

Physician EMR Acceptance

According to your contract with your PITO-Qualified EMR vendor:

“Upon completion of the implementation of the EMR Solution by the Service Provider, the Service Provider will obtain Acceptance from the Eligible Physician(s), which Acceptance the Eligible Physicians will not unreasonably withhold.”

Acceptance is defined in your contract as:

“...the acceptance in writing by the Eligible Physician that the EMR Solution is available for use in a clinical setting in accordance with the terms of the Service Provider-Physician Agreement.”

The EMR Solution is defined to include the EMR Application, the hosting of that application and the data, and the interfaces which include MSP billing, CDM Toolkit and may include lab results.

Acceptance is an important step and a key indicator according to the provisions of your contract with your vendor. It is very important to confirm that the EMR Solution is available for use in a clinical setting pursuant to your contract prior to providing Acceptance, while at the same time not unreasonably withholding that Acceptance (as per the definitions above). The vendor may request Acceptance anytime after the vendor has properly installed and configured the software so that it is ready for your use.

Upon Acceptance, the Vendor will provide you with an invoice. You should obtain and complete the “PITO Reimbursement Form” (available at www.pito.bc.ca/Documents under “Key Forms”) based on the information in the vendor invoice and receipts for other eligible expenses such as hardware.

The following should be submitted to PITO to initiate reimbursement (which should occur before your vendor fees are due provided that you submit the following right away):

1. This Physician Acceptance form
2. Vendor invoice and any other eligible expense receipts
3. PITO Reimbursement Form

If you have any questions concerning Acceptance that your vendor cannot address, please contact your PITO Local Relationship Manager for further information.

A sample checklist for Acceptance is provided in this document.

Physician Acceptance Quick Reference Guide

The following is provided as a sample list of the types of requirements that are stipulated by the vendor contracts to be included in your EMR Solution. Your contract may have additional and/or some different items.

- All functionality specified by the PITO requirements has been delivered and is functional
- All templates specified by the PITO requirements have been delivered and are functional
- Testing of the specified interfaces is complete (e.g. Excelleris, MSP billing)
- The import of the patient demographics, if available from a previous system, has been tested
- Business Continuity Copy is configured and available
- Reference databases (Physician Database, Medications, etc.) are installed and configured
- Billing codes have been configured correctly
- All user accounts and roles-based access have been set up correctly

IMPORTANT: Please note that the EMR Solution, as defined by the contracts, does not include other additional or customized requirements or components over and above the PITO-Qualified solution which you may have purchased from your EMR vendor (e.g. additional interfaces, custom templates/forms, and additional data conversion). Separate from this Acceptance of the PITO-Qualified EMR Solution, it is important that you also ensure that these additional items are delivered correctly and in time for when you need them.

Physician EMR Acceptance

Clinic Name: _____

Clinic Contact: _____

Is the EMR Solution “*available for use in a clinical setting in accordance with the terms of [your EMR Vendor]-Physician Agreement*”?

Y N

If no, what conditions must be met by your vendor prior to providing Acceptance?

-
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Please fax or email a copy of this list to your vendor to indicate conditions that must be resolved prior to Acceptance and skip the next section until they are resolved.

Physician Acceptance¹ Sign-Off *(each physician must indicate Acceptance)*

If yes, do any issues remain that are currently being addressed by your vendor?
(i.e. items that are required according to your contract but are not preventing your implementation and use of the EMR at this time)

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Signature: _____

Date: _____
month/day/year

Name: Dr. _____

¹ “...the acceptance in writing by the Eligible Physician that the EMR Solution is available for use in a clinical setting in accordance with the terms of the Service Provider-Physician Agreement.”

Additional Acceptance Signatures *(use if a group practice)*

Signature: _____

Date: _____
month/day/year

Name: Dr. _____

MSP#: _____

Signature: _____

Date: _____
month/day/year

Name: Dr. _____

MSP#: _____

Signature: _____

Date: _____
month/day/year

Name: Dr. _____

MSP#: _____

Signature: _____

Date: _____
month/day/year

Name: Dr. _____

MSP#: _____

Signature: _____

Date: _____
month/day/year

Name: Dr. _____

MSP#: _____

Signature: _____

Date: _____
month/day/year

Name: Dr. _____

MSP#: _____

Signature: _____

Date: _____
month/day/year

Name: Dr. _____

MSP#: _____