

Alberta Health

Primary Care Network (PCN) Profiles

Aspen Primary Care Network

3rd Edition, October 2020

Table of Contents

Introduction	i
Primary Care Network (PCN) Information	1
Provincial Map of GP Services for the PCN	2
Local Focused Map of Select GP Services for the PCN	3
Demographics	4
Table 1.1 Distribution of PCN Panel Population by Age and Gender as at March 31, 2019.....	4
Figure 1.1 Percentage Distribution of the PCN Panel versus All Alberta PCNs Population by Age Groups as at March 31, 2019	4
Figure 1.2 PCN Panel Population as at End of Fiscal Years 2015 – 2019	5
Socio-Determinants of Health Indicators	6
Table 2.1 Population Percentage of First Nations with Treaty Status and Inuit as at March 31, 2019..	6
Chronic Disease Prevalence	7
Figure 3.1 PCN Panel Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2014/2015 – 2018/2019 (Chronic Obstructive Pulmonary Disease, Diabetes, Hypertension, Ischemic Heart Disease)	7
Figure 3.2 PCN Panel versus Alberta PCNs Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2018/2019 (Chronic Obstructive Pulmonary Disease, Diabetes, Hypertension, Ischemic Heart Disease)	8
Maternal and Child Health	9
Table 4.1 PCN Panel Maternal and Child Health Indicators for Three-Year Period (Number of Births, Percent of Low/High Birth Weight, Birth Rate, Fertility Rate, Teen Birth Rate, Percent Maternal Prenatal Smoking).....	9
Inpatient Service Utilization	10
Table 5.1 Inpatient Separation Rates (per 1,000 population) for the PCN Panel versus Alberta PCNs Panel, Fiscal Years 2014/2015 – 2018/2019.....	10
Figure 5.1 PCN Panel Age-Standardized Inpatient Separation (IP Sep) Rates (per 100,000 population) for Selected Conditions, 2014/2015 – 2018/2019 (Asthma, Diabetes, Influenza, Ischemic Heart Diseases, Mental and Behavioural Disorders due to Psychoactive Substance Use, Pneumonia, Pulmonary Heart and Pulmonary Circulation Diseases)	10
Figure 5.2 PCN Panel versus Alberta PCNs Age-Standardized IP Sep Rates (per 100,000 population), for Selected Conditions, 2018/2019 (Asthma, Diabetes, Influenza, Ischemic Heart Diseases, Mental and Behavioural Disorders due to Psychoactive Substance Use, Pneumonia, Pulmonary Heart and Pulmonary Circulation Diseases)	11

Appendix A – Definitions 12

Appendix B – PCN Panel Distribution by Municipality (Top 30)..... 16

Note:

Qualifiers such as ‘higher than’, ‘much lower than’, ‘similar to’ etc. are used throughout the PCN profile to compare Primary Care Network (PCN) indicator values to the provincial PCN panel average. Note that the qualifiers ‘similar’ and ‘comparable’ are chosen to describe situations in which the PCN indicator value is either identical or very close to the provincial PCN average. For further details on these qualifiers please refer to Appendix A.

Suggested Citation:

Alberta Health Primary Health Care – Primary Care Network (PCN) Profiles: [insert PCN name], 3rd Edition, October 2020

INTRODUCTION

The Government of Alberta is working to improve primary health care in the province through its investment in Primary Care Networks (PCNs) to support the delivery of team-based primary care. PCNs are partnerships between a group of family physicians (who form a non-profit corporation) and Alberta Health Services (AHS) to provide interdisciplinary programming and services such as chronic disease management and prevention, mental health, geriatric care, rehabilitative care, palliative care, family planning, and obstetrical care. They aim to provide comprehensive, collaborative primary health services to the local communities they serve.

In Alberta, there are a total of 41 PCNs with over 4,000 physicians and 1,300 other full-time equivalent health care providers (such as nurses, dietitians, psychologists, mental health therapists, pharmacists and midwives) serving over 3.8 million Albertans (approximately 85% of the population). Each PCN has the flexibility to develop programs and provide services in a way that meets the specific needs of patients. Allocation of funding is a PCN Board decision based on many different factors including, but not limited to, population-based data. PCNs are divided into five zonal groups that align with the five AHS Zones to help ensure the integration of services and uniformity in the various areas of the province.

PCNs were originally established under the 2003-2011 Trilateral Master Agreement between Alberta Health, the Alberta Medical Association (AMA) and the regional health authorities (now AHS). PCNs were established because the parties were concerned about the number of Albertans who did not have a family physician, the decreasing number of medical students choosing family medicine and the lack of coordination in primary health care delivery. The first PCN opened in 2005.

Alberta Health developed "PCN Profile" reports (Profiles) to assist PCNs with primary health care planning by providing a broad range of demographic, socio-economic and population health statistics considered relevant to primary health care for communities across the province. The Profiles provide information for each PCN and highlight areas of need for relevant information to support the consistent and sustainable planning of primary health care services. Each Profile offers an overview of the current health status of paneled patients in the PCN, indicators of the PCN's current and future health needs, and evidence as to which quality services are needed on a timely and efficient basis to address the PCN's and its patients' needs. Each report includes sections that present panel-level information. The Profiles also include Appendices with definitions and the PCN panel patients' geographic distribution by municipality.

For more information, contact Alberta Health's PCN Operations Unit at PCNOps@gov.ab.ca.

Note:

Various data sources are used to compile the PCN Profiles. The Profiles are developed through the collaboration of Alberta Health's divisions: Health Standards, Quality and Performance and Health Workforce Planning and Accountability with Alberta Health Services.

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Primary Care Network (PCN) Information

This section contains information (demographics, First Nations/Inuit population proportion, maternal and child health rates, chronic disease prevalence, and inpatient service utilization) presented at both the individual PCN Panel and the Provincial PCN Panel. As of 2020/2021 there are 41 active PCNs in Alberta. The panel totals for these PCNs vary from very small (~4k) to very large (~360k).

