CII/CPAR

Panel Administrator Handbook

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Role and Responsibilities

CPAR Panel Administrator

Central Patient Attachment Registry Panel Administrators (CPAR PA) are individuals within a clinic responsible for maintaining panel lists for primary providers for uploading to CPAR (i.e., Registry) and for downloading reports from the registry.

Each panel will have an associated Panel Administrator chosen as part of the CPAR registration process. One individual can be a Panel Administrator for multiple panels, (e.g. a clinic with several panels can appoint the same person to be Panel Administrator of all the panels) or each panel can have a different Panel Administrator.

Responsibilities and Tasks

Ensure that the Provider's panels are up to date and maintained in the EMR. This is likely to include:

- o Ensuring that clinic processes for panel identification and maintenance are in place, widely understood, and consistently applied.
- o Creating saved searches/queries (report criteria or templates) in the EMR that allow consistent generation of panel lists used to manage panels. This will be based on the training provided for each EMR.
- o Working with the clinic team to ensure the panel lists are maintained and accurate at regular intervals by applying the clinic's definition of paneled patients (active and attached) to the lists from the EMR and removing any patients who no longer apply. Many clinics have routine times when they do their panel maintenance.
- Checking that panel lists are ready and accurate for upload to the Registry. Once per month panel lists will be uploaded to the registry. Training will provide direction on how to run lists specific to each EMR.
- Having access to the Primary Provider's Prac ID and the Facility ID for the site.
- Access to a web browser (Internet Explorer, Edge, Chrome, Firefox or Safari) on its latest release.
- Access to a spreadsheet application (e.g. Excel, Open Office) and basic knowledge of how to use the spreadsheet application in order to open and sort the Conflict Reports generated by CPAR.
- Refer to the CPAR Panel Administrator Guide for information and instructions.

- Log into Central Patient Attachment Registry monthly to view the panel submission results summary and to retrieve Conflict and Demographic Mismatch reports. These two reports will be available shortly after the panel upload period has closed.
- Keeping administrative information current in CPAR through the ability to view, add, edit, or remove administrative information (panel details and clinic contact information) for the panel.
- Be the contact for the CPAR Registry Administrators regarding panel management within the CPAR application.

The Panel Administrator for CPAR may be the same person (or persons) who are already responsible for panel identification and maintenance within the clinic. If not, Panel Administrators will have to work closely with those responsible to ensure accurate panel lists are available.

Note: the CPAR Panel Administrator may be the same person as the CPAR Access Administrator.

CPAR and Display in Alberta Netcare Portal

An enhancement of the program is that the name of the CPAR primary provider displays in Alberta Netcare Portal for each patient on a provider's panel. This is a significant improvement for continuity of care.

This is another reason for providers and their teams participating in CPAR to have strong processes in place for panel maintenance and panel conflict management.

See the Display of CPAR Primary Provider in Netcare FAQ for CPAR Participants.

See the Display of CPAR Primary Provider in Netcare FAQ for Netcare Users.

How to Login to CPAR

The Central Patient Attachment Registry (CPAR) is the provincial registry for established primary care relationships between patients and their primary providers. It is a secure web portal that requires a two-step process for login. The CPAR Panel Administrator receives a Welcome email with instructions and a username.

First time login instructions are found in the CPAR Quick Reference Guide.

1. Confirm or configure Remote Access (token)

2. Obtain a temporary password
3. Login to AHS IAM to reset your temporary password
4. Login to CPAR

After your first login you will always need your username, password and a token passcode from an RSA device or your RSA app to login to CPAR. After successful login, save the CPAR link: **https://cpar.alberta.ca** to your internet browser.

Useful tools for the CPAR Panel Administrator

There are many useful tools for the CPAR Panel Administrator and you can find links to them on the CPAR Panel Resources web page. The ACTT CII/CPAR page includes a link to the page for CPAR Panel Administrators on Alberta Netcare Learning Centre. There is a Panel Administrator Guide that describes how a CPAR PA finds and maintains panels and attachments in the CPAR web application as well as how to find reports for download.

In preparing for panel submissions, refer to the CPAR Panel Quick Reference document for your clinic EMR. If you need more details go to the full EMR user guide and other tools on the EMR Resources page.

