



The President's Letter

Dr. Christopher J.(Chip) Doig



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Dear Member:

Invoice-based reimbursement

On January 1, 2010, the Physician Office System Program (POSP) will introduce a new invoice-based reimbursement structure for Vendor Conformance and Usability Requirements (VCUR) 2008 systems, replacing the grant funding program that has been used since POSP began.

Invoice-based reimbursement will require proof of individual expenditures, while the grant formula does not. POSP will make additional information regarding this new process available later this month.

At the fall Representative Forum (RF), delegates supported a resolution to change POSP's reimbursement mechanism. Invoice-based reimbursement will provide a consistent and equitable approach.

The current 70-30 formula will remain with Alberta Health and Wellness (AHW) being responsible for 70% of the costs and physicians for 30%. It recognizes the respective benefits to, and value from, the computerization of physician offices.

This change results from POSP moving to three vendors – Med Access, Practice Solutions and Wolf Medical Systems. It has been a long and thorough process, and has involved physicians in most steps along the way.

These superior, newly qualified electronic medical records (EMRs) are “turnkey.” They will include software, hardware, networking, interoperability with Alberta Health Services (AHS) and AHW systems, ongoing training, and 24/7 support within the offering and cost of the solution.

Funding for newly qualified EMRs

To receive funding for newly qualified EMRs, physicians must engage POSP resources to ensure a number of key documents are completed: vendor-physician contracts, a current privacy impact assessment, and an approved project plan. POSP has many resources in place to assist the physician clinics and vendors to succeed in the initiation and deployment phases.

POSP has many services and resources in place, and physicians and their clinics are encouraged to contact their POSP change management advisor and to avail themselves of POSP resources. Contracts submitted to POSP without its prior involvement and without proper documentation will not be approved for funding.

Newly qualified EMRs “business pilot”

Before physicians can use newly qualified EMRs, the vendor must complete an additional requirement referred to as the “business pilot.” The three vendors are at various stages in this process. Although all are allowed to promote and market their solutions, none can deploy them until this phase has been signed off. All three vendors are expected to be ready for full-scale deployment by January 1, 2010.

Key challenges

Although substantial progress has been made, a number of significant challenges remain, including:

Archiving

There’s significant concern regarding the legal, workflow and cost implications of maintaining and accessing patient information held in “legacy” EMRs, especially during the initial period when the new EMR solution is being introduced and becoming fully populated. POSP is engaging with the College of Physicians and Surgeons of Alberta and other key stakeholders to develop effective short-term access and longer-term archival solutions.

Connectivity

Connectivity is an important component of the turnkey solution. Some members have raised concerns regarding the availability of fast, reliable and cost-effective network connections in rural and remote communities. The Alberta Medical Association (AMA) is working with POSP and the three vendors to clarify the features and choices.

Data conversion

Migrating data between EMR solutions poses a significant challenge. POSP has engaged an internationally recognized data migration/integration vendor to develop data transfer templates between the legacy and newly qualified EMRs.

POSP will also help physicians to understand their options and the implications associated with each, e.g., the extent and limitations of data conversion. It is important to note that some legacy vendors are better positioned to assist with the extraction of data than others.

Funding continuance

Under the trilateral master agreement, POSP funding is certain until March 31, 2011. The Board of Directors and RF have identified continuance of funding and program support as a key issue and efforts are underway to resolve this.

Foreseen and unforeseen

When the Physician Office System Program started, the focus was on the marketplace providing choice and recognizing differences in physicians' practices, e.g., specialists, family physicians, office requirements, urban/rural, hospital-/community-based, etc., and providing choice for physicians. This resulted in about a dozen vendors, many of them Alberta-based.

The trilateral decision in the last fiscal agreement was to reduce the number of POSP vendors to three. One major, and obvious, implication was the impact on those vendors that were unsuccessful in being one of the final three.

Would they continue to exist? Would they continue to stay in the business of computerizing physician offices? Would they be willing to cooperate with POSP as physicians moved over to their competitors? What could POSP do if they refused to cooperate? What would be the impact on the province's goal of a viable provincial electronic health record (EHR)?

These questions about these original "legacy" vendors are no longer hypothetical except for Wolf Medical Systems and Med Access, which are among the final three.

Moreover, because it is going to take several years at a minimum to move all Alberta physicians to the new vendors, the viability of the legacy vendors and their business practices has become even more paramount!

The AMA and its representatives continue to work with POSP, AHW and AHS to try and address these issues and other outstanding items.

Physicians having access to required information and using secure, integrated systems at the point of care are essential building blocks in creating an efficient and sustainable health care system. Having the right information and the proper tools will help physicians continue to put Patients First®.

Yours truly,

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President