

Microquest Healthquest EMR Guide- Virtual Care

Introduction:

The purpose of this document is to provide some quick and easy steps in using your Healthquest EMR to provide virtual care.

Virtual Care Tool Set

Microquest has created an integrated set of tools for virtual care for Healthquest. Please visit the virtual appointment page of the Healthquest website: <https://www.healthquest.ca/healthquest-virtual-appointments/>

The full set of tools that assist virtual care in Healthquest are:

- On-line booking
- Self-check In
- Appointment reminders and confirmations
- Intake Forms
- Patient Portal and Patient Messaging
- Virtual Appointments (with record of start and end time)
- Virtual Appointment Chat integrated into patient chart

See <https://www.healthquest.ca/features/> for more information or contact your Microquest Healthquest client services representative.

Note: the Microquest PIA amendment for the virtual care tools has been accepted by the OIPC.

Selecting Virtual Care Delivery Method

Before using this guide, it is suggested that you review the [Select the optimal care delivery method for patient needs](#) tool. This tool will help you ensure that your clinic has the appropriate safeguards, processes, and tools in place to deliver virtual care

Patient Consent

1. Verbal consent documented in the patient's chart is acceptable as a minimum. It only needs to be recorded once. However, CMPA recommends the use of a signed informed consent form. This will allow the clinic to provide virtual care without needing to obtain consent for every virtual appointment.
 - See the Intake Form for documenting consent
 - If an Intake Form is not used a regular form may be used to document consent

The Intake Form or a form is searchable in the chart.
2. Consider flagging paneled patients who have not yet signed a consent form in the EMR so the clinic team can quickly see patients who need to sign the form when they come to the clinic. Consider flagging patients who are not comfortable with virtual visits and/or e-messaging so your whole clinic team is aware. Flagging could be done using Expanded Notes or a Note on the patient's Client Card

Informed Consent and Documenting Consent

Patients need to be informed of what virtual care services are being provided and how they will be delivered (via clinic or provider email address, text message, invite via application, etc.).

Principles:

- Clinic team members and providers should all be aware of the standard clinic process for informing patients and documenting consent.
- Consent should be documented in a consistent location in the EMR so everyone knows where to find the information.
- Consent needs to be documented once per patient, not for every encounter.

1. Intake Form – Electronic Consent Form

Microquest has a service called “Intake Forms”. Enabled clinics can send a patient a link where they complete the form securely on-line, submit and then the form is sent directly to the patient chart. It is easy to see in the patient chart for patients that have completed the form.

2. Form – Virtual Consent Form

An alternative to using the Intake Form is a regular form. It is called “Virtual Consent Form”. You can use this form to document patient consent and once complete it becomes part of the patient chart and is searchable.

3. Verbal

For offices without the Intake Form service, the clinic may document consent verbally and use an autocomplete to document. Store this in the chart in a place where all providers and team know where it is located. Include who recorded it and the date. It needs only to be documented once per patient.

4. Paper form

Clinics may use a paper form. This [template](#) is available from the CMPA:

Once this form is scanned and indexed using a standardized terminology such as “Electronic Communication Consent”. The clinic EMR administrator can manage the list of Scanned Image Types if you need to add a new scan type to your clinic list.

Electronic Consent
✕

Dixon, Monique
Completed on: **March 31st 2020**
Assigned by: **Bonner, Clark**

This clinic supports the use of electronic communication between our healthcare providers and patients regarding their clinical care. This consent form provides the clinic with your permission to communicate with you electronically. You can withdraw your consent at any time in writing, by phone, or in-person.

Terms of Service

I understand that the clinic cannot guarantee that my electronic communication will be received, read, or responded to promptly. I understand that electronic communication should not be used for time-sensitive issues or medical emergencies.

I understand that it is my responsibility to monitor my electronic communication and to advise the clinic of any changes that may affect how I receive electronic communications.

I understand that healthcare providers may make clinical decisions about my treatment based on information I provide via electronic communication and that this information may be included in my electronic health record.

I understand that electronic communication is not a substitute for an in-person clinical examination and that I may be asked to visit the clinic in-person.

I understand that I may stop using electronic communication at any time, at which point I will notify the clinic in writing, by phone, or in-person. I understand that this consent remains in effect until it is withdrawn.

I understand that my healthcare provider may stop using electronic communication at any time, at which point they will inform me in writing or in-person at my next appointment.

