Pre-Implementation Questions and Answers

V3.0

November 2023

Contents

1. EMR Basics

1.1 What is a Shared Health Record?

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

The EMR is an important component of the overall Electronic Health Record as community-based care provides a significant portion of a patient's medical history. By combining local information - like visit history and clinician notes - with other information from across the EHR such as diagnostic imaging and lab results, a more comprehensive patient record will be available across the continuum of care.

Provincial access and sharing of patient information represents a fundamental shift from a clinic's patient chart to a patient's shared electronic record containing clinical information from across care settings (e.g., clinical notes from Specialists or other providers that the patient 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 patients' electronic chart.
- With access to viewing and sharing patient information each provider has a more comprehensive view to that patient to support their role in providing care.
- It supports, promotes and enables team-based care – no matter where your practice is located in the province.

The following integrations are now live:

- Clinical Documents (CIS)
- Diagnostic Imaging Reports (DI)
- Demographics and Medicare Eligibility (CR)
- PrescribeIT Phase 1 - for electronic submission of prescriptions direct to the patient's pharmacy of choice
- Laboratory Results – for Bloodbank, Microbiology, Cytology

General Laboratory Results integration is in progress.

PrescribeIT Phase 2: Further functionality is targeted for 2024 and will include the ability to:

1. Receive and respond to a pharmacy-initiated e-renewal request from the pharmacy
2. Send and receive communications securely using the clinical communications tool
3. Initiate a cancel e-prescription request and receive responses to and from the Pharmacy
4. Receive dispense and dispense cancel notifications

In the future, other integration points may be considered.

1.2 What functionality will be available for implementation?

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

- Patient Demographics (including integration with the provincial Client Registry for demographic information)
- Encounter Documentation
- eReferral Management
- E-faxing (e.g., for laboratory or diagnostic imaging requisitions, etc.)
- Billing integration with the Integrated Claims System
- Preventive Care (e.g., automated update for mammograms, pap tests, and FIT)
- Automatic appointment reminders, Q'naires (self-assessments)
- 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 Patient Portal and the Video Conferencing Virtual Visits.

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

It is important that all users are utilizing the core functionality in a similar manner to ensure requests and other actions are being addressed (e.g., if you are sending a message to a provider, the expectation is that they are managing their inbox in a timely manner).

It is expected that all core EMR functionality (see section 1.3) will be used at the time of Go Live, where applicable. For the Patient Portal, data analytics and other advanced use functions, we will support clinics 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 is for use by 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 Clinics 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 patient care is delivered. Post-implementation survey results show that it takes 6-18 months for most clinics to return to efficiency levels pre-implementation. The more standardized the workflows, the easier the transition.

It is recommended that clinics reduce patient capacity to 50% for go live and at least the first week or two, then consider ramping up incrementally. We also suggest holding daily touchpoints in the beginning weeks to discuss what might to be adjusted.

Evidence gathered from the >85% of clinicians 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 clinicians add their own forms?

There are more than 130 provincially standardized forms within the EMR. Location-specific content can also be developed.

1.7 Clinical notes included with documentation of other providers that the patient has seen?

Clinical notes from all providers within the community-based environment would be added to a single patient chart as part of the One Person, One Record approach.

2. Preparing for the EMR in your practice

2.1 What agreements do I need to sign to enroll?

All Fee for Service providers will be required to sign a participation agreement before we begin the implementation process. The scope of the agreement includes:

Eligibility Criteria

- Fees
- Term and Termination
- Implementation and Use of EMR
- Custodians and Information Manager
- Sharing of EMR Data
- Privacy and Security Obligations
- Retention and Disposition of Information
- Breach Protocol
- Auditing

The overall EMR enrollment process includes steps for registration for PrescribeIT®. PrescribeIT® is the more secure alternative to faxing? that allows prescriptions to be *digitally* sent from a prescriber to a patient's pharmacy of choice.

