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**NL Health
Services**

CorCare

CorCare and Community Clinician Frequently Asked Questions

Updated: **November 26, 2025**



Preamble

- Health Accord NL in 2022 called for modernization of the Health Information System across the province. Since then, NL Health Services has built a project team to make this happen. Community clinicians may have heard about Epic, CorCare, Hyperspace, CorCare Link, Starling, and other terms and projects, as this process evolved. This Frequently Asked Questions (FAQ) document aims to answer your questions about the status of Health Information System modernization.
- CorCare is the new health information system that will modernize NL Health Services' information technology infrastructure and establish consistent and uniform practices across the province. CorCare will replace Meditech and some other existing systems. In the first phase of implementation in April 2026, NL Health Services staff and clinicians providing services in NL Health Services' facilities will transition to CorCare. Community clinicians will have the option to fully transition at a later date. This FAQ will address many of the questions you have asked us about CorCare. (Note that not all questions/answers will apply to clinicians who do not transition to CorCare (Hyperspace) in April 2026.)
- CorCare is an evolving project. As new questions emerge and new information becomes available, this document will be revised and will be available on the NL Health Services website. Please send additional questions to CorCare@nlhealthservices.ca.

What's New

- November 26, 2025:
 - Answers to questions number 4, 5, 7 and 18 have been updated.
 - New information on MCP and billing on page 6.
 - New information on training on page 8.
 - The web portal is now branded **CorCare Link**.
 - Please note that further engagement activities for community clinicians are being planned for December 2025 and early 2026.
 - Annex A on page 10 describing e-health systems.



Project Overview and Scope

1. What is CorCare?

CorCare is the new health information system for Newfoundland and Labrador: An electronic health record (EHR) and health information system (HIS) that helps clinicians manage patient data and care. The full access and use version of CorCare is known as “Hyperspace”. Hyperspace is used by those conducting their clinical practice and completing their documentation primarily within CorCare. A limited version of the software, known as CorCare Link, will be made available for users who conduct their clinical practice out of other systems but need to interact with some of the information in CorCare.

2. What is CorCare Link?

CorCare Link is a web portal that will allow external clinicians to securely view patient medical information in CorCare, as they would currently do with HEALTHeNL. In addition, clinicians outside NLHS will always submit referrals and requisition orders and communicate with clinical teams through CorCare Link.

CorCare Link does not have full access to CorCare (Hyperspace); it provides a limited view of the information within the CorCare system, has limited functionality and is used in conjunction with your current documentation method.

3. When is the transition to CorCare happening?

Phase one of CorCare is scheduled to go-live throughout Newfoundland and Labrador on April 25, 2026.

4. What programs and services are included in phase one of the CorCare implementation?

All programs and services delivered by NL Health Services, including Family Care Teams, will go-live with CorCare starting on April 25, 2026. Community clinicians without a CorCare (Hyperspace) account will begin using CorCare Link, to interact with CorCare.

5. If I am outside NL Health Services, will it be mandatory to transition to CorCare or will I have my choice of solutions (including continuing to use paper)?

Using CorCare or CorCare Link will be required to order all NL Health Services. Specialist and program referrals, laboratory diagnostic imaging and other requisitions must be completed using CorCare or CorCare Link.



Community clinicians using Med Access and working in clinics outside NLHS will remain on their own instances of Med Access unless invited to join CorCare. Community clinicians on Med Access will have the ability to communicate with NL Health Services clinics through CorCare Link.

6. Will I have the option of using CorCare?

Health Accord NL's vision for digital health in the province is 'One Patient, One Record.' As such, NL Health Services is in discussions with community clinicians (physicians and nurse practitioners) to use CorCare. Discussions are ongoing and involve NL Health Services, the Newfoundland and Labrador Medical Association (NLMA), and the Department of Health and Community Services.

7. For specialists who use Med Access in their community practice outside NL Health Services (e.g. ENT, psychiatry, OB/GYN, dermatology), and use Meditech in the hospital, is the plan to switch from Med Access to CorCare? Or will clinicians who work in hospitals and the community have to use both systems?

Specialists who work in both NL Health Services' facilities and have a community practice outside NL Health Services will use CorCare (Hyperspace) when working within NL Health Services facilities. Invitations to use CorCare in their community practice, starting April 25, 2026 were extended to these physicians.

8. How are community clinicians engaged in the current planning process?

Clinician representatives from all practice settings and remuneration categories are involved in the design and decision-making working groups for CorCare. Clinicians who are part of the April 2026 go-live will, over the next few months, participate in CorCare readiness activities, including training opportunities.

9. Will CorCare reduce the information silos that clinicians in the community need to access?

As of April 25, 2026, CorCare will reduce some silos for community clinicians. A community clinician accessing CorCare through CorCare Link will have the ability to view patient information across all of their encounters with NL Health Services through CorCare Link.

CorCare is reducing the number of applications where patient information currently resides (for example, the consolidation of three provincial Meditech systems and CRMS). Additionally, patient information such as imaging, labs, and referrals, some of which were



paper based in NL Health Services, will now be available through CorCare Link as they move through their care in NLHS.

