Med Access EMR Guide – Virtual Care and Covid-19

Introduction:

The purpose of this document is to provide some quick and easy steps in using your Med-Access EMR to provide virtual care and some useful COVID-19 resources. Some key principles at this time are:

1) **Document** patients' e-mail addresses and cell phone numbers in the Demographics tab as these are required for virtual care purposes
    a. Clinics already using on-line scheduling and text reminders are well prepared for virtual care services
2) **Obtain Consent.** Following the CPSA advice on virtual care, while regulated virtual care platforms are preferred, unregulated virtual platforms may be used in pandemic circumstances. When using virtual platforms for health purposes, it is important that express patient consent is obtained, even verbally, and recorded in their chart.

Macros

Macros are possibly the most underused and underappreciated functionality in the EMR. They are easy to create and allow you to quickly and easily add preformatted text in any text field. This saves a lot of work on chart entries that are frequently repeated. Macros can be created for use by everyone in the clinic (site macros), or they can be created for individual use only (user macros). As a clinic is adapting to new office processes related to COVID-19 any phrase that a user finds themselves using twice or more per day should be saved as a macro. Here are some simple examples of macros that might be useful for virtual care and Covid-19:

vcdis	Unregulated virtual care technologies increase the risk that your personal health information may be intercepted or disclosed to third parties. These tools are being used as an extraordinary measure during the COVID-19 pandemic when regulated technology is not readily available, and the necessity to keep people from congregating or attending health facilities where they may be exposed to the COVID-19 virus is thought to outweigh the risk of personal privacy breaches on both a personal and population health basis.	
vccon	Informed verbal consent was obtained from this patient to communicate and provide care using virtual care and other communication tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information	
covsymp	Patient is complaining of: shortness of breath, fever, coughing, sore throat, difficulty lying down, difficulty managing complex health conditions due to respiratory illness	

The first two were created using the CPSA recommended text to record a Virtual Care Disclaimer and Virtual Care Patient Consent in a patient's chart. The third is simply a list of common Covid-19 symptoms. Recorded in the EMR as a macro they can then be quickly added to any text field in the EMR by typing in the code ("vcdis", "vccon", "covsymp") and then pressing the Ctrl and Spacebar keys simultaneously.

Macros open up many powerful possibilities in your EMR limited only by your imagination. For detailed instructions on how to create and use them please refer to the Med-Access help files under: Administration and Configuration > Text Macros. You'll be glad you did!

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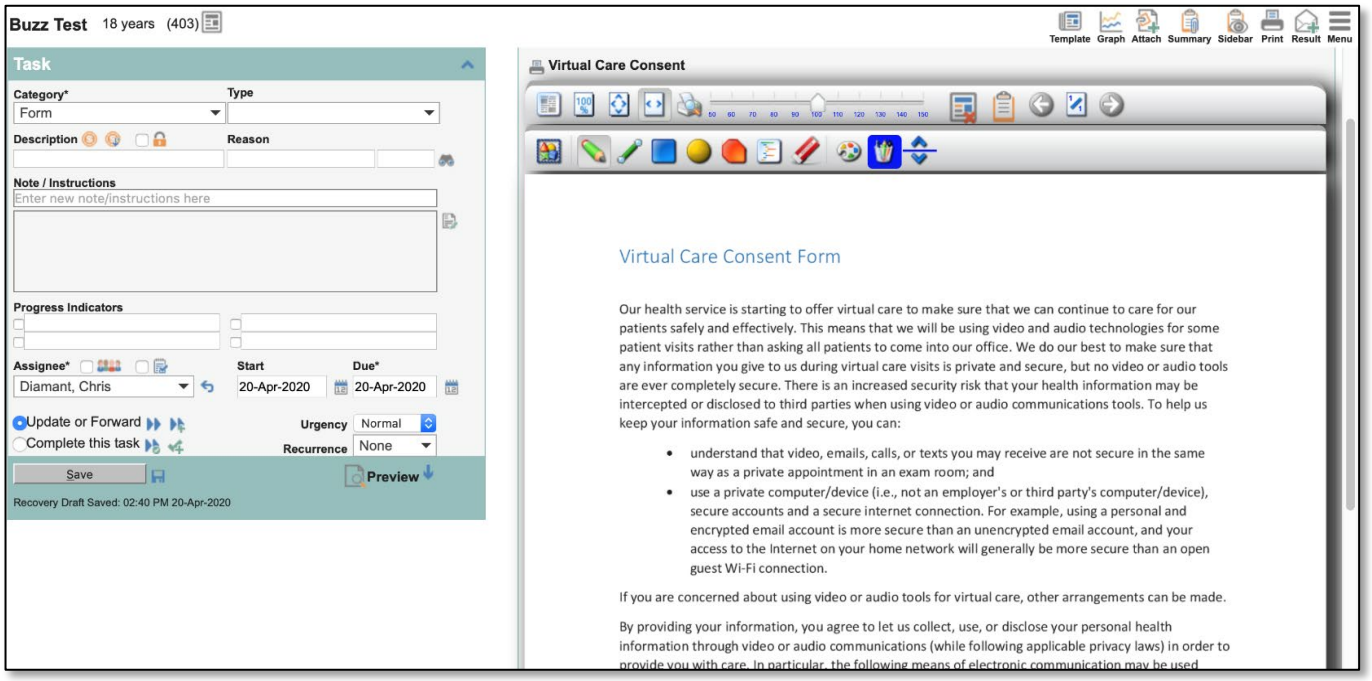
Documenting Patient Consent for Virtual Care Visits

