



Physician's Guide to Electronic Medical Records (EMRs) - Frequently Asked Questions

An overview of the frequently asked questions on the use of EMRs in clinical practice

This document is intended as a resource guide for physicians practicing in British Columbia and covers only the most general questions that physicians may encounter when using EMRs. Given that each practice and their specific needs are unique, there are many topics that have not been fully addressed. Do not hesitate to reach out to the Doctors Technology Office (DTO) for further questions, clarification or support on EMR issues using the contact details provided at the bottom of the page. Also, please note that this document provides a general overview only and you should consult with the College for advice or further clarification.

Important: 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 act as a resource to help provide assistance and facilitate a solution.

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Vendor Selection & Implementing an EMR

1. Which EMR vendor should I choose?

There are many different EMR systems on the market that will 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 processes and workflows could benefit from adopting an EMR system. You can refer to the College of Family Physicians of Canada's guide on [Adopting EMRs in a Patient's Medical Home](#) (page 7) for a list of EMR features that should be considered and prioritized.

Once you have defined your needs we recommend that you contact at least two EMR vendors to discuss their systems in more detail. DTO can provide a list of EMR vendors in BC and their contact information. Below is a list of questions and considerations to help guide your discussions with the EMR vendors:

- Ask vendors for a demo of their system
- Discuss the specific needs of your clinic and how their system can support these
- Inquire about resource requirements including start-up costs and operating costs
- What is the future direction of the EMR product and associated costs for upgrading?
- What is the vendor support structure and how are issues handled?
- Is the information sent to the server via the internet (i.e. ASP-hosted system) or using a server from your clinic (i.e. locally hosted), and what does this mean for your practice?
- Ask about specific workflows that may be relevant for your practice (e.g. chronic disease management)
- What level of training is offered and is there any opportunity for ongoing education and support once an EMR has been adopted?
- What are the vendor's obligations to a customer if they were to retire or move clinics? Can the data be converted if needed and what are the associated costs?
- Speak to your peers about their recommendations and experiences and ask to arrange a site visit to see an in-clinic demo
- Ask for references

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

Once you have selected a vendor they will discuss with you directly the best approach to implementing the system in your practice and will customize an implementation plan accordingly. They will lead you through the detailed steps required to prepare for implementation and will guide you through the decisions that need to be made. You can refer to the Canada Health Infoway [EMR Pre-implementation Guide](#) for additional guidance on adopting an EMR in your clinic.

3. What is the timeline for implementing a new EMR system?

The timeline will depend on whether you are transitioning from a paper-based system or from another EMR system. Transitioning from paper requires approximately 1-3 months and generally depends on how quickly your clinic can complete the 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 will walk you through the implementation steps and can advise on anticipated timelines. The more time that you are able to spend planning and preparing for the transition the smoother the process will happen.

If you are migrating data from one EMR system to another then the timelines will also vary greatly depending on your practice type, size, and EMR data quality. You should anticipate that the migration will take anywhere from 3-6 months. We recommend that you notify both vendors (old and new) as soon as possible to ensure a timely transition. You can also refer to DTO's [EMR Data Portability](#) guide and [EMR Data Conversion Checklist](#) for advice on how to prepare for an EMR data transfer and see the section below on [EMR Data Conversion, Mergers & Data Portability](#).

4. 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.

5. 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](#) (page 6):

"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."

The College also recommends in their practice standard on [Electronic Medical Records](#) (page 1) that paper records that are transitioned to an electronic format still be kept in close proximity for at least six months.

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

6. What training is available for EMR users?

When you purchase a new EMR system the initial start-up fee will typically also 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 most likely have a fee, depending on the terms of your contract. You will need to contact your vendor directly to request a quote. You may also choose to refer to your clinic's appointed super-user to provide training to any new staff members or ongoing training for your current staff.

We also recommend that you reach out to the Practice Support Program (PSP), 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. You can learn more about the Practice Support Program and their services by contacting your PSP Regional Support Team (contact information [here](#)).

EMR Costs

1. Do you have any information on the approximate start-up and maintenance costs for the 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 a different licensing (initial) cost and ongoing monthly fee. You will need to contact the vendor directly for a personalized quote. We suggest that you compare the initial cost plus monthly fees over a 5-year period to get a better sense of the long term cost differences. Be sure to also 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. In general, budget for approximately \$300-400 per month per physician should be anticipated.