Risks of Electronic Communication

Electronic communications may not be secure. The clinic cannot guarantee the security of any electronic communication transmitted outside of our network.

Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.

Third parties and online services may have a legal right to inspect and keep electronic communications that pass through their system.

Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.

Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.

Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.

Videoconferencing services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.

Email, text and instant messages can more easily be misdirected, resulting in an increased risk of being received by unintended and unknown recipients.

Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender or to ensure that only the intended recipient can read the message once it has arrived.

Electronic communications may exist as an electronic or paper record within the clinic indefinitely.

Consent

I agree to be contacted using the following electronic means:

Email:
email@email.com

Text Messaging:
780-123-4567

Video Conferencing

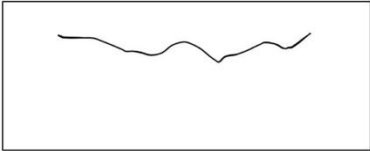
Other (specify):

I acknowledge that I have read and fully understand this consent form.

I understand the risks associated with electronic communication and consent to the terms of service outlined in this form.

I acknowledge that any questions I had were answered to my satisfaction.

Patient Name:
Patient Name

Patient Signature:


Signature date: 2020-03-31

Preview of Virtual Consent Form:

Clinics can find this in the forms library.

Page 1 of 3.

<p>CONSENT TO USE ELECTRONIC COMMUNICATIONS</p> <p>This template is intended as a <i>basis for an informed discussion</i>. If used, physicians should adapt it to meet the particular circumstances in which electronic communications are expected to be used with a patient. Consideration of jurisdictional legislation and regulation is strongly encouraged.</p>									
<p>PHYSICIAN INFORMATION:</p> <p>Name: Dr. Kristie Cooper</p> <p>Address: 18756 - 98 Avenue Edmonton, AB T7J8M1</p> <p>Email (if applicable):</p> <p>Phone (as required for Service(s)): (780) 444-6758</p> <p>Website (if applicable):</p> <p>The Physician has offered to communicate using the following means of electronic communication ("the Services") [check all that apply]:</p> <table border="1"> <tr> <td><input type="checkbox"/> Email</td> <td><input type="checkbox"/> Videoconferencing (including Skype, FaceTime)</td> </tr> <tr> <td><input type="checkbox"/> Text messaging (including instant messaging)</td> <td><input type="checkbox"/> Website/Portal</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Social media (specify):</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify):</td> </tr> </table>		<input type="checkbox"/> Email	<input type="checkbox"/> Videoconferencing (including Skype, FaceTime)	<input type="checkbox"/> Text messaging (including instant messaging)	<input type="checkbox"/> Website/Portal	<input type="checkbox"/> Social media (specify):		<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Email	<input type="checkbox"/> Videoconferencing (including Skype, FaceTime)								
<input type="checkbox"/> Text messaging (including instant messaging)	<input type="checkbox"/> Website/Portal								
<input type="checkbox"/> Social media (specify):									
<input type="checkbox"/> Other (specify):									
<p>PATIENT ACKNOWLEDGMENT AND AGREEMENT:</p> <p>I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication Services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix to this consent form, associated with the use of the Services in communications with the Physician and the Physician's staff. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the Physician may impose on communications with patients using the Services.</p> <p>I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Physician or the Physician's staff using the Services may not be encrypted. Despite this, I agree to communicate with the Physician's staff using these Services with a full understanding of the risk.</p> <p>I acknowledge that either I or the Physician may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.</p> <p>Patient name: Test, Smith</p> <p>Patient address: 101 Jamaica Ave. Edmonton AB</p> <p>Patient home phone: (780) 555-1234</p> <p>Patient mobile phone: () -</p> <p>Patient email (if applicable):</p> <p>Other account information required to communicate via the Services (if applicable):</p> <table border="1"> <tr> <td>Patient signature:</td> <td>Date: 21-Mar-2022</td> </tr> <tr> <td>Witness signature:</td> <td>Date: 21-Mar-2022</td> </tr> </table>		Patient signature:	Date: 21-Mar-2022	Witness signature:	Date: 21-Mar-2022				
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Virtual Visit Template

A virtual visit template has been created by Edmonton Southside PCN that makes it easy to document verbal patient consent. The template also assists in delivering a virtual visit and documenting start time, finish time and provides guidance on eligible billing codes. Contact Microquest to receive a copy of this in your clinic instance.

