

PHYSICIAN'S GUIDE TO ELECTRONIC MEDICAL RECORDS (EMR) FREQUENTLY ASKED QUESTIONS

This is a high-level guide for physicians practicing in British Columbia, covering general questions related to the adoption and use of Electronic Medical Records (EMRs). Please reach out to the Doctors Technology Office (DTO) for further questions, clarification or support on EMR issues using the contact details provided.

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NOTE

For technical related issues, your EMR vendor's Help Desk should be the first point of contact. If all avenues of support have been exhausted and the issues remains unresolved, DTO can provide assistance and facilitate a

NOTE

This document provides a general overview only, please consult with the College for advice or further clarifications on topics covered here. coreniet.voluptaquis.etur?

DISCLAIMER

Registrants of the College of Physicians and Surgeons of BC may seek advice on questions raised in this document by contacting the College, or by seeking medical legal advice from the CMLA.

The Doctor's Technology Office (DTO) acts as a trusted advisor, neutral body and advocate for information management/ information technology (IM/IT) issues impacting physicians and stakeholders. Visit the [DTO website](http://dto.doctorsofbc.ca) for access to our health technology and security resources or contact us at dtoinfo@doctorsofbc.ca.

Vendor Selection & Implementing an EMR

Which EMR vendor should I choose?

There are many EMR systems available which vary with respect to cost, functionality, support provided, reports, and overall workflow and user interface. A first step is to outline your practice's unique needs and what specific workflows could benefit from adopting an EMR system. Refer to the College of Family Physicians of Canada's guide on [Adopting EMRs in a Patient's Medical Home](#) for a list of EMR features that should be considered.

Once you have defined your needs, contact multiple EMR vendors to discuss their service in detail. DTO can provide a list of EMR vendors in BC and contact information.

Questions and considerations to help guide your discussions with EMR vendors:

- Be clear on the specific needs of your clinic and ask how their system can support these
- Ask for a demo of the EMR that shows workflows most important to your practice
- Inquire about resource requirements including start-up costs and operating costs
- Ask about the EMR support process and how they would help you resolve issues
- Learn how the EMR is accessed (Internet/cloud-based or server local to the clinic, and remote access)
- Find out the level of initial training offered and what is available for ongoing or future training sessions
- Ask the vendor how they would support you if you retire or move clinics
- Speak to peers about their recommendations and experiences or ask if would share how they use their EMR
- Ask about the future direction of the EMR product and what changes or improvements you could expect

Once I have chosen an EMR what are the next steps?

The EMR vendor will support you in implementing the EMR in your practice and in developing an implementation plan. They will lead you through the steps required to prepare and decisions to be made along the way. Refer to the [Canada Health Infoway's pre-implementation readiness assessment](#) for more information.

What is the timeline for implementing a new EMR system?

The timeline will depend on whether transitioning from a paper-based system or from another EMR. Transitioning from paper may require 2-6 months and will also depend on how quickly your clinic can

complete required pre-implementation tasks, such as hiring an IT provider, setting up internet access, configuring clinic rooms and connections, and training staff on the software. Your EMR vendor can advise you of anticipated timelines. The more time that you are able to spend planning and preparing for the transition, the smoother the process will be.

If migrating data from one EMR system to another, the timelines may also vary depending on practice type, size, and EMR data quality. Anticipate that the migration could take anywhere from 1-6 months. Notify both vendors (old and new) as soon as possible to ensure a timely transition.

For advice and resources on preparing for a data transfer, see the section below on [EMR Data Conversion, Mergers & Data Portability](#).

If I am implementing an EMR do I need to transfer my paper records?

The cost versus benefit of transferring all paper records to an electronic format needs to be explored and is not always recommended. Sometimes an approach is taken whereby only records for high needs/support patients are transferred and the remaining records are archived as historical documents. Speak to your EMR vendor regarding their approach, recommendations and processes.

If I have transferred my paper records to an EMR how long do I need to keep the paper medical record?

According to the [College's practice standard on Medical Records](#):

"It is only necessary to retain one original medical record. Once the information has been fully transitioned to the EMR, it is not necessary to maintain the original paper record. If only part of the paper record is transitioned to the EMR, then the remainder of the paper record must be retained as part of the original medical record. Scanned copies of paper records must be saved in 'read-only' format. Physicians who wish to use optical character recognition (OCR) technology to convert records into searchable and editable files may do so, but they must retain either the original record or a scanned copy."

