

Update on the Primary Care – Provincial Health Agency and PCN Engagement: What we heard.

Background

The Modernizing Alberta’s Primary Health Care System (MAPS) initiative was established to strengthen primary health care in Alberta and ensure Albertans have access to timely, appropriate primary health care services. The creation of regional networks was a MAPS recommendation and builds on 20 years of success achieved through Primary Care Networks (PCNs). This change will position PCNs to expand and evolve into a structure that strengthens primary health care governance and clarifies accountabilities.

In support of the creation of regional networks, Alberta Health has conducted the first round of PCN engagement sessions. This included meeting with each PCN over June and July 2024 to understand the factors influencing PCN stability and service delivery.

Primary Care Provincial Health Agency (PC-PHA) Update

A new provincial health agency is being launched this fall to oversee and coordinate primary care services across the province. The PC-PHA will be a dedicated organization that provides support, governance, oversight, and coordination of primary care throughout Alberta. It will be responsible for ensuring every Albertan has a primary care provider.

Long-Term Target State for the System

The overview below demonstrates the **long-term target scope and sample functions** for primary care across Alberta Health, the PC-PHA, regional networks and providers **after full build-out**.

Alberta Health	Primary Care PHA	Regional Primary Health Care Networks	Patient Medical Homes / Providers
<p>Scope: Alberta Health will be responsible for system oversight, accountability, and coordinated planning for primary care strategy policy, and system capacity</p>	<p>Scope: The Primary Care PHA will be the focal point of strategic leadership, planning, funding, and oversight for primary health care for the province</p>	<p>Scope: RPHCNs will be responsible for meeting the primary health care needs of the entire population within their geographic boundaries.</p>	<p>Scope: PMHs are the front line of primary care for Albertans and help to connect patients to other services within a broader integrated health neighborhood.</p>
<p>Examples of primary functions/ responsibilities include:</p> <ul style="list-style-type: none"> System policy and legislation System-level capacity and service planning System and sector standards, quality and compliance Accountability oversight Establish provincial primary health care services delivery framework Engage with primary care provider and partners 	<p>Examples of primary functions/ responsibilities include:</p> <ul style="list-style-type: none"> Support development and allocation of budgets, including for regional primary care networks Implement provincial primary health care services delivery framework Engage with PCNs to support development of regional model 	<p>Examples of primary functions/ responsibilities include:</p> <ul style="list-style-type: none"> Fund the resources and supports required at the frontline through provider-operated Patient Medical Homes (PMHs) Design and implement localized projects including integrated care pathways, quality initiatives, clinical program evaluations and other related activities Engage with primary care providers and partners 	<p>Examples of primary functions/ responsibilities include:</p> <ul style="list-style-type: none"> Make decisions that impact clinical care, including which services are delivered within their clinics Integrate with other care providers in the health neighborhood



<ul style="list-style-type: none"> Physician compensation, negotiations Physician supply management 	<ul style="list-style-type: none"> Development and dissemination of standards, clinical pathways, and clinical leading practices Performance measuring and reporting Engage with primary care providers and partners 	<ul style="list-style-type: none"> In some cases, operate PMHs (e.g., on behalf of physicians who do not wish to participate in clinic operations as traditional small business owners) as recommended in MAPS 	<ul style="list-style-type: none"> Increase adoption of team-based care approaches
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Day 1: Key Priorities

Stand-up and Planning

- Executive leadership in place to enable stand-up on Day 1.
- Contract management and commissioning authority established so the Primary Care PHA can initiate, own, and manage service agreements and contracts
- Development of phased transition approach and timeline for primary care program priorities

Direct to citizen services & access

- Grant oversight and implementation transferred to the Primary Care PHA to support patient access and attachment, starting with Find a Doc, Team Based Care, and Underserved Population grants.

Integration

- Participate on the Alberta Integration Council, chaired by the Minister of Health, as the government council that ensures provincial system alignment and a seamless patient journey for Albertans.

Transition to Regional Networks

- Alberta Health and the Primary Care PHA will jointly plan the transition from PCNs to regional networks.

Year 1: Key Priorities

Stand-up and Planning

- The PC-PHA will work closely with Alberta Health to develop and allocate future primary care budgets, expand the Physician Assistant Program and Nurse Practitioner Program
- Development of performance measuring, reporting and management approach

Integration

- Development of a provincial primary health services delivery framework
- Development of strategies for underserved populations (e.g., Chronic Disease Management Strategy, Unattached Patient Strategy)
- Development and expansion of data integration and interoperability to support cross-sector collaboration.

Transition to regional networks

- The Primary Care PHA will lead the transition from PCNs to regional networks, including
 - Development and oversight to inform and implement transition planning
 - Working closely with Alberta Health to develop policy and any required legislative amendments or regulations
- Development of a funding strategy for primary health care, including a review of current PCN per capita funding

Round One PCN Engagement Summary

Round one included 39 sessions with 168 primary care stakeholders from all existing PCNs. A full analysis of what we heard will be compiled into a report that will be available in the fall, to inform future engagements.

While analysis is still on-going a few key strengths are:

- **Tailoring Programs to Population Needs:** PCNs emphasized their ability to develop local solutions and remain flexible and responsive to the unique needs of their populations as a strength, avoiding a one-size-fits-all approach.
- **Effective Leadership and Governance:** PCNs emphasized the importance of diverse and skilled leadership, governance training, and strong communication and transparency in ensuring effective PCN governance.
- **Multidisciplinary Teams:** PCNs highlight the benefits of implementing collaborative care models involving various healthcare professionals (e.g., physicians, nurses, social workers, dietitians) to provide comprehensive care.

In addition, some common challenges PCNs are experiencing include:

- **Rural and urban differences:** PCNs flagged that rural and urban PCNs face different challenges in operations, staff recruitment, and program delivery and that planning and decision-making should happen locally in the community.
- **Recruitment and Retention:** PCNs outlined several challenges related to difficulties recruiting and retaining clinical, administrative, and leadership staff. These difficulties stem from competitive job markets, healthcare labor shortages, relocation challenges for rural PCNs, and funding uncertainty.
- **System Integration:** PCNs identified challenges with system integration due to a lack of information continuity for patients across the healthcare system, and cross-border issues between provinces and zones. Unclear roles, responsibilities, communication with Alberta Health Services were also identified as hindering the coordination of care.

Round Two PCN Engagement

The second round of engagements will be a virtual one-on-one session with each PCN. The focus of the second round of engagement is to validate and contextualize key findings that are relevant to the regional networks design. These engagements will also offer an opportunity for early brainstorming on how the new model can address current challenges impacting stability and service delivery. A discussion guide will be shared in advance of the meeting and will include questions on staff, clinics and programs, governance and leadership, and membership.

Next Steps

- **Following Townhall:** A Doodle poll and invitation to participate in Round Two engagement sessions will be circulated.
- **August:** Administer the physician survey to better understand physician perspectives and relationships with PCNs.
- **August/September:** Second round of engagement sessions with PCNs to validate and contextualize key findings relevant to regional design.
- **October/November:** Conduct design workshops with PCNs to validate and contextualize key findings that are relevant to regional design. A Current State Report will be shared with PCNs after workshops.
- **November:** Develop policy recommendations for the Minister
- **December:** Prepare plan to transition to regional networks

Alberta Health will continue to provide information as available. Look out for the next townhall and newsletter in September.