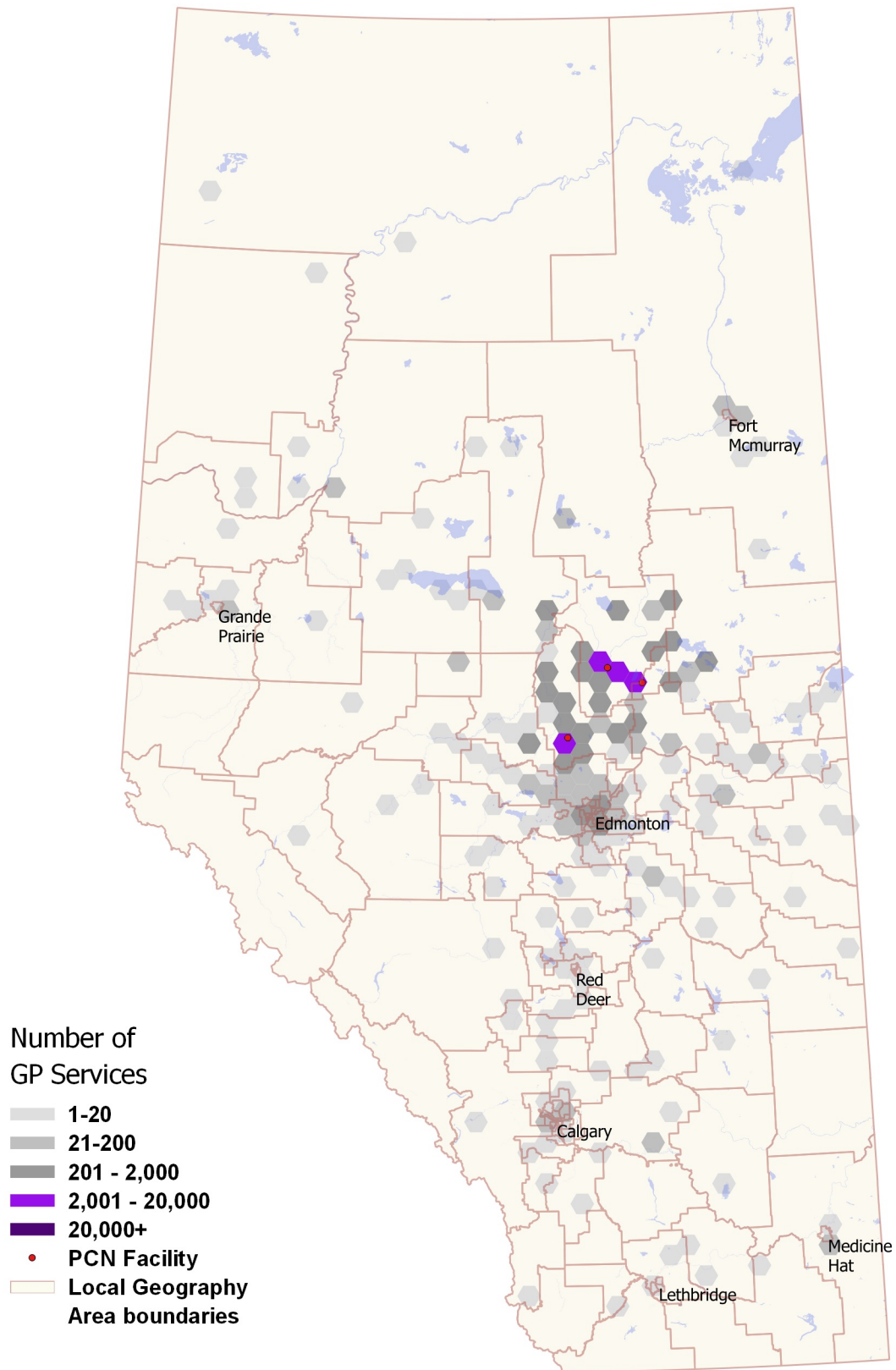
Map Descriptions:

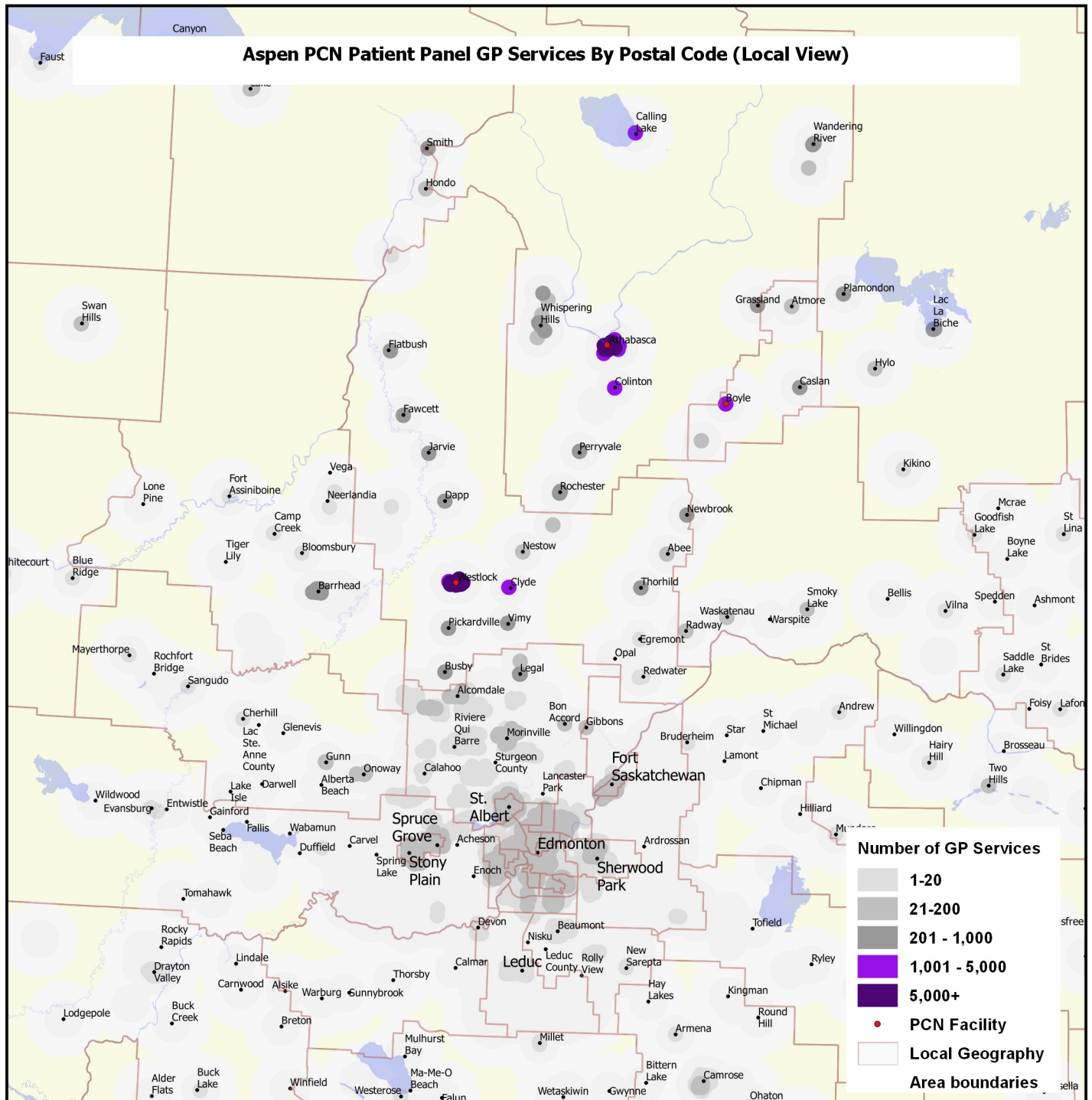
***The provincial view map** depicts the distribution of PCN panel patient GP services by postal code at the level of the whole province. The hexagons capture GP services to panel patients residing at all postal codes within the hexagon area.*

