Alberta Government

PRIMARY HEALTH CARE TRANSFORMATION

FAMILY CARE CLINIC REFERENCE MANUAL

WAVE 2

JUNE 4, 2013

FOREWORD

Primary Health Care in Alberta

Our Changing Society

Alberta is changing and so are our health issues. Our population is more diverse than ever, coming from all parts of the globe. Although our collective standard of living is high, nearly ten percent of us still live below the poverty line. We are also living longer, more sedentary lives. The resulting health implications are complex and many of them are rooted in our daily lifestyles. When viewed together, these factors and more have profound implications for our healthcare and social systems.

The health of Albertans is influenced by a number of factors, such as income, education, ethnicity, and early childhood development, gender, and culture. About 80% of Albertans over 45 have at least one chronic condition that is largely self-managed with the support of local health providers and services in the community. One in five of us will experience a mental illness in our lifetime, and the rest of us will be affected by mental illness experienced by a friend, family member or colleague. More and more, care is being delivered at the community level and the business of health care is largely becoming the business of managing chronic diseases, such as type two diabetes, cardiovascular disease and cancer. Addressing health issues at the community level aims to ensure that all factors that impact health are a part of the solution.

The result is that this generation of Canadian children are expected to have a lower life expectancy than the generation before them. This is a sad commentary about Canada – despite a health system about which we are justifiably proud, we have failed to achieve the improved health outcomes that we expect for ourselves and our children. We need to do more, try more, learn more and achieve more if we are going to reverse this trend and improve our health outcomes.

The foundation for these better health outcomes lies within primary health care.

Defining Primary Health Care

When we talk about primary health care, we are talking about an approach that acknowledges all the services that play a part in one's health status. Primary health care goes beyond caring for people when they are sick. It recognizes that sometimes the prescription people need is a link between their children's needs in the school system with the services their health care providers can offer. It means bringing together the health services needed by the elderly with supports like community day programs to help

prevent the isolation that can lead to illness; sometimes people need friends, not medication, to lead healthier and happier lives.

Primary health care recognizes that our success in improving our collective health is largely determined by what people do in other areas of their daily lives: their lifestyles, housing, and treatment for addictions and mental health. With this in mind, *primary health care* is about ensuring that all of the services that contribute to our health are provided in a manner that is culturally appropriate and relevant at the community level. Primary health care focuses on health promotion; illness, injury and disease prevention and screening; diagnosis, treatment and management of chronic disease; and, wellness and fitness initiatives. It creates fundamental links and alliances with continuing care, home care, early childhood development, mental health, public health, acute care, social services, education and other social support programs that can be accessed easily at the community level. It fundamentally realizes that integrating these services and approaches into our thinking and the practices of primary health care is vital to our future success.

In Alberta, primary health care will give Albertans a home in the health care system. A home in the health care system could be a Primary Care Network (PCN), Family Care Clinic (FCC), or family physician's office. It is a place where Albertans can regularly go to access primary health care services – where a team of providers knows the individual and their specific health needs.

The Goal for Primary Health Care in Alberta

Our goal is to create a primary health care system that provides seamless supports and quality same-day health services for individuals and families that reach beyond the health system and across all sectors and government ministries to capitalize on all resources in order to create a healthier Alberta. We want to move from a system where people have difficulty accessing essential primary health care to a system where people can access a member of their primary health care team the same day when required, without a visit to the emergency department. We want a system where people know that their health history is available to all the providers they access without having to repeat tests and tell their story over and over. Albertans want to know that their health needs are being supported and coordinated by a health care team they know and trust.

The Way Forward

The way forward for primary health care includes work on many aspects of the health care system, including the ways that primary health care is organized, clear standards, new ways of evaluating initiatives, and improvements to the ways our health workforce is trained and compensated. To achieve Alberta's vision for a healthier community, the Government of Alberta is developing the Primary Health Care Strategy to form the foundation of its primary health care transformation. As an integral part of this,

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FCCs have been designed to increase our ability to reach Albertans and provide everyone a home in the health system. In these early stages, this means an emphasis on areas and populations that are currently underserved.

We also want to build upon the successful and innovative work being done in various PCNs and spread these good practices to other areas by enhancing PCNs and facilitating PCNs wanting to explore the FCC model.

Other initiatives that are currently underway will focus on providing people with more assistance in coordinating their family's care. Work will be done to further develop strategic clinical networks (province-wide teams of experts including health care professionals, researchers, government, communities, individuals and their families) to improve our health care system.

All of these initiatives will be supported with new ways of measuring and evaluating the progress being made to improve the health of Albertans.

Throughout this process, we will be working to ensure that work in primary health care is coordinated with related Government of Alberta initiatives, including:

- The Social Policy Framework;
- Creating Connections: Alberta's Mental Health and Addiction Strategy;
- The Maternal-Infant Health Strategy;
- Early Childhood Development Initiatives
- The Alberta Tobacco Reduction Strategy; and
- The Alberta Cancer Plan.

A Closer Look at Family Care Clinics

Providing an accessible primary health care system and giving Albertans the tools and guidance they need to take charge of their health has increasingly been recognized as a high priority for Albertans. One of the priority focus areas for the Government of Alberta is that all Albertans should be attached to a primary health care team, allowing them improved access to a defined set of services that meet their needs. FCCs are designed to encourage Albertans to take increased ownership for their health, enhance access to related community supports, and to improve the health outcomes for both individuals and communities.

Over the past decade, Primary Care Networks (PCNs) have emerged as the predominant model of primary care delivery in Alberta, bringing together teams of health providers to meet the needs of

Albertans. FCCs build on the strengths of PCNs – they are both complementary and supportive. FCCs are local, team-based primary health care delivery organizations that provide individual and family-focused primary health care services aligned with the needs of their community.

FCCs are a key part of the Government of Alberta's goal for every Albertan to have a home in the health system. In an FCC, individuals will receive their primary health care from an interdisciplinary team, which may include family physicians, nurse practitioners, registered nurses and licensed practical nurses, registered psychiatric nurses, dietitians, pharmacists, mental health providers, psychologists, social workers and others professionals as deemed necessary by the community. It will be possible to book a same-day appointment directly with the most appropriate FCC service provider. The FCC team will also play an important role in client navigation and case management, ensuring individuals and families are looked after – whether they need to see a specialist, enter a hospital, or require affordable housing options.

Fundamentally, FCCs focus on delivering quality and excellence in primary health care.

Our Journey

Improving primary health care in Alberta and becoming a healthier society is a complex process. It requires new approaches to the way we deliver primary health care, to the way we train and draw on the resource of health care providers and all available community resources, and to the way we measure and evaluate what is being done. Advancing primary health care is not a linear, step by step process; changes will be ongoing throughout the primary health care system as communities grow and change. However, through the FCC model these changes will help us to deliver on our commitment to provide improved access and better care for all Albertans.

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SECTION 1: DOCUMENTATION OVERVIEW

1.0 DOCUMENTATION OVERVIEW

1.1 Reference Manual

This document will be known as the FCC Reference Manual. It has been developed to provide proponents with a general overview of the processes involved in the establishment and operation of FCCs.

Section 2 provides a description of the FCC program, the goals and objectives of the program, the services to be provided and the operating requirements.

Section 3 provides a process roadmap; it is the best overall guide to the required work and when it should be completed. This section includes an overview of key tasks to be completed, related deliverables and timelines.

Sections 4-9 provide brief guides to the different aspects of implementing FCCs. These sections will be most relevant after the Proposal Stage, but should be reviewed prior to submitting a proposal to understand the detailed vision for FCCs. Information is included about governance and accountability, business plan development, financial planning and reporting, information management and technology, workforce development, and privacy and security.

Attachments: The attachments included in this document are those that will be immediately relevant to FCCs. Each document can also be found on Alberta Health's website. Additional templates and forms will be posted on Alberta Health's website as required.

- Expressions of Interest (EOI) should be completed and submitted to Alberta Health by **June 21, 2013**. This will alert the FCC Implementation Team of a stakeholder's interest in attending an Information Session and/or participating in a Community Working Group (CWG).
- An FCC Proposal Form is submitted after the EOI process, and Alberta Health will review and approve as appropriate.
- The Development Grant Funding Budget Template must be submitted during the Formative Stage. It will outline what funding is required to launch an FCC.
- The Development Grant Funding Statement of Operations Template will be used to report usage of development funding to Alberta Health. This statement is to be completed and submitted to Alberta Health by the end of the first fiscal year.
- The FCC Pilot Performance Measures have been approved for use in the three FCC pilots. An Evaluation Framework with accompanying performance measures, to be utilized in the FCC, is under development.

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Initial efforts should focus on completing and submitting the EOI, followed by the FCC Proposal Form.

1.2 Guidelines and Templates

This document is complemented by various templates and guidelines, intended to provide additional information on the structure and functioning of FCCs. The templates and guidelines will expand on information provided in this Reference Manual.

The following documents will be posted on Alberta Health's website:

- EOI Form
- FCC Proposal Form
- Community Profiles
- Development Grant Funding Budget and Development Grant Funding Financial Reporting Templates
- Business Plan, Financial Plan, and Reporting Guidelines
- Business Plan Template
- Annual 3 Year Financial Plan and Annual Financial Reporting Templates
- Quarterly Financial Reporting Template
- Governance and Accountability Guidelines
- Board Orientation Guidelines and Templates
- Workforce Guidelines
    - Guide on Collaborative Practice:
        - Collaborative Practice and Education Framework for Change
        - Collaborative Practice and Education Workplan for Change
        - Canadian Interprofessional Health Collaborative (CIHC) Competencies
    - Compensation Guidelines
    - Sample Job Profiles
- Facility Guidelines
- Facility and Equipment Infrastructure Reference Material
- Standards and Guidelines for Information Management Technology and Data
- Annual Report Guidelines and Template

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As FCCs evolve through successful implementation and lessons learned, information may be revised and/or added to the Reference Manual and supportive documents.

All relevant FCC documents will be posted on Alberta Health's website as required.

SECTION 2: FAMILY CARE CLINIC PROGRAM DESCRIPTION AND REQUIREMENTS

2.0 FAMILY CARE CLINIC PROGRAM DESCRIPTION AND REQUIREMENTS

2.1 FCCs and Innovation

FCCs focus on delivering excellence in primary health care services at the community level. FCCs are a transformative approach in a number of ways:

- **Improved Access:** With FCCs, the door to the health system is open wider and stays open longer. All FCCs will provide a minimum standard set of services, reducing the need for individuals to go to several locations and through multiple systems to access the care they require. FCCs will provide direct access to the most appropriate provider(s), with extended hours and same day access, as required by their communities.
- **Integrated and Coordinated Health Care Services:** All FCCs will have collaborative interdisciplinary teams working in an environment that is focused on the person. FCCs will provide comprehensive, quality primary health care services either directly or in partnership with other service providers in the community and will help individuals and families navigate the system to ensure they access the services they need at the right time from the right service provider(s) at the right location. FCCs will make efforts to link with other service providers and programs present in their communities. FCCs will enable equitable access to health care services and community social services and supports that have the potential to positively influence individual and community health and well-being.
- **Community Engagement:** Community – where people live, work, and play – has a powerful influence on overall health and well-being. Engaging individuals and groups that will form the client population and from various sectors at the community level is an integral part of planning and implementation of the FCC. Engaging multiple stakeholders will inform the development of programs and services, ensuring they are relevant, equitable, and appropriate.
- **Wellness Promotion:** An emphasis on wellness is an integral part of the FCC model. Increasing emphasis on wellness is critical to the development of programs and services that support individuals, families and groups to reach their full potential physically, psychologically, socially, spiritually, and economically. .
- **Albertans Manage Their Own Health:** Positive health outcomes are the end result of awareness of healthy lifestyle choices and the capacity and belief in your own ability to change and maintain positive health behaviours. FCCs aim to provide an environment where individuals can access a

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range of empowering supports that will assist in managing their own health to promote healthy living, manage existing chronic conditions, and improve overall health outcomes.

- **Better Information, Better Decisions:** FCCs will take advantage of technology to collect, store and access medical information in a standardized, timely and accurate way. Better information and public awareness will lead to better decision making and improved health outcomes.
- **Monitor Quality and Achieve Positive Outcomes:** FCCs will utilize performance data, evidence-informed guidelines and standardized accountability mechanisms to report on results and continuously improve on the FCC model.

2.2 FCC Program Goal and Objectives

The primary goal of the FCC program is to provide Albertans with access to primary health care when they need it, where they need it, from the most appropriate service provider(s).

Each FCC will be expected to focus on the achievement of the following specific objectives:

- Provide individual and family-focused comprehensive quality primary health care services across the lifespan based on population health needs;
- Manage timely access to primary health care, including same day access, as required;
- Increase emphasis on health promotion, disease and injury prevention, mental health, screening, self-management, and care of chronic disease and complex needs;
- Use a collaborative interdisciplinary team approach to service planning and delivery;
- Improve co-ordination, continuity and integration of primary health care services, including effective linkages with other Government of Alberta Ministries and community service providers and agencies;
- Maintain accessible and efficient information systems; and
- Monitor quality and achieve positive outcomes, guided by evidence-informed practice.

