Connect Care for Primary Care

Summary

Growing awareness of the Alberta Health Services (AHS) Connect Care initiative (connect-care.ca), and its supporting clinical information system (CIS), causes Alberta primary care clinicians to ask how Connect Care might affect them and the patients they serve.

This backgrounder offers a framework for discussions about how clinicians may experience Connect Care, depending upon whether AHS is responsible for the record of care or not. Primary care providers (physicians, practices, care networks, etc.) can be divided into three groups that differ by digital health record accountability:

1. Current users of an AHS-provisioned record of care
2. Current users of a non-AHS record of care
3. Current users of a non-AHS record of care operating in an AHS facility

The three groups were derived from a review of AHS's current arrangements with primary healthcare providers.

Context

The Connect Care clinical information system (CIS) can help transform how patient care is delivered and experienced in Alberta. Success depends upon seamless connections between care in all contexts, including primary care and community care. Accordingly, a robust CIS technology was selected for scalability and sustainability across all domains, disciplines, settings, generations, geography, and the continuum of care. CIS capabilities differ significantly from those of Electronic Health Records (EHR, Netcare) and Electronic Medical Records (EMRs, see digital health record definitions).

AHS has accrued years of experience with health records in primary care settings. Affected physicians now ask if their investments will continue into Connect Care. Other primary care providers ask how they can benefit from Connect Care when using independent EMRs. Yet others wonder if Connect Care could disadvantage them when they do not participate fully in the initiative. All might wonder how their Netcare and Connect Care experiences will relate.

Community and Facility Contexts

An informational distinction between "facility" and "community" providers is not supported by how care is provided in Alberta. While many primary care practices operate independently of AHS, most primary care physicians provide at least some care within AHS "facilities." Many physicians leasing space from AHS operate as independent practices. AHS provides health services in diverse settings with diverse business arrangements, including locations not owned by AHS. Moreover, AHS-operated primary care, continuing care, home care, extended care, public health, community mental health, cancer care, telehealth and other services are integrated with AHS secondary and tertiary care programs throughout Alberta.

Care increasingly is provided through networks, programs, or joint initiatives. Indeed, as virtual health services grow, it can be difficult to know what the term "facility" means, let alone who owns or operates a facility. Many hybrid business models exist. It is often the case that parts of an episode of care, even on the same day, are received in a building or lab that might be considered "private" while others are received in a facility co-run with universities, while yet others are received in AHS buildings staffed by non-AHS employees. The same digital health record may be used in all contexts.

A different construct is needed to identify practices that are in-scope for early Connect Care CIS implementation. The "Connect Care for Primary Care" framework is informed by consultations with AH policy advisors, AHS Connect Care leadership, AHS primary care leadership, the Primary Care Alliance, provider focus groups, Alberta Medical Association family medicine advisors and the Connect Care Primary Care Advisory Group.

CIS Accountability Framework

Primary care providers (physicians, practices, networks, etc.) can be divided into three categories that differ by their digital health record ownership and accountability. This categorization is resilient to different contexts, business arrangements and contractual obligations.

The primary test is whether an AHS-provisioned, operated or controlled digital health record serves as the legal record of care for the health care services delivered by providers. A secondary test is whether a health service provider operates as part of a clinical program for which AHS is accountable but has not yet provisioned an AHS-operated digital health record. Applying these tests allows clinics and the associated health care providers to be allocated to one of three groups:

1. Current users of an AHS-provisioned legal record of care
2. Current users of an independent health record where AHS is not responsible for the legal record of care
3. Current users of an independent health record operating in an AHS setting where AHS is expected to hold medical record responsibilities

Use of the proposed framework implies that neither location (community, facility, acute care, etc.), employment (AHS staff, private staff, university staff, etc.) or business arrangement (lease, ownership, partnership, etc.) determines eligibility for Connect Care adoption. Accountability for the provision, support, maintenance, curation, archiving and storage of the health record constitutes the primary determinant of Connect Care eligibility.

Record of Care Test

A physician or practice satisfies the AHS record-of-care test if:

- An Information Management Agreement exists
  - AHS is specified as a custodian or as an information manager in a Health Information Act compliant information management agreement.
  - An IMA need not be current, as long as it was previously mutually ratified and the business arrangement has not changed since.
- A business management agreement exists
  - Some practice plans, alternative reimbursement arrangements and other formal business arrangements include provisions for AHS to provide information technology and or services, with explicit or implicit expectation that AHS provide or otherwise arrange for the provision of a paper or electronic health record system.
- A professional standard applies
  - If a chart audit initiated by the College of Physicians and Surgeons of Alberta, or like body, requires involvement or permission from AHS, then health record services may be an AHS accountability.
- A patient access request goes through AHS health information management
  - If a chart access or transfer request requires involvement or realization through AHS HIM, then health record services may be an AHS accountability.
- AHS otherwise behaves as steward of the health record
  - AHS may license the relevant EMR, contract with an EMR service provider, host the EMR on its servers or otherwise be responsible for the ongoing support of the EMR.

