

Thank you for attending the December 11th MAPS ADM Townhall. We appreciate your patience as we worked through providing responses to questions raised by stakeholders during the townhall.

Attached is the frequently asked questions (FAQs) document on Primary Care Alberta (PCA) stand up and PCN transition to Regional Primary Health Care Networks.

Also, the following key messages can be shared within your organization.

Key Messages

Health corridors and AHS zones

- The seven health corridors will replace the five Alberta Health Services (AHS) zones. The health corridors are in place and live now. Alberta Health will be using the new seven health corridors to inform health system planning.
- Under the refocused health system, the provincial health agencies will also use corridors to plan their services.
- As AHS transitions to a service provider, it is critical that service delivery is not disrupted. During this time, AHS will continue using its existing zones for organizational purposes.
- The new health corridors have been established and, as a service provider under Acute Care Alberta, AHS will use corridors for system and service planning. Alberta Health and AHS will work to align the new expectations on corridors as AHS evolves to its new role as a service provider in the coming year.
- Alberta Health will work with AHS to ensure a seamless transition under the refocused system.

Health corridors and regional network boundaries

- No decisions have been made about the boundaries for Regional Primary Health Care Networks. While Alberta Health aims for regional boundaries to be informed by corridors, this does **not** mean the regional boundaries will be the same as corridor boundaries.
- As the design of regional boundaries are being finalized, stakeholder input will be essential to help create a model that encourages integration and supports improvements in primary care.

If you have any questions, kindly reach out via email: health.MAPS@gov.ab.ca.

Thank you.

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Frequently Asked Questions:

The following frequently asked questions (FAQs) document has been created to answer some general questions about primary care in Alberta, some Primary Care Alberta (PCA) related questions and Transition to Regional Networks questions raised by primary health care stakeholders during the Modernizing Alberta's Primary Care System (MAPS) Assistant Deputy Minister December townhall.

Primary Care Alberta

The Government of Alberta is refocusing the health care system to provide consistent, timely access to care when and where Albertans need it. Primary Care Alberta (PCA) is one of four provincial health agencies dedicated to overseeing the coordination and delivery of primary health care services across the province.

[Will the PCA follow the health corridor boundaries? How many boundaries are we creating in this new PCA organization?](#)

Seven new integrated health corridors are being established to support seamless patient journeys: North-West, North-East, Edmonton, Central, Calgary, South-West, and South-East. This change helps government gain a better regional understanding of the health system, determine current gaps, inform investments, and ensure decisions reflect the changing needs of Albertans.

While the system is moving to the new corridors, AHS will retain its zones for organizational purposes during the transfer. Existing zones will ensure its services reflect priorities for the zones. Health and AHS will work to align the new expectations on corridors as AHS evolves to its new role as a service provider in the coming year.

Primary Care Alberta was established to improve primary care access, with a strategic approach of addressing this need on a corridor-by-corridor basis.

Alignment with the new corridors will be an important consideration in the design and implementation of RPHCNs. Discussions with PCNs and other primary care leaders will address this subject in further detail.

More information can be found online here: [Health corridors map search | Alberta.ca](#)

[Are there plans to have PCA medical leadership positions occupied by an active/practicing clinician?](#)

Currently there is one open position for medical leadership at PCA: Chief Medical Officer (CMO). PCA is seeking the most qualified candidate and is prepared to work with that individual to balance any clinical practice they may plan to retain.

How did the PCA determine the staff to move from AHS to PCA as there are still some staff who haven't been notified about the move to the PCA, i.e., PC and CDM. Are more staff expected to transition?

The positions identified for transfer currently within AHS are now more suitably aligned to Primary Care Alberta as the organization has been established to solely focus on primary care services to oversee the governance, coordination, and delivery of primary health care across the province.

More positions may be transferred if their work is deemed to align with the responsibilities shifting to Primary Care Alberta to support the newly established provincial health agency

How will Year 1 Objectives of the PCA improve access to primary care providers?

Primary Care Alberta will work to:

- Increase Albertans' attachment to a care provider team through new models of care
- Increase after-hours services
- Improve access to virtual and digital health services

Improve access to primary care delivery in underserved communities, specifically rural and remote areas

Is there a plan to have a Chief Nursing Officer for PCA?

Nursing leadership is very important across the health system and including within primary care. Primary Care Alberta is continuing to build out the organizational structure and information about specific positions will be provided as soon as it becomes available.

In terms of PCA focusing on Chronic Disease Management, is the focus on just management or will it include both prevention and management?

Both prevention and management of chronic conditions/disease will be within the focus of Primary Care Alberta

How will current PCN staff be impacted by the new PCA. What can PCN expect? Are PCN EDs transitioning to PCA as well?

AHS staff who currently provide support to Primary Care Networks have been identified for transfer to Primary Care Alberta. Agreements that exist between PCNs and AHS will transfer to PCA to ensure that supports to PCNs and their patients remain in place. PCN staff who are employed by PCNs, including Executive Directors, will continue to be employed by PCNs.

What is the strategy for taking FAST (AHS and largely specialty developed program) into PCA?

The majority of FAST staff will transfer to PCA as part of their work to support patients in accessing specialist or surgical treatment. This work primarily occurs in the primary care sector until the patient is transferred to the care of the specialist or surgeon. Positions within this program not identified for transfer include roles supporting specialist or surgical bookings which will remain at AHS as an acute care function.

As we transition over the next year, what support is the PCA offering for the Zone PCN structures?

Zone PCN Committees continue to be within the current PCN governance model. In the coming months Primary Care Alberta will work with Alberta Health and PCN leadership to determine how best to support zone-level functions.

Is there an expectation that the new regional PCNs will have direct oversight of existing AHS primary care clinics?

Clinics that are currently operated by AHS and are transitioning to PCA will be operated by PCA. The scope of responsibilities of Regional Primary Health Care Networks is currently being developed in collaboration with PCNs and pending decisions by the Minister. Further information will be shared as it becomes available.

Transition to Regional Networks

What is the current status of the Regional Primary Health Care Network design?

The Regional Primary Health Care Network Design is currently in Phase 2, which is the design phase. Phase 2 will continue through workshops with PCNs and Indigenous stakeholders in February to refine the draft model for Regional Networks. At this stage, no final decisions have been made about the regional model.

How can PCNs submit ideas and feedback to inform the design of the regional networks?

PCNs are welcome to send feedback or design ideas for the regional model to health.maps@gov.ab.ca. In addition to another round of design workshops, Alberta Health will also be engaging with zones in January, and PCNs can work with their zones to provide input. Feedback and ideas received in early January will help inform workshop discussions for February.

What immediate changes can PCNs expect with the standup of PCA?

PCA will replace AHS in the joint-venture agreements for the PCN Non-Profit Corporation. This change will take effect in the new fiscal year. Changes to PCN governance and accountability associated with transition to regional networks have not been finalized. There is ongoing engagement with PCNs to inform the design of regional networks.

Do you have any employment reassurance for people currently working for primary care networks?

PCN funding has been extended until March 31, 2026, and PCNs are expected to continue operating as usual until they transition into a Regional Network. The Transition to Regional Networks project aims to minimize disruption in patient care. As such, a phased implementation strategy is planned that engages and keeps stakeholders up to date during the transition period.