



# A SYSTEMATIC APPROACH TO IMPLEMENTING THE MEDICAL HOME MODEL

A journey towards optimization

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# PRESENTER DISCLOSURE

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- Medical Director | South Calgary Primary Care Network
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# INTRODUCTION

## Learning Objectives:

- Strengthen team-based care approaches to improve collaboration, communication and patient-centered care
- Develop skills to manage change initiatives ensuring staff engagement and sustainable solutions
- Understand and apply innovative strategies to improve patient care and operational efficiency

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**What are the biggest challenges you face in implementing the Patient's Medical Home model?**

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# PATIENT'S MEDICAL HOME MODEL



Primary Care Network (PCN) Support

System Level Support

# SCPCN IMPLEMENTATION OF THE PATIENT'S MEDICAL HOME MODEL

## PMH OPTIMIZATION

Quality Improvement  
& Evaluation Strategy

## FUNCTIONS

Practice  
Facilitators



Primary Care  
Behavioural Health  
Providers



Physician  
Champion



EMR Support  
Specialists



After Hours On-  
Call Program



Up-To-Date  
Support

UpToDate

Patient  
Workshops



SCPCN Programs  
& Services



## FOUNDATIONS

Business Intelligence &  
Secure Data Structure



Governance &  
Physician Advocacy



PMH Funding &  
Agreements



Medical  
Director



# PATIENT'S MEDICAL HOME EVALUATION CHALLENGES

How does PMH support coordinated care for patients?

How does PMH enable team-based care?

How has PCBH integration enhanced PMH capacity?

How does PMH improve patient access?

## Performance Measurement Framework (PMF)

How does PMH reduce the burden on urgent and acute care?

