

# EMR Optimization

## Module 1 – Home Clinic Foundations

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## Introduction

The purpose of this module is to provide tips and key information relevant to:

- Patient enrolment
- Ongoing Home Clinic activities

This module is not a comprehensive review of the above topics. For more detailed information, refer to the suggested links throughout this document or your Home Clinic Liaison. Additional resources are available in our online and on-demand [Home Clinic Toolkit](#).

At the end of this module, your clinic will:

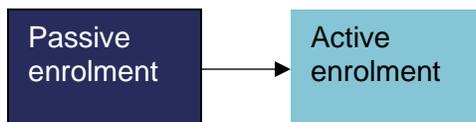
- Understand patient enrolment as the foundational component of being a Home Clinic
- Learn the benefits of using the Enrolment Service
- Identify the different methods of enrolment and how enrolment information is submitted and processed
- Understand how to make provider updates and ensure accurate information in the Home Clinic Portal
- Learn about ongoing Home Clinic activities

## Enrolment

A [Home Clinic](#) in Manitoba is a patient-centred primary care clinic that serves as a patient's home base within the health-care system. Home Clinics provide patients with timely access to care, coordinate their care within the health-care system and manage their health-care records. Having a home base helps support comprehensive and continuous care throughout a patients' life. The foundation of the relationship between a patient and a Home Clinic is the concept of patient enrolment. Patients are enrolled using one of two enrolment methods:

Manitoba Home Clinics are based on the College of Family Physicians of Canada's [Patient's Medical Home Model](#).

**Figure 1: Enrolment methods**



**Passive enrolment** - Candidates for passive enrolment are identified through analysis of your EMR data. Consider our tips for [Identifying Candidates for Enrolment](#) before you begin.

**Active enrolment (preferred)** - Directly involves the patient in the enrolment decision. The process involves verbal or written communication with the patient. The Active enrolment method is recommended as it respects patient choice and minimizes enrolment conflicts with other clinics.

## Key enrolment concepts

The following information can be considered the key concepts related to patient enrolment:

- Patients choose to enrol to a Home Clinic
- Enrolled patients may or may not be associated to a main Primary Care Provider (also referred to as the Most Responsible Provider or MRP)
- Enrolment is captured in the EMR and then submitted to the Home Clinic Portal, the provincial enrolment system. The preferred submission method is the Enrolment Service.
- The Home Clinic Portal is considered the source of truth for patient enrolment. It stores and manages enrolment submitted by all Home Clinics across Manitoba.
- Home Clinics should strive to transition enrolled patients to 100% active enrolment
- Patient enrolment is the foundation for primary care information sharing:
  - Enrolment information is available in eChart Manitoba to other authorized users
  - For patients enrolled to Home Clinics who have implemented the Client Summary Service, Client Summaries including clinical information on the enrolled patient are available in eChart Manitoba to support care outside the Home Clinic

## Submitting enrolment

Once enrolment is captured in the EMR, the information needs to be submitted to the Home Clinic Portal. This can be done three ways as displayed in Figure 2 and outlined below:

**Figure 2: Methods to submit enrolment**



The Home Clinic Enrolment Service is the preferred approach for submitting enrolment as it provides the ability to efficiently and accurately enrol patients directly from within a Certified EMR. Using the Enrolment Service improves accuracy and timeliness of enrolment, results in fewer rejections, offers quick access to validating enrolment and provides notifications of enrolment conflicts right to your EMR.

Learn more about the Enrolment Service in our [Info sheet](#), [FAQ](#) and [online video](#).

The three methods for submitting enrolment are as follows:

1. **Home Clinic Enrolment Service** - Enrolment records are submitted to the Home Clinic Portal directly from your Certified EMR. This method is used by the majority of Home Clinics.
2. **Primary Care Data Extract (PCDE)** - If your clinic is not using the Enrolment Service then submission will occur via the PCDE. Enrolment records are sent to the Home Clinic Portal using the data contained in your PCDE submissions. Refer to the [Using the Primary Care Data Extract for Enrolment](#) document for detailed information about eligibility, limitations

and data processing rules when using the PCDE for enrolment or performing manual entry in the Home Clinic Portal.

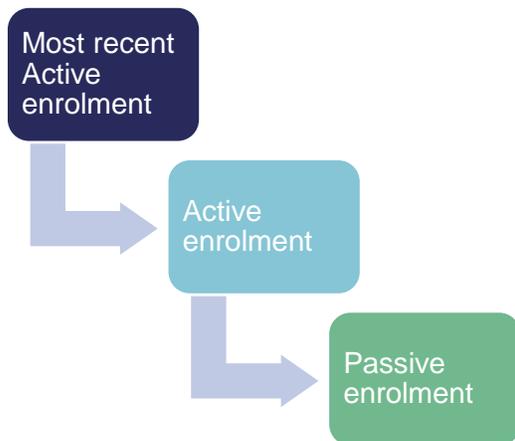
3. **Manual entry in the Home Clinic Portal** – All clinics have the option to submit enrolment information manually. Users who are provisioned with portal access, can manually enter enrolment records in the Home Clinic Portal. Refer to the [Home Clinic Portal User Guide](#) for detailed instructions on entering enrolment or main Primary Care Provider information in the Home Clinic Portal.

## Enrolment processing

Patient enrolment information is processed using the following guidelines. Review the [Enrolment Method Overview](#) to understand each method and how it affects the processing of enrolment records.

- A more recent active communication date will supersede a prior active enrolment.
- Active enrolment supersedes passive enrolment and is the preferred method.
- If more than one Home Clinic submits a passive enrolment for the same patient, neither retains the enrolment. The patient will be enrolled once an active enrolment is received.

