

## SMA EMR Program Orientation

Are you interested in improving quality of care? Would you like your practice to be more efficient, cutting-edge and have a distinct professional advantage? Do you want to attract and retain new physicians? Moving to an Electronic Medical Record provides such benefits and more.

Expectations of new doctors and patients are that physician offices need to be electronic to be attractive to them. Seize the opportunity to utilize technology - see how an EMR can work for you!

### EMR Benefits:

- *Patient safety*
  - Up to date treatment/medication profile with drug and allergy interactions
  - Specific information quickly and easily transferred for emergency situations
- *Lower costs over time*
  - Lower operating costs when compared to manual “paper” systems
  - Reacquire office space - as relevant patient information is scanned into the EMR, you may store the paper record offsite
- *Easy retrieval of patient information*
  - Faster than manual file pulling and re-filing
  - Patient file is always available, less potential for misfiling attachments
- *Availability of information*
  - Physician can review patient records remotely
- *Ability to create reminders for specific recurring appointments or follow up exams*
  - Decrease no-shows
- *Eliminates repetitive and unnecessary tests*
  - Results can be forwarded to other care providers directly from your EMR
- *Ability to build care plans and create templates for specific needs*
  - Leads to quicker and more accurate diagnosis and treatment planning
- *Quicker and more accurate billing sent electronically*
  - Rejections can be more easily addressed
  - Payment processed easier and faster

## The EMR Advantage

The SMA EMR Program was created to assist physicians with the implementation of Electronic Medical Record systems. Through a joint funding agreement between the SMA and the Saskatchewan Ministry of Health, physicians in Saskatchewan can receive on-going support to adopt one of the approved EMR solutions. We can help you navigate an EMR decision from the point of consideration through implementation; you don't have to go it alone!

For more information about the SMA EMR Program and our no cost change management support services please call 306.244.2196 or email [emr@sma.sk.ca](mailto:emr@sma.sk.ca).

## Funding Guidelines

To assist physicians with the cost of implementing and maintaining an EMR, funding is available to qualified physicians using an approved EMR solution. The cost of this program is funded by the Saskatchewan Medical Association (30%) and the Saskatchewan Ministry of Health (70%).

To apply for funding, your clinic must implement an approved EMR and utilize it as per the guidelines below. The SMA EMR Program *Application for Funding* form is available online here <https://forms.sma.sk.ca/Forms/emrfunding> and must be completed by each physician and submitted to the SMA after EMR software implementation is complete.

### EMR Program Funding Guidelines

To qualify for funding, physicians must maintain an approved EMR system and utilize it appropriately so that it can integrate with the province's electronic health record (EHR) through standard interfaces as they become available.

The funding consists of two parts:

1. \$1.00 per patient encounter

- Physicians are paid \$1 every time an approved fee code is submitted for billing through their EMR. There must be documentation in the EMR to support this fee code and it must contain sufficient information to meet the professions generally accepted standard for medical records.
- This funding is paid bi-weekly by Medical Services Branch (MSB).

2. \$300 per month

- To qualify for this payment in the first year, 50% of submitted fee codes (from the approved list) must have the visit encounter captured in the EMR.
- After one year, 95% of submitted fee codes (from the approved list) must have the visit encounter captured in the EMR.
- This funding is paid quarterly by MSB.

## Funding Guidelines

Proper utilization of the EMR is also a requirement to prepare for EHR integration, to meet best practices and to help physicians realize the full benefits of their EMR. The following list is a summary of the requirements:

- record patient appointments and patient demographics in the appropriate modules
- maintain patient encounter notes
- create electronic lab requisitions, diagnostic imaging requisitions and prescriptions
- generate referral/consultation letters that utilize the patient’s medical information
- use reminder lists to prompt individual patient follow-up and management
- use system-generated reports for population health management
- use the EMR for billing submissions to MSB
- utilize the eHealth services as they become available

Please contact your Practice Advisor for more information on any of the requirements.

### EMR Funding Calculations

Funding payments are based on the fee codes submitted to MSB through your EMR’s billing system.

The amount of funding you will receive is based on the list of approved fee codes (please see page 7 for the detailed list).

