

EMR Adoption Program New EMR Adopter Funding Funding Application

Form Purpose: This form is used by community-based physicians, both family practitioners and specialists, to apply for New EMR Adopter Funding. Applicants can be recognized groups, e.g., FHNs, FHOs etc., or sole practitioners.

Form Attachments: Attached to and part of this form are the: (a) New EMR Adopter Funding – Terms and Conditions, (b) the eHealth Ontario EMR Connectivity Guidelines, and (c) the Readiness Self-Assessment.

Readiness Self-Assessment: The Applicant must complete and submit the Readiness Self-Assessment along with the Funding Application to OntarioMD.

Special Conditions of Funding: In total, at least 50% of the physicians in the Applicant Group must either a) agree to participate in the New EMR Adopter Funding program ("Participating Physician") or b) be already participating in the PCIT Program. A certified EMR product must be selected by the Applicant and all its Participating Physicians must agree to implement and use that product. Specifics can be found in the New EMR Adopter Funding -Terms and Conditions.

Signing: Print out this form, complete Parts A through D and have it signed by the Applicant's **Lead Physician** (Part B) and all **Participating Physicians** (Part D).

Form Submission: Mail or fax a completed and signed form to OntarioMD at the following address:
New EMR Adopter Funding
OntarioMD Inc.
150 Bloor Street West, Suite 900
Toronto, ON, M5S 3C1
Fax: 416 623-1249

Questions: For more information on New EMR Adopter Funding, call the general toll free number 1-866- 744-8663 or go to www.ontariomd.ca.

Next Steps: When OntarioMD receives your application it will be reviewed to confirm completeness and determine the Applicant's funding eligibility including the number of funded physician positions. OntarioMD will contact the Applicant to advise it of the results of the review and discuss immediate next steps. This will include assigning an OntarioMD Practice Management Consultant to the Applicant and scheduling a detailed Readiness Assessment.

Part A: Applicant Information

Applicant Name & Contact Information	Name (per Ministry Funding Agreement, if applicable)		Telephone #
	Address		Email
	Type of MOHLTC Funded Group (e.g., FHT, FHN, FHO, FHG, FFS, etc.) _____	Total # of Patients	Contract ID (per MOHLTC Funding Agmt., if app.)
	<input type="checkbox"/> Sole Practitioner		Affiliated LHIN
	Total # of Physicians in Group _____		# of Physicians applying under this Application
Lead Physician Name & Contact Information <i>(where different from above)</i>	Name (first/last)		Address
	Telephone #	Email Address	CPSO#
IT Lead Name & Contact Information <i>(where different from above)</i>	Name (first/last)		Address
	Telephone #	Email Address	CPSO# (if applicable)

Part B: Lead Physician Signature

I, the undersigned, acting as the Applicant's authorized representative and Lead Physician:

- am authorized to submit this Application on behalf of the Participating Physicians listed in this Application; and
- **Privacy Consent:** understand and consent that the information on this form will be collected, used, retained and disclosed to administer the EMR Adoption Program and not for any other purposes. Only persons and organizations authorized by OntarioMD and eHealth Ontario shall have access to and use of this information.

CPSO #	Signature	Signing Date
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Part C: Addenda *(list below any additional correspondence relating to the Applicant's participation in the funding program)*

Part D: List of Participating Physicians & Signatures *List all Participating Physicians here. If the Lead Physician or IT Lead is also participating in the program he or she should be listed below. Attach a separate page if you need more space.)*

We, the undersigned, understand:

- that we are applying for the New EMR Adopter Funding and that all program payments will be made to a single payee set out in the Electronic Funds Transfer Form; and
- **Privacy Consent:** consent that the information on this form will be collected, used, retained and disclosed to administer the EMR Adoption Program and not for any other purpose. Only persons and organizations authorized by OntarioMD and eHealth Ontario shall have access to and use of this information.

