

Enhancing primary care in Alberta



Why is this issue important to Albertans?

- Many Albertans do not have a family physician: physician practices are full, not taking new patients.
- Albertans go to emergency rooms for non-emergent primary health concerns, or go without care.
- Primary care networks (PCNs) lay the foundation for primary health care delivery; we can build on their success.

AMA's perspective

- **Establish the “medical home”** – a medical office or clinic, based on five pillars:
 - A personal family doctor for every patient.
 - Access to a physician-led, patient-centered team.
 - Timely access to patient-centered care.
 - Coordination of care including access to consulting specialists.
 - An electronic health record (electronic information and communication).
- **Primary care networks are a driving force in Alberta’s primary care strategy**
 - The 2011 final report of the Malatest evaluation, commissioned by the three parties, makes an exceptionally strong case for PCNs as building blocks and pillars for the future of primary care.
 - An increase in per-capita funding is required for PCNs to truly support enhanced teams within primary care networks. Current funding falls far short of that needed to:
 - ▶ Move toward the accepted benchmark ratio of 3 health care professionals to 1 physician.
 - ▶ Support infrastructure required to house enhanced PCN health care teams.
- **Many examples support the success of PCNs across Alberta.** A small sample of these local solutions to local health issues include:
 - **Wood Buffalo PCN** – Number of patients seen by physicians increased by 99.6% over the last year. With more nurses joining the program, this trend is likely to continue.
 - **Westview (Spruce Grove) PCN** – 44% of patients receiving care at an after-hours clinic indicated that otherwise they would have gone to the emergency department.
 - **Edmonton Oliver PCN** – a nurse-led anti-coagulation management program for monitoring and patient education frees up hours of physician time to spend with patients.
 - **Chinook (Lethbridge) PCN** – All clinics offer access within five days.

AHW perspective in Alberta's 5-year Health Action Plan and Alberta Health Act

- The Alberta Health Act supports a Health Charter that “should specifically commit that all Albertans have access to primary care services through primary care teams.”
- Strategy 3 (5-year Health Action Plan):
 - “PCNs are new and innovative solutions to improving primary health care in Alberta. A primary care network improves delivery of primary health services through: Integration, Capacity, Access and Innovation.”
 - “Further expansion and fine tuning of PCNs, as well as introduction of other ways of delivering primary care services will help to ensure primary health care programs and services are available to Albertans.”
 - “What we will do: Better connect Albertans to family doctors and other health care providers.
 - ▶ Expand Albertans’ access to primary health-care teams, giving 100,000 more Albertans access to primary health care.
 - ▶ Increase the involvement of nurse practitioners, physician assistants, and other health-care providers in the delivery of primary health care.”

Opportunities to work together

- Rather than reinventing the wheel, enhance PCNs expand health care teams. Based on the Malatest evaluation, PCNs benefit Albertans in the provision of primary health and medical care.
- Increase funding to support:
 - Infrastructure required to house enhanced PCN health care teams.
 - Enhanced PCN teams to support the benchmark ratio of 3 health care professionals to 1 physician.
- Continue to support PCNs with physicians as the quarterback of the patient-centered team of health care professionals, each working within their scopes of practice.
- Support models that address challenges of rural PCNs.
- Introduce new AHW payment rules that support the PCN team approach for care provided by another health professional working with a physician. Currently, the rules only allow payment if a physician sees a patient. This “whites of the eyes” rule does not support team-based care.
- Develop new forms of visits to make access to care more convenient for patients by publicly insuring advice by other means, including:
 - Enhanced communications –telephone visits, email, electronic consultation
 - Options for reimbursement for telephone or email consultations between family physicians and specialists, where formal specialist consultation is not required.

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