

Understanding How Results are Received by Prescribing Providers Who Work at Multiple Sites

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Who Should Read this Document?

Prescribing providers who order lab tests, diagnostic imaging (DI), and other interventions from more than one site will need to understand how the results will be shared back to them once Connect Care is implemented.

The changes described in this document affect all providers in Alberta who order tests. The detailed information provided is particularly important if you are a provider who:

- orders labs, DI and other interventions, and receives results through eDelivery to your Electronic Medical Record (EMR) or via fax or other methods to a medical record outside of the AHS record of care

and

- works at more than one site, of which at least one is outside AHS or affiliates who share AHS record of care

The Most Important Thing to Know About These Changes

Prescribing providers can be assured that results that they order from a particular site will be delivered back to that site. Most of your ordering process and results review process will remain the same as it is today.

Results or reports for tests or interventions (hereafter referred to collectively as results) ordered from the community will be delivered to the provider and the location where the test or intervention was ordered. A series of if/then decisions determine where results are delivered and is based on the context in which the patient was seen including:

- the time of ordering
- the Connect Care provider identifier
- the Connect Care department or submitter identifier on the requisition

Prescribing providers will be asked to identify a single primary location at which to receive results that are copied to them via Connect Care. These “copied to” results from Connect Care can only be sent to a single location.

Important Background

Alberta patients see health care providers in one of two contexts. The context of care matters when considering how patient results are delivered to providers:

Context 1:

Where Alberta Health Services (AHS) or affiliates are responsible for the record of care. The Connect Care initiative integrates these records under a single clinical information system (CIS), launching at locations across the province between November 2019 and 2022.

Context 2:

Where community providers are responsible for the record of care. Community records of care include a number of different EMRs and some paper records.



Results and reports for lab tests, diagnostic imaging, and other interventions are returned to the ordering provider based on the context where they saw the patient. Results are copied to providers based on the preferences they have indicated. Health Information Management is contacting providers where necessary to confirm their primary site.

Results and reports may be delivered by one of multiple mechanisms, determined by the provider's particular ordering context and preferences:

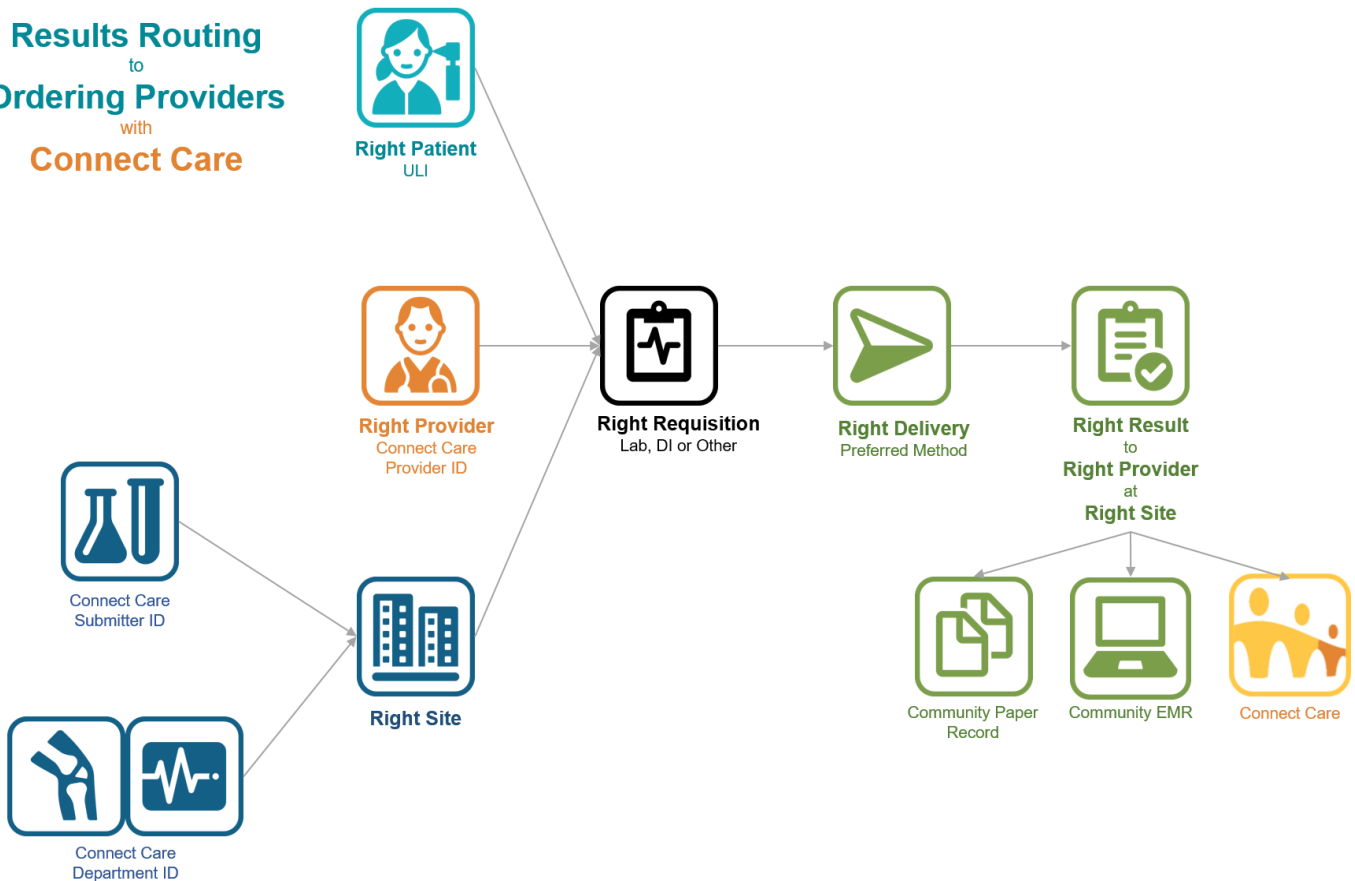
- via eDelivery to a community EMR
- to the Connect Care InBasket or in Connect Care Chart Review
- via fax
- on paper (printed or mailed results)