If unsure whether a copy of a medical record needs to be retained, contact the College or the CMPA for advice.

What training is available for EMR users?

When you purchase a new EMR system the initial start-up fee will typically include basic training for you and your staff. Any additional training that is required post-implementation can also be requested from the vendor but will generally have a fee, depending on the terms of your contract. Contact your vendor directly to request a quote.

Consider identifying a super-user at your practice to provide training to any new staff members or ongoing training or working with another local clinic to coordinate shared training.

The Practice Support Program (PSP) is a quality improvement initiative that offers in-practice supports, peer mentors, learning modules, and small group learning sessions focused on EMR optimization, workflows and practice improvements. Learn more about the Practice Support Program and their services by contacting your [PSP Regional Support Team](#).

EMR Costs

Do you have any information on approximate start-up and maintenance costs for various EMR systems?

EMR pricing varies depending on a number of factors including practice size, number of users, service model, customization, etc. Each vendor will have different pricing models and you will need to contact the vendor directly for personalized quotes. Compare the initial cost plus monthly fees over a 5-year period to get a better sense of the long term cost differences. Ask about other services that the vendor may charge for, such as data transfers and IT support and training, as these costs can also vary between vendors.

Is there any funding available for EMRs?

The initial funding available through the Physician Information Technology Office (PITO) for EMR adoption was provided until March 2014. There is currently no other provincial funding available for EMR adoption.

There is funding available for physicians for quality improvement activities through the Practice Support Program. Contact your PSP Regional Support Team [here](#) to learn more about this initiative and how to claim the incentives.

Will I be charged for adding a new physician or locum to my EMR?

The number of full-time physicians working at your practice can change EMR service costs. The cost of the license varies for each vendor and will need to be discussed with them directly. Some service models include accounts for MOAs and locums, while others may offer alternative pricing for part-time or reduced hour physicians. Contact your EMR vendor for more details and licensing options.

Privacy & Security

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

Doctors of BC has developed privacy and security resources to help physicians and clinics protect patient information and safeguard against security breaches and cyberattacks. The [Physician Office IT Security Guide](#) and [BC Physician Privacy Toolkit](#) offer practical steps and tools to enhance privacy and

security at the clinic level and to assist physicians in meeting their obligations under the Personal Information Protection Act (PIPA). These are two foundational resources that will guide you on the privacy and security best practices for clinics in BC.

Every clinic should appoint a privacy and security officer and maintain a documented Privacy and Security Binder containing key information. Refer to the DTO Clinic Security Toolkit ([subsection of this web page](#)) for step by step resources essential to privacy and security documentation for primary care clinics. Each staff member should also sign a Confidentiality Agreement ([template available here](#)) and attend regular privacy and security training.

For more information on clinic privacy and security, refer to the following national resources:

- CFPC and Canada Health Infoway: [Advanced and Meaningful Use of EMRs – Module 4: Privacy and Security](#)
- CMPA: [Protecting patient health information in electronic records](#)
- Canada Health Infoway: [Privacy and Security Requirements and Considerations for Digital Health Solutions](#)

What should I do if I've experienced a privacy breach with my EMR?

According to the Doctors of BC [Guidelines for Responding to a Privacy Breach](#), "PIPA requires physicians to protect personal information that is under the practice's custody and control. Part of that responsibility involves managing privacy breaches, including taking steps to prevent them from occurring, developing a privacy breach response plan and promptly responding when a breach occurs. A privacy breach occurs when there is unauthorized collection, use, disclosure, retention, or disposal of personal information. Those activities are "unauthorized" if they occur in contravention of PIPA."

Once a privacy breach is identified, the practice must immediately respond to the breach by taking four key steps:

1. Contain the breach
2. Evaluate the risks associated with the breach
3. Implement notification procedures
4. Prevent future privacy breaches

Refer to the [Doctors of BC Guidelines](#) to learn more about what constitutes a privacy breach how to complete each response step. You may also refer to the Office of the Information and Privacy Commissioner's [Privacy Breaches: Tools and Resources](#) for additional guidance.

What is role-based access and how can I monitor staff's use of the EMR?

Role-based access is intended to limit a user's access to personal health information based on their job and duties within the clinic environment. With this EMR function you can assign specific permissions to particular types of health information for each type of user. Your vendor can help define the roles of each user and ensure that access permissions are aligned with the various roles. Refer to the Doctors of BC [Guidelines for Electronic Medical Records and Role-Based Access](#) for questions to consider when defining roles and determining which areas and permissions should be granted access for each user.