Patient Demographics

CII and CPAR match against the legal name as registered with the Alberta Health Care Insurance Plan (AHCIP). Refer to the Patient Demographics Information Sheet to understand the matching process and leading practices of using Person Directory at the practice.

Preparing to Submit Panels
You are the person that knows the provider panels the best in the practice. This includes how they are set up in your clinic EMR (e.g., use of status) and the number of patients attached to each provider in the EMR. You will use this number in the submission process. Refer to the Monthly Checklist in the last page of this guide.

Other helpful information on the CPAR Panel Resources web page:

- Locums, Provider Absences, and Panels in Transition
- Post-Implementation Checklist (for the clinic team)

Panel Submission Results in CPAR

Once panels have been submitted automatically from your EMR vendor, the panel administrator can login to CPAR to view the Panel Submission Results Summary. See "View Panel Submission Results Summary" in the Panel Administrator Guide. This is where the PA can see how many patient records were successfully uploaded and if there were any errors. If your panel submission results summary shows "Completed with Errors", view the report to see the errors.

Comparing and Reconciling Panel Numbers

Panel Source	Information
Clinic EMR	A standard report from the EMR* will generate a list of the patients that are sent to CPAR. Use the total number of patients on the panel as your base reference. *For Med Access & Wolf, the user needs to build their own panel report based on the conditions they have set in the EMR to send to CPAR.
Panel Submission Results Summary from CPAR	This tells you when your panel was processed and if "Complete" or "Complete with Errors"
Panel Submission Results Details from CPAR	Look at this report monthly. This tells you: • The total number of records (patients) in the file • The number of records processed • The number of records not processed
Demographic Mismatch Report from CPAR	This report lists the deceased patients and the patients where the demographics did not match the provincial client registry. It shows which demographics did not match so that they can be adjusted for successful future uploads. These patients did NOT load to CPAR.

Reconciliation: The number of patients on your EMR panel list from your EMR should match the "Total number of records in the file" in the panel submission results details from CPAR.

If there is not a match in the numbers:

- If using Med Access or Wolf, determine if your EMR search is correct
- For other EMRs contact your EMR vendor customer service to determine the number of records uploaded

Spreadsheet Skills for Downloaded Reports

When downloading patient information from CPAR, follow your clinic privacy and security policies for patient information. Refer any questions to your clinic privacy officer.

Reports from CPAR are available both as a PDF and a csv. The csv files are ready for you to use in a spreadsheet and offer the advantage of sorting for analysis. If your computer or workstation does not have a spreadsheet application (e.g., Excel, Open Office, Libre Office, Numbers), and you want the spreadsheet option, speak to your clinic manager. There are some videos offering spreadsheet basics for reformatting the panel conflict reports on the Panel Resources page.

Panel Conflict and Mismatch Report Interpretation

Congratulations! You've now gone through the entire CPAR process and have in your possession two reports that will help you build continuity with your patients and ensure your provider's panels are as accurate as they can be. Below are some samples of those reports, so you can see what they look like.

It is the role of the clinic CPAR Panel Administrator to login to CPAR **monthly, on the 2nd of the month or later**, and download two reports: the CPAR Panel Conflict Report and the Demographic Mismatch Report.

The Panel Conflict Report

The Panel Conflict Report will enable you to identify your paneled patients who have confirmed attachment at other primary care practices. This report is not based on visits outside your practice. This report is based on patients who have said "yes" to the panel question at another practice participating in CII/CPAR. Initially, participation in the registry will be incomplete but, as participation grows, the ability to identify more conflicts will increase. Geography is another factor. As more physicians/NPs in a given location (e.g., town, city or zone) participate in CPAR, the ability to identify conflicts increases to identify more conflicts will increase. Geography is

another factor. As more physicians/NPs in a given location (e.g., town, city or zone) participate in CPAR, the ability to identify conflicts increases.

"Chinook PCN started something like CPAR several years ago. We've found it to be an extremely valuable tool. We receive conflict reports (like CPAR) that identify patients…that are confirmed on another providers' panel. …we saw (a patient) name on the conflict report, a member of the team called him to discuss. The patient explained that he liked the way that we did things at our clinic, but it was more convenient to go to his hometown practice. (We) discussed with him the benefits of having a single-family physician manage his care… He agreed that going to one clinic was the best for his health and decided to remain a patient with the family physician in his hometown …we removed this patient from my panel and knew he was receiving ongoing care."