2.3 FCC Services – Comprehensive Primary Health Care Services

FCCs will provide comprehensive primary health care services to their community directly through on-site providers, as well as through offsite providers or linkages to other health providers and programs in the community, as appropriate. Providers and programs can also be accessible via technology. This comprehensive approach to primary health care will improve access, service coordination, continuity of care, and appropriate use of resources that are available at the community level.

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Comprehensive primary health care services can be defined as a wide range of health programs and services that are linked together efficiently and effectively to meet the primary health care needs of the population across the lifespan. Emphasis is placed on providing a smooth, seamless transition through health and other supportive systems available at the community level, with consistent and appropriate care providers that are focused on optimal health.

It is expected that each FCC will provide the services listed in Table 1 on-site to a certain extent. Linkages and offsite service providers will be sought to further enhance services.

Table 1: Comprehensive Primary Health Care Services

Basic ambulatory care and follow-up
■ Assessment, diagnosis, management and follow-up of episodic health concerns. ■ Routine, periodic health assessments. ■ Opportunistic prevention and health promotion services. ■ Minor surgery – treatment and follow-up.
Chronic disease prevention and management
■ Proactive screening. ■ Ambulatory care and follow-up for chronic conditions. ■ Chronic disease management services – the FCC is an integral part of a collaborative, community-based service delivery framework that includes health promotion, prevention, early detection and primary treatment.
Addiction and mental health services
■ Early identification and treatment of addiction and mental health problems, including mental health screening and diagnostic interviews. ■ Mental health and addictions counseling and services for individuals and families, which may include psychotherapy. ■ Assistance to individuals and their families to “navigate” the system. ■ Crisis support services. ■ Education to encourage individuals and families to make healthy lifestyle choices that will contribute to maintaining good mental health. ■ Counseling services for families of catastrophically or terminally ill individuals. ■ Counseling services for family members of individuals with chronic diseases or conditions.
Care of Individuals with complex needs
■ Assessment, diagnosis, management and follow-up for complex health concerns. ■ Opportunistic prevention and health promotion service.

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Minor emergency care

- Minor emergency care including conditions relating to age, distress or potential for deterioration, or complications that would benefit from intervention or reassurance within one to two hours.

Follow-up primary care

- Support and/or provision of primary care to individuals in hospitals and continuing care facilities where appropriate.
- Discharge planning and out-patient follow-up services; e.g., linkages to home care, rehabilitation.

Rehabilitative care services

- Provision of, or linkage to, community rehabilitative services such as physical therapy, occupational therapy, speech language pathology, audiology and respiratory therapy.

Family planning and pregnancy counseling services

- Counseling for birth control and family planning.
- Education, screening and treatment of sexually transmitted infections.

Maternal and child health services

- Antenatal care to term services.
- Postpartum maternal and newborn care.
- Well-child care services.
- Screening, parent education and counseling regarding infant/child health and development.

Palliative and end of life care

- Basic ambulatory care supports and follow-up.
- Access to necessary medical supplies, medications and supportive practical equipment based on assessed needs.
- Pain and symptom assessment and management.
- Home visits and access to supports for caregivers.
- Linkages and timely co-ordination with other service providers.
- Access to palliative care specialist consultation.
- Advanced care directives and planning options for non-cancer and cancer patients identified as palliative.

Seniors/Geriatric care

- Basic ambulatory care and follow-up tailored to seniors/geriatric needs.
- Counseling and supports focused on the unique needs of seniors and their families.
- Services to support “aging in place”.

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Health promotion and disease and injury prevention services
■ Screening of individuals at risk to prevent disease or to allow for early detection, early intervention and counseling to reduce risk. ■ Access to immunization services and programs. ■ Periodic health assessments. ■ Organized population health screening and health promotion targeted at the FCC population. ■ Development and implementation of health promotion and injury prevention programs.
Population health improvement
■ Delivery of programs and services that address the needs of FCC populations or sub-populations within it, and the factors that contribute and determine health status. ■ Establishment of linkages and partnerships with community-based services to provide social supports for individuals and families.
Individual and family engagement
■ Capacity building for self-management. ■ Design and implementation of programs and approaches to effectively engage individuals and families in planning for and taking accountability for their health.

2.4 FCC Team Mix

Delivery of the required comprehensive primary health care services will rely on an appropriate mix of health and social service providers with appropriate expertise. It is expected that all service providers will provide appropriate linkages to health care and other relevant providers to ensure the full scope of comprehensive primary health care services are offered.

Minimum team requirements have been defined and must include the following:

- **Either a family physician or a nurse practitioner**. These personnel are essential to provide differential diagnoses (i.e. a process of elimination used to determine an individual's medical diagnosis).
- **A minimum of two additional service providers**. The choice of providers will be made by each FCC based on community needs. Case management and navigation functions and linkages to social and community supports must be addressed by these additional staff.
- **A designated Business Manager supported by a receptionist and administrative personnel.** A workforce guide will be developed to assist initial FCCs in recruitment and job design. Training options and supports will be available to facilitate the development of collaborative team-based care.

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Beyond the members listed above, the composition of the FCC team will vary depending on workforce availability and community needs. It is expected that the FCC team mix will continue to evolve to meet community needs and required hours of operation.

2.5 Hours of Operation and Scheduling

FCCs will operate from 7:00 a.m. to 9:00 p.m., seven days a week unless community needs and circumstances dictate otherwise. FCCs will also provide same day access for both scheduled and non-scheduled appointments, as required.

2.6 Minimum Catchment Area Population

Minimum community size or service area population is 2,500. For remote areas of the province, FCCs may use a centralized model with smaller site delivery for communities with a population less than 2,500, provided the smaller FCC is connected to a broader service area.

2.7 Community Engagement

Community engagement involves working collaboratively at the community level to bring together groups of people to address issues concerning individual, family, and community health and wellness. FCCs will utilize various approaches to community engagement in order to ensure that programs and services developed and implemented by the FCC are reflective of community health concerns and needs. Community engagement is an essential element of primary health care, ensuring equitable access to relevant programs and services that focus on the prevention of disease and overall health of communities.

2.8 Operating Policy Requirements

Operating policy requirements have been developed to support each of the seven FCC program objectives. FCCs will be required to meet the following requirements within their first year of operation. Additionally, FCCs will be required to report on a set of standardized performance measures as part of their annual evaluation. An evaluation team is currently working on an evaluation framework and associated indicators for FCCs. The evaluation framework will include measures for each FCC (core measures), a common menu of measures for the majority of FCCs depending on population served, and measures for FCCs dedicated to specific communities/vulnerable populations.

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Table 2: FCC Operating Policy Requirements

Objective # 1: Provide individual and family focused comprehensive quality primary health care services across the lifespan, based on population health needs.
■ Provide comprehensive primary health care services either directly or in partnership with other service providers available in the community.
■ Utilize population health needs assessments and information about individuals and families served by the FCC to inform service planning and delivery.
■ Engage community representatives and clients in FCC service planning and implementation.
■ Implement processes to include feedback from individuals and families as part of the FCC evaluation process.
Objective # 2: Manage timely access to primary health care, including same day access.
■ Provide same day access for both scheduled and non-scheduled appointments, as required.
■ Operate from 7 a.m. to 9 p.m. seven days a week at a minimum, unless community needs and circumstances dictate other hours of operation are required.
■ Implement a process for tracking attachment of individuals** to an FCC. Information should also be gathered about patients' previous attachment status (i.e. attached elsewhere or unattached).
■ Provide access and attachment for currently unattached individuals.
■ Utilize appropriate technologies to enhance access; e.g., HealthLink.
■ Utilize a process to track the impact of the FCC on local emergency departments.
■ Facilitate the provision of direct access to most appropriate provider.
■ Communicate to the public timely accurate information regarding the availability of services and hours of operation.
Objective # 3: Increase emphasis on health promotion, disease and injury prevention, screening, self-management, and care of chronic disease and complex needs.
■ Identify and develop service priorities across the continuum of care and the lifespan based on population health needs of the community.
■ Early detection of existing diseases to optimize quality of life and functioning.
■ Support and enable self-management.
■ Address the health care needs of individuals with chronic and complex conditions.

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Objective # 4: Use a collaborative interdisciplinary team approach to service planning and delivery.
■ Provide an appropriate mix and number of providers to meet service population needs. The team may consist of, but is not limited to: family physicians, nurse practitioners, registered nurses, licensed practical nurses, social workers, psychologists, paramedics, pharmacists, dietitians, addiction and mental health workers, case managers, community partners and others as appropriate. The team is not limited to regulated providers.
■ Provide for the teaching and mentoring of health care providers; e.g., practicum placements, preceptorship, etc.*
■ Participate in interdisciplinary education and training of all staff on teamwork across disciplines.
■ Align organizational policies, structures and supports to implement the Provincial Collaborative Practice and Education Framework for Change.*
■ Obtain feedback from staff on satisfaction, safety and quality of services. Quality is defined as per the Health Quality Council of Alberta.
Objective # 5: Improve co-ordination, continuity and integration of primary health care services, including effective linkages with other relevant ministries and community service providers and agencies.
■ Register individuals using a formal enrolment process**, including unattached individuals, to the FCC, for the provision of primary health care services.
■ Ensure effective case co-ordination and navigation for individuals and families.
■ Establish community linkages and partnerships, taking the social determinants of health into consideration. Linkages and partnerships can consist of, but are not limited to: municipal government social services and supports, other government ministries, food banks, housing services, community recreation centres, schools, parent link centres, and other social and community agencies; and other primary care health services such as emergency services – emergency departments and emergency medical services, medical specialists, hospitals, urgent care centres, community health centres, primary care networks, public health services, home care, continuing care, mental health, community based pharmacies, etc.
■ Co-locate FCC services with community social services agencies where possible and practical.*
■ Establish or contribute to existing inter-agency networking structures to support client navigation and continuity of services across sectors.
■ Facilitate access to appropriate and timely diagnostic tests.
Objective # 6: Maintain accessible and efficient information systems.
■ Capture all charting information in electronic format and contribute to a shared health record (shared across FCCs, and between FCCs and partner organizations, including Alberta Health and Alberta Health Services (AHS)).
■ Utilize the standard provincial suite of IMT systems and services that is provided to all FCCs.
■ Comply with mandatory reporting requirements for FCCs, including performance reporting, service event/workload reporting, business plan reporting, financial reporting and reciprocal billing.

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■ Actively support, use and contribute to provincial eHealth services, including Alberta Netcare, Provincial Registries, Pharmaceutical Information Network (PIN), Laboratory and Diagnostic Imaging results reporting and other emerging technologies.
■ Comply with all other FCC Program Standards and Guidelines for IMT.
■ Complete and maintain updated Privacy Impact Assessments as applicable.
Objective # 7: Monitor quality and achieve positive outcomes, guided by evidence-informed practice.
■ Utilize evidence-based guidelines and available best practice information to inform clinic operations.
■ Identify and manage risk, including safety of individuals and staff. Implement a health and safety program*.
■ Develop and implement a quality improvement plan which identifies and prioritizes quality improvement initiatives based on such criteria as high risk, high volume, current level of care and cost.*
■ Collect data on established performance indicators and utilize these to inform the development of quality improvement priorities and plans.
■ Develop and implement an evaluation plan which measures ongoing improvements to primary health care services.*
■ Publicly share measurable performance indicator results.*
■ Work toward implementing relevant accreditation standards.
■ Obtain accreditation status.*

Note: * May require a longer term implementation timeline

** Policy and procedures on attachment are under development.

2.9 Primary Health Care Standards

Alberta's primary health care initiative is about raising the bar and using our resources to improve access and achieve better health outcomes. Our focus will be on outcomes and standards. FCCs will be required to adhere to evidence-based clinical standards and to implement a quality improvement plan to manage performance.

Accreditation is one of the most effective ways for health service organizations to regularly and consistently examine and improve the quality of their services in the context of their client population. Health care organizations that participate in accreditation programs evaluate their performance against national standards of excellence. These standards examine all aspects of service provision, from community engagement to client safety, staff training, and ethics. Accreditation standards, such as Accreditation Canada's Primary Care Standards, are to be utilized to guide service planning, delivery and evaluation efforts. Direction and assistance will be available to support work involved in meeting accreditation requirements.

SECTION 3: FAMILY CARE CLINIC DEVELOPMENT PROCESS ROADMAP

3.0 FAMILY CARE CLINIC DEVELOPMENT ROADMAP

3.1 Introduction

The FCC Development Roadmap provides an overview of the key stages in the development and implementation of FCCs. The "Roadmap" is supported by more detailed information in other sections of this Reference Manual on program objectives, required services, governance, business planning and other operating requirements.

The Roadmap applies to Targeted Wave 2 Communities. It is anticipated that the pace of development and implementation of each FCC may vary.

3.2 Introduction to the FCC Implementation Team

Alberta Health has developed an FCC Implementation Team consisting of Alberta Health staff, AHS staff and senior business consultants contracted by Alberta Health. The team will support each of the targeted communities throughout the stages of the FCC development process, and will be available to answer any questions that may arise pertaining to FCC development and implementation, including this Reference Manual and associated guidelines and templates.

