

Primary Care Interdisciplinary Summit: Building the Coalition

Summary of Responses

October 25th, 2022



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INTRODUCTION AND BACKGROUND

Primary health care in Alberta has been, and continues to be in crisis, family doctors are opting out of the profession, leaving the province to practice elsewhere, and/or retiring early leaving more Albertans without a family doctor.

Primary health care and comprehensive family medicine has been struggling with increased complexity, lack of resources, increasing administrative burden, staffing shortages, burn out, and inadequate funding models. This crisis continues to have a profound impact on patients leaving them without access to proper, timely and continued care and subsequently forcing them to seek care in already overburdened emergency departments.

The Government of Alberta has acknowledged the pressures and distress in the primary health care system and has launched the Modernizing Alberta's Primary Care System (MAPS) initiative intended to support primary care and primary health care by shifting focus on strengthening and building a more robust and resilient foundation. Alberta Health has been engaging with key stakeholders to evaluate the current landscape and propose innovative system changes with the goal of creating a patient-centered health care system.

With every crisis there is a unique opportunity. We have an opportunity to work on this now while it is a political priority. Nonetheless, we all have a vested interest in working on long term vision and plans together, to ensure that as there is political change, the stakeholders that rely on the system for their care and for their livelihood, can hold fast to a common vision and set of solutions that will stand the test of time and political changes, and get us to a better place.

THE SUMMIT

The Alberta College of Family Physicians (ACFP), the Alberta Association of Nurses (AAN), and the Alberta Primary Care Nurses Association (APCNA) partnered up to discuss common organizational aspirations and concerns. The partners moved quickly to a need for action and collaboration across stakeholder groups. A decision was made to facilitate collaboration through a 2-hour virtual session on October 25, 2022, called ***The Primary Care Interdisciplinary Summit: Building the Coalition (the Summit)***. The purpose of the Summit was to provide an open invitation for primary care stakeholders including, but not limited to, physicians, pharmacists, nurses, nurse practitioners, social workers, and patient advocates a space to come together and discuss not only the ongoing challenges and gaps but bring forward potential solutions that can lead to achieving a shared vision.

The Summit united primary care professionals and stakeholders who are committed to not only advocate for an integrated and team-based care in communities and primary care, but also build strong relationships and share recommendations for the implementation of the Patients Medical Home and team-based care as the foundation for a healthy Alberta. We are hoping that through this unique opportunity where all professions and partners in primary and community-based care meet and discuss vision, issues and solutions, we can demonstrate the value of collaboration and collective impact.

TAKING STOCK OF EVIDENCE AND BEST PRACTICES

What we heard

There are many organizations that are succeeding at implementing interdisciplinary team-based care in their communities; it is vital to benchmark what other healthcare organizations are doing at a local, provincial, national, and global scale to be able to understand and learn their innovative approach to implementing high-quality and integrated service to patients and communities.

The Summit facilitators posed questions and offered the opportunity to talk in smaller breakout rooms where participants were provided a safe space to share evidence, reference material, perspectives, and preferences. A series of guiding questions were asked first to think about individually and write down how interdisciplinary team-based care works in your primary care experience starting in their practice and moving through to a global perspective. Then all participants went into virtual breakout rooms with a facilitator in each, for discussion and collection of input using Miro Boards. The following summary of results are promising and confirm that all stakeholders want the same thing – timely access for Albertans to excellent patient-centered primary care with all providers working to the top of their scopes.

The guiding questions:

1. Think of what you have seen in your practice and your community. Describe some key work flows while you are working successfully with other professions in the care of your patients, families, communities? If you are a patient (all of us are), do you have a team of providers that support your care? How do providers work together to support you?
 - *Provide websites or links to pages for your group that show this.*

2. Expand that thinking to your PCN, Zone, Region, Province. What innovations, models of care, programs, or services should be duplicated, supported, and celebrated?
 - *Provide resources such as white papers, documents, supporting literature, agreements, standards that you can point to that explain what is working to support interdisciplinary team based care in primary care.*
3. Think broader to our great Nation. Based on countries and communities in the world that have gotten it right, what team based approaches do you know of or have experienced that you want to see here in Alberta for your loved ones and for you some day?

