

## CPAR Barriers to Adoption

| Barrier  | Response  |
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| I need to keep information confidential at my clinic.  | Only information documented in the <a href="#">mapped fields</a> flow to the Community Encounter Digest in Alberta Netcare. These include the encounter reason and assessment. First, a participant always has the choice of documenting in a non-mapped field, such as a text box. Second, if information <b>must</b> be documented in a mapped field, each EMR has features that can be used to keep information from flowing to the CED. Information only begins to flow from visits starting on go-live day and information will not be pulled from encounters prior to going live.   |
| I don't want to look bad if I am not documenting in a mapped field during a visit and blanks appear on the CED.    | A CED won't show that a problem, allergy, immunization or referral was NOT recorded on a visit. If no observations are made the line does not appear for that date.   |
| I only want to participate and send to the CED not to the Healthcare Data Repository but they are bundled together | Data submitted to CII and CPAR is also shared with Alberta's Healthcare Data Repository. The repository is a database for provincial health system analytics in line with other leading health systems in the world. Access to the CII and CPAR information in the repository is currently limited within the project team and is not yet available for broader statistical or analytical reporting. Information that flows through CII to the data repository includes <a href="#">mapped data elements</a> from encounters and panels. These data elements are recommended by the <a href="#">Canadian Institute for Health Information</a> as a standard primary care data set for health system planning. The national standard recommendations include collection of the health service code and encounter payment source. As indicated in the <a href="#">CII Privacy Impact Assessment</a> , the intended use of CII/CPAR data is for planning, quality improvement and health system management. The information cannot be used for other purposes. Policies governing the use of CII/CPAR information are established by the <a href="#">Health Information Data Governance Committee</a> (HIDGC). |



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|  | HIDGC is a senior level, multi-disciplinary data steward committee that provides advice on health information privacy and data governance.   |
| I'm worried about what will happen with my data if I participate.  | Alberta Health already has more detailed, longitudinal and comprehensive data about physicians through the billing system. The data sent to the Healthcare Data Repository has clearly documented purpose in the <a href="#">PIA</a> Alberta Health filed with the Office of the Information and Privacy Commissioner and its use is governed by the <a href="#">Health Information Data Governance Committee</a> . If the question is about security, the information is as secure as Alberta Netcare.  |
| If we have panels and want to participate in CPAR, why do we also have to participate and share encounters to the Community Encounter Digest in Alberta Netcare? | These two types of participation have been bundled. The information contributed to the Community Encounter Digest is enriching informational continuity for Albertans as well as informing care decisions. Albertans are benefiting as information is available to providers needing it for decisions and it is connecting community physicians with providers in hospital and EDs.  |
| Not all the physicians in the clinic want to participate.  | A clinic can be enabled for those who want to participate regardless of how many out of the clinic's total providers. The good news is that once the first group is enabled, there is less paperwork and set-up for any additional physicians that want to participate in the future.  |
| If I sign up as a family physician OB provider, will it not create conflict reports?   | If your EMR is set up so that your longitudinal patients are on your panel and your OB patients are set up as a caseload you will not. What that means is using the status in your EMR to distinguish panel patients from caseload patients. Panel patients are submitted to CPAR but caseload patients are not submitted to CPAR so no conflicts will occur. For paneled patients, you will share panel to CPAR and encounters. For OB patients you will share visit information as encounters to the Community Encounter Digest. If you receive consult requests and write consult reports, you can sign up to send consult reports to Netcare, too. |
| I thought we were all implementing Connect Care and that Netcare is going away.  | Connect Care is being implemented as the common information system in Alberta Health Services facilities across the province. Netcare is the provincial health record that will contain some information sent from Connect Care for AHS facilities and   |



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|  | <p>information from community electronic medical records that is sent via CII/CPAR. Connect Care, Netcare and CII/CPAR are complementary information systems. Here is a useful <a href="#">FAQ</a> explaining how the three systems fit together.</p>   |
| <p>I don't want to re-do my clinic EMR PIA and add CII to it. It is extra work.</p>                  | <p>A clinic EMR PIA needs to be up to date but not amended for CII/CPAR participation. If you have been keeping your clinic EMR PIA current, no changes are needed to participate in CII/CPAR. Participants are asked to endorse the PIA that Alberta Health filed for CII with the OIPC. It is a simple letter. A template will be sent to the clinic primary custodian or all participating custodians to sign.</p>   |
| <p>An up to date PIA is required? Our clinic EMR PIA is out of date. We don't want to update it.</p> | <p>Although it takes work, keeping an up to date PIA is a requirement of the Health Information Act, regardless of CII/CPAR participation. There is some guidance available through the project including a PIA update self-assessment and access to a list of PIA Consultants that can complete any changes for the clinic. Once the confirmation of participation form is received, eHealth will complete a privacy review and provide any additional guidance needed to progress forwards in the CII/CPAR enrolment process.</p>   |
| <p>I am already too busy, I don't want the responsibility of <a href="#">eNotifications</a>.</p>     | <p>eNotifications are an opportunity to connect with your patients that are transitioning out of hospital or emergency. The way eNotifications work in the clinic EMR enables team workflows where, given protocol and process, staff can support patient follow-up. The average eNotifications per day is not an overwhelming amount, at just 1.7-1.8 per 1000 paneled patients.</p>   |
| <p>My patients don't want me to share their patient information</p>                                  | <p>In 2017, <a href="#">Albertans were surveyed</a> about their perceptions of health information in Alberta. The results were interesting.</p> <ul style="list-style-type: none"> <li>- 70% of Albertans thought our health system was more connected than it was and that information was already widely available across the system</li> <li>- when CII was described, 93% of Albertans approved of the information sharing</li> <li>- in the <a href="#">evaluation to date</a> of CII/CPAR, HQCA has surveyed and interviewed participants. Results show that Albertans are NOT asking participating physicians or clinics about CII/CPAR</li> </ul> |
| <p>I don't want to have conversations with my patients about this</p>                                | <p>You don't have to. You do need to take the existing <a href="#">Netcare</a> poster you have displayed in your clinic and replace it with a revised version that is called a <a href="#">Health Collection Notice</a>. CII/CPAR is covered</p>  |



