

Locums, Provider Absences, and Panels in Transition

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:

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.

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.

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.

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



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

Wolf will not send encounter information for non-registered providers. Locums will have to be registered for CII/CPAR for any of the information from their encounters to flow.

In Wolf, a locum should have an account per provider they are working for, and would be set up in the EMR as such:

- Locum Name 1 for Provider Name 1
- Locum Name 1 for Provider Name 2
- Locum Name 2 for Provider Name 1
- Locum Name 2 for Provider Name 2

When working for a particular provider, they would log into the appropriate account. Each of the accounts would need to be registered as a CII/CPAR provider in order for information to be shared.

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



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 Alberta 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 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.

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 the 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.

² See the [CPAR Panel Administrator Guide](#)

³ For physicians, this is [CPSA](#). For nurse practitioners, this is [CRNA](#).

⁴ The [CPAR Panel Request Form](#).



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:

Scenario 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).

Scenario 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.

Scenario 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.

Scenario 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.

Important Note

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 further.



Scenario 1

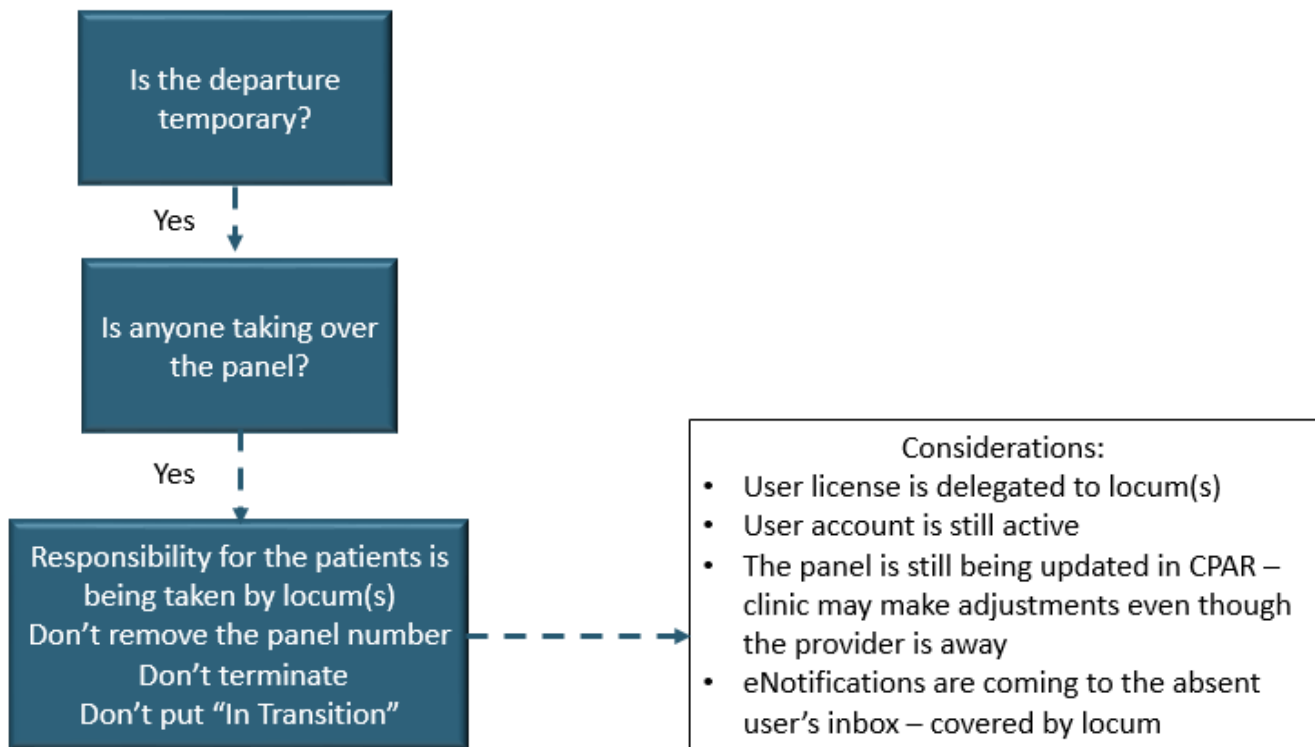
The provider will be absent for a period but is expected to return: During their absence, their panel is covered by a locum.

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 and team (in the same way it would be for labs and other incoming results).

Decision Tree for Scenario 1



Scenario 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.

Considerations for this scenario:

- 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.