Most EMRs have a user-level access auditing feature that allows you to monitor which users have logged on to the EMR, which of the patient records they have reviewed and/or printed, and which files have been modified. Work with your vendor to better understand this feature and its capabilities. The audit information can be reviewed by the clinic's privacy lead or delegate to ensure that users are not accessing information or performing tasks not directly related to their professional role. This data may be requested by the College or OIPC in the event of a breach.

Are nurses or other allied health professionals in my clinic allowed to chart in the EMR?

Other health professionals besides the most responsible provider (MRP) are able to chart in a patient's medical record if they are considered part of the patient's circle of care. If the care team member is employed by another health service organization (e.g. a Health Authority) then a [team charting agreement](#) is suggested to help govern this access.

You must ensure that appropriate security features are in place to limit access to only patient information that is required to provide patient care. This can be achieved using security tools that are built into the EMR, such as role-based access or implementing 'masking' features that hide patient information from specific users. Every healthcare provider in your clinic needs to have a unique username and password and these should never be shared between users. Speak with your vendor to learn more about these features or for any questions about licensing costs or setting up access for shared care.

Who owns the electronic medical record and who can have access?

According to the [CMPA](#), the information contained within the record belongs to the patient. Patients have the right to request access to the information and control who can access it. The physical record itself belongs to the physician, institution or clinic that created it and they are responsible for the collection, use, disclosure, management, and overall protection of data.

The College's Practice Standard on [Medical Records](#) (page 3) states that physicians who are creating medical records in a group or shared environment must establish a data-sharing agreement (template available [here](#) on page 53), which addresses how issues of ownership, custody and enduring access

by individual physicians and patients will be addressed, including following relocation, retirement or death of the physicians. In situations where a physician creating a medical record is not the owner of the clinic and/or of the EMR license, issues of custody, confidentiality and enduring access by individual physicians and patients must be documented in a formal contract with the owners and/or EMR service providers.

It should be noted that failure to address issues of custody, confidentiality and enduring access of medical records may be considered professional misconduct. Refer to the College [standard](#) and [CMPA Handbook](#) for more guidance on this topic and sample contractual terms.

I have an employee leaving my clinic, what do I need to do with their EMR user login account?

The login account of the employee who is leaving should be disabled immediately upon departure and can be done using the EMR's administrator tools. Contact your EMR vendor helpdesk for any assistance.

I have a new employee starting at my clinic, where can I find a confidentiality agreement?

You can find confidentiality agreement templates including those for new employees in the Forms section of the Doctors of BC's Privacy Toolkit ([here](#)).

What is the Physicians Private Network or PPN?

The Physicians Private Network (PPN) is a secure health system wide area network (WAN) that is owned by the Government of BC and managed by the Provincial Health Services Authority (PHSA) and TELUS. The PPN provides a secure connection to EMRs that use an application service provider (ASP), or cloud-based, model. The network is funded by the Ministry of Health and is currently provided free-of-charge to physicians. Contact your EMR vendor to find out whether the PPN is available for your specific EMR and how to request access.

If I am moving my clinic, what needs to happen with my PPN?

If you are moving or closing your clinic it is critical that you also cancel your PPN service. You can contact PPN admin at ppnadmin@phsa.ca to notify them of your move and request a cancellation. If you are moving clinics and wish to remain on the PPN it is also recommended that you give PPN admin sufficient notice (suggest a minimum of three months) to ensure that the circuit will be available at your new location.

Remote Access

Can I enter information into my EMR remotely?

This functionality is dependent on the EMR system used. For some EMRs you can both view and enter information into your EMR when accessing it remotely. If your clinic is on the PPN, remote access to your EMR is most frequently provided via the PPN Virtual Private Network (VPN). The VPN uses a remote access token with two-factor authentication and encryption to enhance the security of the connection. Contact your vendor to learn more about remote access options and to ensure that you have sufficient security measures in place.

How can I order or deactivate a PPN VPN remote access token?

Clinics who are on the PPN can access the VPN Token Request Form [here](#) to order, deactivate or replace a lost or faulty EMR remote access token. You may also contact PHSA directly at ppnadmin@phsa.ca to receive a copy of the form or to request a reset to your pin. Your EMR vendor can also help troubleshoot issues with tokens when required.

