



# Primary Care Alliance Charter

## Charter Introduction

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The Alberta Primary Care Alliance (PCA) brings together the experience and expertise of physician partners who are involved in the advancement and improvement of primary care provided to patients, families and communities in Alberta. Members of the PCA bring together multiple perspectives, resources and mandates to facilitate ways to collectively address and improve primary health care, province-wide and to advocate and support their constituents in that improvement.

Building on existing member organization strategic directions, the Alliance’s goal is to foster a coordinated and aligned approach to meet the needs of patients, caregivers, families, primary care teams, PCNs and the healthcare system today and into the future.

The following charter is the “compass” for the Primary Care Alliance, it provides:

- clarity of purpose,
- the description of how the physician partners will work together,
- direction on the roles and responsibilities of the members, and
- a means to ensure continuity and effectiveness of the PCA into the future.

## Mission

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The Primary Care Alliance serves as a family physician forum for strategic discussion and establishment of shared goals and collaborative action for the advancement of the Vision of the Patients Medical Home in Alberta.

## Vision

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Every Albertan will have access to a home in the health care system that includes their own family physician and a team of providers ensuring they are provided timely, comprehensive and continuity of care within the Alberta health care system.

## Objectives

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- Expand, cultivate and enhance strategic internal and external partnerships to advance Alberta’s primary health care agenda and build alignment amongst groups;
- Gain a better understanding of the different perspectives of PCA members;
- Share data/research about primary care improvement initiatives with decision and policy makers;
- Illuminate and analyze successful, developing and unsuccessful initiatives, services and supports impacting primary care in Alberta during regular and special meetings and other invitational opportunities as required;
- Provide input on current and proposed policies and regulations that may affect primary care in Alberta;
- Create a cohesive “one voice” approach by identifying areas where PCA members can target leadership and outreach via strategic partnerships to contribute to policy making, communication, pathways, community support and education initiatives directed at Alberta’s primary care community, and
- Annually host a facilitated planning session for moving forward, clarifying roles and goals of the Alliance and its member organizations in the long-term.

## Intended Outcomes

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### Because the Primary Care Alliance exists:

#### 1. Alliance Members Can Expect:

- Trust and respect for all members, partners and organizations' mandate and ability to contribute.
- Improved coordination and integration of actions, effort, programs and initiatives across all participating organizations.
- Greater ability to identify strengths, opportunities, gaps and challenges for coordinated action.
- Improved ability to eliminate barriers to coordinated action.
- Enhanced ability to identify and use available and integrated system data to guide policy, programs and quality improvement.
- A greater ability to influence policy making through an informed and unified voice.

#### 2. Primary Care Physicians Can Expect:

- Assurance that their voice, through multiple perspectives, is being heard at system level discussions.
- That all aspects of their profession are being considered in system level discussions.
- That resources are being well utilized through conscious alignment and collective impact.

#### 3. Alberta's Health System Can Expect:

- Health care system improvement and sustainability due to a common and compelling primary care vision and a commitment to implementation of reasonable standards across all family practices, PCNs, regions and our Province.
- Simplified and effective access to primary care leadership for the purpose of inspiring a shared vision, empowering action, requesting input, seeking feedback and driving quality improvement.

## Guiding Principles

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- All decisions and resulting initiatives will be grounded in the Pillars of the Patients Medical Home as described in the CFPC Vision.
- In order for the Alliance to be effective, its individual members must be effective. Capacity building to ensure members possess system thinking, collaboration and facilitation skills will be made a priority during and between meetings of the PCA.
- All interactions of the PCA and its members will be inclusive and collaborative.
- Respectful relationships will be built through regular formal and informal connections between members.
- Member organization integrity and reputation must be protected and respected.

