

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 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.

Resources for CPAR Panel Administrators:

On the CII/CPAR web page at ACTT is the following page for CPAR Panel Administrators.

<https://actt.albertadoctors.org/PMH/panel-continuity/CII-CPAR/Pages/CPAR-Panel-Resources.aspx>

You will find many resources on the page including:

- Alberta Netcare Page for Panel Administrators
- How to Login to CPAR
- Videos
- Spreadsheet videos for new users of Excel, Libre Office or OpenOffice
- Post-Implementation Checklist
- Locums, provider Absences and Panels in Transition
- Links to EMR resources

The Panel Conflict Report

The **Panel Conflict Report** will enable you to identify your paneled patients who have confirmed attachment at other primary 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 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 home town 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 home town ...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 [Guide for Panel Administrators](#).

There is a choice to download a csv file that may be opened in a spreadsheet application (Excel, Open Office, Libre Office or Google Sheets) 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 using the ability to sort the data.

The conflict report is now also available as a PDF file. This does not allow for sorting but it does make it easy to download 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.

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.

CSV Panel Conflict Report

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

Conflict Cate	Conflict First Patient ID	Last Name	First name	Date of Birth	Gender	Last Confirm	Date of Last	Conflicting Provi	Conflicting P	Last Confirm	Date of Last Visit for Conflicting Provider
1	2017-09-22 123-8-521	Wiseman	Chris	1973	Male	2017-07-20	2017-08-22	Chin, Gary		2017-09-25	2017-09-25
1	2017-08-10 1234	Manit	Christine	1962-Jun	Female	2017-08-01	2017-08-01	Chin, Gary		2017-07-01	2017-07-01
1	2017-07-05 20299-9009	Kimpe	Shuangrui	1941-Dec-01	Female	2017-07-01	2017-07-01	Ho, David		2017-01-13	2017-01-13
1	2017-10-24 21961-2500	Sherman	Kaylee	1967-Aug-14	Female	2017-05-12	2017-05-12	Chew, Brad	Active Health	2017-10-22	2017-10-22
1	2017-08-30 24276-8759	Fleming	Sandeeep	2010-Nov-26	Female	2017-06-05	2017-06-05	Barret, Dianne	Active Health	2017-07-06	2017-07-06
1	2017-08-02 25526-3009	Kasulak	Hoi Pan	1937-Sep-06	Male	2017-07-28	2017-07-28	Drouin, Joseph	Access Medi	2017-06-01	2017-06-01
1	2017-08-02 25526-3009	Kasulak	Hoi Pan	1937-Sep-06	Male	2017-07-28	2017-07-28	Seto, Alex	8th and 8th	2017-07-30	2017-07-30
1	2017-07-21 42334-0009	Cho	Toor	1935-Feb-17	Female	2017-07-06	2017-07-06	Chin, Gary		2017-07-13	2017-07-13
1	2017-08-04 44353-0859	Lamson	Patrick	1967-Sep-01	Male	2017-08-01	2017-08-01	Sparks, Mary	Aadac Down	2017-01-01	2017-01-01
1	2017-08-04 44353-0859	Lamson	Patrick	1967-Sep-01	Male	2017-08-01	2017-08-01	Sparks, Mary	888, Edmont	2017-08-01	2017-08-01
1	2017-09-27 50960-2500	Sheppard	Megan	1966-Sep-05	Female	2017-05-15	2017-05-15	Owen, Mary	Adjust To Lif	2017-09-27	2017-09-27
1	2017-07-31 53800-0109	Hsien Tang	Judit	1948-Aug-24	Female	2017-07-16	2017-07-16	Drouin, Joseph	Access Medi	2017-05-31	2017-05-31
1	2017-07-31 53800-0109	Hsien Tang	Judit	1948-Aug-24	Female	2017-07-16	2017-07-16	Nakashima, Carr	Abdel-Kerien	2017-07-25	2017-07-25
1	2017-10-25 63444-3759	Wallis	Bella	1986-Nov-13	Female	2017-07-01	2017-07-01	Chew, Brad		2017-09-01	2017-09-01
1	2017-08-31 76874-2500	Velasco Villa	Micharl	1972-Aug-30	Female	2017-05-30	2017-05-30	Ho, David	509 Centre S	2015-01-01	2017-08-09
1	2017-10-18 83987-83	Ne Hassan	Mary	1934-Jul-23	Female	2017-06-06	2017-06-06	Chin, Gary		2017-07-22	2017-07-22
2	2017-08-09 10371-1009	Nava Aguilari	Jose'	1986-Aug-15	Male	2017-08-01	2017-08-01	Luckhurst, Gretta	147, edmont	2017-08-01	2017-08-02
2	2017-08-09 10371-1009	Nava Aguilari	Jose'	1986-Aug-15	Male	2017-08-01	2017-08-01	Queen, Susi	Bykowski Ori	2017-08-08	2017-08-08
2	2017-09-14 15160-4019	Ali	Scott	2010-Dec-15	Male	2017-08-03	2017-08-03	Chew, Brad		2017-08-01	2017-08-01
2	2017-06-30 20592-3009	Grabstas	Yu Ting	1994-Dec-01	Male	2017-06-15	2017-06-15	Chin, Gary		2017-06-01	2017-06-01
2	2017-06-30 20592-3009	Grabstas	Yu Ting	1994-Dec-01	Male	2017-06-15	2017-06-15	Chin, Gary		2017-07-14	2017-07-14
2	2017-07-04 20894-8009	Jenner-Bohe	Evariste	1993-Aug-02	Male	2017-06-01	2017-06-01	Chin, Gary		2017-06-06	2017-06-06
2	2017-07-04 21587-8009	Drumgold	Mojes	1963-Aug-02	Male	2017-06-29	2017-06-29	Chin, Gary		2017-07-01	2017-07-01
2	2017-08-02 21832-1009	Noerenberg	Delaan	1941-Dec-30	Male	2017-07-01	2017-07-01	Drouin, Joseph	Access Medi	2017-07-20	2017-07-20
2	2017-08-02 23418-9009	Mccaskill	Hoaiduc	1967-Nov-04	Male	2017-07-03	2017-07-03	Young, Rod		2017-07-24	2017-07-24
2	2017-08-02 25281-8009	Ulman	Sam Ho	2001-Sep-21	Male	2017-07-05	2017-07-05	Seto, Alex	8th and 8th	2017-07-23	2017-07-23
2	2017-10-12 26176-2859	Fernandez	Tyler	1985-Mar-15	Male	2017-06-15	2017-06-15	Chin, Gary		2017-06-01	2017-06-01
2	2017-10-12 26176-2859	Fernandez	Tyler	1985-Mar-15	Male	2017-06-15	2017-06-15	Butler, Gerrard	Aadac Down	2017-07-01	2017-07-01

