

<b>Barrier</b>	<b>Response</b>
I need to keep information confidential at my clinic	<p>Only information documented in the <a href="#">mapped fields</a> will flow to the Community Encounter Digest in Alberta Netcare. These include the encounter reason and assessment.</p> <p>First – a participant always has the choice of documenting in a non-mapped field, such as a text box</p> <p>Second – if information MUST be documented in a mapped field, each EMR has features that can be used to keep information from flowing to the CED. Information only begins to flow from visits starting on go-live day. No worries about past documented information.</p>
I don't want to look bad if I am not documenting in a mapped field during a visit and blanks appear on the CED	<p>A CED won't show that a problem, allergy, immunization or referral was NOT recorded on a visit. If no observations are made the line does not appear for that date.</p>
I only want to participate and send to the CED not to the Healthcare Data Repository but they are bundled together	<p>Data submitted to CII and CPAR is also shared with Alberta's Healthcare Data Repository. The repository is a database for provincial health system analytics in line with other leading health systems in the world. Access to the CII and CPAR information in the repository is currently limited within the project team and is not yet available for broader statistical or analytical reporting.</p> <p>Information that flows through CII to the data repository includes <a href="#">mapped data elements</a> from encounters and panels. These data elements are recommended by the <a href="#">Canadian Institute for Health Information</a> as a standard primary care data set for health system planning. The national standard recommendations include collection of the health service code and encounter payment source.</p> <p>As indicated in the <a href="#">CII Privacy Impact Assessment</a>, the intended use of CII/CPAR data is for planning, quality improvement and health system management. The information cannot be used for other purposes.</p> <p>Policies governing the use of CII/CPAR information are established by the <a href="#">Health Information Data Governance Committee</a> (HIDGC). HIDGC is a senior level, multi disciplinary data steward committee that provides advice on health information privacy and data governance.</p>
I'm worried about what will happen with my data if I participate.	<p>Alberta Health already has more detailed, longitudinal and comprehensive data about physicians through the billing system.</p> <p>The data sent to the Healthcare Data Repository has clearly documented purpose in the <a href="#">PIA</a> Alberta Health filed with the Office of the Information and Privacy Commissioner and is use is governed by the <a href="#">Health Information Data Governance Committee</a>.</p> <p>If the question is about security, the information is secure, as secure as Alberta Netcare.</p>

<b>Barrier</b>	<b>Response</b>
If we have panels and want to participate in CPAR, why do we also have to participate and share encounters to the Community Encounter Digest in Netcare?	These two types of participation have been bundled. Recognizing that the information contributed to the Community Encounter Digest is enriching informational continuity for Albertans as well as informing care decisions, encounters and panels have been bundled. Albertans are benefiting as information is available to providers needing it for decisions and it is connecting community physicians with providers in hospital and EDs.
Not all the physicians in the clinic want to participate.	A clinic can be enabled for those who want to participate be it one physician or most. The good news is that once the first group are enabled, there is less paperwork and set-up for the second group.
If I sign up as a family physician OB provider, will it not create conflict reports?	If your EMR is set up so that your longitudinal patients are on your panel and your OB patients are set up as a caseload you will not. What that means is using the status in your EMR to distinguish panel patients from caseload patients. Panel patients are submitted to CPAR but caseload patients are not submitted to CPAR so no conflicts will occur. For paneled patients you will share panel to CPAR and encounters. For OB patients you will share visit information as encounters to the Community Encounter Digest. If you receive consult requests and write consult reports, you can sign up to send consult reports to Netcare, too.
I thought we were all implementing Connect Care and that Netcare is going away?	Connect Care is being implemented as the common information system in Alberta Health Services facilities over the next three years across the province. Connect Care, Netcare and CII/CPAR are complementary information systems. Here is a useful <a href="#">FAQ</a> explaining how the three systems fit together.
I don't want to re-do my clinic EMR PIA and add CII to it. It is extra work.	A clinic EMR PIA needs to be up to date but not amended for CII/CPAR participation. If you have been keeping your clinic EMR PIA current, you're good to go. Participants are asked to endorse the PIA that Alberta Health filed for CII with the OIPC. It is a simple letter. A template will be sent to the clinic primary custodian or all participating custodians to sign.
An up to date PIA is required? Our clinic EMR PIA is out of date. We don't want to update it.	Keeping an up to date PIA is a bit of a burden for clinics but it is a requirement of the Health Information Act. There is some guidance available through the project including a PIA update self-assessment and once the confirmation of participation form is received guidance from the eHealth Support Services team at Alberta Health on what needs to be updated.

