



Frequently asked questions: May 15th ADM Townhall

The Modernizing Alberta's Primary Health Care System (MAPS) initiative was established to strengthen primary health care in Alberta and ensure Albertans have access to timely, appropriate primary health care services. The subsequent MAPS reports provide a 10-year timeline for transforming primary health care. Although the MAPS reports were longer-term in scope, the government has developed an implementation plan which outlines a series of actions that will stabilize and strengthen primary care in Alberta over the next two years.

With the implementation of MAPS initiatives underway, the following Frequently Asked Questions (FAQs) document has been created to answer questions that were raised during engagement sessions with Primary Health Care (PHC) stakeholders. The FAQs address questions related to MAPS implementation, Primary Care Networks (PCNs), funding, stakeholder engagement, change management, and the physician compensation model. Questions are grouped based on topic.

General Questions:

What is the objective of transitioning from the current PCNs to Regional PHC Networks?

The creation of Regional Primary Health Care Networks (RPHCNs) is a MAPS recommendation that builds on the 20 years of success that has been achieved through PCNs. This change will position PCNs to expand and evolve into a structure that strengthens PHC governance and clarifies accountabilities.

The objective is to ensure all Albertans have appropriate access to high quality primary health care that is integrated with other health care services and social supports, regardless of where they live in the province. This will be done through:

- Regional networks that are accountable for everyone in a geographic area including unattached patients and based on the needs of the population.
- Stability of resources and supports, so Patient Medical Homes (PMHs) will be able to rely/expect specific resources and supports to confidently plan and deliver services.
- Driving integration within health and community sectors by facilitating and supporting service planning and care coordination at the level of the Integrated Health Neighbourhood.

How many Regional PHC Networks will there be and what will the boundaries be?

The size, location, governance, and specific responsibilities of Regional PHC Networks has not been determined. PCN stakeholder expertise and experience will be leveraged to inform solutions so Regional PHC Networks build on the successes of PCNs and address current gaps in the PHC system.

Will Albertans be expected to stay within their geographic boundaries to receive primary care services?

Albertans will not be limited to receiving services in a particular region. The MAPS initiative is intended to support broader equity of access to quality primary health care services so all Albertans, regardless of where they live, have access to the primary care they need.

What is the plan to facilitate primary care access to Connect Care?

One of the actions outlined in the 2-Year Implementation Plan is to speed up the expansion of a secure “health information highway” for health care providers to easily communicate, access and share patient information. This includes expanding electronic delivery of information to community-based providers and enhanced integration with their record systems.

PCN Specific Questions:

What is the process for designing the regional model?

Alberta Health is adopting a staged approach as it designs and transitions to the new regional model.

Phase 1 includes consultations with PCNs to understand current operations and capacity. This will provide a baseline and common understanding of strengths, challenges and expectations to inform the design and evolution of PCNs to a regional service delivery model. This process has been designed to leverage input from physicians and PCN stakeholders through direct engagement with each of Alberta’s 39 PCNs, a physician survey, and input from zonal PHC leaders.

Phase 2 will draw on Phase 1 findings and include workshops with provincial, zonal and PCN stakeholders to inform the design of the regional model. This project aligns with the two-year MAPS implementation plan and the Health Minister’s mandate letter.

A variety of inputs will inform the design of the regional model, including geography and patient flow patterns, standards development, and broader system governance changes. Alberta Health is committed to leveraging stakeholder expertise to help inform regional policy design as policy decisions are made. Primary health care stakeholders will continue to be involved in each transition stage through continued engagement and through the sub-committee structures established under the Provincial MAPS Advisory Committee.

What are the next steps for engaging with stakeholders?

Alberta Health will circulate a Doodle Poll to each executive director to coordinate a meeting date and time for their respective PCN. The first engagement sessions will be hosted online: June 17 to July 12.

Suggested attendance at these sessions includes the PCN Executive Director, PCN Physician Lead, and two additional individuals selected by the PCN who can contribute to a productive discussion.

What are the intended outcomes of Phase 1 engagement?

Phase 1 engagement intends to bridge the gap between the MAPS recommendation for primary care services to be delivered regionally and Alberta Health's successful implementation. This engagement intends to:

- Validate understanding of current PCN operations;
- Identify key strengths, gaps and potential solutions to inform requirements for the regional model;
- Develop transition plans specific to each PCN and region; and,
- Provide clarity and operational next steps to stakeholders.