This FAQ will explain more about how these different factors come together to ensure that the right provider receives results for the right patient.



www.ahs.ca/assets/info/cis/if-cis-cc-connect-care-identifiers-faq.pdf

**Results Routing
to
Ordering Providers
with
Connect Care**



There are three types of identifiers:

1. **Connect Care Provider ID:** A single ID that identifies the ordering provider regardless of their location
2. **Connect Care Department ID:** Identifies the clinic location where diagnostic imaging is ordered from
3. **Connect Care Submitter ID:** Identifies the clinic location where laboratory tests are ordered from

Frequently Asked Questions

Context 1: Where Alberta Health Services (AHS) is responsible for the record of care

What happens with results and reports ordered in an inpatient setting where AHS is responsible for the record of Care?

Inpatient results and reports will be available for review within the Connect Care clinical information system (CIS), and reviewed through the “Chart Review” in the CIS. Connect Care users will be trained on how to use Chart Review. These results may also be copied to an additional provider, and, in this way, shared outside of the Connect Care CIS. Additional detailed workflows have been defined for situations where a test or intervention is ordered for an in-patient but followed up as an out-patient.

What happens with results and reports ordered in an outpatient setting where AHS is responsible for the record of Care?

Outpatient results and reports will be delivered to the provider’s Connect Care InBasket for review within the CIS. Connect Care users will be trained about the InBasket. These outpatient results may also be copied to an additional provider and shared outside of the Connect Care CIS.

Context 2: Where community providers are responsible for the record of care

What happens with results and reports ordered in a community setting where the community provider is responsible for the record of care?

As is done today, community results and reports will be sent by eDelivery to the EMR, or by other methods such as fax, paper, or within the Connect Care CIS, depending on the preferences specified in the provider’s unique record within the Connect Care provider registry.

What happens to results or reports copied to another provider?

One site will be designated as a primary site for each provider in the Connect Care provider registry. Health Information Management is contacting providers where necessary to confirm their primary site.

When providers are copied on an order, the copy result will be routed to the providers’ primary site. Previously, in some cases, “copied to” results and reports could be sent to more than one location per provider. Now “copied to” results will only be delivered to the copied provider’s primary location.

Frequently Asked Questions, Continued

If I work in multiple clinics or sites, how will Connect Care change how I receive results?

When working at multiple sites, results will be delivered based on the ordering context (see diagram on page 4). A series of if/then decisions determines how results are delivered. Several examples outline the ways results will be delivered.



Routing Examples

Example 1: Provider works in several community sites

The provider works in three community outpatient sites (Clinic A, B, C), with distinct patient panels at each site. All three clinics use records of care that are outside of the Connect Care CIS. Clinics A & B are registered with the CIS for EMR eDelivery. Clinic C does not use eDelivery. Clinic A is designated as the primary site, and the provider has selected Fax as their CIS personal delivery preference.

Implications

Result for ordered test always delivered to right provider-site context.

Copy of result ordered by self or other goes to copied MD's primary site (Clinic A) by both eDelivery and Fax.