Dr. Tobias Gelber, Family Physician, Associate Clinic, Pincher Creek - Chinook PCN

Preparing to Download the Conflict Report

The CPAR conflict report is downloaded by the CPAR Panel Administrator from the CPAR web portal. Please see the [CPAR Panel Administrator Guide](#).

There is a choice to download a csv file that may be opened in a spreadsheet application (Excel, Open Office, Libre Office or Numbers) or a PDF. Speak to the clinic manager or IT supports in your office for guidance on their preferred application and its availability on the workstation where the panel administrator works. The value of working with a spreadsheet is the ability to sort the data.

The PDF conflict report does not allow for sorting, but it does make it easy to use where a spreadsheet application is not available to the CPAR Panel Administrator. If you choose to print this report, be aware that it will be longer than the spreadsheet file and, if printed, may use several pages.

Whether downloading the csv file format or the PDF, depending on the protections set up by your organization's IT department, it is possible that protections may prevent a download. Speak to your IT department or clinic manager.

Click here to access a video on the attachment panel conflict report.

Privacy and Security of Patient Lists

CPAR enables the secure download of reports to a workstation or computer in the clinic. Treat these lists as private clinic information and follow clinic protocol for privacy and security of this information. Contact your clinic privacy officer for more information.

CSV Panel Conflict Report

Panel conflict reports will be generated initially as an un-formatted CSV file and will appear similar to below (this is not real data):

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: 2019-Sep-24													
Panel ID: 19399 Name: Dr. Christopher Panel													
Conflict	Conflict First	Patient ID	Last Name	First name	Date of Bir	Gender	Last Confirm	Date of La	Conflicting Provider	Conflicting P	Conflicting Provider Fa	Last Confirmatio	Date of L
1	2019-06-26	51328-2306	Alberta U	Fischer	Kelvin	1954-Oct-19	Male	2019-08-12	2019-05-09	Shafik, Xavier	FM	C Family Practice, Red De	2018-09-26	2018-03-18
2	2019-09-14	64709-3844	Alberta U	Elzen	Whitney	1955-Feb-24	Female	2019-08-19	2019-05-16	Man, Hamid	NP	A Medical Clinic, Edmonto	2019-09-18	2017-04-18
1	2019-06-22	23172-5359	Alberta U	Conrad	Winston	1955-Oct-11	Male	2019-08-01	2019-06-29	Bachala, Srinivas	GP	C Family Practice, Red De	2018-07-07	2018-02-19
1	2019-09-10	11745-0284	Alberta U	Jablonski	Stefan	1956-Apr-11	Male	2019-06-09	2019-08-13	Pham, Miranda	PED	C Family Practice, Red De	2019-03-24	2017-10-18

It is recommended to reformat the report before using it. See Reformatting the Report.

Interpreting the information in the Conflict Report

Header Information

- The Panel ID should match the name of the provider's panel (name and panel number)
- The clinic Panel Administrator will see the panel names. It is advisable to use a simple standard format for naming the panels such as "Dr. First Name Last Name"

Column	Explanation
Conflict Category	Category 1: Indicates when one Primary Provider has a confirmation date that is more recent than other provider, 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 (e.g., both confirmed within 30 days).
Conflict First Reported	The first date this conflict was reported (this is valuable information if the conflict remains on the report for a long period of time). Is it a leading practice to resolve conflicts and not let them linger on the report for months.
Patient ID	This is the patient's AHC card number.

