

# President's Letter

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## NLMA update on CorCare Involvement

Dear Colleagues,

As previously communicated by the NLMA, NL Health Services (NLHS), in collaboration with the Department of Health and Community Services (HCS), is advancing [CorCare](#), the new provincewide health information system. NLHS is going live with CorCare on **April 25, 2026**. CorCare will replace outdated systems such as Meditech, the Client & Referral Management System and others. Going forward, there will be one record for each patient for all encounters within NLHS. This will be a significant change in how physicians document and share information, both within NLHS and in the community. Below is an overview of the platforms physicians will use to access CorCare, as well as the NLMA's involvement in the rollout of CorCare to date, and outstanding issues.

### How physicians will interact with CorCare:

1. **CorCare Hyperspace:** All NLHS-based facilities will switch to Hyperspace, which provides full access to the information and applications within CorCare. Hyperspace will be used by clinicians to manage patient documentation and conduct daily clinical tasks within CorCare. It provides all the tools for charting, ordering tests, prescribing medications, and viewing patient records.
2. **CorCare Link:** Community-based clinicians outside NLHS will have access to CorCare Link – a secure, limited-access web portal to view patient records, make referrals and submit requisitions. These clinicians will continue to have access to HEALTHeNL. Med Access users will continue to use their own EMR, which will not integrate with the CorCare system.

### Physicians who will transition to Hyperspace on April 25, 2026:

- Salaried NLHS physicians.
- Fee-for-service (FFS) physicians working in NLHS facilities or NLHS-managed care settings (e.g., family care teams).
- Community-based specialists and FFS family physicians affiliated with a NLHS family care team have been invited to join CorCare, but participation is voluntary. (NLMA has shared key considerations with physicians who we know to have received this invitation to help inform their decision about whether to join CorCare in April.)

### NLMA role in the launch of CorCare:

The NLMA has established several points of contact with NLHS, the Department of Health and Community Services and the CorCare team, and has been engaged with the following:

- **Structured engagement:** NLMA participated in pre-implementation meetings with the Department of Health and Community Services, as well as joint planning sessions with NLHS focused on CorCare readiness and the impacts on physicians.
- **Data sharing for physician training needs:** To enable training readiness, NLMA signed an Information Sharing Agreement with NLHS for the distribution of the *CorCare Training Survey* to physicians.
- **CorCare Advisory Group:** In the Fall of 2024, the NLMA established the CorCare Advisory Group comprised of 14 physicians, most of whom have been involved in the governance of the provincial EMR Program for many years. This group has had discussions with NLHS and the CorCare vendor (Epic), and has participated in information sessions on CorCare Hyperspace, CorCare Link, the AI features of CorCare and Cosmos (the analytic tool). They have also had an opportunity to participate in hands-on demonstrations of Hyperspace and are confident that it supports good clinical care. Key points and concerns arising from the hands-on experience were shared with NLHS.

- **Member demonstrations and information sessions:** Several information sessions and demonstrations of the features of CorCare, including CorCare Link, have been offered to all physicians at the request of the NLMA.
- **Change management for community-based physicians:** NLMA has participated in the development of the CorCare FAQs based on questions and concerns from NLMA members. NLMA has also advocated for a practical change management plan for fee-for-service family physicians and specialists practicing outside NLHS facilities. Recommendations from physicians who attended CorCare demonstrations have also been shared with NLHS, which include the need for:
  - integrated billing between CorCare and MCP;
  - a strategy to reduce the significant administrative burden of moving to CorCare;
  - more information and training on the privacy features in a patient's chart and secure communication with other health care professionals;
  - assurances that the transfer of physicians' patient information to CorCare meets physicians' needs and any potential requirements of the CPSNL or CMPA; and,
  - a commitment that the transition of non-NLHS community-based physicians to CorCare (e.g. moving from Med Access EMR to CorCare Hyperspace), will be optional and not mandated.
- **Administrative impact & cost considerations:** NLMA has raised concerns about administrative burden, cost to physicians, and workflow changes, and is actively pressing NLHS and the Department of Health and Community Services for mitigations and clarity before community adoption decisions are made.
- **Compensation for Training:** NLMA is engaging with NLHS and the Department of Health and Community Services to advocate for appropriate compensation and time protection for training. NLMA has been pressing for supports, including payment for training for FFS physicians to account for potential lost income or impacts to personal time.
- **NLMA Board oversight:** Ongoing risk analysis and readiness reviews have been escalated through NLMA governance structures (Board and committees) and will continue to be monitored in 2026 as a standing Board Agenda item.

#### **Considerations for Community-Based Med Access EMR Users:**

Since the launch of the eDOCSNL provincial EMR program, it has been the NLMA's position that using an EMR is at the individual physician's decision.

NLHS and the Department of Health and Community Services have asked the EMR Management Committee to decide if FFS Med Access users would move to CorCare Hyperspace or remain on Med Access.

The NLMA, and NLMA members of the EMR Management Committee, advised it will determine whether it supports the transitioning of all physicians to CorCare Hyperspace when NLHS and the Department of Health provide answers to several outstanding questions. Below are some of the key issues on which the NLMA is seeking clarification:


- It is not clear what role the EMR Management Committee will have in making any decisions about EMR users moving to CorCare.
- There will be no integration between CorCare Hyperspace and MCP at go-live in April 2026. NLHS will propose alternative billing solutions for fee-for-service physicians who transition to Hyperspace. The lack of integration of Hyperspace with MCP means physicians may experience an associated increase in administrative work, as well as the potential risk for increased submission errors due to manual entry of billing information (e.g. in Med Access or by a third party).
- Family physicians using Hyperspace will not be able to participate in the Blended Capitation payment model. CorCare is currently unable to provide a report that meets the information requirements for submission to MCP.

- NLHS will not be able to transfer all patient information from the Med Access EMR to CorCare Hyperspace. Some patient information will be transferred to CorCare Hyperspace when physicians join, but the NLMA is not clear on what information it will be. As a result, EMR users will continue to use Med Access for their patients' longitudinal history as well as their MCP billing.
- NLMA does not know the cost impact for community-based physicians moving to CorCare Hyperspace. Med Access users are unlikely to need upgraded hardware but paper-based physicians will incur some costs for hardware. There is also the cost of training for physicians and staff. The NLMA is in discussions on the need for compensation for lost productivity and training time. Details on the outcome of these discussions will be communicated when known.
- With a single record for each patient, other health providers using CorCare Hyperspace will be able to review and add to the patient record. More information is required so that physicians understand how they can protect their patients' privacy when necessary.
- There will be more information available in real time to patients through MyChart, which patients will access in the same way as MyHealthNL. This may also include clinical notes. Physicians need more information to understand what information is available in real time and how this may affect their practice.
- If a physician contributes information to research and clinical studies, the NLMA is unclear if and how physicians will be able to continue doing this from a shared patient record.
- The *Personal Health Information Act* designates fee-for-service community-based physicians as custodians of their patients' personal health information.
- The NLMA is seeking a legal opinion to determine whether fee-for-service community-based physicians will retain their designation as custodians of their patients' personal health information if they transition to CorCare Hyperspace, where the patient record is shared.

The NLMA will provide members with more information about CorCare and answers to the above questions when more information becomes available from the provincial government, NLHS and the CorCare Team. If you have questions or as we move toward the CorCare go-live date, please email Lucy McDonald, Senior Advisor, Digital Health at [lmcdonald@nlma.nl.ca](mailto:lmcdonald@nlma.nl.ca).

Sincerely,

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President



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