



Participation Letter:

Alberta Screening & Prevention Program

Engaging primary care organizations (PCOs) in optimizing screening and prevention processes for patients is an essential component in achieving improved health for Albertans. Currently, a large gap exists in screening and preventative care in Alberta. Data suggests that approximately one third of adult Albertans receive less than the recommended evidence-based screening care. The Alberta Screening and Prevention (ASaP) Program is an opportunity to close this gap.

Primary care teams have been shown to be significantly more successful at adopting evidence-based improvements when supported by an improvement facilitator. As a result practice facilitation is a cornerstone in the delivery of this Program.

Shared objectives, between primary care organization and Toward Optimized Practice, in ASaP participation are:

1. Support the identification of each provider's patient panel (through a simplified process)
2. Support process to improve the functionality of the electronic medical record (EMR) for identifying attached patients who require screening
3. Support a PCO trained practice facilitator (PF) to enable the customized changes within participating providers practice

TOP will support the success of the PCO participating in ASaP with the following:

- Primary Care Provider engagement
 - Provide customized brochure to engage physicians
 - Provide PCO with engagement and registration materials
 - Co present with PCO to providers, as needed
- Development of Practice Facilitators
 - Provide facilitation training including tools, resources, and methods
 - Develop a provincial community of practice for improvement facilitation
 - Support facilitators through implementation of ASaP in PCO member practices
- Chart Reviews and Measurement Support
 - Maintain results in a database
 - Provide individual provider performance feedback reports and aggregate PCO/provincial level reports (<http://topalbertadoctors.org/asap/preliminaryresults>)
- Support EMR Optimization in member practices
 - Peer to peer learning opportunities
 - Development of EMR specific tools and resources (<https://actt.albertadoctors.org/EMR/>)

To register your organization in the ASaP Program please complete the following page and return to: asap@albertadoctors.org

Primary Care Organization Registration Form

The Alberta Screening and Prevention (ASaP) Program requires information about participating primary care organizations (PCN/FCC/Private Organization/Academic Clinic). This information will assist in the implementation of ASaP and will be shared with your Improvement Facilitator and ACTT Improvement Advisor.

Date form completed:

Primary contact for ASaP:

Primary Care Organization:

Primary contact email:

Number of clinics within your organization:	
Number of providers with your organization:	
How many physicians/nurse practitioners are anticipated to participate in ASaP?	
Does your organization currently offer the support of a practice facilitator (someone who supports change improvement within your organization) to participating clinics/physicians/nurse practitioners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of practice facilitators within your organization currently :	
Number of practice facilitators to receive training:	
Is your organization using panel-based reports or currently supporting panel-based activities? If yes please describe:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your organization currently coordinating patient screening activities? If yes please describe:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization provide support for providers to enhance EMR usage? If yes please describe:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who within the organization will conduct ASaP chart reviews?	<input type="checkbox"/> Practice Facilitator <input type="checkbox"/> Evaluator <input type="checkbox"/> Other <input type="checkbox"/> Not
Does your organizational PIA contemplate conducting provider chart reviews?	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>identified</small>
As an option to each clinic/physician/nurse practitioner developing their own processes would your organization provide coordinated outreach services for multiple providers? (e.g., call center, mail-outs)	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>
Does your organization consent to be identified on the ASaP website as a participant?	Yes <input type="checkbox"/> No <input type="checkbox"/>