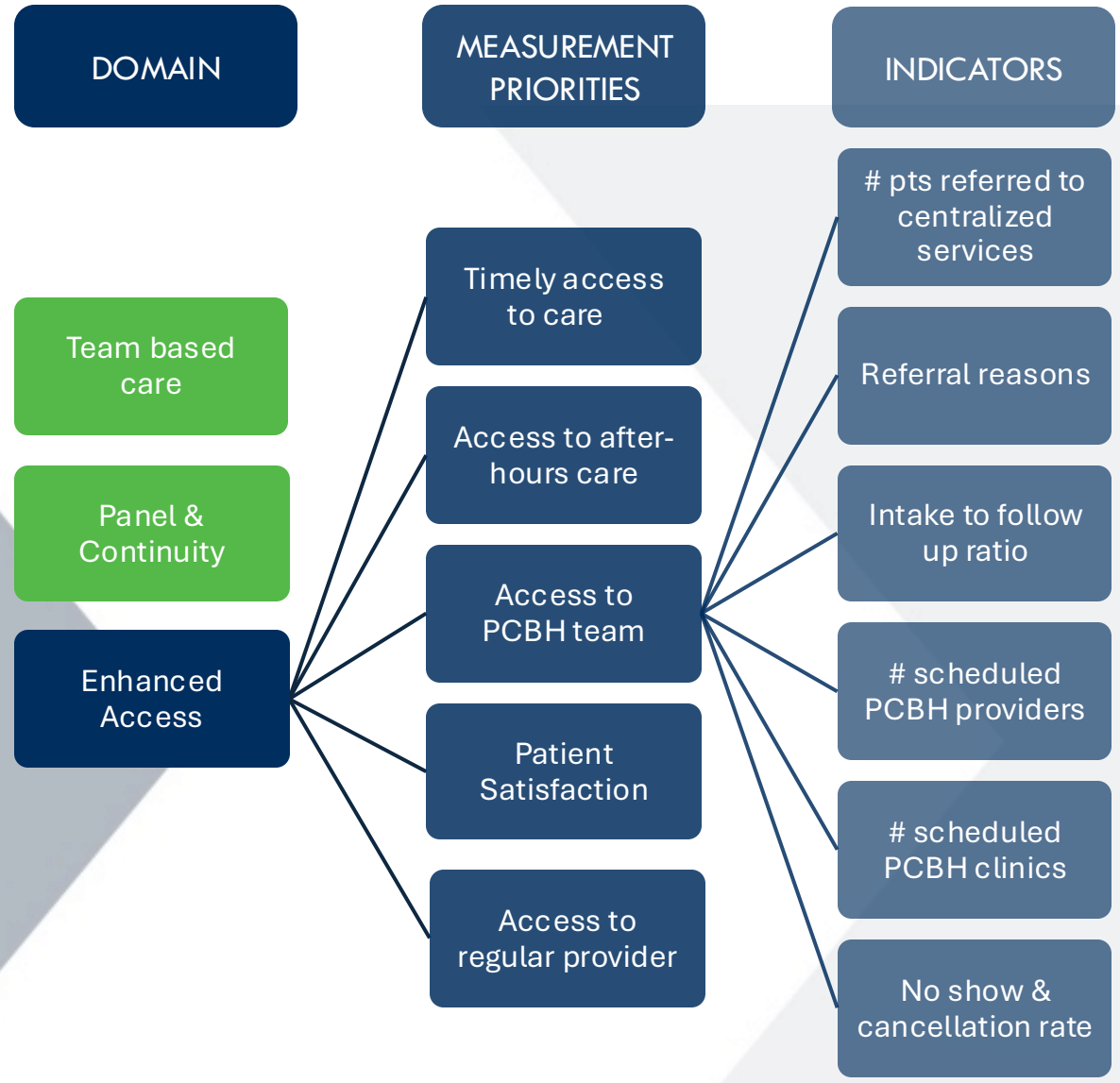
Physician feedback

EMR data

External reports

Patient experience

# PMF PROJECT SCOPE – ENHANCED ACCESS



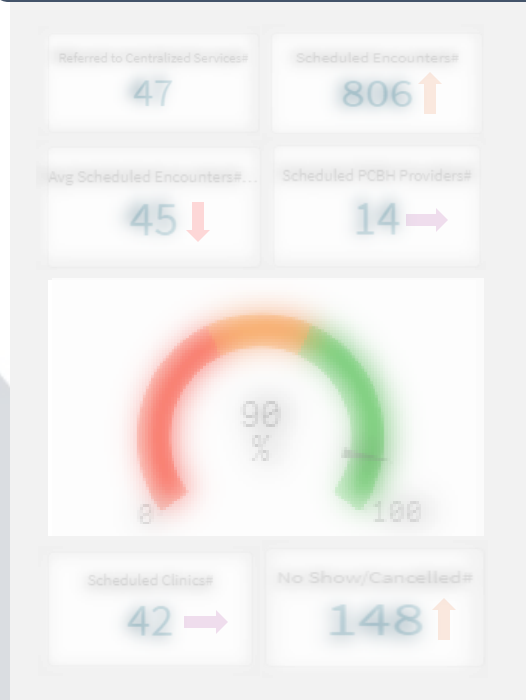
# FUTURE (POST PMF)

## Evaluation & QI

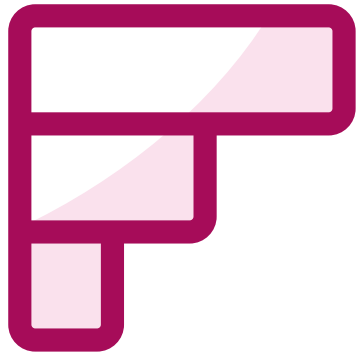
- What impact has the PCBH program had on utilization of SCPCN centralized services?
- Implement a QI project to explore why no-show rates have increased.
- Determine the ideal provider/panel ratio to ensure timely access

