General FAQs

What is Community Information Integration (CII) Central Patient Attachment Registry (CPAR)?

CII/CPAR is the chosen vehicle to integrate community EMRs with two-way data flow.

CII is a system that transfers select patient information between community Electronic Medical Records (EMRs) and other members of the patient's care team through Alberta Netcare. The Central Patient Attachment Registry is a provincial system that captures the confirmed relationship of a primary provider and their paneled patients. Together CII/CPAR enable health system integration and improved continuity of care that are essential and foundational change elements in the implementation of the Patient's Medical Home.

CII/CPAR:

- Enables sharing of important health care information between the patient's primary provider and other providers in the patient's circle of care
- Facilitates sharing of consultation reports back to the patient's Primary Provider and other providers
- Identifies relationships between patients and their Primary Provider
- Allows for Primary Provider to identify and coordinate when patients are on multiple panels and therefore enables validated patient Primary Providers information to be available in Alberta Netcare Portal (ANP)
- Supports notification of primary providers when their patient has a hospitalization or emergency room visit

CII/CPAR is an important technical enabler to improved patient care because it assists clinics in identifying patients where continuity of care may be sub-optimized. Knowing that a patient is paneled to another provider affords an opportunity to confirm roles and responsibilities in care provision. For Primary Care Networks (PCNs) and clinics already investing in panel management, CII/CPAR is the next logical step to promote a coordinated care management approach to service delivery and achieve better patient, provider, and system outcomes.

Health care providers are already able to access ANP to view a 'snapshot' of the care the patient has received. CII/CPAR aims to increase value by sharing select Information from Primary Providers and other community providers (e.g. consultation reports).

Primary Providers, pediatricians and nurse practitioners participating in CPAR display as the primary provider for their patients in their ANP records.

How does CII/CPAR work?

The primary goal of CII/CPAR is to improve Albertans' continuity of care across the health system through better access to primary care and community health information.

To achieve this goal CII/CPAR:

- collects health data from primary care and community EMRs in Alberta
- presents this data in ANP through clinically relevant reports
- collects panel data from primary care providers' EMRs
- alerts CPAR participating providers when their patients have had an event at an AHS facility
- presents panel conflict information back to providers to encourage continuity for Albertans
- makes data available to the Alberta Health Health Care Data Repository for appropriate secondary use, such as quality improvement

How does Connect Care fit in?

Connect Care is a provincial initiative of AHS to bridge information, health care teams and patients within sites where AHS is accountable for the record of care. More information can be found on the Community Providers Resources Page on the AHS website.

What information can participating community clinics contribute?

All Providers seeing patients in the community can contribute encounter information.

Information shared through CII to Alberta Netcare and the Health Care Data Repository at Alberta Health includes data elements in the community Provider EMR that are set out in the Health Information Standards Committee for Alberta (HISCA) EMR Data Content Standard. This includes patient data (Personal Health Number (PHN), birthdate, gender), provider data (name, role, expertise, location), observations (health concerns, allergies, blood pressure, clinical assessment), immunizations and referrals. Shared encounter information is presented in Alberta Netcare in the form of a Community Encounter Digest (CED) report.

Primary Care Providers that provide longitudinal, comprehensive primary care can contribute panel information

CPAR receives a confirmed patient panel list for each participating primary provider. Information included in the patient panel list: PHN, date of birth, name, gender, last visit date and the date that the patient-provider relationship was last confirmed.

Specialists can also contribute consult reports

Additionally, specialists in the community can make their consult reports available to other care providers through ANP. Future phases of the CII project will expand the scope of information sharing, including more data elements and additional clinical reports.

Do specialists contribute the same information as Primary Provider?

- Community specialists can contribute their consult reports
- Primary Provider (and other providers who have panels) can share their panels to CPAR. They can also contribute consult reports to ANP if they do that kind of work
- Community specialists and Primary Providers can both submit encounter information to inform CED in ANP.

What is the current status of the project?

- CII/CPAR is currently in General Rollout with clinics around the province
- CII/CPAR is live with Microquest Healthquest, TELUS Med-Access, Wolf and PS Suite EMRs, and Accuro EMR from QHR
  - Specialists are submitting consult reports to ANP
  - Primary Providers and PCN clinics are contributing encounter data to CED reports which are a snapshot of recent encounters for each patient
  - Primary providers offering comprehensive, longitudinal care are contributing their patient panels to CPAR
  - Users of Microquest Healthquest, TELUS Med-Access, Wolf and PS Suite EMRs are receiving eNotifications when their patients have encounters at AHS facilities. This functionality will be available for Accuro EMR in mid-2023.

