

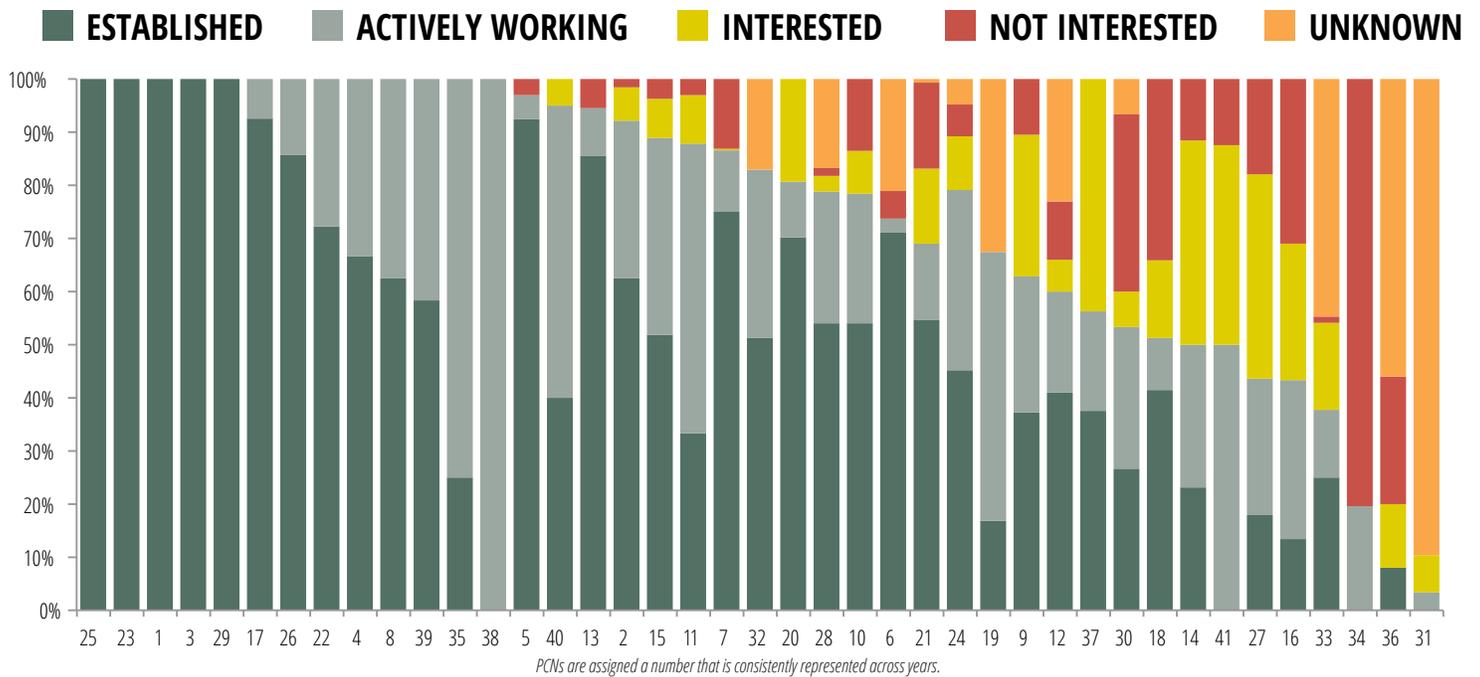
PATIENT'S MEDICAL HOME JOURNEY IN ALBERTA

REPACKING THE BACKPACK

2018



A DIFFERENT PERSPECTIVE ON PANEL ADOPTION: FOCUS ON THE OPPORTUNITIES



Data summarized here are based on information provided by PCN Executive Directors, physician leaders, and other PCN representatives. The information shown represents a summary of both qualitative and quantitative data collected in the Summer of 2018 to reflect the current state of PCNs' progress on panel. Data are represented as percentage of providers within a PCN, not corrected for PCN size. An objective validation step was not always included, and PCNs may differ in their methodology of tracking panel progress. For more information, contact Arvelle Balon-Lyon at arvelle.balon-lyon@topalbertadoctors.org.

HOW CAN WE OVERCOME THE BARRIERS TO REACH THE REMAINING 29% OF MEMBER PHYSICIANS TO START PANELING?

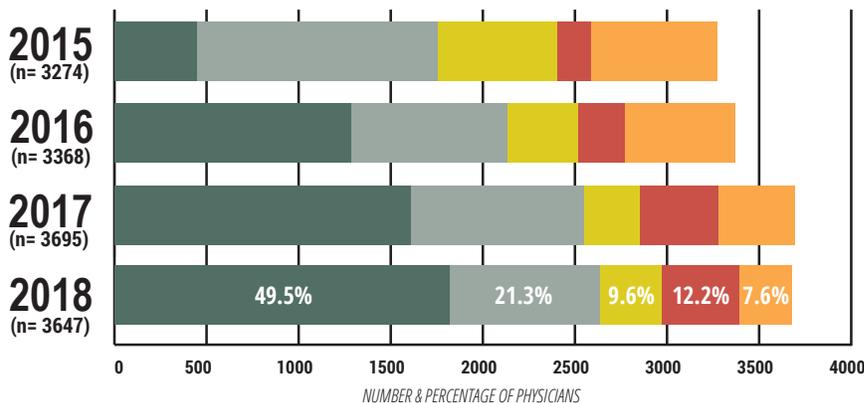
95%

OF PCNS HAVE PROCESSES, PEOPLE, AND TOOLS TO TRACK PANEL PROGRESS.

