



## Toolkit

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This toolkit was developed by adapting pre-existing resources to assist in expediting the paneling process while additional PCN supports are available. The toolkit provides a stepwise structure and sustainable product to support panel processes going forward.

This toolkit can be used as an ongoing record for the clinic regarding panel-related processes. Having this information formalized and documented will ensure reliability of patient information to assist with timely patient contact. Having the information documented allows responsibility to be shared by the clinic, which can reference the information for ongoing maintenance. **Pages 3 and 4** include a concise record of panel processes in clinic.

### What does it mean to be paneled?

**Paneling includes a mutually confirmed provider-patient relationship.** There are steps to take for the physician to confirm the relationship, and for the patient to confirm the relationship. Identifying the primary care provider for a patient may assist in determining responsibility for longitudinal care and preventative measures such as screening procedures.

### Patient confirmation of relationship

When a patient identifies a physician as their primary care provider. They may see more than one physician due to different circumstances, but a “primary provider” or “most responsible provider” may indicate the physician they most rely on for preventative care and long-term relationship building.

**Tip:** Have the clinic confirm the following at each patient interaction. Making this a process for **all** patients ensures patients won't be missed and can be confirmed as to the date of last appointment. This ensures that patient information is as accurate as possible, which may assist in timely communication for test results or care changes in a pandemic.

- Address
- Telephone number
- Email, if using in clinic
- Who do you consider your primary physician?
- Confirm information through the EMR field for patient verification/update.
  - **CII/CPAR note:** patients must have a date of last visit and a confirmation/validation date to be included in a CII/CPAR submitted patient panel

### Physician confirmation of relationship

A panel list can be generated by provider name for patients with appropriate status to indicate a current relationship (e.g., active). Panel lists should be reviewed regularly to ensure updates occur and to verify the relationship. Ultimately, this can assist in planning panel-based care and continuity for the patient.

### How do I know who is included in my patient panel? What are my next steps?

#### 1. Panel identification and getting started – setting up the patient panel, dual review

1. Create a list of patients attached to a provider that are indicated as “active” (or similar)
  - Inactive patient status can always be changed to active if the patient re-establishes the relationship/starts coming to the clinic again*
2. Does the number of paneled patients make sense?
3. Have the provider review the list – is anyone included that is no longer accurate? Anyone missing?
4. Make any relevant changes to the list
5. Create an updated list of patients attached to a provider that are indicated as “active” (or similar)
6. Have the provider review the list – is anyone included that is no longer accurate? Anyone missing?

#### 2. Panel maintenance – processes to continue panel accuracy

1. Conduct searches for patients who may need panel updates:
  - a. Meet and greet without follow-up in X months
  - b. No appointments booked for patient
  - c. Patients seen outside a defined timeframe (e.g., no appointment last three years)
  - d. Never billed for patient
  - e. Code used that indicates not a member of the practice
2. Identify processes for patient updates (**see Page 6 for recording tool**)
  - a. What are validation criteria going forward?
  - b. What questions are asked when a patient checks-in? How is it recorded?

### 3. CII/CPAR participation – submission of patient panels to CII/CPAR and processes to act on CII/CPAR reports for patient continuity of care and panel maintenance

- Once panel ready, CII/CPAR participation can assist in patient panel maintenance and identification over time.
- Reports will be generated that include information on:
  - Patients paneled to more than one provider
  - Patient demographics that differ from provincial record
- Contact your **CWC PCN Physician Liaison** or **Measurement & Improvement Associate** for more information or visit the [CII/CPAR](#) web page.

#### Formal panel readiness checklist and process record

##### *Responsible person*

- Clinic/physician has a person responsible and accountable for panel processes who can confirm that panel identification and maintenance processes are established and actioned.
  - Who is responsible? (name, position) \_\_\_\_\_

##### *Panel identification*

*See Page 6 for internal definitions, EMR query records.*

- Clinic/physician<sup>1</sup> has a clear internal definition for:
  - Attached patients
    - Indicate definition: \_\_\_\_\_
  - Patient statuses in the EMR (e.g., active, inactive, walk-in, deceased).  
**See Page 5 for additional space.**
    - Indicate definition(s): \_\_\_\_\_
- Clinic/physician has process in place to actively ask patients about their attachment:
  - Patients are asked consistently to confirm that their physician is their one and only provider for comprehensive, longitudinal primary care<sup>2</sup> (e.g., every 12 months)
    - Who is responsible? When? (name, position) \_\_\_\_\_
  - Attachment information is recorded in the clinic EMR including date of confirmation/validation
    - **CII/CPAR readiness** – patients must have a date of last visit and a confirmation/validation date

<sup>1</sup> See Page 6 if internal definitions vary by physician.