The 50% and 95% threshold percentage is calculated by dividing the amount of submitted eligible claims with the electronic record indicator by the total amount of submitted eligible claims.

For example:

# of Encounters	Submitted Code	Electronic Record Indicator	Eligibility
60	5B	✓	Yes, on the approved list
40	5B	x	No, indicator not selected
100	40B	✓	Yes, on the approved list
100	41B	✓	No, not on the approved list

## **Funding Guidelines**

Based on this submission, the threshold calculation for this scenario is 80% (160 eligible claims with the electronic record indicator divided by a total of 200 eligible claims).

The electronic record indicator is a specific field in the billing portion of the EMR. Please contact your EMR vendor for details on how to include this when you submit your billing claim.

If a physician works at multiple EMR clinics, the EMR monthly funding is paid out as a percentage at each location. For example, if a physician bills 60% of their claims at one location, 60% of the \$300 funding will be paid to them at that location and 40% will be paid at the second location.

## Funding Guidelines

### Eligible EMR Fee Codes

Service Code	Eligibility Start	Eligibility End	Fee Payable
003B	10/01/2008	12/31/9999	\$1.00
003C	10/01/2008	12/31/9999	\$1.00
003D	10/01/2008	12/31/9999	\$1.00
003I	10/01/2008	12/31/9999	\$1.00
003O	10/01/2008	12/31/9999	\$1.00
003Q	10/01/2008	12/31/9999	\$1.00
004B	10/01/2008	12/31/9999	\$1.00
004C	10/01/2008	12/31/9999	\$1.00
005B	01/01/2000	12/31/9999	\$1.00
005C	10/01/2008	12/31/9999	\$1.00
005D	10/01/2008	12/31/9999	\$1.00
005E	10/01/2008	12/31/9999	\$1.00
005F	10/01/2008	12/31/9999	\$1.00
005G	10/01/2008	12/31/9999	\$1.00
005I	10/01/2008	12/31/9999	\$1.00
005K	10/01/2008	12/31/9999	\$1.00
005L	01/01/2000	12/31/9999	\$1.00
005M	10/01/2008	12/31/9999	\$1.00
005N	10/01/2008	12/31/9999	\$1.00
005O	10/01/2008	12/31/9999	\$1.00
005P	10/01/2008	12/31/9999	\$1.00
005Q	10/01/2008	12/31/9999	\$1.00
005R	10/01/2008	12/31/9999	\$1.00
005S	10/01/2008	12/31/9999	\$1.00
005T	10/01/2008	12/31/9999	\$1.00
006S	10/01/2008	12/31/9999	\$1.00
007E	10/01/2008	12/31/9999	\$1.00
007F	10/01/2008	12/31/9999	\$1.00
007G	10/01/2008	12/31/9999	\$1.00
007K	10/01/2008	12/31/9999	\$1.00
007L	01/01/2000	12/31/9999	\$1.00
007M	10/01/2008	12/31/9999	\$1.00
007N	10/01/2008	12/31/9999	\$1.00

### Funding Guidelines

Service Code	Eligibility Start	Eligibility End	Fee Payable
007P	10/01/2008	12/31/9999	\$1.00
007R	10/01/2008	12/31/9999	\$1.00
007S	10/01/2008	12/31/9999	\$1.00
007T	10/01/2008	12/31/9999	\$1.00
008B	10/01/2008	12/31/9999	\$1.00
008K	10/01/2008	12/31/9999	\$1.00
008P	10/01/2008	12/31/9999	\$1.00
008S	10/01/2008	12/31/9999	\$1.00
009B	10/01/2008	12/31/9999	\$1.00
009C	10/01/2008	12/31/9999	\$1.00
009D	10/01/2008	12/31/9999	\$1.00
009E	10/01/2008	12/31/9999	\$1.00
009F	10/01/2008	12/31/9999	\$1.00
009G	10/01/2008	12/31/9999	\$1.00
009H	10/01/2008	12/31/9999	\$1.00
009I	10/01/2008	12/31/9999	\$1.00
009L	10/01/2008	12/31/9999	\$1.00
009M	10/01/2008	12/31/9999	\$1.00
009N	10/01/2008	12/31/9999	\$1.00
009O	10/01/2008	12/31/9999	\$1.00
009P	10/01/2008	12/31/9999	\$1.00
009Q	10/01/2008	12/31/9999	\$1.00
009R	10/01/2008	12/31/9999	\$1.00
009S	10/01/2008	12/31/9999	\$1.00
009T	10/01/2008	12/31/9999	\$1.00
010E	10/01/2008	12/31/9999	\$1.00
010K	10/01/2008	12/31/9999	\$1.00
010L	10/01/2008	12/31/9999	\$1.00
010S	10/01/2008	12/31/9999	\$1.00
011B	10/01/2008	12/31/9999	\$1.00
011C	10/01/2008	12/31/9999	\$1.00
011D	10/01/2008	12/31/9999	\$1.00
011E	10/01/2008	12/31/9999	\$1.00
011F	10/01/2008	12/31/9999	\$1.00
011G	10/01/2008	12/31/9999	\$1.00
011H	10/01/2008	12/31/9999	\$1.00

