

Why Continuity of Care?

Continuity of care is a foundational element of the Patient's Medical Home.

It is about improving Albertans' health through stronger ongoing relationships with their family physician/nurse practitioner (FP/NP) and team, increased information sharing, and enhanced care coordination.

When Albertans have a continuous, trusting relationship with a family physician/nurse practitioner and team, benefits can include:

- Increased access to appropriate care when it's needed
- Better health
- Better quality of care
- Improved care coordination
- Improved sharing of their information between care providers
- Increased patient satisfaction

Community Information Integration (CII) and Central Patient Attachment Registry (CPAR) technologies are enablers of continuity.

What is CII/CPAR?

CII/CPAR is the chosen vehicle to integrate community EMRs with two-way data flow. It is a joint project between the AMA, Alberta Health and Alberta Health Services.

Community Information Integration 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 the 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 healthcare information between the patient's family physician and other providers in the patient's circle of care
- Facilitates sharing of consultation reports back to the patient's family physician and other providers
- Identifies relationships between patients and their primary provider
- Allows for family physicians to identify and coordinate when patients are on multiple panels and therefore enables validated patient-family physicians' information to be available on Alberta Netcare Portal
- Supports notification of primary providers when their patient has a hospitalization or ER visit (coming in 2019)

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 provides an opportunity to confirm roles and responsibilities in care provision. For 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.

Healthcare providers are already able to access Alberta Netcare Portal to view a ‘snapshot’ of the care the patient has received. CII/CPAR aims to increase value by sharing select Information from family physicians and other community providers (e.g. consultation reports).

What are the Benefits of CII/CPAR?

PATIENTS

Better Quality of Care :

- Meets patient expectations to have their information readily available to all providers in their circle of care
- More coordinated and consistent care
- Smoother transitions of care
- Less story telling
- Less duplication of care
- Better outcomes
- Less time in hospitals
- Increased patient safety
- Increased patient satisfaction

PHYSICIANS

Relational Continuity:

- Clearer picture of the primary provider’s panel
- Avoid duplication and unnecessary work
- Ability to deliver better care
- Higher clinic team satisfaction

Informational Continuity:

- Healthcare information available where and when it’s needed
- Information flows automatically
- Avoidance of care gaps and duplication

Management Continuity:

- Enables smoother transitions of care
- Facilitates planning and delivery of more intensive interventions such as proactive panel-based care in the form of disease management and care planning

Time savings:

- Patient health care record more complete

HEALTH CARE SYSTEM

More Efficient Care:

- Lower healthcare costs
- Less utilization

Better Decisions:

- Secondary use supports health system planning
- More informed program planning

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 all primary care and community EMRs in Alberta
- presents this data in Alberta Netcare through clinically relevant reports
- collects panel data from primary care providers' EMRs
- presents panel conflict information back to providers to encourage continuity for Albertans
- makes data available to the Alberta Health Healthcare Data Repository for appropriate secondary use, such as quality improvement

What information can participating community clinics contribute?

All Physicians seeing patients in the community can contribute encounter information

Information shared through CII to Alberta Netcare and the Healthcare Data Repository at Alberta Health includes data elements in the community physician's EMR that are set out in the Health Information Standards Committee for Alberta (HISCA) EMR Data Content Standard <http://www.health.alberta.ca/documents/HISCA-PHC-EMR-Content.pdf>. This includes patient data (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** report (see below).

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

The Central Patient Attachment Registry receives a patient panel list for each participating physician. Information included in the patient panel list is: provincial health care number, date of birth, name, gender, last visit date and the date that the patient attachment 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 Alberta Netcare. Future phases of the CII project will expand the scope of information sharing, including more data elements and additional clinical reports.

What is a Community Encounter Digest (CED) report?

The CED report is created in Alberta Netcare 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

See Appendix A for a sample report.

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 panelled to another provider. It is produced monthly. See Appendix B for a sample report.

What is a CPAR Mismatch Report?

The CPAR Mismatch Report is generated by CPAR on a per panel basis and identifies where there are mismatches between the demographic information in the providers EMR and the AH Patient Client Registry. It also indicates any deceased patients who have been included in the panel. It is produced monthly. See Appendix B for a sample report.

Do specialists contribute the same information as family physicians?

Community specialists are asked if they would like to provide the same EMR data as family physicians, but this is not a requirement. The current focus is getting consult reports into Alberta Netcare.

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. A toolkit coaches a practice team in 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, guiding the patient's journey's in the health care system, etc. In 2019, when e-notifications are enabled, the primary provider will receive notifications in their EMR for their CPAR paneled patients that have an ER visit or a hospital admission or discharge.

How does panel submission work for physicians 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 physician? Is there an option to submit on behalf of the clinic as the physicians provide shared care?