Virtual Visit

Type of Visit:

Start time:
 Finish time:

Establish Identity of the patient, Spell last name, DOB, PHN, and address.

READ THE FOLLOWING DISCLAIMER TO PATIENT

We will use reasonable means to protect your security and confidentiality however the security and confidentiality of electronic communications cannot always be guaranteed. No tools are completely secure. Digital communications can be intercepted. If you are worried other arrangements can be made.

Patient or agent:

Consent obtained by:

Consent was obtained from this patient to communicate and provide care using virtual means. This patient understands the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information.

Subjective:

BP

Wt. lbs kg

Visit services-HSCs: 03.03CV and 03.03FV
 Consultations services-HSCs:03.08CV and 08.19CX
 Mental Health Services-HSCs: 08.19CV and 08.19CW
 03.01AD-Telephone Advice to Pt or their Agent during a Viral Epidemic. Max 1/pt /Dr./ day.

Fee Code:

Diag Code:

User Tips in a Virtual Visit

These tips support informing the visit and rapid documentation.

Display and Drag Information



Charting - 10069 - Patient, Female - Gender: F - PHN: 123456780 - DOB: 1939-03-15 - Age: 80

Patient, Female
Chart No.: 10069

dr2dr Netcare View Client Print Undo Close

1 Notifications Pending +

Overview Browse Chart Notes Referrals (0)

Created: Mar 11, 2020 17:19

Doctor: NICK Visit Date: 2020-03-11 visit time: 17:19:27 Notes Complete

NORVASC 5 MG TABLET - 1TAB QD 30D - Dec 30, 19
Naproxen 125 mg Oral Tablet - 1-2TAB Q6-8H (PRN) D - Jan 16, 20

Subjective: Sore throat hurts to swallow
Fever x 3 days
Lethargic
Headache

Objective: Temp 98.6
Eyes sclerae white. Conjunctivae pink. Pupils are PERRL, 3 mm bilaterally.
Ears-normal
Nose-normal

Assessment: Streptococcal throat/ Infectious pharyngitis

Plan: swab taken to r/o strep
Rx given for amoxicillin. Patient aware not to fill Rx until reception calls with swab results.

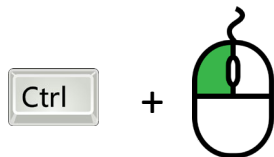
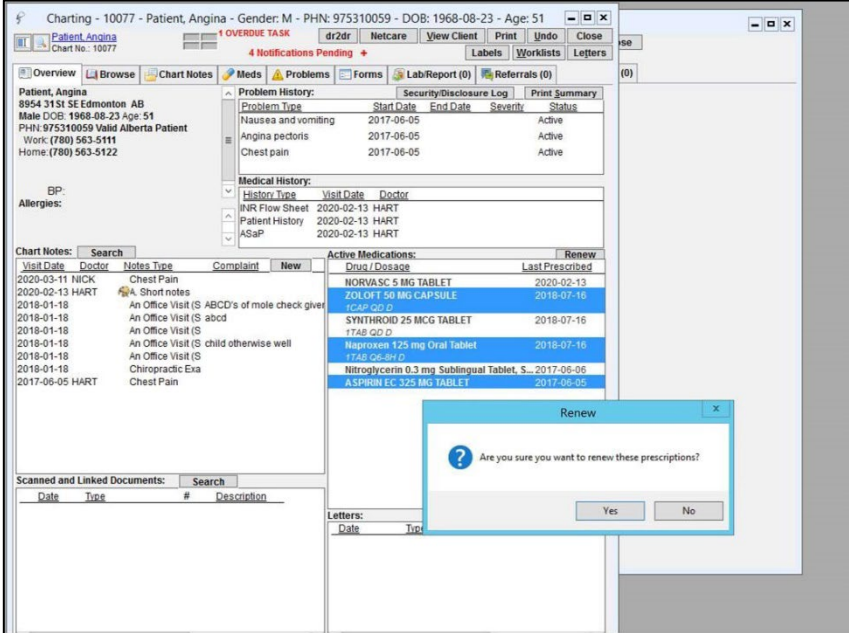
BP 110/72
Wt. 132. lbs kg
Ht. in cm
BMI
T
Pulse
Vision
Waist

-General-complaint
chills
Concerns
cough
Fatigue
fever
Fontanelles - neg
Functional ing- neg
Head - neg
No Change
Pain
Questions
Sore throat
Stable
Dependant
Back pain
Objective:
Plan:

Right Click on the Medications, Problems, or Labs **tabs** to display active/current information from those fields. Click and drag information from any of these lists into your chart notes.