## Funding Guidelines

Service Code	Eligibility Start	Eligibility End	Fee Payable
011I	10/01/2008	12/31/9999	\$1.00
011K	10/01/2008	12/31/9999	\$1.00
011L	10/01/2008	12/31/9999	\$1.00
011N	10/01/2008	12/31/9999	\$1.00
011O	10/01/2008	12/31/9999	\$1.00
011P	10/01/2008	12/31/9999	\$1.00
011Q	10/01/2008	12/31/9999	\$1.00
011R	10/01/2008	12/31/9999	\$1.00
011S	10/01/2008	12/31/9999	\$1.00
011T	10/01/2008	12/31/9999	\$1.00
012C	10/01/2015	12/31/9999	\$1.00
012S	10/01/2008	12/31/9999	\$1.00
014C	04/01/2012	12/31/9999	\$1.00
014D	04/01/2012	12/31/9999	\$1.00
014F	10/01/2015	12/31/9999	\$1.00
014K	10/01/2008	12/31/9999	\$1.00
014O	04/01/2012	12/31/9999	\$1.00
015B	10/01/2008	12/31/9999	\$1.00
015C	10/01/2015	12/31/9999	\$1.00
015K	10/01/2008	12/31/9999	\$1.00
031E	04/01/2010	12/31/9999	\$1.00
033E	04/01/2010	12/31/9999	\$1.00
035E	04/01/2010	12/31/9999	\$1.00
038E	04/01/2010	12/31/9999	\$1.00
040B	01/01/2009	12/31/9999	\$1.00
041A	10/01/2008	12/31/9999	\$1.00
042B	04/01/2010	12/31/9999	\$1.00
043B	04/01/2010	12/31/9999	\$1.00
055B	04/01/2012	12/31/9999	\$1.00
064B	10/01/2008	12/31/9999	\$1.00
100E	01/01/2021	12/31/9999	\$1.00
110E	01/01/2021	12/31/9999	\$1.00
201H	10/01/2008	12/31/9999	\$1.00
203H	10/01/2008	12/31/9999	\$1.00
205B	10/01/2013	12/31/9999	\$1.00
205H	10/01/2008	12/31/9999	\$1.00



### Funding Guidelines

Service Code	Eligibility Start	Eligibility End	Fee Payable
<b>206B</b>	04/01/2014	12/31/9999	\$1.00
<b>308R</b>	10/01/2008	12/31/9999	\$1.00
<b>350D</b>	10/01/2008	12/31/9999	\$1.00
<b>762A</b>	04/01/2010	12/31/9999	\$1.00
<b>769A</b>	10/01/2017	12/31/9999	\$1.00
<b>805B</b>	01/01/2021	12/31/9999	\$1.00
<b>809B</b>	01/01/2021	12/31/9999	\$1.00
<b>811B</b>	01/01/2021	12/31/9999	\$1.00
<b>840B</b>	01/01/2021	12/31/9999	\$1.00
<b>855B</b>	01/01/2021	12/31/9999	\$1.00
<b>864B</b>	01/01/2021	12/31/9999	\$1.00

## Introduction:

The Electronic Health Record (EHR) is a provincially-managed centralized series of systems which brings together a range of patient-based health information from across the health system. The EHR is managed by eHealth Saskatchewan. The EHR consolidates information such as prescription drug data, lab test results and diagnostic images (x-rays) and allows practitioners from across the system access to this information, on a need to know basis, to assist in their care of patients.

