

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:

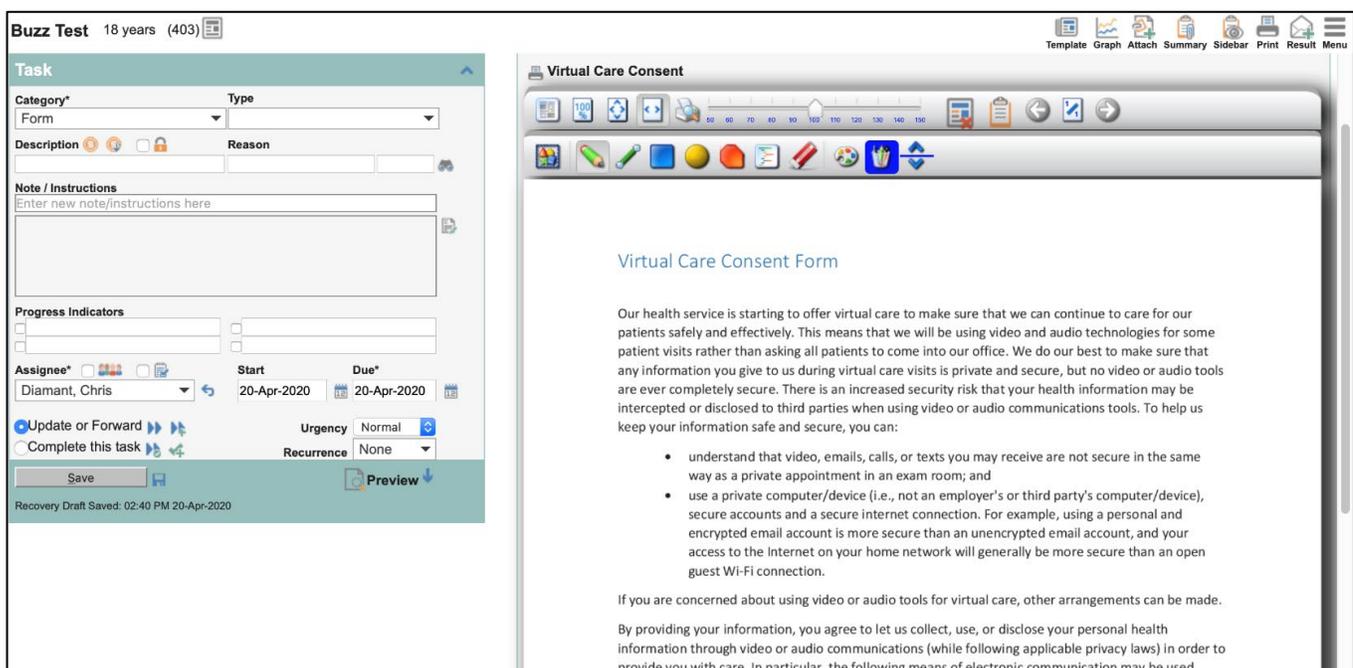
vcdis	Unregulated virtual care technologies increase the risk that your personal health information may be intercepted or disclosed to third parties. These tools are being used as an extraordinary measure during the COVID-19 pandemic when regulated technology is not readily available, and the necessity 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!

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 screenshot shows an EMR interface with a task template titled "Virtual Care Consent". The task is categorized as a "Form" and is assigned to "Diamant, Chris". The start and due dates are both set to "20-Apr-2020". The urgency is "Normal" and the recurrence is "None". The task description includes a "Note / Instructions" field and a "Progress Indicators" section. The main content of the form is a consent form with the following text:

Virtual Care Consent Form

Our health service is starting to offer virtual care to make sure that we can continue to care for our patients safely and effectively. This means that we will be using video and audio technologies for some patient visits rather than asking all patients to come into our office. We do our best to make sure that any information you give to us during virtual care visits is private and secure, but no video or audio tools are ever completely secure. There is an increased security risk that your health information may be intercepted or disclosed to third parties when using video or audio communications tools. To help us keep your information safe and secure, you can:

- understand that video, emails, calls, or texts you may receive are not secure in the same way as a private appointment in an exam room; and
- use a private computer/device (i.e., not an employer's or third party's computer/device), secure accounts and a secure internet connection. For example, using a personal and encrypted email account is more secure than an unencrypted email account, and your access to the Internet on your home network will generally be more secure than an open guest Wi-Fi connection.