Panels are submitted on a per provider basis to recognise the unique attachment between an individual and their primary provider for longitudinal care. Ideally this relationship exists on a one-to-one basis - evidence shows how important this is for continuity of care. Recognising that some providers work in a team structure, CPAR has the ability to accept shared panels. An example of a shared panel scenario is where one physician 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 physicians. Once the panel is established the Panel Administrator has the ability to add or remove responsible physicians.



Eventually, CPAR will inform Alberta Netcare of a patient's primary provider. This will identify the most responsible provider (MRP) for a patient and, in the future, when notifications of ER or hospital discharge occur, they will go to the primary provider.

What is the current status of the project?

- CII/CPAR is currently in a Beta Test phase with early adopter clinics
- CII/CPAR is live with the Healthquest EMR from Microquest
 - Specialists are uploading consult reports to Alberta Netcare
 - Family physicians and PCN clinics are contributing visit data to Community Encounter Digest (CED) reports¹ which are a snapshot of recent encounters for each patient
- Primary health care providers offering comprehensive, longitudinal care will soon be able to upload their patient panels to CPAR

What is coming?

Better implementation support:

- AH, AHS, and the AMA are working on a detailed implementation plan which considers many factors including clinic change management

Support for more EMRs:

- TELUS Med Access and Wolf will be live in late 2018; PS Suite will be live in early 2019
- QHR Accuro is anticipated to be live in late spring 2019, pending final arrangements

Provincial Rollout:

- Provincial rollout for Healthquest and Telus EMRs is Beta Test dependent – we hope to begin in April of 2019
- Rollout for QHR Accuro will be later in 2019

More value-add features:

- Sharing AHS admission and discharge notifications directly to community EMRs is anticipated for late spring 2019
- Ability for community physicians to upload patient summaries to Alberta Netcare Portal is anticipated for fall/winter 2019
- Ability to share complex care plans through Alberta Netcare is in early planning

¹ The CED report includes patient visit information including birthdate, gender, clinical assessment and observations (allergies, blood pressure, height, weight, etc.), immunizations and referrals. Physician notes related to any confidential patient conversations are NOT extracted or shared.



What do I need to do to get ready?

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

- Clinic PIA must be up to date
- Clinic must be live on Alberta Netcare
- Clinic must be panel ready
 - Panel identification and maintenance processes must be in place
 - The CII/CPAR Panel Readiness Checklist can help to see where your clinic stands
- EMR must be on latest version (Healthquest users only)

If any of these is an issue for your clinic, now is the time to get to work on them! To receive more information about Alberta Netcare please go to <http://www.albertanetcare.ca/Registration.htm>. To receive more information about clinic PIA's contact eHealth Support Services, phone (toll free) 1-855-643-8649 between 7 am and 7 pm, Monday to Friday, or email: ehsupport@cgi.com.

A panel readiness checklist is available at: <http://www.topalbertadoctors.org/file/cii-cpar-panel-readiness-2018oct.pdf>

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

- Continue with panel identification and maintenance activities
- See the information documents available at <http://www.topalbertadoctors.org/CII-CPAR/> to become more familiar with the details of the project including the "Roles & Responsibilities" documents
- Express your interest to your PCN representative who can help you begin the process of registration

For more information: <http://www.topalbertadoctors.org/CII-CPAR/>

Appendix A: Community Encounter Digest



Community Encounter Digest

Listing Encounters Submitted between 2017-May-18 and 2018-May-18

Person: Public, John Q

PHN/ULI: 20001716 Alberta

DOB: 1943-Jan-16

Gender: M

COMMUNITY ENCOUNTERS

Encounter Date	Service Delivery Location	Provider Name	Provider Role, Expertise	Patient Reason for Encounter	Clinician Encounter Clinical Assessment
2018-May-18	Calgary Medical Clinic	James King	Physician, General Practice		Pulmonary embolism [415.19AD]
2018-Mar-12	Westmont Medical Clinic	Adam Douglas	Physician, General Practice	Review Results – review recent	Recurrent pulmonary embolism [415.19AD]
2018-Jan-09	Westmont Medical Clinic	Zack Wade	Physician, General Practice	Gout	
2017-Dec-05	Westmont Medical Clinic	Adam Douglas	Physician, General Practice	Asthma – Follow-up – F/C spec	Obstructive sleep apnea [327.23D]
2017-Sep-26	Calgary Medical Clinic	James King	Physician, General Practice	Wheezing – cough, chest congestion	Gout [274.9H]
2017-Aug-29	Calgary Medical Clinic	James King	Physician, General Practice	Medication Management	Drug [786.09EC]
2017-Jul-15	Westmont Medical Clinic	Adam Douglas	Physician, General Practice	Review results – lab results	
2017-Jun-08	Westmont Medical Clinic	Adam Douglas	Physician, General Practice	Medication Management	Pedal edema [782.3BN]

* Encounters collected from participating clinics over the past 12 months; it may not represent all encounters for the patient.

