

# Alberta Health Priorities in Scaling the Patients' Medical Home

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# Agenda

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- Our vision for Primary Health Care
- Advancing Patient's Medical Home (PMH)
- AH Initiatives that support the scaling of the PMH

# Our vision for Primary Health Care

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**Vision:** A primary health care system that supports Albertans to be as healthy as they can be.

All Albertans have a ***health home*** that provides appropriate, timely, high-quality ***primary health care services*** and ***seamless transitions*** to other health, social, and community services. Albertans are ***meaningful partners*** in their own care.

# Patient's Medical Home

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One of the 'PCN Objectives' is to adopt the Patient's Medical Home (PMH).

- To implement patient's medical home to ensure Albertans have access to the right services through the establishment of interdisciplinary teams that provide comprehensive primary care.
- PMH is a framework supporting quality improvement in family practice clinics to provide comprehensive, proactive, and collaborative health care

# Advancing PMH

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# PCN Governance Structure - Goals

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- Integrated and aligned primary health care services
- Shared services - improved efficiency of resource use
- Strengthened relationships among PCN stakeholders
- Increased PCN oversight and stakeholder accountability

# Provincial PCN Committee:

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- Created five Zone PCN Committees and supported Zones with tools, processes and expectation for population based Zone PCN planning
- Endorsed Zone Participation Policy (PCN Program Policy)
- Endorsed Alberta Health's *Primary Health Care Priorities and Outcomes for Alberta*
- Established six Provincial Task Groups to work on specific deliverables:
  - Access & Continuity Principles, Chronic Condition and Disease Prevention and Management, Evaluation, PCN Hospital Transitions, PCN Policy, Zone PCN Service Planning.
- Supported the PCN Nurse Practitioner Support Program
- Endorsed full 3-year Zone PCN Committee Service Plans

# AH Strategic Outcomes & PPCNC Priorities

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## Access to primary health care

- Examples include extended hour access; better access for people living with mental health and addiction issues

## Optimizing safety and quality of care

- Examples might include systematic implementation of better screening for chronic conditions; better use of interdisciplinary teams to support chronic disease management

## Continuity of care

- Current priority is implementation of the Central Patient Attachment Registry (CPAR) Change Management

## Care transitions

- Current priorities include Home to Hospital to Home Transitions and specialty access

## Person experience and outcomes

- Example includes facilitating Albertans' involvement in their care through supporting My Health Records in primary care

# Evaluation of PCN Governance Structure

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- Evaluators conducted extensive stakeholder interviews, and an online survey to obtain representative feedback.
- Findings
  - Support infrastructure positively impacted implementation
  - Increased alignment and improved co-ordination
  - Improved information sharing
- Recommendations
  - The Governance Framework should be continued
  - More clarity needs to be provided to define the zone support infrastructure
  - Improve the bi-directional flow of information within the Governance Framework
  - Increase efforts to clarify the vision of the Governance Framework

# Zone PCN Service Planning:

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- The Zone Service Planning process enables PCNs and AHS to identify and prioritize opportunities to align and integrate services across the Zone.
- This coordinated, zone-wide planning approach also promotes the advancement of PCN Objectives, including the Patient's Medical Home.
  - For example, through Zone Service Planning, AHS and PCNs are able to work together to ensure team-based care is in every community.
- Its expected that Zone Service Plan implementation will advance the pillars of the patient's medical home and lead to comprehensive, proactive, and collaborative care.

# Zone PCN Service Planning – first results

Calgary	Central	Edmonton	North	South
<ul style="list-style-type: none"> <li>• Patient's medical home</li> <li>• Supported transitions</li> <li>• Specialty integration</li> </ul>	<ul style="list-style-type: none"> <li>• Primary health care opioid response</li> <li>• Transitions of care</li> <li>• Mental health (youth)</li> </ul>	<ul style="list-style-type: none"> <li>• Addiction and mental health</li> <li>• Transitions of care</li> <li>• Speciality access and linkages</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic disease and co-morbid conditions</li> <li>• Addiction and mental health</li> <li>• Frail, complex seniors</li> <li>• Maternal, Child</li> </ul>	<ul style="list-style-type: none"> <li>• Complex patients</li> <li>• Addiction and mental health</li> </ul>

# AH Initiatives that support the scaling of the PMH

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# CII-CPAR impact on Patient's Medical Home

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- The CII-CPAR initiative provides the foundation for future enhancements supporting the Patient's Medical Home model
- Currently it supports informational, management and relational continuity
  - Information flows automatically to Net Care where it can be accessed by other providers in the patient's care team
  - Enables smoother transitions through E-notifications to improve management continuity
  - CII and CPAR applications provide information that can improve understanding of where patients are going for services

# Patients' Medical Home (PMH) / Alternative Relationship Plan (ARP)

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- PMH enables innovation in primary care and can be facilitated through any model of physician compensation, however ARPs support behavior that is aligned with PMH pillars.
- The government has committed to advancing the pillars of PMH by leveraging and expanding already successful innovations in the health care system.

# Alberta Surgical Initiative

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- Developed to improve and standardize the entire surgical system from the time patients seek advice from their family doctor, to when they are referred to a specialist, to their surgery and rehabilitation.
  - A plan will be implemented to provide up to 80,000 more publicly funded surgeries over the next four years, meeting wait-time targets and to ensuring people receive care within clinically recommended times.
- The following key primary and community strategies, pre- and post-surgical care, were identified to meet this goal.
  - Improve the provision of specialist advice to primary care physicians
  - Improve the provision of surgical consultation, including pooled referral and triage
  - Improve care coordination and pathway development

# MyHealth Record

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- A secure online tool that enables adult Albertans to see some of their health information from Alberta Netcare, the provincial electronic health record.
- An enabler of Albertans as partners in their care (which supports the proactive, comprehensive, collaborative framework of the PMH).
- An underlying principle of MyHealth Records involves empowering and supporting patients to work in partnership with prepared and proactive health teams.
- <https://myhealth.alberta.ca/myhealthrecords>

# Nurse Practitioner Program and PMH

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- Support for additional Nurse Practitioners (NP) through the PCN NP support program launched fall 2019.
- AH funding for PCN NP support program enabling 31 new full time NP FTE in primary care settings.
- The program will support efforts to improve access through optimizing use of NPs working to full scope of practice in collaborative teams.

# Questions?

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