Provider Toolkit

A Guide to your EMR Migration from Nightingale On Demand

NOVA SCOTIA

Provincial EMR Migration Project

About this Resource

This document is a product of Nova Scotia Department of Health and Wellness. There are numerous considerations and decisions that providers need to make when migrating to a new EMR. The purpose of this toolkit is to provide physicians with information to assist them in deciding which EMR to select, how to prepare for migration, and what is required after migration.

Information in this document will be updated based on feedback from providers, their representatives and the DHW EMR Migration Project Team.

CONTENTS

Introduction

Planning for Migration

During Migration

After Migration

INTRODUCTION

Introduction

The purpose of this toolkit is to provide you with the information you need to migrate from Nightingale to one of two EMRs – either Telus' Med Access or QHR's Accuro. The toolkit will:

> Improve your understanding of how an EMR migration works and your awareness of funding deadlines

> Understand the initial steps required in selecting an EMR

> Improve your understanding of data validation activities and what you can do to prepare

> Be able to plan for your clinic's EMR Migration

Who should use this toolkit?

This resource is designed for physicians, nurse practitioners and their care teams who are required to migrate from the Nightingale on Demand EMR by December 31st, 2019 or, for those who are simply choosing to change EMRs. In both cases, you are looking to move to one of two EMRs undergoing certification for provincial standards by DHW – Accuro or Med Access.

Clinics outside of the NSHA

For all physicians and care teams operating outside of the NSHA, the EMR vendor will be your first point of contact and will be responsible for leading your clinic migration project from start to end.

Clinics operated in conjunction with the NSHA

For physicians working in teams that are operated by NSHA in NSHA locations, please connect with your **Primary Health Care Health Services Manager** as the first point of contact to discuss the plan for your team.

nova scotia health authority

Why is Migration Necessary?

TELUS Health is **ending further development and marketing of the Nightingale on Demand (NOD)** EMR. DHW and Telus have targeted Dec 31st, 2019 as a deadline for migrating from NOD.

If physicians remain on NOD after December 31st, 2019, the software service and support costs **will increase**. Physicians will no longer have access to NOD after December 31st, 2020.

DHW will **support and provide incentives to providers** while they migrate from NOD to a certified EMR **of their choice.**

During this time, **providers using other EMRs (e.g. Practimax)** will also be supported **if they choose to migrate.**

Migration Options

There are two EMRs undergoing **certification for provincial standards** by DHW:

and

What does being "certified" mean?

EMR Certification with DHW means that the EMR product meets provincial standards for delivery of patient care and supports the strategic and operational objectives of Nova Scotia and EMR end users.

Both Accuro and Med Access are certifying to:

- Be integrated with provincial information systems including MyHealthNS;

- Receive eResults; and,

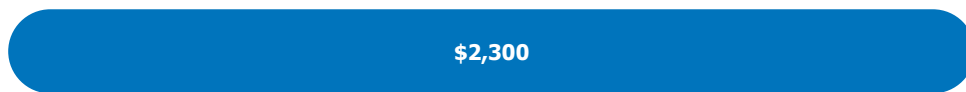- Provide immunization updates to the Public Health information system.

Incentives & Funding

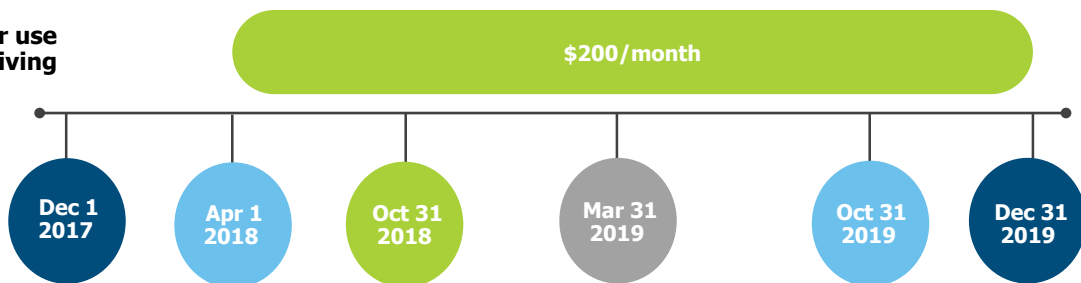There are incentives and funding options in place for physicians.

