

## **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, therapeutic relationships with their primary provider and team, increased information sharing, and enhanced care coordination.

When Albertans have a continuous, trusting therapeutic relationship with a primary provider and team, benefits can include improved health outcomes, decreased mortality, better quality of care, reduced healthcare costs, increased patient and provider satisfaction, fewer ER visits and hospital admissions.

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

In June 2019 a Relational Continuity Clinical Practice Guideline was released by Toward Optimized Practice. It is available here:

<https://actt.albertadoctors.org/CPGs/Pages/Relational-Continuity.aspx>

## **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 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 primary provider 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 2019-2020)

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 PCNs and clinics already

**Detailed Information about CII/CPAR can be found at:**  
<https://actt.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/default.aspx>

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 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

### **How does Connect Care fit in?**

Connect Care is a provincial initiative of Alberta Health Services to bridge information, healthcare teams and patients within sites where AHS is accountable for the record of care. More information can be found here:

<https://www.albertahealthservices.ca/info/Page16724.aspx>

### **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 confirmed patient panel list for each participating primary provider. 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-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 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 participating provider. It is produced monthly. See **Appendix B** for a sample report.

### ***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 AH Provincial 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 can submit their consult reports and contribute encounter information to inform Community Encounter Digests in 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. The Team Toolkit is found on the [CII/CPAR Tools and Resources](#) page.

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 and 2020, when [eNotifications](#) 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 physicians? 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 [eNotifications](#) of ER or hospital visit occur, they will go to the primary provider.

### ***Do all physicians in a clinic have to enroll at the same time?***

No. As the EMRs are configured for each provider, each physician or nurse practitioner may enroll at their own pace. A clinic can go live with one participating provider.

### ***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 and TELUS Med-Access, Wolf and PS Suite EMRs
  - Specialists are submitting consult reports to Alberta Netcare
  - Family physicians and PCN clinics are contributing encounter data to Community Encounter Digest (CED) reports (see **Appendix A**) which are a snapshot of recent encounters for each patient
  - Primary providers offering comprehensive, longitudinal care are contributing their patient panels to CPAR

### ***What is coming?***

Better implementation support:

- AH, AHS, and the AMA have a detailed implementation plan which considers many factors including clinic change management. The pace of rollout will be measured at first and then accelerate later in the year as we build capacity to onboard participants.
- The first round of training for PCN facilitation resources is already complete with 215 people in 27 PCNs trained. More training sessions are planned for spring 2020. Check for more training information [here](#).

Provincial Rollout:

- Early rollout province wide for providers using Microquest Healthquest and TELUS EMRs began in May 2019
- QHR Accuro EMR will join the rollout in the spring of 2020
- Onboarding of primary care clinics affiliated with PCNs will be prioritized in the first year

More value-add features:

- **eNotifications:** Sharing AHS admission and discharge notifications directly to community EMRs
  - Microquest Healthquest EMR is currently live
  - TELUSWolf EMR is expected by February 2020
  - TELUSMed-Access EMR is expected by March 2020
  - TELUSPS Suite EMR will be conformed and begin testing April/May 2020
  - QHR Accuro conformance and testing is anticipated for 2020
- **Patient Summaries:** Ability for community physicians to upload patient summaries to Alberta Netcare

### **What do I need to do to get ready?**

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

1. Clinic EMR 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** is available under the heading “Privacy Impact Assessment (PIA) Update Tolls” on the CII/CPAR Tools and Resources page: <https://actt.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/Tools-and-Resources.aspx>. A recording of a PIA Update Seminar is available at <http://www.albertanetcare.ca/learningcentre/trainingrecordings.htm>. Alberta Health eHealth Support Services (eHSS) will provide advice; phone (toll free) 1-855-643-8649 between 7 am and 7 pm, Monday to Friday, or email: [ehealthsupport@cgi.com](mailto:ehealthsupport@cgi.com)
- To receive more information about **Alberta Netcare** please go to <http://www.albertanetcare.ca/Registration.htm>.
- A **panel readiness** checklist is available at: [https://actt.albertadoctors.org/file/CII-CPAR\\_Panel\\_Readiness\\_Checklist.pdf](https://actt.albertadoctors.org/file/CII-CPAR_Panel_Readiness_Checklist.pdf)

