CPSA Roadmap

"Toward an Integrated Electronic Patient Record"

September 2016

College of Physicians & Surgeons of Alberta

Table of Contents

Introduction

At its March 2016 meeting, CPSA Council responded favourably to the Medical Informatics Committee (MIC) recommendations to advance all physicians' transition to participation in an integrated electronic patient record, a position previously endorsed by Council:

> *"… Council considered the role it could play, including encouraging physicians to access Netcare, sharing (pushing) data to the EHR, and the value of having physicians use electronic tools such as an EMR. Council directed MIC to come back with specific proposals to help advance those initiatives".*[1]

This document presents a conceptual action plan for Council's consideration. The objective is to gain an approval in principle, to enable CPSA staff and the MIC to progress to a more detailed and resourced plan.

---

[1] March Council Highlights http://www.cpsa.ca/your-council-at-work-march-council-highlights/

1 The Vision

"Every patient in Alberta should have an integrated electronic patient record that is accessible by all healthcare providers involved in the patient's circle of care, and by the patient as well." [2]

While the CPSA does not have a position on what product(s) (or sets of integrated products) should be used to accomplish an integrated electronic patient record, the CPSA supports the concept that a patient's health information should follow the patient and be accessible to all providers in the patient's circle of care, contributing to the larger goal of providing the right service, at the right time, in the right place, by the right provider/team.

CPSA Role in eHealth

The CPSA's interest in eHealth reflects its mandate to ensure the quality, safety and continuity of medical care, to establish and maintain ethical and professional standards of care, and to advocate for public policy which contributes to the health of Albertans. The CPSA vision for eHealth is a health care system where:

- all medical records are fully electronic, with sufficient discrete data to enable an integrated and interoperable exchange of health information
- physicians and other health professionals have the training and support to use eHealth tools and processes effectively, appropriately and safely
- continuity of care is optimized by appropriate sharing and exchange of information facilitated by an integrated patient record
- the quality of care is optimized by appropriate access to information, decision support and practice audit tools
- there is a comprehensive base of information which appropriately supports providers in the delivery of care to their patients, as well as management of the health system, research and other valid secondary uses of information

CPSA Rationale and Involvement in EMR and Alberta Netcare

The College's interest in the adoption and use of EMRs and Alberta Netcare (the provincial electronic health record) reflects the CPSA mandate to ensure physicians practice in a manner that enhances the quality of patient care, including patient safety and continuity of patient care.

This document outlines the position of the College of Physicians & Surgeons of Alberta (CPSA) and recommended course of action to facilitate the adoption and use of electronic medical records (EMRs) and Electronic Health Records (EHRs), and the meaningful use of health information by physicians. It is intended to provide a framework for consultations with physicians, CPSA programs, eHealth Governance bodies and other major stakeholders.

---

[2] Medical Records Policy Framework: Towards a Single Patient Record, March 2015

2 Mandate for Action

2.1 Legislative Mandate

The CPSA is uniquely positioned to facilitate physician engagement and energize the drive towards an integrated electronic patient record.

- Under the *Health Professions Act* (HPA), the CPSA is mandated to establish and maintain ethical and professional standards of care and to ensure physician competency. The CPSA has published standards of practice for *Patient Records, Prescribing* and other physician activities which could be enhanced by the use of electronic tools.
- Under the *Health Information Act* (HIA) Regulations, the CPSA is mandated to prescribe the sharing of information from medical records to Alberta Netcare.

2.2 Current Strategic Plan

The CPSA's current strategic plan states: "We need to improve our relationship with the provincial government, other health care professions, physicians and the public. We must be more visible, more strategic and an integral partner in the design and implementation of health care policy."

Key themes:

- Team-based care is embedded in the health care delivery system.
- Data, information and measurement are accepted tools for managing the health care system and improving quality.
- The CPSA works with partner organizations to develop a quality-focused view of the health care delivery

Key strategies:

- Ensure that physicians are competent throughout their careers.
- Contribute to a high-level health system view and to leadership in designing and implementing new models of care.
- Ensure there is a deep and mutual understanding among all the players in health care of the CPSA's role and capacity.
- Participate with partner organizations in using evidence to bring about a culture change.
- Maintain a healthy organization and effective processes to support legislated mandate and the other strategies.