Patient Demographic Columns	Last Name First Name Date of Birth • Note: it is possible, though not common, that a patient's date of birth on their AHC card is simply a year or a year and month only, not a year, month and day Gender • Note: CPAR accepts Female, Male, X and Other as genders
Last Confirmation Date & Last Visit Date	These are the last dates someone in the Primary Provider's clinic confirmed the relationship with the patient and provider (clicked the "verified" box in the EMR) and the last date of visit in the clinic.
Conflicting Provider Columns	This is data submitted from the other provider participating in CII/CPAR: Provider Name, Facility, Role/Expertise, Last Confirmation Date, Last Visit Date. Conflicting Provider Panel Status: A panel can be Active or In Transition. Terminated panels will not show on a conflict report. Conflicting Provider Role/Expertise assists in identifying if the other provider is a family physician, general practitioner, nurse practitioner or pediatrician. For children, it is not a 'conflict' to have a family physician and a pediatrician. At this point CPAR cannot acknowledge the dual relationship. It is possible to see a role/expertise as simply "MD" for medical doctor in this column. There are some providers working in primary care who could have a qualification as a non-FM specialist (e.g., anesthesiology or internal medicine) and operate a panel-based, primary care practice.

Note: The panel status can only be set by a CPAR Registry Administrator and values can be active, terminated, or in transition.

Active: An active panel is one that is being actively managed by the primary provider(s) at the clinic and has been set up for CPAR submissions.

Terminated: A terminated status is assigned to the panel when the primary provider leaves the practice (or stops practicing altogether), and there are no plans for another provider to take over care of that panel within the clinic.

In Transition: An in-transition status is assigned to the panel when the primary provider is not actively practicing at the clinic, but the clinic is still assuming responsibility for comprehensive care of those patients – either through a locum until a permanent replacement is found, and/or by moving the patients into the panels for other providers at the practice.

Reformatting the Report

If you're not familiar with how to use spreadsheet programs please refer to the instructional videos on how to reformat and sort in Excel, Open Office or Libre Office on the CPAR Panel Resources page.

Once the report is reformatted it will be much easier to use. In columns J through N you will be able to view any conflicts that exist. In the example below, the report has been sorted by date of birth so the oldest, and possibly highest priority patients, appear at the top. There is value in sorting the report by all of the columns.

While you may have confirmed the patient to your panel, another clinic will have also confirmed them to a panel at their practice and so the patient appears on both. Remember, **the conflicting provider is also participating in CPAR**.

This is mock data

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: 2019-Sep-24
Panel ID: 19399 Name: Dr. Christopher Panel

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 Role/Expert	Conflicting Provider Facility	Last Confirmation Date for Conflicting Provider	Date of Last Visit for Conflicting Provider
1	2019-06-26	51328-2306 Alberta U	Fischer	Kelvin	1954-Oct-19	Male	2019-08-12	2019-05-09	Shafik, Xavier	FM	C Family Practice, Red De	2018-09-26	2018-03-18
2	2019-09-14	64709-3844 Alberta U	Elzen	Whitney	1955-Feb-24	Female	2019-08-19	2019-05-16	Man, Hamid	NP	A Medical Clinic, Edmont	2019-09-18	2017-04-18
1	2019-06-22	23172-5359 Alberta U	Conrad	Winston	1955-Oct-11	Male	2019-08-01	2019-06-29	Bachala, Srinivas	GP	C Family Practice, Red De	2018-07-07	2018-02-19
1	2019-09-10	11745-0284 Alberta U	Jablonski	Stefan	1956-Apr-11	Male	2019-06-09	2019-08-13	Pham, Miranda	PED	C Family Practice, Red De	2019-03-24	2017-10-18
1	2019-07-11	31415-9265 Alberta U	Mustafa	Buddy	1956-Jul-10	Male	2019-07-15	2019-04-20	Shabir, Thierry	PED	B Health Centre, Calgary	2019-09-04	2019-06-29
2	2019-09-08	52110-5559 Alberta U	Tobin	Malcolm	1956-Nov-26	Male	2019-04-17	2019-08-08	Stufano, Emily	GP	B Health Centre, Calgary	2019-08-23	2018-10-14
1	2019-08-21	28620-8998 Alberta U	Spencer	Thibault	1958-Nov-18	Male	2019-07-04	2019-07-23	Garalda, Marinelle	GP	A Medical Clinic, Edmont	2017-09-04	2017-11-13
1	2019-08-31	10270-1938 Alberta U	Peynet	Sabrina	1961-Mar-10	Female	2019-06-12	2019-06-20	Jokinen, Natalie	NP	B Health Centre, Calgary	2018-09-04	2017-02-13
2	2019-07-23	95493-0381 Alberta U	Zafar	Kirsten	1961-Mar-14	Female	2019-06-10	2019-05-06	Bowler, Valentin	GP	B Health Centre, Calgary	2019-06-24	2018-01-30
2	2019-07-08	98214-8086 Alberta U	Fryzstak	Piotr	1961-Jun-05	Male	2019-05-01	2019-08-17	Ulvdal, Ritzel	GP	B Health Centre, Calgary	2019-07-26	2017-04-04
2	2019-09-03	93751-0582 Alberta U	Prabhakar	Cara	1963-Apr-07	Female	2019-06-17	2019-06-08	Erales, Yohann	FM	B Health Centre, Calgary	2019-06-17	2017-10-10
1	2019-07-13	41971-6939 Alberta U	Spek	Darren	1970-Jun-30	Male	2019-07-31	2019-08-03	Garcia Cabeiro, Mayra	NP	B Health Centre, Calgary	2019-04-03	2019-05-13
2	2019-09-03	84626-4338 Alberta U	Moldovan	Caitlin	1972-Jun-24	Female	2019-08-22	2019-06-16	Shah, Adwait	GP	B Health Centre, Calgary	2019-08-01	2017-12-03