Delivering care virtually can help keep both patients and care teams safe during the pandemic, but it is not without challenges. Detailed information for physicians and teams can be found at both the CPSA website and the AMA website. Advising patients of the risks and obtaining their consent are required activities. Clear and easily accessible records in the EMR will make it much easier for teams to keep clinic workflows running smoothly. Fortunately the team at TELUS Med-Access has created a Virtual Care Consent Form in the EMR that you can add to a task to help with record keeping. You can find it in Observation Templates with the name **"*Virtual Care Consent (AB)**". Here is an example of a task template that could be created for record keeping:



The key here is to ensure you're saving this information according to a workflow process that the whole team is familiar with. This example uses a "Form" task, but of course it should be whatever type of Task or Profile item the clinic is already using for recording consents. This is a generic example and does not reference any specific technology. If you are using one virtual care technology exclusively you may want to adjust the content to reference it by name.

Best practice when it comes to virtual care consent is to obtain consent from patients whenever possible. That way you have the consent on file when you need it and don't have to spend the first part of your virtual visit going over the disclaimer. You may want to have a paper version of this consent form on hand for patients who are coming into the clinic (CMPA recommends having patients sign an informed consent form). If you get it done ahead of time then it won't become a barrier.

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Consent is valid for as long as the parameters of what the patient is consenting to do not change. For example: a patient consents to virtual care today. In 6 months a patient portal is implemented in the clinic. Consent will need to be recollected/re-signed as the patient did not agree to portal use in the original consent.

Tips for Advanced Users

More advanced users might want to set up Clinical Decision Support (CDS) Triggers or Goals to alert them to patients who don't yet have a consent on file. A simple search for a completed Virtual Care Consent could power a CDS Trigger in the appointment window and/or chart to let the team know to do the consent. A Goal could be created to serve the same function.

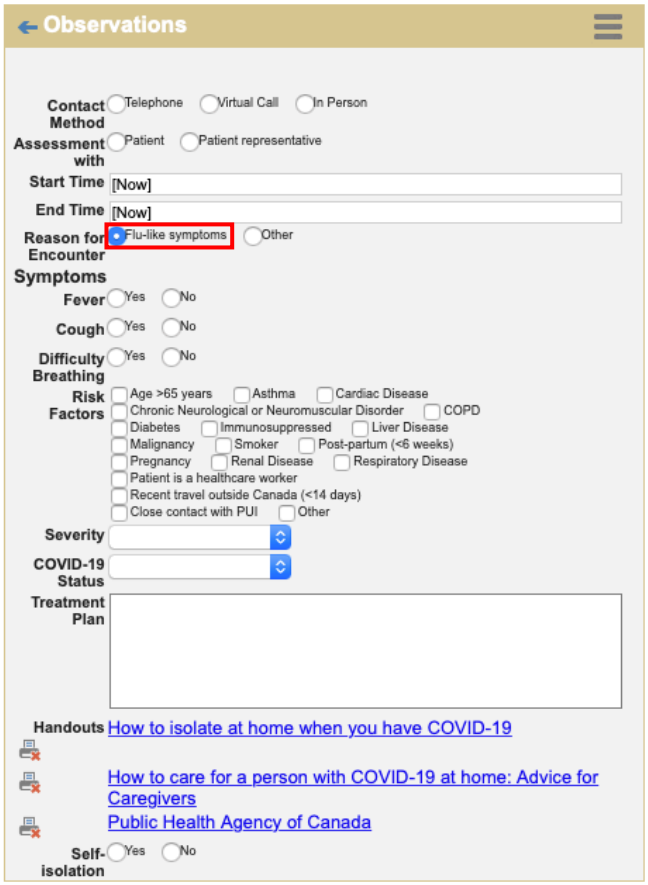
For more information on using CDS Triggers for Patient's Medical Home work please see page 36 of ACTT's Med-Access EMR Guide for Patient's Medical Home and search "CDS Trigger" in the Med Access Help files. More information about using Goals for PMH can be found on page 42 of the Med-Access EMR Guide for Patient's Medical Home and in the Goals section of the Med Access Help files.