***The local view map** depicts the distribution of PCN panel patient GP services by postal code for the core service area near PCN facilities. The local view maps are calculated by drawing a 2 km radius around every postal code and aggregating the data for all postal codes that fall within each circle. In rural areas, the population of postal codes is aggregated to towns with post offices and therefore the circles represent the town and surrounding rural population together. Additionally, concentric 5 and 10 km buffers surround the 2 km circles, or clusters of 2 km circles. The PCN postal codes do not actually fall within these light grey buffer areas, as the core PCN population, or their post office locations, are located within 2 km of the circle centers.*

In both maps, PCN facilities (only those where GP services from panel patients were reported during the report timeframe) are represented through red dots. The number of patient panel GP services is captured through shades of grey or purple, where intensity of services increases from light grey (lowest) and dark grey, to lighter purple and darker purple (highest). Local geographic area boundaries (132 Alberta subdivisions identical to the ones used in the Community Profiles: <http://www.health.alberta.ca/services/PHC-community-profiles.html>) depicted with lines, municipality names (black text) and lakes (light blue) are also provided as reference features.

Aspen PCN Patient Panel GP Services by Postal Code (Provincial View)





Primary Care Network: Aspen Primary Care Network

DEMOGRAPHICS

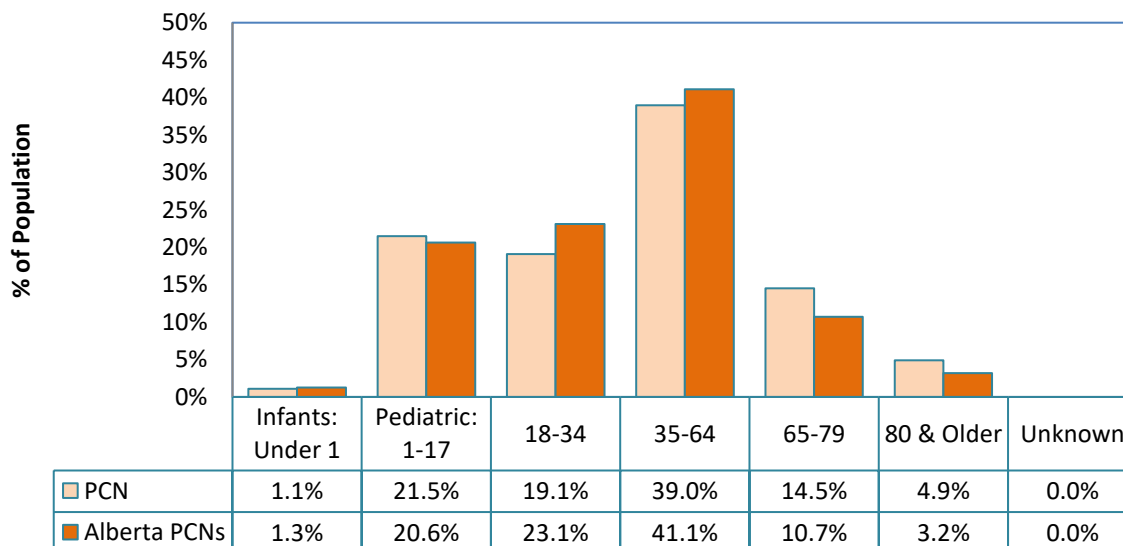
Table 1.1 shows the population distribution of the Primary Care Network (PCN) patient panel broken down by age group and gender, for the most recent fiscal year available. Specific age groups have been identified. Children under the age of one were defined as infants, while the pediatric age group includes all minors excluding infants. People with no age information available were categorized as unknown.

TABLE 1.1 Distribution of PCN Panel¹ Population by Age and Gender
 As at March 31, 2019

Primary Care Network Panel Population			
Age Group	Female	Male	Total
Infants: Under 1	208	225	433
Pediatric: 1-17	4,290	4,386	8,676
18-34	3,652	4,058	7,710
35-64	7,801	7,944	15,745
65-79	2,913	2,959	5,872
80 & Older	1,081	899	1,980
Unknown	0	0	0
Total	19,945	20,471	40,416