The Electronic Medical Record (EMR) is a software system used in physician offices that replaces paper-based health charts with an automated system that houses office visit and other health information and is able to download patient information such as lab test results, from their EHR. EMRs will also allow physicians to provide data re physician office visit information to the EHR for access by other providers who may also be caring for the patient as well as download relevant patient data (two way interface).

The goal of an EHR combined with an EMR, is to have the right information in the right hands at the right time to make timely effective health care decisions.

Saskatchewan Health has worked closely with the Regional Health Authorities (RHA) in implementing computer systems in the health regions which support local care needs and integrate with the province's EHR strategy. It is similarly important that physicians have EMR systems in their offices to access the EHR information to improve local care delivery and fully realize the benefits of a province-wide EHR system.

EMRs will allow physicians to access a patient's most recent diagnostic images, lab test results, drug profiles, chronic disease histories and other critical information. Physicians will then use this information in planning, documenting and managing the patient's care through their local EMR.

EMRs will automate the current paper-based business processes of physician offices, improve the scheduling and follow-up of patients, reduce costs and save time in filing and retrieving patient charts and allow the sharing of physician files among providers when they are covering for each other.

The EMR program is a jointly funded agreement launched in September 2009 between the Saskatchewan Medical Association (SMA) and the Ministry of Health. Either party may terminate this agreement by providing the other party twelve months written notice of its intent. The program will continue to support physicians who have on the date of termination a binding financial commitment related to an approved EMR product. The funding support will not extend beyond three years from the date the notice of termination was written or the expiry date of the binding financial commitment whichever is sooner. The intent is to provide physicians with a reasonable opportunity to recover costs based on commitments made.

The SMA EMR Program is administered by an EMR Co-management Committee which consists of two members from the Saskatchewan Medical Association, appointed by the SMA Board of Directors, one of which will chair the committee and two members appointed by Saskatchewan Ministry of Health.

The Committee will oversee the establishment and administration of the Saskatchewan Electronic Medical Records Program:

- Review the EMR program and make enhancements as necessary to reflect changes in business processes, technology, standards, eHealth integrated services, physician needs or the vendor marketplace over time.
- Create and receive reports from Working Groups made up from the SMA, Ministry of Health and other stakeholders as necessary (i.e. RHA representatives).
- Review EMR program eligibility criteria and policies, proposing changes as necessary.
- Adjudicate cases where physician eligibility is unclear.
- Receive and review financial statements for the EMR program.
- Such other matters pertinent to the operation of the program as may be agreed upon from time to time in consultation with the SMA Board of Directors or the Saskatchewan Ministry of Health.

### **Purpose:**

The purpose of the EMR policies is to establish and communicate standards for program eligibility, enrolment, funding, privacy and security requirements and other areas necessary to provide safeguards and ensure physician responsibility is clearly defined. Physicians agree with the terms and conditions of these policies as a condition for SMA EMR Program funding.

### **Objectives:**

The objective of the EMR policy document is to clearly detail physician's obligations under the SMA EMR Program where compliance with policy is required.

EMR program obligations such as fees or reimbursement payments that may be subject to negotiated change are not included in this document.

## Scope:

The EMR policies contained within this document identify physician obligation under the SMA EMR Program. With the integration of eHealth integrated HR services into EMRs, Joint Services Agreements will be signed and may contain additional security and other provisions to safeguard patient data.

## Principles:

The EMR program is committed to basic principles which are used to guide the program.

- All physicians engaged in the EMR program are practicing licensed physicians within the province of Saskatchewan;
- Physicians who receive funding under the EMR program will be required to disclose if any component of their medical record system is supported, either financially or technically, by a regional health authority, the ministry or other publicly-funded agency;
- Qualifying physicians will receive program benefits associated with the SMA EMR Program only;
- Recognition that physician clinics are responsible for the implementation of an EMR system and safeguarding of patient data including compliance with related legislation; and
- Physician clinics have met all of the criteria outlined in the SMA EMR Program.