2.3 Informatics as a Physician Competency

The CPSA's Continuing Competence department is responsible to regularly assess the competence of regulated members and identify those who may require further assessment, practice changes and/or improvement through further education.

The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada are incorporating informatics into their competency frameworks for medical

practice. The CPSA could endorse this trend and formally make informatics competencies part of its registration and/or practice assessment processes, and provide guidance to members to assist them in meeting these new expectations.

2.4   Use of Prescribing Data

Prescribing data is obtained through the Triplicate Prescription Program (TPP), a partnership administered by the CPSA, which collects, monitors and analyses prescribing and dispensing data for listed drugs.

Within the Continuing Competence department, Physician Prescribing Practices (PPP) offers physicians educational materials, peer support and practice tools to improve individual prescribing as well as the overall quality of prescribing in Alberta. Prescribing interventions emphasize a quality improvement approach that involves collaboration between physicians, CPSA staff and others with expertise in prescribing practices.

These well-established programs will provide necessary regulatory support, which is integral to the functioning of the IEPR.

2.5   Standards of Practice and Advice to the Profession

The *CPSA Standards of Practice*, along with the *CPSA Code of Conduct* and the *Code of Ethics*, outline the minimum standards of professional behaviour and ethical conduct expected of all physicians registered in Alberta. Specific standards are supplemented with Advice to the Profession, which supports physicians in implementing the standards in their practice. Standards of practice are enforceable under the *Health Professions Act* and are referenced in complaints resolution and discipline hearings.

The standards are one mechanism by which the CPSA can, in time, mandate the use of electronic patient records in physician practice and integration with other systems, as appropriate. Complementing the standards with Advice to the Profession will support physicians in making full and meaningful use of EMRs to enhance patient care.

2.6   Transfer of 'Prescribed Information'

The CPSA has authority to direct physicians to transfer prescribed data from their EMRs to Alberta Netcare under HIA Regulations; to date it has not done so. Prior to any consideration to mandate a transfer of information, however, the following dependencies must be met:

- The technology to manage the exchange of information must be generally available and operationally sound.
- There must be clear standards which identify the data elements involved in the transfer.
- There must be clear standards which articulate the content of each data element.

3   The Environment

3.1   Integrated Electronic Patient Record

An [integrated electronic patient record](#) (IEPR) is the seamless integration of patient health information from a variety of sources in an electronic format, so the most up-to-date information is readily available to patients and their care teams, enabling the highest possible quality of care. As identified earlier, the CPSA has no position on which product(s) (or sets of integrated products) should be used to accomplish the goal of achieving an IEPR.

In the current environment for physicians, the integrated record is composed of the practice-based medical record (usually an EMR, but still some paper-based records), access to the centralized patient repositories in Alberta Netcare and, in some cases, access to a regional clinical information system (CIS).

Integration today relies on individual practitioners to access and consolidate information from these sources. The ability to link patient data between the systems is well established, as all of these systems utilize the patient Personal Health Number (PHN). The provider information associated with individual data is also well supported (e.g., ordering physician for diagnostic tests, prescribing physician / dispensing pharmacy for medications, etc.).

3.2   Successes to Date

EMR utilization: Many practices have an EMR and retain electronic patient records, but there is significant variability in record structure and content, and in the use and understanding of the advanced features and analytic capabilities of EMRs.

Alberta Netcare utilization and content: Use of Alberta Netcare is voluntary and varies from practice to practice, although most community-based practices and virtually all ambulatory and inpatient facilities have access. Pharmaceutical Information Network (PIN) data, lab results and diagnostic images and reports are the most popular of a growing list of resources accessible via Alberta Netcare.

However, at present Alberta Netcare provides little or no infrastructure to link data to identifiable conditions, orders or other subsets of the patient record (e.g., diagnostic tests related to a care plan, prescription related to a diagnosis, etc.). There is little to no information from community-based physician medical records.

