

Alternative Specialist Funding Program Declaration of Meaningful Use

The Alternative Specialist Funding Program provides funding to Specialist physicians based on their Meaningful Use of an EMR as it relates to benefits to the physician, the patient, and the health care system. In order to receive funding, you must complete the following.

Declaration Process

The Declaration Process involves:

- Completion and signing of this **Declaration of Meaningful Use** after implementation of an ASP-hosted EMR, where you declare the highest level that you have fully achieved and consistently maintain.
- Participation in an in-person **Post-Implementation Review** meeting with a PITO representative to demonstrate your use of your EMR, discuss lessons learned from your implementation experience, and discuss how PITO may be able to assist you in achieving greater value from your EMR.

Note: funding will be retroactive to the date of this Declaration, regardless of when the in-person meeting occurs.

Other Requirements

In addition, the following are also required for funding:

- Completion and signing of the **BCMA PITO Registration Agreement**
- Review of the **PITO Policies** and **PITO Privacy Guide**, with special reference to the Appendix B – “Suggested Contractual Privacy Terms for Consideration when Negotiating a Contract with your EMR Vendor”
- Completion of the **CMA Privacy Wizard**
- Completion and signing **PITO Privacy and Security Checklist**

All documentation is available on the PITO website (www.pito.bc.ca) or from your Local Relationship Manager.

Instructions

Prior to completing the Declaration below, please ensure you have applied to the PITO program for funding. Applications are made through our website at www.pito.bc.ca by clicking the “Apply Now” button.

After completing the Declaration below, please sign and return all pages to PITO by either:

- Email: Attn ASFP Declaration, asfadmin@pito.bc.ca
- Fax: Attn ASFP Declaration, (604) 638-2949

Declaration of Meaningful Use Levels 1 and 2

Instructions

- All questions must be completed “Yes” or “N/A” in order to be eligible for funding.
- All of the following questions relate to information on patients seen in your office-based practice, and does not include hospital patients.

Level 1 Criteria – Basic Automation	Yes	n/a
1. As part of your regular practice, do you schedule all (noting special exceptions below) of your private practice patients in your EMR? a. Note any special exceptions. _____	<input type="checkbox"/>	
2. Do you create and submit your billings to MSP electronically from your EMR?	<input type="checkbox"/>	
Level 2 Criteria – Document Management in an EMR	Yes	n/a
3. Has your practice implemented an Electronic Medical Record (EMR) hosted on an ASP basis (remotely hosted and maintained) by your EMR vendor? a. Note any barriers to accessing your EMR from locations outside of your clinic (i.e. hospital, home): _____	<input type="checkbox"/>	
4. As part of your regular practice, do you enter all (noting special exceptions below) of your consult letters into your EMR? a. Note any special exceptions. _____	<input type="checkbox"/>	
5. As part of your regular practice, do you import all (noting special exceptions below) of your regular incoming patient information not received electronically (ie: faxes and scanned letters of referrals, non-interfaced lab results, DI reports) into your EMR, attach to the patients’ chart, and subsequently review them in your EMR? a. Note any special exceptions. _____	<input type="checkbox"/>	
6. As part of your regular practice, do you send all (noting special exceptions below) faxes through your EMR and retain an audit trail that confirms that faxes were actually delivered? a. Note any special exceptions. _____	<input type="checkbox"/>	
7. Upon receipt of or after triaging a referral, do you automatically schedule an appointment for the patient in your EMR? a. If not, do you use the waitlist functionality in your EMR to manage this appointment? _____	<input type="checkbox"/>	
<i>The following question applies to Surgical Specialties only</i>		
8. For Surgical Specialists, if you manage a surgical waitlist , do you manage your waitlist in your EMR? a. If yes, describe your triage and priority process? If n/a, please explain. _____	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered either “Yes” or “N/A” to all the above questions, you are eligible for Level 2 funding.

Declaration of Meaningful Use Level 3

Instructions

- All questions must be completed “Yes” or “N/A” in order to be eligible for funding.
- In order to receive funding at Level 3, the physician must also complete the requirements for Level 1 and 2.

Level 3 Criteria – Primarily Paperless Practice	Yes	n/a
<p>9. If you maintain follow-up/progress notes separately from your consult letters, as part of your regular practice, do you record all (noting special exceptions below) of them in your EMR?</p> <p style="margin-left: 20px;">a. Note any special exceptions. If n/a, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. As relevant to your clinical need and geographic area, have you activated the following electronic interfaces and subsequently review the results in your EMR:</p> <ul style="list-style-type: none"> a. Excelleris (formerly PathNet) b. Medinet c. Interior Health: Labs, Radiology, Hospital Reports d. Northern Health: Labs <p>Note any other electronic interfaces you have activated.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>11. Of the requisitions and forms noted below that you frequently use in your practice, do you prepare them in an electronic format in your EMR, and either print for the patient or send then directly to the relevant facility (i.e.: fax)?</p> <ul style="list-style-type: none"> a. Lab b. X-Ray c. CT d. MRI e. Ultrasound f. Cardio Diagnostics (i.e.: Stress test, Holter, EKG, Echocardiograms) g. PharmaCare Special Authority Forms h. Other (please specify): <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> <p>Note any barriers beyond your control to achieving the above.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>12. As part of your regular practice, do you record all (noting special exceptions below) other diagnostic requisitions and outbound referrals in your EMR?</p> <p style="margin-left: 20px;">a. Note any special exceptions.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/>	
<p>13. If you prescribe medications to patients as part of your regular practice, do you enter all of your prescriptions (noting special exceptions below other than controlled medications) in the EMR in a structured format using a BC-compatible medication formulary (e.g. First Data Bank used by PharmaNet) and print them for the patient?</p> <p style="margin-left: 20px;">a. Note any special exceptions. If n/a, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. In clinically relevant circumstances, do you utilize the capability within your EMR to view a patient’s medication list from Pharmanet (either directly integrated into the EMR or by linking directly to a third-party service)? <i>Note: Direct integration will be required in 2011.</i></p> <p style="margin-left: 20px;">a. If n/a, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level 3 continued over page

