

APPENDIX H

PHYSICIAN INFORMATION TECHNOLOGY OFFICE

WHEREAS:

- A. The e-Health Steering Committee has developed, and the Ministry has published, the e-Health Strategic Framework dated November 2005 which describes British Columbia's longterm vision for e-Health initiatives, including the components related to the Electronic Health Record (the "**e-Health Strategic Framework**");
- B. In order to enhance the effective delivery of services by physicians in British Columbia, the Government and the BCMA have agreed to work collaboratively to co-ordinate, facilitate and support information technology planning and implementation for physicians as it relates to the e-Health Strategic Framework, including the development and implementation in British Columbia of standardized systems of electronic medical records; and
- C. For the purposes described in recital B, the Government has agreed to establish and support a physician information technology office.

ARTICLE 1 – INTERPRETATION

1.1 Definitions

In this Appendix including the recitals and Schedules to this Appendix, the following words and expressions have the following meanings:

- (a) "**ASP**" has the meaning given in paragraph 1 of Schedule 1 to this Appendix.
- (b) "**BC Leadership Council**" means the council comprised of the chief executive officers of the Health Authorities in British Columbia, which provides advice and recommendation to the Deputy Minister of the Ministry on the strategic direction, management and accountability of the health care system.
- (c) "**Core Data Set**" has the meaning given in Schedule 2 to this Appendix.
- (d) "**e-Health Steering Committee**" means a committee of representatives of the Ministry, the Health Authorities, the BCMA and other health care provider groups, whose mission is to accelerate the development and implementation of e-Health systems for British Columbia.
- (e) "**e-Health Strategic Framework**" has the meaning given in recital A of this Appendix.

- (f) “EMR” means a standardized system of electronic medical records described in Schedule 1 to this Appendix.
- (g) “**Physician Master Agreement**” means the agreement titled “Physician Master Agreement” and entered into as of November 1, 2007, among the Government, the MSC and the BCMA.
- (h) “**Physician Network**” has the meaning given in Schedule 1 to this Appendix.
- (i) “PITO” has the meaning given in section 2.1 of this Appendix.
- (j) “**PITO Program Director**” has the meaning given in section 2.3 of this Appendix.
- (k) “**PITO Steering Committee**” has the meaning given in section 2.2 of this Appendix.
- (l) “**SPEED Committee**” means the Special Physician Engagement Expert Delegate Committee, which was established on August 15, 2005 and reports to the e-Health Steering Committee, and is responsible for building the capacity of physicians to adopt and implement electronic health systems in British Columbia.
- (m) “**Term**” has the meaning given in section 2.1 of this Appendix.

ARTICLE 2– FORMATION AND STRUCTURE OF PITO

2.1 Formation of PITO

The Government has established a physician information technology office for British Columbia (the “PITO”). The PITO shall operate as necessary during the term commencing on April 1, 2006 and ending on March 31, 2012 (the “Term”).

2.2 PITO Steering Committee

Management of the business and affairs of the PITO shall be governed by a steering committee (the “PITO Steering Committee”) comprised of six members, three of whom shall be appointed by the Government, and three of whom shall be practising physicians appointed by the BCMA. The PITO Steering Committee shall report to the e-Health Steering Committee. The PITO Steering Committee and the e-Health Steering Committee shall communicate on a regular basis and shall meet at least twice during each year of the Term. The PITO Steering Committee shall be responsible for the carrying out of the mandate of the PITO as provided in this Appendix. The PITO Steering Committee shall act by consensus decision. If the PITO Steering Committee cannot reach a consensus decision on any matter requiring a decision by it, the matter shall be referred to the MSC, or its successor, which shall determine the matter.

2.3 PITO Program Director

The business and affairs of the PITO shall be managed by a program director (the “**PITO Program Director**”) who will report to the PITO Steering Committee. The PITO Program Director shall be jointly selected by the BCMA and the Government. The responsibilities of the PITO Program Director shall include:

- (a) setting up an office for the PITO in Vancouver, British Columbia, and hiring staff, within administrative budgets established by the PITO Steering Committee in accordance with section 2.4;
- (b) providing progress reports on the work of the PITO to the Board of Directors of the BCMA and to the BC Leadership Council twice annually; and
- (c) carrying out the purpose of the PITO and other duties as may be assigned by the PITO Steering Committee.