Enterprise EMRs: eClinician, the shared EMR in use by Alberta Health Services, provides a working example of an integrated patient record where multiple clinics and medical practices use a single, common record.

In a shared EMR environment, data stewardship may be governed by multi-disciplinary committees and legal agreements, such as the current Information Sharing Framework (ISF). However, the professional obligations of individual physicians are not diminished by shared custody, or by an organization (in this case, AHS) acting as an information manager.

Different approaches and the commitment of individual physicians to accept their obligations while sharing control are required. It is critical to establish clear expectations which reflect and balance individual responsibilities and the shared custody of patient information.

The CPSA provided advice and direction on the development of the ISF between AHS and the Alberta Medical Association for the use of eClinician. The ISF is currently under review, with the intent of making any new or updated sharing agreement more flexible, transparent and scalable for all AHS-sponsored EMR and Clinical Information Systems (CIS) in the province.

Clinical Information Systems (and pCIS): The CIS solutions currently in use by AHS provide other working examples of an integrated patient record, in that multiple parties in an inpatient setting use a single patient record. There is significant integration of data from CISs into the data repositories in Alberta Netcare, flowing uni-directionally from the latter to the former. A request for proposal (RFP) to develop and implement a single provincial CIS (pCIS) was released by AHS in June 2016 which may, in time, replace current CIS systems.

3.3   Challenges to Integration

Integration and communication technology: The technology infrastructure to enable integration and communication between EMRs and Alberta Netcare is the least mature component of the IEPR. A technology standard has been developed and is currently being piloted in two practices with a single EMR vendor (which has a 10-12 per cent market share). Alberta Health and AHS appear to have no formal strategy to engage other EMR vendors or to expand the scope of information exchange. As a result, no community-based physicians are currently sharing information to Alberta Netcare.

Security, Privacy, Confidentiality: The capability to control access and disclosure of data in Alberta Netcare is limited to Global Person Level Masking (GPLM). This capability is seldom used, with little knowledge of its availability and structure by patients.

Practice Management Changes: Implicit in the CPSA vision is the expectation that at some future point every physician practising in Alberta will:

- use an EMR to document the care provided to patients, including history, diagnostic tests ordered or referenced, referrals and consultation reports, therapies ordered or prescribed, and any other medical information relevant to the patient's care;
- access and use relevant information in Alberta Netcare;
- allow the integration and communication of information between the EMR and Alberta Netcare, or practise in an environment supported by an IEPR;
- maintain the security, confidentiality and privacy standards required by the HIA and expected by patients; and
- assess care delivery, enable system management and process improvement, and facilitate research.

An integrated electronic patient record must be more than a consolidation of all records in a single location. Also required (but not yet in place) are:

- practice management standards that facilitate team-based care;

- reliable information exchange between providers with mutually-agreed responsibilities;
- common charting protocols and order sets; and
- care plans to coordinate and track progress.

Achieving this will require a common organizational and/or regulatory framework.

Governance: The systematic disclosure of information for primary (and approved secondary uses) of information requires an effective governance model. Consistent rules must apply to all professions and span organizational boundaries for all users of the integrated record to provide boundaries for appropriate use. There must be process and structure within the governance bodies to ensure an appropriate balance between the inherent loss of personal privacy and the public interest in health system delivery. A Health Information and Data Governance Committee (HIDGC) has just been appointed and will include CPSA and other physician representation.

3.4 Patient Experience

Having an IEPR means that information should flow with the patient between ambulatory care, acute care, primary care and specialist care; and also with pharmacy, home care and other allied health services.

