

PITO Policies

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The PITO Policies are provided as a reference for physicians and are incorporated by reference in the PITO Registration Agreement between the physician and the Province.

The Physician Information Technology Office (PITO) was created as a result of the Physician Master Agreement (Appendix H) between the British Columbia Medical Association (BCMA) and the Ministry of Health (MoH). PITO provides implementation support and funding to assist physicians implementing Electronic Medical Records (EMRs) and other information technology in their medical practices. PITO is governed by a steering committee comprising three practising physicians appointed by the BCMA and three representatives appointed by the Ministry of Health.

The PITO Policies have been created to support the mission and goals of the PITO program. In particular, they are designed to support the following:

- Effective use of EMRs to support clinical practice
- Supporting privacy and security in the interests of confidentiality of personal patient information
- Readiness for current and future interoperability with regional and provincial eHealth systems
- Responsible allocation of PITO funds

The PITO Policies Document is a compendium of the PITO policies related to adoption and use of EMRs and associated technology through the PITO program. The PITO policies are in keeping with Appendix H of the Physician Master Agreement (previously Appendix C of the 2006 Agreement). The PITO Policies and any modifications to them are approved by the PITO Steering Committee. The PITO Policies document is incorporated by reference in the PITO Registration Agreement.

1. Physician Eligibility

All independently practising physicians in BC are eligible for the PITO program. This includes GPs and specialists in solo or group practice. The following criteria must be met in order to receive PITO funding:

1. A clear clinical need for an ambulatory care EMR (**see note below*).
2. No separate funding for the same purpose (such as from a health authority or research grant)
3. Minimum direct annual billing of \$50,000 under the provincial Medical Services Program (MSP)

Physicians in alternative payment situations (e.g. salaried, service contracts) are not *automatically* eligible. These cases will be addressed on an exceptions basis in consultation with the physician and local health authority.

** Note: For example, some physicians who practice only in a hospital setting will only chart on the hospital record and therefore do not need a separate, ambulatory care EMR)*

2. Eligibility for Continued PITO Ongoing Funding – Minimum Usage Level

After implementation, the ongoing (i.e. monthly) PITO reimbursement is conditional on meeting ongoing minimum usage levels of the EMR as defined below wherever the use identified is relevant in clinical practice (e.g. some functionality may not typically be used in specialty practice):

Within 8 months of implementation:

- a) record 100% of patient appointments and encounters in the scheduler;
- b) maintain problem list within the EMR for 50% of patients seen;
- c) maintain complete encounter notes in the EMR for 50% of patients seen.

Within 12 months of implementation:

- a) record 100% of patient appointments and encounters in the scheduler;
- b) maintain problem list within the EMR for 100% of patients seen;
- c) maintain complete encounter notes in the EMR for 100% of patients seen at EMR-enabled sites;
- d) capture diagnostic orders and prescriptions for 100% of patient appointments;

- e) generate referral/consultation letters that utilize medical information from the EMR;
- f) use reminder lists to prompt individual patient follow-up and management;
- g) use system-generated reports for population health management.

Exceptions to the eligibility for continued PITO funding may be approved by the PITO Steering Committee in response to particular situations. Such exceptions would require indication and commitment by the physician of best efforts to reach the required levels of use.

3. PITO Solution Offering

PITO will provide reimbursement at 70% of actual costs incurred up to the limits and according to the policies listed below:

1. Electronic Medical Record

The “Complete EMR Offering” as defined by the EMR Request for Proposals:

- EMR software, maintenance, and upgrades
- Hosting service (servers, storage, backups, interfaces)
- EMR implementation & post-implementation support (pre-implementation support, configuration, training, go-live support, post go-live support)
- Level 1 helpdesk (initial call), and Level 2/3 support where appropriate
- Termination services (export of patient data for continuity of care and/or medical/legal requirements).

