

Locums and CII/CPAR

If the locum is covering for a CII/CPAR registered primary provider (physician or nurse practitioner) then information from the encounters the locum has with patients can be shared to Alberta Netcare. In order for this to happen, the physician locum must be set up correctly in the clinic's EMR:

- Med Access:
 - If the locum is covering for¹ the CII/CPAR registered doctor, as they usually would be, then their encounter information should be shared. They must be:
 - Set up as a locum in the EMR
 - Sharing the license of the physician they're covering for
 - Working on behalf of the physician in the EMR
 - If the Locum is set up in the EMR as a "physician" or "MD" instead of a "Locum" then the clinic will have to submit the paperwork to register the locum with CII/CPAR. This would be a more unusual setup.
- PS Suite:
 - If the locum is covering for a registered provider and the patient has a registered CII/CPAR primary provider then encounter information will be sent
 - If the patient's primary provider is not registered, encounter information is not sent
 - If the patient doesn't have a primary provider and the locum that is covering is not a registered CII/CPAR provider the visit will NOT be sent
- Wolf:
 - A locum that takes over for the doctor they are covering for and would log in as that doctor, so encounter information would be sent
 - A locum who locums for themselves (is **not** covering for another doctor, does their own billing) would need to register for CII/CPAR
 - A locum who works for the locum rural program would have to register for CII/CPAR if they don't sign in as the doctor they are covering for
 - A locum that covers for multiple doctors in the clinic would have their own schedule and would have to register for CII/CPAR for encounters to be sent

¹ "Covering for" means the provider is acting as an affiliate, as defined by section 1(1)(a) of the HIA, is an individual or organization employed by a custodian, or a person or entity that performs a service for a custodian as an appointee, volunteer or student, or under a contract or agency relationship with the custodian.

Source: Health Information Act, Alberta.ca

- Healthquest:
 - In Healthquest the sharing of locum information is highly dependent on EMR setup, the setup of the locum and the physician they are covering for as well as how appointments are booked and the setup of the schedule. If you have specific questions or concerns about the sharing of locum encounter information please contact Microquest directly.
- Accuro:
 - If the locum is covering for a CII/CPAR registered provider and working from the schedule of this provider then the encounter information will be sent
 - If the locum is covering for a CII/CPAR registered provider and working from the locum’s own schedule then the encounter information won’t be sent, unless the locum is also a CII/CPAR registered provider

If you have specific questions or concerns about the sharing of locum encounter information please contact the EMR vendor directly.

A companion document is **Information Sharing in Partially Onboarded Clinics** which explains information flow depending on if a provider is registered for CII/CPAR.

Provider Absences and Departures and CII/CPAR

The departure of a provider from the clinic is a busy time for administrators. Access to crucial systems like the EMR and Netcare must be managed according to the parameters the departing physician has negotiated with the clinic. The status of the provider’s panel in CPAR and when to terminate the panel are additional considerations for administrators at this time.

Panels in Transition

CPAR offers panel administrators the ability² to terminate a panel or to put it into “In Transition” status. “In Transition” status alerts administrators and users that a panel is undergoing a change and will be terminated at some time in the future. CPAR itself will automatically set a panel to “In Transition” status, when the provider’s professional status with their College³ changes such that they are no longer actively practicing in Alberta (e.g. deceased, retired from practice, moved outside Alberta, etc.).

Panels that are “In Transition” behave like regular CPAR panels except that they can no longer accept new patients. This can be an important consideration when the family practice is still providing care for those patients, so they can ensure continuity of care during this transition period. CII [eNotifications](#), for example, will continue to flow to the clinic under the original provider while the panel remains “In Transition”.

² See the CPAR Panel Administrator Guide: <https://www.albertanetcare.ca/documents/CPAR-PanelAdmin.pdf>

³ For physicians, this is the College of Physicians and Surgeons of Alberta. For nurse practitioners, this is the College and Association of Registered Nurses of Alberta, CARNA.

While the panel is “In Transition”, CPAR will also continue to produce conflict reports for those patients. This will help keep the practice informed when any of those patients have chosen a new primary provider at another practice. At least one CPAR Panel Administrator account should be kept active while the panel remains “In Transition”, in order to view and download CPAR panel reports during this period.

NOTE: When a new provider takes over care of an existing panel after the original physician’s departure, the existing panel CANNOT just be switched over to the new provider. The existing panel must be terminated, and the new provider must submit a request for a new panel in CPAR using the CPAR Panel Request Form⁴.

