Primary Care Alliance

Questions & Answers

Why is this system better?

The proposed system emphasizes team-based, integrated, patient-centered care. Scientific literature is clear that a primary care-centric model is the best approach for the kind of system Albertans need and want.

This model allows everyone in the system to do what they're best at. Today, patients, doctors, administrators and others spend too much of their time navigating the system - whether that's information sharing, information gathering, or treatment planning. This model orients the players in the system around the patient. It efficiently integrates other specialties and health resources in a way that is designed to reduce barriers in the process for all players.

Specialists will spend more time on their clinical work and less time on administrative way finding.

Primary care teams will operate more efficiently by coordinating and sharing the load appropriately according to skill and profession.

The patient will engage with a core team and specialist support in the manner that best suits them and their needs.

Community-based services and supports will reflect population needs and patient preferences. There will be change in how health professionals work, creating new, more collaborative care pathways.

What is the "Patient's Medical Home" and how is this different than just having a family doctor?

The Patient's Medical Home is more than a family medical practice. The Patient's Medical Home is a family practice defined by its patients as the place they feel most comfortable to discuss their personal and family health concerns.

The goal is to have the patient's family physician, the most responsible and trusted provider of their medical care, work collaboratively with a team of health professionals, which may include other specialist physicians, nurses, pharmacists, nutritionists and others, to coordinate comprehensive health care services and ensure continuity of patient care.

These professionals can be located in the same physical site as the family physician or linked through different practice sites, telehealth or other enabling communications.

The Patient's Medical Home enables the best possible outcomes for each person, the practice population and the community being served.

We still have to deal with the COVID care deficit, can't we deal with this later?

The pandemic has laid bare the systemic flaws we face. We're faced with a backlog of care, delayed diagnosis and missed treatments. Every day that we continue with the status quo is another day that physicians spend working in an outdated model, while patients attempt to navigate an increasingly complex health and social care landscape.

We've been forced to do things differently during COVID and it's clear that improvements related to integration, communication and more are possible. With these structural flaws top of mind, we are in exactly the right moment to offer hope and the tools required to make this happen.

Our system today is not as efficient as it should be. The public and our other stakeholders want to see stronger outcomes for each dollar invested in health care. The model we're proposing will ensure that Albertans get more for every dollar they put into the health system as tax payers, and the longer we delay these changes the more Albertans will have to pay - both out of pocket and in terms of their health.

Lots of people talk about changing the system. Why do you think you can do it?

We've put in the time and research, worked with thought leaders, learned from the experiences of other jurisdictions and evaluated it all in terms of how this knowledge can be used, practicably, in Alberta. It will not be easy – no major change ever is – but we have a roadmap and are ready to work with our system partners to realize this vision.

We have buy-in from primary care leadership and combined with the pandemic's timing, we have a unique opportunity to improve. The pandemic cut through some of the inertia that has prevented change in the past.

We know this world inside and out. We have lived through past failed attempts and have also seen some successes. Many of the large improvements made in the last 20 years will serve to support this improved system. The pieces are in place now, in a way that they never have been before.

Why are you adding more uncertainty to the health system?

Uncertainty is challenging – yes – but the alternative is certainty that we will continue to live with the problems we face today. And for us, as physicians, patients and taxpayers ourselves, that's untenable.

Understanding the possibilities that this kind of shift will offer, we can't live with a health system that costs more and more every year, with deteriorating patient care and fewer professionals who are interested in building their career in Alberta. We are committed to making this happen and we don't believe that the province can afford any more of the status quo.

This will re-establish Alberta as a leader in health care. Patient's Medical Homes are the future. This will allow doctors and everyone else in the system to be part of leading that transformational change – as community leaders and visionaries.

This change will cost money and take a long time. Why bother?

Any up-front investment will be returned many times over in the coming decades. The improved communication, integration of services and decentralized decision-making around Patient's Medical Homes will build resiliency in the system, make it more affordable and improve health outcomes for patients.

Doesn't this kind of model/ care already exist in Alberta?

Some of the components of the proposed system exist already here in Alberta – and that's a great thing. Each of those is a steppingstone that is necessary for us to realize the broader, longer-term vision.

While we don't have all the required elements in place today, they do exist elsewhere and we've seen that they are delivering value to those communities. On their own, the components may not be that exciting or transformational, but bringing them all together, in a fully integrated system will be!

Why is it so primary care physician centric?

The best academic literature shows that a primary care-focused system is the model that drives the best operational and health outcomes. Patients want and need a point of contact to help navigate the system and primary care physicians play that role. In our proposed system, this point of contact is supported by many other health and social service providers … essentially, that broader Patient's Medical Home.

More effective integration of primary and specialist care will ensure better communication and clearer channels for information sharing. It will also allow each member of the broader team – specialist and primary care physicians alike – to spend more time on what they are best at.

How will this be different for the patient?

In so many ways!

They will be able to take an active role in shaping the way they are cared for and served in our health system. A team around them will help to craft a care plan and approach that suits both their needs and preferences.

More Albertans will have a primary care provider, a single resource and contact to support them as they navigate their personal health journey.

That primary contact will be supported by community- and needs-appropriate teams in their medical home so that their broad health and social needs can also be addressed.

Patients will find it easier to navigate more than just primary medical services through their medical home. Integration and effective communication with other specialists and health and social supports will be supported through their medical home, ensuring continuity and that the patient is cared for in a truly comprehensive fashion.

Won't this mean that family physicians lose autonomy?

This system will give family physicians more agency to offer high quality care to their patients, through the integration of other services in the same office. The family physician will retain their central role and will have even more impact with each patient.

Why is primary care given more focus than specialists?

There is robust evidence that supports primary care as the central model for the best performing health systems in the world. This in no way diminishes or reduces the importance of specialist care. If anything, better integration will allow more time for specialists to focus on billable services, and will offer the opportunity for them to partner or align with the Patient's Medical Homes and find a community of practitioners and patients that best suits them.

Collaboration and coordination will be more deliberate and seamless. This will improve patient outcomes and will potentially offer a more rewarding professional experience

---

More accountability will mean more reporting – why are you adding more administration?

The added administrative burden will be temporary. More supports and systems will be created to facilitate components of the new system. This short-term pain will be worth the system-wide benefit of accountability many times over.