## The Scope of the Primary Care Alliance

- Primary health care will be defined as coordinated health care services provided in the community by primary care providers, AHS services in community and through PCNs.
- Focus of Primary Care Alliance will be on ensuring higher tier, strategic, evidence-based, system level discussions and advocacy will support local innovation and implementation, namely:

System Level Strategy	System Level Standards and Supports
<ul style="list-style-type: none"> <li>• Evidence based system design recommendations in accordance with the Patient's Medical Home Vision</li> <li>• Response and recommended action planning to Office of the Auditor General Reports</li> <li>• Creating and advocating for a common and compelling vision for system transformation</li> <li>• Advisory to AHS and AH on system level, policy and funding decisions</li> <li>• Data Sharing, Evaluation and Analysis</li> <li>• Linking PCA initiatives to health system strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Translating standards of the Patients Medical Home for Alberta context</li> <li>• Clarifying priorities for education, training or capacity building requirements</li> <li>• Supporting quality improvement facilitation at PCNs and community</li> <li>• Work with AHS on services and support initiatives</li> <li>• Supports and mechanisms are in place to advance or spread local innovation to be implemented at a system level</li> </ul>

### *The Primary Care Alliance will achieve this through:*

- **Review of and Recommendations for Policy or Legislation** – provide a point of contact for advisement on current and new Provincial or National policy or legislation related to the delivery of primary health care in Alberta.
- **Political Advocacy** – coordinate member advocacy efforts as deemed necessary for the advancement of PCA vision and goals. Member organizations of the Alliance may be registered as lobbyists or advocates for their members however the PCA is not a registered lobbyist.
- **Advancing Optimal Resource Allocations and Negotiations** – coordinate the activities of its member organizations in order to advance and support a common vision for appropriate resource allocations and physician compensation negotiations.
- **Stakeholder Engagement and Partnerships** – expand and cultivate existing and new partnerships and engage experts and key stakeholders to share knowledge, expertise, education and experience to inform primary health care innovation.
- **Planning and Coordination** – through use of regular external and internal planning cycles, develop common vision, plans and recommendations for moving forward in a coordinated and collaborative manner.
- **Project Endorsement and Management** – support and/or delegate project management resourcing and processes to PCA member organizations, where appropriate, to achieve project based deliverables agreed upon by the PCA members.
- **Brand, Market and Communicate** – create and maintain a clear and consistent voice to advance the reputation and vision of the PCA and the partnerships through proactive branding, marketing and communication of its purpose, expertise, services and activities.

- **Data Sharing/Analysis**– access current research/evidence in an attempt to provide a comprehensive view of costs, points of care, and flow of patients through the system to understand where system level change or support is required.
- **Measure and Report Progress** –commit to an effective measurement and evaluation process into PCA work to ensure member expectations are managed, outcomes are met and investment is substantiated.

## Assumptions and Constraints

Assumptions	Constraints
<ul style="list-style-type: none"> <li>• AMA will remain the primary fiscal sponsor of the PCA in order that it can meet and collaborate.</li> <li>• ACFP will cover the cost of participation of its members (President or designate and Executive Director).</li> <li>• PCA member organizations will support projects financially or in kind as possible.</li> <li>• PCA depends on the trust, respect, willingness and ongoing collaboration of its members in order to be effective.</li> <li>• If additional funding is required in order to initiate projects, the PCA will endorse one organization or another to be responsible and accountable through its internal governance to deliver on identified projects and priorities.</li> <li>• Alberta Innovation and Integration Initiative (AI<sup>3</sup>) will be put in place to support system integration work and the PCA will be an advisory body to the AI<sup>3</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• PCA is not an entity of any one member organization.</li> <li>• The PCA does not hire any staff or contractors to do its work, it relies on the dedication of staff, responsible to its member organizations, to do its work.</li> <li>• The PCA will rely on the AMA resources to ensure appropriate and timely communication is received and released.</li> <li>• PCNs have been a go-to point of contact for AH and AHS to “reach” primary care.</li> </ul>

# PCA Membership and Responsibilities

## PCA Members:

1. Alberta College of Family Physicians Representative
2. Alberta Medical Association Board Representative
3. AMA - Section of General Practice Representative
4. AMA - Section of Rural Medicine Representative
5. Departments of Family Medicine University of Alberta and University of Calgary Representative
6. Primary Care Network Leads Executive Representative
7. Chair to be appointed by the PCA members (may be external to PCA)