Managing Provider Absences and Departures

Actions taken to manage the panel of an absent or departing primary provider will depend on the specific circumstance, but will likely fall into one of the following four scenarios:

1. The provider will be absent for a period but is expected to return – during their absence their panel is covered by a specific individual (probably a locum)
2. The provider will be absent for a period but is expected to return – during their absence their panel is covered by their colleagues at the clinic
3. The provider is not expected to return – the clinic wishes to continue to receive conflict reports and eNotifications for patients on the departed provider’s panel
4. The provider is not expected to return – the clinic does not wish to continue to receive conflict reports and eNotifications for patients on the departed provider’s panel

Considerations for each of these scenarios are slightly different and the CPAR panel management strategies also differ. A key consideration is whether or not the clinic wishes to continue to send panel data to CPAR on behalf of the absent provider and continue to receive eNotifications for patients on that panel.

Simply inactivating their EMR user account does not stop panel data from flowing to CPAR. If the clinic no longer wishes to send panel data for a provider, the provider’s panel number must be cleared from their provider entry.

This may or may not be appropriate depending on how the panel transition is being handled. A look at each scenario will illustrate.

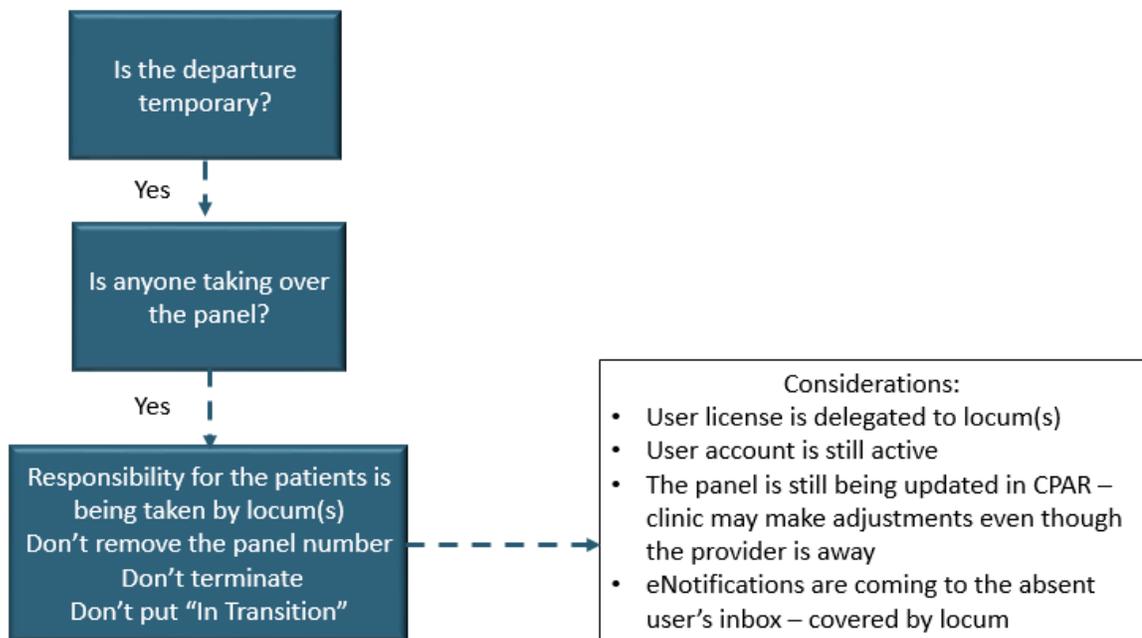
⁴ The CPAR Panel Request Form is available here: <http://www.albertanetcare.ca/documents/CPAR-PanelRequestForm.pdf>

1. The provider will be absent for a period but is expected to return – during their absence their panel is covered by a locum

In this scenario, the considerations are relatively simple:

- The absent provider’s EMR account is not inactivated because their license is delegated to the locum covering the panel
- There is no need to terminate the panel or put it into “In Transition” status because the provider is expected to return
- The panel will continue to be updated monthly in CPAR reflecting any changes made by the clinic team
- eNotifications will continue to arrive in the absent provider’s inbox which should be monitored by the locum (in the same way it would be for labs and other incoming results)

