



Nurse practitioner primary care program

Program guide

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1. Introduction

Primary Health Care (PHC) is the first contact for most Albertans when seeking health care or wellness advice and programs; non-emergent treatment of a health issue, injury, or diagnosis; and management of a health condition or disease. PHC provides links between primary care and other health and social services in community settings. It draws on the expertise of different providers and a collaborative, team-based approach to ensure patients receive continuous and comprehensive care.

Alberta Health's goal is to provide a health system that keeps people healthy, while supporting those who need care. To achieve this goal, Alberta must address system gaps to improve access to care, quality of care and integration of health care services.

2. The Nurse Practitioner Primary Care Program

Alberta Health began the Primary Care Networks (PCN) Nurse Practitioner (NP) Support Program in April 2019 with the goal of enhancing NP presence in primary health care settings. The program ensured that NP services were supported in PCNs by allowing them to have their own patient panels. While the number of NPs participating in Alberta's primary health care system has grown since the introduction of this program, there are valuable opportunities to expand the utilization of them within the province and improve access to care.

Alberta's health system, including PHC, is facing pressures as it emerges from the pandemic. On November 22nd, 2023, the government announced the new NP Program, which will provide public funding for primary care services provided by NPs, adding much-needed capacity to Alberta's health care system. The model will support NPs to operate their own clinics, take on patients and offer services commensurate with their scope of practice, training, and expertise, either independently or in team-based care settings. The program will be in place for a minimum of five years.

The NP Primary Care Program was developed based on the recommendations from the Modernizing Alberta's Primary Health Care System (MAPS) initiative, which sought to identify areas for improvement in the province's primary health care system.

The overall goal of this program is to increase the NP presence in primary care by providing funding options for them to practice autonomously in primary care settings. The program will focus on team-based care, with an emphasis on areas where access to primary care providers and services continues to be a challenge.

The proposed NP funding model will:

- Allow NPs to practice autonomously to their full scope of practice.
- Provide competitive compensation.
- Include an overhead component.
- Promote collaborative team based primary care delivery.
- Increase comprehensive NP primary care services in the community.
- Provide mechanisms to evaluate the funding model and revise for further spread and scale.

NPs are experienced, registered nurses with graduate-level education in advanced clinical practice and may hold additional degrees or be doctoral (PhD or DNP) prepared. NPs are licensed to practise in Alberta and are regulated by the College of Registered Nurses of Alberta (CRNA) and may work autonomously within collaborative health care teams, across the spectrum of health services, and in collaboration with patients and other health care providers to deliver quality patient centered care. NPs scope of practice allow them to:

- Complete comprehensive and focused health assessments.
- Diagnose health problems, support, and counsel patients regarding health problems.
- Manage and implement patient care across the lifespan.
- Manage complex chronic health conditions and illnesses.
- Order and interpret diagnostic investigations (e.g., blood tests, diagnostic imaging tests, and others).
- Critically evaluate the best evidence for care available; read, synthesize, and integrate research into their practice.

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- Refer patients to other health care providers, as needed.
- Prescribe medications and other treatments for various diseases, disorders, and injuries.
- Consult and collaborate with physicians and other health care professionals.
- Participate in initiatives to promote community health and prevention of illness and injury.

Overall, evidence suggests that the integration of NPs into primary care has shown to be associated with:

- Improved quality of care;
- Improved patient health outcomes;
- Improved communication and collaboration within health teams;
- Increased adherence to guidelines in primary care; and
- Improved medication adherence.

3. Indigenous Stream

Alberta Health will support NP clinics to address Indigenous-specific population needs to provide culturally safe services.

- As part of the NP Primary Care Program, there will be a dedicated Indigenous stream specific to those working on First Nations Reserves or Metis settlements, equivalent to three to five NPs. If more than three to five NPs who are working in these areas apply, they meet the eligibility criteria, and budget is available, they would also be approved.
- NPs working within Indigenous urban/rural areas, or who may support Indigenous patients, are eligible to apply within the broader program and if they meet the eligibility criteria, will be approved.
- Under this stream, First Nation communities, Indigenous clinics and other Indigenous organizations would be able to submit joint applications alongside the NP to support them to increase panel sizes, with administrative costs, and providing wrap around services to ensure the NP is successful.

