



Transition to Regional Primary Health Care Networks (RPHCNs)

Background:

The MAPS 2-Year Implementation Plan committed to designing a regional model to address gaps in the current Primary Care Networks (PCNs), including inconsistent service delivery, fragmented care coordination, and limited alignment with broader system priorities. These are issues that the government has also committed to addressing through the broader System Refocus efforts.

Regional networks will build on PCN strengths to ensure all Albertans—regardless of whether they have a regular provider—can access consistent, coordinated primary care. This transition is a key step in transforming the primary care system.

Seven Regional Networks will align with Alberta's health corridors and be responsible for regional and unattached patient services, system coordination, and support for Patient Medical Homes.

The Ministry of Primary and Preventative Health Services (PPHS) will work closely with Primary Care Alberta (PCA) and each PCN to develop tailored transition plans.

A phased implementation and a transition policy will support this work. The focus remains on ensuring stability, continuity of care, and long-term system improvement with minimal disruption.

Additional information:

- Each Regional Network will be established as a Provincial Health Corporation (PHC) under the *Provincial Health Agencies Act*.
- Each Regional Network will be governed by a board, that will consist of one-third physicians, one-third other regulated health professionals, and one-third public members (with at least one Indigenous representative). Each board will be co-led by a rural and an urban co-chair and all board members will be compensated.
- Each Regional Network will be led by a Chief Executive Officer (CEO). Planning for recruitment is underway, more details on this will follow.
- The transition won't happen at the same time for all PCNs. A phased approach will be adopted and will be tailored to each PCN.

As with the creation of PCA, each Regional Network will be legally established in advance, with lead time for operational readiness.

Key Points:

- **Albertans will still have access to the care they need.** Patients can seek care across regions. Service continuity will be protected during and after the transition.

- **Patient Medical Homes remain the front line of care.** Clinical teams, including family physicians and Nurse Practitioners (NPs) delivering care in PMHs will continue to serve communities—with more integrated support.
- **Boards will reflect Alberta's diversity.** Governance includes clinicians and the public, with Indigenous representation and rural-urban co-leadership.
- **Leadership will be locally responsive.** Leadership for regional networks will have the ability to organize their clinical and business operations based on local needs.
- **Stability is a top priority.** Transitions will be phased and flexible, tailored to each PCN's legal, staffing, and infrastructure realities.
- **Structures and supports are being established and will evolve as needed.** Policies, transition groups, and guidance from PPHS and PCA will help PCNs navigate each step.
- **The intent is to retain and support staff.** The government and each PCN, in partnership with PCA, will review employment agreements with the intent to transfer staff to the new RPHCN structure.