Routing Examples, Continued

Example 2: Provider works in AHS and Community Location(s)

In this example, a family physician works in two rural community clinics (which use records of care outside of the AHS record of care) and in one community hospital with emergency room (ER) shifts (which use the AHS record of care). There are distinct patient panels in each of the 2 community locations. We show two examples to explain how results are routed differently depending on the selections the provider makes for their primary site and preferred delivery method.

Example 2a: Primary Site Clinic A, InBasket

In this case, the provider works in the same clinics as above, Clinic A is the primary site, and InBasket is the CIS delivery method:

Implications	<p>Result for ordered test always delivered to right provider-site context.</p> <p>Copy of result ordered by self or other goes to the copied MD's preferred site (Clinic A) which uses eDelivery, and CIS sends to InBasket.</p> <p>Copied result appears for review in 2 places (Clinic A and InBasket).</p>
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Example 2b: Clinic B not Registered for eDelivery

In this case, the provider works at all three sites, and Clinic B is designated the primary site. Clinic A is registered for EMR eDelivery and as the sole eDelivery clinic is the primary eDelivery clinic. Clinic B is NOT registered for EMR eDelivery. The CIS physician personal preference is InBasket:

Implications	<p>Result for ordered test always delivered to right provider-site context.</p> <p>Copy of result ordered by self or other goes to copied MD's eDelivery primary location (Clinic A), and CIS sends to InBasket.</p> <p>Copied result appears for review in 2 places.</p>
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Routing Examples, Continued

Example 3: Surgeon works in a community clinic, an AHS outpatient clinic & an inpatient hospital

In this example, a surgeon works in a community clinic with a non-AHS record of care (Clinic A), an outpatient clinic with an AHS record of care (Clinic B), and a hospital where they operate, which also uses the AHS record of Care(OR). The same patient might be seen in all 3 locations. Clinic A is set up for eDelivery, and is designated as the primary site for the provider. The CIS delivery preference is InBasket.

Implications	<p>Result for ordered test always delivered to right provider-site context.</p> <p>Copy of result ordered by self or other goes to copied MD's preferred site (Clinic A) but also to InBasket within CIS in alignment with AHS episode of care (e.g. surgical procedure).</p>
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What do I need to do to prepare for this change?

eDelivery has configured a primary location for each prescribing provider based upon existing results routing currently in place and has contacted any providers for which a primary location could not be determined.

Health Information Management at Alberta Health Services (AHS) has been contacting providers to confirm a primary site preference, where one is not already available. The “primary site” is the ordering location to which all “copied” results will be sent, and to which results will be routed if no location identifier is associated with an order

Regardless of the location from which they order tests, images or interventions, all prescribing providers are reminded to continue to implement safe results and reports review practices.



How can I follow developments and learn more about Connect Care?

More information and further updates will be shared as they become available at a Connect Care bridges website at:

- www.ahs.ca/ccproviderbridge

The eDelivery FAQ contains additional information about how lab, DI, and other results will be sent to providers:

- www.ahs.ca/assets/info/cis/if-cis-cc-faq-edelivery.pdf

The Connect Care Identifiers FAQ explain provides information about the new Connect Care identifiers which will help results reach the right provider at the right location:

- www.ahs.ca/assets/info/cis/if-cis-cc-connect-care-identifiers-faq.pdf

I have additional questions – who do I contact?

Issue	Contact
General eDelivery Issues	<ul style="list-style-type: none"> • eDelivery Website • servicedesk.EMRBIS@ahs.ca
Missing Lab Reports (from APL or DynaLIFE)	<ul style="list-style-type: none"> • Connect Care Lab Help Line <ul style="list-style-type: none"> ○ 587-786-3333 or 1-888-970-2706
Missing Diagnostic Imaging Results (imaging performed at an AHS facility)	<ul style="list-style-type: none"> • Diagnostic Imaging Administration <ul style="list-style-type: none"> ○ 780-735-1370 • servicedesk.EMRBIS@ahs.ca
Other Missing Results (for tests and procedures performed at an AHS facility)	<ul style="list-style-type: none"> • servicedesk.EMRBIS@ahs.ca
General Connect Care Questions	<ul style="list-style-type: none"> • ccproviderbridge@ahs.ca

Learn more about Connect Care

Connect Care:

Community: ahs.ca/ccproviderbridge
 General: ahs.ca/connectcare
 Blog: bridges.connect-care.ca
 Email: ccproviderbridge@ahs.ca
 Phone: *Coming soon!*

Alberta Netcare:

albertanetcare.ca
 eDelivery: ahs-cis.ca/edelivery
CII/CPAR:
topalbertadoctors.org/cii-cpar
albertanetcare.ca/learningcentre/cii.htm
albertanetcare.ca/learningcentre/cpar.htm