Overview

- What versions of Oscar$_{(tm)}$ are out there?

- When Medical information has to be transferred from clinic to clinic and EMR to EMR, the process can be a challenge.

- We will review the process and cover some of the complications.

- We will get an overview of the Oscar MySQL database tables.

- What can you do with your Oscar data when retiring?

- What does the future hold for medical data?

- Forks, Migrations & Conversions are inter-related...

What is a Fork?

- 4 letter word that starts with F and ends with K !

- Not the Swedish Chef… that's bork, bork…

- Sometimes (unfortunately) necessary due to lack of community control.
  - Like moving, divorce or schism. It's the 'Nuclear Solution' ;-(
  - Oscargalaxy.org forked from Worldoscar.org from OscarCanada.org
  - MySQL vs MariaDB, Sun/Oracle Java vs OpenJava, OpenOffice vs LibreOffice
  - Accompanied by some kind of upheaval as the project & people.

Oscar Forks

- Once upon a time, there was a single Oscar release.

- Major Oscar forks
  - Opensource Ontario (aka .deb) maintained by Dr. Peter Hutton-Czapski, MPeer (BC), Providecom (ON)
  - OpenOSP primarily BC
  - Well Health (includes Kai, Trinity, Indivica, Juno, etc.)
  - Avaros

Multiple Oscars, multiple EMRs

- How is data transferred from clinic to clinic or doctor to doctor?

- Easy. Just copy the data... (if only...)

GIGO Garbage IN, Garbage OUT

- Preventions
  - Oscar uses very specific preventions codes. No manufacturer names, Installs with a list of community approved codes.
  - Other EMRs can use free-form input. Could have multiple different spellings for Influenza / Flu, Childhood vaccinations (DTaP, Tdap-IPV, etc.)
  - V19 now supports the Canadian Vaccine Catalogue

- Measurements
  - Codes must be translated to Oscar equivalents to be able to graph long-term trends.
  - Used to save ALL chartable data. Chemistry, Study scores, Growth curves, etc.
  - Dr. Robertson automates his practice. Dr. Yap later today.

Matching data

- We want to avoid duplicate Patient Records!
  - If duplicate, which demographic record is better?

- Matching patient data. HIN should be enough but may be missing or entered incorrectly. Additional use of DOB, Last name to ensure matching.
  - Post conversion, we can use Admin, Data Management, Merge Patient Records.

- Cross-reference tables must be created to convert data
  - Patient status [AC/IN/DE/MO/FI]
  - Appointment type & status
  - External physicians
  - Document types and possibly format (RTF to PDF)

Oscar to Oscar

- Different Oscar version or fork will require database changes due to schema differences. Differences will increase over time ;-(
  - Well to Oscar – Which Well version?
  - Kai, Juno, Nerds, Indivica, etc. are all being converted to OscarPro (tm)

- Data format
  - MySQL dump vs XML data.
    - MySQL is table based, comprehensive and very fast
    - XML is patient based and slower. Needs 2 conversions: Export and Import
    - Ontario CMS is XML

- Patient matching into an existing clinic.
  - Demographic_no and provider_no is pervasive in the database.
  - Clinic A has Demographic #s 1 to 1000 and Clinic B has Demographic #s 1 to 2000

Exporting data from Oscar

- For what purpose?
  - CSV format for Mailing Lists
  - Analysis of clinic performance. Who did what, when?
  - To 3rd party Billing (outside BC & ON)
    - QC has a large 3rd party billing industry.
- How?
  - Complete database backup. For offline read-only analysis.
  - Demographic export: Admin, Data Management, Demographic Export
    - Uses Demographic Patient Sets: Report, 11 Demographic Report Tool & 12 Demographic Set Edit
  - CMS export: Admin, Data Management, Demographic Export
  - eForm analysis: Admin, Reports, Eform Report Tool
  - Report By Template (tomorrow): Admin, Reports, Report by Template
  - QbE (only some versions / forks)

Retiring?

- Who will take over the practice?
- What are the legal requirements?
- Other considerations: Security, Storage & Disposal, Transfer
- Solutions:
  - Install own Oscar mini-server. Mac mini, Laptop, refurbished PC
  - Pay fee for hosting and read-only access.
  - Discharge patients. Print records and give to patients.
  - Transfer data to 3rd party
    - medchart.ca / medrecords.ca / recordsolutions.ca
    - Free(ish) to clinic or physician
    - Patient cost

Legal

- Legal requirements according to CMPA
  - https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2003/a-matter-of-records-retention-and-transfer-of-clinical-records

- 5 to 16 years from date of last entry or, in the case of minors, from time patient would have reached the age of majority (either 18 or 19 years).
  - Newborn: Age of majority (18/19 years) + 10 years = 29 years!
  - BC 16, AB 10, SK 6, MA 10, ON 10, QC 5, NB 10, NS 10, PEI 10, NL 10, YK 6, NW 10, NT 10

The future…

- SQL data and PDF documents are very portable.
  - Electronic data in general is portable.
- FHIR Interoperability (Fast Healthcare Interoperability Resources)
  - Fhir.org
  - Developed by HL7 in 2011 (HL7 started in 1987 – 36 years ago!)
- The province can require certain standards.
  - Incentives can radically change the landscape. Do you want that carrot?
    - Recent BC billing changes
    - Ontario EMR adoption gave $29,000 over 3 years
    - Quebec RAMQ certification and GP bonuses killed Oscar in Quebec.

Questions

- "What is the time commitment to transfer using MySQL methods; can you do while simultaneously providing care or does any data entry need to stop?"
  - Quick answer: The transfer can be done overnight. A weekend is better.
  - Longer answer: Depends. From what version/fork? To new or existing clinic?
    - If destination system is empty and uses save version/fork, it's just backup & restore.
  - The database is transferred using a 'backup' and 'restore'. So, all data-entry has to stop during the backup. Anything entered into the database after the backup will be lost!
  - You can continue to provide care, but you cannot enter notes into the database. Paper?

For inquiries, contact me.

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