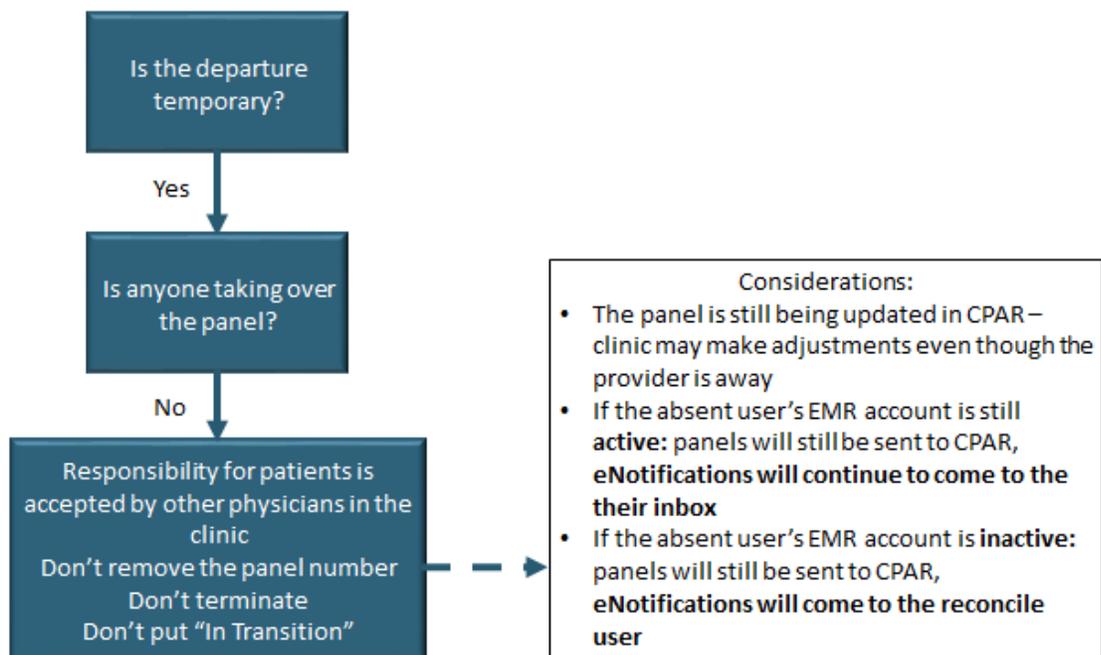
Here is a simple decision tree for this scenario:



2. The provider will be absent for a period but is expected to return – during their absence their panel is covered by colleagues at the clinic

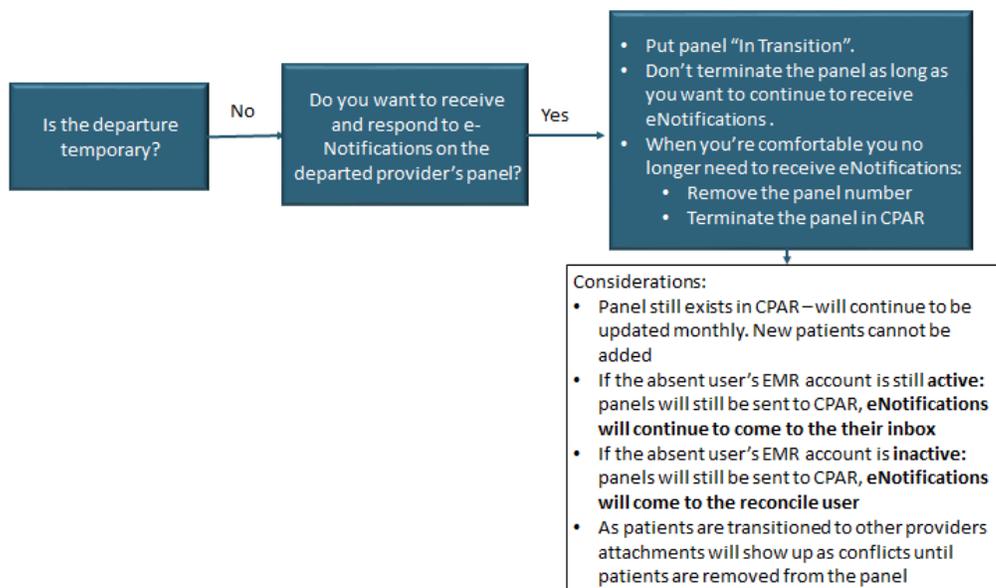
This scenario is a little more complicated:

- There is no need to terminate the panel in CPAR or to put it into “In Transition” status because the provider is expected to return
- There is no need to remove the panel number from the absent provider’s record
- **If the user account is not being inactivated then:**
 - The panel will continue to be updated in CPAR as adjustments to the panel are made in the EMR by the clinic team
 - eNotifications for the provider’s patients will still arrive in the providers’ inbox which should be monitored by the team
- **If the user account is being inactivated then:**
 - The panel will continue to be updated in CPAR as adjustments to the panel are made in the EMR by the clinic team
 - eNotifications will come to the EMR “reconcile user”



3. The provider is not expected to return – The clinic wishes to continue to receive conflict reports and eNotifications for patients on the departed provider’s panel