Note: The source for the name of the conflicting provider is NOT from the name that the Panel Administrator gives the panel. It is based on identity associated with the PracID that is sent in with the registration forms.

The PDF Conflict Report

Another option is to download the conflict report as a PDF. This will not allow sorting and will display the information as below (this is not real data):
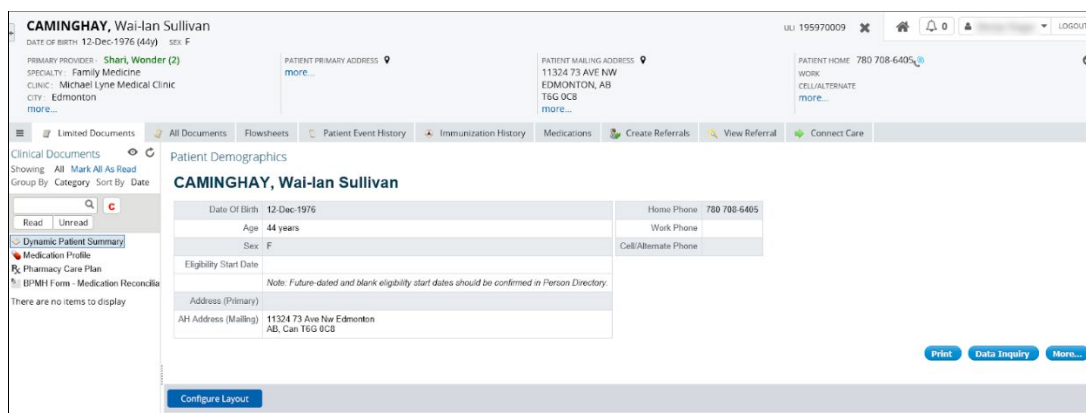

This format will display fewer conflicts on a page but displays the conflict in a way to easily compare the last confirmation and last visit dates for each patient at the two clinics.

Panel Conflict Management

Each clinic team will need to develop processes to action the panel conflicts. If you have a PCN practice facilitator, bring that person in for support. It is better practice to not let them linger from month to month. Tools for Panel Conflict Management are available on the CPAR Panel Resources page including the post-implementation checklist.