2.4 PITO Administrative Budgets

For each Fiscal Year of the Term the PITO Steering Committee shall establish a budget for the administrative costs of the PITO, which shall be provided within the funding to be provided pursuant to section 19.4 of the Physician Master Agreement, provided that the aggregate of all the yearly budgets for administrative costs of the PITO over the Term shall not exceed \$3.5 million (although that figure may be increased if funds are made available for that purpose from sources other than the funds referred to in section 19.4 of the Physician Master Agreement). The administrative costs of the PITO for the purposes of such budget shall include:

- (a) office costs;
- (b) PITO Program Director and staff salaries, benefits and expenses;
- (c) costs of BCMA physician appointees’ participation (other than employees of the BCMA) on the PITO Steering Committee, the SPEED Committee and the e-Health Steering Committee; and
- (d) costs of administrative and clerical support required for the work of the PITO Steering Committee.

If the PITO Steering Committee cannot reach a consensus decision on the budget for administrative costs for any Fiscal Year of the Term, the matter shall be referred to the MSC, or its successor, which shall determine the matter.

2.5 SPEED Committee and e-Health Steering Committee

The SPEED Committee and the e-Health Steering Committee shall:

- (a) provide advice and input to the PITO on the establishment and implementation of the use of information technology by physicians, including appropriate provincial EMR standards to enable connectivity; and
- (b) coordinate information technology activities identified by the General Practice Services Committee, the Specialist Services Committee, the Shared Care Committee, the Joint Standing Committee on Rural Issues, and the Alternative Payments Committee which shall facilitate the achievement of the objectives of those committees.

ARTICLE 3– PURPOSE AND ACTIVITIES OF PITO

3.1 Purpose

The Government and the BCMA agree that the purpose of the PITO is:

- (a) to promote the use by all physicians in British Columbia of an EMR as their principal method of record keeping for patient/clinical records
- (b) to develop a program to advise, assist and provide support to physicians in connection with such physicians subscribing to and adopting an EMR as their principal method of record keeping for patient/clinical records;
- (c) to facilitate the adoption by physicians of an EMR and other information technology solutions for their practices by supporting interested physicians in expanding their use of information technology and providing technical support and advice to physicians with respect to:
 - (i) information technology training services and information technology change management services, for physicians and their staff;
 - (ii) the purchase by physicians of suitable hardware and software packages;
 - (iii) the acquisition by physicians of secure, high speed internet and email service for their offices;
 - (iv) access by physicians to approved EMR applications with built in chronic disease management toolkit functionality, including licensing and maintenance; and
 - (v) access by physicians to e-prescribing of pharmaceuticals and to lab test results, if and when these services become available;

- (d) to consult with other jurisdictions on approaches to expanding the use of information technology by physicians, in collaboration with the e-Health Steering Committee and the SPEED Committee;
- (e) to facilitate the sharing of best practices and experiences among physicians and physician groups, in collaboration with the SPEED Committee;
- (f) to facilitate the development of change management strategies and educational strategies to assist physicians in adopting the EMR and other information technology solutions in their practices; and
- (g) to participate in regular evaluation of the effectiveness of the PITO and the adoption by physicians of the EMR and other information technology solutions, such evaluations to be:
 - (i) prepared jointly by the Ministry, the BCMA and the Health Authorities; and
 - (ii) provided by PITO to the e-Health Steering Committee and the BCMA Board when completed.

3.2 Product Packages for the EMR

The PITO will work with third party suppliers to develop and define packages of hardware, software and other products and services (including secure high speed internet and email services) that will facilitate the adoption by physicians of an EMR as their principal method of record keeping for patient/clinical records, and to make such packages (as they may exist or be altered from time to time) available to physicians on a standing offer basis. Physicians will then be free to choose their EMR solution from those standing offers.