<sup>2</sup> Confirmation message is adapted for shared panel situations.

- Confirmation/validation rates are calculated regularly as a process check (e.g., every three months)
  - Who is responsible? (name, position) \_\_\_\_\_
  - How often is this calculated? \_\_\_\_\_
  - How is this shared? To whom? \_\_\_\_\_
  - EMR query name: \_\_\_\_\_
- Clinic/physician EMR is used to produce lists of each provider's paneled patients (panel list for physician to review)
  - EMR query name: \_\_\_\_\_
  - Additional criteria? \_\_\_\_\_

### *Panel maintenance*

*See Page 7 for panel maintenance process records.*

- Processes are in place to keep panels maintained (**see Page 7 for support tool**)
  - Panel lists are reviewed by clinic team members on a regular basis (e.g., every six months)
    - Who is responsible? (name, position) \_\_\_\_\_
    - How frequently? \_\_\_\_\_
- Once confirmed by physician(s), patient records are maintained in EMR:
  - Patient demographic information is updated
  - Patient attachments are updated
  - Patient statuses are updated
    - Who is responsible? (name, position) \_\_\_\_\_
    - How frequently? \_\_\_\_\_

### *CII/CPAR intent to participate – the clinic will*

- Participate in orientation to CII/CPAR and understands how it works for panel
- Check their Primary Provider panel lists to understand what will be automatically uploaded to the registry

### **OR**

- Prepare the panel lists, as per CPAR requirements, to upload to the registry
- Identify individual(s)/job role(s) that will act as CPAR Panel Administrator
  - Each Panel Administrator must have their own email address for clinic business purposes
- Use the toolkit and develop preliminary plans for handling attachment conflicts from reports
- Use the toolkit and develop preliminary plans for handling mismatch notifications

- Complete the package of registration documents
- Review and update on their privacy policies and training including storage of and access to patient panel lists

*This form has been modified from the Alberta Government, Alberta Health Services and Alberta Medical Association's Checklist for Panel Readiness.*

*CII/CPAR readiness – the clinic:*

- Is panel ready as indicated from above checklist
- Is live on Alberta Netcare
- EMR is configured and on the latest version
- EMR Privacy Impact Assess (PIA) is up to date

*Answer yes to all? You're CII/CPAR ready!*

*Complete your **Confirmation of Participation** form!*

*Additional notes and process record*

**Panel identification: definitions and EMR queries**

*Attachment and status definitions*

- Physician(s) \_\_\_\_\_ has/have a clear internal definition for:
  - Attached patients
    - Indicate definition: \_\_\_\_\_
  - Patient statuses in the EMR (e.g., active, inactive, walk-in, deceased)
    - Status: \_\_\_\_\_ Definition: \_\_\_\_\_
    - Status: \_\_\_\_\_ Definition: \_\_\_\_\_
    - Status: \_\_\_\_\_ Definition: \_\_\_\_\_
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  - Attached patients
    - Indicate definition: \_\_\_\_\_
  - Patient statuses in the EMR (e.g., active, inactive, walk-in, deceased)
    - Status: \_\_\_\_\_ Definition: \_\_\_\_\_
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    - Status: \_\_\_\_\_ Definition: \_\_\_\_\_

## EMR queries

| Query                   | EMR query name | Notes | Frequency | Responsible |
|-------------------------|----------------|-------|-----------|-------------|
| Physician panel         |                |       |           |             |
| Patient validation rate |                |       |           |             |