Assessment and Visit Templates for Covid-19

Kudos to the TELUS Health Med-Access team for reacting quickly and creating Covid-19 specific resources in the EMR! There are currently two observation templates available that should be very useful. They can be stacked into your Visit on the fly or incorporated into your current templates. You might want to consider making them favourites. They can be searched by name:

- "***COVID-19 Assessment Tool**" (Visit template)
- "***COVID-19 Initial Screening Tool**" (Visit template)

Here is a picture of the "***Covid-19 Assessment Tool**" template:



Note: A number of the fields in this template do not appear until you click the "Flu-like symptoms" radio button.

Here is a picture of the "***Covid-19 Initial Screening Tool**" template:

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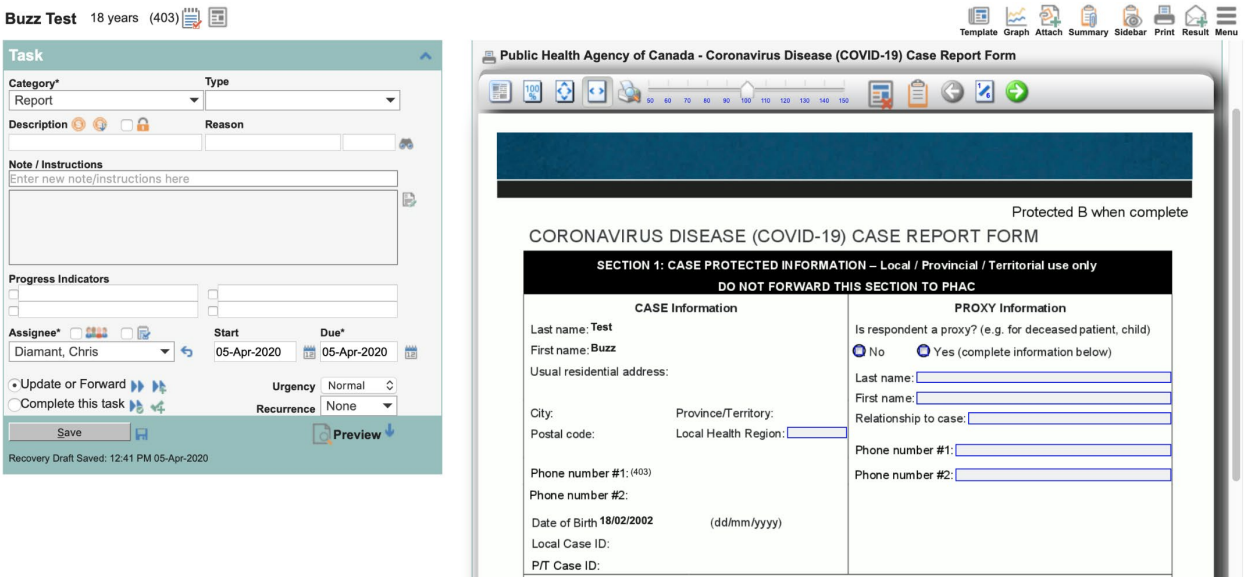
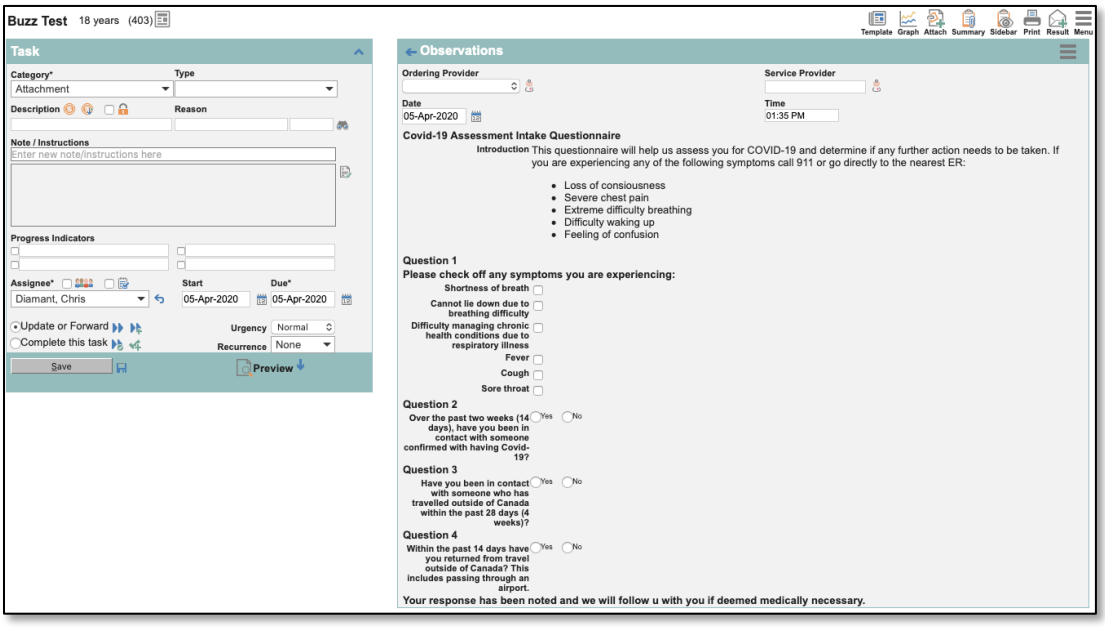
The Med Access team has also loaded the Public Health Agency of Canada's COVID-19 Case Report Form as a "Report" type Observation template. You can find it by searching for the observation template: "***Coronavirus Disease (COVID-19) Case Report Form**"