What do I need to do to get ready to participate?

There are four key pre-requisites for participation in CII/CPAR:

1. Clinic EMR Privacy Impact Assessment (PIA) must be up to date

2. Clinic must be live on Alberta Netcare
3. Clinic must be panel ready (for clinics without panels this is not a pre-requisite)
    - Panel identification and maintenance processes must be in place
    - The CII/CPAR Panel Readiness Checklist can help to see where your clinic stands
4. EMR must be on latest version (Healthquest and Accuro users)

If any of these areas need improvement, now is the time to get to work on them.

Supports:

- A PIA Update Self-Assessment.
  A recording of a PIA Update Seminar is available on the Training Recordings Page on the Alberta Netcare Learning Centre. eHealth Services Provider Support will provide advice; phone (toll free) 1-855-643-8649 between 8:15 am and 4:30 pm, Monday to Friday, or email: eHealthProviderSupport@gov.ab.ca
- To receive more information about **Alberta Netcare** please go to the Alberta Netcare Registration page
- A **panel readiness** checklist is available here.

If your clinic meets the prerequisites some next steps to get ready are:

- Primary care clinics should tell their PCN representative that they are interested. Implementation in primary care is being coordinated with PCNs.
- Specialist clinics can express interest to eHealth Services Provider Support by phone (toll free) 1-855-643-8649 between 8:15 am and 4:30 pm, Monday to Friday, or email: eHealthProviderSupport@gov.ab.ca

Do all Providers in a clinic have to enroll at the same time?

No. As the EMRs are configured for each provider, each Provider or nurse practitioner may enroll at their own pace. A clinic can go live with one participating provider. There are some specific considerations for partially enrolled clinics.

Can allied health care providers participate?

Yes, providers such as dieticians, nurses, pharmacists, respiratory therapists, and other allied health providers working in a clinic with participating providers may participate. To submit encounters these providers must book appointments in the scheduler with patients. Allied providers can also contribute consult reports. Include these providers on the confirmation of participation form.

Other providers such as social workers and psychologists may participate but their colleges interpret the *Health Information Act* (HIA) differently than the College of Physicians and Surgeons of Alberta and other health care professional colleges. If they choose to participate, these providers need to consider their college standards when contributing.

Are there plans to make any other EMRs compatible with CII/CPAR?

Not currently. There is a significant cost to conforming a new EMR for CII/CPAR and currently there are no resources to bring on any more. It really comes down to a numbers game: the 5 conformed EMRs account for more than 85% of EMR use in Alberta so it makes sense to make the investment to connect these EMRs. In addition, EPIC (the EMR backbone of Connect Care) and OKAKI, the EMR used by many first nations clinics will also be conformed.

What else is coming?

- **Patient Summaries**: Ability for community Providers to upload patient summaries to ANP. This is meant to be a more comprehensive summary of the patient's health completed by the primary provider. A copy of the Patient Summary will also be available for the patient in their MyHealth Record.

Panels, Panel Conflicts, & Demographic Mismatches

What is a CPAR Conflict Report?

The CPAR Conflict Report is generated by CPAR on a per panel basis and lists patients on the provider's panel that are also paneled to another participating provider. It is produced monthly.

What is a CPAR Demographic Mismatch Report?

The CPAR Demographic Mismatch Report is generated by CPAR on a per panel basis and identifies where there are mismatches between the demographic information in the provider's EMR and the Alberta Health Provincial Client Registry. It also indicates any deceased patients who have been included in the panel. It is produced monthly.

What is the protocol for resolving a conflict of patient attachment?

If a patient has been paneled to more than one provider, the patient should be asked to choose who they identify as their primary provider for comprehensive care. The Panel Conflicts & Demographic Mismatches Guide has suggestions for practice teams on developing an approach and customizing their process to their clinic.

This does not preclude the patient seeing the other providers episodically. What it should do is identify for both the patient and the providers which provider is responsible for the patient's comprehensive, longitudinal care including screening, periodic health exams, complex care, following up on eNotifications, guiding the patient's journey's in the health care system etc.

What is the protocol for resolving a demographic mismatch?