During the Proposal Stage, the FCC Implementation Team will assist with establishing and/or supporting Community Working Groups (CWGs) as required, and will provide support for the completion of the FCC Proposal Form. In addition, the FCC Implementation Team will provide support as required to evaluate community needs and develop linkages to available community resources. No funding will be provided at this stage.

The FCC Implementation Team will continue to provide on-the-ground support to assist successful proponents in completing the Formative, Planning and Pre-operational stages. An overview of FCC Implementation Team timing and supports is available in Section 3.9.

Throughout the FCC development process the FCC Implementation Team will respond promptly to all requests for support from each of the targeted communities. The FCC Implementation Team can be contacted by email at fccinfo@gov.ab.ca.

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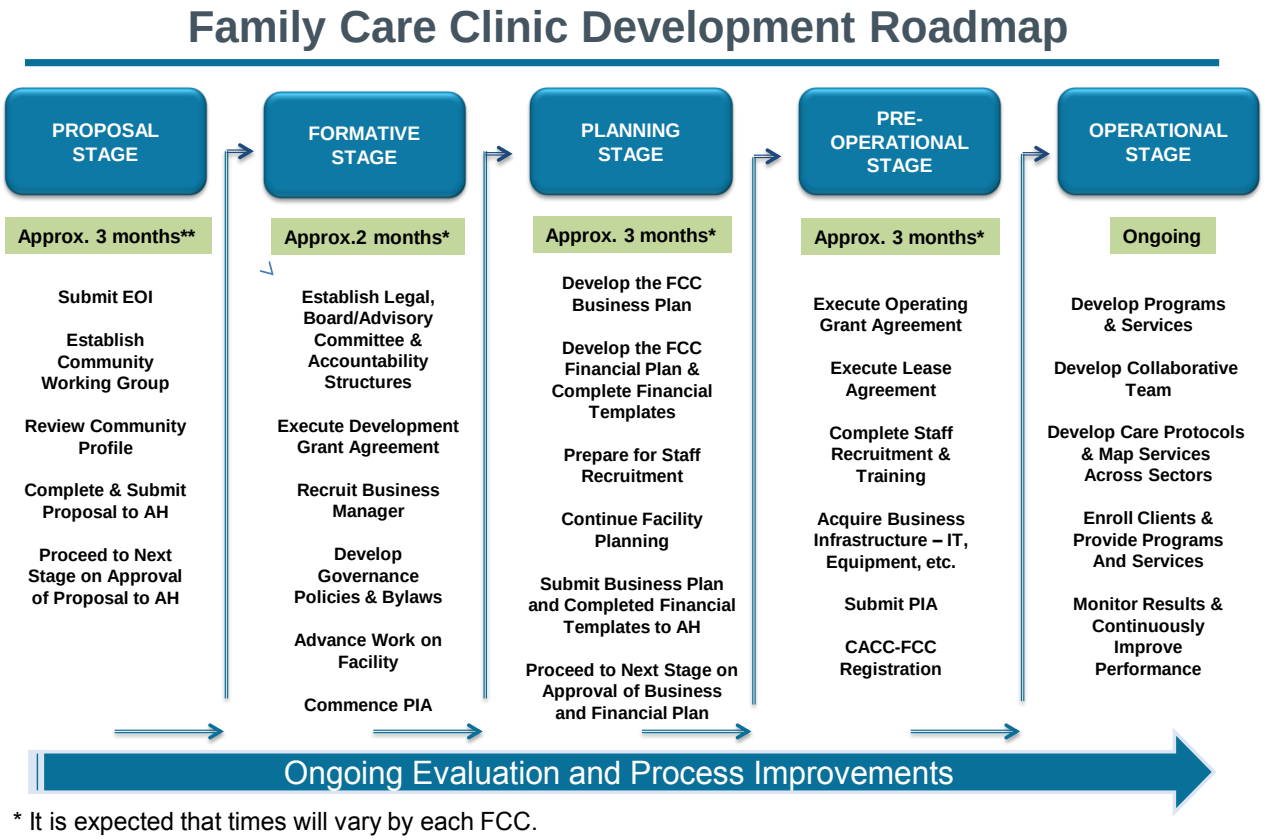
3.3 Family Care Clinic Development Roadmap and Deliverables by Stage



* It is expected that times will vary by each FCC.
** Includes 2 months to complete Proposal, and 1 month for Alberta Health to review.

3.4 Stage 1: Proposal

At this stage the following tasks should be completed:

- **Submit Expressions of Interest (EOI):** Organizations, groups, and individuals interested in attending an Information Session and/or participating in a Community Working Group (CWG) should complete and submit an EOI to Alberta Health. This will ensure that all interested parties are identified and offered the opportunity to access the available FCC Implementation Team supports. Completed EOIs are to be submitted by **June 21, 2013** to Alberta Health at fccinfo@gov.ab.ca.

  Parties submitting an EOI will receive an initial email acknowledging its receipt. In addition to this, the FCC Implementation Team will contact all parties who have expressed interest.

The support of the FCC Implementation Team will be available to all interested parties and the team will work to bring together the interested parties wherever possible. The FCC Implementation Team is prepared to respond to requests to meet individually with the FCC proponents and their interested stakeholders. This will provide an opportunity to discuss the FCC model in detail, the mandatory requirements, and to respond to any questions or concerns specific to the community or any of the FCC development materials.

- **Establish a Community Working Group (CWG):** Proponents interested in establishing an FCC are encouraged to establish a CWG. The FCC Implementation Team will be available to assist with establishing a collaborative CWG for each proposed FCC, as required. The CWG will act as the forum for stakeholders and prospective service delivery partners to come together and contribute to a common vision to inform the FCC proposal development process. The CWG can be an entirely new entity or it can be based on an existing interagency group that is already operational at the community level. The development of an FCC is intended to be a collaborative, community-based process.
- **Submit FCC Proposal Form:** Completed FCC Proposal Forms must be submitted to Alberta Health at fccinfo@gov.ab.ca for approval by **September 30, 2013**. Successful proponents will be notified by Alberta Health.

3.5 Stage 2: Formative

At this stage, successful proponents will proceed with the development of an FCC. Specific tasks in this stage include the following and will be supported by the FCC Implementation Team:

- **Establish FCC Legal Entity:** For Wave 2 of FCC Implementation, the following legal structures are acceptable options:
    - *Non-profit FCC Corporation:* A non-profit corporation (NPC) is required to operate an FCC, provided the corporation adheres to Alberta Health FCC program policies and operating guidelines.
    - *Alberta Health Services:* AHS may apply to operate an FCC, provided it adheres to Alberta Health FCC program policies and operating guidelines. For AHS-operated FCCs, a Community Advisory Committee, including provider, client and community representation, would be required.
- **Execute Development Grant Agreement:** The proponent will execute a Development Grant Agreement with Alberta Health which details the funding and other supports available to develop an FCC.

- **Establish Articles of Association:** Each FCC NPC must establish its Articles of Association consistent with the Governance and Accountability Guidelines.
- **Establish FCC Bylaws:** Each FCC non-profit corporation must establish its bylaws as per the Governance and Accountability Guidelines.
- **Establish the Board of Directors and/or Community Advisory Committee:** Appoint the Board of Directors or Community Advisory Committee, consistent with the approved FCC bylaws and the Governance and Accountability Guidelines.
- **Recruit FCC Business Manager:** Subject to Alberta Health approval of developmental funding, the FCC should move quickly to recruit a Business Manager to execute key activities required to get the FCC up and running.
- **Advance Work on Facility Requirements:** Continue work on identifying facility requirements and potential accommodation options for the FCC. This includes exploring facility options which meet the program and service space requirements that will allow for the completion of the infrastructure section within the Business Plan.
- **Develop Governance Policies:** Initiate work on the development of governance policies required to ensure the Board's governance responsibilities and accountabilities are being fulfilled.
- **Commence Privacy Impact Assessment:** Work on the Privacy Impact Assessment (PIA) will need to be initiated early in the process to ensure it is in place in time for start-up.

3.5.1 Development Grant Funding

Also in the Formative Stage, the FCC Implementation Team will support proponents in the completion of the *Development Grant Funding Budget* template, posted on Alberta Health's website; a sample can be found in Attachment 3. Distinct from operational funding, development funding is specific to costs associated with initial start-up and development of the FCC.

3.5.2 Items Eligible for Development Funding

Items eligible for development support or funding are those that are:

- One-time in nature;
- Time-limited; and
- Directly related to the start-up of the FCC.

Specific items eligible for development funding would include:

- Requirements to support formal establishment of governance structures and development of associated documents;
- Recruitment of a Business Manager and other administrative support personnel;
- Pre-operational salaries and benefits;
- Logistical expenses (e.g., travel) required to support development of the FCC; and
- Development/implementation of policies and other related materials to support start-up of the FCCs and ongoing operations.

3.5.3 Items Ineligible for Development Funding

The following items are **ineligible for development funding**. This list is not exhaustive.

- Costs associated with completing Expressions of Interest or the FCC Proposal Form;
- Information technology or information management costs (covered by Alberta Health);
- Training and development (including conferences);
- Costs for purchasing, designing, leasing or renovating physical infrastructure to support FCC operations;
- Major capital, major equipment, or minor equipment expenditures;
- Compensation, public relations efforts and related expenses unrelated to FCC development;
- Fees or honoraria to members of the FCC governing body or its committees;
- Travel, accommodation and meal expenses unrelated to FCC development;
- Professional expenses including, but not limited to, fees and memberships in professional associations;
- Costs to host social events;
- Subscriptions to newspapers or periodicals;
- Gifts and charitable donations; and
- Any other items that are not directly related to FCC development.

In cases where a PCN, in whole or in part, is transitioning to an FCC, any costs that are normally eligible for Development Funding but have been funded by Alberta Health previously, **are deemed to be ineligible**.

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Proponents approved to continue to the "Formative Stage" of the FCC Roadmap will be supported by the FCC Implementation Team to complete the Development Grant Agreement.

3.6 Stage 3: Planning

By this stage, a legal entity will have been established and foundational governance policies will have been developed. The FCC Implementation Team will coordinate the planning process and facilitate meetings in order to complete required deliverables. This Stage will focus on the following key tasks:

- **Develop the FCC Business Plan:** Review relevant documents, background information and organize and conduct a series of planning sessions with the CWG to develop key elements of the Business Plan. Key steps in the process should include:
    - *FCC Program Overview* – Review FCC Program Goals, Objectives and Operating Policy Requirements detailed in Section 1 of this Reference Manual.
    - *Community Assessment* – Review and finalize community assessment data – primary care services utilization levels, community profiles, community needs assessments, readiness to implement an FCC, and other information and considerations as appropriate. Community Profiles will be available on Alberta Health's website.
    - *Business Plan Development* – Consistent with FCC-established provincial policy requirements and guidelines, develop the FCC Business Plan, utilizing all required sections and standardized templates. For additional details on Business Plan Development please see Section 6.
- **Develop Financial Plan:** Develop Financial Plan utilizing the Annual 3 Year Financial Plan template. Financial Planning and Reporting Guidelines located on Alberta Health's website.
- **Initiate Staff Recruitment:** Work should be done to establish collaborative team composition and begin initial preparation for recruitment.
- **Planning:** Continued work on facility development, if required, should occur during this stage to identify a recommended infrastructure solution to accommodate the FCC along with all associated development costs. Business planning documents and Facility Guidelines will be posted on Alberta Health's website.
- **Business Plan and Financial Plan Review and Approval:** Business Plan and Financial templates will be submitted to Alberta Health for review and approval. The FCC Implementation Team will provide support as required to the process.

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3.7 Stage 4: Pre-operational

By this stage, organizations will have developed FCC Business and Financial Plans in consultation with local primary health care providers and other key community stakeholders. These will have been submitted to Alberta Health for review and potential approval. The next steps in the process are as follows:

- **Execute Operating Grant Agreement**: Based on an approved Business and Financial Plan, Alberta Health will develop an Operating Grant Agreement that will serve as a vehicle to fund the FCC. The agreement will clearly define the service relationship including, but not limited to: primary health care services to be provided by the FCC; funding to be provided by Alberta Health; services to be provided to support FCC operations; FCC operating requirements; and monitoring and results reporting requirements.
- **Develop FCC Operational Infrastructure:** The FCC Business Manager will work with the FCC Implementation Team, the Board or Community Advisory Committee, and other key stakeholders to develop the administrative, human resource, facility, equipment and business infrastructure required for the FCC. Key areas for development will include:
    - Acquire and develop physical space/facility to house FCC operations;
    - Establish required business systems;
    - Complete recruitment of required human resources;
    - Establish required human resource management policies, procedures and systems;
    - Ensure access to effective Information Technology and Information Management, including alignment/integration with FCC Shared Services Delivery; and
    - Ensure effective communications and marketing.
- **Submit Privacy Impact Assessment:** Submit PIA to the Office of the Information and Privacy Commissioner and Alberta Health.
- **Community Ambulatory Care Centre-Family Care Clinic Registration:** NPC and AHS-operated FCCs must complete the registration process in order to be designated as a Community Ambulatory Care Centre – Family Care Clinic (CACC-FCC) in accordance with Alberta Health policy.