Now that CPAR panels inform Alberta Netcare Portal, if a patient is on more than one CPAR provider's panel, all display in Alberta Netcare in the patient's demographics. The order in which the patient was last confirmed determines the display order with the most recent at the top.
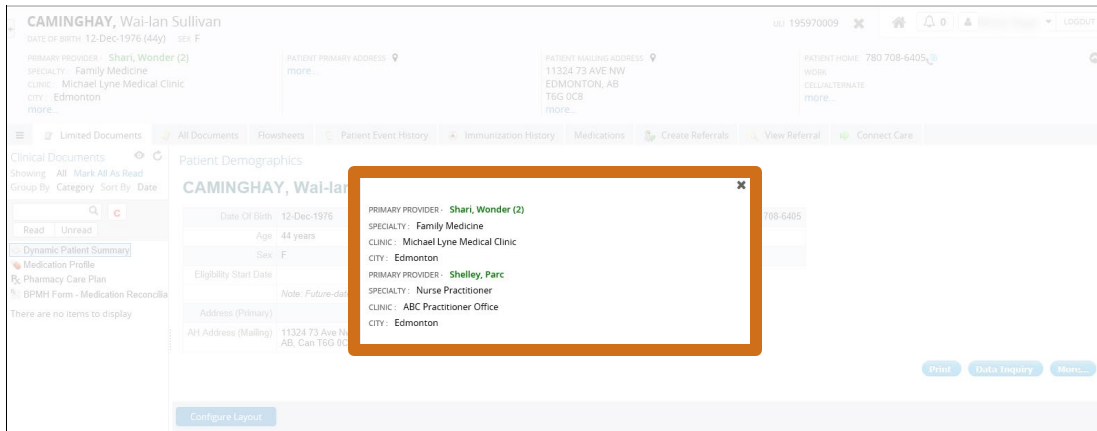
There is a number beside the name of Primary Provider, in this case (2), this indicates that the patient has more than one CPAR primary provider.

When "more..." is clicked, there is an expanded view with all the primary providers displayed.

For more information see the CPAR Primary Provider Display in Netcare FAQ for CPAR Participants.

Remember the team working at the other clinic where the patient is in conflict is also participating in CPAR and it is in both clinics' best interest to identify which provider the patient considers as the primary provider "quarterbacking" their care. Some PCNs have downloaded the Notification to Change Primary Provider and have customized it to their PCN. An option, once you have confirmed that the patient wants to remain on the panel at your practice, is to fax this to the conflict provider's office. See what other PCNs have shared in the Sample PCN Tools.

Once the patient decides which physician/NP is their primary provider, be sure to mark the change in the EMR.

NOTE: There are a small number clinics in Alberta that are part of an alternate remuneration program and are rostering their patients as part of being a blended capitation model clinic. There is a CPAR FAQ for Blended Capitation Model Clinics. When a patient is 'rostered' they sign an agreement that indicates they will try to see their roster program clinic first for their primary care services. Blended Capitation Model clinics are both rostering patients to their program and paneling patients to physicians or nurse practitioners. A future version on the panel conflict report will show when a patient is paneled to a primary provider that is part of a roster program.

The Demographic Mismatch Report

Why fix demographic mismatches? These patients were not submitted to CPAR because the systems could not match the identity of the patient. This means that the primary provider will NOT receive any eNotifications until they can be added to CPAR and the primary provider will not display in the patient's Netcare record. The demographics will need to be corrected for these things to occur. Note: encounters and/or consult reports for these patients are NOT loading to Netcare for the same reason. See the Ensuring Patient Demographics Match Person Directory so Information Flows information sheet.

Deceased Patients

Deceased patients: eNotifications have been enhanced to include a deceased notification next to the patient's name if the information is available in the data feed from the Alberta Health Services Admissions, Discharge, Transfer (ADT) system. If the data includes both the patient name and the date of death, both will be displayed: Patient Name (Deceased: YYYY-MM-DD). If the ADT data does not include a date of death then only the deceased notification will be shown: Patient Name (Deceased). The source of this data is AHS.

Deceased patient source data: CPAR is connected to Provincial Client Registry (PCR), which is informed about notice of death once registered in Vital Statistics. There may be a few days' delay between Netcare and Vital Statistics exchanging information. The Provincial Client Registry and the Person Directory application communicate.

The Demographic Mismatch Report will identify deceased panel patients and other demographic mismatches that may assist the clinic team in ensuring that panel data in your EMR is accurate.

This report compares clinic submitted demographic data (first name, last name, PHN, DOB and gender) to Provincial Client Registry (PCR), Alberta Health's repository of demographic information and identifies where information does not match. Sometimes the clinic EMR may have the correct information, sometimes PCR may have the correct information. The key is to identify the error and have a process for correction.

Is a patient's Netcare electronic health record (EHR) a source of truth for demographics? The source of demographics in Netcare is from AHS not PCR/Person Directory. The demographic information in Netcare EHR is not used in the matching for CPAR.