EMR reimbursement caps:

70% of the EMR Vendor pricing as proposed in the EMR Request for Proposals, to the following maximum annual amounts:

- Up to \$7,000 for EMR one-time costs (license, implementation, training, taxes, vendor travel, etc) *
- Up to \$2,856 for the first year of operation of the EMR (including taxes) **
- Up to \$4,494 per year for the ongoing annual operation of the EMR for the term of the Registration Agreement (including taxes) **

* NOTE: Both taxes and vendor travel costs are reimbursable within these maximum amounts – see section 11 “Reimbursement”.

** NOTE: Annual amount may also be used for local interfaces not within scope of the original EMR vendor pricing, on approval by PITO, up to the maximum eligible amount of \$4,080 in Year 1 and \$6,420 in each subsequent year (e.g. local hospital lab or radiology result delivery interfaces)

If a physician is already using a previous version of the vendor’s EMR and is moving to the PITO-Qualified version, the same maximum pricing and funding applies, although the vendor fees may be less because the physician will have already purchased a license for their software and undergone training.

2. Hardware & Other Ancillary Costs

- Up to \$4,900 for eligible “hardware”* and “other ancillary”** costs related to EMR implementation
(combination of the previous \$3,500 for “hardware” and \$1,400 for “other ancillary” costs to provide greater flexibility for physicians)

Eligible “Hardware” devices*:

- Personal computers (PCs): desktops, laptops, or tablets
 - Printers
 - Scanners
- (Note: Server hardware and software is not eligible)*

Note: Hardware must meet the hardware specifications defined by the physician’s selected EMR supplier to be eligible for PITO reimbursement.

Eligible “Other Ancillary” items**:

- Local Area Network (LAN) for the physician’s office
- Technical Support for hardware/LAN/email installation/configuration
- Voice Dictation Software (must be compatible with selected EMR)
- Office Productivity Suite (basic suite – e.g. Word, Excel, PowerPoint, Outlook)
- Electronic fax server and installation (must be compatible with selected EMR)
- Uninterruptable power supply (UPS) for the LAN and PCs

- Import of available lab history data (e.g. from Excelleris, MediNet, health authority)
- Conversion of previous EMR data
- Vendor customization services for EMR (e.g. templates, interfaces)
- Legal fees or contract negotiation support
- Tax and vendor travel costs not already reimbursed through the One-Time EMR reimbursement

Note: The “hardware” and “other ancillary” reimbursement can be incurred at any time during the term of the Registration Agreement, at one time or at separate occasions. Hardware may be leased by the Physician instead of one-time purchase and reimbursed up to the same maximum one-time amount.

3. Network

- Access will be provided through the Ministry of Health to the Private Physician Network (PPN) from the physician’s office. Network bandwidth (capacity) will be sized based on the number of physicians in the office according to standard sizing rules **.
- The PPN service includes a Virtual Private Network (VPN) service for access from outside the physician office over an existing Internet circuit (that existing Internet circuit is NOT funded by PITO or MOH).

****Note:** While the subsidized network type is based on the practice size, physicians may contract for connection speeds (bandwidth) higher than the approved levels. The subsidy, however, will be capped at the level for the approved connection type. The physician will be responsible for 100% of the incremental costs beyond the approved circuit type for their practice type.

4. Email

- Up to 3 mailboxes per physician included in network service.

In addition, PITO provides an Implementation & Transition Support Program (ITSP) to support physicians at all key steps from when they apply until post-implementation review. The services offered through ITSP are further defined in section 5(A) of this document.

4. Implementation Timeline

To ensure that the EMR implementation proceeds in a timely fashion and a PITO funding space is not left unused while other physicians wait to enter the program, the physician must:

1. Begin ITSP pre-implementation planning within the fiscal year “quarter” (“intake period”) assigned (e.g. April-June, 2008, July-Sept, 2008).
2. Select a vendor within 4 months of commencing pre-implementation.
3. Finalize a contract with their selected vendor within 2 months of selecting their vendor.
4. Complete EMR implementation (“Acceptance Test”) within 6 months of signing a contract with the vendor and within 12 months of the beginning of the intake quarter.

Exceptions must be approved by the PITO Steering Committee (e.g. “Communities of Practice” where rollout must be staged, or where unexpected situations arise).

