
Modernizing Alberta's Primary Health Care System

Strategic Advisory Panel
Recommendations Regarding
Opportunities for Early Investment

February 7, 2023



Purpose of this report

In September 2022, Alberta Health launched the Modernizing Alberta's Primary Health Care System ('MAPS') initiative to recommend both short-term actions to strengthen the primary health care system, and a 10-year strategy to achieve a primary health care oriented health system for the province. A key objective of the MAPS initiative has been to develop a portfolio of opportunities for early investment that can be implemented beginning in the current 2022/23 fiscal year.

The *MAPS Portfolio of Opportunities for Early Investment* report was a critical input to building the recommendations outlined in this document. Recognizing the short evaluation timeline and that opportunities were evaluated exactly as submitted by stakeholders, the Strategic Advisory Panel felt it appropriate to provide supplemental advice to the Minister with the aim of helping to identify short-term actions that are aligned with overall directions of MAPS and maximize the likelihood of successful implementation in the current environment.

This document summarizes the Panel's advice to the Minister regarding early actions to improve primary health care in Alberta.

Overview of MAPS initiative

Top performing health systems are purposefully organized around, and prioritize investments in primary health care. These health systems deliver better outcomes and more cost-effective care. Despite a strong foundation in primary health care, Alberta needs to improve access and quality of health care, especially in rural and remote areas of the province and for Indigenous Albertans; strengthen how the system supports primary health care providers, patients and caregivers; and achieve better integration between primary care, other parts of the health system, and community -based social services.

The Modernizing Alberta's Primary Health Care System (MAPS) initiative was launched to identify ways to strengthen primary health care and to achieve a primary health care-oriented health system. The core deliverable for the MAPS initiative will be a recommended strategy that identifies:

- Existing elements of Alberta's primary health care system that should remain and potentially be accelerated, spread and scaled, or improved.
- Lower value practices at all levels of the system that create inefficiencies or do not contribute to improved outcomes, and which could be stopped or replaced.
- Gaps that must be addressed to stabilize and improve primary health care in Alberta, and solutions for doing so, with particular emphasis on improving services for Indigenous peoples and those living in rural and remote parts of the province.
- **Short-term opportunities to quickly improve primary health care in Alberta (focus of this report).**
- Longer-term strategic directions and actions, and a roadmap to implement improvements inclusive of actions, sequencing and costs.

Opportunities for early investment

An interim deliverable of the MAPS initiative is to recommend a portfolio of opportunities for early investment that can be implemented beginning in the current 2022/23 fiscal year including¹, but not limited to:

- Immediate stabilization supports
- Enhancements to team-based care
- Strategies promoting innovative solutions and models of care
- Strengthening quality and appropriateness of services

Potential opportunities were identified through a variety of sources. A high-level two-stage assessment was completed by the MAPS Project Team and Strategic Advisory Panel to categorize and prioritize the opportunities based on: 1) impact and feasibility, and 2) risk and estimated cost where possible. The project team gathered and prepared summaries of the rationale and evidence for each potential initiative. Information was gathered through supplemental interviews to provide additional context for the proposed initiatives. Finally, the Panel provided feedback on the results of the assessment process to further identify risks and to strategically consider which short-term opportunities to discuss with the Minister.

The Panel concluded that most of the opportunities submitted were valid improvement opportunities. However, most would also benefit from further planning, some could be combined into more substantial initiatives, and many could be strengthened with modifications.

General recommendations include:

- Identify the early actions as a bridge to more sustainable solutions that will result from implementation of the MAPS strategy.
- Focus on a package of actions that collectively address key gaps as opposed to individual initiatives that may be more or less attractive to individual stakeholders.
- Position the MAPS early actions as complementary with other key investments (including but not limited to those resulting from the

¹ Indigenous-specific investments will be evaluated through a separate process led by the Indigenous Primary Health Care Advisory Panel.

AMA agreement), and part of an overall approach to stabilize primary health care.

- Meaningfully engage with key stakeholders to ensure early actions are co-developed with those who are most impacted by the initiatives, and to minimize perceptions of top-down direction.
- Ensure there is sufficient research and evaluation capacity built into all early actions to facilitate both accountability and improvement.
- Consider dedicated resources within an accountable structure to advance the planning and implementation of early actions, which could evolve into an implementation structure for MAPS overall.