- A patient should feel confident the appropriate medical history is available for review by the healthcare provider s/he is currently seeing. Patients should not have to repeat his/her health history at every point of contact, and can trust that the provider has reviewed or has access to health information relevant to the current health concern.
- A patient should feel confident certain information will be kept confidential if not relevant to the current health concern.
- Authorized healthcare providers should have role-based access (need-to-know basis) that enables the sharing of quality summary information and context-specific information.
- A patient (or proxy) should ultimately be able to access his/her own health information through the Personal Health Portal, supporting the patient's relationships with members of the care team and enabling patients to take an active role in their own health care.
- A patient should be able to contribute his/her health information online through a secure portal, where relevant.
- A patient's family physician will provide and direct his/her medical care; care is for the patient as a whole; care is coordinated, continuous and comprehensive with the patient having access to an interprofessional team.

4   Roadmap to an IEPR

4.1   Principles

- Focus on the interest of patients; patients need access to their medical information, and have rights in managing its use and disclosure.

- Provide advice and set standards of care/practice that reasonably support the journey of one patient, one record.
- Leverage existing data, systems and experience; change will occur in progressive steps, building on collective experience.
- Support the use of integrated electronic patient records to facilitate continuity of care, thereby improving quality and safety.
- Success will depend on the collaborative efforts of all stakeholder groups.

4.2   Critical Dependencies

- Full adoption of connected electronic patient records (i.e., EMRs, Enterprise EMRs, CISs or other electronic medical records systems) by all practising physicians.
- Development, maturity and general availability of the necessary technical infrastructure.
- Consistent and standardized charting protocols for interoperable data to support mandated sharing.
- Easily obtainable and uninterrupted access to Alberta Netcare for all physicians, wherever they practise in Alberta.
- Incorporation of health informatics (described in CanMeds 2015) as a required competency in relevant CPSA programs.
- A technical solution for bidirectional information exchange between Netcare and community EMRs.*
- Alignment of stakeholder priorities for system changes, regulatory processes, information sharing agreements and change management.*
- Engagement with EMR vendors to support EMR-Netcare integration, and data analytics to support physicians' Quality Improvement.*

*Not necessarily within the CPSA's scope; will require meaningful participation in the governance structure and stakeholder engagement.

4.3   The Four Themes

Theme A: Build and Align CPSA Resources and Programs

Theme B: Support Governance and the Development of Infrastructure

Theme C: Build Physician Engagement

Theme D: Enable and Empower Patients

These themes are described below. See Appendix 1 for a schedule demonstrating sequencing and dependencies.

Theme A: Build and Align CPSA Resources and Programs

Objective:

Informatics competencies and processes are embedded in all relevant CPSA programs and functions, with adequate resources and skills.

Milestone 1:   **CPSA resources and capacity**

- CPSA is structured and resourced to coordinate engagement in eHealth (ongoing)

Milestone 2:   **CPSA program alignment and support for eHealth**

- Registration – RIF content includes Netcare use (2017)
- Percentage of regulated members with Netcare IDs who have accessed Netcare is reported (2018)
- Triplicate Prescription Program –TPP registration includes Netcare ID, ongoing monitoring of triplicate prescribing/Netcare use (2018)
- CPSA analytics are enhanced with Netcare information (2019)

Theme: B. Support Governance and the Development of Infrastructure

Technical infrastructure and effective governance mechanisms are prerequisites for the information exchange necessary to support a well-used and functioning IEPR system. As most of this work will be beyond the scope of the CPSA, the CPSA must contribute as a stakeholder.

Objectives:

a. *Contribute to the governance of information management (see Appendix 2) via:*

  i. *Health Information Executive Committee*
  ii. *Health Information and Data Governance Committee*

b. *Engage in developmental committees and projects, for example:*

  i. *Continuity of Care Leaders Group*
  ii. *Information Sharing Framework Governance Committee*
  iii. *Drug Domain Steering Committee*
  iv. *Primary Health Care Information into Netcare*

c. *Chart a course to a realistic and cohesive plan that enables the sharing of patient data by community-based physicians to Netcare:*

  i. *Core EMR/Netcare sharing infrastructure*
  ii. *Prioritized data*

Milestone 1:   **Shared Health Record**

- Advocate with all governance bodies for the completion of Shared Health Record (SHR) infrastructure to enable EMR-Netcare data exchange (2016)
- Prescribe the sharing of encounter data to Netcare (pending SHR R1 deployment and compliance by major EMR vendors - 2018)