One-Time Incentive to migrate from NOD to Med Access or Accuro based on signed and submitted CGA form

$3,000 (sign up by Oct 31 2018) or **$2,250** (by Mar 31 2019) or **$1,500** (by Oct 31 2019) or **$0**

One-Time Incentive to change EMR products (from NOD, Practimax, Accuro to Med Access or Accuro)

$2,300

Monthly EMR Subsidy for use of a Provincial EMR receiving eResults

$200/month

Dec 1 2017 — Apr 1 2018 — Oct 31 2018 — Mar 31 2019 — Oct 31 2019 — Dec 31 2019

What's the purpose of the one-time incentive to change EMR products?

The migration incentive of $2,300 is in recognition for time spent by physicians and their staff to ensure the migration of patient records is completed in accordance with provincial migration project standards, including the testing and validation of migrated data.

Why are Nightingale (NOD) users eligible for more incentives?

The deadline to move away from NOD is December 31st, 2019. Due to the volume of migrations required, this additional incentive for physicians, up to a maximum of $3,000, is to expedite the migration from Nightingale On-Demand to a Certified EMR Product.

What is the monthly EMR subsidy?

To encourage ongoing EMR use, existing provincial EMR users (i.e. Practimax, Accuro and Med Access) receiving eResults from provincial information systems will receive a subsidy of $200 per month.
NOD physicians will qualify for the subsidy in the month after they have completed their migration to a Certified EMR. The end date for the EMR Subsidy is December 31, 2019 or earlier if a new Physician Master Agreement has been ratified.

What if I remain on Nightingale (NOD) after December 31, 2019?

For physicians using NOD after December 31, 2019, the software service and supports costs will increase.

After December 31, 2020, physicians remaining on NOD will not have a valid contract or the right to use the software. A digital copy of their patient charts can be provided to physicians. Requests for digital copies of data will need to be scheduled.

Beyond this date, physicians will not be able to access the NOD EMR.

Physician Type	Current Annual Cost	Annual Cost Jan 1, 2020
Full Time	$2,001.00	$4,485.00
Part Time	$1,000.50	$2,242.50
Quarter Time	$500.25	$1,121.25

Eligibility Criteria

What is the eligibility criteria for the incentives?

To be eligible, physicians are required to:
- Ensure their vendor has submitted the signed Consent to Grant Access Forms to the DHW Migration Project Office; and,
- Comply with the migration standards and processes established by the DHW Migration Project Office to protect data quality and patient safety including the following:

    a) Participate in the validation of their migrated data to confirm the accuracy and completeness of the migration of their patients' data
    b) Report any issues with the migration of their patients' medical charts to their EMR vendor prior to sign-off
    c) Validate the effective resolution of all issues to their satisfaction prior to completing their migration
    d) Sign off on the accuracy of the migration of their data with their EMR vendor
    e) Communicate feedback on their migration experience by completing the DHW issues post-migration survey

Timing of Payouts

The DHW Migration Project Office will trigger payment of all incentives after your migration has been completed and all eligibility criteria have been met.

Payments will be processed through MSI on a quarterly basis. Physicians will be notified by mail that their payment has been processed. It will also be identified on their MSI pay statement.

Key Roles & Responsibilities

There are a number of stakeholders involved in an EMR migration. Clinics, vendors, the Department of Health and Wellness and the Nova Scotia Health Authority all play a part in a successful migration.

Clinics

- Assess clinic needs
- Select an EMR
- Validate Data
- Learn how to use the new EMR
- Identify any Issues
- Sign off
- Complete survey

Vendors

- Key contact for your clinic
- Configure system
- Migrate your data
- Train you and your staff
- Fix issues
- Provide ongoing support
- Maintain EMR certification for Nova Scotia

DHW/Project Team

- Migration project oversight
- Data validation support (during Beta)
- Support data migration
- Manage overall schedule
- Administer survey
- Administer incentive payment process
- Coordinate additional provider support, where required

NSHA NOD Service

- Reroute eResults
- Deactivate your NOD License

Three Migration Phases

There are three overall phases to an EMR Migration. Each will be described in detail in the following pages.

Planning for Migration

During Migration

After Migration

PLANNING FOR MIGRATION

Selecting your new EMR
Which EMR should you choose?
Best practices
Timing considerations

Selecting your new EMR

As outlined in the Introduction, you have the choice of two certifying provincial EMRs. Both integrate with provincial information systems including MyHealthNS, receive eResults and provide immunization updates to the Public Health information system. The options are:

QHR Technologies

ACCURO® Electronic Medical Records

or

TELUS | Health

MED ACCESS EMR

1-866-454-4681   1-888-230-3561 ext. 104

Your initial steps:

Step 1

Select a Solution

Step 3

Submit CGA

Request Demos

Contact QHR and TELUS Health to request a demo

Step 2

Sign Contract

Sign a contract with your preferred vendor

Step 4

Select the EMR solution that best supports your practice

Submit your 'Consent to Grant Access' form through your vendor to the DHW
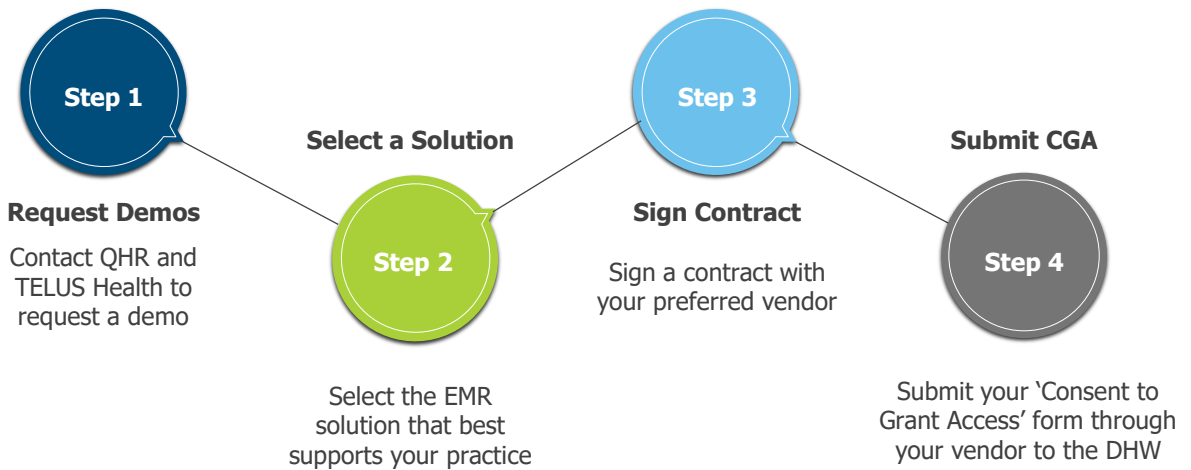
Which EMR should you choose?

Choosing the right EMR for your clinic depends on your current use of an EMR and/or what you are looking for in a new one. To help you decide, it's recommended that you:

Look at....	The vendor websites for system overviews

Contact...	Each vendor to schedule a demo

Think about...	- What is the most important functionality in an EMR for your clinic? - Create a detailed list of the functionality your clinic uses today. What will you need in your new EMR? Ask the vendor to demo each of these areas. - As your clinic assesses each EMR, pay close attention to the navigation and workflow for these areas of functionality. Confirm that they are conducive to how you work and how your clinic operates. - What templates or forms do you use today? How will they look and work in the new EMR? Can they be shared with colleagues outside your practice? Can you use a template that someone from another practice built? Do you use prenatal and well baby templates? - Do you use Flowsheets? Are they available to use or do you need to build them? Will your data from NOD automatically populate the flowsheets? - Do you work with a family practice nurse? Nurse Practitioner? Other Health Care Provider? How does the system accommodate multiple providers contributing to a single encounter or visit? - Do you use reports? How important is this to your clinic? Does the system provide pre-built reports? Can I build my own reports? - Do you currently bill through your application? Do you use private and third party billing? - Do you use waitlist or triaging functionality? - Do you scan and upload documents? How easy is this to use and how is it integrated? - Do you use Dragon Dictate? How is it used with the new EMR? - Do you fax prescriptions to a pharmacy? If so, how will this work? - If you decide to switch practices, how easy is it to transfer your records? Is it easy to separate or merge charts? - If a patient moves to another practice, can these charts be sent electronically? - What type of support is available? How accessible is the support?

Best Practices

There are a number of things you can do in advance to ensure that your clinic is well-prepared for migration. These are recommended best practices for clinics all of the time, but especially important leading up to a move from one EMR to another.

Patient Panel Review

Review a report of your patient list (including counts) to identify all of your patients you wish to migrate.

1. Are there patients in the clinic without a responsible provider?

2. Are there patients in the clinic who were assigned to a provider who is no longer there? Should the responsible provider be changed? Do you wish to declare your authority over patient records currently assigned to a provider who is no longer with the clinic? (If yes, see)

3. Do you share patient charts with other providers?
    *   Do you see patients for prenatal care only that are patients of other providers in your practice?
    *   Are you a specialist working in a family practice clinic or a family practice provider who has a specialist working in their clinic?
    *   How many of these patient records do you need?

4. Are there patients that you have not seen for years?
    *   Can those charts be archived before moving to the new EMR?
    *   Do you need those archived charts in the new EMR?
    *   Has the retention period expired – i.e., 10 years after the patient's last visit or 10 years past the age of majority if it was a child?