## Non-compliance:

Where non-compliance with policy is identified or suspected, a review may be undertaken by the SMA EMR Program with recommendations provided to assist the physician clinic in becoming compliant within a reasonable timeframe. Where deemed appropriate, by the EMR Co-management Committee, participation in the program may be cancelled and funding no longer made available to the participating clinic or an individual physician within the clinic.

## Monitoring and Audit:

Saskatchewan Health together with the Saskatchewan Medical Association (SMA) through a negotiated agreement combined to deliver the Saskatchewan Electronic Medical Record Program is responsible to monitor and audit. The SMA EMR Program Director reserves the right to audit physician clinics for compliance with the program policies contained within this document.

## **Interpretation:**

It is the responsibility of the EMR Co-management Committee to interpret these policies, except where the provision of these policies is specifically addressed within legislation.

An EMR Physician Escalation process has been developed and does identify how a disagreement or concern is to be raised between:

- the physician clinic and vendor (unable to resolve at the vendor level);
- with the program in general; and/or
- policies contained within this document.

Physicians would be asked to develop a written submission detailing the issue or concern and forward to the EMR Program Director with the SMA. Where possible all issues would be resolved at this level. When deemed appropriate, the EMR program Director would escalate to the EMR Co-management Committee for a decision.

The Physician Escalation process would not be used to inquire if payments from the SMA EMR Program were not received or not as expected. For those inquires, the current process in place for all payment inquires would be used. Contact the Medical Services Branch Inquiry Line at (306) 787-3475 or 1-800-667-7523.

New policy, changes or deletion of existing policies will be approved by the EMR Co-management Committee. Communication of such changes will be the responsibility of the EMR Program Director.

## **EMR 001 - Physician Eligibility**

**Date Created: March 23, 2010**

**Revision Date: Nov 19, 2020**

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Most physicians in Saskatchewan are eligible for the SMA EMR Program. This includes GPs and specialists in solo or group practice. The following criteria must be met in order to participate in the SMA EMR Program:

The physician:

1. has a clear clinical need for a longitudinal patient record within an EMR,
2. is a fee-for-service or contracted physician within Saskatchewan, and
3. is not receiving similar EMR funding from another province.

Physicians, who are considered ineligible by the EMR Program Director by not meeting the above criteria, have the option to appeal the decision to the EMR Co-management Committee. A physician written submission would be developed and submitted in accordance with the EMR Physician Escalation process.

Physicians practicing through Primary Care sites will be supported through alternate program funds allocated for Primary Health Care implementations and will adopt the same standards for integration with provincial EHR services as physicians participating in the EMR program. Physicians who participate in the SMA EMR Program and later move to the PHC program can retain their existing EMR solution and remain eligible for the EMR program funding.

## EMR 002 - Program Enrolment

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Revision Date: Nov 19, 2020

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The completed EMR program - Expression of Interest form will initiate the physician engagement with the program. The EMR program change management services are then engaged and provide program documentation and education necessary to select, implement and utilize an EMR software application.

The EMR program change management support services will be tailored to the physician and situation, however, participation in the following activities is a condition of funding approval (unless waived by the EMR Program Director under special circumstances):

- Program Orientation meeting
- EMR Planning meeting
- Enhanced Support Services assessment
- Post Implementation meeting

Once implementation occurs, a request for funding is submitted and processed. This funding request initiates physician enrolment in the SMA EMR Program.

This policy does not prevent a physician from proceeding with an EMR implementation outside of the SMA EMR Program; however funding will be contingent on meeting this and all other policy requirements of the program.

## EMR 003 - Physician Responsibility and Support Services

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### Physician Responsibility:

Physicians engaging in the EMR program will be responsible for the following:

- upfront costs associated with clinic engagement in the program and selection of a vendor (approved Saskatchewan EMR vendor list) that best meets their needs;
- upfront hardware and software costs of implementing an EMR (wide area network, network security, firewalls, communication devices and support services);
- assign a champion or a project lead
- re-engineering clinic processes and roles (e.g. assigning a privacy/security officer) to accommodate electronic records and adapting to the new system;
- obtaining the necessary training for physicians and clinic staff to effectively use the new system;
- source and maintain 3<sup>RD</sup> party support and technology contracts for their clinic; and
- all on-going costs of maintaining their EMR system such as hardware or software upgrades or replacements.