2. Is there any funding available for EMRs?

The funding available through the Physician Information Technology Office (PITO) for EMR adoption has been wrapped up since March 2014. There is currently no other funding available for EMR adoption. However, there is funding available for physicians through various initiatives on EMR optimization, including the [Panel Development Incentive](#). You can contact your PSP Regional Support Team [here](#) to learn more about this initiative and how to claim the incentives.

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

For each physician who is practicing in your clinic on a full-time basis you will need to purchase a separate license. The cost of the license varies for each vendor and will need to be discussed with them directly. Some vendor's monthly fees include accounts for MOAs and locums, while others may offer alternative pricing for part-time or reduced hour physicians. You can contact your vendor for more details and licensing options.

Privacy & Security

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

Doctors of BC has developed a suite of 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). We highly recommend that you familiarize yourself with these resources to help ensure best practices in your clinic.

It is also recommended that every clinic appoint a privacy and security officer and maintain a documented Privacy and Security Binder containing key information. You can refer to the DTO guide on [Recommended Documentation for Clinic Privacy and Security](#) for a list of essential 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.

DTO also offers a **Physician Office Security Safeguards Workshop** to provide in-person practical steps and advice for improving the security of your clinic. This program has been certified by the College of Family Physicians of Canada for up to 4 Mainpro+ credits and is aligned to provincial and national guidelines for privacy and security. If you would like to attend a workshop in your area you should

register your interest with your Division of Family Practice and they can contact DTO to organize a session.

For more detailed information on clinic privacy and security you may also want to 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](#)

2. 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

We highly recommend that you refer to the Doctors of BC [Guidelines](#) to learn more about what constitutes a privacy breach how to complete each response step. You can also refer to the Office of the Information and Privacy Commissioner’s [Privacy Breaches: Tools and Resources](#) for additional guidance and information.

3. 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. You can also 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 also 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. You can work with your vendor to better understand this feature and ensure that it is active. 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.

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

Other health professionals besides the MRP are able to chart in a patient's EMR if they are considered part of the patient's circle of care. However, you will need to 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 your EMR, such as role-based access or implementing 'masking' features that withhold patient information from specific users. You can speak with your vendor to learn more about these features and how to enable them. It is important to note that every healthcare provider in your clinic needs to have a unique username and password and these should never be shared between users. Questions about licensing costs and setting up access for allied health should be discussed with your vendor.

5. 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. However, 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. Furthermore, 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. We highly recommend that you refer to the College [standard](#) and [CMPA Handbook](#) (pages 44 and 53) for more guidance on this topic and sample contractual terms.

6. 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 and can be done using the EMR's built-in administrator tools. You can contact your EMR vendor helpdesk for any assistance.

7. 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](#)).

8. What is the PPN?

The Private Physician 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) (cloud-based) model. The PPN also provides access to the health authority's eHealth Network Gateway (eNG), services on the eHealth Extranet, and the internet. The network is funded by the Ministry of Health and is currently provided free-of-charge to physicians who are using an ASP EMR. You can contact your vendor to find out whether the PPN is available for your specific EMR and how to request access.

9. 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

1. Can I enter information into my EMR remotely?

This functionality is dependent on the EMR system you're using. 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. You can contact your vendor to learn more about remote access options and to ensure that you have sufficient security measures in place.

2. How can I order or deactivate a remote access token?

Clinics who are on the PPN can access the Token Request Form [here](#) to order, deactivate or replace a lost or faulty EMR remote access token. You can 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

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

DTO has prepared an [EMR Data Portability Guide](#) and [EMR Data Conversion Checklist](#) to be used as a reference for physicians who are considering switching EMR systems or merging clinical data. We recommend that you refer to these documents for a list of suggestions and common questions to consider when discussing a data transfer with your current and future vendors. It is important that you contact both EMR vendors as soon as possible to allow sufficient time to prepare. DTO can also provide assistance and guidance to clinics that are considering a data transfer or experiencing issues with the process.

2. 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. We suggest that you 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. We recommend that you request both vendors to provide a detailed conversion plan and cost breakdown before making any commitments.

3. 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. Also be sure to 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

1. 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. We encourage you to refer to the College's standard on [Medical Records](#) for more information.