Renew Active Medications at Once and Sync

- From charting overview, **Ctrl + Left Click** on any active medications you wish to renew all at once.
- You will then be given the option to print all together or print separately.

The screenshot shows a patient charting overview for 'Patient, Angina'. The 'Active Medications' table is highlighted, and a 'Renew' dialog box is open, asking: 'Are you sure you want to renew these prescriptions?' with 'Yes' and 'No' buttons.

Visit Date	Doctor	Notes Type	Complaint	New	Drug / Dosage	Last Prescribed
2020-03-11	NICK		Chest Pain		NORVASC 5 MG TABLET	2020-02-13
2020-02-13	HART	A. Short notes			ZOLOFT 50 MG CAPSULE	2018-07-16
2018-01-18		An Office Visit (S) ABCD's of mole check given			ICAP QD D	
2018-01-18		An Office Visit (S) abcd			SYNTHROID 25 MCG TABLET	2018-07-16
2018-01-18		An Office Visit (S)			ITAB QD D	
2018-01-18		An Office Visit (S) child otherwise well			Nasroxen 125 mg Oral Tablet	2016-07-16
2018-01-18		An Office Visit (S)			ITAB Q6-H D	
2018-01-18		Chiropractic Exa			Nitroglycerin 0.3 mg Sublingual Tablet, S...	2017-06-06
2017-06-05	HART		Chest Pain		ASPIRIN EC 325 MG TABLET	2017-06-06

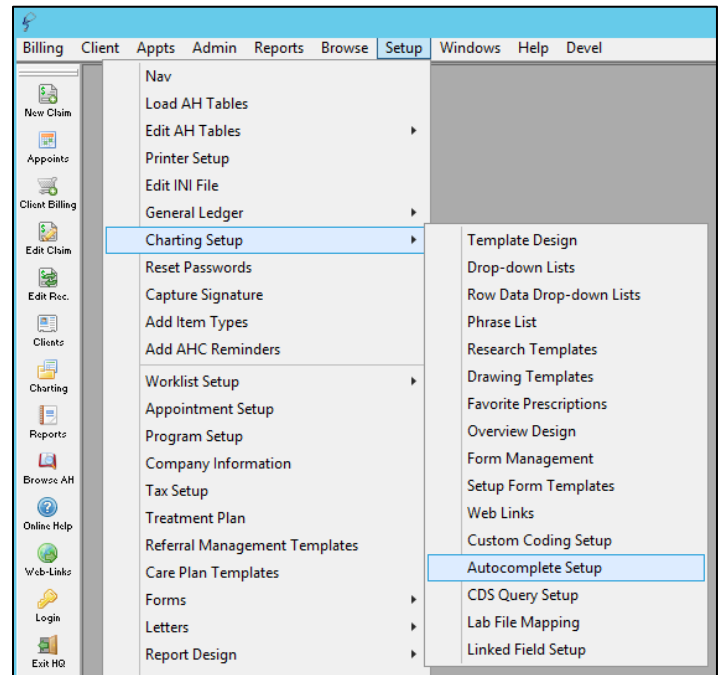
Autocomplete

This feature (also commonly known as a 'macro') allows you to save time by using an abbreviation (keyboard shortcut) to enter a phrase, paragraph or long set of text. As a clinic is adapting to new office processes related to virtual care any phrase that any user finds themselves entering twice or more per day should be saved as an autocomplete. It could be used to record:

- **Patient consent.** The following statement (from the CPSA) can be pasted in a chart note: *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*
- Phrases or messages within clinic.