3.8 Stage 5: Operational

By this stage the FCC will have recruited health care providers and have the bulk of the infrastructure in place to support FCC operations. Key tasks to be completed on an ongoing basis in the operational phase include:

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- **Program/Service Development:** Developing, implementing and continuously improving programs for targeted populations based on primary health care needs, including those as identified by the community.
- **Service Plan Implementation:** Implementing approved Business Plan priorities and strategic initiatives and providing regular progress reports as required.
- **Funding Agreement Alignment:** Ensuring service delivery, governance and operating systems are aligned with the requirements of the funding agreement.
- **Service Coordination:** Planning and coordinating client care and service delivery across service delivery partners.
- **Management Systems:** Ensuring organizational leadership and management functions are effectively and efficiently handled in a manner that is consistent with established FCC program and operational requirements and the FCC program shared services model (currently under development).
- **Staff Education, Training and Orientation:** Training and development for the collaborative team with FCC Implementation Team Support.

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3.9 FCC Implementation Team Support, Documentation Resources, and Funding by Stage

Area	Proposal	Formative	Planning	Pre-Operational	Operational	Support Resources	Support Provided
Implementation Support						AH staff, AHS staff, and AH consultants	All required implementation support (e.g. CWG establishment, Business Plan, etc.)
Community Engagement and Relationship Development						AH staff, AHS staff, and AH consultants	Information sessions, and support through other communication mechanisms
Privacy and Security						AH privacy and security consultants	PIAs and required policies for FCCs to meet obligations under the HIA
Change Management						AH staff, AHS staff, and AH consultants	All required change management support
Infrastructure Planning						AH infrastructure consultant(s)	Expert advice and assistance
AHS Zone Support						AHS staff for each zone, and additional resources as required	FCC planning, development and implementation
IMT						IT consultant, AH IMT Project Manager and additional AH support as required	Development and implementation of a comprehensive IMT solution plan
Workforce						AH resources	Collaborative practice orientation, FCC staffing support
Documentation Resources						N/A	Documents: Reference Manual, guidelines (workforce, governance and accountability, privacy and security, infrastructure, IT, business plan, financial planning and reporting etc.) and any required templates
Funding		D	D	OG	OG	N/A	D = Development Grant Funding OG = Operational Grant Funding

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SECTION 4: GOVERNANCE AND ACCOUNTABILITY

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4.0 GOVERNANCE AND ACCOUNTABILITY

This section will be most relevant during the "Formative Stage", when governance structures need be established and associated governance documents developed.

4.1 Introduction

This section of the Reference Manual provides direction and guidance on FCC governance and accountability. Detailed information can be found in the Governance and Accountability Guidelines, available on the Alberta Health website.

For proponents not familiar with legal models and governance structures, development funding and support from the FCC Implementation Support Team will be available to assist in establishing corporate/governance structure, development of bylaws and articles of association (to be submitted for approval) and other related materials to support FCC start-up.

Governance of the FCC is a balance between ensuring mandatory requirements are met while preserving flexibility in how FCCs can be organized. We want the FCC to be able to be responsive to the unique needs of the community while ensuring in-house services and service partnerships are designed to deliver the best possible health outcomes to Albertans.

Additionally, FCC entities will enter into grant agreements with Alberta Health and will be required to meet grant expectations around reporting, financial accountability, service level requirements, business outcomes as well as other requirements expected of FCCs as part of the FCC program. An important part of the governance role is to ensure these grant expectations are being met.

4.2 Definitions

Governance: The process of decision-making and determining which decisions are implemented. Responsibility to ensure business is conducted and resources are managed to deliver services entrusted to them in the best interest of Albertans.

Accountability: The obligation to answer for the execution of one's assigned responsibilities. The basic components of successful accountability relationships are as follows:

- Set measurable goals, and responsibilities;
- Plan what needs to be done to achieve goals;
- Do the work and monitor progress;
- Report on results; and

- Evaluate results and provide feedback.

4.3 Eligible Legal Structures: Wave 2

Only two legal options, Non-Profit Corporation (NPC) or AHS-operated are being considered for Wave 2. These two legal models of governance are the most straightforward to implement within current reporting and funding systems. These options allow for a broad range of health provider and community partnerships, including PCNs, physician clinics, co-operatives, universities and many other service providers, while establishing FCCs within a reasonable timeframe.

4.3.1 Description of Wave 2 Governance Options

Non-Profit Corporation: A new NPC must be created for the specific purpose of operating an FCC, or can be an existing NPC, provided it adheres to Alberta Health FCC program policies and operating requirements.

Alberta Health Services-operated: AHS may operate an FCC within the same Alberta Health FCC program policies and operating requirements set out for NPCs. The AHS governance board remains accountable for the leadership of the organization but is required to establish an AHS operated FCC Community Advisory Committee. This Committee would be similar in representation and responsibilities as set out for NPCs, and provide a sub-level of accountability to the AHS board.

4.4 Non-profit Corporation Requirements

In the NPC model for FCCs, corporate requirements need to meet the Government's accountability mandate to Albertans. All FCCs must register and obtain the status of a Community Ambulatory Care Centre – Family Care Clinic (CACC-FCC) in accordance with Alberta Health policy.

Further information on non-profit corporation requirements can be found in the Governance and Accountability Guidelines.

4.5 Transition/Creation Options for PCNs

PCNs interested in establishing an FCC or transitioning their PCN to the FCC model are encouraged to submit an EOI to Alberta Health.

FCCs established as a subsidiary of a PCN and PCNs that transition to the FCC model will be required to meet established Alberta Health FCC program policies and guidelines. In addition, policies and guidelines on funding will be established to guide and support accountability.

Options to support the formation of, or transition to, an FCC by PCNs have been identified as follows:

- An individual physician clinic(s) within a PCN could transition to an FCC
- An existing PCN could establish a separate non-profit subsidiary to operate the FCC where the FCC board:
    - Aligns with NPC board requirements; or
    - Has the same membership as the PCN governance board. In this instance the FCC must also establish a Community Advisory Committee and add one additional member to the mirrored Board - the chair of their Community Advisory Committee.
- An existing multi-clinic PCN could establish a new non-profit corporation and transition the entire PCN to an FCC Collaborative. An FCC Collaborative would be required to operate in accordance with FCC program policies and regulations.

Detailed information on the transition options for PCNs can be found in the Governance and Accountability Guidelines.

SECTION 5: BUSINESS PLAN DEVELOPMENT

5.0 BUSINESS PLAN DEVELOPMENT

This section will be most relevant during the "Planning Stage", when Business Plans will be developed and submitted for approval to Alberta Health.

5.1 Business Plan Requirements

Business Plans should be developed using the FCC Business Plan Template, which will be available on Alberta Health's website after the Proposal Stage has been completed. It is anticipated that there will be variations in Business Plans based on the unique needs of the population, availability of health human resources, and availability and linkages to other health and social services at the community level.

All FCCs are required to complete a Business Plan annually. The Business Plan will provide an overview of the FCC's service priorities and initiatives, based on community needs, and outline the resources required to address identified community primary health care service demands. The Plans will also identify key performance indicators to be used to monitor performance relative to established FCC service priorities.

Business Plans will be reviewed by Alberta Health and approved as a condition of annual operational grant funding.

5.2 FCC Business Plan Development and Approval Processes

The following key process steps are recommended to develop the initial FCC Business Plan.

- Step 1 – Establish Planning Team: Establish a Planning Team, working as appropriate with the CWG, that engages key stakeholders and potential service delivery partners to assist with the business planning process.
- Step 2 – Planning Team Meetings: Organize a series of planning sessions to develop the key elements of the Business Plan. The FCC Implementation Team will be available to provide support during the business planning process. Key steps in the process should include:
    - *Review FCC Goal and Objectives:* Review the Alberta Health FCC program foundational goal, objectives and operating policy requirements;
    - *Current Situation Review:* Review and finalize community assessment data – primary care services utilization levels, community needs assessments, readiness to implement an FCC and other considerations; and
    - *Business Plan Development:* Develop the FCC Business Plan, using the template and support available

5.3 FCC Infrastructure

Facility Planning Guidelines and additional infrastructure information will be posted on Alberta Health's website to assist communities in determining their potential space requirements and completing the infrastructure component of the detailed Business Plan. Space and equipment requirements must be customized for each FCC to align to the specific clinical programs, services and volumes planned.

Costs associated with both facility lease arrangements and leasehold improvements required to accommodate an FCC will be supported at fair market value rates; subject to the pre-approval of Alberta Health.

Approved proponents will have access to the FCC Implementation Team to assist with facility planning. Advice and assistance will be provided to help guide proponents through the planning stages, as needed, such as:

- Functional programming;
- Leasing information and advice;
- Facility development advice (design and leasehold improvements) advice; and
- Review of proposed facility infrastructure development as presented in the Business Plan.

Each approved proponent will be responsible for engaging their own consultants and contractors as required to deliver their required infrastructure solution.

Each approved proponent must complete the infrastructure section of the business plan unless this requirement has been waived, in writing, by Alberta Health.

5.4 FCC Annual Report Template

Guideline and FCC Annual Report Template will be available by Fall 2013 and will be posted on Alberta Health's website.

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SECTION 6: FINANCIAL PLANNING AND REPORTING

6.0 FINANCIAL PLANNING AND REPORTING

This section will be most relevant during the "Planning, Pre-operational, and Operational stages".

For Wave 2 FCCs, operational funding will be provided through a grant agreement based upon an approved Business and Financial Plan. Over the longer term it is anticipated that Alberta Health will be moving to a client-based funding model.

6.1 Financial Plan and Reporting Requirements

All FCCs are required to develop an Annual 3 Year Financial Plan and submit it to Alberta Health for approval. The Financial Plan will support the service priorities and activities described in the FCC Business Plan. The Business Plan and Financial Plan will be updated by the FCC and approved by Alberta Health on an annual basis.

FCC Financial Plans and financial statements must follow these requirements:

Fiscal Year: The fiscal year for the FCC must end on March 31, regardless of initiation dates. FCCs that do not initiate on April 1 will have a partial fiscal year for their first year of operations.

Start-up Financial Plan: Business and Financial Plans will be developed for the period starting from the projected initiation date for the FCC ("go live" date) and ending on March 31. After Alberta Health has reviewed and approved the FCC's Business Plan and confirmed that the proposed programming is within current policy guidelines, the Financial Plan can be finalized.

Submission Format: Each FCC must submit a completed Annual 3 Year Financial Plan Template, detailing their Financial Plan calculations and supporting assumptions. To support data standardization, a standard set of revenue and expense categories must be used.

Revenue Sources: Each FCC must clearly identify all anticipated revenue sources. This should include Alberta Health grant funding to support operations, and any other government (federal, provincial, or municipal) contributions, donations, payments for services to non-residents, and other fees. Alberta Health must approve all these revenue sources.

Donations: Municipalities, charitable organizations and individuals may wish to contribute to the FCC. Contributions could be in the form of in-kind services, funding, physical infrastructure or medical equipment. Any donation to an FCC that will result in additional expenses for the FCC must align with the Business Plan and have prior approval for its use by Alberta Health.

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Information Management and Technology (IMT): To support the standard IMT solution, a Shared Services capability is being developed by Alberta Health for the FCC initiative. A standard IMT solution will be implemented in each FCC clinic. There will be minimal IMT operating or capital expenditures budgeted or incurred directly by the FCCs.

Assumptions: FCCs must provide a comprehensive list of assumptions used in developing the Financial Plan.

Balanced Financial Plan Requirement: Alberta Health will not approve deficit Financial Plans.

Payment Schedule: Funding will be paid quarterly. For subsequent years, payments will be reduced by the amount, if any, of surplus funds from the prior year.

Financial Reporting: FCCs will provide financial reporting quarterly utilizing the Quarterly Financial Reporting Template available on Alberta Health's website, comparing actual expenses to budgeted expenses. The report requires variance explanations for differences that are greater than 5 per cent from budget (both surpluses and deficits). The reporting period is aligned with the quarterly FCC payment cycle.

6.2 Expenditures Guidelines

Smaller capital requirements, such as leasehold improvements/renovations to accommodate clinical services/programs, equipment, health provider co-location, and to otherwise support FCC functioning will be eligible for grant funding. FCCs can lease space at fair market value from:

- Public and private companies;
- Surplus facility space within the community from other government ministries and agencies; and
- Existing health or community facilities (to promote collaborative team practice).

Expenditures will be classified as either capital or operating expenses based on the accrual basis of accounting. Some criteria include:

- If the use of a purchase can be reasonably applied to the current fiscal year, it should be an operating expense;
- If a single purchase has a useful life exceeding one fiscal year, but is not of significant dollar value, it should be an operating expense;
- If the sum total of several small purchases of the same type of product or service exceeds a large dollar value, there is a case for capitalizing the expenditure; and

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- Any individual item that costs in excess of $2,500 is a capital asset

Requests for capital expenditures are to be submitted as part of the business plan.

A detailed list of eligible and ineligible capital and operating expenditures can be found in the Business Plan, Financial Plan, and Reporting Guidelines which will be posted on Alberta Health's website.