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|   | <p>under the Netcare umbrella of requirements as identified with the CII PIA filed with the OIPC.</p> <p>If you don't want to display the poster but have a web page and/or patient registration forms, you can put the same content in a digital format where patients will see it.</p>  |
| <p>What if patients ask questions?</p>  | <p>If patients ask more than "what's Netcare", which the survey of participants indicates a few patients are asking, there are a series of materials available to the provider and team:</p> <p><a href="#">Patient brochure</a>, <a href="#">Custodian and Team Script</a> for speaking with patients, and an <a href="#">FAQ for patients</a>.</p>  |
| <p>This just sounds like a lot of extra work</p>  | <p>There are forms that need completing to get registered. Usually the clinic manager completes them or another key contact at the clinic. If you are in a PCN, there is often support from the PCN.</p> <p><a href="#">Physicians are reporting</a> that on go-live day it is seamless.</p> <p>Some offices do report:</p> <ul style="list-style-type: none"> <li>- they have looked at their documentation in mapped fields, if they have workflows for using the "reason for visit" field for clinic communication</li> <li>- when a clinic identifies (from the CPAR panel conflict report) that they have patients paneled to another participating provider the clinic team members that do panel work will develop processes to communicate with the patients and clarify who the patients consider to be their family physician/nurse practitioner</li> </ul> |
| <p>We are using Wolf EMR and it is being sunsetted in 2023. We don't know what EMR we will use.</p> | <p>You can still start on CII/CPAR now and reap the benefits of participating and if you switch to a conformed EMR (PS Suite, Med Access, Healthquest or Accuro), continue to participate. This document provides some useful information as you consider which EMR to transition to: <a href="#">Considering a New EMR</a>.</p>  |
| <p>We don't even have the team to support doing the paperwork to get started here</p>               | <p>CII/CPAR is a good fit if you are already doing proactive panel-based family medicine. It will make 'panel work' easier and more seamless in the long run.</p> <p>The sign-up paperwork is a one-time process.</p> <p>If you are a member of a PCN, reach out to your PCN for facilitation support. It is also not a rush. Once the clinic has submitted the first form called the confirmation of participation form, the eHealth Support Services team provides guidance on the forms to advance.</p>  |



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|  | <p>If no physicians at your clinic are members of a PCN or they are non-family medicine specialists, contact <a href="mailto:ciicpar@albertadoctors.org">ciicpar@albertadoctors.org</a> to connect to the ACTT team for support.</p>  |
| <p>Our frontline staff are worried about more administration work</p>  | <p>This is a good question. If you are already doing proactive panel-based care what you don't see and don't know is when you are providing duplicate services because you don't know which patients have said 'yes' to the panel question with another family physician in another clinic.</p> <p>In the current state, you may not know of many AHS events of your paneled patients such as hospital admissions/discharges, ED discharges and day surgeries. You and your team will hear about them from the patient when the opportunity for proactive follow-up has closed.</p> <p>How many eNotifications can you expect? So far, the average for a panel size of 1,000 patients is 11 per week. Clinics have developed processes so that this is teamwork involving both the family physician and staff.</p>  |
| <p>There is a lot coming at me: PMH, Home to Hospital to Home, pandemic fallout. I don't see how all this fits together to bother.</p> | <p>You're right there is a lot going on and it can be challenging to see how this all fits together.</p> <p>In a nutshell, CII/CPAR is an opportunity for your community clinic on an EMR to connect with the rest of the health system. It is a key enabler for the Patient's Medical Home and is the foundation to improved continuity of care. Benefits include:</p> <ul style="list-style-type: none"> <li>- informing the rest of the health system that you are the family physician and primary provider for your patients with primary provider showing on the top of a patient's Netcare</li> <li>- this allows other providers in hospital or emergency to connect with you when necessary</li> <li>- information about your patients, as the person who knows your patients the best, is shared with the rest of the system through Netcare in the CED</li> <li>- in the future, you will be able to submit a patient summary to Netcare for those patients with complex health needs</li> <li>- the eNotifications are an opportunity to offer follow-up care for your patients transitioning out of hospital or emergency. This is a place in the system where some Albertan's fall through the cracks</li> <li>- identifying your patients who have agreed to be on more than one primary provider's panel is an opportunity to clarify if you are their</li> </ul> |



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|                                    | family physician and resource your clinic appropriately if they are receiving full comprehensive care or not  |
| My EMR doesn't connect to CII/CPAR | Alberta Health conformed the five main EMRs used in Alberta: Microquest Healthquest, QHR Accuro as well as TELUS Med Access, PS Suite and Wolf. Telus CHR and AVA are working on conformation and are expected to become fully conformed Spring 2023. Alberta Health is building a sandbox that should allow further EMRs to conform, if they choose to do so, in the future. |