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	<p>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.</p> <p>Category 2: When confirmation date is the same or within one month (30 days) between different providers (e.g., both confirmed within 30 days).</p>
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.
Demographic Columns	<p>Last Name</p> <p>First Name</p> <p>Date of Birth</p> <ul style="list-style-type: none"> • 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 <p>Gender</p> <ul style="list-style-type: none"> • 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	<p>This is data submitted from the other provider participating in CII/CPAR: Provider Name, Facility, Last Confirmation Date, Last Visit Date.</p> <p>Conflicting Provider Panel Status: A panel can be Active or In Transition. Terminated panels will not show on a conflict report.</p>

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.

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

THIS TABLE 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: 2021-Feb-26													
Panel ID: 18839 Name: Panel Example 1													
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 Facility	Last Confirmation Date for Conflicting Provider	Date of Last Visit for Conflicting Provider	Conflicting Panel Status
1	2/23/2021	15193-6111	Albe Smith	Rissa	1977-Mar-22	Female	1/1/2000	2/13/2000	Jones, Pat	Calgary Medical C	2/2/2021	2/2/2021	Active
1	2/24/2021	15193-7111	Albe Sosa	Amy	1981-Dec-13	Female	12/12/2000	2/2/2021	Ashley, Skyler	Downtown Clinic	4/2/2001	4/2/2001	Active
2	2/22/2021	15193-6009	Albe Easa	Jack	2008-Feb-18	Male	1/1/2021	1/14/2021	Alexis, Hawes	Facility CPAR Two	2/1/2021	1/31/2021	Active
2	2/22/2021	15176-7009	Albe Hironymous	John	2008-Jan-27	Male	1/1/2021	1/11/2021	Alexis, Hawes	Facility CPAR Two	2/1/2021	8/16/2018	Active

Click [here](#) to access a video on the attachment panel conflict report.

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 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:

CPAR Attachment Conflicts

Conflict Category	Conflict First Reported	Patient Identity	Submitting Panel Data	Conflicting Panel Data	Conflicting Provider Info
1	20/05/20	Patient ID: [REDACTED] Alberta ULI Last Name: [REDACTED] First Name: [REDACTED] Birth Date: [REDACTED] Gender: Female	Last Confirmation Date: 21/07/20 Last Visit Date: 01/02/19	Last Confirmation Date: 05/06/19 Last Visit Date: 25/05/20	Name: [REDACTED] Facility: Calmar Medical Clinic, Calmar Panel Status: Active
1	17/07/20	Patient ID: [REDACTED] Alberta ULI Last Name: [REDACTED] First Name: [REDACTED] Birth Date: [REDACTED] Gender: Male	Last Confirmation Date: 29/10/20 Last Visit Date: 14/01/21	Last Confirmation Date: 18/02/20 Last Visit Date: 21/02/20	Name: [REDACTED] Facility: Edson Medical Centre, Edson Panel Status: Active
1	13/02/21	Patient ID: [REDACTED] Alberta ULI Last Name: [REDACTED] First Name: [REDACTED] Birth Date: [REDACTED] Gender: Female	Last Confirmation Date: 31/01/20 Last Visit Date: 04/02/21	Last Confirmation Date: 26/01/21 Last Visit Date: 26/01/21	Name: [REDACTED] Facility: Bonnyville Medical Clinic, Bonnyville Panel Status: Active
1	12/12/20	Patient ID: [REDACTED] Alberta ULI Last Name: [REDACTED] First Name: [REDACTED] Birth Date: [REDACTED] Gender: Female	Last Confirmation Date: 08/10/19 Last Visit Date: 20/05/20	Last Confirmation Date: 06/01/20 Last Visit Date: 06/01/20	Name: [REDACTED] Facility: Grey Nuns Family Medicine Ctr, Edmonton Panel Status: Active

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.

Panel status definitions are on page 4 of the CPAR Panel Administrator Guide: <https://www.albertanetcare.ca/documents/CPAR-PanelAdmin.pdf>

Report ID: REP5006

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Central Patient Attachment Registry Panel ID: [REDACTED] Name: [REDACTED] Panel

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. A single conflict is outlined in red.

Panel Conflict Management

Each clinic team will need to develop processes to action the panel conflicts. It is best practice to not let them linger from month to month. Tools for Panel Conflict Management are available on the [CPAR Panel Resources](#) page.

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.

Once the patient decides, be sure to mark the change in the EMR.

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. The demographics need to be corrected for that to occur. Note: the encounters nor the consult reports for these patients are NOT loading to Netcare for the same reason.

Deceased Patients

Note: Exception on the first upload of a panel

On the first upload to CPAR, if the panel list includes a deceased patient this patient will appear as an upload error, not the Demographic Mismatch Report. The following upload error will appear:

Cannot add a patient with a date of death defined.

TIP Patient has a date of death in the Provincial Client Registry. A deceased patient cannot be uploaded for a new attachment or new panel. A deceased patient who was previously submitted will be shown on the Demographics Mismatch report. Mark the patient as deceased in your EMR to remove from the panel. The date of death shown in CPAR may be copied to the patient's chart as needed.

See the [Panel Administrator Guide](#) for more information. An error occurs because CPAR will not allow a deceased patient to be added to the registry.

After the first upload, when a patient on the CPAR panel becomes deceased, they will appear on the first page of the demographic mismatch report.

It is unlikely, but possible, that once a provider's panel has been regularly uploaded to CPAR that a new patient to the panel could become deceased between the time they are added to the panel and the first time they are uploaded to CPAR. In that case the above error would occur.

Once a patient is identified as deceased through CPAR, be sure to **change their status in the EMR** so that they are not loaded to CPAR the next month.

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 **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 Netcare a source of truth for demographics? The source of demographics in Netcare is from AHS not PCR. The demographic information in Netcare is not used in the matching for CPAR.

[Gender and CPAR](#)

EMR	Accuro	Healthquest	Med Access	PS Suite	Wolf
Genders Available in the EMR	M, F, UK	Female, Male, NB, Other, Unknown, X	Male, Female, Other, ‘blank’	m, f	Female, Male
CPAR Accepted	M, F	Female, Male, Other, X	Male, Female, Other	m, f	Female, Male

Gender Submission, Provincial Client Registry and CPAR Response

EMR submitted Value	Provincial Client Registry Comparison	CPAR Response
U (unknown) NB (non-binary)	Not applicable	Reject with error that gender value not allowed. Shows on CPAR submission results screen
F, M	Must match exactly	Report on demographic mismatch if value does not match exactly
O	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.

Mismatch to Provincial Client Registry (PCR)

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

<http://www.albertanetcare.ca/documents/G252A%20CII-CPAR%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 PCR. 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 – see [Scripting](#)) 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 – see [Scripting](#)) 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.
 6. For errors in the PCR: patients must provide the correct information to Alberta Health. The process for this is to fill out a form and drop it off at an authorized registry office. The appropriate form can be found here:
 - <https://www.alberta.ca/ahcip-update-status.aspx>
 - Patients can also call 1-800-232-7215 for more information.
 - It might be handy to have this information available for patients to take away.
 - 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 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.

Tip for Practice Facilitators



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

* User still has **option** to click “Submit Panel” on the CPAR Panel Reports **by** the 21st 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, scan for accuracy

After your panels are uploaded to CPAR:

Have your [CPAR Panel Administrator Guide](#) ready.

The next day or later:

- 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?
 - 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