6.3 Financial Implications of Transitioning PCNs to FCCs

6.3.1 Transition of Individual PCN Clinic to an FCC

- If a transitioning PCN clinic location is utilized as an FCC, then the FCC will assume the lease obligations of the PCN clinic subject to the FCC Business Plan's approval.
- If a transitioning PCN or physician clinic moves to another location to establish an FCC, Alberta Health will pay market value for the new FCC lease but will not assume any obligation for the termination of any PCN or physician clinic lease, subject to the FCC Business Plan's approval.
- Alberta Health may decide to purchase a PCN clinic's existing equipment at fair market value, and transfer that equipment to the new FCC, subject to the FCC Business Plan's approval. PCN equipment purchased previously with per-capita funding will be transferred to the FCC.
- Alberta Health will not purchase PCN clinics.
- The PCN surplus will be dealt with in accordance with the PCN Program Policy.
- A family physician, nurse practitioner or pediatrician may be registered as a core provider in a PCN while also providing services in an FCC. In this instance Alberta Health will adjust the PCN's per-capita payment proportional to the care received to avoid duplicate payments. Patient rosters and service patterns will be assessed to determine the appropriate adjustments.
- Alberta Health will consult with the Alberta Medical Association in alignment with the "PCN Funding" Section of the *Primary Medical Care/Primary Care Networks Consultation Agreement*.

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SECTION 7: INFORMATION MANAGEMENT TECHNOLOGY AND DATA MANAGEMENT

7.0 INFORMATION MANAGEMENT TECHNOLOGY AND DATA MANAGEMENT

This section will be most relevant during the "Planning, Pre-operational stages". It has been developed to assist understanding of the Information Management Technology (IMT) and Data Management (DM) components and guidelines for FCCs. Additional information on IMT and DM can be found in the Standards and Guidelines for Information Management Technology and Data, which will be located on Alberta Health's website.

7.1 Background

FCCs will require an IMT environment that supports effective and efficient care. This includes appropriate computer hardware, software and services to match the vision for the FCC program. Key IMT and DM objectives include support for collaborative interdisciplinary teams; organization of information around the individual (one client, one record); comprehensive care provision; an emphasis on prevention, promotion and screening; care co-ordination for people needing treatment from multiple providers; and greater involvement of individuals, families and communities in the wellness process, including support for self-management.

As a new program, FCCs also provide an opportunity to address limitations with the current primary care IMT environment. These opportunities include improving the capability of primary health care providers to share data with other health and social service organizations for continuity of care; improving accountability, transparency and linkage to the government and to the public through outcome-focused data collection and reporting; and improving the comparability, efficiency and quality of the primary health care system through practice consistency and IMT service standardization.

7.2 Principles Driving the FCC IMT/DM Approach

- FCCs are information-driven organizations. Data captured electronically is used to inform decision-making on all facets of service. This includes appropriate information to drive evidence-informed care, Clinical Practice Guidelines (CPGs), care pathways, client paneling for prevention, screening, and chronic disease management. It also includes collecting the necessary facts to drive performance management, quality improvement, program evaluation, and evidence-informed planning.
- FCCs promote and enable the sharing and integration of data. This applies internally within an FCC, to other FCCs and externally to data shared with other organizations. Internal data sharing supports team-based care, performance management and quality improvement. External data sharing with

other FCCs supports integrated care, FCC comparability and the concept of “one client, one record.” Data sharing and integration with other organizations supports care co-ordination, integrated planning and transparency and accountability to the government and to the public.

- FCC IMT solutions and services are standards-based, wherever practical. This includes clinical standards; standards for system functionality and training; for installation; solution maintenance and support; and for data collection, reporting and quality assurance.
- FCCs exemplify clinical IMT best practices. As new entities, the bar for clinical IMT will be set higher than existing primary care clinics. This includes the expectation that FCCs will be ‘paperless’ organizations from the start. All clinics will implement a comprehensive IMT solution before becoming operational. This will ensure paper-based processes do not become entrenched in day-to-day workflow.
- FCCs will standardize on a single IMT solution. A single software product will be deployed for each business need (Clinical Information System, administration, finance, human resources, payroll, analytics, etc.) on standardized hardware and networking components. The same IMT solution will be used by all FCCs.
- FCCs implement lean IMT services. This means the IMT solution is focused on providing value with less cost. This includes elimination of wasteful practices such as duplication, underutilized functionality, product defects and system and service delays. It also means attention is paid to key requirements and outcomes, rather than trying to be everything to everyone.
- FCCs leverage existing provincial IMT assets. The FCCs will build on services and systems that are already in place rather than develop parallel solutions. This means, for example, leveraging Alberta’s Electronic Health Record (EHR) infrastructure for information exchange, the Alberta Health Care Data Repository (AHDR) for data warehousing and analytic services and Alberta’s MyHealth.Alberta.ca Consumer Health Portal and Personal Health Record (PHR).
- FCCs integrate with key AHS information systems. To support transition from service to service, FCCs will integrate with AHS information systems to the extent possible.

7.3 Relationship Between Electronic Medical Records, Clinical Information Systems and Electronic Health Record

Electronic Medical Records (EMRs), Clinical Information Systems (CISs) and Electronic Health Record (EHR) are terms used interchangeably, many times incorrectly, to describe the information systems that create and manage electronic client information.

An EMR is a computerized record of health-related information on an individual that is created and managed by care providers in a single clinic. An example would be the EMRs used in community family physician offices.

A CIS is a computerized record of health-related information on an individual that is created and managed by licensed clinicians and staff across multiple clinics who are jointly involved in the individual's health and care. An example would be the CIS used in hospital settings.

The EHR is the aggregate record of computerized health information on an individual that is created and gathered cumulatively across many health care organizations. Client information from multiple systems such as EMRs, CISs, lab and diagnostic imaging are consolidated into the aggregate record. An example would be Alberta Netcare, which is used by clinicians across the province.

A key goal of the FCCs is one common client record that is accessible and mutable by any FCC that the person visits – 'one client, one record'. To support this, FCCs will be supported by a single CIS to capture and manage client data. At the heart of the CIS will be an EMR that has been configured to support interdisciplinary team members across multiple FCCs and integrate with provincial IMT assets such as Alberta Netcare. It will also eventually link with other health services in the community.

7.4 FCC IMT/DM Approach

7.4.1 Shared Services

Critical to the success of realizing the vision of 'one client, one record' is a consistent approach to IMT across FCCs. To achieve this goal and minimize cost, a standard IMT solution has been developed for the Program. FCC proponents/clinics are required to use the standard IMT solution instead of one of their own choosing.

To support the IMT solution, a Shared Services capability is being developed for the FCC initiative. Shared Services' scope is intended support many FCC core functions such as a CIS, privacy and security, human resources, finance and payroll. It consolidates all software, hardware and support requirements into a set of services provisioned by a single provider. The Shared Services Provider is responsible for implementing the IMT solution in each FCC clinic and providing ongoing support. Service Level Agreements ensure the Shared Services Provider is effective and remains accountable to the FCCs.

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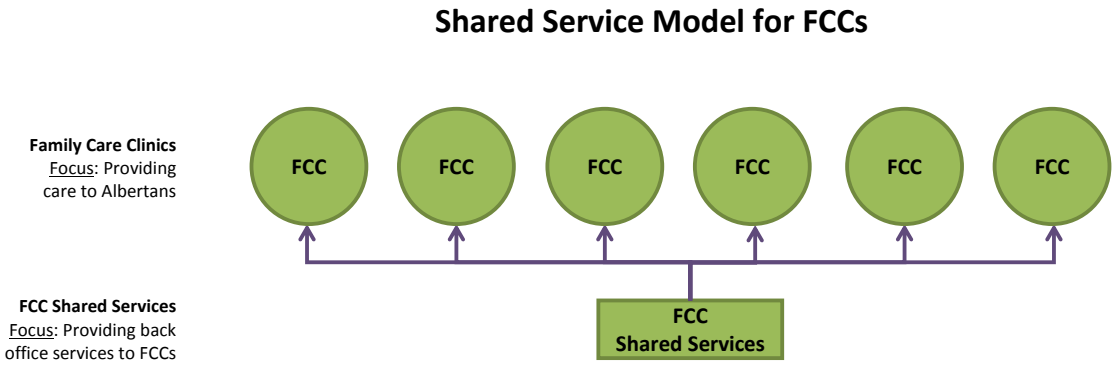

7.4.2 Shared Service IMT Solution Components

The IMT solution provided by FCC Shared Services is designed to address the core clinical, collaboration and administration requirements of the clinic. Alberta Health is currently collaborating with key health system stakeholders to define requirements for the IMT solution and select a Shared Services provider. This process will not be completed in time to implement Wave 2 of FCCs.

Wave 2 clinics will utilize a subset of the IMT solution including the CIS and productivity/collaboration tools (i.e. email, word processing). **All of the following IMT solution components will be included in future waves**.

Component	Wave 2
Software	
Clinical information systems (registration, scheduling, electronic client charting, decision support)	✓
Office automation systems (word processing, spreadsheet, dictation, scanning)	✓
Administrative systems (accounting, billing, HR)	All except HR
Reporting and analysis systems (data mart, business intelligence)	
Communications systems (secure email, conferencing software, efaxing)	Email only
Hardware	
Computer equipment (desktop workstations, printers, scanners)	✓
Mobile equipment (laptops, tablets)	✓
Bring your own Device (user-supplied smart phones, tablets, laptops)	
Network equipment (routers, switches, firewalls)	✓
Communication equipment (phones, faxing, teleconferencing, videoconferencing)	Faxing only
Office cabling (network cabling, phone cabling, equipment racks)	✓
Services	
IMT solution readiness services (PIA, workflow analysis, data migration)	✓
Installation services (planning, building wiring, installation, configuration, training)	✓

Hardware support services (equipment troubleshooting, maintenance, replacement)	✓
Software support services (software administration, troubleshooting, monitoring, user management, upgrading and patching, clinical system management/improvement)	✓
Change management services (clinical workflow assessment)	✓
Advancement services (advanced systems training, peer mentoring, new staff training)	✓
Reporting and analysis services (operational and program reporting, performance reporting, quality improvement, outcome reporting)	✓
Network services (network connections, monitoring, troubleshooting)	✓

7.5 Data Management

As information-driven organizations, FCCs are required to collect, manage and share a wide variety of data on care delivery and operations. This includes but is not limited to:

- Clinical and utilization data;
- Financial data;
- Quality of service data;
- Administrative data; and
- Performance/outcomes information.

It is important that this is done consistently, accurately and in accordance with legal requirements. As such, Shared Services support will be provided to the clinics for reporting, data standards and data stewardship. A training program on the importance of data quality and adherence to client registration and data collection standards will also be made available to FCC staff. Professional practice charting and documentation standards are also being developed and will need to be adhered to.

7.6 IMT Standards and Guidelines

FCCs are expected to follow IMT/DM Standards and Guidelines. Key concepts include:

- FCCs are information-driven organizations;
- FCCs will enable the appropriate sharing and comparability of data;
- FCCs will be standards-based whenever practical;
- IMT solutions will leverage existing provincial IMT assets such as Alberta Netcare;
- All FCCs will be paperless to the extent the IMT solution will enable;
- Electronic client charting is mandatory;

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- EMR data input will follow published charting etiquette guidelines;
- EMR data migration will support core data being migrated; and
- EMR training and continued improvement sessions are mandatory.

7.7 Additional IMT Requirements

An IT consultant from the FCC Implementation Team will be assigned to the FCC to help determine the IMT and data management requirements for the clinic. The FCC may have additional requirements that are above and beyond the IMT solution. These requirements will need to be documented. Areas to be considered include:

- Linkages to community services and programs (including community based pharmacies);
- Support of specific health needs; and
- Support of Service Delivery Framework, including telehealth, partnerships:
    - Linkages to AHS;
    - Linkages to specialists;
    - Linkages to pharmacists; and
    - Linkages to Health Link Alberta.

The IMT consultant from the FCC Implementation Team will work with the clinic to document an IMT solution plan that will include the following:

- IMT and Data Management Requirements including those above and beyond the IMT solution;
- Change Management Plan encompassing data migration, workflow analysis and adoption of the CIS;
- PIA completed and submitted to the Privacy Commissioner and security policies developed;
- Data Migration Plan supporting the type and amount of data to be migrated from existing EMR systems, data validation and data retention;
- Implementation Plan including network requirements and installation, all supporting hardware, workflow migration, training on the CIS and collaboration tools, go-live clinic support and on-going IMT support; and
- Details of what staff members are required to assist the IMT team, training sessions to attend and for on-going support.

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7.8 IMT Engagement Process

Proposal Stage: During the Proposal Stage an IT consultant from the FCC Implementation Team will be available to explain the scope of the IMT solution and answer any questions potential proponents may have. High level IMT requirements will be documented at this time.

Formative Stage: At the Formative Stage an IMT Project Manager will be assigned to the FCC and will be responsible for a detailed assessment of the IMT, data migration and workflow requirements and coordinate the starting activities for the PIA.