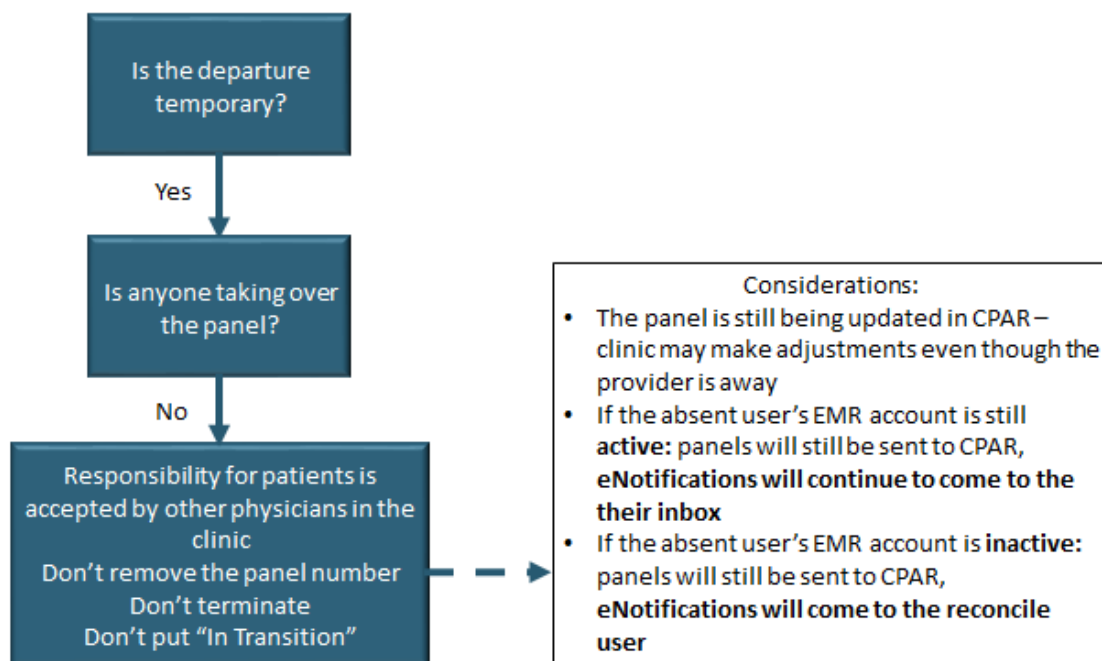
If the user account is not being inactivated, then:

- 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”.

Decision Tree for Scenario 2



Scenario 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.

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".
- If patients are transitioned to other providers outside the clinic attachments may 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 or when all patients have been moved to other providers or inactivated:

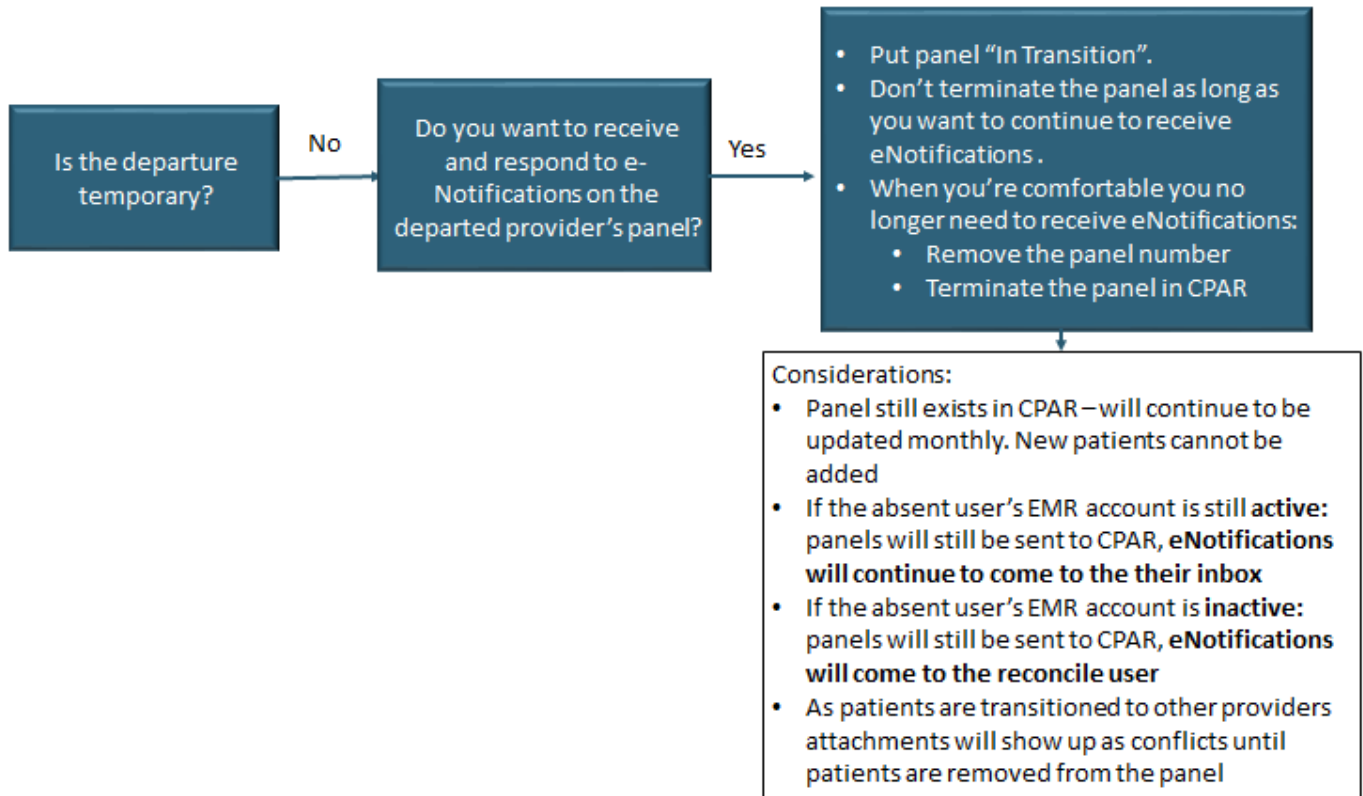
- Remove the panel number from the departed provider's record.
- Terminate the panel⁶:
 - Once the panel has been terminated in CPAR the clinic will stop receiving eNotifications and CPAR will no longer generate conflicts for the panel.

