APRIL 4-6, 2023 | First Nations Health & Wellness Summit

Pan-Provincial Electronic Medical Record

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Sharing wise, community-driven practices for wholistic wellness

Agenda

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- **eHealth at FNHA**
  - Who we are & what we do
- **About the Pan Provincial EMR**
  - Why an EMR?
  - Why MOIS?
- **EMR Project**
  - Scope
  - Implementation Approach
  - Partnership Approach
  - Project Timeline Per Roll Out
  - Success Factors for Implementation
- **Questions & Answers**

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FNHA eHealth Team

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- eHealth is part of First Nations Health Benefits and Services.
- We support adoption of Electronic Medical Records (EMR) and Telehealth technologies to enable primary care for First Nations across the province.
- Our eHealth teams support the following areas:
  - Clinical Adoption
  - Planning and Development
  - Project Management
  - Operational Support

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The Challenge

- Multiple disparate EMR systems + paper in each community
- Inconsistent access to client health information across the care team
- Inadequate access to provincial and regional clinical information systems

Resulting in:

- Risk of compromised quality of care and decreased health outcomes
- Resource burdens and operational inefficiencies for staff and providers
- Clients repeating clinical and demographic information
- Inability to aggregate and or use information for planning and decision making

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The FNHA Pan-Provincial EMR Vision

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Our EMR Vision:

- One chart per client
- Client records shared among relevant providers
- Providers can access the client chart in community or virtually
- Access to health information is monitored and auditable
- Supports clinical standardization
- Consent-based

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Why MOIS EMR?

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MOIS is provided by Bright Health, a BC based, not-for-profit society:

- Significant EMR implementation base in BC
- All-included license price, no additional fees for other modules
- MOIS interoperability and functionality is comparable with other EMR solutions
- FNHA's solution partner for VDOD/VSUP and Kucén, FNHA's new Medical Transportation Information System

"Health information at the tips of your fingers!"

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FNHA Pan-Provincial EMR Features

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MOIS Features Include:

- Secure access to client information from anywhere
- Quick registration
- Scheduling (private and shared daybooks)
- Waitlist, resource, and group booking options
- Integrated care plans
- Custom and standard forms, letters, and templates
- Notification and alerts recalls, reminders, and other important information
- Incorporates First Nation specific information
- Flexible user permission options to match community and provider needs
- Client health maintenance screening reviews

"Auto-populating forms makes tasks so much more efficient!"

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FNHA Pan-Provincial EMR Interoperability

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"Messaging and tasks make it easy to collaborate with my team."

Using the Pan Provincial EMR as standard for FNPCIs:

- Messaging and coordination of care within the circle of care.
- Secure faxing to allow referral directly from the patient chart
- Providers can receive and download lab results through Excelleris
- Access to CareConnect and PharmaNet from MOIS.
- Secure sharing of clinical documents between supporting EMRs through Clinical Data eXchange CDX standard
- Consistent reporting across data sets through leveraging standards

Pan-Provincial EMR Project Scope

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- Prioritized programs and service include:
  - FNPCI sites and staff
  - FNPCI supporting programs and services
  - FNPCI participating and supporting First Nations communities
  - FNHA Virtual Services (vDOD and vSUPS)
  - Other approved First Nation community sites

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Partnership Approach

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FHNA provides:

A. Manage licenses, software, training, and support for Users and Champions

B. Privacy & Security education and training for the appropriate use of EMR

C. On-site training for implementation and on-going refresher training as required

D. Configure system and security roles to meet FNHSO/FNPCC access & workflow requirements

E. Support collection of explicit consent from clients

F. Vendor management and EMR product development

FNHA will also support communities in implementing the following:

1. A clinic-based Champion (decision maker) is assigned to work with the team and support adoption in the clinic
2. A Privacy Lead is designated and trained to respond to breaches or other privacy-related issues
3. Staff complete Privacy & Security Training and sign 'Confidentiality and Acceptable Use Agreement'
4. Clinic Network Security is up to date with encryption and strong passwords
5. Computers are free of viruses and up to date with security patches, anti-virus and malware software
6. Staff to use Multi-Factor Authentication to access EMR
7. A resource is assigned to review audit logs and ensure ongoing appropriate use of EMR