2. 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 #3 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.

You can 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](#)). Furthermore, you can refer to the Divisions of Family Practice Guidelines on [Medical Record Issues on Departure or Termination](#) for a sample Termination Policy and Contractual Terms to help clarify expectations and professional duties for physicians leaving a shared clinic environment.

3. 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. There is no charge for storage of electronic records, while paper records are charged a one-time scanning fee. You will need to work with your EMR vendor to extract the electronic records as a PDF and then transfer to MedRecords for storage. All records are stored for a minimum of 35 years and patients are able to retrieve their records for a fee (see [here](#) for fee details).

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](#).

Forms

1. How do I include a new/updated form in my EMR?

Contact your vendor to find out whether the form already exists or whether it has already been requested and development is in progress. If the form has not already been requested/developed, the vendor will require a clean copy of the form with details about what is expected to auto-populate. We

recommend that you refer to DTO's [EMR Forms Best Practices Guide](#) to understand best practices and considerations for those planning to develop a new form or make revisions to an existing form. In some cases you may be required to pay the vendor to develop the form. You should anticipate that the form may not be available for several weeks to months, depending on vendor capacity and form complexity.

Doctors of BC is working closely with form developers, physicians, stakeholders and vendors to develop a long term BC Forms Strategy (outlined [here](#)) that will help alleviate some of the common frustrations with EMR forms integration. If you are experiencing issues obtaining a new or updated form you can contact DTO for support.

2. What is Pathways and how do I use it?

Pathways is an online platform that was developed to help improve the process of family doctors referring patients to specialists and specialty clinics. It provides family physicians and their office staff access to helpful information such as referral procedures and forms, as well as wait times, languages spoken and areas of expertise. The goal is to enable family doctors to identify the most appropriate care provider to address their patients' needs in as timely a manner as possible. You can learn more about Pathways and their resources [here](#).

Technical Support

1. 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 may include common issues such as trouble connecting to the EMR, slow performance, or trouble scanning and uploading faxes. When a solution to the reported issue cannot be found or is unresolved in a timely manner, you can contact DTO and we will work with your vendor or another third-party as required to help resolve the issue.

2. 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 will only provide support for the EMR system itself. However, your clinic will also require IT support for a variety of other technology elements that are essential for maintaining the functionality of your EMR system and clinic operations, including server configuration, hardware maintenance, setting up routers and data ports, data storage and business continuity measures, etc. You can refer to the DTO guide on [Questions to Ask Your Local IT Provider](#) to help get started choosing IT support for your clinic. We recommend that you have an IT contract in place as soon as possible rather than waiting until a problem arises.

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

As each clinic and their needs are unique we do not recommend any specific companies for IT support. However, DTO has created a guide with questions to consider when assessing your clinic's IT needs and for vetting local IT providers ([here](#)). We recommend that you refer to this document prior to and during your selection process. You can also contact DTO directly to discuss your options further.

4. 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 should be directed

to MSP's Teleplan Support Centre (contact information [here](#)). If the issue remains unresolved you can contact DTO and we will help navigate the issue and facilitate a resolution.

If your clinic is planning to use an alternative payment model such as Population Based Funding (PBF) you should 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.

Interoperability & Access to Provincial Systems

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

New capabilities are continuously being developed that allow clinicians to electronically share patient information with their colleagues to support clinical care. However, moving data from one system to another is far from seamless and there is significant work needed to generate channels that will enable real-time, bi-lateral exchange of information. There are provincial efforts presently underway to develop data portability standards that will support the 'pushing' and 'pulling' of information between systems, as well as planning to determine funding, leadership, and approach for achieving interoperability goals across BC. We recommend that you refer to DTO's resource [Interoperability and PCNs](#) for an update on the current status and collaborative efforts for achieving interoperability in British Columbia. You can also contact DTO to learn more about province-wide efforts for achieving interoperability.

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

Excelleris is an electronic health care information system that delivers patient-specific health care information and lab results to providers. Results may be pulled from a variety of service providers including community diagnostic service providers (e.g. LifeLabs), hospital labs, and hospital diagnostic imaging centers. Excelleris will send the reports directly to a physician's EMR, where they can be signed or actioned and integrated into the patient's record. You can also access Excelleris online using the Launchpad web portal. You can refer [here](#) for more information or contact Excelleris at support@excelleris.com to get registered or request help setting up report downloads into your EMR.

