

Key Considerations in Selecting an EMR

Getting started

The intention of this document is to provide a quick overview of what to consider and expect when selecting an EMR either for the first time or with the intent of transitioning the clinic from an existing EMR.

It is not a replacement for a detailed analysis and planning. Further details and guidance can be found on the [AMA's EMR web pages](#).

Shopping for an EMR

- Make a list of your needs, wants and pain points for both staff and physicians so you have a way to evaluate your EMR selection.
 - Know your patient population (complex patients, patients with diabetes, high blood pressure, on certain drugs, etc.) and then figure out how they can best be managed in an EMR.
 - What works great? What doesn't work at all? What work arounds do you have in place? What are the specific needs of your clinic to support current work flows and patient care?
 - What does the potential incoming vendor offer for integrated virtual care, secure messaging, faxing, online booking, patient portals, etc.? And are there extra costs for these modules?
 - How does your clinic handle point of care reminders, reporting, referrals/consultation, panel management and other established processes that support preventive care? For further assistance check out the [Business Process Requirements Review Template](#).
- Don't miss the key requirements that are integral to your practice including:
 - integration with provincial assets such as Netcare, CII/CPAR, billing and eDelivery
 - short- and long-term vendor plans for enhancements and integration
 - virtual care options
 - specific needs to support clinic workflows and patient panel
- Request a demo from other EMR vendors.
 - For more information on preparing for an EMR vendor demo, see the AMA's [Demo Checklist, Preparing for an EMR Demonstration](#) document.
 - Check out the [EMR Integration Table](#) to confirm which EMRs are conformed to eDelivery and CII/CPAR.
- Technical considerations
 - Does your new vendor offer an internet package?
 - Does your clinic have a dedicated hardware/network IT person available?
 - If not, consider hiring someone to manage this part of the transition.
 - Printers always are an issue and generally require dedicated IT expertise to set up.
 - Do you need new hardware?
 - Do you have encryption and malware protection on each device? How many monitors are needed? Some EMRs work best with multiple monitors.
 - hardwired computers vs laptops and wireless system
 - wireless network security
- Privacy Impact Assessments
 - A new PIA will be required. Ask if there are supports for this work. Is there an option to negotiate this assistance into your contract?
- Talk with your peers
 - One of the best ways to get information on the pros, cons and capabilities of each EMR is through someone who is already using it.

- Other PCNs and/or clinics can provide valuable information on different EMRs, the transition experience and pre and post transition support.
- Negotiate your contract.
 - Vendors will sometimes offer incentives. Ask what is being offered.
 - This might include things like training, discounts on certain add-ons, etc.
 - Ask for a sandbox so the clinic can start getting familiar with the EMR early on.
 - Ensure you are clear as to what is included and what is not, such as hardware, modules, training, transition and post implementation support.

Migrating data

- Timelines and resources
 - Vendors are booking these migrations months in advance.
 - Ensure that when you agree on a date that you book the time and clinic resources needed to successfully migrate to the new EMR.
 - Don't underestimate the time required to examine the data both before and after go-live.
 - A migration plan will help ensure you have adequate time and people available.
 - Many clinics find that closing the clinic for one to four days is needed.
- Process
 - Together with the incoming EMR vendor, compare data elements in each EMR to identify what will move over successfully and what will require manual intervention.
 - Plan to accommodate the time and resources to address data that will need to be manually entered.
 - Test extract and migration:
 - This step is critical to the success of your full migration.
 - Choose at least three charts for every provider. Select three of the most complex patients (i.e., patients with lots of labs, referrals, medications, notes, etc.). Ensure that everything in the chart has migrated to appropriate fields. Are relevant dates present and in the correct format?
 - Ensure appropriate time is allocated to fix any issues.
 - Check that pending referrals/consults are transferred in a manner so that they can still be tracked.
 - Check how prescription history and refills will work. In some transitions, it may be necessary to re-prescribe all medications after the transition.
 - Full extract and migration:
 - As mentioned above, this can take days and potentially weeks to be fully complete.
 - For paper-based clinics, determine how the practice will handle which information will need to be populated into the EMR. Options could include one or a combination of the following:
 - Deciding not to transcribe paper charts into the EMR. Instead, start adding relevant historical and current information into the EMR as patients are seen in the clinic after the go live date
 - Choosing to only scan key results/information (recent labs and diagnostic tests, problem lists, etc.) into the electronic patient chart. Scanning is time consuming and not as easy to access in the patient chart as discrete data, so if you go this route, only scan what is necessary.
 - Scanning everything in the paper charts is also an option. Be prepared for a tremendous amount of work. Potentially valuable for complex patients with a lot of historical information.
- Retention of historical data to meet the [CPSA Patient Record Retention](#) guidelines and patient care obligations.
 - You'll want at least three or four months of read-only access to your outgoing EMR for reference and billing reconciliation.
 - Most of your data will be available in your new EMR. However, you will need to keep a copy of your data that is extracted from the outgoing EMR as per the CPSA requirements.