If the physician cannot complete the implementation within this timeframe, they may defer but retain their funding eligibility until the next enrolment period to free up their space for another physician who is ready. If the physician is still not ready for the next enrolment period, he/she will be returned to the applications for future selection according to the regular selection process.

5. PITO Funding Programs

To meet the unique needs of BC physicians, PITO has developed three distinct funding programs:

1. The PITO Implementation & Transition Support Program (ITSP)
2. The PITO Pre-Purchase Program
3. The PITO Early Adopter Program

A physician may apply to one, two, or all three programs in order to meet their needs.

A. PITO Implementation & Transition Support Program (ITSP)

The PITO Implementation & Transition Support Program (ITSP) is the full PITO offering for physicians implementing a PITO-Qualified EMR (either converting from an existing system, or implementing for the first time).

ITSP combines the standard 70% reimbursement of eligible costs with an implementation support program to ease the way and help you to ensure the success of your EMR implementation.

The amount of funding available each year is limited by the Physician Master Agreement. If applications exceed available funding allotments in a given year, a predefined selection process will be used to select from among the applications.

The following specific policies apply to implementations through the ITSP:

1. The PITO Registration Agreement must be signed prior to commencement of the implementation.
2. All requirements of the PITO Registration Agreement must be met in order to qualify for reimbursement of eligible costs.
3. Reimbursement of one-time EMR and hardware costs will occur following sign-off by the physician of "Acceptance" of the EMR implementation.
4. The implementation must occur according to section 4 of the PITO Policies regarding timing
5. The PITO implementation support services will be tailored to your practice and your situation, however, participation in the following "Implementation & Transition Support Program" (ITSP) activities are mandatory and a condition of reimbursement (unless waived by PITO in a particular circumstance):
 - Orientation and Kick-Off meetings
 - Readiness and Needs Assessments
 - Post-Implementation Review
 - Regular post-implementation surveys/updates
6. In exceptional circumstances, PITO may decline funding or halt funding/implementation prior to "go-live" if significant concerns are found regarding the likelihood of a successful implementation. Pre-conditions to continuing will be identified. When those conditions are met, implementation may continue. Any cases of this nature will be raised to and approved and

monitored by the PITO Steering Committee. This policy does not prevent the physician from proceeding outside PITO without PITO funding.

7. Physicians applying for the ITSP as a Community of Practice (CoP) must select and use the same EMR.

B. PITO Pre-Purchase Program

The Pre-Purchase Program is available to physicians who have an urgent need to implement an EMR or purchase eligible hardware (PCs, printers, scanners) in the following situations:

1. They registered for Pre-Purchase prior to March 14, 2008 as they could not wait for the first PITO intake to begin EMR implementation.
2. They wish to purchase hardware as a step toward technology adoption (e.g. for access to the CDM Toolkit) or their existing hardware requires replacement.
3. They have applied for the PITO Implementation & Transition Support Program (ITSP) but have not been selected for the current enrollment period and have urgent clinical or business reasons to begin implementation of an EMR prior to the next PITO intake period.
4. They are opening a new office without past paper charts and wish to start with electronic records.

Physicians wishing to proceed with a full EMR selection and implementation are strongly encouraged to wait until they can be accommodated by the PITO Implementation & Transition Support Program (ITSP). However, if they meet the criteria above, they can proceed with EMR implementation in one of two ways:

1. Select a PITO Qualified vendor for pre-purchase

If a physician:

- i) purchases an EMR on the PITO Qualified list (i.e. vendor has completed conformance testing),
- ii) purchases hardware that meets that vendor's specifications, and
- iii) includes the relevant terms identified in Schedule 11 of the Master Standing Agreement (MSA) contract between Government and their selected EMR vendor in their agreement with their vendor, then

the physician may apply for reimbursement of the eligible ONE-TIME costs once accepted to the Implementation & Transition Support Program (ITSP) for PITO funding (i.e. reimbursement of ongoing monthly operating costs will begin effective upon registration in the ITSP, not from time of pre-purchase).