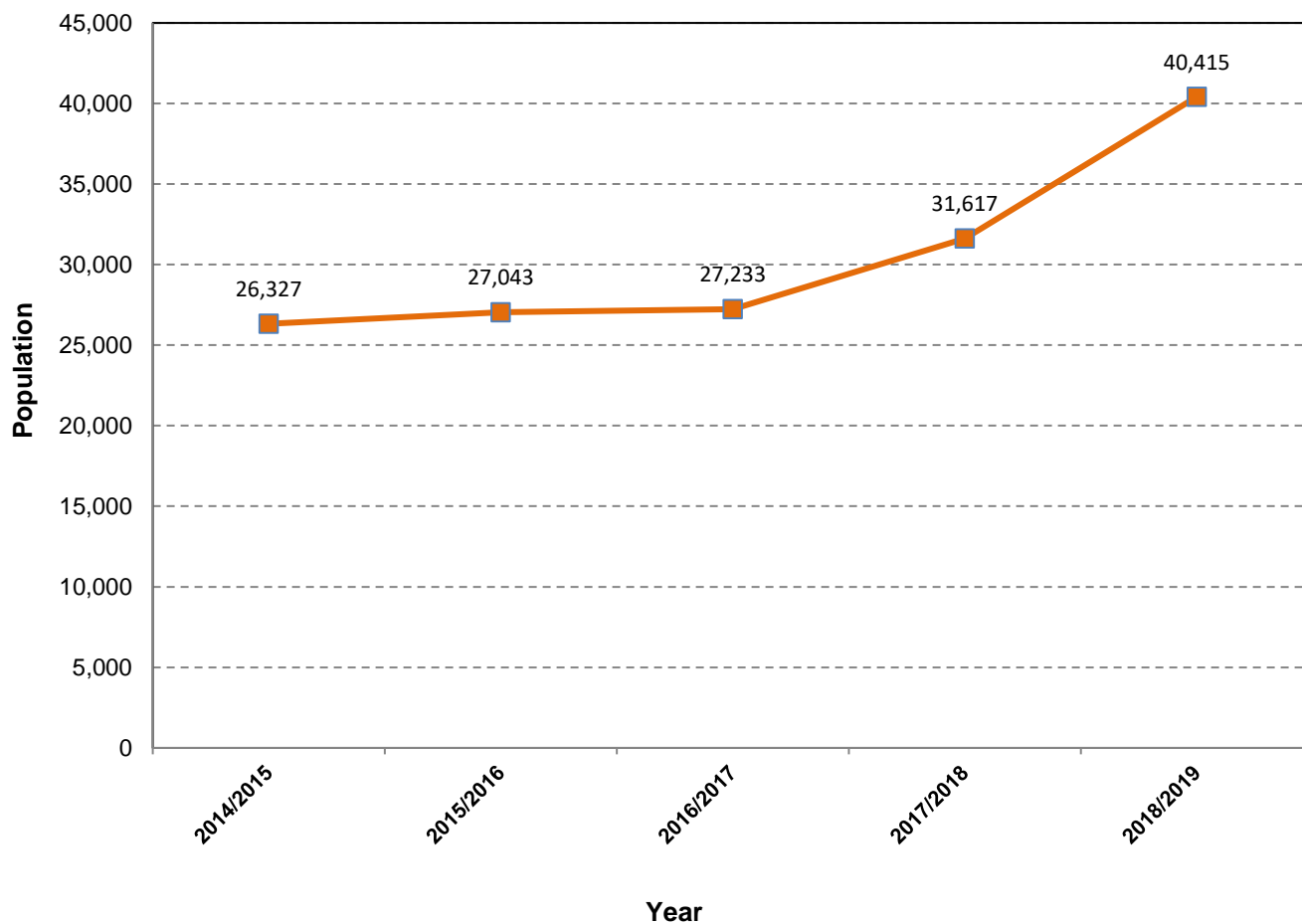
Figure 1.1 profiles the panel population distribution by age group for both the PCN and all PCNs in Alberta, for the most recent fiscal year available.

FIGURE 1.1 Percentage Distribution of the PCN Panel versus All Alberta PCNs Population
 By Age Group as at March 31, 2019



The population counts for each year between 2015 and the most recent fiscal year are provided in Figure 1.2.

FIGURE 1.2 Primary Care Network Panel Population² Covered as at End (i.e. Mar 31) of Fiscal Years 2014/2015 - 2018/2019



The population of Aspen Primary Care Network increased by 53.5% between 2015 and 2019. A lowest of 26,327 individuals was reported in 2015 and a peak of 40,415 people was reported in 2019.

Sources:

Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry File, Alberta Health
Primary Care Network (PCN) Patient Panel File, Alberta Health

Notes:

¹ Patient panel derived based on four-cut methodology.

² Population might be missing during early years due to some PCNs being established later on. See Appendix A for details.

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SOCIO-DETERMINANTS OF HEALTH INDICATORS

Table 2.1 present information regarding First Nation and Inuit populations for both the PCN panel and all PCNs in Alberta. This information is presented as percentages.

TABLE 2.1 Population Percentage of First Nations with Treaty Status¹ and Inuit as at March 31, 2019

First Nations with Treaty Status and Inuit Population		
	Aspen Primary Care Network	Alberta PCNs
Percent of Population that is First Nations or Inuit	12.3%	2.5%

Sources:

*Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry Files, Alberta Health
Primary Care Network (PCN) Patient Panel File, Alberta Health*

Notes:

¹ See Appendix A for definition.

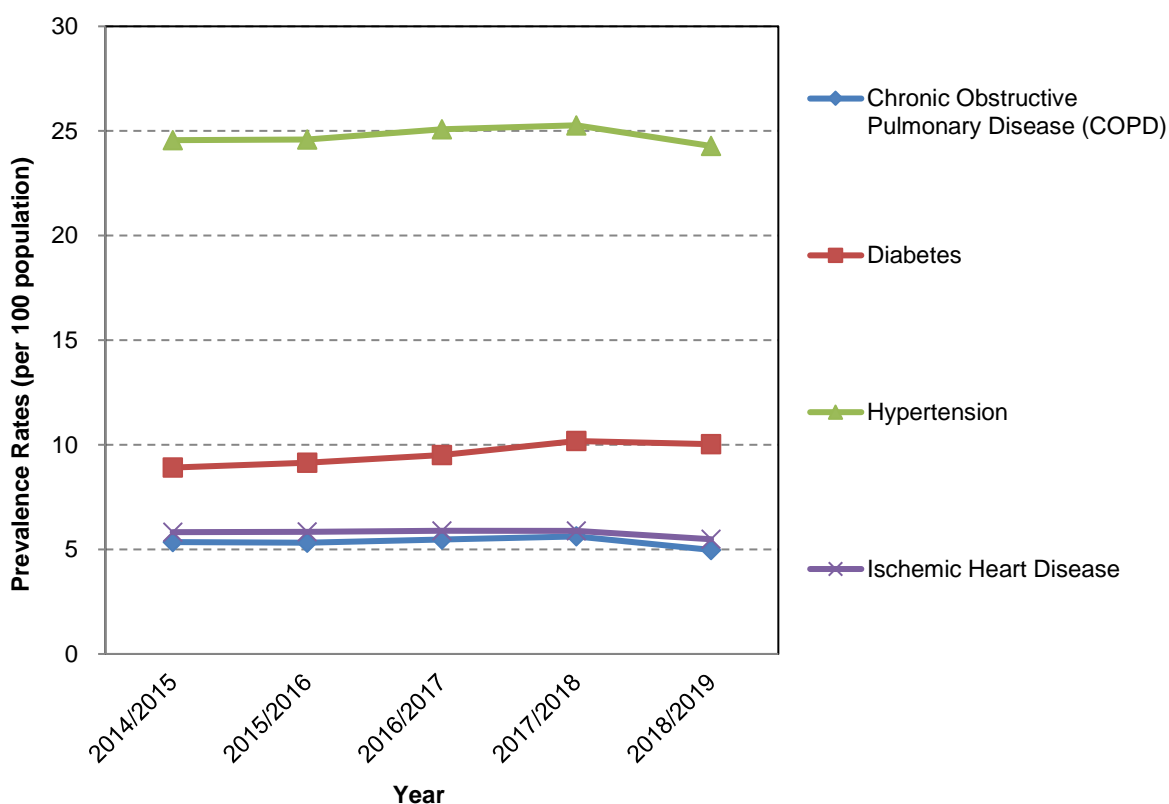
² Patient panel derived based on four-cut methodology. See Appendix A for details.

