

Modernizing Alberta's Primary Health Care System

ADM MAPS Townhall

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Agenda



General update



MAPS Progress



PCN Review



Questions

General Updates

- MAPS 2-Year Implementation Plan released April 18, 2024
- Revised Alberta Health webpage to include the MAPS 2-Year Implementation Plan
- First quarterly newsletter to provide progress updates released April 18, 2024
- Changes to Provincial PCN Committee TOR underway
 - New name Provincial MAPS Advisory Committee (PMAC)
 - Expanded membership- added as guests as of April 10, 2024
 - Sub-committees established in May/June 2024
 - Structure/Governance, Communications and Change Management, Evaluation
- Development and launch of a public dashboard to report on progress

General Updates: Making Progress

The Way Forward: actions outlined in document created through MAPS Indigenous Implementation Panel

Stabilization Funding: payments for Alberta family doctors have been initiated, about 3,000 doctors are eligible for the one-time payment ranging from \$24,000 to \$40,000

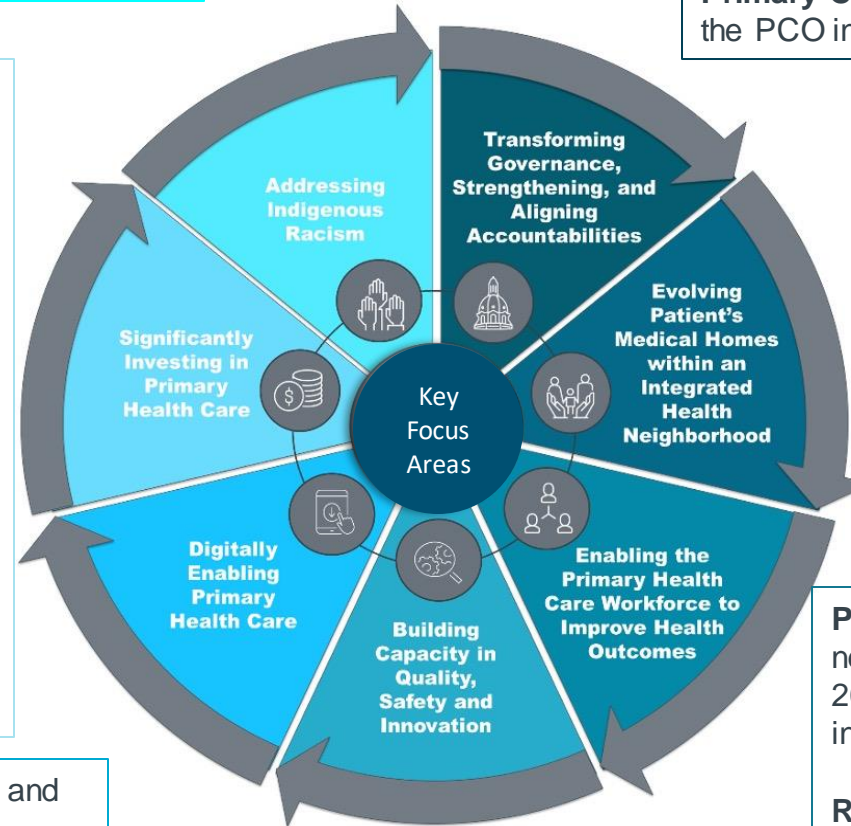
Panel Management Support Program (PMSP): executed grant agreement and the first quarter payment paid

Physician Compensation Model: final report submitted with recommended model elements and considerations for an accountability framework and implementation

Nurse Practitioner Compensation Model: nurse practitioner primary care program designed, announced and accepting Expressions of Interest.

Electronic Referral System (ERS): physicians and MOAs being recruited to participate in electronic referral requirements workshops in April, May and June

Alberta Find A Doctor Upgrade: grant executed with PCNs



Primary Care Organization (PCO): work is underway to stand-up the PCO in the Fall of 2024

Team-Based Care: work is underway to design and implement a new grant program (~\$80M per year over 2 years)

Underserved Populations: work is underway to design and implement a new grant program (~\$40M per year over 2 years)

Physician Training Expansion: started in 2023 with 10 new seats at each of U of A and U of C and 10 more in 2024; residency seats for international medical graduates increased by 9 for residents starting in 2024

Rural Training Spot Expansion: 100 new physicians per year to be trained in Grande Prairie and in Lethbridge

Administrative Burden: feasibility assessment initiated

Care Opinion Pilot: grant executed with Imagine Citizens Network; next steps include setting up technology infrastructure and a communications strategy

Expected Milestones in Q1 2024/2025



Legislation updated to enable new primary health care organizations.



New grant funding executed to invest in expansion of services for underserved populations at elevated risk of poor health outcomes.
Leadership structure established that enables co-design and shared decision-making processes between acute care and primary care related to care transitions.



Multi-stakeholder workforce committee established.
Refreshed Health Workforce Strategy completed.
Final report from the Supporting Comprehensive Primary Care Task Force completed.



Imagine Citizens Care Opinion pilot initiated.



Grant funding for collaboration with Zone PCN Committee to enhance Alberta Find a Doctor provided.
Planning on EMR program commenced.
Planning on electronic lab ordering commenced.



Final recommendation received on new family physician compensation model.
Process to administer Panel Management Support Program payments to nurse practitioners developed.
Funding provided to Alberta Medical Association to administer quarterly Panel Management Support Program payments to physicians.
Launch of the Nurse Practitioner Primary Care Program.