If you are concerned about using video or audio tools for virtual care, other arrangements can be made.

By providing your information, you agree to let us collect, use, or disclose your personal health information through video or audio communications (while following applicable privacy laws) in order to provide you with care. In particular, the following means of electronic communication may be used:

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.

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.

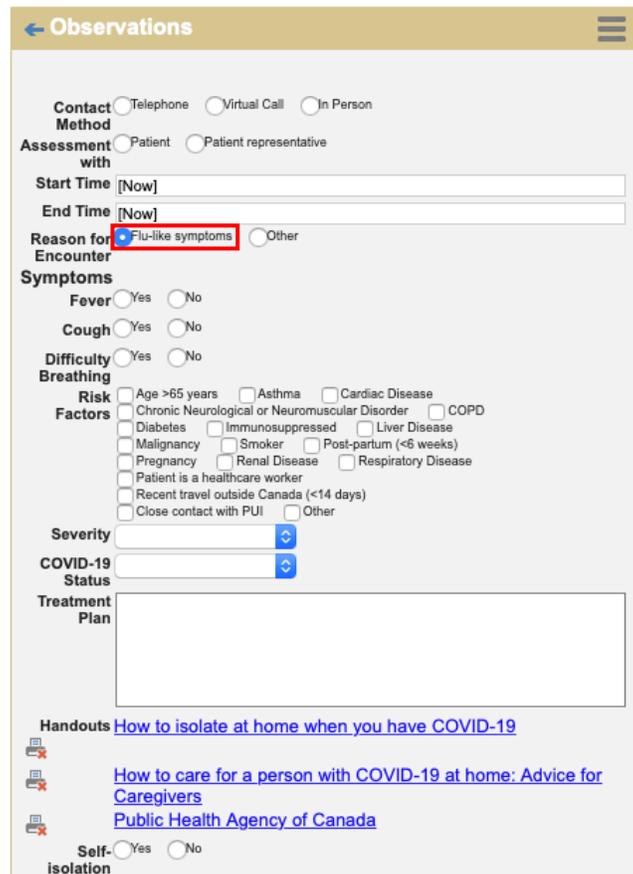
For more information on using CDS Triggers for Patient's Medical Home work please see page 36 of ACTT's [Med-Access EMR Guide for Patient's Medical Home](#) and search "CDS Trigger" in the Med Access Help files. More information about using Goals for PMH can be found on page 42 of the [Med-Access EMR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



← Observations

Contact Method: Telephone Virtual Call In Person

Assessment with: Patient Patient representative

Start Time: [Now]

End Time: [Now]

Reason for Encounter: Flu-like symptoms Other

Symptoms

Fever: Yes No

Cough: Yes No

Difficulty Breathing: Yes No

Risk Factors

Age >65 years Asthma Cardiac Disease

Chronic Neurological or Neuromuscular Disorder COPD

Diabetes Immunosuppressed Liver Disease

Malignancy Smoker Post-partum (<6 weeks)

Pregnancy Renal Disease Respiratory Disease

Patient is a healthcare worker

Recent travel outside Canada (<14 days)

Close contact with PUI Other

Severity: [Dropdown]

COVID-19 Status: [Dropdown]

Treatment Plan: [Text Area]

Handouts: [How to isolate at home when you have COVID-19](#)

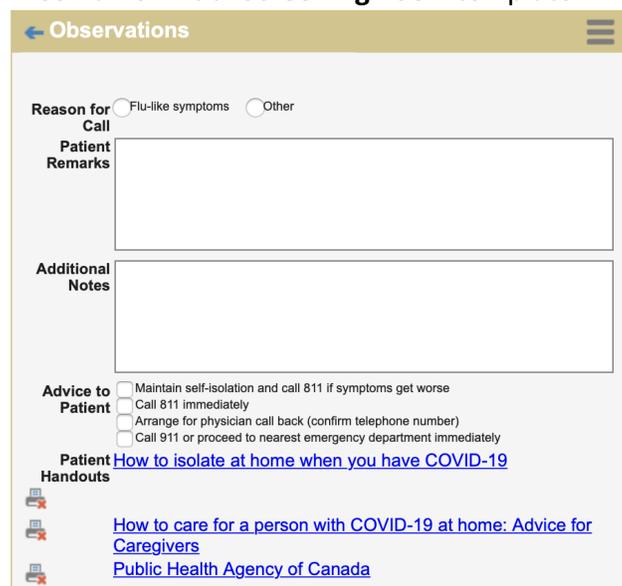
[How to care for a person with COVID-19 at home: Advice for Caregivers](#)