4. Mentorship Opportunity

Alberta Health will support new to practice NPs, in the development of knowledge, confidence, and competence to ensure a successful transition to full practice.

- This program aims to establish one-on-one relationships between the mentee NP and the mentor (experienced NPs or physicians), and other interested organizations based on professional, clinical, and personal requirements with a goal to provide direct support, business support, guidance and/or clinical mentorship that is specifically tailored to the needs of individual NPs.
- Clinics, communities, and PCNs may partner with NPs and express a formal interest in applying for one-time funding to support new to practice NPs during their first 18 months of practice.
- The funding amount available will be up to \$10,000 per NP for an 18-month period.
- To begin a mentorship relationship, the mentor and mentee should sign a mentorship agreement indicating their roles and responsibilities and areas of support mutually agreed upon as indicated in the mentorship guide.
- The mentorship guide and template of agreement between mentee and mentor will be shared as part of the application package.

5. Compensation

Alberta Health will pay the NP an annualized base payment rate (Table 1) for 1.0 FTE equivalent to 1,928 hours of the services (pro-rated for any partial FTE) per fiscal year, or portion thereof during each year of the term as determined by Central Patient Attachment Registry (CPAR) data. The total compensation for services includes NP compensation and a flat

fee for the business cost component. Alberta Health will enter into agreements for NP compensation, as per the Ministerial Order.

TABLE 1. NP MODEL COMPENSATION

| Panel Size | NP Compensation (Including Overhead) | Business Cost (Flat Rate) | Total NP Compensation |
|------------|--------------------------------------|---------------------------|-----------------------|
| 900-1099 | \$ 231,662 | \$15,000 | \$246,662 |
| 1100-1299 | \$ 273,963 | \$15,000 | \$288,963 |
| 1300-1499 | \$ 311,864 | \$15,000 | \$326,864 |
| 1500+ | \$346,144 | \$15,000 | \$361,144 |

At the end of each fiscal year in the term, Alberta Health will reconcile the FTE paid under the agreement against hours reported to ensure the NP has reached 1.0 FTE. If the NP has not reached 1.0 FTE, the compensation will be pro-rated to reflect the actual FTE worked during that fiscal year, either by adjusting the following payments to reflect any excess amount paid to the NP in the previous fiscal year or, if the term has expired, the NP will be responsible for repayment to Alberta Health of any excess amounts that were paid in the previous fiscal year.

Only medically necessary services covered under the Alberta Health Care Insurance Plan (AHCIP) will be eligible to be included in the annual 1,928 hours of services provided by the NP. Services provided to out-of-province or out-of-country patients, third party billings such as Workers Compensation Board (WCB), Armed Forces and disability-insured and non-insured services will not be compensated under the NP funding model. The time spent providing those services shall not be included in the reported FTEs worked by the NP under the program. The NP may bill the patient directly for services delivered outside the scope of this program.

Please note that NPs participating in the Program are prohibited from charging concierge, membership, or waitlist fees.

There will be a bi-annual panel review beginning six months post program implementation. This panel review will reassess panel payments. If the reassessment indicates that the NP panel size increases to the next panel payment range, the increase in compensation will be reflected in the next monthly payment.

NPs will be compensated at a minimum panel size of 900 from the start of the program and will have until 24 months to grow their panel to 900 patients. If after 24 months, they have not met the minimum panel size of 900, they can submit a business case for continuing program eligibility.

Panel size will be reviewed in the third quarter of the second year and NPs will be required to provide a business case for why they should remain eligible for the program and a rationale of how they will meet the target outlining the criteria below:

- Details of panel characteristics (age, gender, health profile and predicted health care needs of the paneled patients), including complexity considerations.
- Operating hours of the clinic.
- Metrics on access and workload.
- Population density and geographic challenges for NPs practicing in rural areas.

If the panel size target is not met in 24 months and the NP fails to submit a business case, they will no longer be eligible to continue in the program.

In addition to Compensation stated in Table 1, NPs will be eligible for:

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5.1 Incentive Payment

An incentive payment of \$75 will be provided for each new patient, added after 900 patients in their panel size, who is not currently attached to a primary care provider. This incentive is capped at \$2 million for 2024-25 and will be available on a first come first serve basis and will be reviewed bi-annually for payment, along with panel size review.