Transition to Regional Networks



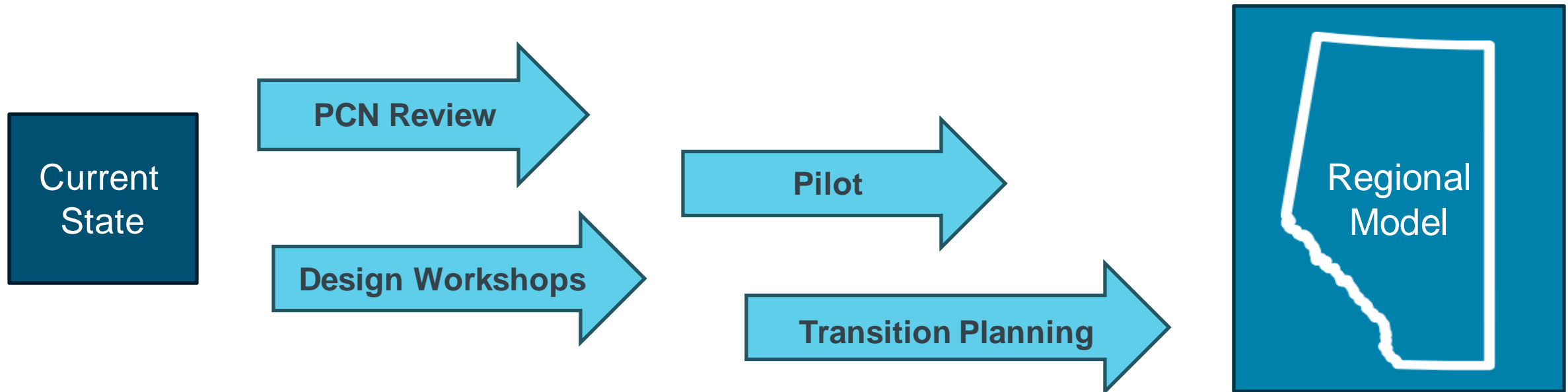
Background and Context

- MAPS has recommended that Alberta develop a regional model for primary care. This is also a key milestone in the MAPS two-year implementation plan.
- Regional networks are intended to align primary health care funding with delivery and accountability in the provincial governance model.
- The MAPS Final Report explained that regional networks will be positioned to allocate resources in a way that enables both equity of access and improved outcomes for patients.

Expectations for the regional model

- The Regional Model will:
 - Build on existing strengths of PCNs and address gaps.
 - Be responsible for meeting the primary health care needs of the entire population within a defined geographic region.
 - Support primary care providers in the delivery of care and enable more integrated care across regions.
- The key difference between current state PCNs and the proposed regional networks is the responsibility to meet the needs of all patients in the area – attached and unattached.
- Alberta Health recognizes that a successful transition would only be possible with a strong understanding of current primary care delivery and leveraging the expertise of PCNs to inform the model's design.

How do we get to the regional model?



How are PCNs involved?

- The MAPS Strategic Advisory Panel clearly describes what regional networks are and made a strong case for why they are needed in Alberta.
 - While there's an understanding of what regional networks are and why they are needed, we want PCNs to be directly involved in the HOW.
- In previous engagements, stakeholders expressed they would like to be involved in the work to transition to the new regional model. This includes a variety of PCN Stakeholders including leadership groups within each PCN, and stakeholders with wider system and zonal perspectives to the table.
- Key principles of this Project:
 - Leverage stakeholder knowledge and expertise in the design and transition of PCNs to a new regional model.
 - Minimize service disruption through the transition process.

Scope

- Validate understanding of current PCN operations.
- Identify key strengths, gaps and potential solutions to inform requirements for the regional model.
- Develop transition plans specific to each PCN and region.
- Provide clarity and operational next steps to stakeholders.

- **PCN work is important and will continue.**
- **PCO design is a separate process.**
- **The zonal structure will continue.**

Proposed Timeline

Engage each PCN twice to better understand operational context

Phase 1: Review
May – September 2024

Engage collectively with PCNs on the RPHCN model through focused workshops

Phase 2: Design
August – October 2024

Pilot and transition planning with PCNs, focused on change management.

Phase 3: Transition
November – February 2025

Current State Analysis

Policy Approvals for Regional Model

Pilot and transition plans

Structure, Governance, Design and Implementation Working Group

Phase 1 Engagements

- Will provide a common understanding of the factors that currently affect the stability of the environment PCNs operate in, as well as the ability to provide necessary services and supports to Albertans and member clinics.
- The scope of engagement in this phase will be defined by the following topics:
 - Population and Demographics
 - Organization and Staff
 - Leadership and Governance
 - Clinics and Programs
 - Membership
 - Corporate Reporting
 - Support to Members
 - Partnerships and Collaborations
- Individual PCN leadership groups will be asked to meet virtually with Alberta Health. Feedback will be recorded from these meetings and there will also be a request for written responses.

Immediate Next Steps

- Early next week a link to a Doodle poll will be sent to each Executive Director to coordinate a meeting date and time for their respective PCN.
- Suggested attendance: PCN Executive Director, PCN Physician Lead, and two additional spots for individuals from each PCN.
- The first engagement sessions will be hosted online: June 17 to July 12.
- Updates on this project will be communicated through MAPS Communication products.

Questions?

Additional questions and/or concerns can be forwarded to health.maps@gov.ab.ca