[Public Health Agency of Canada](#)

Self-isolation: Yes No

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:



← Observations

Reason for Call: Flu-like symptoms Other

Patient Remarks: [Text Area]

Additional Notes: [Text Area]

Advice to Patient

Maintain self-isolation and call 811 if symptoms get worse

Call 811 immediately

Arrange for physician call back (confirm telephone number)

Call 911 or proceed to nearest emergency department immediately

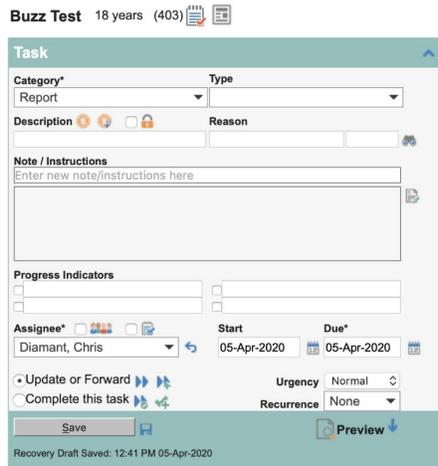
Patient Handouts: [How to isolate at home when you have COVID-19](#)

[How to care for a person with COVID-19 at home: Advice for Caregivers](#)

[Public Health Agency of Canada](#)

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:



Task 18 years (403)

Category*: Report Type: [dropdown]

Description: [text area] Reason: [text area]

Note / Instructions: Enter new note/instructions here

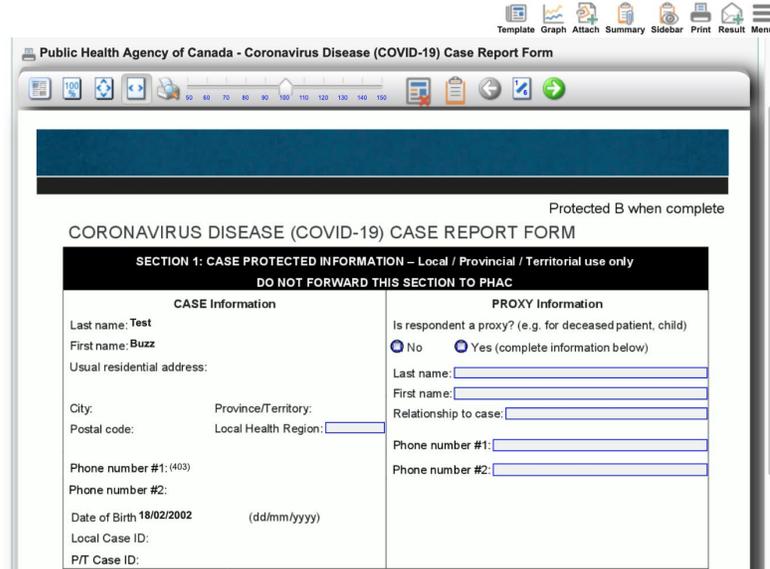
Progress Indicators: [checkboxes]