2. Selecting a vendor that has not yet completed conformance testing

If a physician purchases an EMR that has been selected through the EMR Request for Proposals process (i.e. is one of the 6 identified vendors) but the vendor is not yet on the PITO Qualified list (i.e. has not yet completed conformance testing), the physician may proceed **at their own risk** and outside of the PITO program. If that vendor subsequently receives PITO qualification through the conformance testing process and is added to the PITO Qualified list, and items ii) and iii), above, are met, they physician may apply for reimbursement of the one-time costs as above upon acceptance into the ITSP for PITO funding. **PLEASE NOTE: Implementation of an EMR that has not yet received PITO qualification is strongly discouraged.**

Prior to proceeding with either option, the pre-purchase form must be completed via the online form at www.pito.bc.ca.

The following specific policies apply to implementations through the Pre-Purchase Program:

1. Reimbursement of one-time costs will occur upon intake into the PITO program for implementation (or confirmation of existing implementation) of a PITO-qualified EMR (signified by the completion of the physician's acceptance test of the EMR), as well as completion of the Canadian Medical Association (CMA) Privacy Wizard and the PITO Privacy and Security Checklist.
2. Reimbursement for hardware purchases will be according to the standard PITO Solution Offering, and will only be reimbursed if the selected hardware meets the physician's chosen EMR vendor's specifications. **NOTE:** Servers are not eligible for reimbursement due to remote hosting (ASP) model selected for PITO.
3. Reimbursement for EMR purchases will be for eligible one-time costs only and according to the standard PITO ITSP policies. Monthly operating costs will NOT be covered for the months prior to intake into the PITO program.

4. By proceeding with a "pre-purchase" prior to intake into the PITO program, the physician acknowledges and accepts that PITO resources will not be available to support the implementation.
5. The physician acknowledges that registering for pre-purchase is an indication of intent on behalf of the physician to proceed outside the PITO program, and PITO is not involved in or in any way responsible for the implementation or outcome thereof.
6. Purchases under this program will not give any unique priority or guarantee of acceptance when applying to PITO for regular intake into the ITSP program.
7. The hardware funding will be provided only once during the term of the Registration Agreement.

C. PITO Early Adopter Program

The following policies apply to the PITO Early Adopter Program:

1. Only EMR implementations prior to June 28th, 2006 are eligible for the PITO Early Adopter Program (*see June 28th, 2006 President's Letter regarding PITO at www.bcma.bc.ca*).
2. At the time of application for the Early Adopter Program, the physician must be using full EMR clinical functionality, defined as performing the following in the EMR for all visits (where relevant for the type of visit):
 - a. Documenting clinical notes
 - b. Maintaining a problem list
 - c. Capturing orders, prescriptions, and immunizations
 - d. Using reports/queries to review their patient population.
3. Early Adopters are eligible for 70% reimbursement of eligible ongoing monthly costs for their existing EMR (software, support, hosting) effective upon registration via the online form at www.pito.bc.ca.
4. Early Adopter funding is available for up to 18 months from the date of registration in the Early Adopter Program.
5. Reimbursement will occur upon conversion to a PITO-qualified EMR through the PITO Implementation & Transition Support Program - conversion must occur within 18 months of intake into the Early Adopter Program to qualify for reimbursement.

6. The PITO Steering Committee may close applications for the Early Adopter Program at any time after March 1, 2008
7. Purchases under this program will not give any unique priority or guarantee of acceptance when applying to PITO for regular intake into the ITSP program.

6. Annual Uptake Limitations

The funding available each year for PITO is defined by Appendix H of the Physician Master Agreement (previously Appendix C of the 2006 Agreement), placing a limit on the number of implementations that can be supported each year.

The maximum number of implementations for each enrolment period is determined by the PITO Steering Committee within the annual PITO budget.

If applications exceed the available funding or implementation capacity in any given period, the PITO Steering Committee will oversee selection of the applications for intake in that enrolment period using a predefined transparent selection process. For regular applications, a lottery process will be used. For Communities of Practice, a prioritization process will be used based on size of the group and number of physicians ready to implement.