Planning Stage: Upon approval, support will be provided to complete a comprehensive IMT Solution Plan. The IMT Solution Plan will build on the detailed assessment from the Formative Stage resulting in a detailed plan used to direct the activities required to deploy and adopt the CIS and collaboration systems.

Pre-operational Stage: Once the IMT Solution Plan has been agreed to, the IMT Project Manager will lead activities required to implement the IMT solution. The Project Manager will work closely with the Shared Services Provider and the FCC team to ensure a smooth transition to the IMT solution.

Operational Stage: Once the FCC is operating, the Shared Services Provider will be responsible for the ongoing support of the IMT solution. This includes helpdesk services, ongoing training and support for data reporting and analysis.

7.9 Funding

Funding for the IMT solution will be provided by Alberta Health and support the defined hardware, software and services components.

Funding for non-core requirements identified above and beyond the IMT solution will have to be identified by the FCC and included in the Business Plan.

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SECTION 8: WORKFORCE DEVELOPMENT

8.0 WORKFORCE DEVELOPMENT

This section will be most relevant during the "Formative, Planning, and Pre-operational stages". It identifies the requirements for FCC health workforce that need to be taken into consideration by FCC proponents when developing their health workforce plans.

All FCCs are required to complete a health workforce plan and update it annually as part of the business planning process. Support will be provided by the FCC Implementation Team. The health workforce plan should provide an overview of staffing required to provide the identified primary health care services needed by the community. FCC health workforce plans will be reviewed by Alberta Health and approved as a condition of funding.

Note: Providing health services through an FCC does not impact a regulated provider's responsibility to comply with their respective regulatory body standards and obligations.

8.1 Collaborative Practice

The success and value of FCCs rests heavily on a supportive and collaborative culture between FCC service providers, non-clinical staff, individuals, and their families and caregivers. Therefore, FCCs are required to implement a collaborative practice model as described below.

The team model being implemented does not identify one profession as clinical lead. Instead, various roles, such as care coordinator, may be filled by a range of professions as determined by the team and business manager. In this model it is also imperative that the FCC comply with Accreditation Canada Standards that local clinical teams be highly involved in and central to developing the business plan for the FCC.

According to CPESC1, "as part of a health system that uses collaborative practice where and when it makes a positive impact on the provision of care, health care service providers will develop competencies for collaborative practice and will demonstrate the principles of collaboration through their actions". The diagram below outlines the principles of collaboration. These principles are further defined in the CPESC's *Collaborative Practice and Education Framework for Change* document that can be found on Alberta Health's website.

[1]Background Information for the Collaborative Practice and Education Workplan for Change Updated: October 2012

CPESC Model for Collaborative Practice

Health care providers in Alberta deliver the highest quality of safe, person-centred care by collaborating with each other, individuals, their families and care givers.

Each FCC will be expected to meet the following requirements for collaborative practice:

- FCC Business Plans must demonstrate how regular communication and care planning (to share information about individuals' and families' needs across the team) will be achieved, including those teams not co-located.
- FCCs must develop goals, objectives and a team approach to service delivery to enhance team formation and functioning.

Note: Health Workforce Guidelines, including a Guide on Collaborative Practice, in addition to change management support will be provided at the Formative Stage. Training on collaborative practice will be provided at the Pre-operational Stage.

8.2 Health Workforce Plan Development

The following human resource areas must be considered /addressed by FCC proponents:

- Recruitment and Retention;
- Compensation and Benefits;
- Staff Training and Education;
- Occupational Health and Safety;
- Organizational Design; and
- Performance Management.

8.2.1 Recruitment and Retention

FCCs must become familiar with locally available human resources and with opportunities to use regulated and non-regulated providers in new ways within their scopes of practice. This can be especially challenging in rural and remote communities. FCC Implementation Team support will be provided to successful proponents to assist in the design of the team.

Each FCC will utilize the following guidelines for recruitment and retention of its workforce:

- FCCs are to design jobs based on the service need in the community and available local health workforce resources, giving consideration to the full scope of practice of providers.
- Build inter-professional competencies (Canadian Inter-professional Health Collaborative Competency Framework) into the selection interviews for staffing. Sample interview questions which assess collaboration competencies will be provided to successful FCCs.

A Recruitment Strategy Working Group is being established to support development of a province wide FCC recruitment strategy. The Recruitment Strategy Working Group will be comprised of stakeholders including Alberta Health, AHS and FCC representatives. Individual FCCs will remain responsible for all hiring decisions.

8.2.2 Compensation and Benefits

FCC service provider compensation and benefits must be competitive with market rates to attract and retain a health workforce. The funding for remuneration of FCC service providers will be included in the overall funding of FCCs. Workforce Guidelines including sample job profiles, current labor market information, will be provided on Alberta Health's website.

In Alberta, the majority of health care providers are paid on an hourly basis; consequently, health workforce (employees such as nurses and some independent contractors such as psychologists) are familiar and accustomed to being remunerated by the hour. The pay-by-the-hour method is a well-developed remuneration model that is straightforward, easily understood, manageable and simple to implement, administer and modify. Contracting staff is a tool available to FCCs in addition to employment agreements when FCCs may need to engage providers for small amounts of their time.

A non fee for service approach to physician compensation is preferred in an FCC. Team effectiveness is enhanced when team members are using the same compensation model. Current compensation is based on an hourly rate. Details of physician compensation in FCCs will be discussed with the Alberta Medical Association.

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A preliminary analysis of compensation of health care providers in Alberta shows that pensions and benefits amount to an average of 20% of regular compensation and should be factored into the FCC Financial Plan submission. FCCs will have several options available to deliver pension/benefit programs, including individual administration, group plans, or payout as compensation.

8.2.3 Staff Training and Education

Education on collaborative team-based care, roles and scopes of practice will be offered externally at the Formative Stage and beyond via contracted services through Alberta Health. It is not expected that each FCC will develop training in these areas.

In designing a collaborative team environment for FCCs, it is important that FCC service providers have a common understanding of the factors that lead to effective team work. The CPESC adopted the *Inter-professional Competency Framework* released by the Canadian Inter-professional Health Collaborative (CIHC) as the set of competencies that will be used in Alberta. The CPESC recommends that the competency domains in the framework are the standard to which all current and future collaborative practice and education initiatives (including educational curricula) in Alberta will be aligned.

The following set of six domains is quoted from the *Inter-professional Competency Framework*.

- Role Clarification
- Individual/Client/Family and Community-Centred Care
- Team Functioning (team work dynamics)
- Collaborative Leadership
- Inter-professional Communication
- Inter-professional Conflict Resolution

The Board and Business Managers will also receive orientation to collaborative practice in the Formative Stage to ensure that board decision-making gives consideration to collaborative practice.

FCCs will also be expected to be willing to provide for the teaching and mentoring of health care providers. Most health care provider education programs require students to complete a series of clinical experiences (referred to as clinical placements or practicums) in order to graduate or to meet the licensing requirements for practice. Education programs have expanded and the need for clinical placement sites, especially those clearly demonstrating collaborative practice, has grown as well. The provision of clinical placement sites and supervision of students, residents and interns is critical to meet the province's need for future practitioners. In some cases, a longer term implementation timeline may be required for the provision of teaching and mentoring of health care providers discussed above.

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8.2.4 Occupational Health and Safety

A handbook for occupational health and safety for FCCs is under development. In the interim FCCs should follow the standards set out in the *Handbook for Occupational Hazards and Controls for Community Clinics and Doctors' Offices* available at http://humanservices.alberta.ca/documents/OHS-WSA-handbook-doctors-offices.pdf.

8.2.5 Organizational Design

There will be two streams of work within an FCC: the business stream and the clinical stream. The business manager provides leadership in the overall planning, co-ordination, implementation and evaluation of all programs and services. In addition, the business manager is accountable for the fiscally responsible operation of the clinic. The business manager must involve the clinical team in program development, goal and objective setting as well as business plan development and any other areas that require clinical expertise. The clinical team is responsible for providing all of the FCC's clinical services.

8.2.6 Performance Management

Performance indicators that measure overall elements of workforce (and not just collaboration) are required as well and will be standardized across all FCCs. Performance indicators are in development and will be included in the evaluation framework and grant agreement. The FCC Implementation Team will provide assistance and information on performance measures to successful FCC proponents.

8.2.7 Sample Job Profiles

Sample job profiles will be provided to assist FCCs in job design. The sample job profiles are to be used as a general guide and starting point. They should be adjusted to meet local needs. The FCC Implementation Team will support local FCCs in job design at the formation stage.

8.2.8 Human Resources Operations

FCCs will have flexibility in whether they outsource their HR functions, perform them themselves or contract with a service provider.

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SECTION 9:
PRIVACY AND SECURITY

9.0 PRIVACY AND SECURITY

This section will be most relevant during the "Formative, Planning, and Pre-operational stages".

9.1 Background

The Health Information Act (HIA) addresses the collection, use, disclosure and protection of health information in the health sector. FCCs must be in alignment with the privacy and security requirements established in the HIA. The HIA is the primary piece of legislation governing privacy in the health sector; however, other privacy legislation may be applicable to the establishment and operation of FCCs such as the Personal Information Protection Act.

9.2 Roles and Responsibilities

9.2.1 Custodian

Under the HIA, a custodian is an organization or individual in the health system that receives and uses health information in their custody or under their control. Custodian is defined to include organizations such as AHS; health service providers who are designated in the regulations; and the Minister and Department.

9.2.2 Affiliate

An affiliate as defined by the HIA includes: any individual employed by, or performing services for a custodian as an appointee, volunteer or student or under a contract or agency relationship with the custodian. An affiliate includes health services providers who admit and treat patients at a hospital as defined in the *Hospitals Act*; an information manager; and a person who is designated under the regulations to be an affiliate.

9.2.3 Office of the Information and Privacy Commissioner

The Office of the Information and Privacy Commissioner (OIPC) is the legislated oversight body for health information privacy in Alberta. The OIPC has a role in monitoring compliance by custodians with the HIA and may conduct investigations accordingly.

9.3 Privacy and Security Requirements for Wave 2

There are two critical FCC privacy and security requirements for Wave 2 FCCs, three if accessing Netcare. The FCC Implementation Team will assist FCCs with the following:

- Development of FCC policies and procedures related to privacy and security;
- Development of an FCC Privacy Impact Assessment (PIA) and submission to the OIPC;
- If also accessing Netcare, completion and submission of a Provincial Organizational Readiness Assessment (pORA) is required, and it must be accepted by Alberta Health.

9.3.1 Policies and Procedures

Under the HIA section 63(1), each custodian must establish or adopt policies and procedures that will facilitate implementation of the Act. These policies will be required to demonstrate compliance with the Act and are required for the completion of a PIA. Developing policies and procedures tailored to the specific circumstances and the mix of providers in the FCC is required.

9.3.2 Privacy Impact Assessment

Under the HIA, custodians must submit PIAs to the OIPC before implementing practices or information systems that will collect, use, or disclose individually identifying health information. This includes changes to existing practices or information systems.

Alberta Health has undertaken the development of a PIA, as a requirement of establishing the FCCs. Albert Health's PIA will review the information collected generally at FCCs by Alberta Health for reporting purposes to ensure this meets the principles in the HIA.

In addition, each FCC will need to develop their own more detailed PIA to be submitted to the OIPC prior to an FCC beginning operations. Alberta Health's PIA will be pre-populated with FCC content that each FCC can use when completing their PIA. The Alberta Health PIA will need to be consulted, as well as referenced, in the establishment of an FCC-specific PIA.

9.3.3 Threat and Risk Assessment and Provincial Organizational Readiness Assessment

The Security Threat and Risk Assessment for an FCC would involve the use of security assessment tools already in place (e.g. Provincial Organizational Readiness Assessment (pORA) to assess risk, vulnerabilities, and potential mitigation strategies in the establishment and operation of FCCs.

9.3.4 Alberta Netcare and MyHealth.Alberta.Ca Personal Health Portal

Custodians wishing to gain access to Alberta Netcare, a key tool for FCCs, must:

- Complete and submit a PIA and have it accepted by the OIPC;
- Sign an Information Manager Agreement with Alberta Health; and

- Complete and submit a pORA and have it accepted by Alberta Health.

Proponents must submit their PIA and pORA before the clinic is operational as the PIA may reveal administrative and operational privacy issues, and the pORA process may reveal information technology security issues that need to be addressed before access to Netcare can be granted. These may take some time to resolve so proponents should plan to submit these documents at least three months prior to needing access to Netcare.

Training on the HIA is mandatory for all FCC staff and is required prior to an FCC gaining access to Alberta Netcare. Alberta Health has a training program on the HIA which provides information on the responsibilities of custodians and affiliates under the Act. The training also explains the rules for collecting, using, disclosing and protecting health information. This training will be made available to successful proponents.

The MyHealth.Alberta.ca Personal Health Portal may be used by Wave 2 FCCs to enable people to manage their health information and engage providers. FCCs utilizing this technology will need to develop privacy policies to support their interactions with clients.

9.4 Support

9.4.1 Alberta Health Services - Operated FCCs

In cases where the FCC is AHS-owned and operated, AHS acts as the custodian and the staff of the FCC its affiliates. AHS FCCs will need to contact the AHS Privacy Office to complete their PIA and policy work when establishing an FCC.