If the information in the clinic EMR is incorrect then it can simply be corrected to resolve the mismatch. If, on the other hand, the information is wrong in the Alberta Health Provincial Client Registry the clinic should advise the patient to go to alberta.ca/ahcip-update-status.aspx, fill out the appropriate form and drop it off at a registry agent office. Some clinics are trying to be more hands on with this – helping patients print and fill out the correct form; doing outreach to patients and sending forms, etc. See the Demographic Mismatch section of the Panel Conflicts & Demographic Mismatches Guide for more information.

How does panel submission work for Providers who practice in more than one location?

CPAR is set up to identify panels by provider and location. It is also set up to receive panel lists that have been generated from an EMR. If a provider has panels in multiple locations, there are two possible solutions for setting up CPAR panels depending on the EMR setup. In the situation where each location has a different EMR instance then it would be appropriate to set up a CPAR panel for each location/instance. If the provider practices at multiple locations that use the same EMR instance, then it would make more sense to create a single panel for ease of uploading because the EMR will most likely produce a single panel list for all locations.

Why are panels submitted by Providers? Is there an option to submit on behalf of the clinic as the Providers provide shared care?

Panels are submitted on a per provider basis to recognize the unique attachment between an individual and their primary provider for longitudinal care. Ideally this relationship exists on a one-to-one basis. Recognizing that some providers work in a team structure, CPAR can accept shared panels. An example of a shared panel

scenario is where one provider works 3 days a week and their partner works 2 days a week and they care for a common group of patients. When a panel is first created during the registration process there is the ability to associate the panel with multiple providers. Once the panel is established the Panel Administrator can add or remove responsible providers.

A Primary Provider has just started panel and has a very large panel size (over 5,000), doesn't want to do work to make it smaller and wants to participate in CPAR to identify panel conflicts. Is this appropriate?

Wow, over 5,000 is a very large panel size. The average panel size for a primary provider in CPAR is much smaller. Panel readiness is a requirement to participate in CPAR. Each participant needs to use the panel readiness checklist and each box must be checked. If all boxes cannot be checked, the clinic needs to go back to develop and act on their panel processes before participating. Panel maintenance is a very important process. When a provider participates in CPAR that is NOT panel ready and loads a panel that is known to have many panel conflicts, each panel conflict appears on the report for another participating primary provider causing a cascade effect for those providers and teams. The other impact is that the system now knows that this provider is the primary provider and eNotifications will be generated for each of the CPAR paneled patient when they have a hospital admission, hospital discharge, emergency discharge and day surgery. The average number of eNotifications are 11.7 per week for each 1,000 patients on the panel. A panel of 5,000 would generate close to 60 notices a week! Also, ANP will display the name of the primary provider in each Albertan's record where the primary provider is participating in CPAR.
Participants must be panel ready. In a sense, the primary provider is declaring to the system that they have validated the care relationship with the patient.

What if a provider wants to stop participating?

Participation in CII/CPAR is voluntary. Any participant can stop at any time. If a provider is moving practice or leaving practice, contact eHealth Services to inform them and receive the forms to be off-boarded. Contact eHealth Services Provider Support at eHealthProviderSupport@gov.ab.ca or 1-855-643-8649 for assistance. As participation is voluntary, participants should know that they may off-board in a little as 24 hours if they saw an urgent need. Two actions in control of the provider are that they can reverse the steps they took in their EMR to be configured for CII/CPAR and they can contact their EMR vendor to request that data flow be stopped.

Encounters & The Community Encounter Digest

What is a Community Encounter Digest (CED) report?

The CED report is created in ANP by CII and summarizes the care the patient received over the past 12 months from all community-based clinics in Alberta that participate in the CII program. This includes details on the following:

- Service providers
- Service delivery location
- Encounter (details)
- Observations (measurements and others)
- Interventions and treatment
- Referral requests
- Immunizations

Will billing codes be pulled into the CED such as 03.03a, and other such codes?

No, just diagnosis codes (ICD9).

Will CII/CPAR pull information entered in the EMR before the clinic/Provider go-live date?

No. CII only gathers information from encounters that happen after the clinic/Provider goes live. CII does not pull any information that was entered in the EMR before the go-live date.

Is sharing of encounters limited to Providers or nurse practitioners? If a patient is diabetic and seeing a pharmacist and Provider has not done a diagnostic code will the Provider still need to check?