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

- Community specialists and primary care clinics may get more information at <https://actt.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/default.aspx> to become more familiar with the details of the project. Useful videos are on the Tools and Resources page.
- 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 Alberta Health eHealth Support Services by phone (toll free) 1-855-643-8649 between 7 am and 7 pm, Monday to Friday, or email: at [ehealthsupport@cgi.com](mailto:ehealthsupport@cgi.com)



## ***CII/CPAR Tools and Resources Page:***

Key information on the CII/CPAR Tools and Resources Page:

<https://actt.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/Tools-and-Resources.aspx>

### **1) Videos**

- These will give you a good background understanding of CII/CPAR

### **2) Readiness Tools**

- A CII/CPAR **Clinic Journey Checklist** is a document that outlines participation from interest through implementation
- The **CII/CPAR Orientation** presentations (specific to each EMR) will provide a full orientation to CII/CPAR and provides specific information on exactly which information each EMR shares with Netcare
- The **CII/CPAR Team Toolkit** is best used by a PCN facilitator or a clinic manager; it's a comprehensive resource that provides deep dive into CII/CPAR from A to Z

### **3) Privacy Tools and Information**

- A **Privacy and Security FAQ** answers key privacy information including responding to patient's expressed wishes
- **PIA Update Self-Assessment** is a place to start and understand if your PIA is current
- The **CPAR Quick Reference: Summary of Key Privacy and Security information** explains the relation of CII/CPAR to the Health Information Act and responsibility that Alberta Health is taking with the information
- A poster and brochures for patients are available in this section

### **4) Forms and Agreements**

- If you are ready to enroll, tell your PCN that you're interested and work on the **Confirmation of Participation** form with your PCN representative. It is recommended that you review your EMR's **Orientation** presentation before filling out the Confirmation of Participation form
- Specialist offices contact eHealth Support Services as described on the previous page

### **5) EMR Guides**

- These provide detailed information on set-up and use of each EMR once a clinic has enrolled and preparing for go-live

## ***Wait! What about AHS operated primary care clinics in the community?***

It is expected that these clinics will join CII/CPAR when they implement Connect Care. There may be a few exceptions. AHS operated primary care clinics in the community (where AHS holds the legal record of care) should contact Judith Britten about their Connect Care implementation at [judith.britten@ahs.ca](mailto:judith.britten@ahs.ca)

Appendix A: Community Encounter Digest Sample



**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
	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.*

**Appendix B: Conflict Report and Demographic Mismatch Notification Report Examples**

**Panel Conflict Report:**

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 Provider Facility	Last Confirmation Date for	Date of Last Visit for Conflicting
1	22/09/2017	123-8-521	British Colum	Wiseman	Chris	1973	Male	20/07/2017	22/08/2017	Chin, Garrett	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	18/07/2017	18/07/2017
2	17/10/2017	53984-0009	Alberta ULI	Lovell	Herjot	1933-May-26	Female	17/07/2017	17/07/2017	Chin, Garrett	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
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
1	02/08/2017	25526-3009	Alberta ULI	Kasulak	Hoi Pan	1937-Sep-06	Male	28/07/2017	28/07/2017	Drquin, Johana Access Medic	01/06/2017	01/06/2017

**Note:** The Panel Conflict Report shows both the date of last visit and the date that each provider’s clinic confirmed the patient-provider care relationship in “Last Confirmation Date”. This is [why panel readiness](#) is key in clinics submitting panels to CPAR.

**Demographic Mismatch Report:**

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 Gender	Date Of Death
12345-3378 (AB)	79874-4642	Tompson	Thompson	Jane		1955-08-09		Female		
12345-3378 (AB)		Doe		Jon	John	1999-11-05		Male		
12345-3378 (AB)		Decker	Smith	Christine	Kristine	1982-05-10	1982-11-05	Female		
12345-3378 (AB)		Hunter		Dana		1971-04-15		Female	Male	
12345-3378 (BC)	80909-0041	Smith		Robert		1990-05-25		Male		