Continuity of care is a foundational element of the patient's medical home. It is about improving Albertans' health through stronger ongoing relationships with their family physician/nurse practitioner (FP/NP) and team, increased information sharing, and enhanced care coordination.

Why Continuity of Care?

When Albertans have a continuous, trusting relationship with a family physician/nurse practitioner and team, benefits can include:

- Increased access to appropriate care when it's needed

- Better health

- Better quality of care

- Improved care coordination

- Improved sharing of their information between care providers

- Increased patient satisfaction

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

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 the 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 family physician 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 (ANP)
- Supports notification of primary providers when their patient has a hospitalization or ER visit (coming in 2019)

CII/CPAR is an important technical enabler of 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 provides an opportunity to confirm roles and responsibilities in care provision. For PCNs and clinics already 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 can access ANP 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?

How does CII/CPAR work?

Physicians	Patients	Health Care System
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	**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	**More Efficient Care:** • Lower healthcare costs • Less utilization **Better Decisions:** • Secondary use supports health system planning • More informed program planning

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 all primary care and community EMRs in Alberta

• presents this data in ANP 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

Patient Information

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. 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 ANP 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 patient panel list for each participating physician. 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 attachment 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 ANP. Future phases of the CII project will expand the scope of information sharing, including more data elements and additional clinical reports.

Do specialists contribute the same information as family physicians?

Community specialists are asked if they would like to provide the same EMR data as family physicians, but this is not a requirement. The current focus is getting consult reports into Alberta Netcare.

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

CED Infosheet

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 provider. It is produced monthly. See Appendix B for a sample report.

What is a CPAR Mismatch Report?

The CPAR Mismatch Report is generated by CPAR on a per panel basis and identifies were there are mismatches between the demographic information in the providers EMR and the AH Patient 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.

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.

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, when e-notifications 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.

Panel Submission

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 notifications of ER or hospital discharge occur, they will go to the primary provider.

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.

Project Updates

What is the current status of the project?

- CII/CPAR is currently in a Beta Test phase with early adopter clinics

- CII/CPAR is live with the Healthquest EMR from Microquest
  - Specialists are uploading consult reports to ANP
  - Family physicians and PCN clinics are contributing visit data to Community Encounter Digest (CED) reports which are a snapshot of recent encounters for each patient

> **NOTE:** The CED report includes patient visit information including birthdate, gender, clinical assessment and observations (allergies, blood pressure, height, weight, etc.), immunizations and referrals. Physician notes related to any confidential patient conversations are NOT extracted or shared.

- Primary health care providers offering comprehensive, longitudinal care will soon be able to upload their patient panels to CPAR

What is coming?

Better implementation support:

- AH, AHS, and the AMA are working on a detailed implementation plan which considers many factors including clinic change management

Support for more EMRs:

- TELUS Med Access and Wolf will be live in late 2018; PS Suite will be live in early 2019
- QHR Accuro is anticipated to be live in late spring 2019, pending final arrangements

Provincial Rollout:

- Provincial rollout for Healthquest and Telus EMRs is Beta Test dependent – we hope to begin in April of 2019
- Rollout for QHR Accuro will be later in 2019

More value-add features:

- Sharing AHS admission and discharge notifications directly to community EMRs is anticipated for late spring 2019
- Ability for community physicians to upload patient summaries to ANP is anticipated for fall/winter 2019
- Ability to share complex care plans through ANP is in early planning

What do I need to do to get ready?

There are four key pre-requisites for participation in CII/CPAR:
- Clinic PIA must be up to date
- Clinic must be live on Alberta Netcare
- Clinic must be panel ready
  - Panel identification and maintenance processes must be in place
  - The CII/CPAR Panel Readiness Checklist can help to see where your clinic stands
- EMR must be on latest version (Healthquest users only)

If any of these is an issue for your clinic, now is the time to get to work on them! To receive more information about Alberta Netcare please visit the Alberta Netcare Registration and Deployment page. To receive more information about clinic PIA's contact eHealth Services Provider Support at **1-855-643-8649** (toll free) between 8:15 am and 4:30 pm, Monday to Friday, or email: eHealthProviderSupport@gov.ab.ca.

Panel readiness checklist

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

- Continue with panel identification and maintenance activities

- See the information documents available on the [AMA CII/CPAR webpage](#) to become more familiar with the details of the project including the "Roles & Responsibilities" documents

- Express your interest to your PCN representative who can help you begin the process of registration