

PRIMARY HEALTHCARE PANEL REPORT - Physician Panel

Delegate Access Request Form

For a delegate to receive access to a physician's *2019 Primary Healthcare Panel Report*, all the following information must be provided. A unique form must be filled out for each physician.

Part A - Delegate Information

First Name: _____ Last Name: _____ Role: _____
Email Address: _____ Phone: _____

Part B – Physician Information

First Name: _____ Last Name: _____ Phone: _____
Prac ID: _____ - _____ 08 Email Address: _____

This is the identifier the physician uses for billing

Part C - Type of Report

Physician Proxy Panel Report

Request this option if the physician you represent cannot provide a confirmed patient list (i.e., a list of patients who agree that their main family physician is the physician your represent) and you'd like the HQCA to estimate the physician's panel. The HQCA proxy panel is an estimate of a physician's active panel, based on the pattern of family physician billing claims over a three year period. The algorithm predicts which family physician – from all those seen by a patient – is most likely to be the patient's main family physician.

Physician Confirmed Patient List Report

Request this report if the physician you represent has a confirmed patient list (CPL). This means that the physician has undergone a paneling process to produce a list of patients who agree that the physician you support is their main family physician (e.g., CPAR).

If this request is for a report that has not been generated (i.e., the physician you support has not requested nor received a CPL report this year) then you and the physician you support will receive access to the digital report when the HQCA receives a completed information sharing agreement from the physician you support, a physician signed delegate form granting you permission to access the report, and a list of patient health numbers (PHNs) from the physician's CPL.

If you are requesting access to a report that has already been generated for the physician you support then you will need to provide the HQCA with a completed delegate form that is signed by the physician you support granting you permission to access the report.

Primary Care Network:

Select the PCN in which you currently have membership in or select "No PCN" if you are not a member of a PCN. This will select your comparator groups in the report.
You may only select one PCN or "No PCN".

By signing below, I grant access to my confidential digital *2019 Primary Healthcare Patient Panel Report* to the person named in **Part A – Delegate Information**.

Physician Signature: _____

Date: _____