- Vendors can provide you with a copy of your data extract in a searchable PDF format. This can be saved in a secure place for access if needed. Be aware that some information will not come over in the pdf (e.g., prescriptions)
- In most cases you can also request a full database back up from your outgoing vendor
- The accuracy of the data conversion and the availability of the information in Netcare will help mitigate these risks
- There will be costs associated with whatever option you choose, so have this discussion with the vendor well in advance.

Key points to consider prior to the transition

- **Project Lead**
 - Assign someone in your clinic as Project Lead to be the main contact for the EMR vendor. This allows for consistent communications and helps with planning and the process as it unfolds.
 - You can't be too granular in your planning. The planning process is indispensable but know that there will always be some uncertainties.
- **Timelines**
 - Work with your vendor to determine a timeline for transition. This will often be dictated by the vendor based on resource availability but ensure that it works with the clinic staff and physicians as well.
 - Take into consideration any holidays, downtime and training needed.
 - The Project Lead will stay on top of timelines and provide updates and ongoing communications to clinic staff and physicians.
- **Training and change management**
 - Don't underestimate the need for training and support.
 - Identify 'super-users' in the clinic.
 - At least one person in each role can receive extra training to support the team, including staff and physicians, right from the start. This can be invaluable during the initial weeks.
 - Any training that can be done before go-live will save you a significant amount of time in your initial weeks.
 - Ensure that physicians and staff are trained in advance.
 - Assign specific super users to provide coaching and support when the vendor is not available.
 - Don't underestimate the time required for training.
 - Ensure you are clear as to what training is included with the transition and what is going to cost the clinic extra.
 - Be clear on whether the training is in person or online.
 - Consider booking follow up training sometime after go-live as well as initial training.
 - Ensure there is adequate go-live assistance.
- **Permissions**
 - During your planning for transition, talk with your team about any permissions you want or do not want to have in the new EMR.
 - Consider maximizing the transparency of the chart and encourage a strong team-based approach to patient care. See the [CPSA's EMR Checklist for Physicians, EMR Responsibility Matrix](#) to help you with this.
- **Requisitions and templates**
 - Make a list of all your commonly used requisitions and templates. Give your new vendor this list to have them imported.
 - If possible, have the EMR trainer do this for you.

- **Standardization in the new EMR**
 - Document where you want things to go before you start entering data in the EMR.
 - Are there any ways you can take advantage of this time to standardize elements of your EMR?
- **Current versus future features and functionality**
 - If you are using features that support your workflows, ensure that if your new EMR does not maintain or improve workflows, that you have established alternate workflows to accommodate.
 - Consider using a sandbox of the incoming EMR to help you with this step.
- **Technology**
 - Be clear upfront about the changes required and who is going to lead this in your clinic.
 - Consider hiring an external person to deal with the technology side of the implementation if needed.

Tips for a successful EMR transition

- The selection of an EMR should be a group decision.
- Include everyone (physicians, staff, management, etc.) in the planning.
- Ensure there is adequate support available from your EMR vendor.
- Don't be shy with your asks of the vendor.
- Split and delegate responsibilities – hardware, software billing staff vs. physician.
- Plan post-implementation bi-weekly or monthly meetings that everyone is free to attend.
 - Regular communication is important to problem solve and share information. Consider things like lunch meetings, drop-ins or group texts to ensure everyone stays connected. Staff and physicians can share features and shortcuts they have discovered and any other ideas.
- Plan ahead and communicate those plans frequently. Do not underestimate the big change you are going to undergo. Things will get back to normal, but you need time to adapt.
- Consider closing your office as recommended by the vendor and reducing your appointment bookings for a week to allow more time to adapt to your new EMR.
- Transitioning to the new EMR will likely require at least a few days of downtime, and there will be a gap between the data extraction and the use of your new EMR potentially – how will you handle both things?
- Tell your patients and have clinic posters indicating you are moving to a new system to encourage their patience during the transition.
- Consider having some people do the basic and advanced training at the same time.
 - You can't do a lot of the data optimization and standardization unless at least someone knows the advanced topics.
- Research other clinics in your area or across the province who are on the same EMR. Stay connected and share tips and tricks with each other.
- Get connected to the [Provincial EMR Network](#) and have at least one person from your team on the new EMR's specific user group. This will help you stay informed on updates, announcements, work happening around the province, and more.
- For any future hiring, consider adding EMR experience to the job description.
- Change can be very challenging. Do not be surprised if there is resistance to change. Comfort with the status quo is extraordinarily powerful. Fear of moving into an unknown future state creates anxiety and stress, even if the current state is painful. There are many proactive steps that can be used to address and mitigate resistance that should be part of the change management approach on a project. For more information, see the AMA's [managing resistance to change](#) document.

Be kind to yourself and your team! This can be a stressful time; everyone is in the same boat and learning as well.