

# MSA EHR Engagement One-Time Funds Funding Guidelines

## Overview

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MSAs can receive one-time funding in the amount of \$50,000 for Tiers 2-6 and \$35,000 for Tier 1 sites for EHR engagement work. Funding requests must meet the below criteria and be submitted to the SSC for approval through your Engagement Partner. After approval, a fund transfer agreement will be issued for the MSA to receive the funds. For examples of MSA EHR activities, please refer to the Appendix.

### FUNDING CAN BE USED FOR:

- MSA EHR sub-committee physicians<sup>1</sup>, time preparing for and attending meetings
- MSA executive and/or MSA EHR representatives' time spent at EHR related meetings at the site, sub-regional or health authority-wide level before and after go-live
- MSA approved physician visits to sites who have already gone live
- MSA support staff to coordinate and track MSA-EHR related engagement work:
  - Administrative support for FE funded EHR-related meetings
  - MSA communication support on EHR-related information
  - Coordination or project management support for MSA approved EHR-related activities

### FUNDING CANNOT BE USED FOR:

- EHR's capital and operating expenses
- Physician up-staffing
- Physicians' time that is the health authority's responsibility to fund as part of EHR implementation, including but not limited to:
  - Health authority EHR Physician Champion<sup>2</sup> roles
  - Physicians who hold formal health authority contracts to implement EHR
  - Physicians' time spent in formal EHR training and other training that is essential for implementing EHRs (e.g., dictation)

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#### <sup>1</sup> Purpose of MSA EHR Sub-Committees:

- To be a vehicle that leverages MSA participation in EHR development, implementation and communication.
- To be a MSA point of contact for EHR leadership to share information and discuss relevant matters.
- To allow dedicated space and time for MSA members to discuss and prioritize EHR-related issues brought forward from MSA members.

<sup>2</sup> **Physician Champions (PC)** are health authority directed, selected and/or funded roles to support EHR implementation at their hospital. PCs represent their department in the design and validation of the EHR, act as a two-way conduit between their department and the EHR project team by reporting issues and opportunities, provide peer training and conduct training needs assessments, and build awareness and support amongst their colleagues. PCs are typically compensated through the health authority as was the case at Lions Gate and St. Paul's hospitals.

- Physicians' attendance at sanctioned EHR meetings *prior* to go-live related to:
  - specific engagement demos
  - workflow and order set design sessions

Any additional one-time funding requests initiated by the MSA or health authority that are outside of these funding criteria should be discussed with your Engagement Partner prior to MSA approval. Criteria such as alignment with FE's Memorandum of Understanding's objectives, relevance and magnitude of need and impact, and funding responsibility will be considered.

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## Readiness Criteria

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Before the SSC approves funding requests, the following essential criteria must be met:

### ESSENTIAL:

- The MSA's facility is identified in the health authority's multi-year EHR implementation plan.
- There is a commitment by the health authority and MSA to adhere to the engagement framework outlined in the [2019 Physician Master Agreement's Memorandum of Understanding – Introduction of EHRs in Health Authority Facilities](#).
- Ongoing EHR discussions have been or will be initiated between the health authority and MSA, which include physicians' feedback and input into planning, design and implementation processes.
- MSA and health authority point of contacts for the facility's EHR implementation have been identified.

### RECOMMENDED:

- Go-live date has been confirmed.
- MSA has consulted with other MSAs that have implemented EHRs for knowledge sharing and lessons learned.

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## Additional Funding

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Any unused one-time funding remaining as of March 31, 2022 (end of the 2019 -2022 Physician Master Agreement) will be returned to Doctors of BC within 90 days and not carried over for use by the MSA for other purposes or into the next funding year unless instructed otherwise by the SSC.

MSAs can use their local FE funds to augment the one-time funds provided by the FE program. To ensure consistency, these guidelines should be applied if the MSA decides to use their site FE funds.

MSAs may also submit an application for the Facility Engagement Extraordinary Site Contingency Fund, which provides support to MSAs who demonstrate financial need over and above their annual allocation on a one-time, annual basis. Please contact your Engagement Partner for further information.

## Appendix: Examples of MSA EHR Activities

The following examples are drawn from physician-initiated Facility Engagement (FE) activities across BC listed in the Site Engagement Activity Tracker (SEAT) and the Facility Engagement Management System (FEMS). This list is non-exhaustive. For more information, including site contact details, visit the [SEAT Database](#).

### MSA EHR Subcommittees

**BC CANCER AGENCY MEDICAL STAFF ENGAGEMENT SOCIETY (BCCA MSES): CST Subcommittee.** This subcommittee aims to increase physician engagement with CST/Cerner implementation processes. The subcommittee supports the BCCA MSES Working Group on matters including, but are not limited to: 1. Consolidating feedback from BC Cancer medical staff to the CST Implementation Team 2. Determining optimal two-way communication channels through which medical staff can provide feedback to CST leadership 3. Identifying the best ways to communicate CST-related issues of importance back to BC Cancer medical staff 4. Providing recommendations on using available resources to support CST implementation activities for medical staff 5. Continuing to act as the link between BC Cancer medical staff and the CST Implementation Team after the initial activation of the CST project at BC Cancer.