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Be prepared to discuss these with your EMR vendor.
They'll help to ensure that the right patient records are migrated.

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Did you know?

A report of your active patients can be run within Nightingale. It's called "Patients per Family Physician", and it lists all of the patients in your clinic, by provider. It will also list any unassigned patients.

The report can be found either by clicking on "Reports", or by selecting Reports>Custom> and clicking the "Options" link.

If you have any questions about this report, contact the EMR Migration project: EMRMigrationPMO@novascotia.ca
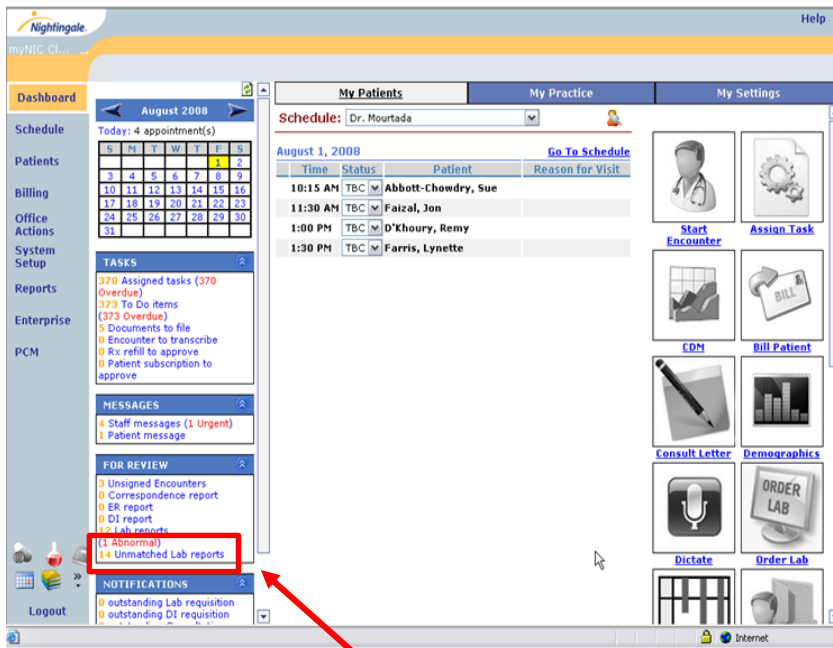
Best Practices

Match any Unmatched eResults

Prior to migration, **you** are responsible for reviewing and matching any "unmatched" eResults in NOD.

This is an essential step for patient safety – any unmatched eResults will not be transferred into your new EMR.

Your vendor and the project office will be monitoring this closely during migration to ensure the eResult process is being followed.

How does an eResult become unmatched?

Examples:
- Incorrect spelling of the patient's name
- Incorrect date of birth
- Incorrect health card number

If you have any unmatched eResults, you'll find them on the NOD dashboard

Other best practices include the following:

- Sign off any unsigned eResults

- Sign off any unsigned encounters

- Ensure that all tasks, to-do's and follow-ups are assigned to a current user/role

Can patient records be migrated for a provider who's left?

In some circumstances, a physician may wish to declare his or her authority over patient records currently assigned in NOD to a provider who is no longer with the clinic. There are provisions for this within the Personal Health Information Act (PHIA) and the Medical Records Standard of the NS College of Physicians & Surgeons (CPSNS).

The purposes of the continued access to the health records would include, but are not limited to:

❑ For the purposes of patient chart reassignment as a custodian responsible for these charts, which is a use under section 35(1)(a) of PHIA;
❑ To provide assurance of continued access to shared health records for medical-legal and risk management purposes pursuant to section 35(1)(j) of PHIA and as per CPSNS guideline for the Retention and Access to Medical Records
❑ For providing health care services to patients who return to seek health care from [the proponent clinic name], and specifically for health care history and patient safety purposes pursuant to section 35(1)(j) of PHIA;
❑ For the purpose of providing patients with access to and correction of their own medical records, pursuant to section 71 of PHIA; and,
❑ For other purposes (defined by the physician).

If you are in this situation, work with your vendor to complete a **Declaration for Continuity of Access to Health Records** form, as well as the appropriate **Consent to Grant Access** form. These forms will then be submitted by your vendor to DHW.

