PCN Strategic Forum
SCALING UP!

Today and Tomorrow
Faculty/Presenter Disclosure

• **Faculty:** Dr. Justin Balko

• **Relationships with financial sponsors:**
  • **Grants/Research Support:** None
  • **Speakers Bureau/Honoraria:** Alberta Medical Association as PCN Physician Leads Executive members
  • **Consulting Fees:** None
  • **Patents:** None
  • **Other:** None
An exciting past year

All zones submitted Zone Service Plans

Provincial Task Groups are underway

Welcomed Dr Rinaldi for the South Zone

Change in government

Strategic work with the Section of Family Medicine
PCN Physician Leads Executive ongoing focus

**Continuity** – through CII / CPAR and access

**Economic Enablers** – to ensure they contribute to PMH

- PCN funding
- Grant funding
- Enabling & supporting SFM in different compensation models
- Leveraging resources in kind

PCN Leads help create the conditions for members to transform to a fully integrated Patient’s Medical Home, providing value for patients and providers.
We paused to revisit a question: why do PCNs exist?

We believe: PCNs collectively advance the transformation of primary care by improving patient care delivery and health outcomes, because we:

- support members/clinics to implement PMH
- are the platform to support change for new initiatives and direction
- provide interdisciplinary team-based care programs & services
- strive to have a direct connection to member physicians
All this aligns with the four PCN Objectives.
Task Groups: for your awareness

**Evaluation**: a survey completed that sheds light on the Governance Structure

**Policy**: working on two policies that will be released soon

**Access & Continuity**: working on materials to help PCNs improve their access programming

**Transitions**: releasing the Hospital to Home Guideline

**CCDPM**: a survey to understand the chronic disease programming in PCNs

**Zone Service Planning**: updates to the template and purpose of planning in a zone
What lies ahead?

• Shared services in zones
• Scaling a specialist advice program (similar to Specialist Link)
• Reaching the majority – the tipping point with clinics becoming PMHs
• Pursuing a greater Health Transformation Workforce (HTW)
• PCN Funding
• Ensuring the governance structure is sustainable (zonal and provincial)
Other important initiatives ahead

- CII / CPAR
- Blended Capitation
- Improved reporting
- Access Improvement
- ?
- Hospital to Home
- eReporting Platform

- 190 physicians, 56 clinics live
- H2H2H Guideline coming April 2020
- Continues with two more clinics
- Stay tuned!
Primary Health Care Opioid Response Initiative

Successes
Jul 2018 – Dec 2019

921  PCN prescribers trained to prescribe OAT
457  More PCN prescribers of OAT
1328 More PCN patients receiving OAT in primary care
Faculty/Presenter Disclosure

- **Faculty:** Dr. Ted Braun, VP and Medical Director, AHS

- **Relationships with financial sponsors:**
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Consulting Fees: N/A
  - Patents: N/A
  - Other: N/A
Connect Care Wave 1 Launch

“You will be a full partner in your health care, and we all should take advantage of that.”

- Ryan Magnusson, patient advisor who launched Connect Care wave 1

Community Provider Resources
www.ahs.ca/ccproviderbridge
Home to Hospital to Home Guideline

• Guideline (6 Sections)

• Measures

  • 15 recommended and 7 future measures selected to date
    – Strategic and system measures aligned with the guideline
    – Linked to Alberta Health Performance Measures Framework

5 Year Implementation Strategy*
Alberta Surgical Initiative and the Specialty Access Service Bundle for Primary Care

**Alberta Surgical Initiative**

- **Strategy 1**: Improve provision of specialist advice to family doctors before consultation
- **Strategy 2**: Improve the provision of surgical consultation and recovery
- **Strategy 3**: Improve provision of surgery
- **Strategy 4**: Care coordination and pathway development
- **Strategy 5**: Address the root causes

**Specialty Access Service Bundle**

1. Specialty advice request model
2. Coordination of pre and post specialty care
3. Closed loop, electronic referral system
4. Clinician and patient pathways and resources across patient journey
Coronavirus

- AHS and Alberta Health carefully monitoring the situation
- The risk for Albertans is low
- **PCN Incident Response Task Force** includes Zone PCN Dyads and a PCN ED representative; chaired by Rob Skrypnek
- What should primary care do?
  - regularly refer to AHS external website (includes primary care specific information): [https://www.albertahealthservices.ca/topics/Page16947.aspx](https://www.albertahealthservices.ca/topics/Page16947.aspx)
  - Raise questions & need for support to your PCN leadership
AHS Review

• Feb 3: Report of recommendations released by Government of Alberta

• Major themes:
  – AHS is a change-ready organization, with a strong organizational will to drive efficiency
  – Level of change envisioned by Alberta’s future vision for better and more sustainable health care will require responsible, but bold, action
  – Organizational priorities for achieving health sustainability are not always clear
  – Alberta has the right foundation in place to maximize the benefits of its position as a provincially-integrated system

• Next steps:
  – AHS Review Implementation teams in place
  – Develop implementation plan and submit to Alberta Health within 100 days
AHS Review – Next Steps

• AHS has made a lot of progress and the AHS Review Implementation teams are in place.