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CHRONIC DISEASE PREVALENCE

Figure 3.1 displays the rates per 100 population of the select chronic diseases in the PCN patient panel. The prevalence rates refer to the number of diagnosed individuals at a given time and have been standardized by age.

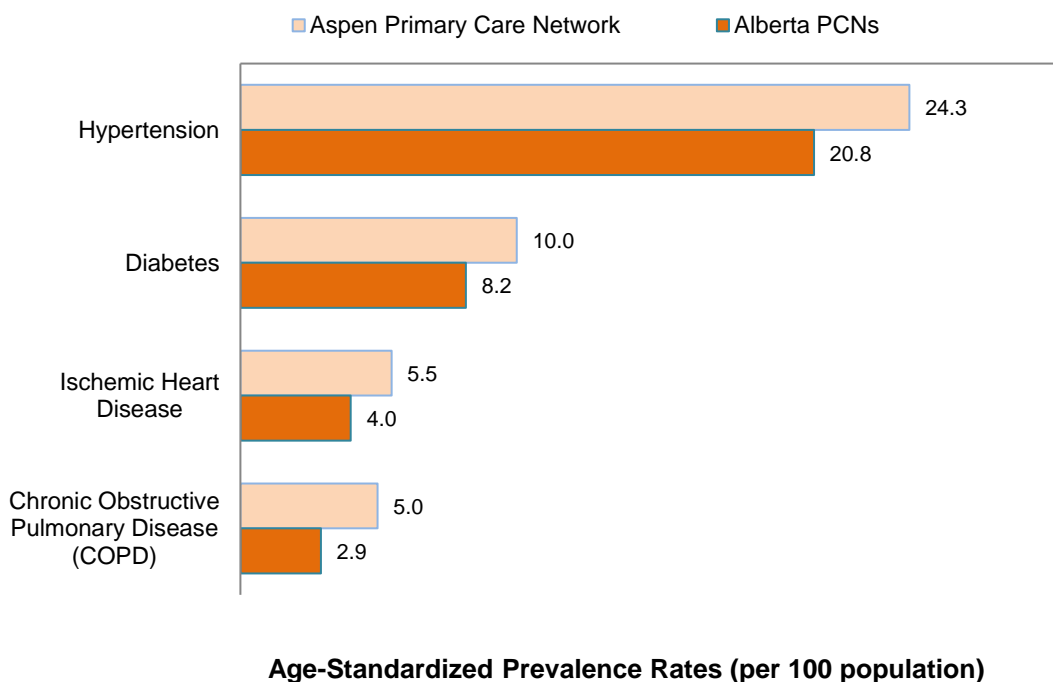
FIGURE 3.1 PCN Panel Age-Standardized Chronic Disease Prevalence Rates^{1,2,3} (per 100 population) 2014/2015 - 2018/2019



On average, the condition with the highest chronic disease prevalence rate reported for Aspen Primary Care Network during 2014/2015 to 2018/2019 was hypertension. In 2018/2019, Aspen Primary Care Network ranked number 5 in hypertension, number 6 in diabetes, number 4 in ischemic heart disease and number 3 in COPD among prevalence rates reported for the 41 Primary Care Networks.

Figure 3.2 depicts the 2018/2019 age-standardized prevalence rate for select major chronic diseases, per 100 population, for both the PCN panel and all Alberta PCNs.

FIGURE 3.2 PCN Panel versus Alberta PCNs Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2018/2019



In 2018/2019, the Aspen Primary Care Network prevalence rate for hypertension per 100 population was 1.2 times higher than the corresponding rate reported for the provincial PCNs (24.3 vs. 20.8 AB PCNs). In addition, Aspen Primary Care Network showed prevalence rates higher than the provincial PCN rates for 4 out the 4 chronic diseases included above.

Sources:

- Alberta Health Care Insurance Plan (AHCIP) Physician Claims Data, Alberta Health*
- Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health*
- Alberta Hospital Discharge Abstract Database (DAD), Alberta Health*
- Primary Care Network (PCN) Patient Panel File, Alberta Health*
- Census 2011 Population Data, Statistics Canada*

Notes:

- ¹ Age-standardized prevalence rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 2011 census population.
- ² Patient panel derived based on four-cut methodology. See Appendix A for details.
- ³ Population might be missing during early years due to some PCNs being established later on. See Appendix A for details.

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MATERNAL AND CHILD HEALTH

Table 4.1 highlights maternal and child health indicators such as birth weight, fertility rate, teen birth rate and prenatal smoking for the PCN panel and all Alberta PCNs. The indicator information is presented as rates, percentages, or raw numbers, depending on the indicator.

TABLE 4.1 PCN Panel² Maternal and Child Health Indicators³ for Three-Year Period

Maternal and Child Health Indicators	Period	Aspen Primary Care Network	Alberta PCNs
Number of Births	2016/2017 - 2018/2019	997	146,135
Percent Low Birth Weights (of Live Births) ¹ , less than 2500 gm		6.0%	6.9%
Percent High Birth Weights (of Live Births) ¹ , greater than 4000 gm		13.4%	8.3%
Birth Rate (per 1,000 population) ¹		20.0	22.9
Fertility Rate (per 1,000 Women 15 to 49 Years) ¹		48.8	46.5
Teen Birth Rate (per 1,000 Women 15 to 19 Years)		15.4	8.0
Percent of Deliveries with Maternal Prenatal Smoking		26.1%	10.2%

During 2016/2017 to 2018/2019, Aspen Primary Care Network 's birth rate of 20.0 per 1,000 women was lower than the provincial PCN rate, and the teen birth rate of 15.4 per 1,000 was higher than Alberta's PCN teen birth rate base on qualifier method. In addition, a much higher proportion of prenatal smoking cases were reported compared to the province (26.1% vs. 10.2% AB PCNs).

Sources:

Alberta Hospital Discharge Abstract Database (DAD), Alberta Health
Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry File, Alberta Health
Alberta Vital Statistics Births File
Primary Care Network (PCN) Patient Panel File, Alberta Health

Notes:

- ¹ See Appendix A for definition.
- ² Patient panel derived based on four-cut methodology. See Appendix A for details.
- ³ Some PCNs do not have indicator values for this section due to the PCN being established after 2011/2012. See Appendix A for details.