Gender/Sex and CPAR

EMR	Accuro	Ava*	CHR*	Healthquest	Med Access	PS Suite	Wolf
Genders/Sex Available in the EMR	Female Male Unknown	Female Male Unknown Other	Female Male Other	Female Male NB Other Unknown X	Male Female Other Blank	Female Male	Female Male
CPAR Accepted	Female Male	Female Male Other	Female Male Other	Female Male Other X	Female Male Other	Female Male	Female Male

*for EMRs with a field for both a 'gender' and 'sex', CII/CPAR uses the sex field.

Gender/Sex Submission, Provincial Client Registry (PCR) and CPAR Response

EMR Submitted Value	Provincial Client Registry Comparison	CPAR Response
UK (unknown) NB (non-binary)	Not applicable	Reject with error that gender value not allowed. Shows on CPAR submission results screen
Female Male	Must match exactly	Report on demographic mismatch if value does not match exactly
Other	Match to U or I	Report on demographic mismatch if PCR has M or F (CPAR translates O to U for PCR query)

X	Matches to any value	Will not show on the demographic mismatch report, regardless of what PCR has

A patient will be flagged to be on the demographic mismatch reports if their gender is submitted with "Unknown" because the clinic, if the patient is paneled, should know if the patient is male, female, other or X (even if some EMRs only have the options of male or female).

Sample Demographic Mismatch Report

The first page of the report will identify if there are any deceased patients in the CPAR panel as recorded by Vital Statistics.

Deceased Patient Example: here we see that the patient's death has been notified to PCR.

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
12345-3376 (AB)		Smith		Joe		1936-05-05		Male		2016-Dec-11

PCR reports deaths received from Vital Statistics. This may sometimes result in differences between Alberta Netcare and CPAR. This is because Alberta Netcare will also report a death from an AHS facility that has not yet been processed through Vital Statistics. It may take a couple of days for the information to process.

The second page of the demographic mismatch report identifies if there are patients that were submitted to CPAR where some demographic data does not match PCR. In general, look in the columns that begin with "Alberta Registry" to see what is mismatching.

Mismatch to Provincial Client Registry (PCR)

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
Demographic Mismatch Report						**Produced:** APR 21, 2021 13:01:34			
454973100 (ABH)		Jones		Alice		1971-11-17		Other	Female
544993100 (ABH)		Smith	Doe	Judy	Judith	1962-01-31	2005-07-04	Female	
644983100 (ABH)		Doe		Julia		2004-04-23		Male	Female
744973100 (ABH)		Jane	Doe	Mary		1966-02-07		Female	
844963100 (ABH)		Johnson		Lizzy	Lisa	1955-08-21		Female	

Examples:

| Patient Name	Explanation
Alice Jones	Panel gender and the Alberta registry gender do not match
Judy Smith	There are a number of mismatches that need to be investigated: name and date of birth
Julia Doe	Panel gender does not match the registry gender
Mary Doe	Is it possible that this patient is Mary Jane Doe? Did the middle name get placed in the last name field in the EMR?
Lizzy Johnson	Mismatch between the first name of the patient. Is it Lizzy or Lisa?

Blank demographic elements

It is rare, but possible, that a patient could have a blank data element in PCR and this could show on the demographic mismatch report at first glance it may be difficult to understand what the mismatch is. It is rare but possible that an Albertan has an AHC card with only a first name or a last name. In that case, the mismatch report would show a blank because that is how they are registered.

Patient Demographics Better Practice

Any team member that enters new patient demographics in the clinic EMR should use Person Directory (PD) in Alberta Netcare to validate the key identifiers: PHN, first name, last name, gender and date of birth.
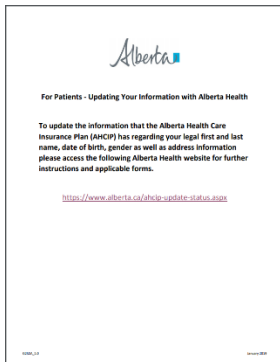
Patient Name, DOB, Gender or Address Changes

When an Albertan changes their name they may have informed the clinic but not completed the "Notice of Change" form with Alberta Health. This patient will continue to be on the mismatch report until they complete and submits the "Notice of Change" form, which will then be recorded in the PCR.