Timing Considerations

By committing to a migration early, you:

- **Receive a higher migration incentive and the EMR subsidy sooner**

- **Have more choice as to when you're migrated:**
  - Work around planned vacations
  - Look for naturally slower times for your practice
  - Allows more lead time so that you can reduce bookings for the first few days after implementation

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Reminder:
*You don't have to migrate by the deadlines to receive the incentives, you just need to have **signed your Consent to Grant Access form** and **a vendor contract** by then.*


DURING MIGRATION

High-level steps with your vendor
Vendor needs assessment
Data validation
Data reconciliation
Migration of billing information
eResults rerouting
Lessons learned

High-Level Steps with your Vendor

Once you have selected and signed on with your new vendor, you will follow the same basic steps:

| Vendor Needs Assessment | Data Validation Session | Data Validation Issue Identification & Resolution | Hands-on Training | Go-Live |
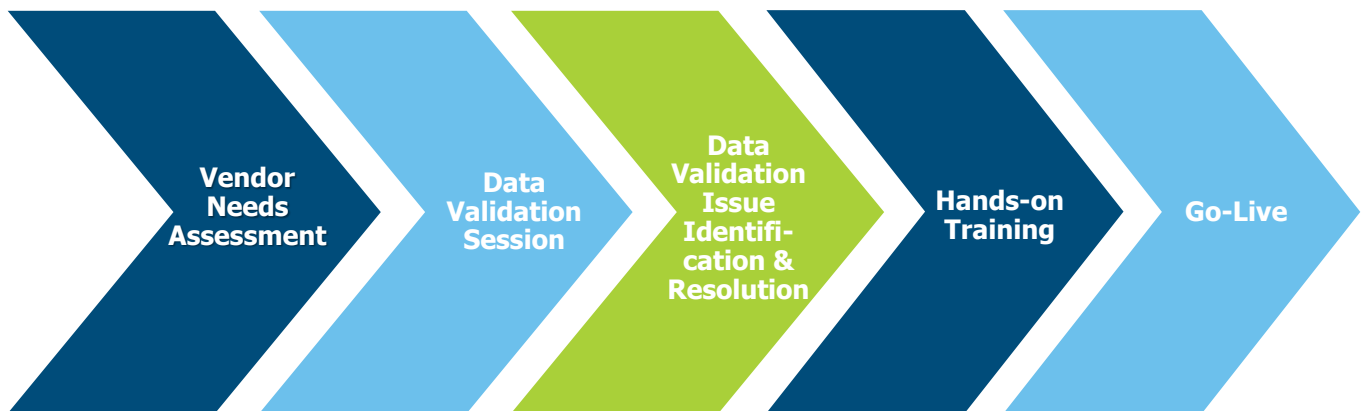
For a typical migration, these steps take approximately 6-8 weeks.

Vendor Needs Assessment

Your vendor will walk through a needs assessment with your clinic. This is a really important step for a smooth transition to your new EMR. It gives you the opportunity to ensure that your vendor knows exactly how you use your current EMR, and what you need in your new one.

During the needs assessment, your vendor will ask you questions related to:

- Your clinic type
- The functional requirements you and your team need from the EMR
- Current forms, templates and flow sheets you use today
- Types of patients you see
- How you and your team work and share information across your practice
- Types of users that will access the EMR
- Other items

It's important to have **everyone in your clinic who is impacted by migration** be involved in the needs assessment.

By not having everyone's input, some workflows may not be considered.

Data Validation

An important part of the process you will undergo with your vendor is data validation. It something that requires participation from key people in your clinic.

What is Data Validation?

Data Validation is the process of checking that the each piece of information related to your patients has migrated properly from your current EMR to your new EMR, that it is as you expected it to look, and that you know where to find it.

Why is it Important?

- **It's your patient data.** You know your patient data best and know what to look for.

- Missing data can lead to **patient safety issues**.

- It is important from a medical legal perspective to have complete data for patient care and to produce patient chart records.

What's the right mix or number of patients to check?

There really is **no set number of patients** to validate. The main point is that you check the right number and mix of patients that covers the **full scope** of your practice. You should select patients that are **representative of your practice**.

For General Practitioners
The list may include:
- CDM patients
- Complex care patients
- Prenatal and postnatal patients
- Children and/or babies
- Patients with a lot of lab and DI results
- Patients with allergies
- WCB patients
- Patients who have been in hospital
- Patients with referrals to specialists
- Walk in patients

For Specialists
The list may include:
- One-time patients
- Regular patients seen for a period of time
- Patients with complex care scenarios
- Patients that are representative of all of the types of services provided by the specialist

For Clinic Staff
The list may include:
- Billing and scheduling scenarios
- To dos, actions, alerts
- Repeat appointments
- Wait lists

These are examples only. There may be others in your practice.

What Should be Validated?

01 **Review each of the patient types you have identified for your practice**

In NOD navigate to one of the patients that is representative of your practice.