Typical Implementation Timeline

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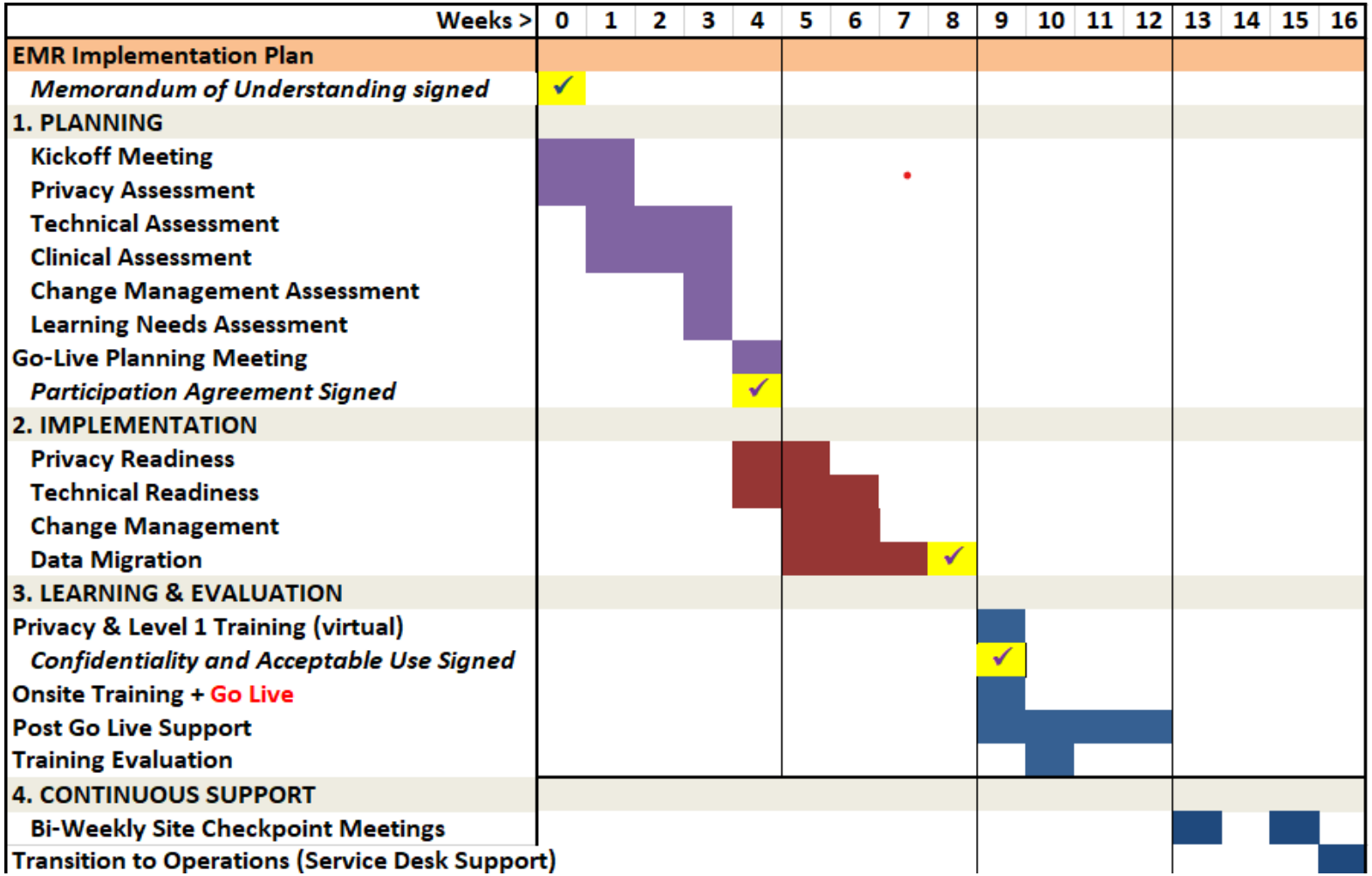

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Success Factors for EMR Implementation

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Based on Our Early Learnings:

1. Primary Care centre legal structure and provider relationships must be established
2. Need commitment from FNPCC providers to chart in FNHA EMR
3. Client express consent required for storage and specified uses of personal health information
4. EMR implementation should be aligned to clinical practice patterns and workflows
5. Need to consider existing arrangements with EMRs in community e.g. Regional HA EMR use in community by some providers.

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Questions & Answers

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EMR Implementation Approach

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1. Engagement *(timeline varies)*

Demonstration, Commitment to Assess Opportunity -> *Memorandum of Understanding*

2. Assessment & Planning *(4-5 weeks)*

Assess Requirements & Plan Deployment Timeline -> *Participation Agreement*

3. Development & Implementation *(4-5 weeks)*

Privacy Readiness, System Configuration, Data Migration, Laptop Installation, Learning plan, Change Management Plan, etc.