The project is designed to leverage the expertise of stakeholders through the principles of continuous engagement, and minimal service disruption to Albertans.

What can be expected in the first round of engagement with PCNs?

PCN engagement is central to the successful transition to regional service delivery. The first phase of engagement with PCNs is expected to build a common understanding of the networks within their current environment. This phase will include two virtual engagements with PCNs and an opportunity to provide written responses, as well as a physician survey.

In addition to currently planned engagements, additional meetings and engagements with other stakeholders may also be scheduled to address emerging issues and ensure relevant perspectives are considered.

When is the transition to Regional PHC Networks expected?

The policy to inform the parameters (size, location, services) will be complete by the end of December 2024. The plan for transitioning from the current PCNs to the RPHCNs is expected to be complete by the end of March 2025.

A regional model may be operational in some areas as early as Spring 2025, however timelines will vary in order to account for readiness and the degree of change that is required to successfully transition to a regional model. The goal is to support each Regional PHC Network in addressing the unique needs of their region based on demographic and geographic differences.

What is the anticipated impact on services for Albertans?

Alberta Health will strive to minimize impacts on patient care and service at the clinic level. Until further policy decisions are communicated, PCNs are expected to continue providing services as outlined in their business plans. Once a transition plan to a regional model is approved, change management considerations will be key to successful implementation. This means transitions will be carefully planned, communicated transparently, and executed in a way that ensures the needs of patients, providers, PCN staff, and communities continue to be met.

What work is being done to ensure integration across different organizations?

While the design and specific responsibilities of Regional PHC Networks have yet to be determined, the regional networks will be instrumental in driving care coordination and local integration efforts. This integration is necessary with non-PHC health care providers and non-health actors such as housing and social services in communities within the region. The goal of the PCN engagement process is to provide opportunities for PCN stakeholders to inform how Regional PHC Networks should be organized and structured to improve access and quality of primary care services. Other integration mechanisms will exist at zonal and provincial levels, involving the new Provincial Primary Care Organization and other provincial health care organizations.

Will regional networks be funded through population-based funding?

The funding model and timeline for the regional service delivery model has not been established. A lot of work was done as part of the AMA agreement and the Primary Care Commitment Letter where a working group made a number of recommendations about PCN funding. Those recommendations and the engagement will be leveraged to inform the future PCN funding model. The work will consider various factors including a population-based component, geographic boundaries, complexity of population needs, and rural/remote considerations.

Will there be changes to the governance of PCNs?

The governance of the PCNs will be determined as part of the transition to Regional PHC Networks. The engagement sessions with the PCN and the Structure and Governance Sub-Committee which has been created to support the transition to inform the future governance model, will be leveraged in this work.

Change Management, Communication and Stakeholder Engagement:

How will zones/business units be involved in this process?

Zone PCN leadership plays an important role in the system and will be included in engagement sessions as well as in the future design and development of transition plans. This will include meeting with each Zone PCN Committee individually.

How will PCNs be supported through this change?

A Change Management and Communication sub-committee (CCM) is being set up under the revised Provincial MAPS Advisory Committee (PMAC) (former Provincial Primary Care Network Committee (PPCNC)). With broad membership across many primary care stakeholders, this group will come together to provide recommendations on:

- An overall MAPS change management approach, inclusive of key communication and engagement tactics at the provincial, zone PCN and clinic levels; and
- Change management plans to support MAPS implementation activities.

They will also contribute to the development of communications materials.

Will Alberta Health allow PCNs to hire supports for implementing change?

Alberta Health has increased resources to manage change as MAPS implementation unfolds. The department will continue to work closely through the CCM sub-committee and with primary care stakeholders to determine additional resources and supports that are required to implement change at the PCN and clinic levels.

Is funding available to compensate physicians and PCNs for time spent?

There is no new funding to compensate physicians and PCNs for their time. PCNs can opt to use existing funds to compensate physicians for their participation in these consultations, in line with their existing policies.

How will the new MAPS sub committees actively engage and communicate with PCNs?

The MAPS sub-committee members are expected to represent their respective organizations and ensure feedback and input reflects their perspectives. Furthermore, Alberta Health will develop a communication plan with input from the CCM sub-committee to ensure effective and timely communication with stakeholders.