

## **Primary Care in Alberta: A panel conversation with Health Minister Jason Copping and primary care physician leaders**

November 22, 2021

Webcast Summary

### **Minister Copping's Opening Remarks**

Minister Copping opened by sharing that the pandemic remains the top priority and he is committed to guiding and supporting the province through the current crisis. The current top three priorities are building and expanding health system capacity, vaccination, and preparing the health system to respond to COVID-19 and other health crisis. Primary care is the foundation of the system and supports all three priorities. He is here to talk about the issues and listen to physicians.

### **Question 1 – Primary care and the three priorities**

*Since you stated the original three priorities, have you reached out to various physician leaders to hear their perspectives directly?*

Minister Copping responded that primary care is critically important to delivering on all three priorities. A group COVID-19 billing code is being worked on to allow physicians to address vaccine hesitancy. Alberta Health has engaged Ernst and Young to prepare for future waves of COVID-19 or other crises. They want to involve doctors in this conversation and be more engaged with physician leaders than the previous Ernst and Young report.

### **Question 2 – Virtual care codes**

*Are you willing to immediately review and revise the virtual care codes outside of negotiations to better reflect the work that family physicians are doing for patients virtually?*

Dr. LaBuick expressed that they appreciate the process, but many physicians are facing critical times and there is a level of urgency. There are concerns that we will be faced with a shortage of family physicians.

Minister Copping has heard from the AMA and family physicians about virtual care code issues. The Virtual Care Working Group has developed short-term recommendations that are with the steering committee for review. He sees incredible alignment with government and AMA interests in supporting the system. They are willing to look at something in the interim, but also need to solve it in the long-term. They are also looking at Z codes with the AMA.

### **Question 3 – COVID-19**

*When can we expect informed strategic direction and policy to support members from the health care system to co-design the new normal that we are anticipating in coming months, and can you comment on strategic elements to expect from government?*

The Minister responded that they are taking both short-term and medium-term approaches. They have engaged a consulting firm to look at building more resiliency in the system. They are getting input from AMA and other stakeholders about what it looks like coming out of the fourth wave. Part of the approach is having broader conversations with lots of groups and mechanisms for explaining what government is doing and why. A more detailed framework will come out in the next 2-3 weeks.

Dr. Greyvenstein encouraged the ministry to look at existing resources in the province.

### **Question 4 – Patient's Medical Home**

*What supports will you make available to assist physicians in moving towards a comprehensive medical home model?*

Dr. Bahler expressed that it's scary when they hear the ministry talk about new models of care. It's important to lean on experts in the province in discussions moving forward.

Minister Copping views primary care in a medical home model as the foundation of the system and recognizes funding is required to support the model. Zone PCN Committees are setting up zone service plans. The Minister recognized that he doesn't have all the answers and is interested in what the panel see as the gaps.

#### **Question 5 – Recruitment/retention**

*What are your plans to address the overall shortage of family doctors in Alberta?*

Dr. Myhr commented that it is imperative there are discussion with the right stakeholders and that it is impacting regional centres like Lethbridge, and we will see long term impacts on patients.

Minister Copping expressed that this is a complex problem that is impacting healthcare professionals across the spectrum. They are looking at a variety of solutions including expanding training programs, locums, workforce planning and paying for school for with the expectation of returning to the community. There isn't a one size fits all and certain communities will have different approaches and needs. This is critical to the future of the system.

#### **Question 6 – Funding for Primary Care Networks (PCNs)**

*What is your plan to address funding inequities between rural and urban PCNs?*

Dr. Greyvenstein commented that this has been a topic at provincial tables for months and it is reassuring to hear the Ministers response and that there is a willingness to participate and co-design.

The Minister responded that the government supports PCNs, and we need to sit down to figure out how to support them. He understands that there is an issue, and we need to be wary about how we recognize the different needs of PCNs while providing effective care and fiscal sustainability. The Provincial PCN Committee could be a mechanism to identify the issues and potential solutions.

#### **Question 7 – Primary care and Alberta Surgical Initiative (ASI)**

*How can you ensure that there are consistent opportunities for primary care input into ASI, and that we have appropriate resources allocated to carry out our role in this project?*

The Minister responded that primary care plays an important role in ASI. It's not just about building surgical capacity, but also building capacity within the current system. There are already touch points in place to get input into strategy development and there is a role for primary care to provide input on the five key strategies. He asked for the panelists feedback on whether the supports are sufficient and if there has been enough involvement.

Dr. Letwin expressed that it's critical to bolster supports in PCNs beyond co-design. Dr. Bahler commented that he would also like to see more strategic consultation. Implementation supports are critical, and it is difficult to engage practices that are crumbling and destabilized

#### **Question 8 – Electronic Medical Records (EMR) in community offices**

*Will there be an opportunity for the ministry to support physicians in obtaining an agreement with EMR vendors?*

Dr. Greyvenstein expressed that it's difficult for physicians to get what they need from vendors. Dr. LaBuick shared there is no integration into EMR systems such as Connect Care and Netcare, and there needs to be a commitment to continuity of information.

The Minister acknowledged that he doesn't have all the answers and that EMR is needed for practices to share information easily. He is committed to working with the AMA to find the best solutions while being mindful of the costs. Collectively want to keep costs down while delivering a system that's better for patient care.

**Take home messages for Minister Copping from panelists**

The panelists expressed that it's important to continue to engage primary care physicians utilizing their knowledge and they are willing to help get the system back on track, but they also want to see actions. They cautioned that it feels like history is repeating itself and it can take years to redevelop relationships.

**Closing Remarks from Minister Copping**

The Minister found the conversation invaluable and is looking to have more in the future. He fully recognizes the critical role that primary care plays in the health system.