EMR Data Conversions, Mergers & Data Portability

I am considering switching EMR systems/I am moving to a new clinic. How should I proceed?

DTO has created a guide and checklist to provide an overview of common types of EMR data transfers and how to best prepare your data for a successful migration:

- How To Prepare For An EMR Data Migration
- EMR Data Conversion Checklist

It is important to contact both EMR vendors as soon as possible to allow sufficient time to prepare. DTO can provide assistance and guidance to clinics that are considering a data transfer or experiencing issues with the process. Clinics that are on the PPN and switch their EMR vendor must also notify ppnadmin@phsa.ca to ensure that PHSA can notify the vendors which of their customers will be impacted in the case of any network issues.

Will I be charged for data conversion?

The cost of a data conversion may depend on the terms of your current and future EMR contracts. Refer to your contract to confirm whether any data conversion agreements are already in place and the associated costs. If you do not have a copy of your contract you can contact your vendor to

request one. Discuss with your vendor the full scope of services they will provide and whether there are any additional costs that may be incurred in order to meet your needs. It is also important to discuss with your future EMR vendor what support will be provided during the transition and any associated costs. Request both vendors to provide a detailed conversion plan and cost breakdown before making any commitments.

Can I access records from my old EMR?

Refer to your vendor contract for any existing agreements on enduring access. Discuss with your vendor the options for accessing previous records, including billing information and financials, and confirm with them how long access will be available. Ask the vendor to provide a quote for any associated costs and confirm that the terms of access are outlined in your contract with your new EMR vendor and that they are aligned with your potential needs.

Medical Records Storage

How long do I need to retain a patient's medical record?

Medical records must be retained for a minimum period of 16 years from either the date of last patient contact, or until the patient reaches age 35 for patients under 19, except as otherwise required by law. Refer to the College's standard on [Medical Records](#) for more information.

I am a physician who is soon retiring/leaving a practice. What should I do with the patient records?

According to the College [guidelines](#), medical records that are still within the legal retention period must be transferred to the custody of another physician, public hospital or health authority, or placed in a safe storage facility (e.g. MedRecords for digital storage – see question below) if they are remaining in the custody of the original physician. You are also required to notify your patients of your departure date and provide them with the information necessary to access a copy of their medical record. Additionally, you will need to notify the College of the location of the medical records. We also recommend that you refer to your EMR vendor contract for any agreements on data transfer and that you discuss your needs with your vendor as early as possible.

Consult and review the College's standards on [Medical Records](#) and [Leaving Practice](#) for further guidance on transfer, retention, and destruction of medical records and patient notification. Doctors of BC has also developed guidelines on how to protect medical records when leaving a practice ([here](#)) and how to securely destroy personal information that is no longer required ([here](#)). Divisions of Family Practice Guidelines on [Medical Record Issues on Departure or Termination](#) provide a sample Termination Policy and Contractual Terms to help clarify expectations and professional duties for physicians leaving a shared clinic environment.

Are there any options for storing medical records?

MedRecords is a BC-based, non-profit organization that has been endorsed by Doctors of BC as a supplier of choice for medical records retention. All records are stored for a minimum of 35 years and patients are able to retrieve their records for a fee ([see here for details](#)). Physicians who are planning to but have not yet closed their practice can use MedRecord's services free of charge, while those who have already closed their practice will be charged a one-time scanning fee for paper records (there is no charge to store electronic records). MedRecords recommends that physicians who are planning to close their practice provide at least 6 months' notice. You will need to work with your EMR vendor to extract all electronic records as a PDF and then transfer to MedRecords for storage.

In the unlikely event that MedRecords closes down, Doctors of BC would take custody of electronically stored medical records. You can learn more about MedRecord's *Office Practice Closure Services* [here](#).

Technical Support

Who should I contact if I am experiencing technical issues with my EMR?

Your EMR vendor's Help Desk should always be the first point of contact to report a technical issue related to your EMR. This includes common issues such as trouble connecting to the EMR, slow performance, and problems importing scans or sending faxes from the EMR. In some cases, a local IT support person may need to assist. When a solution to an issue cannot be found or is unresolved in a timely manner, you may contact DTO and we can work with your vendor or other third-party to help.

Do I need third-party IT support or will my EMR vendor provide it?