HEALTH CONCERN HISTORY

Encounter Date	Health Concern	Provider Name	Source
2018-Jan-09	Gout	Zack Wade	South Calgary Medical Clinic
2017-Dec-05	Obstructive sleep apnea	Adam Douglas	Westmont Medical Clinic
2017-Jul-15	Pulmonary Embolism (Resolved)	Adam Douglas	Dr. Douglas, Adam
2017-Jun-08	Anticoagulation Monitoring, INR Range 2-3 (Resolved)	Adam Douglas	Westmont Medical Clinic

* Health concerns collected from participating clinics; it may not represent all health concerns for the patient.

POSSIBLE ALLERGY

Encounter Date	Possible Allergy / Intolerance Agent	Provider Name	Source
2017-Jun-08	Celebrex	Adam Douglas	Westmont Medical Clinic

* Allergy information collected from participating clinics; it may not represent all allergies for the patient.

MEASURED OBSERVATIONS

Encounter Date	Systolic BP	Diastolic BP	Height	Weight	Waist Circumference	Source
2018-Jan-09	110	64				Westmont Medical Clinic
2017-Dec-05	110	64	1.81 m	142.8 kg	41 inches	Westmont Medical Clinic
2017-Sep-26	125	84				Calgary Medical Clinic
2017-Aug-29	113	73	181 cm	315 lb		Calgary Medical Clinic

* Measured observations collected from participating clinics; it may not represent all measurement observations for the patient.

IMMUNIZATIONS – No community data sent

REFERRALS

Referral	Referral Request Date	Referral Occurrence Date	Source
Urology	2017-Sep-27	2018-Feb-11	Calgary Medical Clinic
	2017-Sep-27		Westmont Medical Clinic
Cardiology	2017-Sep-06	2017-Sep-14	Calgary Medical Clinic
Cardiology	2017-Sep-06		Westmont Medical Clinic

* Referral from participating clinics; it may not represent all referrals for the patient.

This document lists the patient's encounter information from participating clinics. It does not represent the patient's medical history or summary. Provider must verify the accuracy and completeness of this patient's information prior to treatment decisions.

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Appendix B: Conflict Report and Mismatch Notification Report Examples

ERU_REP5006B - Attachment Conflicts													
Private and confidential. For use only by authorized individuals, as outlined in the applicable terms of use and/or user agreement.													
Note: Category 1 indicates when one Primary Provider has a confirmation date that is more recent than other providers, by a period of 30 days or more.													
Category 2 when confirmation date is the same or within one month (30 days) between different providers.													
Produced date: 2017-Nov-30													
Panel ID: 5011 Name: CPAR008 Testing 1													
Conflict Category	Conflict First Reported	Patient ID	Last Name	First name	Date of Birth	Gender	Last Confirmation Date	Date of Last Visit	Conflicting Provider	Conflicting Facility	Last Confirmation Date for	Date of Last Visit for	Date of Last Conflicting
1	22/09/2017	123-8-521 British Colum	Wiseman	Chris	1973	Male	20/07/2017	22/09/2017	Chin, Garrett		25/09/2017	25/09/2017	25/09/2017
2	03/08/2017	43171-4009 Alberta ULI	Boyes Macmill	Nariman	1931-Apr-15	Male	12/07/2017	12/07/2017	Mars, Madz	Aaron Chiropr	18/07/2017	18/07/2017	18/07/2017
2	17/10/2017	53984-0009 Alberta ULI	Lovell	Heriot	1933-May-26	Female	17/07/2017	17/07/2017	Chin, Garrett		29/06/2017	29/06/2017	29/06/2017
1	18/10/2017	83987-83 New Brunswic	Hassan	Mary	1934-Jul-23	Female	06/06/2017	06/06/2017	Chin, Garrett		22/07/2017	22/07/2017	22/07/2017
1	21/07/2017	42334-0009 Alberta ULI	Cho	Toor	1935-Feb-17	Female	06/07/2017	06/07/2017	Chin, Garrett		13/07/2017	13/07/2017	13/07/2017
1	02/08/2017	25526-3009 Alberta ULI	Kasulak	Hoi Pan	1937-Sep-06	Male	28/07/2017	28/07/2017	Drouin, Johann	Access Medic	01/06/2017	01/06/2017	01/06/2017

Demographic Mismatch Report										Produced: Nov 24, 2017	
Patient Id	Alberta Registry Patient Id	Panel Patient Last Name	Alberta Registry Patient Last Name	Panel Patient First Name	Alberta Registry Patient First Name	Panel Date Of Birth	Alberta Registry Date Of Birth	Panel Gender	Alberta Registry Date Of		
12345-3376 (AB) 79874-4642		Tompson	Thompson	Jane		1955-08-09		Female			
12345-3376 (AB)		Doe		Jon	John	1999-11-05		Male			
12345-3376 (AB)		Decker	Smith	Christine	Kristine	1982-05-10	1982-11-05	Female			
12345-3376 (AB)		Hunter		Dana		1971-04-15		Female	Male		
12345-3376 (BC) 80909-0041		Smith		Robert		1990-05-25		Male			