# **PCN Strategic Forum Summary**

MAPS Strategic Engagement

#### Overview

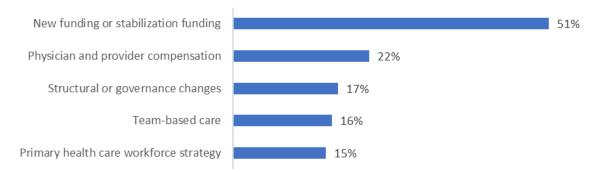
During the 2023 PCN Strategic Forum, the Alberta Health actively collaborated with Primary Care Network (PCN) leadership and stakeholders across Alberta to gather valuable insights for the ongoing Modernizing Alberta's Primary Health Care System (MAPS) initiative. This engagement took place on November 4, 2023, through a plenary session where participants were prompted with three key questions regarding the next steps in developing a two-year MAPS implementation plan. Specifically, participants were asked:

- 1. What are the top three actions or recommendations that we need to prioritize in the next two years?
- 2. From your perspective, what are the most significant barriers and risks to the successful implementation of MAPS?
- 3. As MAPS moves ahead, how would you or your PCN prefer to be engaged and involved?

This summary presents an overview of the key themes and the most frequently cited methods of engagement reported by participants during the 2023 PCN Strategic Forum.

### **Top Actions or Recommendations to Prioritize**

Question 1: What are the top three actions/recommendations that we need to move on in the next 2 years?



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The five most common priorities for primary health care over the next two years include:

- 1. **New funding model or stabilization funding (51%)**: Over half of respondents underscored the necessity for a new funding model including population-based funding and targeted stabilization funding directed toward the broader health care system or PCNs. The urgency for financial restructuring reflects a collective acknowledgment of the need for sustainable funding mechanisms.
- 2. **Physician and provider compensation (22%)**: One-fifth of respondents noted that physician, nurse practitioner (NP), and provider compensation should be prioritized. Respondents highlighted the importance of revisiting compensation structures, emphasizing the need for a more equitable and effective fee and funding model to support health care providers.
- 3. **Structural or governance changes (17%)**: Respondents expressed the need for the establishment of a primary health care organization and ensuring existing zonal or PCN governance structures or

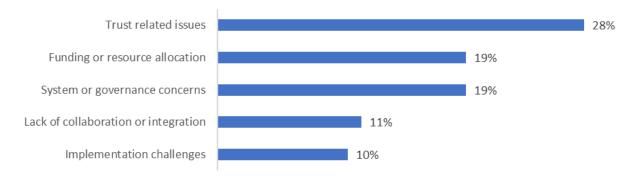
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responsibilities are not lost, as well as alignment and clarification of roles and accountabilities. This theme suggests a collective desire for a more streamlined and efficient organizational framework within primary health care.

- 4. **Team-based care (16%)**: Respondents discussed the need for implementing and supporting team-based care. Respondents emphasized the significance of fostering collaborative care models within primary health care, recognizing the potential benefits for both providers and patients.
- 5. **Primary health care workforce strategy (15%)**: Respondents pointed to the need for developing a comprehensive and dedicated workforce strategy to address current primary health care workforce shortages and to ensure long-term sustainability of the workforce to provide quality care to Albertans.

#### **Barriers**

# Question 2: From your perspective, what are the biggest barriers and/or risks to successfully implementing MAPS?



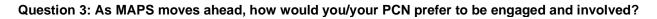
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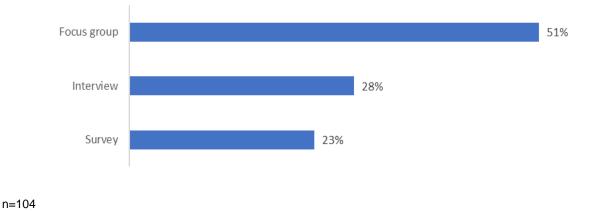
Stakeholder responses demonstrate diverse perspectives, which support a better understanding of barriers that may impede modernizing Alberta's primary health care system. The five most common barriers noted include:

- 1. **Trust related issues (28%)**: Respondents noted concerns about a lack of confidence, engagement, and follow-through on commitments. This theme underscores the critical need for fostering trust and effective communication among stakeholders to ensure the success of health care initiatives.
- Funding or resource allocation (19%): Respondents expressed concerns about the inadequacy of funding, the need for resources to be allocated, and the overall management of change within the system. This theme emphasizes the pivotal role of financial and resource support in overcoming obstacles within primary health care.
- 3. System or governance concerns (19%): Respondents identified challenges arising from stakeholder relationship dynamics, system inefficiencies, and governance issues, all acting as impediments to clear and transparent decision-making.
- 4. Lack of collaboration or integration (11%): Participants described a lack of collaboration or integration which underscored concerns about fragmented care delivery as a key barrier. Respondents emphasized the need for improved collaboration and integration among various health care entities to enhance the overall coherence and effectiveness of primary health care or to ensure successful implementation of the MAPS recommendations.
- 5. **Implementation challenges (10%)**: Several respondents noted implementation challenges specifically relating to the timelines or clarity regarding how and when MAPs will be implemented. Respondents pointed to challenges such as unclear timelines and implementation issues, highlighting the importance of transparent planning and effective execution.

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## **Engagement Preferences**





When asked how they would like to be engaged, **one-third (33%)** of participants identified a specific engagement method. Among these participants (n=104), the most common engagement method was a **focus group**, **town** hall or group meeting or discussion (51%). This was followed by interviews or direct discussions (28%) and a survey or written response (23%).

### **Additional Information**

For more information about MAPS, please see the Government of Alberta website <u>Modernizing Alberta's Primary</u> <u>Health Care System.</u>



# Appendix A: Coded Responses

#### Priorities

Code	Count	%
New funding model, population-based funding or provision of stabilization funding specifically to the "system" or "PCNs"	162	51%
Physician, nurse practitioner (NP) or provider compensation, fee/funding model	68	22%
Governance changes, establishment of a primary health care organization or alignment/clarification of roles and accountabilities	54	17%
Implementation or support for team-based care	49	16%
Primary care workforce or workforce strategy	48	15%
Technology, information sharing, HIA, access and sharing of patient information	33	10%
Provide support for administrative burden or viability of clinics/PCNs	27	9%
Measurable goals, outcomes, and accountabilities	25	8%
Focusing on patient-centric approaches	22	7%
Support for Indigenous, rural or remote communities	18	6%
Provider engagement, stakeholder communication and building trust	13	4%
Coordination of services, connection to social determinants of health or IHNs	10	3%
Leveraging existing knowledge, expertise, or best practices	6	2%
Establish a unified vision for PHC or future state	6	2%
Support implementation of PMH	4	1%
Focus on unattached patient services	4	1%
Increase patient attachment	4	1%
Transition planning	2	1%
Change management supports	3	1%
Ensure local autonomy	1	0%
No response	27	9%

#### Barriers

Code	Count	%
Lack of trust, engagement, following through on commitments	89	28%
Lack of funding, resource allocation or change management	59	19%
System and governance concerns	59	19%
Lack of collaboration or integration	35	11%
Implementation challenges, timelines or clarity	33	10%
Physician or stakeholder morale and burnout	21	7%
Workforce issues	19	6%
Technology and information sharing	16	5%
Not leveraging existing successes, structures or work particularly related to PCNs	14	4%
lack of accountability, measures or transparency	9	3%
Fear of losing autonomy or need for physicians as anchors/leaders	7	2%
Competition from non-traditional providers or virtual care providers	6	2%
AHS or acute care focused system	5	2%
Patient-centric approaches	4	1%

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Barriers to rural, lack of rural focus or awareness of different needs based on geography	3	1%
Provincial borders – unclear comment	1	0%
Social barriers – homelessness	1	0%
No response	95	30%

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#### **Engagement Preferences**

Code		
Specific engagement method	104	33%
Stakeholder type involved	50	16%
Need for transparency	20	6%
Desire to be at the table or informed	12	4%
Regular updates or collaboration	37	12%
Meaningful involvement	3	1%
Unknown	4	1%
No response	74	23%

n=316

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