In order for information to be shared to ANP, the provider must be a registered CII/CPAR participant. In this scenario, if the pharmacist is registered with CII/CPAR then the information could get pulled. Allied Health Professionals participating in CII/CPAR is certainly possible but gets a little complicated. Your clinic might want to get all the providers up and running first and then think about Allied Health.

Do we have to update the patient's profile annually (as the CED is a 12-month summary)?

No, the CED is not intended to be a complete record of the patient's chart. It's intended to provide a snapshot of care the patient has received in the last 12 months. If a patient has a new diagnosis entered into the profile during their visit it will show in the "Health Concern History" but is not intended to be there indefinitely. The future Patient Summary feature will serve the purpose of sharing a more comprehensive record with Alberta Netcare and the patient's MyHealth Record.

Do the profile/allergies get pulled each visit?

Only **new** entries made during the visit are pulled to Alberta Netcare.

I notice that CII/CPAR uploads immunization records to the CED. Does it also send them to the patient's ANP immunization record? Will it send them to Albert health to satisfy the new Immunization Regulations that came into effect January 1, 2021?

Unfortunately, no, immunization records that populate the CED do not also populate the patient's ANP immunization record or forward to Alberta health to satisfy the new requirements.

eNotifications

Will lab results from the Emergency Room (ER) or hospital admission show up as part of eNotifications?

eNotifications are intended to be an alert about the patient's visit to an AHS facility only. They contain very basic information about the visit. Ideally teams will use eNotifications as a trigger to look in ANP for details of the visit including lab results.

Will consult requests show up as part of eNotifications?

Consult requests made during an AHS visit are not included in eNotifications. They may be included in the discharge summary in ANP. Ideally teams will use eNotifications as a trigger to look in ANP for details of the visit including consult requests.

Can e-Notifications be turned off?

No, if you are participating in CPAR and your EMR is enabled you will receive e-Notifications automatically.

How do we develop processes for a smooth transition of care after receiving an eNotification?

As clinics have not necessarily had a reliable process in the past to receive this information, receiving eNotification is a new opportunity to develop reliable workflow around them. It is advised that the clinic work with their PCN facilitator to develop protocol and process. Guidance can be found in the 'eNotifications' section of the CII/CPAR Team Toolkit.

I'm a rural Provider who works in the local hospital. I often receive e-Notifications to my EMR for patient visits I've had with my patients in the hospital. Is there a way to turn these notifications off?

Unfortunately, not at this time. It is recognized that the eNotification experience of rural Providers will be different than that of urban. Not only for the reason mentioned, but also because it's possible rural Providers may receive a higher percentage of eNotifications for minor problems that don't require follow up. Future upgrades may be able to resolve these issues.

Why do eNotifications come into the investigation tab in Med Access?

For a detailed explanation see below, but if you'd like to change how the tasks are classified in your EMR there is a simple way to do so at the site level. There are instructions in the 'Selecting task category for eNotification delivery' section of the Med Access CII/CPAR User Guide. Someone with admin permissions who is reasonably comfortable with Med Access shouldn't have any trouble.
Med-Access originally built the eNotification solution with the notifications coming in as "Lab" tasks. The developers reasoned that since they were coming in via e-delivery the same way that Labs do, then they should be Lab tasks. They were asked to change the category to "Investigations". The reasoning was as follows:

- It was understood that providers would probably not care to have e-notifications mixed up with their labs
- A decision was made that it was important that they come into the EMR as a category of task that has its own tab in the chart so they would be more visible. That left "Care Coordination" or "Attention" out.
- The "Investigations" tab was chosen with the reasoning that a variety of different kinds of things come into the investigations tab whereas the Consults tab is more specific (we freely admit that this is debatable).

It was understood that this wasn't a perfect solution but also recognized that there wouldn't be 100% agreement among users about how they would like to categorize these tasks. Expectations were that most clinics would re-categorize the tasks as they come in according to their personal preference. As it turns out, many clinics don't mind that they come in as "Investigation" tasks, a few clinics have chosen to have them come in as "Care Co-ordination" tasks, others have chosen "Attention" tasks. Fortunately, Med Access is flexible this way.

The Patient Summary

How will the proposed Patient Summary be different from the already existing CED?