Dispensed medications and other information from the Pharmacy Network will still be able to be viewed through HEALTHeNL.

10. Will CorCare eventually replace Med Access in the community?

No decision has been made at this time. Engagement for this decision is ongoing.

11. Will eDOCSNL continue to exist?

Yes.

12. Will I still receive support from eDOCSNL if I transition to CorCare?

eDOCSNL staff will continue supporting users within the scope defined by EMR governance.

CorCare Integration

13. Will results still flow from CorCare?

Yes, electronic results will continue to be delivered to HEALTHeNL and Med Access, including those ordered through CorCare Link.

14. Will I be able to access CorCare the way I currently access Meditech?

Clinicians use Meditech in different ways for various reasons, so this question is difficult to answer. There will be two ways to access CorCare: A full access and use account to CorCare (Hyperspace) or a limited view through CorCare Link. CorCare Link will connect external clinicians to CorCare, with electronic referrals, secure communication, electronic lab/imaging ordering and the ability to view your patients' charts in CorCare. On CorCare launch in April 2026, NL Health Services' employees and clinicians conducting their practice in NL Health Services' facilities will use CorCare (Hyperspace), whereas those who continue to document in other systems, or on paper, will be provided with access to CorCare Link.

15. Will HEALTHeNL continue to exist?

The information currently available through HEALTHeNL will be maintained. The long-term role of HEALTHeNL in the digital ecosystem is under review.



16. If my patient is assessed at, or admitted to, a facility that uses CorCare and I am still operating in an external system (e.g., Med Access), will I receive notifications?

Yes. Notifications, such as a patient admission to a facility, patient death, etc., can be delivered to your CorCare Link inbox. Clinicians will have the ability to opt in or out of notifications. When CorCare launches in April, 2026, we expect that community clinicians will need to log into CorCare Link to see these notifications. Current results notifications will still flow to Med Access.

Billing and MCP

17. Will I be able to bill MCP from CorCare?

Billing MCP from CorCare will not be available by launch in April, 2026, but the CorCare project team and MCP are working on this.

For the interim, it is proposed that physicians documenting in CorCare continue to use their current billing process. Billing codes can be entered into CorCare during documentation and a report can be generated containing all the billing information a physician enters. Activity reports can also be provided for those who have their billing done for them by a third party.

18. Someone does my billing for me – how will this work?

For those who have support staff assisting them with billing, the appropriate level of access can be provided to CorCare to enable them to continue to do this work on the physician's behalf.

19. Who will pay for Med Access if I'm only using for billing?

The Government of Newfoundland and Labrador will continue to provide financial support to use Med Access purely for billings until MCP integration with CorCare is in place.

CorCare Functionality

20. Will I be able to eFax to and from CorCare?

Yes, CorCare will launch with eFaxing capability. However, referrals, and lab and medical imaging requisitions will only be accepted digitally using CorCare or CorCare Link and will not be accepted via fax. Please refer to answers 4 and 5 above.

21. Will CorCare have PrescribeIT?

CorCare will not have PrescriberIT available by launch in April, 2026, but the CorCare project team is working on this for implementation in the future.

22. Is there a way to document confidential information in CorCare so that only the author can view the information?

Yes, this feature is available in CorCare.

23. Will CorCare have AI Scribe capabilities?

Yes, CorCare will have an integrated AI Scribe and providers can opt in at no charge.

24. Does CorCare offer panel management and practice reporting capabilities?

Yes, this is one of the strengths of CorCare. CorCare supports robust analytics functions that can be applied to both clinical and administrative data on a practice and provider level. Users will be able to define their own reports, within the capabilities of the software.

25. Does CorCare support Clinical Decision Support functionality?

Yes, CorCare has clinical decision alerts and triggers similar to other platforms, as well as the equivalent of patient care goals. These features can be customized and tracked for effectiveness, ensuring they enhance patient care without causing undue inconvenience to clinicians.

26. eDOCSNL has put a great deal of effort into developing and deploying mature use tools through the Practice 360 Initiative that have resulted in benefit to my practice and patient care. Will these or similar tools be available in CorCare?

The CorCare project team is actively working with eDOCSNL to ensure that the value of this work is not lost for those who transition to CorCare. While the translation of this work to a new software platform may result in a different looking set of tools, the intention is that the tools will be replicated to the degree possible in CorCare.

Data / Health Information

27. What will CorCare do with my data? Will workload measurement be conducted on community practices that opt to join CorCare?

There is no intention to use the data from community providers and their practices for workload measurement or other practice evaluation purposes. The EMR Information Management Framework currently outlines the approvals required for uses and disclosures



of EMR data, including data from community clinicians and their practices. Discussions are underway regarding incorporating the principles of the framework into NL Health Services policy.

28. If I opt to transition from Med Access to CorCare, what will happen to my data/patient records?

The details of the archiving strategy are currently being developed. Clinicians will be engaged in planning for the EMR data transfer and archiving strategy for community EMRs. Med Access will continue to be available to you for chart review until data transfers are complete at no cost.