• Engage and communicate with leaders, staff, physicians, partners and stakeholders.

• Determine existing work that can be paused or stopped to enable capacity to complete AHS Review work.

• All recommendations in the report are being fully considered, with the exception of two. AHS will not propose the closure of hospitals or the merger of trauma centres in Edmonton. As well, AHS, together with the Government of Alberta, will ensure low-income patients are protected.
Thank you

Dr. Ted Braun

VP and Medical Director Central and Southern Alberta
Conference theme
Scaling the PMH
Faculty/Presenter Disclosure

• **Faculty:** Dr. Brad Bahler

• **Relationships with financial sponsors:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None
  - **Patents:** None
  - **Other:** Alberta Medical Association
Faculty/Presenter Disclosure

• **Faculty:** Dr. Heather La Borde

• **Relationships with financial sponsors:**
  • **Grants/Research Support:** None
  • **Speakers Bureau/Honoraria:** None
  • **Consulting Fees:** None
  • **Patents:** None
  • **Other:** Calgary Foothills PCN and FPCP Board of Directors
    Alberta Medical Association as a Zonal Physician Champion
The PMH – we’ve heard this before

But why should I care?

The good stuff:

• Quadruple aim

• A strong, efficient, connected primary care system
The balance we must strike: meeting the needs of patients, providers, PCNs and the system
The tension in our system: How do we meet needs and growing dissatisfaction among providers?

CMA, Physician Health Survey 2018

- 78% report high emotional well-being
- Only 58% report they are flourishing
- 30% burnout
- 34% depressed (on screening)
- 19% suicidal ideation (lifetime)

Physician Expenditures Proportion of Provincial Health Expenditures, 2018 (forecast)

Sources: CIHI National Health Expenditure Trends 2019, AMA
The tension in our system: How do we meet needs and growing dissatisfaction among providers?

Patients’ experience with family doctor availability, 2018

- Excellent: 29%
- Very good: 31%
- Good: 22%
- Fair: 15%
- Poor: 2%

HQCA, Focus on Primary Care

Group practices are 1.5 times more likely to offer weekend appointments compared with solo practices. More doctors practice in group settings now (65%) than in 2015 (60%).

55% of Canadians believe:
- the overall system requires fundamental change

84% of Canadians:
- have a regular doctor but report waiting longer for care

Canadian Institute for Health Information. How Canada Compares: Results From the Commonwealth Fund’s 2019 International Health Policy Survey of Primary Care Physicians. Ottawa, ON: CIHI; 2020

CPSA, 2019
The Patient’s Medical Home is the hope for the future

The ‘What’

The ‘How’

CFPC 2011 Vision

CFPC 2019 Vision

Alberta Implementation Model
The Tipping Point

ROGERS’ DIFFUSION OF INNOVATIONS CURVE

HMM. LOOKS INTERESTING BUT IS IT FOR ME...?

WHAT ARE THOSE WEIRDOS UP TO?

YAY! SHINY NEW THING!

COOL KIDS HAVE A NEW TOOL - I WANT!

TIPPING POINT

I WANT MY FAX MACHINE BACK.

2.5%
INNOVATORS

13.5%
EARLY ADOPTERS

34%
EARLY MAJORITY

34%
LATE MAJORITY

16%
LAGGARDS

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Health Transformation Workforce: who and what?

HTW are practice facilitators and physician champions with the defined role and skill to work with primary care practices.

HTW help practices with their incremental transformation toward a PMH integrated with the Health Neighbourhood.
The Health Transformation Workforce in scaling the PMH

1. Provincial goal to advance patient’s medical home

5. Zones with physician champions

41. PCNS with physician champions

1000. Physician champions working together

200. Practice facilitators

4000. Physicians & 10,000. Team members

Improving care for 4.4 million Albertans
Introductions

Welcome!

- Heather La Borde - Provincial
- Janet Craig - Edmonton
- William Hendriks - Central
- Van Nguyen - Calgary
- Joseph Ojedokun - North
What has scaled and what is?

Specialist Advice
(in two zones)

Panel → CII/CPAR

Practice Facilitation

Screening e.g. ASaP

ASaP Enrolled Providers 2013-2018

Initiative Ends
Advocating for what we need to be successful
Leading the transformation, it’s up to us.
Enjoy your conference!