AHS Privacy Office: Telephone: 1-877-476-9874. Email: privacy@albertahealthservices.ca.

9.4.2 Non-profit Corporation - Operated FCCs

Privacy and security guidelines will detail how the custodian and affiliate relationships will be structured inside a non-profit FCC to support compliance with the HIA. These guidelines will provide FCCs with alignment between the requirements under the HIA and the governance structure of a non-profit FCC.

The FCC Implementation Team can provide support, advice and guidance on the development of an FCC's PIA and pORA as well as liaising with the Alberta Netcare deployment team to support access to Alberta Netcare.

Reference Material:

1. Health Information Act Guidelines and Practices Manual
2. Office of the Information and Privacy Commissioner PIA Requirements document
3. Alberta Health PIA (under development)
4. Provincial Organizational Readiness Assessment template
5. Alberta Medical Association *Health Information Act Guide to Policies and Procedures for Family Physician Offices*

Coach *2010 Guidelines for the Protection of Health Information Special Edition – Putting it into Practice: Privacy and Security for Healthcare Providers Implementing Electronic Medical*

ATTACHMENT 1:

FCC EXPRESSION OF INTEREST FORM

[SAMPLE]

Alberta Government

Family Care Clinic Expression of Interest

Individuals, community groups and organizations interested in being a part of planning discussions pertaining to the development of a Family Care Clinic (FCC) in one of the targeted communities are encouraged to submit this form to Alberta Health. Submission of an EOI does not obligate you to participate in the process; you may withdraw at any time.

All information relating to the planning and development of Family Care Clinics (FCC) will be collected, used or disclosed and managed by Alberta Health in accordance with the *Freedom of Information and Protection of Privacy (FOIP) Act*.

Ensure that all information provided is correct and that the Expression of Interest (EOI) is submitted to Alberta Health on or before June 21, 2013. You should receive a follow up e-mail within 3-5 business days from Alberta Health confirming receipt and providing additional information on next steps in the process. If you do not receive confirmation, please e-mail Alberta Health at FCCInfo@gov.ab.ca to follow up.

Information and updates on Family Care Clinics, can be found on Alberta Health's website: http://www.health.alberta.ca/services/PHC-updates.html.

Submission Date *(yyyy-mm-dd)*

Contact Information

Name	Organization (if applicable)	Telephone Number	E-mail Address

Please identify Community of Interest

I am/we are a (select **all** that apply):

- ☐ Community Member
- ☐ Social Services Provider
- ☐ Healthcare Provider
- ☐ Other (please specify):

I am/we are interested in (select **all** that apply):

- ☐ Receiving information and updates
- ☐ Requesting/attending an Information Session
- ☐ Participating in a Community Working Group

Please provide any recommendations for other individuals, community groups and organizations that may be interested in the planning of a FCC in your community.

Name	Organization	Telephone Number	E-mail Address

Please submit your completed Expression of Interest to: FCCInfo@gov.ab.ca

Alberta Health is not responsible for any EOIs that are delayed or misdirected. Alberta Health reserves the right to discuss and disclose the contents of the EOI and related documentation with the broader public sector. By submitting EOIs, interested individuals, groups and organizations, expressly consent to such disclosure.

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ATTACHMENT 2:

FCC PROPOSAL FORM

[SAMPLE]

Alberta Government

Print

Proposal Form (WAVE 2)

Family Care Clinic (FCC)

The information on this form is being collected and used by Alberta Health pursuant to section 33(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining your eligibility and/or suitability for funding purposes as it relates to an activity of Alberta Health Family Care Clinics. If you have any questions regarding the collection and usage of this information, please contact the Alberta Health FOIP Coordinator at 780-643-1202.

For information about the Family Care Clinics, email FCCInfo@gov.ab.ca

IMPORTANT:

- Prior to completing this proposal, you should read the Family Care Clinic Reference Manual.
- Answer each of the questions accurately, completely and concisely. The review of proposals will focus on the FCC Program Requirements detailed in Section 2 of the Family Care Clinic Reference Manual.
- Only individuals, organizations or groups interested in establishing an FCC are permitted to be the primary contact and signatory for this proposal.

Closing Date:

- Your complete Family Care Clinic Proposal Form (Wave 2), along with supporting documentation as requested, must be received by Alberta Health on or before **September 30, 2013**. Updates on Family Care Clinics, can be found at http://www.health.alberta.ca/services/PHC-updates.html.

Contact:

- Proposals must be submitted to Alberta Health at FCCInfo@gov.ab.ca.
- You should receive a follow up e-mail from Alberta Health confirming receipt of your proposal within three business days. If you do not receive confirmation, please e-mail Alberta Health at FCCInfo@gov.ab.ca to follow up. Please direct any questions or comments to the same e-mail address.

Disclaimer:

It is the responsibility of the proponent to ensure all information provided is up-to-date and correct to the best knowledge of the proponent, and that the proposal reaches Alberta Health on, or prior to the proposal closing date. Alberta Health is not responsible for proposals that are delayed or misdirected.

By submitting a proposal, the proponent acknowledges that this is not a competitive procurement or tender, and that determination of the successful proponents shall be made at the sole and absolute discretion of Alberta Health. In reviewing proposals, Alberta Health reserves the right to discuss and disclose the contents of such proposals within the broader public sector. The proponent, by submitting a proposal, expressly consents to such disclosure.

Successful proponents are not automatically approved for funding elements identified in this proposal form (e.g. facility, proposed human resources, etc.). Approvals for funding elements are sought through the Business and Financial Plan submission process. Ongoing support will be provided to successful proponents by the Alberta Health FCC Implementation Team.

Criteria for FCC Proposal Approval:

All submitted proposals are required to meet the following mandatory requirements:

- Location of Family Care Clinic in one of the targeted communities
- Mandatory requirements as defined in Section 2 of the Family Care Clinic Reference Manual:

1. Commitment to the provision of all comprehensive primary health care services (onsite/linked). It is expected that each FCC will provide the below services on-site, to a certain extent. Linkages will be sought to further enhance the services below:

    a) Basic ambulatory care and follow-up;
    b) Chronic disease prevention and management;
    c) Addiction and mental health services;
    d) Care of clients with complex needs;
    e) Minor emergency care;
    f) Follow-up primary care;
    g) Rehabilitative care services;
    h) Family planning and pregnancy counseling services;
    i) Maternal and child health services;
    j) Palliative and end of life care;
    k) Seniors/Geriatric care;
    l) Health promotion and disease and injury prevention services;
    m) Population health improvement; and
    n) Individual and family engagement.

2. Commitment to meeting minimum team mix requirements for FCCs.

3. Commitment to minimum catchment area population of 2,500*

4. Proposed legal/governing structure must be Non-Profit Corporation or Alberta Health Services-operated, and meet board composition requirements.

5. Commitment to meeting the following seven FCC program objectives:

    a) Objective 1: Provide individual and family focused comprehensive quality primary health care services across the lifespan, based on population health needs.
    b) Objective 2: Manage timely access to primary health care, including same day access.
    c) Objective 3: Increase emphasis on health promotion, disease and injury prevention, mental health, screening, self-management, and care of chronic disease and complex needs.
    d) Objective 4: Use a collaborative interdisciplinary team approach to service planning and delivery.
    e) Objective 5: Improve coordination, continuity and integration of primary health care services, including effective linkages with other relevant ministries and community service providers and agencies.
    f) Objective 6: Maintain accessible and efficient information systems.
    g) Objective 7: Monitor quality and achieve positive outcomes, guided by evidence-informed practice.

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6. Commitment to meeting the FCC Operational Policy Requirements developed to support each of the seven FCC program objectives, including but not limited to:

   a) Operating from 7:00 a.m. to 9:00 p.m. seven days a week at a minimum, unless community needs and circumstances dictate other hours of operation are required.

   b) Providing same day access for both scheduled and non-scheduled appointments, as required.

   c) Establishing community linkages and partnerships, taking the social determinants of health into consideration.

   d) Utilizing standard provincial IMT systems and services

Note: A detailed list of all FCC Operational Policy Requirements is available in Section 2 of the FCC Reference Manual.

- Proposals must be fully completed, dated and signed.

- Proposals must be received by the closing date specified on Alberta Health's website: http://www.health.alberta.ca/services/PHC-updates.html

Completed proposals will provide the following information:

Section 1: Proponent information - information about the proponent and proposed location of FCC.

Section 2: Community Health Profile and Needs - information about your community, existing primary health care services, gaps in services, and how the proposed FCC plans to address these gaps.

Section 3: Readiness to Operate - information about proposed governing structures for the FCC, commitment of team members, identification of appropriate location for proposed clinic, ability to meet roadmap time lines to become operational, and an awareness of critical success factors and barriers to success.

Section 4: Innovative Elements - proposed FCC strategies pertaining to Primary Health Care and FCC implementation and innovative approaches intended to be used to meet FCC objectives.

*Minimum community size or service area population is 2,500. For remote areas of the province, FCCs may use a centralized model with smaller site delivery for communities with a population less than 2,500, provided the smaller FCC is connected to a broader service area.

Go to Form

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Go to Instructions

Proposal Form (WAVE 2)

Family Care Clinic (FCC)

Section 1: Proponent Information

1. Primary Contact Information

The primary contact will be responsible for leading the formation of the legal entity that will govern the FCC (i.e. the NPC or AHS):

Name of Primary Contact: (Title, First Name, Last Name)			
Mailing Address (including Apt. No if applicable)	City	Province/Territory Alberta	Postal Code
Work Phone Number	Alternate Phone Number	Fax Number	Email Address

2. Status: Please check which of the following **best** describes you and provide additional information as requested:

3. Proposed Family Care Clinic Location Information:

Name of targeted community where FCC is proposed:	Name of proposed Family Care Clinic:

Section 2: Community Health Profile and Needs

4. Community Details:

a) Community Size/Geographic Service Area Population:

A minimum community size/geographic service area population of **2,500** is required in order to register as an FCC. Indicate the estimated community/service area population size that your FFC expects to serve.

b) Community Size/Service Area Geographic Boundaries:

Indicate the corresponding geographic boundaries of your community/service area in the space provided below.

250 words remaining

c) Client Estimate:

Indicate the estimated number of clients your proposed FCC will serve, based on your community size/service area population indicated in 4a above.

d) Additional Details:

Provide details of any other relevant community/service area characteristics, including demographic characteristics (consider geography, socio-economics, age, gender, migration, unemployment, etc.). Narrative should demonstrate a strong knowledge of the community.

250 words remaining

5. Existing Primary Health Care Service Organizations:

List the existing primary health care services in your proposed community/service area, including social sector participation. Examples include, but are not limited to: Community Health Centres, walk-in-clinics, urgent care centres, family practice clinics, mental health and addiction services, community support services, Alberta Supports, public health units, hospitals, pharmacists, Parent Link, food banks, Primary Care Networks etc.

Primary Health Care Service/ Organization	Organization Name	Approximate Distance from Proposed Family Care Clinic (km)
		+

6. Service Gaps:

Describe the gaps in primary health care services in your community/service area (i.e. primary health care services that are not available); and/or difficulties regarding access to primary health care services in your community/service area. Also describe how your FCC intends to address these gaps.

Gaps in Primary Health Care Services	How Family Care Clinic Will Address Gaps
	+

Section 3: Readiness to Operate

7. Family Care Clinic Comprehensive Primary Health Care Services:

Indicate how your proposed FCC intends to deliver the mandatory services listed below. It is expected that all services, to some extent, will be provided on-site with linkages to further enhance mandatory services.

On-site refers to services that will be provided in the primary location of the FCC, as per the FCC Business Plan.

Off-site refers to services provided by the FCC which are part of the FCC programs and services, but are provided outside the primary FCC location. They are included in the FCC Business Plan.

Linked refers to services that will be provided by already existing organizations, as enhancement services, but not part of the FCC Budget. They may be located at sites outside of the FCC primary location.

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Services to be Provided	How will the service be provided?		
	On-site	Off-site	Linked
Basic ambulatory care and follow-up	☐	☐	☐
Chronic disease prevention and management	☐	☐	☐
Addiction and mental health services	☐	☐	☐
Care of clients with complex needs	☐	☐	☐
Minor emergency care	☐	☐	☐
Follow-up primary care	☐	☐	☐
Rehabilitative care services	☐	☐	☐
Family planning and pregnancy counseling services	☐	☐	☐
Maternal and child health services	☐	☐	☐
Palliative and end of life care	☐	☐	☐
Seniors/Geriatric care	☐	☐	☐
Health promotion and disease and injury prevention services	☐	☐	☐
Population health improvement	☐	☐	☐
Individual and family engagement	☐	☐	☐

8. Team Composition:

a) Minimum Team Mix:

☐ Check box to confirm your commitment to meeting the minimum team mix requirements for FCC.
(Note: Family Care Clinic Reference Manual states the minimum team mix requirements).

b) Proposed On-site Family Care Clinic Team Members:

In the table below, please indicate your proposed FCC team members that will be on-site in your FCC facility and provide details as requested.