3.3 EMR Products

The EMR products referred to in section 3.2 must:

- (a) automatically generate the Core Data Set as a normal business practice;
- (b) automatically deliver or “push” the Core Data Set generated by a physician’s EMR application to a local or regional ASP;
- (c) support a high level of integration into regional and provincial systems as interfaces to these systems are developed; and
- (d) meet provincial standards for EMR products.

3.4 Access to EMR Information

The Government, through the Ministry, and the BCMA shall jointly develop and maintain a policy and clearly defined rules regarding the use, disclosure and access to EMR data and information in compliance with all applicable freedom of information and privacy legislation and any other relevant legislation. It is the intention of the parties that the policy and rules developed and maintained pursuant to this section will contemplate the availability of and allow to be used certain EMR data and information on an aggregate basis for health system planning by the Government, with appropriate protections for the privacy of individuals.

3.5 Program and Budget for Implementation of PITO Purposes

The PITO Steering Committee shall develop a program, strategy and timetable for:

- (a) the implementation and adoption by physicians in British Columbia of an EMR as their principal method of record keeping for patient/clinical records;
- (b) for other IT solutions for physician practices; and
- (c) for other purposes of the PITO set out in section 3.1;

and for each Fiscal Year of the Term the PITO Steering Committee shall establish a budget therefor, consistent with the Ministry's e-Health Strategy, within the funding provided for the PITO pursuant to section 19.4 of the Physician Master Agreement. If the PITO Steering Committee cannot reach a consensus decision on such a budget for any Fiscal Year of the Term, the matter shall be referred to the MSC, or its successor, which shall determine the matter.

3.6 Voluntary Implementation of the EMR by Physicians

Physicians shall adopt an EMR as their principal method of record keeping for patient/clinical records on a voluntary basis.

3.7 Financial Assistance to Physicians Adopting the EMR

As part of the program for implementation of an EMR by physicians in British Columbia, the PITO Steering Committee shall provide a program and policies for providing financial assistance to physicians adopting an EMR as their principal method of record keeping for patient/clinical records, within the budgets determined pursuant to section 3.5. This will include reimbursement for 70% of the cost paid by physicians for product packages made available to them pursuant to section 3.2.

SCHEDULE 1 to APPENDIX H

DESCRIPTION OF THE ELECTRONIC MEDICAL RECORDS SYSTEM

1. Each EMR shall be hosted in a securely managed non-Government and accredited third party service provider (“ASP”) environment connected to a secure British Columbia physician network (the “Physician Network”) Individual physician practices will have a secure, private and separate database or virtual database for their data in this professionally managed environment.
2. The principal responsibility for custodianship of the EMR data of a physician shall reside with the physician.
3. The EMR shall include the Core Data Set which shall be a key tool in providing patient care and health system planning. The Core Data Set for each patient shall be available to health care providers, other than the primary physician, in compliance with all privacy laws and regulations, and any other relevant legislation, and on a need to know basis, in order for those health care providers to administer health care services to a particular patient.
4. The Core Data Set may reside in a number of locations, including with a local or regional ASP, in order to facilitate direct patient care and/or health system planning. Information will be transmitted via the Physician Network. The use or disclosure of the Core Data Set must comply with all privacy laws and regulations, and any other relevant legislation.
5. The establishment and operation of Core Data Set projects shall include physician participants.
6. The EMR shall follow a distributed model which provides that the Core Data Set is delivered or “pushed” to a local or regional ASP so that the updated data is available at all times to manage planned and unexpected data queries.
7. EMR products, the availability of which is arranged by the PITO, will automatically generate the Core Data Set as a normal business practice.

SCHEDULE 2 to APPENDIX H

DESCRIPTION OF THE CORE DATA SET

The “**Core Data Set**” includes the following information with respect to a patient:

- (a) demographic information;
- (b) current conditions;
- (c) past medical and surgical history;
- (d) allergies/alerts;
- (e) current medications;
- (f) immunizations;
- (g) advance directives; and
- (h) most recent and critical diagnostic data;

and will be further defined with data elements and data standards.