    Check the following:

- Patient demographics
- Billing history
- Scheduling history
- Patient contact
- CPP
- Prenatal forms
- Other forms printed for patient (e.g., WCB – PHYSICIAN 8/10 form)
- Incoming and outgoing correspondence reports

Next, in NOD, navigate to Patients>Details>History>Chart History.

Click on search.   This will display all of the event types for a patient chart including Care Plans, Consultations, Correspondence Reports, DI Reports, DI Requisitions, Encounter, ER Reports, Lab Reports, Lab Requisition and Prescriptions.

Compare the list of clinical event types before and after migration to ensure the data is the same.

    Open a few of each event type for each patient to ensure the information matches:

- For Prescriptions, make sure all the data is displayed. E.g. medication and SIG.
- For requisitions, make sure the data is checked as it is on the source data.
- For lab results, make sure that you can graph and trend the results.

02 **Correspondence & Address Book**

For correspondence that was uploaded in NOD, make sure they are in the new environment and that they have the correct number of pages.

Check your address book in NOD and in the new EMR to ensure they are accurate and complete.

03 **Schedules**

Check schedules that have been migrated. Select certain days and make sure the before and after schedules match in terms of patients on the schedule and the status of the patients on the schedule.

Also ensure that any blocked off time comes over as blocked off in the schedule.

Data Reconciliation

It is also extremely important that you do your best to confirm that your vendor has migrated all of your records.

How does Data Reconciliation differ from Validation?

While Data Validation is the process of checking that the each piece of information related to your patients has properly migrated, Data Reconciliation relates to confirming that the **number of patients**, and their related appointments, medications, lab results, etc. have been transferred to your new EMR.

To confirm that all of your patient records have been migrated:

With each cycle of validation, **ask your vendor for control totals** to demonstrate that all of your data has been migrated from your old EMR to your new EMR. If different than expected, seek an explanation.

Areas to reconcile include patient counts, medications, labs, DIs, appointments, actions.

There may be cases where there are **explainable variances**.

Ask your vendor to produce **validation reports** for you to provide confidence that all data was migrated.

It is much more challenging to get data that is missed after you have migrated.

Before signing off on your migration ensure that you have seen **reconciled control totals** that meet your satisfaction.

Migration of Billing Information

You will receive billing information in two different ways at the end of the migration process:

Data Migration into your new EMR:
- Data will include your historical MSI and private/3rd party billing information
- **Note:** Reports run in the future from your new EMR will not include this information. They will only include what you enter from go-live onward.
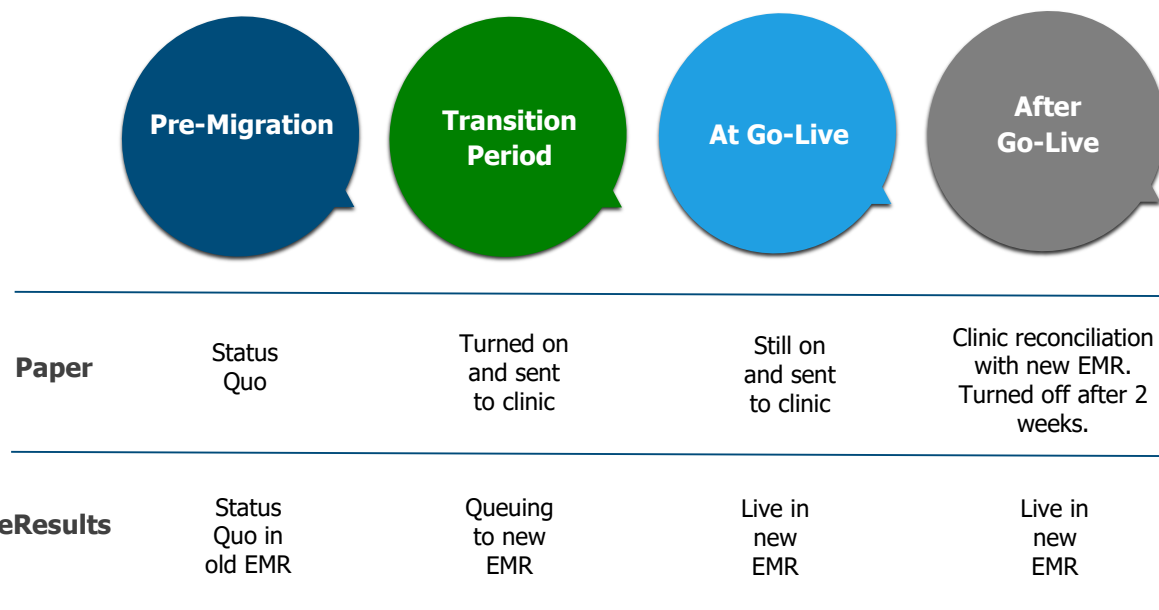
Secure Transfer of a "CSV" (Excel) file:
- Data will include private/3rd party billing information. It can also include your MSI billing reports upon request.
- The file will include a list of all billing information, by patient id, including service date, invoice status, claim number, amounts billed vs. paid, balance, etc.
- This file format allows for importing into other systems or other reconciliation purposes.

eResult Rerouting

During the migration period, the printing of paper lab and DI results is turned on while the eResults are queued up for the new system. To ensure that no patient results are missed, clinics need to reconcile paper and electronic results.