In 2018, 71% of PCNs have established or are actively working on panel.

In 2017, 69% of PCNs had established or were actively working on panel.

ADOPTION OF PANEL OVER TIME

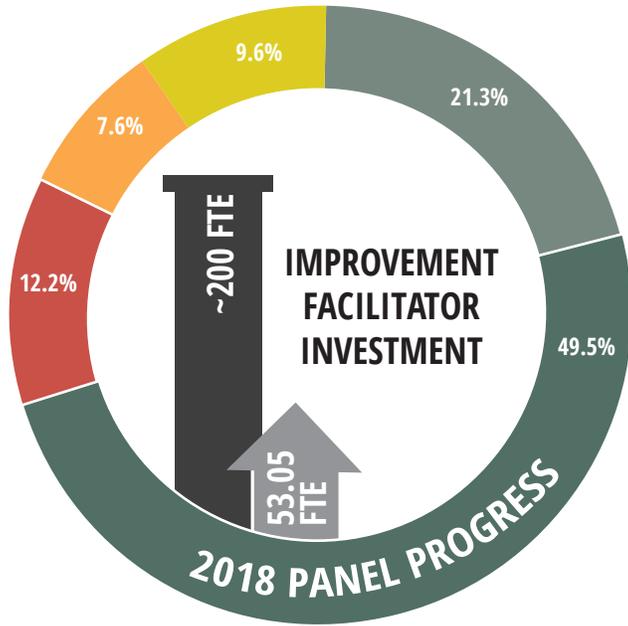


Over the past 4 years, PCNs and change agents have supported practices to make sustainable changes and adopt panel processes. In 2017, the "tipping point" was reached, making paneling the new "normal". In 2019, practices with established panels will be able to share their panel and select patient information to enhance continuity of care through the Central Patient Attachment Registry and Community Information Integration (CPAR/CII).

CHANGE AGENTS SUPPORT TEAMS WHERE THEY ARE ON THEIR PMH JOURNEY

SHARED 2018/19 PRIORITIES FOR IMPROVEMENT FACILITATORS

Improvement facilitators are change agents who support proactive change towards a PMH model of care. They help practices improve the quality, efficiency, and reliability of clinic processes with quality improvement tools and resources.



BUILDING FOUNDATIONS FOR PMH

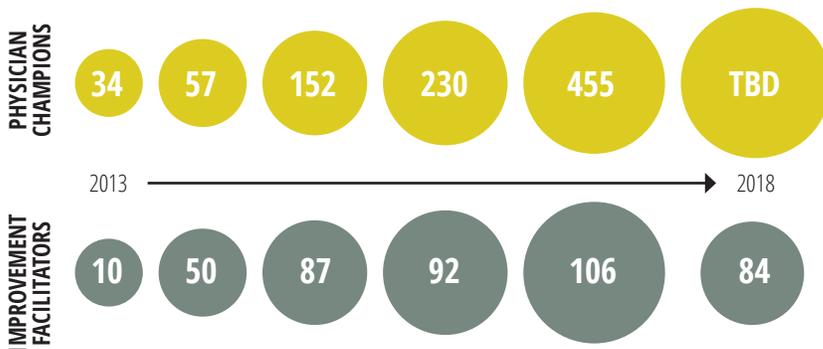
Suggested areas of focus - *	Unknown	Not Interested	Interested	Actively Working	Established
In progress or completed - ✓					
Facilitate peer engagement for PMH	*	✓	✓	✓	✓
Build the case for PMH implementation	*	✓	✓	✓	✓
Confirm panel status		*	✓	✓	✓
Initiate panel processes			*	✓	✓
Maintain panel processes				*	✓
Improve continuity					*
• Access					*
• CII/CPAR					*
Clinical initiatives					*
• ASaP					*
• Complex care management					*
• Opioids					*

29% OF PHYSICIANS HAVE NOT STARTED PANEL PROCESSES

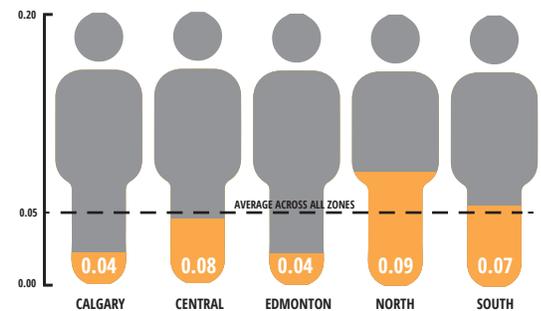
EMERGING INTERNATIONAL LITERATURE SUGGESTS THAT A RATIO OF 1 PRACTICE FACILITATOR TO 5 CLINICS IS RECOMMENDED TO ACCELERATE THE PACE OF CHANGE.

**Note: Pace of change highly dependent on local context, team resources, and funding models.*

NUMBER OF CHANGE AGENTS BY ROLE



RATIO OF IMPROVEMENT FACILITATOR FTE TO CLINICS IN ALBERTA BY ZONE



RECOMMENDED CHANGE AGENT SUPPORT PER CLINIC **~0.2 FTE**

CHANGE AGENT BLUEPRINT

CHANGE AGENTS POSSESS SKILLS, TOOLS, AND RESOURCES THAT ENABLE PRACTICES TO NAVIGATE THEIR JOURNEY TOWARDS PMH TRANSFORMATION.



PMH
INFLUENCE
QI TOOLS

The Change Agent Blueprint outlines the AMA commitment for building health system transformation including a plan to:

- Identify and recruit
- Develop
- Deploy
- Progress and Retention