Milestone 2:   **Optimized Prescribing**

- Mandate the sharing of TPP data to Netcare (pending SHR / ePrescribe deployment and compliance by major EMR vendors - 2019)
- Mandate the sharing of prescription data to Netcare, medication reconciliation and interaction checking (pending SHR / ePrescribe deployment and compliance by major EMR vendors - 2020)
- Support the development and adoption of ePrescribing infrastructure (ongoing)

Milestone 3:   **Referral and Consultation Reports**

- Mandate the sharing of consultation reports (pending SHR report sharing deployment and compliance by major EMR vendors - 2018)

Milestone 4:   **Coordination of Care**

- In conjunction with other professional bodies, develop and publish standardized workflows to facilitate the management of shared information, the transfer of care and the continuity of care in a shared care or chronic disease care plan (2018)
- Mandate the sharing of shared care plans (dependency based - 2020)

Milestone 5:   **Participation in Governance Bodies**

- Employ meaningful CPSA representation on all major bodies/committees involved in the governance of electronic patient information systems and repositories (ongoing)
- Support the development of secondary use infrastructure that will enable physician practice quality improvement (ongoing)

Stakeholder Engagement: *Alberta Health & AHS*

- *ePrescribe*
- *SHR*
- *Primary Care Data in Alberta Netcare*

Work within eHealth governance committees to:

- *Establish effective EMR infrastructure strategy including EMR Vendor engagement and EMR to Netcare interfaces*
- *Prioritize data to be shared*

Measurement: *Physicians Sharing:*

- *Encounters*
- *Triplicate Prescriptions*
- *Prescriptions*
- *Referral & Consultation Reports*
- *Care Plans / Disease Management Plans*

Theme C: Build Physician Engagement

Objectives:

a. *All physicians use an electronic medical record system connected to Netcare.*
b. *All physicians make full use of the functionalities of their systems.*

Milestone 1:   **Use of an EMR for Patient Records**

- Advise physicians to plan for EMR adoption if they haven't already done so (2016)
- Develop and publish guidelines (advice) for physicians in support of charting sharable data elements, managing shared profiles (e.g., current medications), sensitive and/or unconfirmed data, non-compliance, etc. (2017)
- Require patient records to be in an electronic format suitable for sharing prescribed information as a standard of practice (2020)

Milestone 2:   **Physician Access to Netcare**

- Advise physicians to request Netcare access at all regular practice locations and remote access as needed (2016)
- Lobby Alberta Health for simplified Provincial Organizational Readiness Assessment (pORA) (2016)
- Publish advice on best practices for Netcare use, including when to access Netcare, practice management, managing errors and omissions, integrating Netcare data in a medical record (2017)
- Require Netcare use as a standard of practice (2020)

Milestone 3:   **Optimized Prescribing**

- Advise physicians to document in their patients' charts they have reviewed relevant historical prescription information in Netcare prior to prescribing:
  - any TPP medication (2017)
  - medications for patients at the transfer of care, or those in contemporaneous care or other situations where reconciliation of the medication profile is warranted (2017)
- Require use of the Pharmaceutical Information Network prior to prescribing a TPP medication as a standard of practice (2020)

Milestone 4:   **Develop EMR [Meaningful Use](#) [3] Criteria**

- Advise all physicians to evaluate their current practice management standards to ensure EMR value is optimized in their practice (2018)

Milestone 5:   **Data Analytics**

- Promote physician use of analytics for practice improvement (2019)
  - Meaningful use criteria
  - Disease management best practices
  - Prescribing practices

Stakeholder Engagement:

- *Engage with Alberta Health to facilitate / speed up the application process for access to Netcare (including relocations) and simplify access across multiple locations*
- *Work with Alberta Health, AHS and the AMA to facilitate EMR adoption for physicians not yet using electronic patient records*
- *Work with the Office of the Information and Privacy Commissioner (OIPC) and the AMA to facilitate the Privacy Impact Assessment (PIA) process*
- *Work with the AMA and EMR vendors to incorporate Meaningful Use scorecards as core EMR functions*

Measurement:

- *EMR adoption*
- *Use of Netcare*
- *Meaningful use*

Theme D: Enable and Empower Patients

Objectives:

a. *Patients have access to their information in Netcare, enabling them to be active partners in their health care and management of their health information.*
b. *Patients understand their rights regarding the sharing of information and are able to express their wishes.*

Milestone 1:   **Personal Health Portal**

- Support the development of the Personal Health Portal to enable patient access to their own health information (ongoing).
- Virtually all electronic health information repositories are accessible to patients via the Personal Health Portal (2020).