*Search SEAT "[BC Cancer Agency \(BCCA\) Medical Staff Engagement Society \(MSES\) CST Subcommittee](#)"*

**SOUTH ISLAND FACILITY ENGAGEMENT INITIATIVE SOCIETY: IHealth Subcommittee.** The inaugural meeting of the IHealth Committee of the South Island MSA took place in January 2021. The current situation was presented, and several topics were reviewed and discussed by the Committee. Future meetings will be held, but communication will take place mostly by email. The aim is to increase physician participation in IHealth discussions and decision making, involve physicians in IHealth topics of interest, solicit opinions and feedback on Island Health's plans for IHealth rollout

**LIONS GATE HOSPITAL PHYSICIAN ENGAGEMENT SOCIETY: CST Subcommittee.** This subcommittee meets once per month to discuss ways to improve communication between MSA and HA partners, as well as to address issues that arise as demonstration sessions and training begins.

**PRINCE GEORGE MEDICAL STAFF PHYSICIAN ASSOCIATION: EHR Subcommittee.** The UHNBC FE EHR subcommittee will engage medical staff and advise the MSA and Northern Health on matters of importance to the successful implementation of the EHR at UNHNBC. The key goal is to support the successful implementation of the EHR in the facility. The EHR Subcommittee's purpose is to be a vehicle that supports MSA participation in EHR development, implementation and communication, to be a MSA point of contact for EHR leadership to share information and discuss relevant matters, and to allow dedicated space and time for MSA members to discuss and prioritize EHR-related issues and concerns brought forward from MSA members.

**PROVIDENCE HEALTH CARE MEDICAL STAFF SOCIETY: Clinical & Systems Transformation (CST) Subcommittee.** This subcommittee's purpose is to engage PHC Medical Staff and advise MSA executives and CST leadership on matters of importance to the successful implementation of CST at PHC. This subcommittee works on the creation and monitoring of a MSA engagement/communication strategy and work plan to build awareness and readiness of the medical staff for CST implementation, identifying gaps and alignment opportunities between the MSA and PHC CST governance and input structures, co-developing an evaluation/measurement strategy to evaluate the success of engagement strategies and impacts to medical staff and patient care. There has been strong PHC representation on the Working Group and throughout the development and implementation of related activities.

*Search SEAT "[Clinical and Systems Transformation \(CST\) Collaborative Subcommittee](#)"*

## EHR Planning Meetings

**ROYAL INLAND HOSPITAL AND HILLSIDE PHYSICIAN ASSOCIATION: Starting the EHR conversation on Advancing Care Electronically (ACE).** ACE is a clinically driven project aimed at improving care for the patients through clinical decision supports and data flow. Through this work, physician leads will provide feedback, and input into planning design and implementation process by meeting with the health authority at the site level to ensure clear processes are established for reporting issues, questions and problems. The objectives of this activity: Improve care for the patients through clinical decisions supports and data flow, increase efficiency for the care providers (physicians, nurses, allied health professionals), help optimize the system from workflow to decision making.

Search SEAT "[Advancing Care Electronically \(ACE\)](#)"

**PROVIDENCE HEATH CARE MEDICAL STAFF SOCIETY: Cerner/CST Forum - Conversations that Matter to Physicians.** Modernizing IT and Physician Community and Wellness medical staff society subcommittees facilitated a multi-engagement site forum, to engage physicians in dialogue about the experience of CST/Cerner implementation. Forty-five physicians from five regional sites participated in the forum. PHC's CST Engagement group described a plan with key areas of focus to enable successful CST preparation, implementation, and post-implementation at PHC and other sites in the region.

Search SEAT "[Cerner/Clinical & Systems Transformation \(CST\) Forum - Conversations that Matter to Physicians](#)"

**PROVIDENCE HEATH CARE MEDICAL STAFF SOCIETY:: Extraordinary meeting to voice questions and concerns prior to go-live date and learn from another site.** The purpose of this extraordinary MSA Meeting is for the PHC Medical Staff to address their concerns about CST/Cerner and to identify actions and supports to enable Go-Live on Nov 16, 2019. Cerner Implementation Physicians will be present and will answer questions and concerns submitted by the Medical Staff. Lions Gate Hospital physicians will be attendance to share their experience with CST/Cerner and how life is post Go-Live.

