

MAPS Rural and Remote Primary Health Care Engagement

Modernizing Alberta's Primary
Health Care System (MAPS)
March 23, 2023



Agenda & Objectives

The objectives for this session are to:

- Share progress of the MAPS initiative
- Affirm key primary health care priorities and opportunities for rural and remote communities in Alberta
- Discuss future planning and implementation considerations for the MAPS recommendations

March 23, 2023 | 5:00-7:00 pm MDT (MS Teams or Zoom, depending on number of registrants)

Time	Topic
5:00 – 5:05 p.m.	Welcome and introductions
5:05 – 5:15 p.m.	Overview of MAPS
5:15 – 5:30 p.m.	What we heard: Key themes Primary health care priorities and opportunities for rural and remote communities in Alberta
5:30 – 5:45 p.m.	Discussion, Q&A
5:45 – 6:15 p.m.	Scenario #1: Rural implementation considerations
6:15 – 6:45 p.m.	Scenario #2: Remote implementation considerations
6:45 – 7:00 p.m.	Summary and next steps

Current context

- Rural Albertans often have to travel long distances or wait for appointments. People want more options to access the primary health care they need, when they need it.
- Physicians and other health care providers serving Albertans living in rural and remote areas are committed to providing high quality health care in their communities, yet they also face unique challenges with accessing other health care resources.
- Recruitment and retention of family physicians and other primary health care professionals remains a challenge, particularly in rural and remote parts of the province.
- Most people are willing to have virtual appointments; not all people are comfortable with technology and internet can be unreliable
- Rural municipalities and citizens want to have a say in how health care is organized in their communities

Budget 2023 Highlights

- The budget provides \$158 million this year towards workforce planning to grow the number of health care professionals in Alberta which includes:
 - \$90 million for programs to attract and retain rural physicians; and
 - \$29 million for underserviced rural and remote communities.
- Includes \$125 million for the MAPS initiative early opportunities for investment. This includes initiatives that will directly benefit rural and remote communities:
 - Enhancing access through a virtual care platform
 - Implementing stimulus funding for team-based care
- \$20 million primary care network investment to further support the delivery of high quality care across Alberta's PCNs.

Innovation Forum – What We Heard

Stakeholders discussed ways to improve access to care and access to a diverse primary health care team in rural and remote locations in the province. Some solutions discussed were:

Enable multiple access points for primary health care in rural and remote communities, by leveraging technology and facility-based options: expand the possibilities of health care delivery to bring more robust primary health care offerings to these areas. This could include, but is not limited to, implementing virtual health care services, satellite clinics, and locum services, all of which take advantage of technological advancement.

Enablers:

- Broadband internet access
- Province-wide data sharing and integration

Barriers:

- Inconsistencies in technological infrastructure across rural and remote areas
- Differing levels of technological literacy which could impact adoption of new technologies

Incentivizing primary health care teams to serve in rural and remote areas for improved recruitment and retention: there is a need for primary health care workers in these communities, and great benefit in understanding what could motivate higher recruitment and retention numbers. While financial incentives are one option, there are also other opportunities such as investing in local primary health care education to train and retain health professions in these communities.

Enablers:

- Targeted funding approaches
- Collaboration with other Ministries (i.e. Ministry of Advanced Education)

Barriers:

- Shortage of health care teams across the province
- Lack of localized health care post-secondary education in rural and remote communities

Scenario #1

A group of rural Albertans want more family physicians, nurse practitioners (NPs) and primary health care team members (e.g., physiotherapists, pharmacists, mental health workers) to live and work in their area. At a town council meeting, they bring forward the idea of repurposing a portion of the community hall as a community-owned health care clinic.

The municipality works with the citizens to develop a proposal and requests a meeting with the local PCN. The proposal includes the setting up a group office practice in an available property for different health care providers, including both local and visiting specialists. The township, as the owner of the property, would serve as the landlord/leasing agent and will provide the necessary renovations and office equipment. They ask the PCN to help recruit the necessary health professionals and administrative staff, and to manage the health clinic.

1. **What would be needed to make this idea successful in your community?**
2. **What resources would be required and who should oversee this process?**
3. **Who should make decisions about what and how services are provided?**
4. **What other ideas could help to address health workforce attraction and retention?**

Scenario #2

A small, remote community in Northern Alberta only has one family physician. This physician was an international medical graduate who recently completed the term of her contract in the community. She has let her patients know that she will be moving her practice and her family to Edmonton in the next month. The nearest hospital is over 400km away, and this is now the only option for the community to access any in-person medical care by seeing an on-call physician in the emergency department.

During the pandemic, this physician's patients were used to having their medical appointments with her over the phone. As there are no locum physicians or nurse practitioners available in the community, this meant that she did not have a day away from her clinical work for over three years. Several of her patients have asked if she can continue as their family physician even after she moves away to the city. The PCN is exploring options to increase virtual team-based primary health care options for this community and is talking to a number of private service providers.

1. **What is needed to ensure people in this community can access the primary health care they need from a physician or other health care provider?**
2. **How can virtual providers be leveraged while optimizing continuity of care?**
3. **Who should make decisions about what and how services are provided in this community?**