Applicants not selected will automatically be carried forward into the next application period. If they are not selected for two enrolments, they will be the first drawn against the available spaces for the third enrolment following their original application. In the unlikely event that there are more applicants in this situation than available spaces in that application period, a random assignment will be made and those not chosen would be deferred to the next application period.

7. Eligibility Changes

PITO-funded physicians must inform PITO of any changes that affect their continued eligibility by submission of a PITO Eligibility Change Form. Certain changes may affect PITO funding:

Event	Action	Result
Physician leaving a group practice with PITO funding and retaining their EMR license and system.	Physician submits PITO Eligibility Change Form	The physician moves to the new practice and retains their EMR and ongoing monthly funding.
Physician leaving a PITO-funded group practice and starting a new practice requiring a <u>new</u> EMR implementation	Physician submits PITO Eligibility Change Form indicating departure. Physician submits application form for PITO	The physician is added to the subsequent application process and is eligible for continued ongoing funding upon acceptance.
Physician entering an already PITO-funded group practice	Physician submits PITO Eligibility Change Form indicating they are joining an already funded group practice	Arriving physician added to PITO-funded group practice. One-time and ongoing funding will be made available, provided the annual funding allows PITO to do so. Otherwise the physician will start to receive reimbursement in the next fiscal year.
Physician taking an extended leave from practice with a temporary replacement	Physician submits PITO Eligibility Change Form	The original physician retains his or her funding and eligibility during their absence, and the temporary replacement uses the EMR in accordance with the terms of the physician's contract with the vendor.
Physician taking an extended leave from practice without a	Physician submits PITO Eligibility Change Form	The physician retains eligibility, however, monthly recurring fees may

temporary replacement		be placed on hold or adjusted during the leave if the physician’s vendor contract allows for the equivalent hold or adjustment.
Physician leaving a PITO-funded practice in a rural/remote (underserved) area and starting a new practice in a new geographic location that requires a new EMR implementation (as long as a special arrangement has already been established with PITO regarding the prior practice)	Physician submits PITO Eligibility Change Form indicating departure. Physician submits application form for PITO approval. (The practice is advised to establish an agreement in their vendor contract regarding fees payable (if any) during periods where transient physicians may be absent.)	The physician is added to the subsequent application process and would be eligible for both one-time fees and continued ongoing funding upon selection.

8. Privacy & Security Policies

Privacy and security of confidential patient information is of the utmost importance. The following policies must be met with all PITO-funded implementations:

- The following must be completed prior to “go-live” and are conditions for reimbursement:
 - Completion by the physician and acceptance by PITO of the PITO Privacy and Security Checklist
 - Completion by the physician of the Canadian Medical Association (CMA) Privacy Wizard
- Physicians in group practices must have a formal written agreement outlining
 - information sharing protocols
 - ownership of medical records and technology assets

- an exit agreement in place in case a physician leaves the group which addresses custodianship of confidential patient and other data contained in the EMR as well as disposal of technology assets
- Physicians will establish the following protocols in their practice:
 - The EMR and workstations will use timeouts to lock the EMR and workstation
 - All computers will have antivirus software running at all times and updates will be conducted at least once per week
 - Physical security will be established to limit access to wiring closets and printers and limit view of screens that may contain confidential patient information
 - Use of personal firewall technology with high security settings
 - The physician will not interconnect the Private Physician Network (PPN) to any other network including commercial internet services
 - Only authorised users within the physician's practice are permitted to access and use the PPN
 - If accessing the EMR from outside their office, including from home or other location, the physician must satisfy himself or herself that the location and devices via which they are accessing their EMR are secure
 - Any confidential data stored on a local workstation, laptop, or server must be encrypted using reliable and adequate encryption software
 - Users must not e-mail or otherwise distribute confidential patient information over unsecure networks such as the Internet unless the information is encrypted
 - Users must not download or install files/programs from unknown or suspicious sources into the network - these include file sharing systems that can harm the system or disrupt the service
 - Users must delete spam, chain letters and other junk mail without opening or forwarding them
 - Users must delete files or attachments attached to an email from an unknown, suspicious or untrusted source without opening
 - Appropriate user account and password management including at minimum:
 - A unique user ID is assigned to each user of the EMR with appropriate access limitations