	Pre-Migration	Transition Period	At Go-Live	After Go-Live
Paper	Status Quo	Turned on and sent to clinic	Still on and sent to clinic	Clinic reconciliation with new EMR. Turned off after 2 weeks.
eResults	Status Quo in old EMR	Queuing to new EMR	Live in new EMR	Live in new EMR

- To ensure that no eResults are lost during the migration period, print paper results are turned on two weeks prior to the clinics final extract.   It can sometimes take a few days for the print to start which is why it is done at this point.

- For a week, you will be getting print and electronic e-Results.

- On the day of your final extract, your e-Results get rerouted to your new EMR. The results will be queued up and flow into the new EMR once they are turned on.   This is so clinics will not have a gap in Electronic results in their enterprise.

- Between the time that the final data extract is taken and the clinic goes live in the new EMR, providers will receive paper results only. These results need to be reviewed since you will not get the electronic version until go live and some results ONLY come in paper format.

- **Once your clinic has gone live, it is important to reconcile the paper and electronic results in your new system.   If there are paper results that are not in the new EMR, they should be scanned and uploaded to the new system.**

- Paper results will continue for two weeks past go live on the new EMR.

- The paper process is a safety check for providers to ensure no results go missing during the migration process.

*NOTE: Results that are currently received on paper will continue as per the current process.

Clinic Go-Live Checklist

Prior to going live, clinics should confirm with the vendor that all patient records have been migrated (patients of current and unavailable providers, if applicable).

Important Note:
If you were, or are still, seeing patients for a provider whose charts were not migrated and you get e-Results for them after go-live, you could end up with a large number of 'unmatched' reports. This would result in duplicate charts after the fact that would need to be manually merged.

To prevent this and other issues, ensure that you've checked the items in the box to the right.

Go-Live Checklist

- ❑ Ensure all patient records have been migrated, for your patients and for those of unavailable providers
- ❑ Check that your provider profile is set up properly and spelled correctly
- ❑ Check to ensure new billing arrangements are set up properly with the current default business arrangement identified
- ❑ Check to ensure your lab PMB number is set up in your provider profile so e-Results flow in correctly
- ❑ Make sure unmatched e-Results are visible and assigned to the proper user for review
- ❑ Ensure there is a default provider set in scanning so you know where documents are going
- ❑ Set up any favorites you may want in the system as these types of settings do not typically get migrated

Sign-off

Once you and your clinic staff are satisfied that the vendor as captured all relevant data to be migrated from your old EMR to your new one, each **Responsible Provider** will be asked by the vendor for sign-off.

Depending on the vendor, this form is called either a:
- **Statement of Completion,** or a,
- **Data Acceptance Testing Signoff**

Why is Sign-off Important?

- It signifies your understanding and **formal agreement** that you have **verified the accuracy of your data and that it meets your expectations.**

- It indicates that you agree that **the data is ready to proceed to the Final Import phase.**

- The submission of the form to DHW by your vendor is **a requirement for any incentives or funding** for which you are eligible.

Lessons Learned

How can you help your clinic's migration go smoothly? Here are some lessons learned from providers who have already migrated:

- ❑ Ensuring that you have an **accurate list of patients** for whom you are responsible *prior to migration* **is key**:

  - • **Spending time cleaning up your data** before you migrate is important to ensure you have identified all the patients you are responsible for so that charts you need in the future are migrated

  - • Have your vendor identify if there are **duplicate patient charts** and have them identify an automated plan for managing this so these records are merged in your new EMR

- ❑ **Data Validation** is worth the time and effort up front:

  - • Finding issues **early in the process** means that they are **more easily fixed**

  - • Once in the new system, changes to migrated data become much harder to do

- ❑ Ensure that the **clinic as a whole receives training**, and that it covers **all of the functionality, scenarios and workflows you identified** with the vendor prior to migration.