Note that terminating the panel using the Panel Request Form will automatically remove permissions for all Access Administrators and Panel Administrators and that were authorized for that panel. No additional paperwork is required.

⁵ The [CPAR Panel Request Form](#) is the form used to place a panel in transition. The [CPAR Panel Administrator Registration](#) Form.



Decision Tree for Scenario 3



Scenario 4

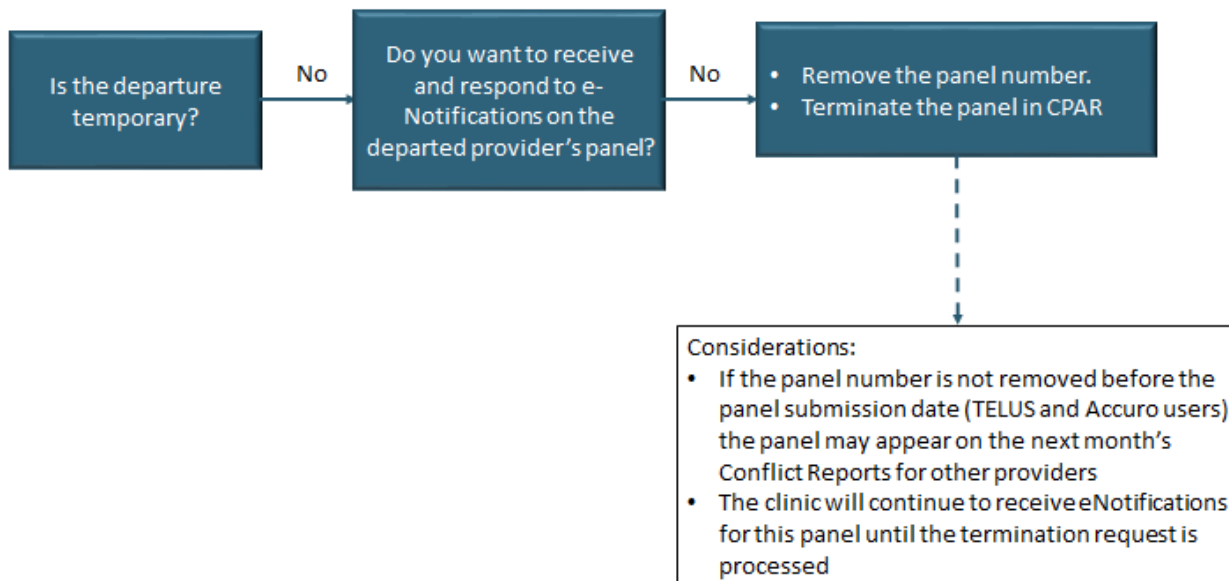
The provider is not expected to return: The clinic does not wish to continue to receive conflict reports and eNotifications for patients on the departed provider’s panel.

- Remove the panel number from the departed provider’s EMR account immediately:
 - This prevents any new information from flowing to CPAR but **does not remove the existing panel from CPAR**. The clinic will still receive eNotifications for those patients who were part of the last uploaded panel and panel conflicts will still be generated.

- Terminate the panel⁶:
 - Once the panel has been terminated in CPAR the clinic will stop receiving eNotifications and CPAR will no longer generate conflicts for the panel.

Note that terminating the panel using the Panel Request Form will automatically remove permissions for all Access Administrators and Panel Administrators and that were authorized for that panel. No additional paperwork is required.

Decision Tree for Scenario 4



⁶ The [CPAR Panel Request Form](#) is the form used to terminate the panel.