Note: All on-site positions will be part of the FCC Staff Budget.

Position Title/Professional Designation	FTE (1 FTE = Approximately 2,000 hours/year)	Proposed Function(s)
		+

c) Proposed Off-site Family Care Clinic Team Members:

In the table below, please indicate your proposed FCC team members that will be off-site and provide details as requested.

Note: All off-site positions will be part of the FCC Staff Budget.

Position Title/Professional Designation	FTE (1 FTE = Approximately 2,000 hours/year)	Proposed Function(s)

Apt. No:	Street Address	City	Province/Territory	Postal Code
			AB	

+ -

9. Hours of Operation: Will your Family Care Clinic provide services from 7:00 am to 9:00 pm, seven days/week?

☐ Yes ☐ No

10. Information Management and Technology (IMT)

☐ Check to confirm your commitment to utilize the standard provincial suite of IMT systems and services provided to all clinics by Alberta Health. Clinics must also comply with any privacy or IT security, assessments and requirements, as well as technical infrastructure controls.

11. Legal Structure:

a) What legal structure do you intend to operate under?

b) List members of your proposed FCC NPC/corporation. Please note that members of the proposed NPC will be required to confirm their membership of the NPC by signature at the back of this proposal form.

+ -

c) If appropriate, provide additional details in the box below.

250 words remaining

12. Governance Structure:

Describe the proposed composition of your Board of Directors/Advisory Committee.
Please see FCC Governance and Accountability Guidelines for information on acceptable Board composition.

500 words remaining

13. Operational Policy Requirements:

☐ Check to indicate that you have read, understood, and are committed to the Family Care Clinic Operational Policy Requirements detailed in the Family Care Clinic Reference Manual.

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14. Family Care Clinic Community Partnerships and Linkages:

In the table below, please indicate the service linkages identified in question 7. Also include any/all community partnerships your proposed FCC intends to make with individuals, groups or organizations within and outside the health system, to support the delivery of primary health care. Indicate if you have any associated letters with your proposal.

Include proposed partnerships/linkages with Alberta Health Services, Covenant Health, Aboriginal communities, and Primary Care Networks. Please note that these partnerships and linkages are not part of the FCC Budget.

Names of Individuals, Groups, or Organization	Describe the Planned Partnership/Linkage	Commitment Letter Attached
		☐ Yes ☐ No + -

15. Funding Partners:

Identify any funding partners (e.g. municipality, community agency, business, etc.) that may contribute towards:

☐ One-time or ongoing infrastructure and capital for your FCC, and/or

☐ Ongoing operating costs, including in-kind support, for your FCC.

Attach a signed letter of commitment from each identified partner with your proposal, including a description of the nature of the proposed support(s), the specific term(s) and amount(s) of the planned contribution(s).

Funding Partner	One-time/ ongoing infrastructure and capital	Ongoing operating costs (including in-kind support)	Commitment Letter Attached
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No + -

16. Family Care Clinic Workforce Recruitment Plan:

Indicate whether the FCC team members identified in question 8 have committed to being part of the FCC team. Attach a signed letter of commitment from each identified team member with your proposal.

If they are yet to be recruited, please describe your recruitment plan.

Note: "Recruited" means there is a letter of commitment from the team member.

☐ Already Recruited

☐ Not Yet Recruited

17. Family Care Clinic Facility Details:

Has your group identified a potential facility for your proposed FCC?

Note: If you are exploring more than one facility, you will have the opportunity to provide information for all facilities being considered below.

☐ Yes ☐ No

18. Ability to meet Roadmap Timelines:

Indicate whether you are able to meet the timelines as outlined in the FCC Development Roadmap located in Section 3 of the Family Care Clinic Reference Manual.

☐ Yes ☐ No

Indicate your anticipated operational/start-up date

Date *(yyyy-mm-dd)*

19. Overall Assessment of Readiness to Operate:

Indicate your readiness to operate using the scale below.

Low		Medium		High

20. Critical Success Factors:

Identify established critical success factors to ensuring your readiness to operate (e.g. training, leadership, etc.)

250 words remaining

21. Barriers to Success:

Identify any barriers that may limit your readiness to operate (e.g. outstanding contractual obligations, facility access, health workforce recruitment, etc.) and your associated mitigating strategy/strategies.

Barrier	Mitigation Strategy	
		+ -

22. Innovative Approach:

Alberta Health is interested in proponents that demonstrate innovative approaches to primary health care. What do you perceive as the innovative elements of your proposal? Provide any details related to these innovations and how they align with the FCC objectives outlined in the Family Care Clinic Reference Manual?

500 words remaining

Checklist for Family Care Clinic Proposal (Wave 2)

- Ensure that all documents as requested (i.e. commitment letters) are scanned and ready to be attached when e-mailing your completed proposal form to FCCInfo@gov.ab.ca
- Ensure that your Family Care Clinic Proposal Form (Wave 2) and associated attachments, as requested, are submitted on or before the closing date specified on Alberta Health website - http://www.health.alberta.ca/services/PHC-updates.html
- The FCC Primary Contact, the Chair of the Community Working Group (CWG) and members of the proposed FCC NPC, must sign to confirm the accuracy and endorsement of the FCC Proposal content.

_____
Signature of Primary Contact

_____
Signature of Chair of CWG

_____ _____

ATTACHMENT 3:

DEVELOPMENT GRANT FUNDING BUDGET TEMPLATE

[SAMPLE]

For the Period Ended March 31, 2014

Category	Budget ($)
Legal requirements to support formal establishment of corporate/governance structure and development of bylaws	
Recruitment of Business Manager and administrative support personnel and pre-operational salaries and benefits	
Development of operational and human resource policies	
Development and implementation of program manuals and other related materials as required	
Logistical support expenses (e.g., travel) required to support development and start-up of the FCC	
Other (Specify)	
Total Development Budget	

The Development Grant Funding Budget must be signed by:

NPC FCC: Business Manager and the FCC Board Chair

AHS FCC: Business Manager and AHS CFO

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ATTACHMENT 4:

DEVELOPMENT GRANT FUNDING – STATEMENT OF OPERATIONS TEMPLATE

[SAMPLE]

For the Period Ended March 31, 2014

Category	Budget ($)	Actual ($)
Revenue		
Development grant funding contributions from Alberta Health		
Other development support income (Specify)		
Total Development Support Revenue		
Expenses		
Legal requirements to support formal establishment of corporate/governance structure and development of bylaws		
Recruitment of Business Manager and administrative support personnel and pre-operational salaries and benefits		
Development of operational and human resource policies		
Development and implementation of program manuals and other related materials as required		
Logistical support expenses (e.g., travel) required to support development and start-up of the FCC		
Other (Specify)		
Total Development Support Expenses		
Excess (Deficiency) of Revenue over Expenses		

The Development Grant Funding Budget must be signed by:

NPC FCC: Business Manager and the FCC Board Chair

AHS FCC: Business Manager and AHS CFO

ATTACHMENT 5:

FAMILY CARE CLINIC PILOT PERFORMANCE MEASURES

These FCC Performance Measures have been approved for use in the three pilot FCCs. An Evaluation Framework with accompanying performance measures is under development and will involve broad consultation with experts and stakeholders.

Objective	Requirement	Measure / Indicator	Definition / Description	Reference
Manage timely access to primary health care, including same day access	Provides same day access for both scheduled and non-scheduled appointments	Time to Third Next Available appointment by provider type	This indicator measures the number of calendar days to the third next available appointment (TNA) by provider type. Third next available appointment for a specific appointment type, count the number of calendar days from a selected data collection day to the day when the third next appointment of the same type is available.	AIM Access Measure and CIHI Pan-Canadian Access Indicator #32 Rationale: In the *10-Year Plan to Strengthen Health Care*, the First Ministers recommended that 50% of the Canadian population have access to 24/7 PHC services by multidisciplinary teams by the year 2011. Excessive wait times can be a barrier to access to health care and are frequently monitored to indicate system performance and service supply constraints. Measurement of the next third available appointment assesses wait time by taking into account same day appointments kept available by providers for one or two urgent clients. A lower average wait time is interpreted as a positive result.

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Objective	Requirement	Measure / Indicator	Definition / Description	Reference
	Operate from 7:00am to 9:00pm, 7 days/week at a minimum, unless community needs demonstrate other hours of operation are required	Average number of extended hours (beyond 9:00 am to 5:00 pm, Monday to Friday), provided by FCC per Month during reporting period	This indicator measures the frequency of after-hours coverage. Numerator: The Sum of the extended Hours in reporting period / Denominator: Number of Months in reporting period	CIHIP an-Canadian Indicator #31 Rationale: In the*10-Year Plan to* Strengthen Health Care, the First Ministers recommended that 50% of the Canadian population have access to 24/7 PHC services by multidisciplinary teams by the year 2011. A higher average number of extended hours per organization can be interpreted as a positive result.
	Track impact on local Emergency Departments, inpatient services and other health services	Percent of FCC individuals responding to the following question: What would you have done if the FCC was not able to help you today? (Gone to emergency; done nothing; treated myself; got family or friend advice; gone to another clinic; called Health Link; Other – please specify)	This indicator is intended to assess from the FCC individuals perspective, the impact of FCCs on emergency department usage. Numerator: Number of FCC individuals indicating each category Denominator: Total number of survey respondents.	Rationale: It may not be possible to determine if FCCs are impacting ED utilization in Calgary and Edmonton with administrative data. This indicator will provide a proxy measure for avoidance of non-urgent visits to the emergency department.
Provide individual and family focused, comprehensive, quality, primary healthcare services across the lifespan, based on population health needs	FCCs will be individual / family focused	Percent of FCC individuals who respond yes to the care plan questions: “Since you first came to the clinic, has anyone at the clinic... “	This indicator is intended to assess from the FCC individual’s perspective, how involved they are in their care planning Numerator: Number of FCC individuals responding “yes” Denominator: Total number of survey respondents	

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Objective	Requirement	Measure / Indicator	Definition / Description	Reference
		Percent of FCC individuals who indicate that they are "satisfied / happy "or "very satisfied / happy" to the following questions: How happy are you with… "…how much your family is involved in your care and the level of social supports in your care? "…with the care you get from the Family Care Clinic?"	This indicator is intended to assess from the individual's perspective, how happy / satisfied they are with family and social supports and with the care they receive from the clinic. Numerator: Number of FCC individuals responding "satisfied / happy" or "very satisfied / very happy Denominator: Total number of survey respondents	
		Percent of FCC individuals who "Strongly agree" or "somewhat agree" to the following question: When you think about your health care, how much do you agree or disagree with this statement: "I receive exactly what I want and need, exactly when and how I want and need it."	This indicator is intended to assess from the FCC individual's perspective, their overall experience with care Numerator: Number of FCC individuals responding "Strongly agree" or "Somewhat agree" Denominator: Total number of survey	
Increase emphasis on health promotion, disease and injury prevention, screening, self-management, care of chronic disease and complex needs.	Primary care is connected to prevention and health promotion across the life cycle	Percent of FCC individuals, 12 years and over, who were screened by their PHC provider for the following common health risks over the past 12 months: tobacco use,	This indicator measures the frequency of screening activities. Numerator: Total number of clients who have been screened by each sub category of health risks during reporting period /	CIHI #13 The Canadian Task Force on Preventive Health Care (CTFPHC) recommended a number of areas in which PHC providers should provide screening and advice on common health risks. These recommendations were based

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Objective	Requirement	Measure / Indicator	Definition / Description	Reference
		unhealthy eating habits, problem drug use, physical inactivity, overweight status, unsafe sexual practices, and unmanaged stress and/or depression	Denominator: Total number of clients 12 years and older during reporting period	on strong evidence indicating that PHC can have a positive effect on long-term behavioural changes. A high rate for this indicator can be interpreted as a positive result.
	Provide clinical treatment to those with chronic / complex conditions.	For clients diagnosed with chronic condition/disease(s): The percent of FCC individuals maintaining or improving quality of life.	This indicator measures Quality of Life for those with chronic conditions Numerator: Number of FCC individuals maintaining or improving quality of life Denominator: Total number of survey respondents	Quality metric SF12v2or EuroQoL–5D
Utilize a collaborative interdisciplinary team approach working to full scope of practice within defined role	Interdisciplinary team members work to full scope of practice as defined by their clinical roles and respective professional associations.	The percent of FCC teams maintaining or improving measures of key elements of health care team effectiveness (HTE; e.g., collaboration, continuity of care, professional development, team functioning, work satisfaction)	This indicator is intended to assess from the FCC providers perspective, team effectiveness.	E.g., Health Care Team Effectiveness Measures associated with HTE and AIM program activity
Improve coordination, continuity and integration of primary health care services including effective linkages with other relevant ministries and community service providers and agencies	Formally enrol clients, including unattached clients, to the FCC, for the provision of, and access to, primary healthcare services.	Total number of current formally enrolled individuals to the FCC.	This indicator measures how many FCC individuals have been formally enrolled. Total number of formally enrolled clients that have a formal enrolment agreement with FCC in a defined pilot period.	Research shows that individuals who see the same providers regularly have better health outcomes, fewer visits to the emergency department, and fewer preventable hospitalizations.

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