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INPATIENT SERVICE UTILIZATION

Table 5.1 describes inpatient separation¹ rates per 1,000 population for the PCN and Alberta PCNs patients accessing health facilities across all of Alberta. The rate of inpatient separations is the ratio between the total number of separations and the total panel population, for each year.

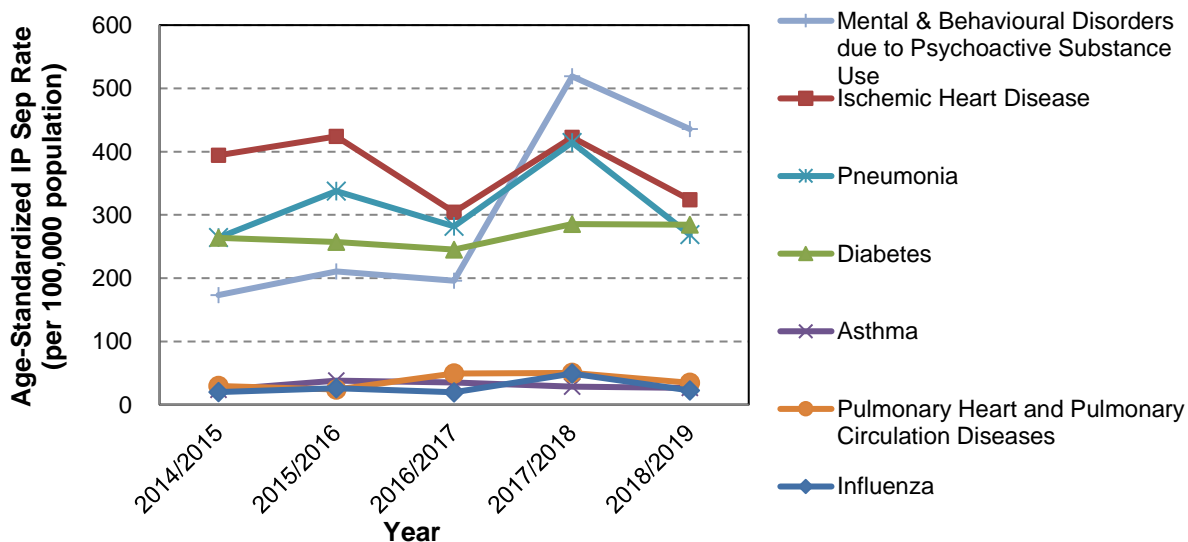
TABLE 5.1 Inpatient Separation Rates (per 1,000 population) for the PCN Panel² vs. Alberta PCNs Panel 2016/2017 - 2018/2019

Inpatient Separation Rates (per 1,000 population) ³		
Fiscal Years	Aspen Primary Care Network	Alberta PCNs
2016/2017	132.4	91.5
2017/2018	142.5	89.4
2018/2019	129.7	86.5

Aspen Primary Care Network 's inpatient separation rate for panel patients in this PCN varied between 129.7 in 2018/2019 and 142.5 in 2017/2018. In addition, in 2018/2019, the inpatient separation rate for patients in the Aspen Primary Care Network panel was 1.5 times higher than the provincial PCN rate (129.7 vs. 86.5 AB PCNs).

Figure 5.1 presents inpatient separation PCN panel rates for select health conditions (per 100,000 population), for the fiscal years 2014/2015 through 2018/2019. The rates have been standardized by age.

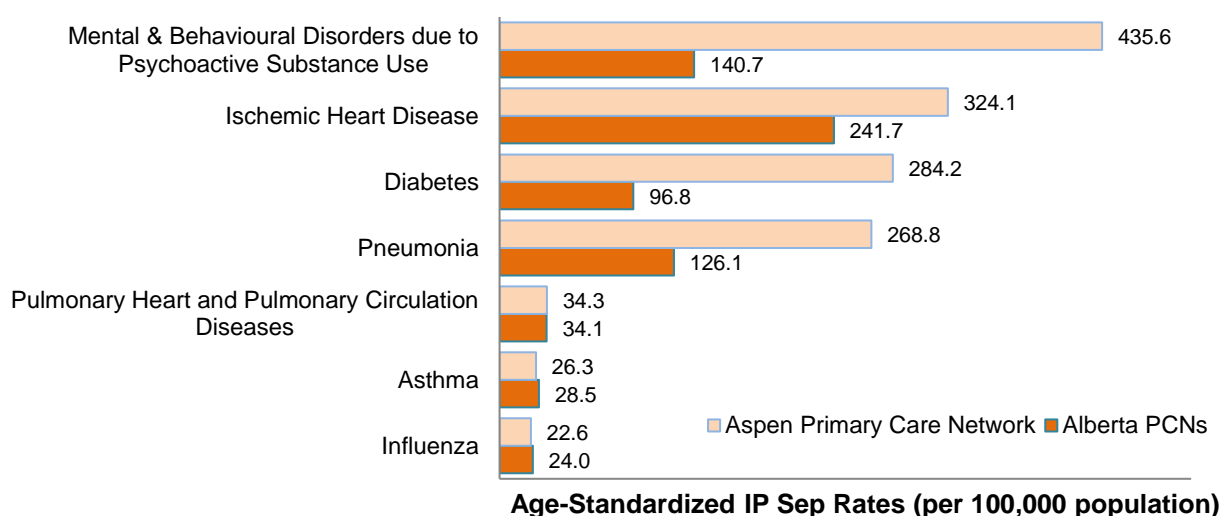
FIGURE 5.1 PCN Panel Age-Standardized^{3,4} Inpatient Separation (IP Sep) Rates (per 100,000 population) For Selected Conditions, 2014/2015 - 2018/2019



On average, the highest inpatient separation rates, among select health conditions, reported in Aspen Primary Care Network during 2014/2015 to 2018/2019 were due to ischemic heart diseases. These rates reached a high of 424.0 per 100,000 population in 2015/2016 and a low of 304.3 per 100,000 population in 2016/2017.

Figure 5.2 presents inpatient separation rates per 100,000 population for panel patients in the PCN, compared to provincial PCN rates, for the most recent fiscal year and select health conditions.