THEMES

Input from all breakout rooms was collected and themed under the following four categories:

1. Integrated Health Systems and Models of Care
2. Team Based Care and Scopes of Practice
3. Examples of Team Based Care in Alberta
4. Economic Value of Team Based Care

RESOURCE COLLECTION RESULTS

1. Integrated Health Systems and Models of Care

[The Patient's Medical Home 2019 Edition](#) A New Vision for Canada – Family Practice

[Primary Care Access](#) Institute for Healthcare Improvement

[Primary Care 2030 White Paper](#) Alberta Medical Association. There is success having a model of care that allows practitioners to access specialists and highly trained specialists

[Nurse Practitioner-Led Clinics in Ontario: An Overview of the Nurse Practitioner Led Clinic Model and Recommendations for Future Development](#) Nurse Practitioner-Led Clinic Association (NPLCA)

[Primary Health Care Home Model of Care NZ](#)

[Overview of Health Care in Denmark](#)

[10 building blocks of high-performing primary care](#)

[CFPC Innovation in Primary Care](#)

[The Swedish Model of Primary Care](#)

[Patient's Medical Home \(PMH\) in Alberta](#)

[The NUKA Model of Care at South Central Foundation in Alaska](#)

[Social Prescribing](#)

[The North American Observatory](#) (U of T) report on primary care

[The ON Community Health Centres Model](#)

[Primary Care Report \(KPMG\)](#) Mark Britnell is a consultant with KPMG, wrote an interesting report about primary care internationally

2. Team-based Care/Scopes of Practice

[Greg's Wings](#) – Everyone should watch Falling Through the Cracks

[Health Human Resource Policy Recommendations: Summary](#) Briefing to the House of Commons Standing Committee on Health – April 14, 2022

[Multidisciplinary Management of Diabetic Foot Ulcers in Primary Care in Quebec: Can We Do Better](#) National Library of Medicine

[Primary Care Nurses in Alberta](#) Alberta Primary Care Nurses Association

[Journal of General Internal Medicine](#) Article supporting need for team-based care

[National Competencies for Registered Nurses in Primary Care, CFPNA](#)

[Canadian Nurses Association](#)

[Primary Care Nursing model of Halifax](#)

[Teamwork Video](#) 7 Cs of effective has been something we have shared around our PCN recently. Accelerating Change Transformation Team

[Primary Care Practice Characteristics Associated with Team Functioning in Primary Care Settings in Canada: A Practice based cross-sectional survey](#)

[Integrating nurse practitioners into primary care: policy considerations from a Canadian province](#) BMC Primary Care

Registered Nurse can assist a physician by meeting with their more complex patients at the beginning of the visit to spend extra time and summarize the patient's issue so that when the physician comes into the room, they can understand the patient's main issue in a quicker time period

Team-based care shifting from a referral approach to a collaborative, shared approach to provide optimal patient-centered care

The medical home concept of care has allowed us to coordinate many pieces of care for a single patient

Registered nurse prescribing policy to be available and supported

3. Examples of Team-Based Care in Alberta

[Moose and Squirrel Clinic](#) Located in Sundre has a great model of team-based care

[Sylvan Lake Family Medical Clinic](#) Is a trailblazer in alternative compensation for the medical home

[Crowfoot Village Family Practice](#) Located in Calgary and does an amazing job of Patient Medical Home and interdisciplinary care with PCN and community care with community pharmacies

[Riverside Medical](#) Drumheller Medical home

[Digital stories team-based care](#) Associate Clinic Pincher Creek, Aakom-Kiyii health services

[Pilgrims Hospice Society](#)

4. Economic Value of Team Based Care

[The economic impact of rural healthcare on rural economies: A rapid review](#)

[Crowfoot and Taber Clinics – Case Study Evaluation 2019](#)

[An Economic Analysis of the Implementation of Team-based Collaborative Care in Outpatient General Mental Health Clinics](#)

[Amid doctor shortage, NPs and PAs seemed like a fix. Data's in: Nope.](#)

BUILDING A PRACTICAL VISION

This process was not about creating a vision statement but about bringing together all of the elements of the collective vision to create a broad and compelling description of a desired future. The practical vision building process is an opportunity to bring together ideas that are aspirational and honor the divergent perspectives of all members of the group. By creating a common practical vision there is not only commitment from the group but also a much clearer understanding of the direction we are heading and then inform what needs to be done to achieve it.