Milestone 2:   **Patient Rights and Use of Information**

- Develop advice for physicians to support patients in the management of their information in an integrated record, including express wishes,

---

[3] Not to be confused with the U.S. Meaningful Use Program – see the definition in Appendix 3

Global Person Level Masking, information correction (2017)

- Actively participate in the Health Information Data Governance Committee (ongoing) to ensure:
  - appropriate balance between patient privacy and care delivery and health system operations
  - effective communication to enable patients to be aware of their access to information, how their information is both protected and shared, and their rights in controlling and managing disclosure of their information

Stakeholder Engagement:	- *AH and AHS, to build and populate the patient portals* - *OIPC, to assist in setting security and confidentiality standards that are responsive to patients' needs* - *HIDGC, to actively govern the data use and protections*
Measurement:	- *Use of patient portal* - *Use of Global Person Level Masking*

5   Request for Council Endorsement

"Every patient in Alberta should have an integrated electronic patient record that is accessible by all healthcare providers involved in the patient's circle of care, and by the patient as well."

This is the position articulated and endorsed by CPSA Council, and the basis for developing this document. Given the clear and demonstrated benefits of electronic tools in facilitating the collection, sharing, monitoring and analysis of patient information, it could be argued that physicians have a moral and professional obligation to participate in the development and use of such systems.

With Council's endorsement of this document in whole or in part, the CPSA staff and the Medical Informatics Committee can move forward and develop specific business plans for operationalization.

Appendix 1 – Four Themes Schedule

Theme A: Build and Align CPSA Resources and Programs

Activity	2016	2017	2018	2019	2020
1. CPSA resources and capacity					
- CPSA is structured and resourced for eHealth	X	X	X	X	X
2. CPSA programs align with/support eHealth					
-Registration/RIF		X			
- report on physicians accessing Netcare			X		
- monitor use of PIN in TPP prescribing			X		
- CPSA analytics enhanced with Netcare				X	

Theme B: Governance & Infrastructure

Activity	2016	2017	2018	2019	2020
1. Shared Health Record					
- advocate for SHR infrastructure	X				
- prescribe sharing of encounter information			X		
2. Optimized Prescribing					
- support development of ePrescribing	X	X	X	X	X
- prescribe sharing of TPP data to Netcare				X	
- prescribe sharing of all Rx data to Netcare					X
3. Referral & Consult Reports					
- prescribe sharing of referrals and consult reports			X		
4. Coordination of Care					
- develop standardized workflows			X		
- prescribe sharing of shared care plans					X
5. Participation in governance					
- representation in all governance bodies	X	X	X	X	X
- support the development of secondary use infrastructure to enable physician practice quality improvement	X	X	X	X	X

Theme C: Build Physician Engagement

Activity	2016	2017	2018	2019	2020
1. Use of an electronic patient record					
- advise physicians to plan for adoption of EMRs	X				
- publish guidelines (advice) for physicians		X			
- require all medical records to be in electronic format suitable for sharing as a standard of practice					X
2. Physician access to Netcare					
- advise all physicians to request Netcare access	X				
- lobby for simplified pORA	X	X			
- publish best practices for use of Netcare		X			
- require Netcare use as a standard of practice					X
3. Optimized Prescribing					
- advise physicians to document review of PIN before prescribing TPP meds or for medication reconciliations		X			
- require review of PIN before prescribing TPP meds as a standard of practice					X
4. Meaningful use					
- advise physicians to make full use of their EMR capabilities			X		
5. Data Analytics					
- promote physician use of data analytics for practice improvement				X	

