

# CII/CPAR for Blended Capitation Clinics

## Introduction

The [Central Patient Attachment Registry](#) (CPAR) is a secure web application that houses an Alberta database of patients rostered to a capitation-based Clinical Alternative Relationship Plan (ARP) and/or attached to a primary provider's panel. CPAR is connected to the Community Information Integration data hub, which allows for the automatic uploading of panels from clinic EMRs and in June 2021, display of a patient's primary provider in Netcare.

## Frequently Asked Questions

### **We are already rostering patients in CPAR for blended capitation funding. Why do we need to do additional work for panels?**

CPAR has two areas of the application, one for the Blended Capitation Model (BCM) clinic funding, known as "rostering" and another for panels. They are linked by the patient identity in the background but are two separate functional areas. CPAR for rosters enables the clinic to manage their rosters in order for Alberta Health to accurately fund a BCM clinic.

CPAR for panels receives the provider panel that is automatically uploaded from the EMR on a monthly basis. It validates patient identity and looks for a date of death or demographic mismatch in the provincial registry and if the patient is paneled to another primary provider participating in CPAR (for panels). The clinic panel administrator can login to CPAR to download the demographic mismatch and panel conflict reports. Because the panels are uploaded automatically, there is little work involved in using CPAR for panels. The value comes in the information received back at the clinic and informing the health system of the established primary care relationship.

### **If we are already using CPAR for rosters, can't CPAR just use that information for panels?**

For rostering, CPAR records the relationship between a patient and the BCM clinic. The initial load of the patients into CPAR is automated and then the clinic's Roster Administrator manages each affiliation in the roster manually in the CPAR web portal on a regular basis.

For paneling, CPAR records the relationship between a primary provider (physician or nurse practitioner) and the patient. The provider is identified by their practitioner ID and the facility in which they are providing care for the panel. This relationship is submitted monthly from the



panel lists in the clinic's EMR through the Community Information integration data hub to CPAR. All physicians or nurse practitioners must register in CII/CPAR to participate in the panel component.

A key difference between rostering and paneling is that for rostering, the patient must remain eligible for Alberta Health Care Insurance Plan (AHCIP) coverage for the entire affiliation period; however, for paneling, the patient's attachment to a primary provider may continue even after AHCIP coverage ends. In these cases, the patient may continue their attachment to the primary provider and receive services covered by private insurance, other provincial insurance or paid out-of-pocket.

### **If a patient's PHN ULI becomes invalid, what are the implications?**

While a BCM clinic who rosters patients cannot be funded to care for a patient with an invalid PHN ULI; CPAR for panel accepts PHNs/ULIs for patients with out-of-province PHNs, RCMP, and NIHB insured individuals.

### **What are the benefits to a BCM clinic physician or nurse practitioner in participating in the panel feature of CPAR?**

As the number of providers and clinics participating in the panel component of CPAR grows there will be advantages for the BCM clinic. Through the panel conflict reports the BCM clinic would be aware of a provider that paneled one of their rostered patients in the past and has maintained them on their panel. The BCM clinic [could inform](#) the other provider to remove the patient from their panel, as the patient is formally affiliated on the clinic's roster. The CPAR initiative is looking to add the functionality to enhance this in the CPAR panel conflict reports.

When a physician or nurse practitioner participates in CII/CPAR they are declaring an established primary provider-patient relationship to the health system. Through [eNotifications](#) the primary provider will be notified in their EMR when their CPAR paneled patient has a hospital admission, hospital discharge, ED visit, or day surgery at an AHS facility in the province. In June 2021, the patient-provider relationship in CPAR will display the name of the CPAR primary providers in the patient's Netcare record. This will be another advantage for relational continuity.

Through participation in CII/CPAR, the primary provider will contribute to their patient's Netcare record through daily encounter upload to Netcare enhancing informational continuity through the [Community Encounter Digest](#).