2.2 What is the role of the Clinic Lead?

The role of the Clinic Lead is to guide the implementation activities similar to a Project Manager. This is often a clinic manager or provider, medical office assistant, nurse, etc. who is familiar with your clinical workflows and willing to play an active role in the deployment of the EMR. Key responsibilities:

- Vital to a successful implementation
- Regular communications with clinic providers and staff to keep them abreast of progress and when their participation is required
- Coordinate of activities on the clinic side
- Ensure tasks are completed on time
- Liaison between the clinic and the Telus/EMR Program team.

2.3 Is there a Telus EMR Training Environment for providers?

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

2.4 Will I need to enter all of my existing patient charts?

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

For Family Physicians, best practice recommends, at the minimum, that the following Cumulative Patient Profile (CPP) information be captured for all frequent patients and those with chronic disease:

- Problem lists
- Past medical history
- Medication profile
- Allergies
- Social history (e.g., smoking, alcohol use)
- Family history (for cancer screening reminders/alerts)
- Surgical history
- Reminders about the patient
- Private health insurance coverage

You and your staff may wish to go through all patient charts and ensure this information is currently captured and up to date.

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.

2.5 Can we expect to need a dual paper and electronic environment for a period of time?

Given the recommendation is to start fresh (i.e., not scan and enter *all* historical patient data apart from the core elements of the Cumulative Patient Profile), you will likely need to refer to historical information in the paper charts or former electronic solutions for a period of time. However, continuing to update paper charts is not recommended.

2.6 Will patient communication materials be provided to clinics to share with their patients?

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

3. Costs

Will I be compensated for lost revenue during my implementation?

For Fee for Service Physicians:

The EMR program will work with you to establish an implementation and support plan that aims to minimize the disruption to patient care. The time for training will be covered and as the EMR Program refines the implementation approach, more opportunities for support will be considered. Other supports are described below.

The following financial supports are offered to physicians:

- **Training Days – _Admin Fee Code Billing | $3,000/physician**

Physicians are asked bill/shadow bill the Administration fee code **0050** for the 7.5 hours for each training day (up to two training days). Note: To bill through the new EMR the max billing for meetings is $600/day. Click the override calculations check box and put in the appropriate fee amount which is $1500/day. Add a comment stating it is for EMR training.

Data Entry Reimbursement Program | $1,000/physician

MSPEI members scheduled to implement an EMR may apply for an up to $1,000 fund to support hiring a data entry support person to enter patient records into the EMR.

Link: https://www.mspei.org/emr/#emr-data

Compensation for First Patient Encounters with an EMR (For Family Physicians)
It is also recognized that with the new EMR, there is a learning curve and extra time is required with each patient the first time they are seen with the EMR. This allows time to validate patient's information within the EMR and familiarize yourself and the patient with the EMR. MSPEI and Health PEI are working together to explore what funding may be available in the Master Agreement to recognize this additional EMR effort. Once a recommendation is made, it will be retroactive to those who have already adopted an EMR.

4. Privacy and Security

4.1 How can I ensure that my EMR and clinic information is secure?

Details pertaining to the privacy and security of patient 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 patient personal health information in compliance with the Health Information Act and other applicable legislation.

It is a requirement to use Multi-Factor Authentication with the Provincial EMR to ensure proper security.

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

Most 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.

4.3 Is the Cloud in Canada?

Yes.

4.4 Will data be mined from the EMR? 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.

5. Access to the System

5.1 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 – from the clinic or on the go.

Access will not be restricted to government devices.

5.2 Who will have access to my patient's medical records?

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

As per the College of Physicians and Surgeons' guidelines for Transfer/Sharing of Clinical Information, access to a patient'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). An override function enables a clinician to access patient data in another clinician's roster.

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 encounters
- More restrictive role-based access
- Regular auditing of access to client charts

Note: Privacy and Security measures are continually evolving.

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

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