4. Learning & Evaluation *(4-5 weeks)*

Customized Learning Program -> *Terms of Use*

5. Continuous Support *(4-5 weeks)*

GO LIVE - On-Going Technical and Training Support, Release Testing and Issue Resolution

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BC's Health Information Exchange

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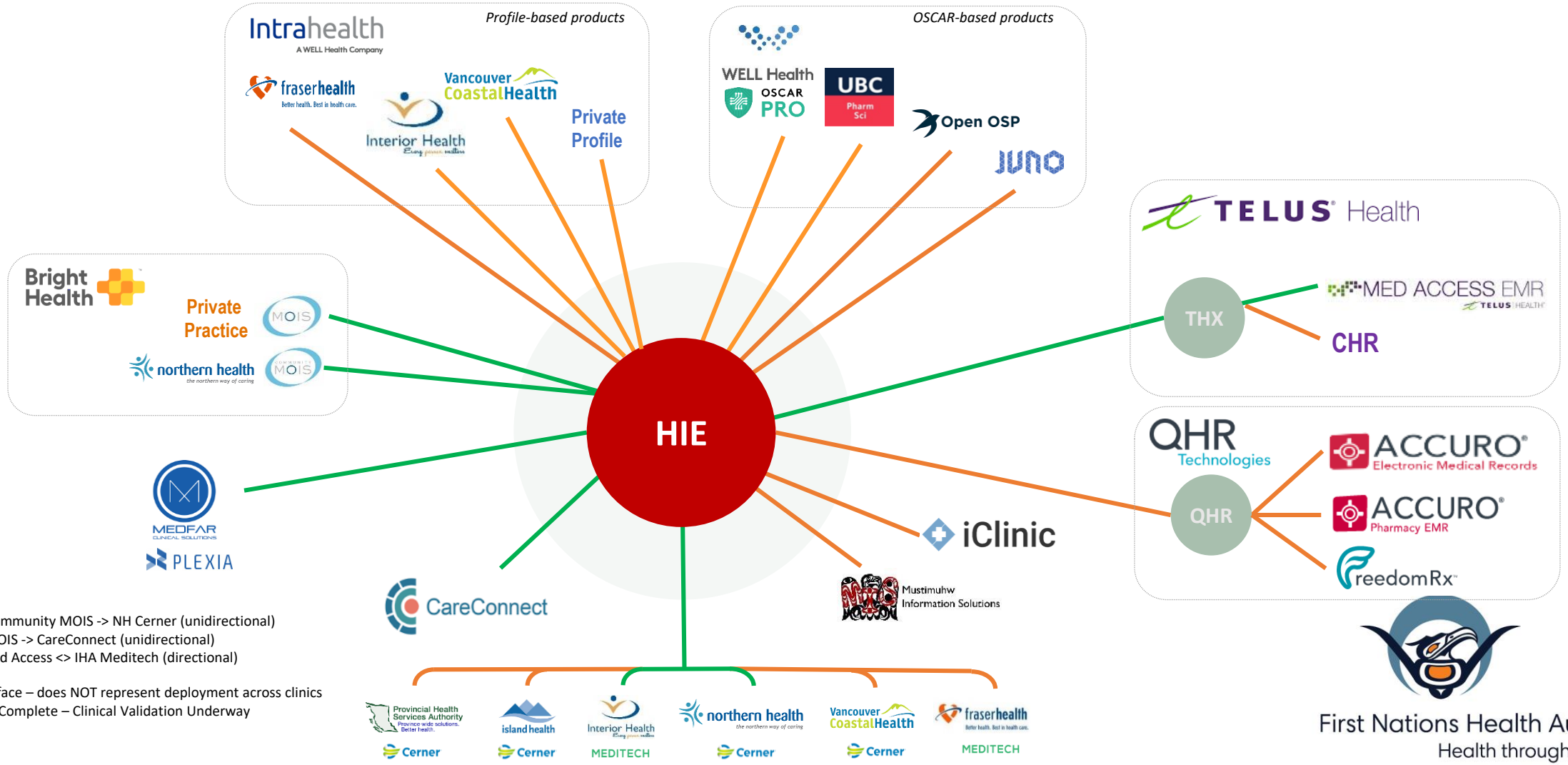