## The PCA members will:

- Establish and periodically review the scope of the PCA
- Determine the strategic direction of the PCA
- Service as the liaison to their respective organizations
- Support the work of the PCA through provision of resources such as human and financial resources
- Assist in planning, design and Implementation of projects
- Make short-and long-term recommendations
- Provide advice and guide the consultation and engagement processes
- Establish and follow an effective issues resolution process
- Foster awareness, recognition and support for the PCA
- Serve as an ambassador for the work of the PCA and promote its missions when and wherever possible
- Act as spokespersons for the PCA upon request and appropriateness of speaking opportunity
- Procure resources (both in-kind and financial)
- Review and sanction key deliverables

### Foundations of an Alliance:

- Shared purpose and vision
- Common goal destination
- Clear value proposition
- Formalized set of rules/procedures
- A “core” leadership team
- A commitment to action
- Transparent decision-making processes
- Strategically developed and engaged membership

With multiple organizations having an interest in system transformation and a limited amount of resources to support the core activities of the Alliance, a PCA Support and Resource Centre will be led and managed by AMA and will be located in the AMA’s office. The Support office will be responsible for the administrative management and support for the Alliance and its efforts.

## The AMA will provide via the Support office:

- Dedicated AMA support (approximately amounting in .5 FTE dedicated time annually)
  - Administrative Support
  - Senior Executive Level Support
- Alliance Chair and members’ support
- Project management
- Meeting coordination
- Financial and administrative coordination

## Primary Care Alliance (PCA) History and Context

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- Primary Care Networks (PCNs) were initiated as joint ventures between an incorporated group of primary care physicians and their local health authorities in 2003 with the ground breaking trilateral agreement in Alberta. They have grown rapidly since then and now encompass about 85% of Alberta’s primary care physicians. (provide citation)
- In 2014 (?), Alberta’s Primary Health Care Strategy was released by Alberta Health following a long consultation process with primary care providers and supports the 10 pillars of the Patient’s Medical Home as described in the 2011 Vision of the CFPC. (Provide citation)
- The Patients Medical Home as described in the CFPC vision document, has been agreed upon by all physician organizations as the community family practice “platinum” standard toward which all Albertans should have access.
- 42 Primary Care Networks exist throughout Alberta to support the neighbourhood of family practice clinics and other healthcare resources in the community. All PCNs have their own governing board and varying degrees of resources available depending on their patient population and location. There has not been a standard set of expectations and accountability for services provided by the PCNs and the clinics within them resulting in an unevenly distributed advancement toward the Patients Medical Home pillars.
- The Primary Care Alliance was formed in 2011 through the initiative of the AMA based on the need to have a unified voice of primary care physician organizations.
- The Alliance was first a committee of the AMA meant to assist the primary care physicians to connect and coordinate efforts during negotiations, policy input, education and training, clinical and practice based recommendations and to work toward a common vision.
- The PCA had an annual Forum that included many of the other interdisciplinary team (IDT) members identified as key partners in the provision of primary care such as nurses, social workers, mental health care providers.
- The PCA Forum was dissolved and the focus became more on getting primary care physicians within AMA and its partners to work together to align and maximize available resources.
- The PCA has evolved more recently to a true alliance where all members (internal and external to the AMA) have an equal voice; all members have formalized common vision and goals and are willing to work together to achieve them.
- The members of the Alliance each bring unique value to the collective.
  - Section of General Practice represents its member family physicians and general practice physicians in decisions regarding policy, regulation, provision of fee for services, and funding for programs and services to its members.
  - Section of Rural Medicine represents its member family physicians and general practice physicians that practice in rural communities, in decisions regarding policy, regulation, provision of fee for services and funding for programs and services to its members.
  - Primary Care Network Leads Executive represents the physicians involved in delivering on the joint venture agreements between PCNs and Alberta Health Services in each of the 42 PCN areas in Alberta. The PCN Leads provide the perspective of how AHS and primary

- care clinics can implement excellence in patient care and what resources will be needed to accomplish it.
- The Alberta College of Family Physicians brings the voice of the voluntary credentialing body that over 4300 Alberta family physicians are members of, in order to maintain their CCFP designation. The ACFP through its association with the College of Family Physicians of Canada (CFPC), ensures that quality continuing medical education opportunities are made available to its members. The College is often called upon at a system level to share evidence and clinical best practices for the purpose of informing policy, regulation and system design.
  - The Departments of Family Medicine at the University of Alberta and Calgary bring an academic, research and educational perspective. Departments of FM are also often called upon at a system level to inform policy, regulation and system design through connection to clinical expertise and evidence based medicine.
  - The Alberta Medical Association Board represents all physicians in Alberta, negotiating on behalf of all of its members on policy, regulation, provision of fee for services and the provision of several supporting programs and services.