5.2 Rural, Remote and Northern Program (RRNP)

The Rural, Remote and Northern Program (RRNP) compensates physicians and NPs who practise in under-served areas in Alberta. Eligible communities are assessed against defined criteria with points assigned based on the extent to which the community is medically isolated. The greater the isolation, the higher the points, and greater the incentive. The RRNP's primary objective is the recruitment and retention of physicians and NPs to under-served areas/communities in Alberta and to ensure equitable health services for all Albertans. RRNP will be included in the monthly compensation payment. Eligible communities are listed in the [Rural remote northern program \(RRNP\) community rate table - Open Government \(alberta.ca\)](#).

5.3 Panel Management Support Program (PMSP)

The Panel Management Support Program (PMSP) is a temporary program which provides eligible physicians and NPs financial support for costs related to panel management and practice improvement. The PMSP's primary objective is to help address the impact of the administrative burden on family physicians and NPs by offsetting the cost of panel management and practice improvement activities. There will be up to the program maximum of \$10,000 provided per year, depending on the panel size for a period of two years. Details of the PMSP program, along with how funding is calculated, will be shared with successful applicants.

- Any NP maintaining a panel size of 1,300+ patients will be eligible for a payment of \$2,500 per quarter (\$10,000 annually).
- Metro NPs maintaining a panel size of 900-1,200 patients will be eligible for a payment of \$2,000 per quarter (\$8,000 annually).
- Metro NPs maintaining a panel of 500-899 will be eligible for a payment of \$1,000 per quarter (\$4,000 annually).
- Rural NPs maintaining a panel of 500-1,299 patients will be eligible for a payment of \$2,000 per quarter (\$8,000 annually).

5.4 Alternate Hours NP Clinical Service Incentive

NPs are required to offer patient appointments during alternate hours (after 5 p.m., weekends, and statutory holidays). However, the program does not dictate the number of hours that must be provided outside regular business hours. The number of alternate hours provided is at the discretion of the NP. The NPs will be eligible for an alternate hours incentive with some limitations:

- NPs can accrue up to 20 per cent of their annual service hours (1,928 hours) commitment at a rate of 1.5 hours to provide clinical services beyond regular business hours.
- Extended hours must focus on patient appointments and not on administrative tasks.
- NPs providing other clinical support during alternate hours, but not seeing patients within this time, can accumulate those hours towards the 1,928 FTE requirement. However, they cannot accrue the time at the 1.5 hours as that time is limited to patient appointments.

6. Hours, Appointments and Scheduling

The NP will provide 1,928 hours of health care services per year, equivalent to 1.0 FTE of service provision to ensure sufficient access to primary care services, continuity of care and longitudinal care (pro-rated for any partial FTE) per fiscal year or portion thereof during each year of the term.

The 1,928 service hours per year include:

- Direct patient care.

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- Review of patient panel lab results, consultation reports, or other care reports.
- Time spent in preparation/ research related to the care of complex patients.
- Time spent waiting for a patient who did not attend a scheduled appointment, or for drop-in patients.
- Any communication, including but not limited to, informal, non-scheduled discussions, meetings with physicians, allied health, and patient families.
- Group health education sessions.
- Time spent preparing reports for Alberta Health.

The NP will co-ordinate with other practitioners in the practice, as required, to ensure that non-emergency primary care services are accessible to the patient population.

7. Equipment/Facilities

The NP is solely responsible for procuring and providing all labour, support, technology, material, supplies, equipment, approvals, facilities, and services required by the NP for service provision in accordance with the Ministerial Order.

8. Out-of-Province and Out-of-Country Patients

The NP is responsible for verifying that a patient is a resident of Alberta. Services provided to out-of-province or out-of-country patients will not be compensated under the NP funding model and the time spent providing those services shall not be included in the reported FTEs worked by the NP under the program. NPs should charge these patients directly for services provided in Alberta.

9. Third Party Billing Assignment

Billings associated with Workers' Compensation Board (WCB), Armed Forces and disability-insured, and non-insured services will not be compensated under the NP funding model and the time spent providing these services shall not be included in the reported FTEs worked by the NP under the program. The NP may bill the patient directly for services delivered outside the scope of the NP funding model.