3. What are CareConnect and UCI and can I access them from my EMR?

CareConnect is a secure, view-only Electronic Health Record (EHR) that delivers integrated clinical information from a variety of sources to support healthcare providers in their delivery of patient care. At this time, only physicians who are affiliated with one of the Health Authorities in BC can access CareConnect using the provincial network. A project is currently underway by PHSA to increase access to private practice physicians via the PPN (see above). To receive more information on sign-up requirements and access, contact the CareConnect deployment team at careconnect@phsa.ca.

The Unifying Clinic Information (UCI) is also a clinical view-only web application that displays patient information from across Fraser Health (FH), as well as provincial labs information data, provincial imaging results, and select information from the other health authorities. At this time UCI is only accessible to acute and community-based physicians who are affiliated with Fraser Health via PARIS, Meditech, or FH Profile. A pilot is also underway to increase access to a wider network of private practice physicians and to enable direct access to UCI via physicians' EMRs. You can contact informaticsenablers@fraserhealth.ca to learn more.

4. Can I access PharmaNet through my EMR?

At present, most physicians have view-only access to PharmaNet and are unable to enter information into the system. Some physicians are able to access PharmaNet directly through their EMR using a built-in software application, while others can only access PharmaNet using a third-party platform (such as CareConnect). We recommend that you reach out to your vendor to discuss PharmaNet access functionality and any available options. You can also see [here](#) for more information about PharmaNet from the Government of BC.

The clinic/physician's EMR vendor's Help Desk should be first point of contact for EMR and technical related issues. If all avenues of support have been exhausted with the vendor's Help Desk and the issue remains unresolved, the clinic/physician may contact DTO to provide assistance to facilitate a resolution.

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

The Doctor's Technology Office acts as a trusted advisor, neutral body and advocate for information management/ information technology (IM/IT) issues impacting physicians and stakeholders. You can contact us directly for information, guidance and support implementing health technology in your practice. You can also refer to the [DTO website](#) for access to a suite of health technology and security resources. See below for a list of additional resources to assist you in the use of an EMR in your practice.

For more information, guidance or support contact:

Doctors Technology Office

☎ 604-638-5841

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Resources

CFPC Adopting EMRs in a Patient's Medical Home	Provides guidance to family physicians on implementing EMRs in family practice settings by answering these questions: What is an EMR? What are the benefits of adopting an EMR system? What are the factors to consider when adopting an EMR system?
CFPC and CHI Best Advice Guide: Advanced and Meaningful Use of EMRs	This Best Advice guide provides practical advice and resources for family physicians, in a modular format, to learn more about advanced and meaningful use of EMRs in practice.
CMA Electronic Medical Records Module	A practical outline of the 7 elements to consider when planning the transition to an EMR and what to expect post-implementation.
CPSBC Electronic Medical Records Guidelines	A guideline from the College to assist physicians in meeting their medical-legal and ethical obligations throughout the transition process.
CPSBC Medical Records	A practice standard from the College outlining the obligations of physicians with respect to medical records including content requirements, access, custody/data stewardship & agreements, and confidentiality & storage.
Doctors of BC Physician Privacy Toolkit	A guide to assist physicians in meeting their obligations under the Personal Information Protection Act (PIPA).
DTO Physician Office IT Security Guide	Provides practical steps and best practices to enhance privacy and security at the clinic level, and help physicians protect against security breaches and cyberattacks.
DTO EMR Data Conversion Checklist	Intended to help set expectations prior to switching EMR systems and highlight some of the key decisions and steps that should be taken prior to and during the conversion process.
DTO EMR Data Portability Guide	A quick reference guide for physicians who are considering switching or merging EMRs to provide some best practices and approaches to help increase success and reduce frustrations.
DTO Security Tools and Resources	Contains targeted tools and resources designed to help physicians start on the journey of creating a culture of security within their practice and reduce the risk of security breaches.
DTO Technical Resource Centre	Technical bulletins to inform, educate and provide best practices to various technical challenges experienced by clinics.
GPSC Panel Management Overview	Summary of what is panel management and the supports available to implement and sustain panel management.
GPSC Panel Management Workbook	Guides doctors and their teams step-by-step to improve panel data and proactively manage patient's care.

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