One of the things we've heard from community providers from the beginning of the CII/CPAR project was that they want a way to get their personal input about their patients into Alberta Netcare. Particularly for more complex patients: for example; patients who have unusual or rare conditions, patients who take off book medications, patients who have a history of failed medication, patients with multiple complexities that have a very specific care regimen, etc. Primary providers have a wealth of information about these kinds of patients. Currently there's no easy way for them to share that information with the rest of the health care system.

The Patient Summary would be designed to fill that gap. Providers would be able to create a document in their EMR that "tells the patient's story" and submit it to Alberta Netcare so other providers have access to the information. When it is submitted to Alberta Netcare a copy will also be available in MyHealth Record for the patient to access. This was always envisioned as a companion to the CED. There would be not only a record of

the patient's recent encounters, but also a record of the key health care issues as identified by the patient's primary provider, giving other providers a better overall picture of the patient.

When will the Patient Summary functionality be available?

Patient Summary functionality is a future functionality. Availability will vary by EMR.

Confidentiality, Privacy, & Security

Do patients have a say in whether they are involved in CII/CPAR?

Patients absolutely have the option to not share some or all of their information to Alberta Netcare. The easiest way to handle this is to not chart confidential information in fields that flow to the CED but depending on what the patient (or the provider) wants kept confidential this can also be handled by making the whole chart, or parts of a chart confidential. Providers should be familiar with the mapping and confidentiality functions in their EMRs, different EMRs have different capabilities.

Do Providers need to have individual conversations with patients about information sharing through CII/CPAR?

Providers do not need to have a specific conversation with their patients about information sharing to Alberta Netcare. Obviously, it would be prudent to do so with any patients who have specific concerns about confidentiality.
Under the HIA, CII/CPAR is under the 'Alberta Netcare Umbrella' and providers are obligated to notify patients that they participate in information sharing for the purposes of providing better care. Most are already doing this as a requirement for Alberta Netcare. Many accomplish this by having a Health Collection Notice Poster posted in conspicuous areas in their clinics, often exam rooms. Some include it in a package that they give to patients when they first join the clinic. When a clinic joins CII/CPAR the wording of their notice should change slightly.

PIAs

What if my PIA is not up to date?

Clinics with PIAs that need updating can still move forward with CII. As part of the onboarding process eHealth Services will review your EMR PIA and advise if there are areas that need attention. Most clinics require only a minor update and can move forward with CII participation while working on the PIA. If eHealth Services should advise that a major update is required, then CII participation will advance when the update is submitted to the OIPC. For more information please see the PIA Update Self-Assessment.

Health Care Data Repository

What's the difference between the Health Care Data Repository and Alberta Netcare?

The Health Care Data Repository is a database of aggregated health care information intended for system analysis and quality improvement. It is not intended for health care delivery. Alberta Netcare is an Electronic Health Record (EHR) that gathers patient specific information for the purpose of providing health care.

I have concerns about sharing encounter data with Alberta Health. Is there governance over the data in the Health Care Data Repository?

Through the provincial billing system Alberta Health, already has encounter data from providers providing insured services. The Health Care Data Repository is new in Alberta, and it was designed to support health system planning and quality improvement. Importantly, the repository is governed by the Health Information Data

Governance Committee with significant representation of providers such as providers, nurses, and pharmacists. More information can be found in these documents: CII/CPAR Data and Governance and HIDGC Overview Fact Sheet.

Why are fee codes being uploaded to the Health Care Repository?

Fee codes are already sent to Alberta Health as part of billing, but the billing system is older technology and cannot share data with other systems. Having health service codes in the Health Care Data Repository will be important for doing data analysis on usage, delivery etc.

Goals of Care

How can we share with others who will access the patient's record that we have done goals of care documentation?

AHS has well established Advance Care Planning/Goals of Care processes. Within that protocol Emergency Medical Services (EMS) are to look for the Green Sleeve in the patient's home, but EMS do not have access to Alberta Netcare. There will be an opportunity to re-visit it when there are more community providers using CII/CPAR and it will be a provincial effort involving AHS and community providers to establish what the new protocol will be. Another dependency may be EMS access to Alberta Netcare.
A community provider may choose to indicate on the CED that they have had Goals of Care discussions with the patient by the documented appointment reason, assessment, or profile/problem added to the visit. Consider that this is only a prompt for another provider accessing the patient's record to possibly ask for the resulting Green Sleeve.

EMR Information for Primary Care, Pediatricians and Combination Clinics

For EMR-specific information, please visit the Alberta Netcare Learning Centre.