To create autocompletes to help speed up time spent on charting, go to:

Setup> Charting Setup> Autocomplete Setup

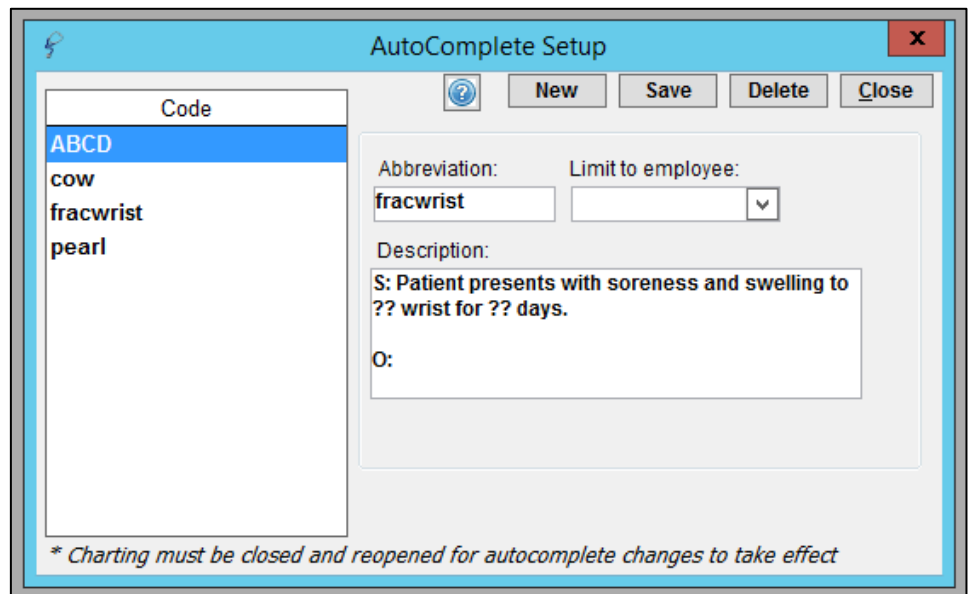


1. Click **New** and then enter a word or abbreviation that you would like to use as your macro that will be linked to a longer phrase.

Enter the entire phrase in the description box.

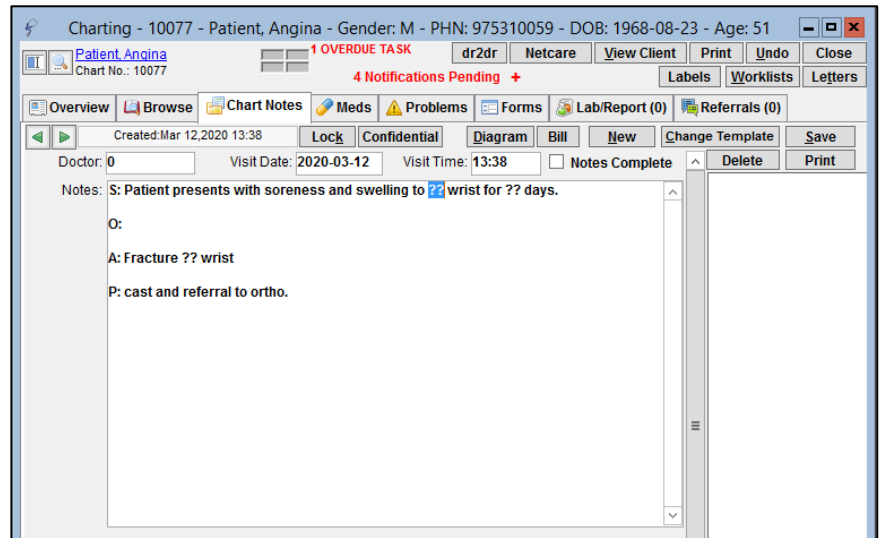
In your phrase, you can also use **??** as a type of **placeholder** for a value or word.

This is so that you can keep your phrase generic and applicable to many patient visits.



2. Type the autocomplete abbreviation (in this case we used fracwrist) into your text box and then click **Enter**.

You can now also easily tab between ?? placeholders to quickly complete the information we want, to make this chart note specific to our current patient.



Up to Date Client Card

Finally, it is important to have standard front office procedures for keeping the patient e-mail and cell phone number up to date in the client card as these are used for many purposes including reminders, phone call appointments and setting up the patient portal.

Acknowledgement

The AMA would like to acknowledge the members of the Healthquest EMR Network co-design team including members from the Edmonton Southside PCN as well as Microquest.

References:

Alberta Medical Association: Virtual Care

<https://www.albertadoctors.org/leaders-partners/ehealth/virtual-care>

Guide to Select the optimal care delivery method to meet patient needs

https://actt.albertadoctors.org/file/3.2_Primary_Guide.pdf

College of Physicians and Surgeons of Alberta, Virtual Care, Standard of Practice

<https://cpsa.ca/physicians/standards-of-practice/virtual-care/>