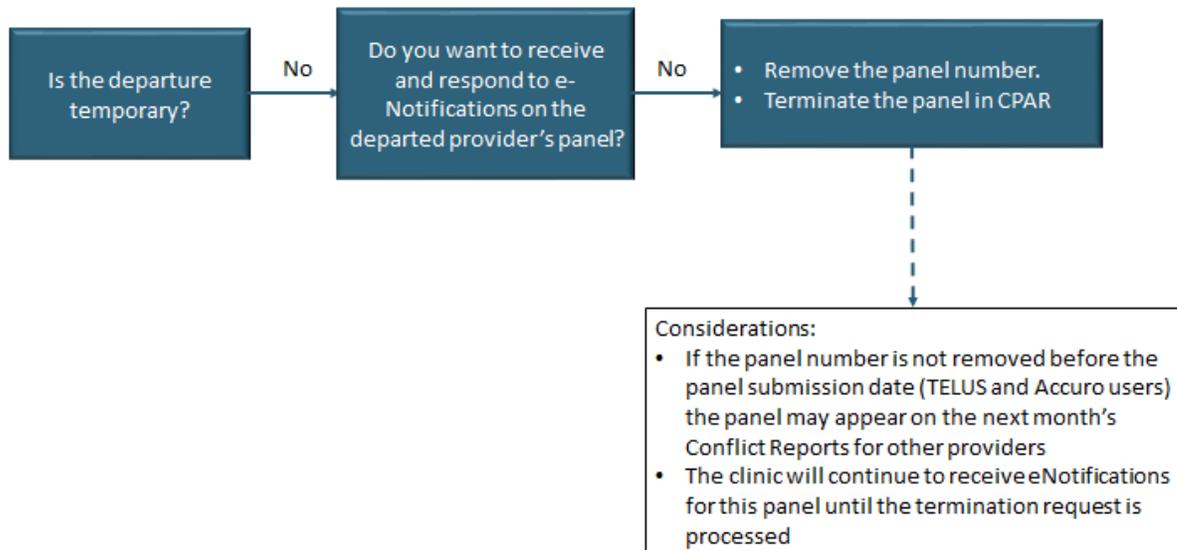
- Do not remove the panel number from the departed provider’s EMR record
- Keep the panel open in CPAR until you no longer want to receive the eNotifications. Considerations for this approach are:
 - Submit the CPAR form⁵ to put the panel into “In Transition” status. This alerts users and administrators that the panel will eventually be terminated
 - The panel will continue to exist in CPAR and will continue to be updated monthly if patients are removed – new patients cannot be added
 - If the provider’s EMR account remains active, eNotifications will continue to come to their inbox; it will need to be monitored
 - If the provider’s EMR account is inactivated, eNotifications will come to the “Reconcile User”
 - As patients are transitioned to other providers attachments will show up as conflicts on the conflict report until patients are removed from the panel
- When you’re comfortable that you no longer need to receive the eNotifications:
 - Remove the panel number from the departed provider’s record
 - Terminate the panel in CPAR
- CPAR Panel Administrators and CPAR Access Administrators must be updated to remove permissions for a terminated panel as well. Use the CPAR Panel Administrator form. All forms should be submitted together.



⁵ The CPAR Panel Request Form is the form used to place a panel in transition. The form is available at: <http://www.albertanetcare.ca/documents/CPAR-PanelRequestForm.pdf> The CPAR Panel Administrator Registration Form is found here: <http://www.albertanetcare.ca/documents/CPAR-URF-RequestForm.pdf>

4. The provider is not expected to return – the clinic does not wish to continue to receive conflict reports and eNotifications for patients on the departed provider’s panel

- Remove the panel number from the departed provider’s EMR account immediately:
 - If the panel number is not removed before the automatic panel submission date (TELUS and Accuro users) the panel may appear on the next month’s Conflict Reports for other providers
- Submit the CPAR form to terminate the panel:
 - The clinic will continue to receive eNotifications for this panel until the termination request is processed
- CPAR Panel Administrators and CPAR Access Administrators must be updated to remove permissions for a terminated panel as well. All forms should be submitted together. Use the CPAR Panel Administrator Form to remove the CPAR PA from the terminated panel.



Checklist of Forms to Submit when Terminating a Panel:

- ✓ The CPAR Panel Request form is used to terminate the panel.
 - <http://www.albertanetcare.ca/documents/CPAR-PanelRequestForm.pdf>
- ✓ The CPAR Panel Administrator (PA) Request Form is used to remove the CPAR PA role from the panel.
 - <http://www.albertanetcare.ca/documents/CPAR-URF-RequestForm.pdf>