- Users are responsible for managing the confidentiality of their password
- Users are responsible for all actions performed using their User ID and password
- Inappropriate use of passwords includes, but is not limited to:
 - a. Revealing your password to another user
 - b. Writing your password down and displaying it in an unsecured location
 - c. Reusing your password for another electronic login
 - d. Allowing someone else to access or enter information using your User ID and password
- In order to minimize the risks associated with password confidentiality, user passwords should be hard-to-guess, kept confidential, and changed on a regular basis or when a user suspects their password has been compromised. Passwords that are hard to guess contain a mixture of upper case and lower case letters, numbers, special symbols and are not related to you (i.e. no family names, pets, street names repeating patterns such as 12xx12yy, etc.)
- Physicians choosing to use a wireless network in their office must:
 - Ensure they meet industry standards for enterprise-grade secure wireless networks (physicians are advised to use professional network installation services) including at minimum:
 - WPA-2 encryption or better
 - Media Address Control (MAC) settings (filters)
 - Use of strong, hard to guess, automatically expiring encryption keys and passwords
 - Set Service IDs (SSIDs) are not broadcasted
 - Ensure review of their wireless network installation at least every 2 years
 - Have at least one workstation connected to the wired network for testing purposes

NOTE: For security and reliability reasons, physicians are advised to use wired networks in their offices rather than wireless, and are advised that Ministry of Health eHealth policies will be defined in the future regarding use of wireless networks when accessing eHealth systems.

NOTE: This section of the PITO Policies will be updated regularly as wireless security standard emerge and change.

9. Acceptable Use Policy

The PPN and other PITO-funded items are made available to users for the primary purpose of supporting clinical information management. Other uses are secondary and permitted only when they do not interfere with the primary purpose or where directly related to the practice of medicine (e.g. continuing medical education, clinical reference, medical billing). Where secondary uses interfere with the operations of the PPN, the physician may be required to stop the interfering activity. Examples of uses that may potentially interfere with PPN operations include but are not limited to the use of file sharing sites, the use of music downloading services and the use of video streaming sites.

Users must not use e-mail or the network for inappropriate activities such as:

- a. Illegal, unethical, immoral use – harassment, threats, violation of copyright law, pornography, obscenity
- b. Sending defamatory, slanderous or false messages
- c. Leaking confidential information
- d. Sending hoaxes
- e. Unauthorized transmission or downloading of copyrighted material.

The Ministry of Health reserves the right to temporarily or permanently limit any uses or functions that may impact network integrity or accessibility and reliability of access by physicians to their EMRs.

10. Disclosure of Information Gathered by PITO

In fulfilling its mandate, PITO will gather administrative information about the physician through the Registration Form, PITO Implementation & Transition Support Services (ITSP), and other mechanisms. This information may include, but not limited to: the

contact information for the physician's office, their participation in the PITO program, and whether or not they have an EMR.

PITO may share this information with directly related initiatives (such as the Practice Support Program, the Ministry of Health eHealth program, and health authority initiatives) in support of collaboration between these related initiatives and making available related services to support the physician. Excluded from this sharing would be the physician's bank account information gathered by the Enrollment Form for the purpose of establishing the electronic funds transfer (EFT) for PITO funding.

If the physician elects to use the email service made available through PITO, the email address(es) assigned to that physician will be entered into an email directory that will be accessible by the other physicians using the email service, the BCMA, the Ministry of Health, and PITO.