**LIONS GATE HOSPITAL PHYSICIAN ENGAGEMENT SOCIETY: CST meeting compensation for non-CST funded physicians.** Compensation of up to 4 hours per meeting is paid toward participating non-CST funded physicians. All CST meetings are included up until 3 months past the go live date. Validation sessions are paid for by VCH.

**VANCOUVER PHYSICIAN STAFF ASSOCIATION: Planning and strategizing meetings.** These meetings are aimed at strategizing and preparing for CST arrival at VCH and Vancouver Acute and its impact on providers, workflow and patient care.

## EHR Site Visits

**VANCOUVER PHYSICIAN STAFF ASSOCIATION: Physician testing Cerner at sites gone-live.** Sessional time is paid for physicians to attend other sites where Cerner is live, to test Cerner. Nominal amount of funds paid (\$<1,000).

## EHR Workshops and Demonstrations

**LIONS GATE HOSPITAL PHYSICIAN ENGAGEMENT SOCIETY: Demo session for non-CST funded physicians.** An initial one hour demo session and then a follow up (up to) 2.5 hour demo session paid to non- CST funded physicians only. Any CST related demo session paid from now until 3 months past the go live date.

**VANCOUVER PHYSICIAN STAFF ASSOCIATION: Workshop series to prepare for the go-live date.** The workshops series provide physicians opportunities to interact with the system, get questions answered and provide feedback. The workshops help physicians prepare for the go-live date, scheduled for July 2020. VPSA and VCH are collaborating on a number of workshops, town halls and presentations. A demonstration of the CST clinical information system was co-facilitated by CST physician leads, the CST chief medical information officer and the CST lead provider for engagement.

## EHR Post Go-Live/Sustainment

**PROVIDENCE HEALTH CARE MEDICAL STAFF SOCIETY: Sharing lessons learned after Cerner/CST launch.**

This activity is aimed at understanding concerns around Cerner implementation at other sites after going live – to hear about their experience with initial implementation, ongoing challenges with the change, and their current state. The CST/Cerner Conversations was held on Jan 14, 2019 at Doctors of BC. The dinner meeting was attended by 45 physicians from PHC, LGH, BCCA, and VGH. Two identified CST "Super Users" came into the meeting and shared their strategies and recommendations about how to use Cerner/CST. PHC CST/Cerner Representatives were also in attendance to bring out clarifications to the matter. The dinner meeting received positive feedback where most physicians agreed that pre-work should be done before getting CST/Cerner go live in their sites and CST/Cerner Team should be committed to assist them at the post-work phase. Further details about the feedback of this event is provided by contacting [pass@providencehealth.bc.ca](mailto:pass@providencehealth.bc.ca).

Search SEAT "[Cerner/Clinical and Systems Transformation \(CST\) - Conversations that Matter to Physicians](#)"

**PROVIDENCE HEALTH CARE MEDICAL STAFF SOCIETY: Optimization sessions.** Immediately post implementation for approx. 3 months, workflow optimization sessions were supported, and tip sheets and videos were created. Physician/medical staff optimization meetings occur over a mutually agreeable time. Meals are reimbursed up to a maximum of \$25 per person. After each session, physicians and medical staff submit summaries of top 1-3 lessons learned and top 1-3 challenges each group would like to see addressed (based on group consensus).

**PROVIDENCE HEALTH CARE MEDICAL STAFF SOCIETY: Physician wellness and support post go-live.** This activity provides an opportunity for physicians to take a break from the busy CST work environment and have a bite to eat. Physicians can take a moment to enjoy the "CST Free Zone" in their medical staff lounges. Food is provided for the first month of go-live.

Search SEAT "[Clinical and Systems Transformation \(CST\) Collaborative Subcommittee](#)"

**PROVIDENCE HEALTH CARE MEDICAL STAFF SOCIETY: Sustainment.** Providence Health Care hired the of chair the EHR Subcommittee to lead CST sustainment work, which was an organizational strategic priority.

**NANAIMO MEDICAL STAFF ENGAGEMENT SOCIETY: Sustainment.** Funding for ongoing EHR work including physician participation in the IHealth Optimization and collaboration with Island Health. EHR subcommittee was repurposed and focused on EHR Stabilization. The focus was on resolving JIRA tickets and system issues.

## EHR Roles

**BC CANCER MEDICAL STAFF ENGAGEMENT SOCIETY: Physician Lead.** The MSA is using their FE annual funds to compensate a MSA Physician Lead role that will support physician engagement, communication, issue identification and escalation with CST administration, and the spread of learnings across the various sites.

**WRINCH MEMORIAL HOSPITAL: Consultant role.** The Consultant will offer support and expertise as Wrinch Memorial Hospital engages in the planning and implementation of EHR. This includes participating in EHR Subcommittee meetings, supporting the MSA to critically evaluate information and functionality aspects of the EHR components in development, assist in translating functional aspects of the build to workflow / charting implications on the ground and overall, support the MSA to provide informed input to Northern Health.