10. Eligibility Criteria and Program Requirements

The agreement is conditional upon the NP joining an existing or establishing a new primary care practice.

Only NPs are eligible to apply for this program. Clinics or other health care institutions are not eligible to apply. In order to be eligible to receive funding as part of this program, NPs are expected to submit an Expression of Interest, followed by a detailed application to Alberta Health to confirm and fulfill the following criteria:

10.1 Eligibility Criteria

- Registered as an NP in good standing with the College of Registered Nurses of Alberta (CRNA) with no conditions on their licence and will conduct her/his practice consistent with the conditions of such registration.
- All other licences, qualifications, and credentials required for service delivery.
- The NP will fulfil the obligations and provide the services as detailed in the Ministerial Order and other documents pertaining to the program and will schedule her/his availability to reasonably ensure the provision of the Sservices.
- NPs are expected to register as a primary care provider (Section 12):
 - Set up a Practitioner ID and Business Arrangement (if the clinic does not have an existing one) and attach the nurse practitioner(s) to the arrangement.
 - Be ready to panel patients and submit reporting for patient encounters.

10.2 Program Requirements

- Must provide medically necessary primary care services that are currently insured in Alberta.
- NPs are expected to provide up to 1,928 hours of services (1.0 FTE) per year and will receive compensation as per their Letter of Participation (LOP) with Alberta Health. If the NP works less than the 1,928 hours of service, their compensation will be pro-rated.
- NPs are expected to build a panel of at least 900 patients and begin paneling patients to the clinic once established.
- Must provide alternate hours of clinical services outside regular business hours (0900 -1700 hours) on days set out in the service delivery model. This includes, but is not limited to:
 - Evening appointments (after 1700 hours)
 - Weekends and Statutory holidays
- Must provide walk-in availability (either within clinic hours or outside regular business hours) to support unattached patients, until a panel size of 900 is reached.
- Must participate/enrol in Community Information Integration / Central Patient Attachment Registry (CII / CPAR), supported using a compliant Electronic Medical Record (EMR) system.
- Share panel with Health Quality Council of Alberta (HQCA) for quality improvement (i.e., Panel Reports).
- May register with the local Primary Care Network (PCN) for accessing team-based supports.
- May work within a collaborative team (i.e., as part of a PCN or family practice) that includes other health care providers.
- NPs will be expected to provide Alberta Health with yearly annual audited financial reports that are in accordance with Canadian Accounting Standards for not-for-profit organizations.
- NPs are expected to report quarterly on key performance indicators that measure the progress and quality of primary care delivery in their settings. Performance measures and evaluative processes will be developed by Alberta Health.

10.3 Liability Protection

- NPs should hold adequate professional liability protection with the Canadian Nurses Protective Society according to the scope of her/his services, or other adequate insurance against acts of negligence and malpractice.
- In addition to the professional liability, where the NP owns or rents the premises where services are provided, the NP will maintain comprehensive or commercial general liability insurance.

11. Patient Attachment

NPs will attach patients as appropriate based on the nature and scope of the NP's practice and the composition of the NP's patient panel from any existing local primary care referral sources (walk-ins, word-of-mouth, AHS 811 [Health Link | Alberta Health Services](#), Find A Doctor website [Find A Doctor \(albertafindadoctor.ca\)](#), or any future provincial primary care attachment programs.

Panel size refers to those patients who are attached to the NP and have a confirmed relationship with the NP in accordance with CPAR during the term of the agreement. The NP agrees to act as the most responsible primary care provider for their patient panel, delivering care that is appropriate to their scope of practice, with respect to factors such as age and complexity.

11.1 Primary Health Care Panel Reports

NPs can get their personalized primary health care panel reports through the Health Quality Council of Alberta. The report provides a confidential way to view information about patient panel, such as screening rates, number of annual patient visits, and patient utilization of health care services (emergency department visits, hospitalizations, visits to other family physicians).

These reports can be used as a source of information to:

- Inform panel management activities.
- Identify gaps in screening and key preventive interventions.
- Better understand characteristics of a patient panel, such as burden of illness.

- Understand how patients utilize services outside of the clinic.