Focus Question:

What does our desired future look like for interdisciplinary team based care in community and primary care?

The collective practical vision based on the input of the groups had the following core themes:

- All team members are practicing to full scope
- Interprofessional education is available including things like joint education in nursing and medical school, interprofessional observerships, and shadowing other professions
- Funding models include physician and other provider payment models:
 - Fee for service and AARP funding for primary care provider workforce
 - Comparable remuneration packages in primary care and AHS staff including salary/hourly rates, benefits, vacation, and pension
 - Infrastructure funding for team-based care in primary care
- Shared best practices for clinical and practice improvement
- Technology to facilitate and provide efficiencies
- Real time data to allow for continuous quality improvement
- Investment to engage and empower patients and communities to be involved in designing programs and primary care practices
- Keeping primary health care patient-centric

IDENTIFYING CHALLENGES, GAPS, AND OPPORTUNITIES

Alberta's primary health care system has been overstretched for many years but ever since the pandemic began, these challenges have intensified creating more gaps and making it unsustainable for family physicians and other primary care professions. Challenges always inspire people to find opportunities that could influence health system transformation.

Focus Question:

'What are the challenges, gaps, and opportunities that currently exist in Alberta in getting to our common vision of interdisciplinary care the future?'

Opportunities:

- Interprofessional education from university, residency, and preceptorship to CPD
- Leverage virtual care and have teams and more collaboration

Challenges and Gaps:

- Inadequate funding models including fee for service for physicians
- Inadequate PCN funding
- Primary care in community competing for AHS interdisciplinary teams who have access to employment packages family physicians and PCNs cannot sustain
- Lack of infrastructure funding
- Generational differences in work life balance
- Difficulties for rural and Indigenous students to access healthcare worker training without leaving community
- Difficulties in getting increased funding for allied health programs
- Competition from private health companies
- Turf protection and
- Lack of understanding of the public and government regarding primary care, family medicine, Patient Medical Home, and interdisciplinary teams
- Political challenges

CALLS TO ACTION

With the new UCP leadership in place, a general election coming up, and MAPS initiative already underway, it is time to proactively leverage and engage with the current political leaders to collectively advocate for an interdisciplinary team-based health care approach, adequate funding models, and better access to workforce data to best serve patients and communities. The answers to this focus question were identified as needing *immediate* action.

Focus Question:

What do we need to do to collectively and as individual organizations to move toward our common vision for interdisciplinary team based care in community?

1. Leadership tables in primary care need to have all professions represented
2. There is a need to have a unified voice for a desired future and we need to advocate collectively as professions
3. Build trusting relationships between professions
4. Consider a community of practice to share successes and challenges to help spread and scale
5. Review the education system, educate people about team-based care approach, where they should practice, and encourage them to do Continuing Professional Development in teams
6. Integrated care systems and data allowing for continuous practice improvement

NEXT STEPS

Creating transformational health system change and restoring the confidence of primary care providers and the public will not happen overnight, it requires building relationships, fostering collaboration and the overall commitment from the government of Alberta to lead tangible change. There is no better time than now to start establishing coalitions to unify our voices and work towards eliminating barriers and bringing forward innovative opportunities to reconstruct a fragmented health care system.

- Planning to schedule a smaller meeting with key stakeholders to continue to conversation
- AAN and APCNA to work together to develop a lighthearted newsletter to talk about their committee and share key messages about what is currently happening in the province

ACKNOWLEDGEMENTS

It is important to acknowledge and give warmest thanks to the Alberta College of Family Physicians, the Alberta Association of Nurses (AAN) and the Alberta Primary Care Nursing Association (APCNA) facilitators for guiding and engaging with all the participants and truly making this session possible. Special thanks to all participants who attended and shared all the wisdom and experiences.

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Participants:

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Alberta College of Family Physicians (ACFP)
Alberta Health Services (AHS)
Alberta Medical Association (AMA)
Alberta Pharmacists' Association (APA)
Alberta Primary Care Nurses Association (APCNA)
Imagine Citizens for Health Network
Nurse Practitioner Association of Alberta (NPAA)
AMA Section of Family Medicine (SFM)
AMA Section of Rural Medicine (SRM)
Primary Care Network Representation