressing and address any concerns or questions they may have.
- Work closely with the Project Manager and EMR Advisor to ensure all project tasks are completed on time.
- Review and approve the site training plan.
- Ensure site is ready for training and Go Live
- Leading EMR Initial Setup Activities
- Provide all clinic staff guidance on what to expect after Go Live
- Ensure all users are reporting their concerns and issues through the appropriate channels.
- Organize post go live meetings where site users can bring forward and share with colleague various things they have learned.

1.9 I provide care out of multiple Sites. How will I be on-boarded?

Staff who provide service and/or support multiple MHA Sites, will be onboarded as each of their Site's implements. This means that you will be in a hybrid situation until your last Site deploys (I.e., continuing to use paper or ISM at the Sites that have not yet LIVE, while using the EMR for Sites that have).

1.10 What are the implementation steps?

The table below outlines the key steps and milestones in a Site Implementation Process.

Phase	Major Activities	Outputs
Pre-Implementation	Representatives from each Site/Program work with the EMR Project Team to develop clinical content (this step has been completed for all MHA sites)	Clinical Content in the EMR
Onboard	Verification of User List for a given Site EMR Program Introductory Meeting	Initial User List
Initiate and Plan	Confirm your Site Lead Participate in Project Kick-off meeting EMR Advisor Site Visit – Confirm User Roles/HW/training space/ Identify Initial Setup Plan (Go forward Appointments, Cases)	User List/Roles Initial Setup Plan Project Plan

Execute	Participate in Site Needs Assessment (1-2 hr virtual session) Complete online Privacy Training (~ 1 hr) Staff Visit the Sandbox (test site); Watch Tutorials; Pre-training Exercises Site Location and User Accounts Set up Initial Setup Training (1 hr virtual session) Complete Initial Setup	Training Plan Site Location in EMR Users in EMR
Go-Live	Complete User Training – 2 Days Prepare for Go Live	Users Live on the EMR
Post Go Live/Continuing Support	Participate in quick check-ins (2-3 days/wk) + Weekly Support calls Complete Post Implementation Survey	

1.11 What Implementation Supports will be available?

Extensive implementation supports will be available to each Site before, during and after Go Live including:

- EMR Advisor support throughout the implementation period and following
- 1 Hour of Initial Setup Training
- Online Privacy Training Quiz
- 2 days of on-site training (Office will be closed)
- 2+ days of on-site support for Go-Live
- Advanced/follow-up on-site training (evaluated post implementation)
- Weekly calls for the first 4 weeks (Daily check-ins for Pilot Sites)
- Remote support as required
- Building up a pool of MHA Superusers
    - Who will be the 'go to' people in the program/area who have experience with the EMR and are knowledgeable on key workflows

1.12 What ongoing training will be available?

The EMR Program offers ongoing refresher training sessions (virtual) bi-weekly. More information regarding registration for these sessions will be made available post EMR implementation across the MH&A Programs.

1.13 Is there a Telus EMR Training Environment for MHA Staff?

As part of the implementation process, a Telus EMR training environment (I.e., the Sandbox) will be made available for your staff. In the meantime, providers are invited to watch the re-recorded video.

https://www.mspei.org/wp-content/uploads/2021/05/EMR-Webinar-Telus-Health-Collaborative-Health-Record-Demonstration.mp4

1.14 Can I request changes to the EMR?

For any requested enhancements (post Go Live), please submit the details using the following Form:

Enhancement_Request_Form_Provincial_EMR.pdf (healthpei.ca)

1.15 Will I need to enter all my existing client charts?

For most EMR implementations it is not widespread practice to input all client data from current paper form to the EMR. There is no requirement to scan all existing paper records.

For Mental Health & Addiction implementations, the EMR Program will work with each Site to develop and Initial Data Setup Plan identifying what is recommended to be entered into the EMR. ISM will continue to be available in read only mode to those staff who have onboarded to the EMR to allow for viewing/access to historical records.

1.16 Can we expect to need a Hybrid (paper and electronic environment) for a while?

Given the recommendation is start fresh for paper practices (i.e., not scan and enter *all* historical client data), you will likely need to refer to historical information in ISM (or the paper chart) for a period of time. However, continuing to update the paper charts is not recommended.

1.17 Will client communication materials be provided to sites to share with their clients?

Yes. The EMR Program will prepare standard client messaging for sites to leverage and, if required, any consent related forms.

2. Privacy and Security

2.1 How can I ensure that my EMR and site information is secure?

Details pertaining to the privacy and security of client information will be covered as part of the Privacy and Security Training.

A Privacy Impact Assessment and Threat Risk Assessment was completed to determine the privacy and security mechanism required to ensure the protection of client personal health information in compliance with the Health Information Act and other applicable legislation.

2.2 Will we still need to access the CIS through a Virtual Private Network (VPN)?

Clinical documents, laboratory results and diagnostic reports will be visible from within the EMR. For access to other functions within the CIS (e.g., PACS images, etc.), current access processes will remain.

2.3 Is the Cloud in Canada?

Yes.

2.4 Will EMR data be used for provincial reporting? If so, for what purpose(s)?

One of the major benefits of having one solution provincewide is that we will have access to richer and more comprehensive data to support evidence-based decision making for population health and the health-care system. As decisions are made on how to use this data to the fullest potential, more information will be shared. The EMR Program Governance will provide oversight and decisions regarding what information will be shared with whom, for what purpose – in accordance with relevant privacy legislation and directives.

3. Access to the System

3.1 Can I enter information into my EMR remotely?

Yes. You can access and perform functions in the EMR from anywhere you have access to a secure internet connection .

Access will not be restricted to government devices.

3.2 Who will have access to my client's medical records?

The provincial-wide solution represents a single instance of a client record – accessible to community-based providers within the client's circle of care.

As per the College of Physicians and Surgeons' guidelines for Transfer/Sharing of Clinical Information, access to a client's medical records should be limited to Health Professionals or institutions to the extent necessary to provide proper medical care. That is, for the use of the information on a 'Need to Know Basis.' This can be managed through role-based access (i.e., only those who require access will be granted it).

Privacy measures in place within the EMR:

- Restricting amount of data visible on the landing pages on the client's chart (Client Summary and Dashboard)
- Requirement to establish a relationship with the client (in the system) indicating why you are accessing the client record and for how long you will have the relationship
- Ability to restrict certain data elements/encounters
- More restrictive role-based access
- Regular auditing of access to client charts

3.3 Can I use a MacIntosh Computer to access the EMR?

Yes, however, most EMR users (including all on the Government of PEI network) are using Windows PCs. Receiving support for the use of the EMR on a MAC may be more challenging.