11.Reimbursement

Reimbursement to physicians of the PITO funding is managed through PITO and delivered through the BCMA benefits process according to the following policies:

- Originals or copies of invoices or receipts showing total costs are required for reimbursement
- Reimbursement of eligible costs will occur according to the eligible costs defined by the PITO Solution Offering (described in Section 3)
- Reimbursement is via electronic funds transfer only
- Sales taxes and EMR vendor travel costs paid by the physician are reimbursable at the standard 70% rate provided that the total reimbursement does not exceed the amount allocated for EMR one-time fees (e.g. \$10,000 for one-time EMR implementation, reimbursable at 70% - \$7,000). If the combined cost of EMR one-time fees, tax, and vendor travel costs exceed the \$10,000 eligible one-time costs, the amount over \$10,000 can be reimbursed at the standard 70% from the "Hardware & Other" category. Sales taxes on monthly recurring EMR fees are similarly eligible, again provided that the total reimbursement does not exceed the amount allocated for EMR ongoing monthly fees (e.g. \$6,420/year, reimbursement at 70% - \$4,494 maximum).
- Reimbursement will occur as follows:

- Reimbursement of the “One-Time” costs (EMR, hardware, other) will occur following the physician’s completion of the “Acceptance Test” of the vendor’s implementation
- Reimbursement of “Ongoing” costs will be on a monthly basis, starting following the end of the month after completion of the “Acceptance Test”
- The physician may submit their first monthly receipt or invoice showing their standard monthly fee as a sample. PITO recurring monthly reimbursement will occur according to that rate until a change is indicated by submission of a new invoice. The physician is responsible for notifying PITO of any such change. Physicians are required to submit the prior year’s invoices at the end of each calendar year in one package for validation and historical records.

12. Exceptions and Disputes

The PITO Steering Committee may authorize exceptions to these PITO policies. Requests for exceptions are to be submitted to the PITO office including the request and reason. PITO will forward such requests for review by the PITO Steering Committee and notify the physician of the Steering Committee’s decision.

In the case of a dispute by a physician registered in the program concerning the terms of the Registration Agreement or the PITO Policies, the physician may request a hearing pursuant to the terms of the Registration Agreement. In the case of such a request:

- The request for a hearing is to be submitted to the PITO office via email to info@pito.bc.ca
- The request will be provided to the PITO Steering Committee who may decide to hear the request as a whole or appoint a sub-committee to hear the request
- Any decision of the PITO Steering Committee or sub-committee regarding a dispute is non-binding and does not affect any other rights the physician may have to pursue the dispute as defined by the Registration Agreement.

APPENDIX: Definitions

Acceptance Test: A sign-off by the physician indicating that the EMR has been implemented correctly by the vendor according to the terms of the vendor's contract with the physician and the Master Standing Agreement between the vendor and the Province.

Ambulatory care EMR: An EMR used in an ambulatory/outpatient setting (i.e. not a system designed for use in a hospital inpatient setting). All six PITO-qualified EMRs are designed for use in this setting.

Application Period: Each window during which applications are received for funding and implementation support through PITO. Application Periods will be held semi-annually or quarterly.

Application Service Provider (ASP): A company that manages and stores the EMR at their data centre, rather than the physician managing and running servers in their own office. The EMR is accessed over the Private Physician Network (PPN).

Canadian Medical Association (CMA) Privacy Wizard: An online tool that helps physicians to ensure they have met key privacy requirements.

CDM Toolkit: A system developed by the BC Ministry of Health to assist physicians participating in chronic disease management quality improvement activities.

Community of practice (CoP): A group of physicians implementing a common EMR to support a shared set of clinical goals in a defined area.

Complete EMR offering: The complete solution offered by the EMR suppliers through the EMR Request for Proposals (includes items such the EMR license, implementation services, ongoing support services, upgrades, interfaces, and termination services).

Conformance Test: The final testing process involved for vendors becoming "PITO Qualified". The conformance test ensures the vendor has all of the minimum functionality required by PITO.

Core Data Set: The subset of patient data as defined in the Physician Master Agreement (PMA) that is to be shared to support continuity of care and health system analysis.

Electronic Medical Record (EMR): An EMR is a medical record in a digital format.

Eligible costs: The costs which PITO will reimburse at the 70% level defined by the 2006 Agreement. Usually defined as certain eligible items (e.g. Printers, scanners), with a maximum amount (e.g. \$5,000 for hardware) of which 70% is reimbursed. See "PITO Solution Offering" section of the PITO Policies for the eligible costs.