Notes:
Bright Health Community MOIS -> NH Cerner (unidirectional)
Bright Health MOIS -> CareConnect (unidirectional)
Telus Health Med Access <> IHA Meditech (directional)

- Live Interface – does NOT represent deployment across clinics
- Interface Complete – Clinical Validation Underway
- Plan tbc

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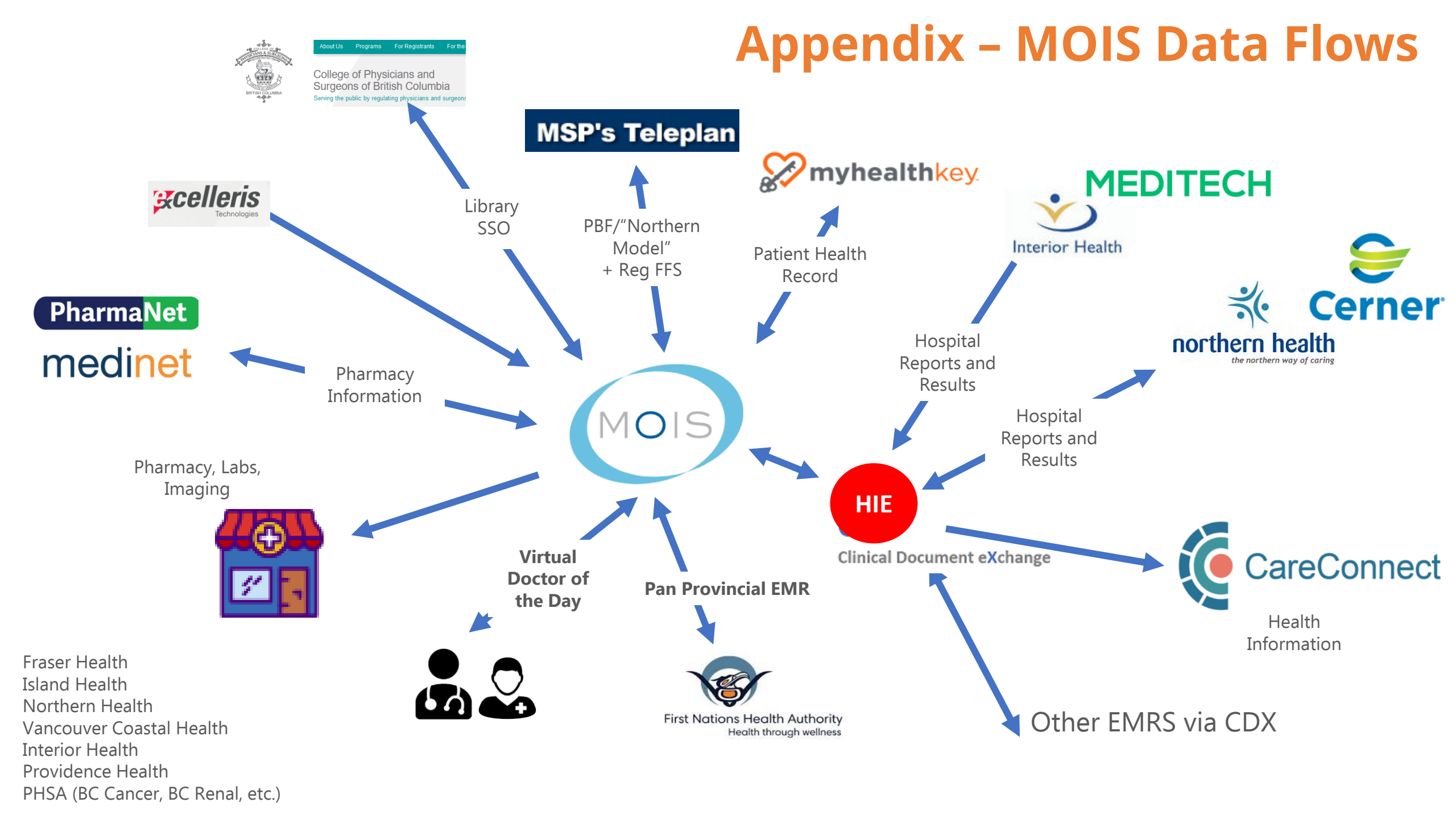
Appendix – MOIS Data Flows



Fraser Health
Island Health
Northern Health
Vancouver Coastal Health
Interior Health
Providence Health
PHSA (BC Cancer, BC Renal, etc.)