All physicians whether self-employed, contracted or salaried, who receive funding under this program will be required to disclose if any component of their medical record system is supported, either financially or technically, by a regional health authority, the minister or other publicly-funded agency. In cases where such support exists, eligibility to receive payments will be reviewed on a case-by-case basis and may result in prorating of funding.

Notification of such support would be submitted in writing to the EMR Program Director and assessed by the EMR Co-management Committee.

### Support Services:

The EMR program change management support services will assist physician clinics by providing program information, clinic implementation services such as the privacy and security checklist implementation planning and change management services such as work flow analysis and troubleshooting support as they move through the selection and implementation process.

The physician will receive EMR system support services such as training, incident management and help desk support directly from their chosen vendor. Should issues arise that cannot be resolved between the physician clinic and the vendor, the escalation option is to provide a written submission in accordance with the Physician Escalation process.



## EMR 004 - Program Funding

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The intent of this policy is to clearly define physician financial responsibility for the implementation of an EMR and subsequent utilization to meet program compliance for payment.

Costs associated with the implementation of qualifying physician EMR software into physician practices within Saskatchewan is the responsibility of the physician. The change management services provided to assist the physician is the responsibility of the SMA EMR Program. These services are provided free of charge to the physician.

If separate funding for the same purpose including but not limited to, financial or technical support from the SHA, hospital, research grants or other groups, hardware provided at no charge and/or partial funding from another province is received, payment from the program may be evaluated and pro-rated.

To assist physicians with the cost of maintaining an EMR, funding is available to qualified physicians using an approved EMR solution. To qualify to receive payments, physicians must maintain a qualifying EMR system and utilize it to provide a longitudinal patient record which integrates with the province's EHR through standard interfaces as they become available.

Payments are designed to ensure that the electronic medical record is effectively utilized, and after implementation, shall include the following:

- The transactional service fee payment for EMR eligible fee codes, per physician payment, is conditional on entering the appropriate indicator on the individual billing transactions.
- The ongoing (i.e. monthly) SMA EMR Program reimbursement funding is conditional on meeting, ongoing minimum usage levels of the EMR as defined below:
  - In the first 12 months of clinic implementation - 50% of EMR eligible fee codes entered, per physician to qualify and utilize the following components of the EMR software:
    - record patient appointments and patient demographics in the scheduling and patient information modules of the EMR;
    - use the EMR for billing submissions to Medical Services Branch (MSB);
    - maintain patient encounter notes within the EMR for patient visits (includes visit notes, medications history, family history, lifestyle history and height/weight);
    - capture laboratory requisitions;
    - develop problem lists
    - record allergies
    - record immunizations handled by the physician practice;
    - vital signs; and
    - prescriptions for patient visits.

- After 12 months of clinic implementation – 95% of EMR eligible fee codes entered, per physician to qualify and utilize the following additional components of the EMR software:
  - capture diagnostic imaging orders;
  - generate referral/consultation letters that utilize medical information from within the EMR;
  - use reminder lists to prompt individual patient follow up and management;
  - use system generated reports for population health management; and
  - utilize the EHR services as they become available i.e. SLRR, PIP, RIS-PACS.

These requirements must be met when patient medical information is collected directly by the physician (during a visit/intake/registration forms). Indirectly collected information (referral letters, consultation letters and discharge forms) is not required to be input directly into the EMR however documents must be scanned and saved into the patients' electronic medical file. An omissions process is available to all physicians who, based on the nature of their practice who would not utilize one or more of the required EMR components necessary to meet utilization compliance.

- Excluded from the threshold calculation (50%. 95%) are EMR eligible fee codes where the service was provided in an in-patient or out-patient hospital location and billed through the physician practice EMR software. Detailed chart and other patient information were not entered into their EMR. If detailed information was recorded, placing an 'e' on the transaction record would include this entry in the calculation.

