eDOCSNL
ELECTRONIC MEDICAL RECORD

Guidance for EMR users on retirement from EMR-based practice

Retirement from Medical practice or closure of your EMR look very similar from an EMR program perspective. However, there are different guidelines and expectations surrounding each from College, medicolegal and legislative perspectives. This document pertains purely to the topic of physician retirement.

The EMR program are IT solution providers and we have no jurisdiction over provider best practice or the above requirements, so we would expect that physicians who are retiring or otherwise leaving practice would investigate their professional and legal requirements. We can, however, offer you advice on what to do with the EMR and point you in the right direction for the remainder.

Understandably, as you approach retirement you will have many questions as there is much to sort out in anticipation of this complex life change. Some of the questions we will answer for you in this document are:

1. What does retirement mean in EMR?
2. How do I indicate to the program that I am retiring?
3. What happens to my EMR fees
4. What do I do with my EMR data/patient records?
5. What happens to my billing information?
6. Where do my outstanding clinical results go after I retire?
7. I have outstanding tasks in the EMR, how do I deal with them?
8. I work with other physicians, what happens to our shared EMR when I retire?

What does "retirement" mean in EMR?

Retirement in EMR means you cease all activity in the EMR and surrender your EMR license. This is not related to surrendering your license to practice medicine, though this may occur simultaneously. What retirement does **not** mean is scaling back your practice, continuing to manage a select number of patients, keeping your EMR account active for administrative or billing purposes or to continue to receive and manage eresults. That being said, you can certainly discontinue your EMR subscription without retiring from practice.

How do I indicate to the program that I am retiring?

The first step is filling out a provider termination form which can be found here. This form must be submitted to eDOCSNL at least 90 days before retiring from the EMR. This period is needed for the program to make all the necessary steps to safely transition away from eresults to paper, to allow for data extract from the instance if required, and to work with the vendor to terminate your account. There are no exceptions to this. Providers who do not give the program 90 days' notice will continue to be billed for 90 days from the date the termination form is submitted. Your notice period starts with submission of this form, **not** from a phone call or email to the program office or your Practice Advisor that you are leaving practice.

What happens to my EMR fees?

Providers continue to be responsible to pay any outstanding EMR fees post-retirement. If the retirement happens before the end of a fiscal year for which you have already paid your fees, any excess you have paid beyond your termination date (90 days after submission of a termination form) will be refunded. Failure to pay outstanding fees could be subject to collection action, as per EMR Management Committee Policy found here. eDOCSNL will work with you to make payment arrangements.

What do I do with my EMR data/patient records?

The professional obligations expected of physicians by the College or under legislation do not differ depending on documentation solution. i.e. they are the same as physicians who document on paper. The College has specific by-laws and regulations on this, which can be found here and here. You have three options when it comes to your EMR data:

1. Have another physician assume custodianship of your records
    a. If this is in your existing EMR instance the charts can stay where they are
    b. If this physician works in another EMR see 2b.
2. Take an extract of your EMR data in the form of:
    a. A PDF of the patient records
    b. A digital extract in a format compatible with Med Access (this would only be useful if these records would be moved to another EMR instance)

A cleanup effort may be necessary in anticipation of your retirement date to make sure the appropriate charts are flagged.

If a digital extract is required in either form a $1500 fee applies, which is paid by the physician requiring the extract. If the charts are subsequently imported into another EMR, another $1500 fee applies. Again, this fee is the responsibility of the retiring physician.

There are private businesses that provide chart management services for Physicians post-retirement which you may want to investigate.

What happens to my billing information?

The required 90 days' notice period gives you plenty of time to straighten out your post-retirement billing needs. For privacy reasons, you would not want your billing information to be delivered to an EMR you no longer work in. For this reason, and because you may have no way to access that

information post-retirement, we would suggest you call MCP and arrange to have all your billing-related information delivered on paper to an address of your choosing following your retirement date. MCP information for providers can be found here. MCP advises that physicians are responsible for reconciling all submissions and payments received form MCP on a regular basis and be aware of anything outstanding. If there are claims about which there is any uncertainty, you should send a request for a status update on these.

Where do my outstanding clinical results go after I retire?

When you retire, eresults will be turned off immediately and paper results will be turned back on. As per CPSNL guidelines, it is the provider's responsibility to ensure that this is done in a way that facilitates the safe flow of patient information and that results received after retirement are managed appropriately. It is beyond the scope of the EMR program to provide this guidance, we would suggest you familiarize yourself with the CPSNL guidelines on retirement found here. However, part of this process is the correct notification to eDOCSNL of the **exact and accurate** date of leaving practice. Our recommendations would be as follows:

1. Submit the termination form with your date of leaving practice
2. If the date changes, you must let the program know
3. Notify your patients, as per the CPSNL guidelines referenced above
4. Notify the RHA of your intent to leave practice and provide them with a forwarding address for the Meditech Provider dictionary
5. Arrange for transfer of your records, the new custodian will now be responsible for managing incoming clinical information and your responsibility will be to ensure that any results you receive post-retirement are redirected to the new custodian.
6. If you are unable to do this then you will follow the CPSNL guidelines referenced above for the appropriate management of clinical information after you retire.

I have outstanding tasks in the EMR, how do I deal with them?

It is your responsibility to clean up outstanding tasks in the EMR before you retire. A cleanup exercise for any outstanding tasks needs to be done before your account is suspended on retirement, as you will no longer have access to these tasks following the specified date. The importance of this cannot be overstated, some of these tasks will undoubtedly be clinical results and should be actioned before you lose access to the EMR. If you have a large number of tasks and you would like assistance with efficient ways to deal with them, please reach out to the eDOCSNL at info@edocnsl.ca.

I work with other physicians, what happens to our shared EMR when I retire?

Your retirement will have no impact on the functioning of the EMR instance. The other physicians will continue to be able to work in the EMR and access the patient records as per normal. Your account will be suspended (which must be done at clinic level) so you will no longer have access, but the other users will be unaffected. If your associated support staff are also leaving the practice, they should have their accounts suspended at that time as well, to align with privacy best practice.