Assignee*: Diamant, Chris Start: 05-Apr-2020 Due*: 05-Apr-2020

Urgency: Normal Recurrence: None

Buttons: Save, Preview

Recovery Draft Saved: 12:41 PM 05-Apr-2020



Protected B when complete

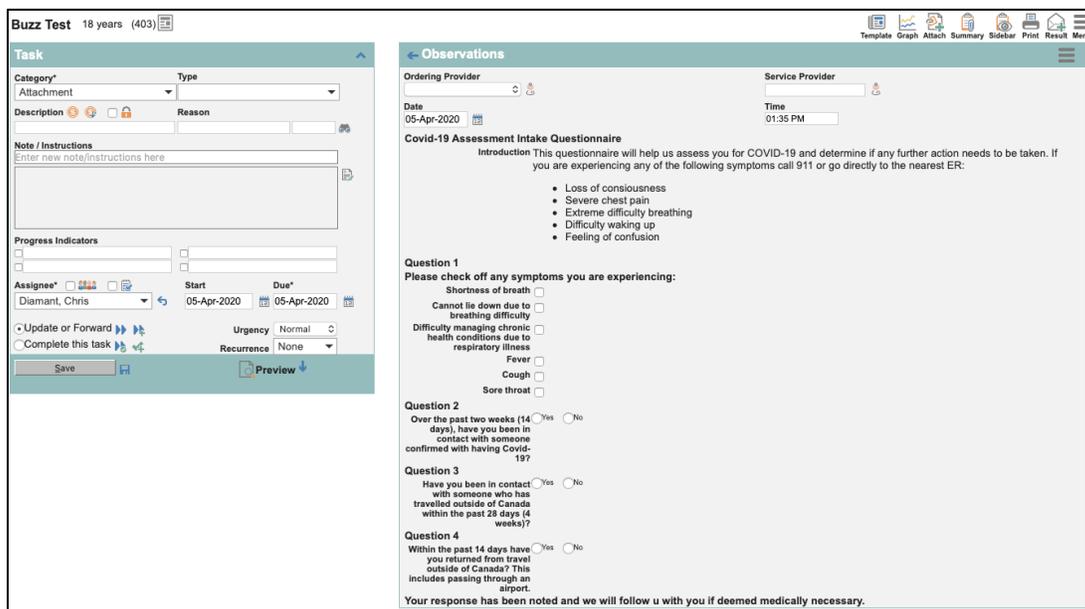
CORONAVIRUS DISEASE (COVID-19) CASE REPORT FORM

SECTION 1: CASE PROTECTED INFORMATION – Local / Provincial / Territorial use only
DO NOT FORWARD THIS SECTION TO PHAC

CASE Information	PROXY Information
Last name: Test	Is respondent a proxy? (e.g. for deceased patient, child) <input checked="" type="radio"/> No <input type="radio"/> Yes (complete information below)
First name: Buzz	Last name: [text input]
Usual residential address:	First name: [text input]
City: [text input] Province/Territory: [text input]	Relationship to case: [text input]
Postal code: [text input] Local Health Region: [text input]	Phone number #1: [text input]
Phone number #1: (403) [text input]	Phone number #2: [text input]
Phone number #2: [text input]	
Date of Birth: 18/02/2002 (dd/mm/yyyy)	
Local Case ID: [text input]	
P/T Case ID: [text input]	

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:



Observations

Ordering Provider: [text input] Service Provider: [text input]

Date: 05-Apr-2020 Time: 01:35 PM

Covid-19 Assessment Intake Questionnaire

Introduction This questionnaire will help us assess you for COVID-19 and determine if any further action needs to be taken. If you are experiencing any of the following symptoms call 911 or go directly to the nearest ER.

- Loss of consciousness
- Severe chest pain
- Extreme difficulty breathing
- Difficulty waking up
- Feeling of confusion

Question 1
Please check off any symptoms you are experiencing:

Shortness of breath

Cannot lie down due to breathing difficulty

Difficulty managing chronic health conditions due to respiratory illness

Fever

Cough

Sore throat

Question 2
Over the past two weeks (14 days), have you been in contact with someone confirmed with having Covid-19? Yes No

Question 3
Have you been in contact with someone who has travelled outside of Canada within the past 28 days (4 weeks)? Yes No

Question 4
Within the past 14 days have you returned from travel outside of Canada? This includes passing through an airport. Yes No

Your response has been noted and we will follow u with you if deemed medically necessary.

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

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

← Observations ☰

Virtual Visit

Contact Method Telephone E-Mail Text
 Zoom Face Time Other

Assessment with Patient Patient representative

Start Time

End Time

Does the patient have virtual visit consent on file?

Virtual Visit Codes:
 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 a patient or their agent during a viral epidemic. Max 1/pt/Dr./day.

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

The AMA would like to acknowledge the members of the Alberta Med-Access EMR Network co-design team, members from the Edmonton Southside PCN facilitation and EMR teams and the Quality and Informatics team at the University of Calgary Department of Family Medicine.

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