This same form is used for changing gender or address and correcting a date of birth. Print this handy information sheet for patients who need to update their AHCIP registrations:

http://www.albertanetcare.ca/documents/G252A%20CIICPAR%20Patient%20AHCIP%20Handout.pdf

Correcting Demographic Mismatches

This process is best handled by front of office staff (reception, scheduler). Make it a goal to resolve any demographic mismatches in a timely manner so panel data continues to become more accurate over time and that as many records as possible flow to CII and CPAR (data for patient's whose identity cannot be matched does NOT flow to CPAR or Netcare (consults and encounters).

Here is a suggested process:

1. Review the Demographic Mismatch report as a team.
2. Set a specific goal to get mismatches corrected in a timely manner.
3. For deceased patients designate a team member to update the patient chart

4. For other mismatches, identify whether the data is incorrect in the EMR or in Person Directory. If you are unsure, use outreach or opportunistic strategies to obtain the information.

Opportunistic
Create a reminder in the patient chart to confirm information the next time the patient calls to make an appointment (consider scripting your approach) and update the patient chart. Waiting for patients to call may take you beyond your timeline goal.

OR

Outreach
Call patients to confirm information (consider scripting your approach) and update the patient chart.

5. For errors in the EMR: designate a team member to be responsible for obtaining the correct information and updating the EMR. Use Person Directory while doing that update.
6. If Person Directory does not reflect what the patient indicates as true, the patient must provide the correct information to Alberta Health. The process for this is to fill out a form and submit it at an authorized registry office. The appropriate form can be found here:
   o https://www.alberta.ca/ahcip-update-status.aspx
   o Patients can also call 1-800-232-7215 for more information.
   o It might be handy to have this information available for patients to take away.
   o Alberta Health indicates that it currently takes 5-7 days to process an information change.
7. Track your progress to ensure goals are met.

Timing and Seeing Your Changes Reflect in the Next Report
Your clinic reports are available to download from CPAR by the 2nd of the month. Your next panels will upload based on the vendor schedule (Microquest on the 8th *, TELUS starting on the 10th and QHR on the 12th). Any demographic corrections made before your automatic upload will appear on the next report. If the changes/corrections are made after the upload date, they will appear on the subsequent report.

Consider posting the demographic mismatch and panel conflict data statistics to the clinic improvement board for all to see and provide input. Create a run chart to show data trends and improvement over time.

Monthly Checklist for CPAR Panel Administrators

CPAR Panel Uploads and Reports Timing Table

EMR	Upload Submission Timing	Demographic Mismatch and Upload Error Information	Panel Conflict Report Availability
Accuro	Automatic on the 12th of the month *	Clinic CPAR Panel Administrator will find the reports available within 5 days after upload in CPAR	Available by the 2nd of the next month in CPAR
Ava	Manual upload between the 1st and 21st of the month		
Microquest Healthquest	Automated on the 8th of the month. **		
TELUS Health CHR, Med Access, PS Suite & Wolf	Automatic beginning on the 10th of the month***		

* Accuro users have a manual submission option they can use before the 21st of the month

** HQ user still has option to click "Submit Panel" on the CPAR Panel Reports by the 21st of the month

*** Due to high volumes, TELUS EMR panels are uploaded over several evenings starting on the 10th of the month

Before your panel uploads to CPAR:
- Produce a list in your EMR of each participating provider's panel.
- Note the panel size of each provider, review the panel list for accuracy

After your panels are uploaded to CPAR:
Have your CPAR Panel Administrator Guide and your login Quick Reference ready with your username, password and RSA Secure ID token.

After 5 days:

- Login to CPAR and view your Panel Submission Results Summary
  - Does 'the number of records in file' match the panel size you expected to upload?
  - Were any records not processed? Was it completed with errors?
    - If yes, look at your errors for reasons that the patient did not upload. Depending on the error, there may be opportunities to make changes in your EMR
- Download in the 'Panel Reports' area of CPAR your Demographic Mismatch Report(s)
- Take corrective action on any demographic mismatches, as appropriate

After the 2nd of the month:

- Login to CPAR and download your Panel Report: Attachment Conflict Report
- Share the attachment conflict report with the provider and team members
- Follow your clinic developed process to manage the panel conflicts