Here's what it looks like:



Two other helpful resources that you might want to take the time to create in your EMR could be a COVID-19 questionnaire and a virtual visit observation template.

Here is a potential COVID-19 questionnaire that team members could ask patients to respond to over the phone or on intake:



The observation template for this could also be used in a visit.

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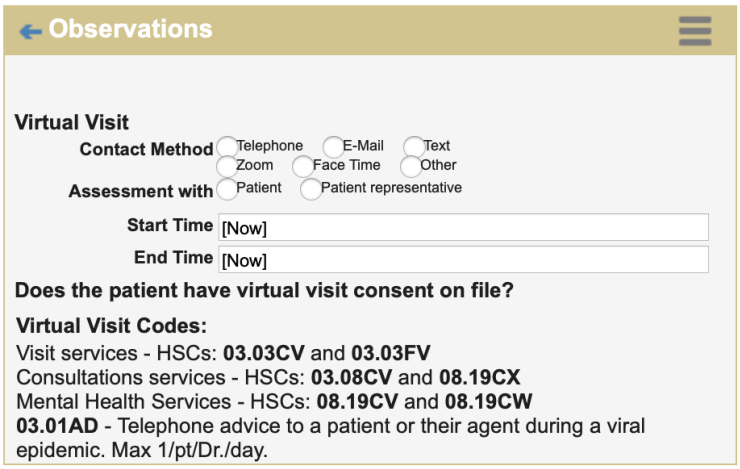
Here is a simple Virtual Visit template that could be created to be used in conjunction with a regular Visit or SOAP template:



Contact method, start time and end time are very important records to keep for virtual visits. Having these fields available during the visit will help keep these records accurate.

Acknowledgement

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References:

Alberta Medical Association: Virtual Care: Helping physicians minimize the risk of exposure to COVID-19
https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care

College of Physicians and Surgeons of Alberta: ADVICE TO THE PROFESSION
COVID-19: Virtual Care
http://www.cpsa.ca/wp-content/uploads/2020/03/AP_COVID-19-Virtual-Care.pdf