- ❑ **Consider booking lightly** in the week following go-live, to allow for the expected learning curve

- ❑ Make sure you've been trained on everything you discussed during the Needs Assessment. If you have questions, reach out to the **vendor for support.**

- ❑ **Document any issues that arise and escalate with your vendor** as soon as they arise. This will allow time for your vendor to resolved them prior to go-live.

- ❑ In the months following go-live, you will find out quickly what you know well from your training sessions, and what you may need a bit more help with. **Reach out to your EMR vendor for extra support**. If you have specific questions about how to do your MIS reporting for the Department of Health and Wellness, contact the PHIM program via email: phimprogram@novascotia.ca.

- ❑ **Go easy on yourself.** Remember that learning a new system takes time. Don't expect to know everything on day one!

AFTER MIGRATION

Survey completion
Incentive & funding payouts
Post EMR migration support
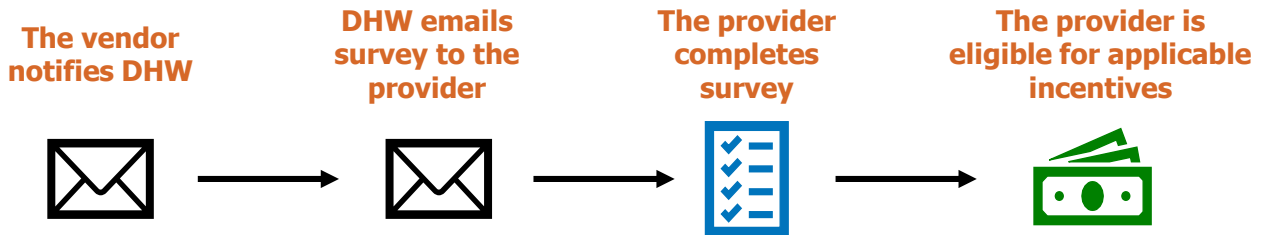Nightingale de-commissioning

After Migration

Survey Completion

The Department of Health & Wellness is interested in understanding your EMR migration experience and will use your feedback to improve the process for future migrations.

The survey from DHW will be emailed to you after notification from the vendor that you have signed off that your migration was successful. The survey takes approximately 5 minutes to complete.

Once your clinic is live with your new EMR:

| The vendor notifies DHW	DHW emails survey to the provider	The provider completes survey	The provider is eligible for applicable incentives

Incentive & Funding Payouts

The Department of Health and Wellness Migration Project Office will trigger payment of all incentives after the migration has been completed and all eligibility criteria have been met.

Payments will be processed through MSI on a quarterly basis. Physicians will be notified by mail that their payment has been processed. It will also be identified on their MSI pay statement.

Post EMR Migration Support

If you are used to calling the PHIM program for your Nightingale support, the process will be different going forward:

- Your first line of support will be through your vendor
- Each vendor has a support team that will assist you with questions/issues after go-live

Physician Office → **TELUS Support** / **QHR Support**
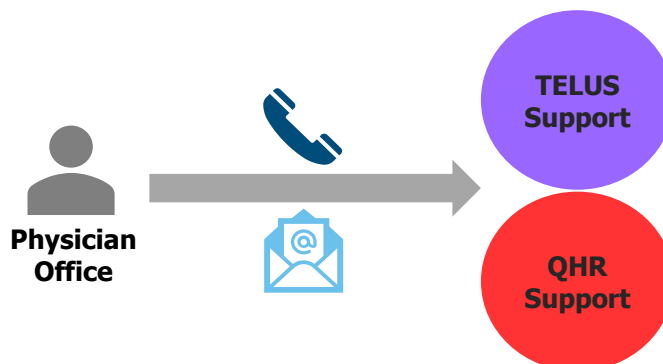
Nightingale De-Commissioning

Six months after go-live, your Nightingale on Demand application will be de-commissioned by the PHIM Service Desk, as your current license will have expired.

You and your clinic will have a few "clean-up" activities to do during this period:

Go-Live
Clinic is live with new EMR; no longer working in NOD

6 Months Later
Clinic NOD system will no longer be active

Clinic Activities:
- Billing reconciliation
- Deactivation of yourself & clinic staff within NOD

Reminder email to clinic from PHIM Service Desk

Need more information?

EMR Vendors:

ACCURO® Electronic Medical Records   or   MED ACCESS EMR

by: QHR Technologies   by: TELUS | Health

1-866-454-4681   1-888-230-3561 ext. 104

Other Supports:

NOVA SCOTIA
**Provincial EMR
Migration Project**

Migration Questions:
EMRMigrationPMO@novascotia.ca

Incentive Questions:
dhwtechincentives@novascotia.ca

Doctors Nova Scotia

EMR Advisors:
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