

OVERVIEW - NEW ALTERNATIVE SPECIALIST FUNDING PROGRAM FOR EMR ADOPTION

- The Government and the BCMA established PITO under the 2007 Physician Master Agreement with a primary purpose of promoting “the use by all physicians in British Columbia of an EMR as their principle method of record keeping for the patient/clinical record”.
- A new funding program has been developed that recognizes the variation in requirements between different practice types (e.g. surgeons, medical consultants, paediatricians, psychiatrists, ophthalmologists) and patient care settings (e.g. private office, hospital-based ambulatory clinics).
- The new Alternative Specialist Funding Program (ASFP) focuses on enabling clinical goals rather than reimbursement of direct expenditures for EMR implementation. It offsets the physicians’ costs through funding for specialists adopting solutions that support increasing clinical goals under the following broad principles:
 - Funding will escalate in tiers based on enabling incremental clinical goals, measured through “Meaningful Use Criteria” that are tied to positive health system impact
 - Specialists may select the EMR and associated technology of their choice, and will assume the related responsibilities for ensuring required functionality, service levels, pricing, licensing arrangements, privacy and security, interoperability, Health Canada Device licensing, etc.
 - There will be no procurement process or contractual arrangement between the Province or PITO and vendors for the provision of such systems – the relationship is strictly between the physician and their vendor
 - Privacy and security best practices remain a cornerstone of the program, with more responsibility directly with the physician in choosing and maintaining their EMR
- Through the PITO Program, specialist physicians may choose to participate in either the existing “Complete EMR Offering” program or the Alternative Specialist Funding Program. If a specialist physician chooses to switch between funding programs, the physician will be eligible for funding under the program they change to, but the funding level will not exceed what would have been received under either individual program.
- All EMRs must be provided through an ASP model pursuant to the Physician Master Agreement.
- Physicians will sign a Declaration of Meaningful Use to certify that they are using an EMR solution that enables the clinical goals associated with a particular level of Meaningful Use. Their funding will be effective from the date of Declaration. There will be a validation of the Declaration during the Post-Implementation Review meeting to satisfy audit and accountability requirements.
- The details of the Meaningful Use Levels will be validated with specialist groups during August/September. A summary of the levels is provided overleaf for initial reference.
- The ASFP is available to physicians certified in one of the specialties recognized by the Royal College, or GPs under certain circumstances providing specialized care.
- The new program will be operational in September. Physicians who have not already applied for PITO support can do so anytime at www.pito.bc.ca and applications will be processed in September. For physicians who achieve one of the levels of Meaningful Use prior to September, the Declaration of Meaningful Use and funding can be retroactive as far back as April 1st, 2010.

The ASFP program will be available in September. All details will be posted in September at:
<http://www.pito.bc.ca/cms/programs/specialists>.

DRAFT SUMMARY of Meaningful Use Criteria Model for Specialist EMR Adoption (2010/07/23)

Level	DRAFT Meaningful Use Criteria		
	Clinical Goals	Functional Enablers	Interoperability Enablers
0		<p><u>Paper-based Practice:</u></p> <ul style="list-style-type: none"> The Physician does not use a computer for daily clinical activities. May have billing and scheduling in standalone system. 	<ul style="list-style-type: none"> None
1		<p><u>Basic Automation (no EMR):</u></p> <ul style="list-style-type: none"> Some clinical documentation is created and stored electronically in a file system (e.g. consult notes stored as word processing files, scanned documents) but no EMR software 	<ul style="list-style-type: none"> None
2	<ul style="list-style-type: none"> Basic office efficiency Support access to care through scheduling and waitlist mgmt 	<p><u>Document Management in EMR:</u></p> <ul style="list-style-type: none"> All incoming clinical documentation (e.g. lab reports, referral letters) and consult notes are entered/stored in the EMR system. Faxes can be sent and received seamlessly in the EMR 	<ul style="list-style-type: none"> EMR accessible from clinic, hospital, and home e-Faxing (multiple CCs)
3	<ul style="list-style-type: none"> Minimize adverse medication events Avoid duplicate diagnostic testing 	<p><u>Primarily Paperless Practice</u></p> <ul style="list-style-type: none"> Most or all clinical documentation <i>created</i> by or <i>sent</i> to the physician is stored in the EMR, and most outgoing requisitions and forms are <i>created in</i> the EMR. Shift from document management to structured data. The physician accesses PharmaNet (and in future PLIS) to view historical data and medication profile and uses EMR for prescribing 	<ul style="list-style-type: none"> Lab and other reports delivered electronically to the EMR from hospitals and private labs (<i>where available</i>) Medication profile from PharmaNet <i>PLIS lab Hx will be added when available</i>
4	<ul style="list-style-type: none"> Continuity of care (referrals) Enhanced EMR enablers 	<p><u>Fully Electronic Practice:</u></p> <ul style="list-style-type: none"> Receives referral and imports data sent by the GP. Enters new data (e.g. new diagnoses and allergies) and returns consult electronically with new data. Templates where appropriate. 	<ul style="list-style-type: none"> <i>eMS-style eReferral with data import/export</i> <i>Device integration (where relevant)</i>
5	<ul style="list-style-type: none"> Community-wide shared care / CDM 	<p><u>Fully Integrated Practice</u></p> <ul style="list-style-type: none"> EMRs can support shared care across providers, including shared care plans and progress tracking, typically focused on CDM 	<ul style="list-style-type: none"> <i>Shared care plans, tracking, patient portals</i>

NOTES: A physician must achieve all elements of a given level to be funded at that level. A physician must remain fully at a given level to continue receiving funding at that level. Requirements may be expanded in future, following a period of notification (e.g. ePrescribing interface to PharmaNet).

Funding Levels:

The levels referred to below relate to the achievement of all criteria of that level under the Meaningful Use model for Specialists.

- Level 1 – No funding provided
- Level 2 - \$150 per month (ongoing)
- Level 3 - \$5,000 one-time achievement payment plus \$250 per month (ongoing)
- Level 4 – To be determined in future
- Level 5 – To be determined in future