EMR vendor: A software company that sells EMRs.

Enrollment period: When an application period closes and physicians are selected to fill the available funding spaces, the enrollment period begins. Within the enrollment period, there may be more than one intake period so PITO can manage resources and support the physicians effectively.

Go-Live: The time at which the EMR is “turned on” for use in day-to-day care and the practice physician(s) and staff begin regular use of the EMR i.e. after implementation, testing, and training.

Intake Period: Within an enrollment period, an intake period is the window assigned for a physician to begin the EMR implementation process.

Level 1 Helpdesk: The first person reached when phoning for vendor support

Level 2 and 3 Helpdesk: The vendor’s experts that help resolve issues received by the Level 1 Helpdesk as required.

Local Area Network (LAN): The network within the walls of the physician’s office that connects the computers and printers to the Private Physician Network.

Master Standing Agreement (MSA): The overall agreement between the Ministry of Health and the 6 EMR vendors that sets out the terms for their participation in the PITO initiative.

Minimum Clinical Use: A minimum required level of use of the EMR in order to continue receiving PITO ongoing funding, as defined by Section 2 of this document.

Network bandwidth: The amount of data that can pass through the network connection to the physician’s office (i.e. “the size of the pipe”).

Office: The physical location of the physician’s practice.

One-time Costs: Costs incurred only once during the term, such as implementation of the EMR or purchase of hardware. Some items such as hardware may be leased instead of purchased, but are still eligible as “one-time” through PITO as the funding is provided only once regardless of purchase or lease.

Ongoing Costs: Costs which are incurred on a regular monthly or annual basis, such as the monthly fee for the ASP-hosted EMR. PITO reimburses these costs each month for the duration of the term of the Registration Agreement.

Orientation and Kick-Off meetings: Sessions held by PITO resources with the physician and their staff to prepare for the EMR selection and implementation, developed based on lessons learned from past EMR implementations.

Physician Master Agreement: An agreement entered in November 1st, 2007 between the Ministry of Health and the BCMA covering the period of 2006 to 2012.

PITO Privacy and Security Checklist: A checklist completed by the physician and PITO resource to ensure that critical privacy and security issues have been properly addressed.

PITO Qualified: An EMR which has successfully completed PITO Conformance Testing.

Post-Implementation Review: A validation shortly after implementation to ensure that any outstanding issues are resolved and lessons learned have been captured.

Practice: A practice is considered to be any physician practice, individual or group, but not necessarily a formal entity i.e. may be co-located physicians sharing space and/or certain resources. A group practice is specifically a group of physicians who have formally combined as an entity and practice as a group.

Private Physician Network (PPN): The secure network provided by the Ministry of Health for access from the physician's office to the EMR and Ministry of Health Authority systems. The physician may also access the PPN from outside their office using a Virtual Private Network (VPN) service provided by the PPN.

Readiness and Needs Assessments: Checklists completed by PITO resources and the physician to help the physician ensure they are ready and have planned for all the elements that will be required for a successful implementation.

Registration Agreement: The legal agreement between the physician and the Ministry of Health that establishes the stipulations for funding and participation in PITO.

Reimbursement: The portion of the physician's costs which are funded (i.e. 70%). The reimbursement is transferred to the physician after costs are incurred and an invoice or receipt is provided to PITO.

Request for Proposals (RFP): A formal procurement process undertaken by the Ministry of Health on behalf of PITO to select the suppliers to be on the "PITO-Qualified" list of suppliers.

Server: A type of computer designed to store files and software for access from other computers on a network (e.g. a "file server", "web server").

Termination Services: A requirement for the EMR suppliers to supply data in a variety of forms upon termination of the contract so the physician may meet legislated, College and other medical-legal and professional practice standards.

Uninterruptable power supply (UPS): Battery units which allow a computer or other device to continue operating for a short period during a power outage.

Virtual Private Network (VPN): An authentication and encryption mechanism which allows connection from outside the physician office to their EMR over the Internet with enhanced security.