<b>Barrier</b>	<b>Response</b>
I am already too busy, I don't want the responsibility of <a href="#">eNotifications</a> .	eNotifications are an opportunity to connect with your patients that are transitioning out of hospital or emergency. The way eNotifications work in the clinic EMR enables team workflows where, given protocol and process, staff can support patient follow-up. Participating physicians indicate that the situation that bothered them in the past of speaking to a patient during a visit and the patient expecting that the provider knew they were in hospital, but in fact they didn't, is an experience of the past.
My patients don't want me to share their patient information	In 2017, <a href="#">Albertans were surveyed</a> about their perceptions of health information in Alberta. The results were interesting. - 70% of Albertans thought our health system was more connected than it was and that information was widely available across the system - when described CII, 93% of Albertans approved of the information sharing - in the <a href="#">evaluation to date</a> of CII/CPAR, HQCA has surveyed and interviewed participants. Results show that Albertans are NOT asking participating physicians or clinics about CII/CPAR
I don't want to have conversations with my patients about this	You don't have to. You do need to take the existing <a href="#">Netcare</a> poster you have displayed in your clinic and replace it with a revised version that is called a <a href="#">Health Collection Notice</a> . CII/CPAR is covered under the Netcare umbrella of requirements as identified with the CII PIA filed with the OIPC. If you don't want to display the poster but have a web page and/or patient registration forms, you can put the same content in a digital format where patients will see it.
What if patients ask questions?	If patients ask more than "what's Netcare", which the survey of participants indicates a few patients are asking, there are a series of materials available to the provider and team: <a href="#">Patient brochure</a> , <a href="#">Custodian and Team Script</a> for speaking with patients, and an <a href="#">FAQ for patients</a> .
This just sounds like a lot of extra work	There are forms that need completing to get registered. Usually the clinic manager completes them or another key contact at the clinic. If you are in a PCN, there is guidance from the PCN. <a href="#">Physicians are reporting</a> that on go-live day it is seamless. Some offices do report though: - they have looked at their documentation in mapped fields, if they have workflows for using the "reason for visit" field for clinic communication - when a clinic identifies (from the CPAR panel conflict report) that they have patients paneled to another participating provider the clinic team members that do panel work will develop processes to communicate with the patients and clarify who the patients consider to be their family physician/nurse practitioner

<b>Barrier</b>	<b>Response</b>
We are using Wolf EMR and it is being sun-setted in 2023. We don't know what EMR we will use.	<p>You can still start on CII/CPAR now and reap the benefits of participating and if you switch to a conformed EMR (Med Access, Healthquest or Accuro), continue to participate.</p> <p>If you choose to switch to Med Access, TELUS is supporting a smooth transition of the configuration.</p>
We don't even have the team to support doing the paperwork to get started here	<p>CII/CPAR is a good fit if you are already doing proactive panel-based family medicine. It will make 'panel work' easier and more seamless in the long run.</p> <p>The sign-up paperwork is a one-time process.</p> <p>If you are a member of a PCN, reach out to your PCN for facilitation support. It is also not a rush. Once the clinic has submitted the first form called the confirmation of participation form, the eHealth Support Services team provides guidance on the forms to advance.</p> <p>If no physicians at your clinic are members of a PCN contact <a href="mailto:continuity@albertadoctors.org">continuity@albertadoctors.org</a> to connect to the ACTT team for support.</p> <p>If the clinic is mostly consulting specialists contact <a href="mailto:cii-specialty@albertadoctors.org">cii-specialty@albertadoctors.org</a> to get started.</p>
Our frontline staff are worried about more administration work	<p>This is a good question. If you are already doing proactive panel-based care what you don't see and don't know is when you are providing duplicate services because you don't know which patients have said 'yes' to the panel question with another family physician in another clinic.</p> <p>In the current state, you may not know of many AHS events of your paneled patients such as hospital admissions/discharges, ED discharges and day surgeries. You and your team will hear about them from the patient when the opportunity for proactive follow-up has closed.</p> <p>There is a trade-off. You will get new information to act on and it will include:</p> <ul style="list-style-type: none"> <li>- identifying deceased patients to remove from the panel</li> <li>- identifying patients who have said 'yes' to being on another provider's panel. This is an opportunity to clarify who they consider their primary provider</li> <li>- identifying patients who have been discharged from hospital or ED for follow-up. This is work that may not appear at all now or later when the patient has declined in condition.</li> </ul> <p>Now you could be calling a deceased patient for follow-up. Patients may appear months after a hospital discharge and wonder why their family physician didn't know. eNotifications changes that.</p> <p>How many eNotifications can you expect? So far, the average for a panel size of 1,000 patients is 11 per week. Clinics have developed processes so that this is teamwork involving both the family physician and staff.</p>

<b>Barrier</b>	<b>Response</b>
<p>There is a lot coming at me: PMH, Home to Hospital to Home, Covid-response. I don't see how all this fits together to bother.</p>	<p>You're right there is a lot going on and it can be challenging to see how this all fits together.</p> <p>In a nutshell, CII/CPAR is an opportunity for your community clinic on an EMR to connect with the rest of the health system. The end game is about:</p> <ul style="list-style-type: none"> <li>- informing the rest of the health system that you are the family physician and primary provider for your patients</li> <li>- this allows other providers in hospital or emergency to connect with you when necessary</li> <li>- information about your patients, as the person who knows your patients the best, is shared with the rest of the system through Netcare in the CED</li> <li>- next year your name will display on your patient's Netcare record as their primary provider and later you will be able to submit a patient summary to Netcare for those patients with complex health needs</li> <li>- the eNotifications are an opportunity to offer follow-up care for your patients transitioning out of hospital or emergency. This is a place in the system where some Albertans fall through the cracks</li> <li>- in the case of Covid, you would be notified if your patients were discharged from Emergency or admitted/discharged from hospital</li> <li>- identifying your patients who have agreed to be on more than one primary provider's panel is an opportunity to clarify if you are their family physician and resource your clinic appropriately if they are receiving full comprehensive care or not</li> </ul> <p>CII/CPAR and "connected care" is a key enabler for the Patient's Medical Home</p>
<p>My EMR doesn't connect to CII/CPAR</p>	<p>Alberta Health conformed the five main EMRs used in Alberta: Microquest Healthquest, QHR Accuro as well as TELUS Med Access, PS Suite and Wolf. While there was no budget in the current fiscal year to conform other EMRs this is possible in future fiscal years, budget permitting. There is an interim step users can take to participate in just CPAR: manually submit a csv file of panels of interested providers this will enable them to identify panel conflicts, deceased patients and in June of 2021 the name of the CPAR primary provider will display in Netcare for continuity purposes.</p>