Physician Name, Contact Information & Signature	Name (<i>first/last</i>)	Telephone #	<input type="checkbox"/> Specialist Speciality Type:	CPSO#
	Address	Email Address		# of Active Patients
	Signature			Signing Date
Physician Name, Contact Information & Signature	Name (<i>first/last</i>)	Telephone #	<input type="checkbox"/> Specialist Speciality Type:	CPSO#
	Address	Email Address		# of Active Patients
	Signature			Signing Date
Physician Name, Contact Information & Signature	Name (<i>first/last</i>)	Telephone #	<input type="checkbox"/> Specialist Speciality Type:	CPSO#
	Address	Email Address		# of Active Patients
	Signature			Signing Date
Physician Name, Contact Information & Signature	Name (<i>first/last</i>)	Telephone #	<input type="checkbox"/> Specialist Speciality Type:	CPSO#
	Address	Email Address		# of Active Patients
	Signature			Signing Date
Physician Name, Contact Information & Signature	Name (<i>first/last</i>)	Telephone #	<input type="checkbox"/> Specialist Speciality Type:	CPSO#
	Address	Email Address		# of Active Patients
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Physician Name, Contact Information & Signature	Name (<i>first/last</i>)	Telephone #	<input type="checkbox"/> Specialist Speciality Type:	CPSO#
	Address	Email Address		# of Active Patients
	Signature			Signing Date
	Address	Email Address		# of Active Patients
	Signature			Signing Date

Reviewed by Specialist/Date	Approved by/Date	Funded by/Date
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Readiness Self-Assessment

Why a Readiness Assessment?

Moving from paper-based charts to electronic medical records (EMR) requires practice wide commitment and active participation, workflow change, and considerable time and effort from all staff.

A Readiness Assessment has been identified as an important pre-adoption exercise. It assesses preparedness across a number of key factors that affect EMR adoption. OntarioMD uses a two step readiness assessment process.

- 1) The Readiness Self-Assessment helps you to take stock of why your practice is adopting an EMR and the commitment to the effort you and your staff will be required to make. The Readiness Self-Assessment will help you identify how prepared you and your staff are in each critical area.
- 2) After completion of a Readiness Self-Assessment for your practice, an OntarioMD Practice Management Consultant (PMC) will meet with your practice to conduct a more detailed assessment.

The Readiness Assessment process will either confirm that you are ready to proceed to select and implement an EMR or identify the areas you will need to work on in order to be fully prepared to make adoption quicker and easier. The better prepared you are, the smoother your transition will be when selecting and implementing your EMR.

How to Answer the Readiness Self-Assessment.

Select the response which most closely matches your current situation, if not sure, it is better to underestimate your level of readiness.

Responses are confidential between your clinic, OntarioMD and eHealth Ontario.

Completed by – Name:		Title:
Telephone – Backline:	Cell Number:	Email:
Project Contact – Name:		Title:
Telephone – Backline:	Cell Number:	Email:

1 - Practice Profile

Practice Model - e.g., FHT, FHN, FHO, FHG, FFS, RNPGA: _____	Number of Clinic Sites: ____ # of FHOs/FHNs if a FHT: ____	LHIN
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2 - Electronic Medical Record Use

Do you currently use an EMR?

<input type="checkbox"/> Yes	Identify vendor EMR:	Ablesoft <input type="checkbox"/>	Jonoke <input type="checkbox"/>	Practice Solutions <input type="checkbox"/>
		Alpha Global <input type="checkbox"/>	Nightingale <input type="checkbox"/>	York Med <input type="checkbox"/>
		Clinicare <input type="checkbox"/>	Oscar (McMaster) <input type="checkbox"/>	xwave <input type="checkbox"/>
		Healthscreen <input type="checkbox"/>	P&P <input type="checkbox"/>	Other: _____
	Identify each function you currently use:	Scheduling patient appointments _____: <input type="checkbox"/>	Entry of patient Problem Lists _____: <input type="checkbox"/>	
		Billing _____: <input type="checkbox"/>	Preventive care management _____: <input type="checkbox"/>	
		Manage lab results _____: <input type="checkbox"/>	Automated alerts _____: <input type="checkbox"/>	
		Medication management, including new prescriptions & renewals _____: <input type="checkbox"/>	Scan/Store patient documents _____: <input type="checkbox"/>	
			Encounter visit documentation _____: <input type="checkbox"/>	
<i>Stop Here - Do not complete the Self Assessment below.</i>				
<input type="checkbox"/> No	If No, proceed with Self-Assessment below.			

3 - Practice Computer Experience

This section assesses your **practice's** proficiency in foundational computer skills that will help you use your EMR productively.

