

## INTENT-CAD EMR Program

### Memorandum of Understanding (MOU)

Thank you for agreeing to participate in the **INTENT-CAD EMR** program coordinated by the Canadian Heart Research Centre ("CHRC") and supported by Bayer Canada.

QHR Technologies has been engaged to design the dashboard within the Accuro EMR Platform based on the direction provided by the CHRC and the program Scientific Planning Committee.

By registering to participate, you acknowledge and confirm that you currently utilize the Accuro EMR platform in your practice and have user permission to share the dashboard with the CHRC.

Please review the following information and make yourself familiar with the INTENT-CAD EMR program components, as well as your expected role as a program participant, and the CHRC's role, as the coordinating centre.

#### INTENT-CAD EMR PROGRAM:

**The participating physician represents and agrees to the following responsibilities:**

- ✓ Read and understand this Memorandum of Understanding (MOU) and the INTENT-CAD EMR program materials and timelines and ensure that all person(s) in your practice who may be associated with this initiative also review and understand these materials;
- ✓ Confirm that you utilize the Accuro EMR platform and have full user permission rights to participate in quality improvement initiatives;
- ✓ Confirm that you manage an active CAD population in your practice **AND** that a minimum of thirty (30) active patients meeting the eligibility criteria are already **OR** will be coded with the 410", "412", "413", "414" or "440" ICD-9 code or equivalent;
- ✓ Complete the "Custom Forms" for the segmented target population (CAD and additional risk factors and currently treated with ASA) which are automatically selected from the INTENT-CAD EMR eligible population (adult patients coded as CAD with additional risk factors and currently treated with ASA).
- ✓ Partake in the INTENT-CAD EMR Program in its entirety or promptly advise the CHRC if you are unable to complete the project;
- ✓ Review the **Terms and Conditions** provided in your Accuro EMR Platform and provide permission for your aggregate practice results to be shared with the CHRC. The CHRC will only have access to aggregate practice level data specific to the identified INTENT-CAD EMR population and the only based on the variables that are visible to the participating physician;
- ✓ Complete the required EMR dashboard clean up and answer questions as applicable;
- ✓ Be available to answer any data queries;
- ✓ Exercise reasonable and diligent efforts and professional expertise in the conduct and completion of the program documents in an efficient and timely manner and in compliance with the program instructions.

- ✓ Acknowledges and agrees that there are no known circumstances which would place the participating physician in a conflict of interest as a result of the participation and performance of the INTENT-CAD EMR program.

**The CHRC represents to the following responsibilities:**

- ✓ Provide all the necessary program materials to the participating physician;
- ✓ Be available to answer questions in relation to the INTENT-CAD EMR program documents, instructions and/or the completion of any program specific materials;
- ✓ Will not share individual physician practice level data with the program sponsors
- ✓ **Provide physicians with remuneration for properly completed program components as following and based on the outlined payment schedule:**
  - In addition to completing this MOU, the Payee Form and accepting the terms of sharing with the CHRC
  - **ACTION ITEM 1: CAD Coded Patients**
    - **Minimum 30** Coded Patients (to be eligible to participate): **\$250.00**
    - **31 – 40** Coded Patients: **\$300.00**
    - **41 – 50** Coded Patients: **\$350.00**
    - **> 50** Coded Patients: **\$400.00**
  - **ACTION ITEM 2: Completion of the Custom Forms**
    - **\$13.50 for each completed custom form** (to a maximum of 50 forms)

**General:**

By participating in the INTENT-CAD EMR program the relationship of the participating physician to the CHRC is that of an independent contractor. Physician shall have no authority to make agreements with third parties that are binding on the CHRC.

**Agree to Terms:**

☐ I have read and agree to the terms of the [Memorandum of Understanding](#) and certify that I hold a valid license to practice medicine in Canada.