In addition, upon availability of eHealth integrated services and interfaces physicians must participate in the creation and provision of the shared patient record as defined by and pursuant to the terms and conditions identified for such services and in keeping with all relevant privacy and other legislation.

Exceptions to the eligibility for SMA EMR Program funding may be approved by the Saskatchewan EMR Co-management Committee. A physician written submission would be developed and submitted in accordance with the EMR Physician Escalation process.

## EMR 005 - Privacy and Security

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Privacy and security of confidential patient information is of the utmost importance. It is an expectation of the program that all Saskatchewan EMR implementations will be in compliance with all applicable legislation including, HIPA, PIPEDA and FOIPPA. Where the provisions of the legislation are in conflict with this policy the legislation will prevail.

The following policies are recommended by the SMA EMR Program:

- . Physicians are responsible for addressing areas of non-compliance and are responsible for any costs incurred to become compliant with the requirements.
- Physicians in group practices must have a formal written agreement outlining:
  - information sharing protocols and ownership of medical records and technology assets;
  - an exit agreement in place in case a physician leaves the group (i.e. moves to another practice, leaves the province, retires) which addresses trusteeship of confidential patient and other data contained in the EMR as well as disposal of technology assets.
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- Established policies and procedures must be in alignment with all applicable federal and provincial standards, bylaws and legislation.
- In accordance with applicable legislation, physicians will ensure that appropriate policies and procedures are in place to provide patients with access to their personal health information when requested.
- Future integrated services will require privacy and security compliance contained within the Joint Services Agreements specific to the service offered.

## EMR 006 - Physician Movement

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The expectation in all cases is physicians, during the implementation of an approved EMR, will establish an exit agreement to address the trusteeship of confidential patient and other data contained in the EMR, information sharing protocols and technology assets. The guidelines detailed below will not address items contained in physician exit agreements.

### Physician Movement EMR Practices

Physicians moving into an approved EMR practice from another approved EMR practice or non-EMR or non-approved EMR practice must follow the notification guidelines provided under the General Information, Information Sources section of the Saskatchewan Health Payment Schedule for Insured Services Provided by a Physician (often referred to as the Physicians Payment Schedule.) This document can be located on the Ministry of Health website by clicking [here](#), and provides contact numbers for physician notification. In addition, the physician must complete the EMR program – Application for Funding – Additional Physicians and submit to the SMA. By signing this document you agree to the general terms and conditions of the SMA EMR Program and compliance with this policy document.

Physicians within an EMR practice, who move out-of-province, retire or pass-away must comply with all current legislation for the retention of medical records as mandated by the bylaws of the Saskatchewan College of Physicians and Surgeons. In the case of death, this responsibility remains with the physician's estate. Further consideration should be given to additional retention times for medical records as per recommendations set out by the CMPA and the Saskatchewan Medical Association.

### Physician Movement PHC Practice

A physician clinic with an established approved EMR who wishes to become a PHC practice has the option to move into the provincial solution or retain their current provider, provided their provider can meet the required primary health care system requirements. They would continue to receive SMA EMR Program services and benefits. A physician clinic moving to the provincial PHC solution will be covered by the policies in place for the PHC program.

An individual physician moving from an approved EMR clinic to a PHC practice would follow the same notification process as physicians moving between approved EMR practices.

## Physician Movement When Utilizing eHealth Integrated Services

In all cases physicians utilizing integrated eHealth services, moving within approved EMR practices or out of an approved EMR practice must submit, prior to the change occurring, notification to the eHealth Service Desk at [servicedesk@ehealthsask.ca](mailto:servicedesk@ehealthsask.ca) and your EMR Practice Advisor.

## Acronyms

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Acronym	Definition
EHR	Electronic Health Record
EMR	Electronic Medical Record
FOIPPA	Freedom of Information and Protection of Privacy Act
HISC	Health Information Solutions Centre
MSA	Master Service Agreement between the SMA and EMR Vendors
MSB	Medical Services Branch
PHC	Primary Health Care
PIP	Pharmaceutical Information Program
RHA	Regional Health Authority
RIS-PACS	Radiology Information System – Picture Archive and Communication System
SLRR	Saskatchewan Laboratory Results Repository
SMA	Saskatchewan Medical Association