Theme D: Enable and Empower Patients

Activity	2016	2017	2018	2019	2020
1. Personal Health Portal					
- support the development of a PHP	X	X	X	X	
- virtually all patient health information is accessible via PHP					X
2. Patient Rights and Use of Information					
-develop advice for physicians to support patients' rights		X			
- actively participate in HIDGC	X	X	X	X	X

Appendix 2 - Definitions

Integrated Electronic Patient Record (IEPR)

A seamless integration of patient health information in an electronic format so the most up-to-date information is readily available to patients and their care teams, enabling the highest quality of care possible.

CPSA defines an integrated electronic patient record as being more than a consolidation of all records in a single location or system, or of just having access to multiple systems. Ideally, an integrated record would also include:

- practice management standards that facilitate team-based care

- reliable information exchange between providers with mutually-agreed responsibilities and the authority to act on that information

- common charting protocols and order sets, and care plans to coordinate and track progress

- appropriate secondary use of individual health information to facilitate quality improvement

Meaningful Use (of EMRs):

EMR use itself is not the goal; the goal is better patient care, facilitated by better information management, the sharing of information and quality improvement which is enabled by the advanced features of an EMR.

Meaningful use of EMRs is when the advanced functionality of EMRs are fully utilized to enhance practice, improve patient care and support evidence based decision making:

- Medical records are capable of interoperability and structured information exchange.
- Uniform, standardized content in all medical records for any data that needs to be inter-operable and fit for sharing, including discrete/textual data, semantics, coding, level of detail, etc.
- charting protocols and data structures for dealing with sensitive information, unconfirmed or suspected diagnoses, non-compliance, differing clinical opinions, relevant non-clinical or situational data such as behavioural information and cultural bias, private "thought data" and mental notes, etc.
- data analytics are integrated in the medical record to support quality improvement, practice reflection and physician understanding of their patient population

Appendix 3 - Governance Model

EMR:

The support structure for EMR adoption and EMR vendor engagement was terminated in March 2015 (Physician Office System Program, or POSP). EMRs will be the de facto patient records for physicians for many, many years to come, yet no governance or support structure exists.

Alberta Netcare:

Health Information Data Governance Committee (HIDGC)

- Announced but not convened as of July 2016.
- Provides strategic advice to the Minister and HIEC towards ensuring that health information and data is protected and that health information is effectively used to support patient care, health system management, research, and evidence-based quality improvement and program planning and promoting the sharing of health information outside the health sector where necessary for client service delivery through government's social programs.
    - o Chair – AH Deputy Minister
    - o CPSA representation - Registrar (Dr. Trevor Theman) and one other physician jointly appointed with the AMA

Health Information Executive Committee (HIEC)

- Provides strategic leadership and is accountable for the EHR and intergovernmental e-health initiatives.
    - o Chair - Alberta Health Deputy Minister
    - o CPSA representation - Registrar (Dr. Trevor Theman)

Management & Operational Committees Supporting HIEC

- Advisory committees:
    - o Consumer Health Leaders Group
        - Oversees the development and implementation of the Consumer Health Strategy that aims to enhance self-advocacy, wellness and personal engagement of Albertans with the Health System.
        - Chair – jointly by AH CIO (Kim Wieringa) and AHS CIO (Penny Rae)
        - CPSA representation – appointed resource (David Kay)
    - o Continuity of Care Leaders Group
        - Provides operational and in-flight oversight to ensure alignment to outcomes with a particular focus on clinical standardization impacts and workflow, privacy and security implications through the continuum of care.
        - Chair – Kim Wieringa
        - CPSA representation - appointed resource (John Swiniarski)
    - o Health Information, Analytics & Technology – There are multiple committees (both in place and proposed) providing policy development and standards, as well as oversight on the data governance and technical architecture. Collectively their mandate is to provide

health policy and data governance to ensure that analytics capabilities, data standards, secondary use of data for research and quality improvement are aligned with health system requirements and health information legislation

