

Transition to Regional Networks Project

Informing the Design of a Primary Care Regional Service Delivery Model

*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.*

The Transition to Regional Networks Project

The goal of the Transition to Regional Networks project is to position regional networks as an evolution, and extension of, the current system of PCNs that further enables equity of access and improved outcomes for patients.

MAPS has directed a shift in Alberta's primary health care service delivery to a regional model that supports all Albertans.



Regional networks are an evolution, and extension of, the current system of PCNs that further enable equity of access and improved health outcomes for patients;



The key difference between current state and the proposed regional model is that regional networks will be responsible for meeting the needs of all patients in the area, both attached and unattached.



Regional Networks will be responsible for ensuring the coordination of health care, community and social services to meet population needs, either through direct PMH support or facilitating linkages to Integrated Health Neighbourhoods.

Regional Networks will have four core responsibilities:

- **Support to Patient Medical Homes (PMHs):** Equip PMHs with essential resources and supports for enhanced primary health care delivery and team-based care—including staffing and quality improvement initiatives.
- **Coordination and Integration:** Provide regional coordination for the integrated delivery of primary health care services within their geographic boundaries.
- **Regional Programming:** Operates programs to meet population needs that cannot be met by PMHs, ensuring comprehensive care for all patients in the region.
- **Services for Unattached:** Ensures access to care and promotes attachment of patients who are currently not connected to a PMH, such as operating after-hours clinics.

Project Timeline

The project revolves around targeted engagement with our PCN stakeholders to:

- Understand the current operations of each PCN and Zone.
- Identify key strengths, gaps, and potential solutions to inform requirements for a regional model.
- Develop a transition plan and provide clarity and operational next steps to stakeholders.



Phase 1 Engagement Summary

There have been several engagements over the summer with PCN stakeholders to facilitate open dialogue and gather feedback on current strengths and opportunities within the current system.

Strengths of the Current Model	Opportunities with the New Model
<ul style="list-style-type: none"> – Local autonomy and flexibility allow for service delivery, especially in rural and remote areas, to be nimble and pivot to meet local needs. – Physician leadership in governance ensures clinical expertise and patient needs are the forefront of decision-making and implementation. – Relationships and partnerships are key to adding capacity, better reaching underserved populations, and ensuring continuity of care across the system. – Successful team-based care models are in place that use full scopes of practice to better support patient care through more efficient use of resources. – Innovative models are encouraged to help deliver high quality care and improve patient outcomes. 	<ul style="list-style-type: none"> – Equitable access to care across the province for all Albertans, regardless of patient demographics, location, or attachment – Reduced administrative burden for care providers to enhance patient capacity and workforce sustainability. – Centralized and shared resources to mitigate duplicated efforts, improve consistencies in care, and drive cost efficiencies. – Clear accountability structures that reinforce roles and expectations across the system to improve access and quality of care. – Governance and organizational structure that embraces diverse and skilled primary care leadership to drive more holistic and team-based decision-making.

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