It is recommended that the Minister conditionally agree to a package of actions subject to additional planning, including stakeholder engagement, incorporation of accountability measures, detailed costing and policy analysis. The recommended actions include the following:

Early Action	Brief Description
Implement stimulus funding for team-based care	<p>Provide PCNs with 2 years of stimulus funding to enable recruitment and deployment of non-physician staff into patient medical homes. This may include both clinical and support staff, and PCNs would be expected to work with member physicians to determine how best to meet local needs.</p> <p>It is important that this action to considered a bridge to more sustainable investment in team-based care, and not a one-time investment. In exchange for additional team members, participating patient medical homes would be expected to increase panel sizes, participate in CII/CPAR, and meet other requirements determined through further planning.</p>
Expand use of non-FFS compensation models for family physicians and nurse practitioners	<p>Work with the Alberta Medical Association and the Nurse Practitioner Association of Alberta to develop a detailed plan for significantly expanding implementation of capitation, blended capitation and other non-FFS compensation mechanisms over the next 2 years for both family physicians and nurse practitioners.</p> <p>Particular emphasis should be placed on enabling team-based care with PCN supports, ensuring equity across compensation models, and providing incentives to address gaps in care for underserved populations.</p> <p>Existing capitation and blended capitation clinics, as well as the PCN Nurse Practitioner Program, must be considered in the plan, and improvements to existing models will have to be made.</p>
Expand integrated supports for vulnerable and underserved Albertans	<p>Expand existing integrated health, community, and social services models that provide comprehensive services and outreach to people who face barriers to accessing health services (due to ethnicity, poverty, trauma, social isolation, addictions, mental illness, literacy and education levels, lack of appropriate housing, etc.). Examples include Family Care Clinics, Boyle McCauley Health Centre, CUPS Calgary, the Alex, New Canadians Health Centre in Edmonton, and Mosaic’s Refugee Health Clinic in Calgary.</p> <p>Models should expand to address unmet need in Edmonton and Calgary, and new clinics should be established in regional centers, with an aim to implement new clinics in regional centers within 12 months.</p>
Enhance access through a virtual care program	<p>Commit to building a provincial primary health care virtual program to improve access, facilitate attachment of unattached patients, and provide additional supports to patient medical homes.</p> <p>It is critically important that virtual care improves access without compromising continuity of care, driving higher volumes of unnecessary visits and diagnostics, or contributing to poor patient outcomes. Continuity with the medical home for attached patients is essential.</p> <p>Begin by working closely with PCNs and clinics who are ready to initiate pilot initiatives, and engage one or more private virtual care providers to enable the models of care. The aim should be to initiate at least one pilot within 4-6 months.</p>
Strengthen the role of patients and caregivers	<p>Pilot an online platform for public feedback on healthcare experiences in Alberta like careopinion.org.uk. Providers, regulators, professional bodies, educators, researchers, and patient groups will be able to engage with and respond to experiences shared, enabling feedback mechanisms and highlighting opportunities for improvement.</p>
Address Social Determinants of Health	<p>Financial wellbeing, beyond being an individual circumstance, is influenced by household, community, and social contexts, as well as life transitions and financial shocks. Reducing the Impact of Financial Strain (RIFS) is a project exploring ways to reduce financial strain as a barrier to health, particularly in the areas of cancer and chronic disease management and prevention. Primary care teams shifted their practices to offer support, in part, by identifying patients with financial concerns and connecting them to community supports. Increased collaboration among service providers and communities is an explicit focus of the program.</p> <p>The project was discontinued after expiration of grant funding but should be resurrected with intent to expand to additional PCNs.</p>

Early Action	Brief Description
<p>Reinstate the PCN Operational Stability Fund Policy</p>	<p>Primary Care Networks can experience unanticipated operational expenses that impact service provision and responsibilities. A contingency reserve against unexpected expenses from the current fiscal year provides timely support for operational stability.</p> <p>The Operational Stability Fund (OSF) policy was initially implemented in 2018, enabling PCNs to maintain a fund to provide stability in the event of operational expenses not anticipated in its approved Annual Budget to maintain frontline service levels. The policy has since been removed. Reinstating the OSF policy provides Primary Care Networks operational flexibility and stability.</p>