# KPI DASHBOARDS

## KPIs (Dashboard) \*\* not real data \*\*

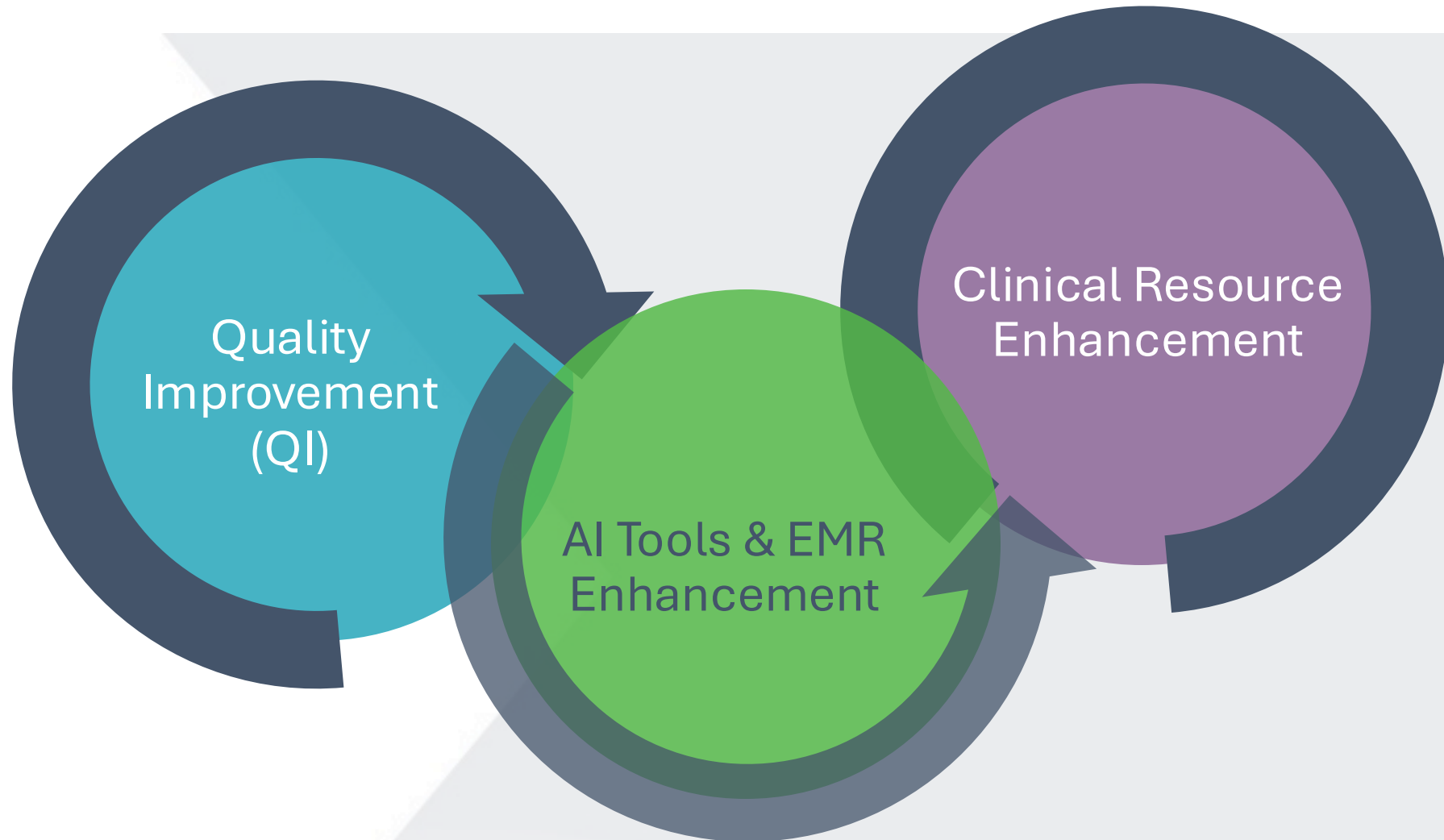


Measurement priorities for access	Indicators	Indicator performance	Opportunity for in depth evaluation or new indicators in PMF	Examples of performance	Interventions currently addressing specific type of access
Access to a regular provider	Average Physician Continuity	✓		Above zone and provincial averages	<ul style="list-style-type: none"> <li>Panel analysis</li> <li>Panel validation</li> <li>CII/CPAR submissions for panel conflicts</li> <li>Conversations with patients</li> </ul>
	Average Clinic Continuity			Above zone and provincial averages	
	Patients with a regular PHC provider			98% (high)	
Timely access to care	TTNA	! (red)	🔍	Higher than provincial target	<ul style="list-style-type: none"> <li>Continuous measurement of TTNA</li> <li>🔍 projects to reduce wait time</li> </ul>
	Patient perception of acceptable access	✓		89% (high)	
Access to after-hours care	Availability of after-hours on-call services	✓	🔍	Every week one physician is on call throughout year	<ul style="list-style-type: none"> <li>Clinics working extended hours receive after-hours stipend</li> <li>One physician is on call 24/7 every week</li> </ul>
	After hours service arrangement	✓		43% (physicians)	
Access to centralized services	Referral rates	✓	🔍	High (see Table 1)	<ul style="list-style-type: none"> <li>Clinics and physicians have access to centralized programs</li> <li>PCBH providers support patients in navigating referrals to centralized services</li> </ul>
	Clinics with access to PCBH services			86% (high)	
Timely access to information	CII/CPAR adoption rate	✓	🔍	93% (higher than provincial and zone adoption rates)	<ul style="list-style-type: none"> <li>Support member clinics in participation in provincial CII/CPAR initiative</li> </ul>



**Please rank these challenges in evaluating the Patient's Medical Home model.**

# OPTIMIZATION OF THE PATIENT'S MEDICAL HOME



# CASE STUDY #1



A clinic's journey to  
PMH Optimization



## CASE STUDY #2



A clinic's journey to  
PMH Optimization



# INNOVATIONS SHAPING THE FUTURE OF PRIMARY CARE



**EMERGING  
TECHNOLOGIES**



**PATIENT  
EXPERIENCE  
INSIGHTS**



**VIRTUAL CARE &  
TELEMEDICINE**



**PERSONALIZED &  
PREDICTIVE  
MEDICINE**



**ELECTRONIC  
HEALTH  
RECORDS**



**PRIMARY CARE  
EXPANSION &  
ALTERNATIVE PAYMENT  
MODELS**

# KEY TAKEAWAYS

Engagement  
& Teamwork

Co-ordinated  
Approach

Innovation &  
Integration



## Audience Q&A

① The Slido app must be installed on every computer you're presenting from



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