FIGURE 5.2 PCN Panel versus Alberta PCNs Age-Standardized IP Sep Rates (per 100,000 population) For Select Conditions, 2018/2019



In 2018/2019, the three highest inpatient separation rates were reported for mental & behavioural disorders due to psychoactive substance use, ischemic heart disease, and diabetes. The most common reason for inpatient separations in Aspen Primary Care Network panel was mental & behavioural disorders due to psychoactive substance use, which had a much higher rate compared to the provincial PCN rate per 100,000 population (435.6 vs. 140.7 AB PCNs). Additionally, Aspen Primary Care Network's inpatient separation rates were higher than the provincial rates for 5 of the 7 diagnoses.

Sources:

- Alberta Hospital Discharge Abstract Database (DAD), Alberta Health
- Alberta Health Care Insurance Plan (AHCIP) Quarterly Population Registry Files, Alberta Health
- Primary Care Network (PCN) Patient Panel File, Alberta Health
- Census 2011 Population Data, Statistics Canada

Note. ¹ See Appendix A for definition.
² Patient panel derived based on four-cut methodology. See Appendix A for details.
³ Population might be missing during early years due to some PCNs being established later on. See Appendix A for details.
⁴ Age-standardized rates are adjusted using the direct method of standardization, with weights from Statistics Canada's 2011 census population.

Definitions

Appendix A

Age Standardization

Age standardization is a technique applied to make rates comparable across groups with different age distributions. A simple rate is defined as the number of people with a particular condition divided by the whole population. An age-standardized rate is defined as the number of people with a condition divided by the population within each age group. Standardizing (adjusting) the rate across age groups allows a more accurate comparison between populations that have different age structures. Age standardization is typically done when comparing rates across time periods, different geographic areas, and or population sub-groups (e.g. ethnic group).

Birth Rate

The birth rate is the number of live births, of a given geographic area in a given year, per 1,000 population of the same geographic area in the same year. (Statistics Canada)

Chronic Obstructive Pulmonary Disease (COPD)

The population aged 35 and over who reported being diagnosed by a health professional with chronic bronchitis, emphysema or COPD. (Statistics Canada, Canadian Community Health Survey)

COPD is a progressive disease that makes it hard to breathe. It can cause coughing that produces large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms. Cigarette smoking is the leading cause of COPD. Most people who have COPD smoke or used to smoke. Long-term exposure to other lung irritants (such as air pollution, chemical fumes, or dust) also may contribute to COPD.

Fertility Rate

The fertility rate is the number of live births per 1,000 women of reproductive age (15 - 49 years) in a population per year. This is a more standardized way to measure fertility in a population than birth rate because it accounts for the percentage of women of reproductive age. (Statistics Canada)

Status First Nations

A status First Nation person refers to the legal status of a person who is registered under the *Indian Act*. Under the *Indian Act*, status First Nations persons, also known as a registered First Nation person, may be eligible for a range of benefits, programs and services offered by the federal and provincial/territorial governments. (Government of Canada (2020) "What is [First Nation] Status?" <https://www.sac-isc.gc.ca/eng/1100100032463/1572459644986> Retrieved October 15, 2020)

Four Cut Methodology

The Four Cut Funding Methodology is a way of assigning patients to one Primary Health Care Provider (PHCP) in the province. All PCN patients who have visited a family physician (or pediatrician or nurse practitioner in select circumstances) are assigned to a patient list for that PHCP. These patients are called enrollees. The application of the Four Cut Funding Methodology only permits patients or enrollees to be counted once even if they have seen multiple PHCPs.

A patient is added to the PHCP list in the following manner:

1. Single PHCP - A patient visiting a single PHCP is assigned to that PHCP.
2. Most Visited PHCP – The remaining patients who have seen more than one PHCP are assigned to the PHCP they visited most frequently.
3. Physical Exam – If the remaining patients have seen two PHCPs the same number of times, then they are assigned to the PHCP who completed the last physical exam.
4. Last PHCP – If the remaining patients have seen two PHCPs the same number of times and have not received a physical exam, then they are assigned to the PHCP who saw them last.

These patient enrollee lists are calculated twice a year – April 1 and October 1 – and payments based on the calculations are sent to each PCN. Each PCN also receives a report twice a year after the calculation and data runs are completed, providing specific information on the PCN's population.

High Birth Weight

Birth weight is the body weight of a baby at its birth. High birth weight is defined as live births with a weight of 10 pounds or 4,500 grams or more, expressed as a percentage of all live births with known weight (Statistics Canada, Vital Statistics, Birth Database)

Hospitalization Rate

The hospitalization rate is the age-standardized rate of acute care hospitalization, per 100,000 population. (Canadian Institute for Health Information)

Inpatient

An inpatient is an individual who has been officially admitted to a hospital for the purpose of receiving one or more health services. (Canadian Institute for Health Information: MIS Standards 2011)

Inpatient Separations (IP Seps)

A separation from a health care facility occurs anytime a patient (or resident) leaves because of death, discharge, sign-out against medical advice, or transfer. The number of separations is the most commonly used measure of the utilization of hospital services. Separations, rather than admissions, are used because hospital abstracts for inpatient care are based on information gathered at the time of discharge.

Inuit

Inuit are the Aboriginal people of Arctic Canada. As of 2016, it is estimated that over 65,000 Inuit live in 51 communities in: Nunatsiavut (Northern Labrador); Nunavik (Northern Quebec); Nunavut; and the Inuvialuit Settlement Region of the Northwest Territories. Each of these four Inuit groups have settled land claims. These Inuit regions cover one-third of Canada's land mass. Please note that small numbers of Inuit people can be found in various other regions of Canada other than the four regions listed above. There are 2,500 Inuit people residing in Alberta. (Source: Statistics Canada, 2016 and Inuit Statistical Profile 2018)

The word "Inuit" means "the people" in the Inuit language, called Inuktitut, and is the term by which Inuit refer to themselves. (Aboriginal Affairs and Northern Development Canada)

Low Birth Weight

Birth weight is the body weight of a baby at its birth. Live births less than 5.5 pounds or 2500 grams at birth are considered as babies with low birth weight. Low birth weight is a key determinant of infant survival, health, and development. (Statistics Canada, Vital Statistics, Birth Database)

Prevalence Rate

Prevalence is a measure of disease that allows us to determine a person's likelihood of having a disease. Therefore, the number of prevalent cases is the total number of cases of disease existing in a population. A prevalence rate is the total number of cases of a disease existing in a population divided by the total population. (<http://www.health.ny.gov/diseases/chronic/basicstat.htm>)

Primary Care

Primary care is the first point of contact that people have with the health care system for medical needs requiring treatment and referral to other services as needed and is usually provided by a family physician or other PHCP.