## Panel maintenance – process record

| New patients added to panel   | How is this confirmed? | How is this documented? | Who is responsible? | How often does this occur? |
|---|------------------------|-------------------------|---------------------|----------------------------|
| New patient phones to request appointment   |                        |                         |                     |                            |
| Patient requests/receives a “meet and greet,” not yet assigned                                  |                        |                         |                     |                            |
| Unassigned patient does not belong to a specific panel, but has been accepted into the practice |                        |                         |                     |                            |
| Non-panel child or relative attends appointment   |                        |                         |                     |                            |
| Newborn patient   |                        |                         |                     |                            |
| Patient information updated in panel  | How is this confirmed? | How is this documented? | Who is responsible? | How often does this occur? |
| New address identified  |                        |                         |                     |                            |
| CII/CPAR reports  |                        |                         |                     |                            |
| Patient seen, not added to panel  | How is this confirmed? | How is this documented? | Who is responsible? | How often does this occur? |
| Walk-in patient, primary physician elsewhere  |                        |                         |                     |                            |
| Transient patient, has a primary physician outside of the region                                |                        |                         |                     |                            |
| Specialty care (seen for specialty care only)   |                        |                         |                     |                            |

| <b>Patients removed from panel</b>  | <b>How is this confirmed?</b> | <b>How is this documented?</b> | <b>Who is responsible?</b> | <b>How often does this occur?</b> |
|---|-------------------------------|--------------------------------|----------------------------|-----------------------------------|
| Patient deceased  |                               |                                |                            |                                   |
| Patient moved away, has stated end of clinic relationship                             |                               |                                |                            |                                   |
| Patient moved away, intends to return (i.e., school, work)                            |                               |                                |                            |                                   |
| Lapsed patient: has not attended clinic in 36 months (or other specified time period) |                               |                                |                            |                                   |
| Physician leaves clinic, unassigned panel   |                               |                                |                            |                                   |
| Patient belongs in a panel, sees another physician more frequently                    |                               |                                |                            |                                   |
| Diagnostic imaging visit: non-clinic patients   |                               |                                |                            |                                   |
| <b>Ongoing review of patient panel – ongoing queries</b>                              | <b>When will this occur?</b>  | <b>How is this documented?</b> | <b>Who is responsible?</b> | <b>How often does this occur?</b> |
| Meet and greet without follow-up in X months  |                               |                                |                            |                                   |
| No appointments booked for patient  |                               |                                |                            |                                   |
| Patients seen outside a defined timeframe (e.g., no appointment last three years)     |                               |                                |                            |                                   |
| Never billed for patient  |                               |                                |                            |                                   |
| Code used that indicates not a member of the practice                                 |                               |                                |                            |                                   |

*Tool adapted from TOP Guide to Panel Identification, 2-14; originally adapted from Chinook Primary Care Network*



## Monitoring the provider-patient relationship over time

In order to monitor the patient or provider panel confirmation over time, there are measures that can be extracted from the EMR.

Examples of this can include:

- Physician confirmation proxy – patient status “active” (or similar)
  - *If a patient is active, they are a confirmed patient of the physician.*
  - *Inactive patients may have seen the physician previously, but are not included for routine screenings and follow-up*
  - *This can be determined by pulling a list in the EMR of all patients with a certain provider.*  
**(See Page 6 - EMR query record)**
- Patient confirmation proxy – patient validation
  - *When a patient confirms the physician as the most responsible provider, clinic staff can check off a box in the EMR to indicate information is up to date.*
  - **CII/CPAR note:** *patients must have a date of last visit and a confirmation/validation date to be included in a CII/CPAR submitted patient panel.*
  - *This can be determined by calculating the patient validation rate from the EMR in a query.*  
**(See Page 6 - EMR query record)**
    - Number of patients validated in a certain timeframe/number of patients seen in the same timeframe
- Therefore, **the best estimate of a current, confirmed patient panel** is the number of patients with an “active” status (or similar) as defined by the clinic, and a validation within a certain timeframe as defined by the physician.

## Definitions

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**Confirmation:** Also commonly called “verification” or “validation,” this is the process of confirming the identity of the primary provider with a patient and recording this in the EMR by clicking the confirmation/validation field, which also enters a date of entry ([https://actt.albertadoctors.org/file/CII-CPAR\\_Glossary\\_and\\_Abbreviations.pdf](https://actt.albertadoctors.org/file/CII-CPAR_Glossary_and_Abbreviations.pdf); also from “EMR Guides to PMH”).

**Confirmation rate:** A calculation that is an important process check that measures how often a team is confirming the identity of the patient’s primary provider. *Confirmation rate = number of patients confirmed in a time period/number patient visits in the same time period × 100.*

### *Additional notes and workflow*