Transitioning to CorCare

29. What is the CorCare Link training requirement for community clinicians and staff?

CorCare Link training will take place through e-learning or live demonstrations with the CorCare team and will require approximately 45 minutes of your time for the required portion of training. Clinicians are encouraged to check out the optional Virtual Town Halls and Office Hours, as well as a “playground” environment to practice, that will be offered.

30. What is the CorCare (Hyperspace) training requirement?

Training for CorCare (Hyperspace) is being arranged through NL Health Services for staff and clinicians who require it. Information on specific training requirements are being communicated to future users through their management teams.

31. Will the customization I have created in Med Access be transferred to CorCare?

There are customizable features in CorCare but Med Access customization will not automatically transfer. CorCare offers personalization options for users to create their own templates, including ordering favourites, layout of navigators/screens and other workflow adjustments.

32. Will I need new computer hardware to use CorCare? Who will pay for this?

The technology requirements to use CorCare and CorCare Link are modest and can be found [here](#) For most people who are currently using Med Access or another electronic



documentation solutions in their clinics, the hardware you have will likely suffice, though it is strongly advised that you review the hardware requirements link to verify this.

Cost for any new technology required to connect to CorCare Link, or use, CorCare (Hyperspace) is the responsibility of the clinic.

33. What is the future of Med Access and eDOCSNL support?

Discussions are ongoing between NL Health Services, the EMR Management Committee, and the NLMA. Decisions will be communicated to Med Access users once they are finalized. eDOCSNL will remain operational, and staff will continue supporting users within the scope defined by EMR governance.



Annex A

eHealth System	Description
	<p>An electronic medical record or “EMR” is a computer-based, digital version of a paper medical chart in a physician’s office. EMRs contain patient demographics, medical and drug histories, diagnostic information, immunization records and the physician’s clinical notes among other data. The advanced functionality of an EMR allows physicians to manage activities such as billing, scheduling and other tasks, as well as create templates and reports for patient care. In private community-based clinics patient information stored in an EMR is typically available only to those authorized to use the EMR within the physician’s practice.</p>
	<p>eDOCSNL is the program that delivers and manages the provincial EMR for users in Newfoundland and Labrador. The program is jointly governed by the NLMA, the Department of Health and the Newfoundland and Labrador Centre for Health Information (NLCHI). Seventy per cent of the program cost is covered by the provincial government with the remaining 30 per cent paid by participating physicians. Participation in the program is voluntary. Only physicians enrolled in the eDOCSNL program will receive assistance with EMR installation, clinic support and ongoing training. The program also ensures the provincial EMR is compatible with the province’s other health IT systems, including a seamless flow of patient information from the provincial electronic health record (<i>Health NL</i>) to the patient’s EMR record. To learn more visit https://edocsnl.ca</p>
	<p>Med Access EMR is the product that has been selected by eDOCSNL to serve as the EMR solution for the provincial program. All EMRs installed under the eDOCSNL program are powered by Med Access EMR. The Med Access EMR product is owned by TELUS Health.</p>
eHealth System	Description
	<p>While patient data stored in an EMR is typically confined to the physician’s practice, health information stored in an Electronic Health Record or “EHR” travels with the patient across different health care settings. An EHR is a more comprehensive view of a patient’s health care record over time and includes information from across health care organizations. Digital health records stored in an EHR come from multiple sources, such as clinics, hospitals and pharmacies. It can be accessed by multiple providers within the patient’s circle of care by any computer with Internet access or at the point of care using a mobile device.</p>
	<p>HEALTHe NL is Newfoundland and Labrador’s Electronic Health Record (EHR). HEALTHe NL consolidates information from a variety of sources across the province, including the community medication profile from the Pharmacy Network, medical imaging, clinical documentation, lab results and encounters from each of the RHA MEDITECH systems, as well as immunizations from the Client Referral Management System (CRMS) and demographics from the Client Registry. It provides timely access to up-to-date patient health records when and where needed and enables coordination between health care providers. Physicians can access HEALTHe NL by visiting https://healthenl.ca or within the patient’s record in the Med Access EMR. There is no cost to use HEALTHe NL. To become an authorized user call 709-752-6006, 1-877-752-6006 or email service@nlchi.nl.ca</p>
	<p>The Pharmacy Network is a province-wide drug information system that integrates patient medication profiles from all community pharmacies in Newfoundland and Labrador. Pharmacies contribute to the Pharmacy Network in real-time whenever a prescription is filled at a pharmacy in the province. Every patient with an MCP number is linked to a medication profile that is stored in the Pharmacy Network, which can be accessed by any authorized user of HEALTHe NL.</p>
	<p>MEDITECH is used at hospitals in each of the four Regional Health Authorities. Hospital MEDITECH systems include lab results, DI reports, encounter notes, community-wide appointment scheduling and staff contact information. MEDITECH systems throughout the province share information with HEALTHe NL.</p>