(<http://www.albertapci.ca/aboutpcns/primarycare/pages/default.aspx>)

Qualifier (comparisons between indicator values)

In comparing indicators of a PCN compared to all Alberta (AB) PCNs, this report uses qualifiers such as 'higher than', 'lower than', 'similar to', etc. These statements are based on a simple statistical comparison that determines how far apart the indicator values are on the full scale of values for the indicator. For each indicator, the standard deviation (SD) was used as the measuring stick for whether the values are "close" or "far apart". For each indicator, the distance between the PCN value and the provincial (AB) PCN value was measured as the number of SDs and the direction of the difference (plus or minus). For example, if the PCN value is two SDs above the AB PCN value, then the PCN value is said to be 'much higher' than the provincial value. The complete set of comparison criteria is given below.

Qualifier	Distance between values
Much Lower	below -1.5 SD
Lower	-1.5 SD to -0.25 SD
Similar/Comparable	-0.25 SD to $+0.25$ SD
Higher	$+0.25$ SD to $+1.5$ SD
Much Higher	$+1.5$ SD and higher

Separation Rate

A separation from a health care facility occurs anytime a patient (or resident) leaves because of death, discharge, sign-out against medical advice or transfer. The separation rate is the total number of inpatient separations divided by the total population.

Teen Birth Rate

The teenage live birth rate is the number of live births per 1,000 women aged 15 to 19. (E-STAT, Statistics Canada)

Appendix B

Aspen Primary Care Network Panel Patient Distribution by Municipality

The following listing shows the distribution of the PCN patient panel population by municipality (top 30 municipalities) for the most recently available five fiscal years. The population counts might be missing during early fiscal years due to some PCNs established later on in the 5 fiscal year period examined.

MUNICIPALITY	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
WESTLOCK	5,689 (21.0%)	5,520 (19.7%)	5,461 (19.2%)	5,483 (16.7%)	5,639 (13.4%)
ATHABASCA	5,181 (19.1%)	5,426 (19.4%)	5,383 (19.0%)	5,354 (16.3%)	5,329 (12.7%)
HIGH PRAIRIE	1,685 (6.2%)	1,731 (6.2%)	1,758 (6.2%)	3,215 (9.8%)	4,473 (10.7%)
BARRHEAD	425 (1.6%)	632 (2.3%)	613 (2.2%)	327 (1.0%)	4,096 (9.8%)
WABASCA	94 (0.3%)	98 (0.3%)	86 (0.3%)	2,266 (6.9%)	2,691 (6.4%)
EDMONTON	1,014 (3.7%)	1,016 (3.6%)	1,036 (3.6%)	1,169 (3.6%)	1,602 (3.8%)
BOYLE	1,027 (3.8%)	1,091 (3.9%)	1,085 (3.8%)	1,098 (3.3%)	1,109 (2.6%)
SWAN HILLS	709 (2.6%)	713 (2.5%)	725 (2.6%)	808 (2.5%)	862 (2.1%)
CLYDE	657 (2.4%)	664 (2.4%)	662 (2.3%)	684 (2.1%)	700 (1.7%)
PICKARDVILLE	519 (1.9%)	509 (1.8%)	528 (1.9%)	525 (1.6%)	567 (1.4%)
SLAVE LAKE	799 (2.9%)	890 (3.2%)	984 (3.5%)	1,046 (3.2%)	518 (1.2%)
COLINTON	391 (1.4%)	413 (1.5%)	430 (1.5%)	463 (1.4%)	480 (1.1%)
CALLING LAKE	489 (1.8%)	498 (1.8%)	510 (1.8%)	482 (1.5%)	462 (1.1%)
BUSBY	328 (1.2%)	344 (1.2%)	320 (1.1%)	332 (1.0%)	457 (1.1%)
DAPP	420 (1.5%)	419 (1.5%)	443 (1.6%)	449 (1.4%)	455 (1.1%)
ROCHESTER	398 (1.5%)	387 (1.4%)	395 (1.4%)	362 (1.1%)	396 (0.9%)
VALLEYVIEW	172 (0.6%)	207 (0.7%)	210 (0.7%)	177 (0.5%)	374 (0.9%)
FORT ASSINIBOINE	58 (0.2%)	65 (0.2%)	64 (0.2%)	28 (0.1%)	357 (0.9%)
GUNN	27 (0.1%)	67 (0.2%)	57 (0.2%)	41 (0.1%)	356 (0.8%)

MUNICIPALITY	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019
ENILDA	128 (0.5%)	139 (0.5%)	138 (0.5%)	233 (0.7%)	336 (0.8%)
GROUARD	156 (0.6%)	141 (0.5%)	139 (0.5%)	247 (0.8%)	336 (0.8%)
THORHILD	310 (1.1%)	301 (1.1%)	301 (1.1%)	305 (0.9%)	331 (0.8%)
GIFT LAKE	70 (0.3%)	54 (0.2%)	69 (0.2%)	193 (0.6%)	300 (0.7%)
VIMY	327 (1.2%)	327 (1.2%)	303 (1.1%)	294 (0.9%)	297 (0.7%)
JARVIE	285 (1.0%)	288 (1.0%)	282 (1.0%)	277 (0.8%)	291 (0.7%)
JOUSSARD	147 (0.5%)	151 (0.5%)	161 (0.6%)	214 (0.7%)	272 (0.6%)
DRIFTPILE	105 (0.4%)	114 (0.4%)	151 (0.5%)	233 (0.7%)	271 (0.6%)
FORT MCMURRAY	243 (0.9%)	237 (0.8%)	287 (1.0%)	290 (0.9%)	265 (0.6%)
NEERLANDIA	29 (0.1%)	36 (0.1%)	29 (0.1%)	13 (0.0%)	257 (0.6%)
ALL OTHER MUNICIPALITIES	5,270 (19.4%)	5,525 (19.7%)	5,783 (20.4%)	6,187 (18.9%)	8,098 (19.3%)
0.00	NA	NA	NA	NA	NA
TOTAL PCN POPULATION	27,152 (100.0%)	28,003 (100.0%)	28,393 (100.0%)	32,795 (100.0%)	41,977 (100.0%)

Notes:

- Due to some missed and/or invalid PCN Patients' Postal Codes, the TOTAL PCN POPULATION in the table above may be slightly lower in the TABLE 1.1.

- Some of the figures in the above table may show a significant change in distribution between years. This may be due to an increase in new providers moving into the region and joining a PCN, providers joining a PCN and bringing their patients with them, or patients transferring to a new PCN.

Sources:

Alberta Health Care Insurance Plan (AHCIP) Annual Population Registry File, Alberta Health
 Primary Care Network (PCN) Patient Panel File, Alberta Health