Staff Complement		Number of Staff who describe their proficiency with word processing, email & internet as: <i>(should add up to Total # across each row)</i>		
	Total #	# Little or None	# Good	# Excellent
Physicians				
Other Clinicians				
Support Staff				

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Circle the Readiness State for each line below that best reflects your situation

				Estimated Readiness State		
		Need to address certain areas before proceeding	→	Well positioned to proceed		
4 - Practice Capacity for Change						
Most practices find implementing an EMR to be a disruptive process. While it takes valuable time in the short term, it can significantly improve your success if you plan ahead. There should be no major changes taking place in the practice while you are implementing an EMR as they will compete for your scarce time and resources.						
Clinician complement over the next year	Mostly understaffed.	Occasionally understaffed.		Will be at full complement.		
Support staff complement over the next year	Mostly understaffed.	Occasionally understaffed.		Will be at full complement.		
Office changes over the next year	Office relocation or major renovations planned.	May be moving or considering major renovation.		No plans to move or undergo major renovations.		
Clinician and support staff time availability for EMR adoption	Little time available.	Hoping to work it into the normal workload.		Will commit the time required to follow the adoption plan.		
5 - Practice Aptitude for Change						
How does your practice typically approach change? Anticipating and thoroughly preparing for change and involving all members of the practice improves the process and produces better results in less time.						
How does the group embrace change?	Not sure how best to go about change. Tend to respond only to major issues.	Able to modify existing processes when issues arise. Have not optimized how the group works together.		Able to embrace change and create new solutions. Strong commitment by group to optimize changes.		
EMR planning and decisions will be made by	A designated investigator only.	A small implementation team only.		Everyone at stages along the way Will have a collaboration plan.		
Research on EMR benefits and challenges	No investigations have begun yet.	Some investigation has been done.		Have done considerable investigation (e.g., reading; site visit to colleagues).		
How do you plan to communicate and coordinate the work effort?	Each person is on their own.	Address it as the need arises.		Will develop a communication plan and hold regular meetings.		
Clinicians agree EMR adoption will be worth the effort	Not all agree that an EMR is necessary or are committed.	Are willing to give it a try.		Believe an EMR will improve patient care and office efficiency.		
A physician champion/IT Lead has been chosen.	No, little interest in taking this on.	Yes, someone has volunteered but has limited time and/or knowledge.		Yes, is knowledgeable, enthusiastic and will make time available.		

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6 - EMR Adoption – Benefits and Challenges

A clear vision for why you are adopting an EMR and expectations regarding benefits and challenges, are key determinants for your success. The following section identifies the benefits in using an EMR in your practice and your understanding of the challenges you will face in adopting an EMR.

EMR Adoption is viewed	Primarily as an opportunity to receive the EMR funding.	Primarily to achieve workflow efficiencies.	As a mechanism to improve care delivery and workflow efficiencies.
Has the group identified any EMR adoption concerns?	Have not thought about it yet.	Some concerns identified but only at a high level.	Yes, list of concerns and impact on practice has been identified.
How will you enter your clinical patient information from your paper charts?	Office staff will take care of it.	Office staff will enter information. Physicians will review.	All entry of clinical information will be done by clinically trained staff and reviewed by a physician if not entered by the physicians themselves.
Learning to use the EMR will take time and instruction of how to use the various features.	Will figure it out as we go.	Will only need the initial basic training.	Will work up from basics to more complicated functions through several training sessions spread over time.
To get more out of your EMR you will likely need to change your workflow.	Will select an EMR which allows us to maintain all our existing workflows.	Will choose an EMR which most closely matches our existing workflow.	Understand that EMR adoption is an opportunity to evaluate and improve existing workflow processes; as well as requiring adaption to the selected EMR
Implementing an EMR will take extra time out of the normal workday – How do you plan to compensate for this?	No plans at this time.	Aware, but not sure how much or how to plan for this.	Expect to have to put in additional time during the first six months. May reduce workload or get additional help.
How will you address the privacy and security implications of EMR adoption?	Don't need to – it takes care of itself.	Use passwords and secure the equipment.	Will develop a comprehensive Privacy & Security plan to train staff and secure all data.
You will likely need technical support to ensure the EMR is available when needed.	Haven't thought about what will be needed.	Expecting the EMR vendor to provide all the support.	Will arrange for local technical support and regular maintenance of the system.

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