Framework Application

No classification reliably differentiates all practice scenarios. Physicians may serve in multi-specialty and multi-disciplinary contexts or move between different contexts over a day or week. While most wish for a seamless experience spanning all contexts, our present focus is on where they have, or do not have, expectation of an AHS-provisioned legal record of care.

Group 1: Current users of an AHS-provisioned Record of Care

There are many situations where primary care providers use a digital health record provisioned, operated, licensed, and serviced by AHS. In some, a full AHS CIS (eCLINICIAN, Sunrise Clinical Manager, Meditech) is used. In others, an EMR is used. In yet other situations, a paper-based record is stored and managed using AHS services and resources.

Most physicians using AHS-provisioned digital or paper health records understand that, as AHS transitions to one-patient-one-record-one-system, they will either transition from a legacy AHS CIS or migrate from other AHS-operated EMRs or paper-based systems. As clarified by the Connect Care Clinical Information Sharing Approach (ahs-cis.ca/cisa), they serve as health information "affiliates" to AHS as the "custodian" of the digital health record. Refusal to adopt the Connect Care CIS would imply leaving the AHS ecosystem; or leaving their current AHS business arrangement, be that employment, contract, alternate reimbursement relationship or license.

The following user groups transition to the Connect Care CIS:

AHS Legacy CISs

- eCLINICIAN CIS
  - ~3,700 health care providers, ~1,100 nurses, ~570 physicians, ~120 trainees; many collaborating on what may be considered primary care activities (e.g. primary prevention, chronic disease management).
  - ~2,000 clinical support staff (e.g. scheduling, office management, etc.), employed by AHS, Universities, independent programs, private practices.
  - ~6 or more multi-physician family medicine, family care, urgent care, or mixed primary care practices.
  - Multi-disciplinary outpatient programs that include primary care providers (e.g. Seniors Health, Woman's Health, Sports Medicine, Mental Health, Pain Clinic, etc.).
  - Includes virtual hospital program.
- Sunrise Clinical Manager (SCM) CIS
  - >600 specialist and generalist physicians providing ambulatory care using SCM as the legal record of care.
  - Includes paramedic, complex medicine hub, "hospital at home" users.
  - Includes pediatric primary care.
- Meditech CIS
  - One pilot project for ambulatory care involves a small number of primary care providers using Meditech as legal record of care for urgent care.
  - Extensively used by family physicians providing continuing care services.

AHS hosted EMRs

- Several business arrangements have resulted in AHS licensing, operating and servicing EMRs for family medicine or specialty clinics. AHS services as an information manager.
- Most are expected to integrate with the rest of AHS offerings and transition from their EMR to the Connect Care CIS, with the complexity of transition considered in sequencing plans.
- Examples of specific EMRs include:
  - Accuro - operating on AHS servers supporting mix of family medicine and specialists.
  - MedAccess - family medicine clinics where AHS operates the EMR infrastructure.
  - Practice Solutions - run by AHS for family medicine services in different cities.
  - Wolff - run by AHS for family medicine and specialty clinics.
  - Soprano (a Netcare extension) – where run by AHS in service of multi-disciplinary diabetes chronic disease management programs.

Group 2: Current Users of a Non-AHS Record of Care

These physicians operate independent EMRs (or paper records) and have no formal informational relationship with AHS. Most use EMRs that previously qualified under Alberta Physician Office System Program (POSP) offerings.

To belong to Group 2, physicians are presumed to wish to continue with their current EMR or to switch to a different non-AHS EMR. Independent use of Epic Systems software (which underlies the AHS Connect Care CIS) is not currently contemplated. However, it could become possibility given Epic's release of a low-cost offering for small practices and facilities (Sonnet).

Group 3: Current users of a Non-AHS Record of Care operating in an AHS Facility

Some physicians lease space or otherwise operate independently within AHS healthcare facilities. The historical business arrangements are diverse. A group of surgeons, for example, may have offices co-located with AHS general-purpose outpatient clinics. They employ their own support staff, are remunerated fee-for-service, and resource their own dictation services from their office. While some may use, store, and retrieve their own medical records, others make use of AHS records when in clinic or when performing procedures. Hybrid health records can be hard to disentangle when, paper, legacy CIS, EMR and Netcare co-mingle for health care documentation.

This is a gray area. More than one record (physician-managed record for office visits, AHS-managed record for clinic visits) may relate to the same episode of care.

Physicians in group 3 work in close associate with AHS and are familiar with AHS business processes. They may prefer to adopt the Connect Care CIS to bring all documentation related to the same episode of care into the same record of care. Reasons offered for requesting integration into Connect Care include reducing the number of systems a physician must contend with, easing collaboration with other team members, or better integrating inpatient and outpatient phases of an episode of care. Requesting physicians may belong to a Primary Care Network, multi-disciplinary collaborative, or other affiliation where many members will have full Connect Care access or where several information services are already provided by AHS. Alternately, requesting physicians may be part of multi-disciplinary programs or groups where the rest of the team anticipates Connect Care adoption.

Challenges

Unfortunately, many health care providers have multiple roles, sometimes fitting the definition of one group while other parts of their work week better fit another group.

Patients do not fit into one context or another. Grey areas will expand. It will become increasingly difficult to use the legal record of care as a clean test for "who's in" and "who's out" of Connect Care.