Every clinic should have a contract with an external IT support provider. Your EMR vendor only provides support for the EMR system itself. However, your clinic will also require IT support for other technology elements that are essential for maintaining the functionality of your clinic operations, including server configuration, hardware maintenance, network management, data storage and business continuity measures. Refer to the DTO guide on [Questions to Ask Your Local IT Provider](#) to help in choosing IT support for your clinic. It is best to have an IT contract in place rather than waiting until a problem arises to find support.

Are there any IT companies that you would recommend to support my clinic?

Each clinic and their needs are unique and we do not recommend specific companies for IT support but DTO has created a guide with questions to consider when assessing your clinic's IT needs and for vetting local IT providers ([here](#)). Refer to this document prior to and during your selection process or contact DTO directly to discuss your options further.

If I am experiencing issues with billing through my EMR what should I do?

Your first line of contact for any EMR issues should be your vendor. If it is a problem with the EMR itself (e.g. unable to send or submit claims), then the vendor's Help Desk should be able to troubleshoot and resolve the issue. However, any questions related to rejections or payments amount may need to be directed to MSP's Teleplan Support Centre ([contact information here](#)).

If your clinic is using an alternative payment model such as Population Based Funding (PBF), contact your vendor directly to confirm that your EMR meets the specifications required to submit claims under this model and to learn more about the billing process specific to that EMR.

Interoperability & Access to Provincial Systems via EMR

Can information be shared between EMRs/and or health authority and provincial systems?

The [CareConnect eHealth Viewer](#) is the first provincial solution for read-only access from community health into health authority systems. There are also provincial efforts underway to create data standards and a public Health Information Exchange that will enable bi-directional exchange between community EMRs and health authority systems.

What is Excelleris and how can I access the information through my EMR?

Excelleris is an electronic healthcare information exchange system that delivers patient-specific reports and lab results to providers primarily in the lower mainland and Vancouver Island. Excelleris sends reports directly to community EMRs, where they can be signed, actioned and saved into the patient record. Excelleris can also be accessed online using their Launchpad web portal. Refer [here](#) for more information or contact Excelleris at support@excelleris.com for any additional questions.

Physicians in Northern Health Authority or Interior Health Authority generally use CDX as their electronic report distribution system which functions in a similar way. For more information on CDX, please visit their [website](#) or contact your local Health Authority.

What is CareConnect and can I access it from my EMR?

CareConnect is British Columbia's secure, view-only Electronic Health Record (EHR) that offers authorized care providers in community access to an integrated, provincial view of patient-centric information available 24/7 to support the delivery of patient care. For more information on CareConnect and how to enroll, please visit their [website](#).

Can I access PharmaNet through my EMR?

Pharmanet may be accessed via a number of different service providers once a Pharmanet account is created. Access via EMRs is limited, but there are several software options including through CareConnect. Contact your EMR vendor to discuss PharmaNet access functionality and any available options. Please visit the [PharmaNet for Practitioners](#) page on the Government of BC website for more information

Tools and Resources

<u>CFPC Adopting EMRs in a Patient's Medical Home</u>	Guidance to physicians on implementing EMRs in family practice settings by answering these questions: What is an EMR? Benefits of adopting an EMR system? What factors to consider when adopting an EMR system?
<u>CFPC and CHI Best Advice Guide: Advanced and Meaningful Use of EMRs</u>	A guide with practical advice and resources for family physicians, in a modular format, to learn more about advanced and meaningful use of EMRs in practice.
<u>CPSBC Medical Record Management Practice Standard</u>	Practice standards from the College outlining the obligations of physicians with respect to medical records including content requirements, access, custody/data stewardship, and confidentiality & storage.
<u>Doctors of BC Physician Privacy Toolkit</u>	A guide to assist physicians in meeting their obligations under the Personal Information Protection Act (PIPA).
<u>DTO Physician Office IT Security Guide</u>	Provides practical steps and best practices to enhance privacy and security at the clinic level, and help physicians protect against security breaches and cyberattacks.
<u>DTO EMR Data Conversion Checklist</u>	Sets expectations prior to switching EMR systems and highlights some of the key decisions and steps that should be taken prior to and during the conversion process.
<u>DTO How To Prepare For An EMR Data Migration</u>	A guide that provides an overview of common types of EMR data transfers and how to best prepare your data for a successful migration.
<u>DTO Clinic Security Tools and Resources</u>	Tools and resources designed to help physicians create a culture of security within their practice and reduce the risk of privacy breaches.
<u>GPSC Panel Management Overview</u>	Summary of what is panel management and the supports available to implement and sustain panel management under the Practice Support Program (PSP).