- Portfolio Management Committee (PMC)
    o Sets direction, manages and monitors the joint Alberta Health and AHS Health System IMIT Portfolio. The mandate is to ensure it is delivering the capabilities required to create and sustain business value and achieve the desired health system outcomes. While this committee has a dotted-line support role for HIEC, the committee formally reports upward to AH and AHS executive, and also has operational and financial oversight for individual Project and Program Steering Committees
    o Chair - jointly by AH CIO (Kim Wieringa) and AHS CIO (Penny Rae)
    o CPSA representation – <u>None</u>
    o Other organized medicine representation – none

CIS:

<u>IM/IT Executive Committee</u>

- Prioritize initiative proposals submitted with preliminary analysis by subcommittees, including larger investments and those with cross-business area and cross-portfolio impact. Prioritize based on strategic alignment, considering input of several advisory committees. Approve investments within its annual budget. Submit larger initiative proposals to Executive Leadership Team. Strike ad hoc Steering Committees for larger initiatives that involve significant risk or cross business areas or portfolios.
    o Chair – AHS
    o CPSA representation – None

Appendix 4 - Background

At its March 2016 meeting, CPSA Council responded favourably to the recommendations of the Medical Informatics Committee (MIC) to advance physicians' transition to an integrated patient record:

> *"… Council considered the role it could play, including encouraging physicians to access Netcare, sharing (pushing) data to the EHR, and the value of having physicians use electronic tools such as an EMR. Council directed MIC to come back with specific proposals to help advance those initiatives".[4]*

The following are the recommendations considered by Council:

Rather than simply mandating the use of an EMR, a more appropriate approach might be to mandate processes and outcomes that require the use of modern electronic tools, with the ultimate objective of full physician participation. This could include:

1. ***Incorporate information management and health informatics competencies into the Continuing Competence / Practice Review program:***

    o *Exhibit professional behaviour in the use of technology enabled communication.*
    o *Use the advanced features of an EMR to enhance the quality of care provided to patients.*
    o *Use the advanced features of an EMR to analyse and manage the health of the practice's patient population.*
    o *Use the advanced features of an EMR to assess and improve practice management systems of patient care.*

2. ***Incorporate Alberta Netcare (PIN) use into the Triplicate Prescription Program by requiring prescribers to:***

    o *Augment the medical record with relevant information from Alberta Netcare to promote quality of care and continuity of care.*
    o *Document in the patient record that PIN/Netcare was reviewed prior to prescribing a TPP medication.*

3. ***Integrate expectations for the use of electronic patient records in the CPSA Standards of Practice and Advice to the Profession:***

    o *See Patient Record Content and Patient Record Retention standards of practice, reissued by Council effective January 2016*
    o *Exercise the CPSA mandate under the Health Information Regulation to prescribe the sharing of information to Netcare:*
        ▪ *define data elements that must be shared*
        ▪ *identify exceptions where the systematic sharing of data may not be appropriate.*

---

[4] March Council Highlights http://www.cpsa.ca/your-council-at-work-march-council-highlights/

- Consider developing advice on: charting protocols and data structures for dealing with sensitive information; unconfirmed or suspected diagnoses; non-compliance; differing clinical opinions; relevant non-clinical or situational data, such as behavioural information and cultural bias; private "thought data" and mental notes, etc.

4. Integrate MIC expertise into relevant CPSA functional areas:

- Continuing Competence / Practice Review
- Policy (standards of practice, advice to the profession)

5. Re-establish CPSA as an active and valued stakeholder in eHealth governance:

- Develop a resource strategy for engagement in eHealth governance.
- Promote a more thoughtful prioritization of information sharing and work with other key stakeholders to establish the necessary technical and process infrastructure to support an integrated electronic patient record.
- In appropriate eHealth forums, address the lack of change management support for practices needing to transition to EMRs capable of information sharing.
- Articulate professional expectations (including other allied professions) for a standardized workflow that facilitates coordination in the transfer of care, management of shared information, tracking and updating of care plans and management of alerts and warnings.