11.2 CII/ CPAR

NPs must enrol in the CII and CPAR systems. CII/CPAR will enable the NP to share patient information directly from community Electronic Medical Records (EMRs) to Alberta Netcare (a provincial health information system), allowing for a seamless exchange of patient information among care teams.

CII allows NPs to share essential patient information with Alberta Netcare, including consult letters and details of patient visits, which contribute to Community Encounter Digests (CEDs) between community EMRs and other care providers via Alberta Netcare. This enhances communication among health care providers across the province, promoting continuity of care between the Patient's Medical Home and Health Neighborhood.

CPAR is used to identify the primary provider-patient relationships and can send electronic notifications to providers when their patients undergo emergency department visits, hospital admissions, or day surgeries, ensuring that NPs stay informed about their patient's health care journey. CPAR is also used to upload and maintain an NPs panel attachment information.

To get started with CII/CPAR, an NP must be using one of these conformed EMRs:

- Accuro
- AVA
- CHR (Collaborative Health Record)
- Connect Care (only for AHS-operated primary care clinics)
- Healthquest
- Med Access
- PS Suite
- Wolf
- QHR
- TELUS

12. Roadmap to Establishing an NP Primary Care Clinic

The following steps have been identified in the application and approval of establishing your NP clinic.

1. Expression of Interest (EOI) submission
2. Review and outcome of EOI
3. NP program application submission
4. Review and approval of application
5. Practice readiness and registration
6. Commence operations/clinic go-live

Step 1: The EOI submission– How to Apply

To be considered for the NP primary care program, an EOI form must be submitted by the applicant to Alberta Health at <https://cfr.forms.gov.ab.ca/Form/ACDU13457>.

Step 2: Review and Outcome of EOI

Only applications submitted by individual NPs will be considered. Submitted EOIs will be evaluated based on meeting eligibility and program requirements.

The timeline for review of an EOI will be on average one to two weeks. If the EOI is approved, Alberta Health's Alternative Compensation Delivery Unit (ACDU) will contact the NP through email with confirmation to proceed with submitting a

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completed application form. An application form and complete package will be emailed to the proponent. By submitting a completed application to health.npprogram@gov.ab.ca, an NP applicant acknowledges that approval of the application is based on the defined assessment criteria at the discretion of Alberta Health.

Step 3: NP Compensation Program Application Submission

Submitted applications will be reviewed and evaluated based on the following criteria, including but not limited to:

- Demonstrated autonomous practice to full scope of practice.
- Support of the patient's medical home model for community primary health care delivery by addressing how to develop a panel of patients, continuity of care and supporting after hours coverage.
- Completion and comprehensiveness of the application form.
- Program requirements are met.
- Business viability established.
- Demonstrated team-based/collaborative care.
- Target patient population (more weight for service provision to underserved populations).

Clinics, communities and PCNs that wish to partner with the NP to provide mentorship support will submit their details as part of the detailed application form (Section 4).

Note: NPs are encouraged to utilize resources from the Nurse Practitioner Association of Alberta (NPAA), including support with drafting applications, review of completed applications prior to submission, education and training resources and support for business development, operational support to start a clinic and ongoing change management support, if required.

Step 4: Review and Application Approval

Alberta Health will assess submitted NP applications based on program eligibility and program elements. These elements include, but are not limited to, patient panel, practice model, team-based approach, service provision and program location and provide a decision on approval of the application. The approval process is expected to take approximately four weeks.

If the application is approved, Alberta Health will contact the NP with an email confirmation. This email will also contain related documentation that is required to register the NP in Alberta Health's system under the NP Primary Care Program. Completed documentation should be sent back to Alberta Health as soon as possible after receiving the email.

If an application is denied, Alberta Health will email the NP outlining the shortcomings of the application and the reason for denial. The NP can reapply once the deficiencies have been addressed.

Step 5: Practice Readiness and Registration

In order for the clinic/practice to go live, documents must be completed and submitted to Alberta Health related to the set-up of the NP, their practice under the program, as well as practice readiness. This includes obtaining a Practitioner Identification (PRAC ID) if one is not already attained, as well as Program ID, Business Arrangement, Privacy Impact assessment and CII/CPAR participation.