**Figure 3: Enrolment processing guidelines**



## Provider changes

Patients are enrolled to their Home Clinic and may or may not be associated with an MRP. When an MRP is leaving or starting at your Home Clinic, update the EMR and the Home Clinic Portal in a timely fashion to reduce conflicts with information in the Portal and notifications to your Home Clinic (known as Pending Activities). Considerations are outlined below.

### For a new provider

- Add the provider association to the Home Clinic Portal using the provider's start date at the clinic.

### For a provider leaving

- End the provider association to the Home Clinic Portal using the provider's end date at the clinic. When a provider is removed from the Home Clinic Portal, all their associated

patients will become enrolled to the Home Clinic without a provider association.

#### **For sites using the Enrolment Service**

- Once the new provider association and new association dates have been updated in the EMR, the changes will flow to the Home Clinic Portal automatically.
- Once the provider association has been terminated in the EMR, the changes will flow to the Home Clinic Portal automatically.

#### **For sites not using the Enrolment Service**

- Once the new provider association and new association date have been updated in the EMR, the site should submit a PCDE to update the records in the Home Clinic Portal.
- For the patients that follow a departing provider, end enrolment. For patients choosing to remain with the Home Clinic, update the enrolment along with the new provider association. The records will update in the Home Clinic Portal upon submission of a PCDE.

## **Explaining enrolment to patients**

Unsure how to explain enrolment to your patients? We have three customizable patient handouts/letters available for your use and one educational hand-out:

- A [customizable overview](#) as a handout for patients or as a guide to a brief active enrolment discussion
- A [customizable template](#) (email or letter) that may be helpful when working to transition passively enrolled patients to active enrolment
- A [customizable template](#) (email or letter) that may be helpful when a main Primary Care Provider is moving to a new clinic
- [eChart Manitoba information sheet](#) that explains to your patients what information is being shared to eChart Manitoba

## **Ongoing Home Clinic activities**

As outlined in the [Home Clinic Criteria](#) it is important that Home Clinics:

- Communicate with patients regarding enrolment and association to an MRP
- Maintain Home Clinic details in the Home Clinic Portal including address, phone number, primary contacts, associated providers, and Home Clinic Portal users:
  - Use the [Managing Home Clinic Portal user access](#) form to add/remove users
- Maintain accurate and current enrolment data within the EMR:
  - Manage rejections - a record that did not meet enrolment requirements or conflicted with existing enrolment data
  - Manage de-enrolments - a record that requires attention based on data received from another Home Clinic or a best practice activity related to receiving a deceased patient notification
- Home Clinics using the Enrolment Service will receive notifications from within the EMR and can action them directly by updating the EMR and resubmitting the enrolment information if applicable. It is recommended that Pending Activities be cleared in the Home Clinic Portal on a regular basis.
- Home Clinics not using the Enrolment Service will receive an email about the necessary activity and will need to access the Home Clinic Portal, Pending Activities section, for more details. The user will need to action the enrolment activity in the EMR, mark the activity as completed in the Home Clinic Portal, and then submit the enrolment update

via the PCDE that is uploaded to the Home Clinic Portal.

- Submit your PCDE on a regular monthly basis to support submission of Primary Care Quality Indicators
  - This is also a key step to submit enrolment data for Home Clinics not using the Enrolment Service

## Key takeaways

1. Patient enrolment is the foundation of being a Home Clinic and sharing primary care information to eChart Manitoba.
2. Patient enrolment is posted in eChart Manitoba and is available to all authorized users.
3. Maintain your Home Clinic information in a timely fashion, ideally as events/changes occur. This includes changes to providers, Home Clinic Portal users, and primary contacts such as Clinic Managers.
4. Use passive and active enrolment appropriately.
5. Best practice is to use the active enrolment method as much as possible including transitioning passively enrolled patients to active over time.
6. Home Clinic enrolment may be submitted in three different methods: (1) the Home Clinic Enrolment Service; or (2) the Primary Care Data Extract (PCDE); and/or (3) the Home Clinic Portal.
7. The Home Clinic Enrolment Service provides the preferred and most efficient method to manage and submit enrolment from within the EMR and supports accurate and timely enrolment, fewer enrolment rejections, timely validation of errors and up-to-date remediation.
8. Your Home Clinic is alerted to enrolments that were not accepted. If your clinic is using the Home Clinic Enrolment Service, messages are displayed in a designated section of your EMR. If not, messages are displayed in the Pending Activities section in the Home Clinic Portal. Review all messages to ensure the Home Clinic Portal reflects your true patient enrolment.
9. Regardless of how you are submitting patient enrolment, best practice is to submit a monthly PCDE as it supports submission of Primary Care Quality Indicators and claiming applicable Family Medicine tariffs for eligible providers.

## Next steps

- Review and manage enrolment remediations in a timely manner
- Consider customizing and creating a plan to use the patient handout/letters
- Use the Home Clinic Portal, your Primary Care Report for Home Clinics and/or reports and queries in your EMR to:
  - Identify patients that may be eligible for enrolment
  - Review the number of patients enrolled to your Home Clinic for accuracy
  - Review the percent of enrolled patients with no main Primary Care Provider
  - Review your passively enrolled patients and make a plan to transition them to active enrolment
  - Complete the updates accordingly
- Ensure your Home Clinic is submitting a monthly PCDE
- If your Home Clinic is not using the Enrolment Service, discuss with your Home Clinic Liaison to learn more about the service and the benefits