## Primary Care Alliance Risk Register

Risk Identified	Probability	Impact	Mitigation Strategy
External Stakeholders communicate or seek feedback on clearly identified PCA agenda/priority items separately with member organizations.	High	High	Ensure timely and inclusive updates are written and circulated to all PCA members on an ongoing basis. Designate time on the agenda to review stakeholder discussions that have taken place between/outside of PCA meetings with our common stakeholders.
Alliance direction goes against a member organizations mission, mandate or goals.	Low	High	Use check points throughout decision making processes to ensure that the integrity of the member organizations will not be compromised or go against established strategic directions. Consider strategically assigning tasks or deliverables to organizations that can take the sole responsibility for the direction and provide reports back.
Identified projects and priorities require more funding than member organizations can support.	Medium	Medium	Collaboratively support funding, service agreements or grant applications that will stream funding to the appropriate organization to deliver on the identified project or priority.
PCA supports (human and financial) provided by AMA/ACFP or other member organizations are no longer made available.	Low	Medium	Secure long term service agreements with the existing and potential support organizations. Periodically evaluate the appropriateness and efficiencies of the funding and resource models in place.
The direction of the PCA is seen to be not supported by membership of its member organizations.	Low	High	Provide ongoing communication to our members through electronic e-news, provide verbal presentations or updates at member events and meetings as needed. Enlist member input through various methods, interactions and networking opportunities.
New organizations or individuals requests to join the PCA.	High	Medium	Develop new stakeholder relationships and provide a mechanism to bring them into discussions, meetings in a meaningful way as determined by

Risk Identified	Probability	Impact	Mitigation Strategy
			priorities and plans made by the PCA.
Communication is sent out on behalf of the PCA without all members' awareness, endorsement or support.	<b>High</b>	<b>High</b>	Clear PCA communication guidelines specifying processes to be used, points of release and reception, signatory application, logo usage, and reasonable timelines to expect.
PCA member organization uses the branding and influence of the PCA without approval.	<b>Low</b>	<b>High</b>	See above.
PCA is seen as a part of one of the member organizations rather than a true collaborative alliance.	<b>Medium</b>	<b>Medium</b>	Create a PCA logo and branding that is separate from the member organizations. Include member organization logos in communication tools as appropriate and reasonable (letterhead)
A PCA spokesperson is required for public communication, media interview or event address.	<b>High</b>	<b>High</b>	Identify the appropriate spokesperson to speak on behalf of the PCA based on their factors such as expertise, organization affiliation, availability and proximity to the speaking opportunity. Include reference material to all PCA members with key messages and background information. Provide training and support for the PCA members.
Withdrawal of an PCA member(s).	<b>Medium</b>	<b>High</b>	Periodically evaluate the effectiveness of the Alliance and the value to its members. Use interactive facilitative processes during meetings. Engage carefully planned communication methods such as: teleconference, web meetings, email, texting, etc. between meetings ensuring all members are able to participate meaningfully in the PCA.
PCA fails to reach consensus on direction and decisions.	<b>Medium</b>	<b>High</b>	Provide neutral facilitation to assist in determining common goals and deliverables as a group. Facilitate for consensus or compromise as appropriate.

Risk Identified	Probability	Impact	Mitigation Strategy
			If consensus cannot be reached, defer tasks/directions to willing or appropriate organizations as needed.
PCA Members not buying-in to the “one voice” approach.	<b>Medium</b>	<b>High</b>	Establish the charter as an agreement that is well understood by all members. Periodically review and adjust for changes in organizational direction, environmental factors and system changes. An agreed upon conflict resolution process should be clarified.
PCA project, communication and other initiative timelines not met.	<b>Medium</b>	<b>High</b>	Member organizations project managers will be assigned specific tasks within their position profile and given realistic resources. Review timelines continuously through action registers and project management methodologies. Require ongoing reporting of project status at PCA meetings.