- **Practitioner ID:** NPs not registered with Alberta Health must apply to the practitioner registry and acquire a Practitioner ID [Practitioner Request \(gov.ab.ca\)](#) before registering with their practice. **Please email health.pracforms@gov.ab.ca for assistance with requesting a Practitioner ID.**
- **Program ID:** Program ID will be pre-populated on the Business Arrangement Form that is sent along with the email to successful proponents.
- **Business Arrangement:** NPs must complete the [Business Arrangement](#) Form and submit this application to Alberta Health.
- **Privacy Impact Assessment:** Once the clinic has been established, a PIA [Annotated Privacy Impact Assessment \(PIA\) Template 2023 \(alberta.ca\)](#) must be completed and provided to Alberta Health before clinic-start up.
- **CII/CPAR Participation:** NPs must get their clinics registered with CII/CPAR. Information for registration will be sent in the email to successful proponents.

Once Alberta Health has confirmation that all required documents to practice under this model have been submitted and processed, the NP will be provided the Ministerial Order with a letter of participation (LOP). The LOP outlines the service delivery conditions and compensation under the program. This LOP must be signed and returned to Alberta Health to indicate agreement with the terms under which the NP will be practising.

Step 6: Commence Operations/Clinic Go-Live

Program Payments

Payments will be deposited monthly to the payee associated to the NP business arrangement.

Statements of Account detailing payments made will be mailed from Alberta Health to the NP clinic's address provided during the setup stage.

Performance Reporting and Audit

- The NP must report quarterly on performance measures to demonstrate program outcomes that include, but are not limited to:
 - Number of patient visits
 - Third-to-next appointment availability
 - ASaP screening intervention
 - HQCA panel assessment
- Additional measures to report on an individual NP practice may be determined later at the discretion of Alberta Health.
- The quarterly performance report must be signed by the NP and submitted to Alberta Health at health.npprogram@gov.ab.ca four times per year (due dates are outlined in the reporting template that will be provided to the NP).
- Patient reporting of services, in accordance with the NP Schedule of Medical Benefits, which can be accessed by emailing the program contact at health.npprogram@gov.ab.ca.
- The NP is responsible for the accuracy of all information and reports submitted by the NP to Alberta Health.
- The NP is required to complete and submit all reports reasonably within the timelines identified in the reporting schedule.
- To ensure the program is meeting its parameters, an audit function will be built in. NPs will keep and maintain all patient and business records, invoices and other documents relating to all payments from Alberta Health and keep them available for audit and review.
- The NP will comply with the requirements of any audit conducted of her/his practice by the College of Registered Nurses of Alberta under the *Health Professions Act*.
- The NP is required to get their personalized primary health care panel report through the Health Quality Council of Alberta (HQCA). [Primary Healthcare Panel Reports | HQCA](#)
- The NP will keep and maintain all business records, invoices and other documents relating to all payments from Alberta Health and keep them available for audit and review.
- Time dedicated to preparing and submitting reports to Alberta Health can contribute towards the NP's 1,928 required hours.

13. Information and Records Management

The NP is responsible for ensuring that a Clinical Record is created and maintained for all patients, including an EMR, and that such records are kept in accordance with all current legal and professional regulatory requirements.

14. Evaluation

In addition to standardized reporting measures, the NP Primary Care Program will be evaluated to determine success, spread, scale, and to inform on direct future fiscal planning for Alberta Health.

The program will be reviewed at 18 months and 48 months. Compensation and program parameters will be adjusted based on the evaluation. Regardless of the program review at 18 and 48 months; when the new funding model is implemented for family physicians, the NP program and compensation will be adjusted accordingly to remain aligned. As part of the 18-month review, Alberta Health commits to reviewing the program for patient complexity to determine if a complexity modifier should be considered as part of the overall program parameters.

15. Program Information and Contact

Alberta Health Contact: Nurse Practitioner Primary Care Program

Email: health.npprogram@gov.ab.ca

Address: Nurse Practitioner Primary Care Program
Alternative Compensation Delivery Unit
Provider Compensation and Strategic Partnerships Branch
Health Workforce Division
Alberta Health
2nd floor, 10025 Jasper Avenue
Edmonton, AB T5J 1S6