Alberta 2023: Health System Challenges and Opportunities

An Issue Brief Series

Reimagining Primary Care in Alberta

Issue

- Albertans are facing challenges accessing primary care and available services are not meeting their needs.
- Access to comprehensive, longitudinal, team-based, primary care leads to better health outcomes and increases capacity in the system.
- The Alberta Government has recently established the "Modernizing Alberta's Primary Health Care System (MAPS)" initiative to "ensure all Albertans have access to timely, appropriate primary health care services". This issue brief suggests three fundamental activities in order to achieve this goal.

Strategies

- Plans to improve access to comprehensive primary care should include strategies that:
  1) support team-based care
  2) enhance recruitment and retention of primary care providers
  3) encourage continuous innovation

Recommendations

- Introduce alternative funding and governance structures to encourage and support team-based care to improve access to care for all Albertans.
- Enhanced efforts to recruit and retain primary care providers to ensure there are enough skilled workers in the province.
- Put in place systems that promote measurement, evaluation, and quality improvement so that Albertans can benefit from rapid implementation of care innovations.

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Issue

Primary care has important health and economic benefits. Having a regular family doctor or source of primary care is associated with fewer emergency room visits and hospital admissions, better disease outcomes, and prevention of illness and death (1, 2). These benefits, which lead to more equitable distribution of health (2), are dependent not only on regular access to primary care, but also visit length and having a long-term relationship with a provider. Longer visits that allow for greater attention to be paid to patient needs lead to better outcomes and lower costs (1).

Despite proven benefits, access to primary care in Alberta is insufficient (Box 1). Many Albertans do not have access to a family doctor, and of the ones that do, nearly one-third report difficulty in getting to see their family doctor (3). This situation is exacerbated by a reduced number of family doctors in the province accepting new patients.

Box 1. Primary Care Statistics in Alberta

Nearly 1 in 5 adults in Alberta do not have a family doctor (3)

1 in 3 people in Alberta with a family doctor report difficulty in getting to or making appointments (3)

2X

Visits to "Alberta Find a Doctor" doubled from April '21-March '22 compared to the previous year (4)

Of 5789 active family physicians in Alberta, only 812 (14%) are accepting new patients (5)

The number of family doctors in Alberta accepting new patients fell by half from May '20 to Jan '22 (4)

Access to primary care is expected to worsen.

Family physicians are reporting record burnout rates (upwards of half who responded to national surveys) and many are planning to reduce their clinical work hours over the next two years (6). To compound the issue, the number of medical students choosing to specialize in family medicine is decreasing (7). Of those who do specialize in family medicine, the numbers entering comprehensive primary care practice are decreasing. While graduating family physicians' stated intentions are to provide comprehensive care across the life cycle, many are not practising this way only three years after graduation (8).

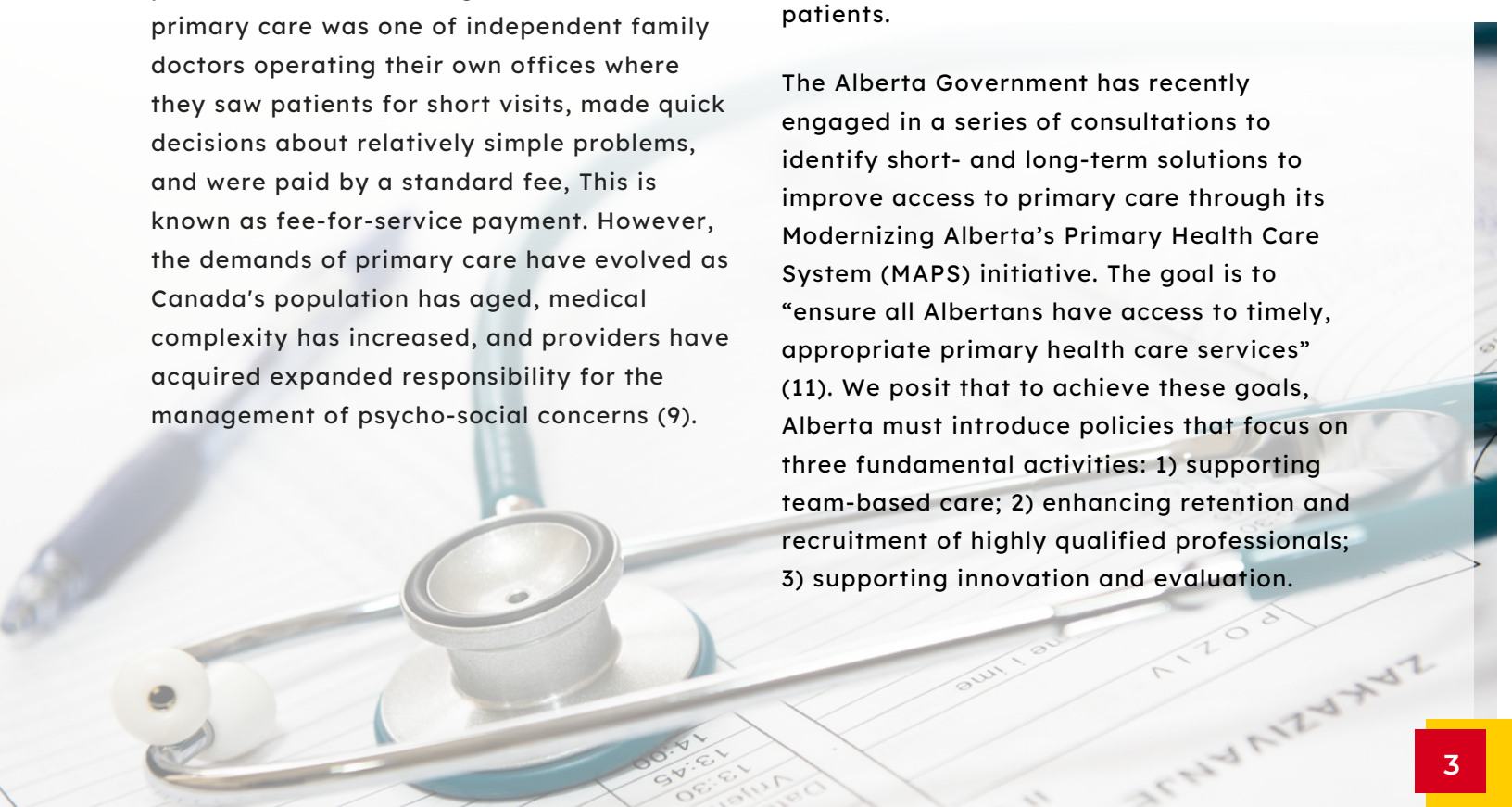
The reasons underlying the mismatch between the demand for and supply of primary care services are multifactorial. However, as primary care has adapted to address the growing complexity of patient and system needs, models of care and remuneration that support comprehensive care have not kept pace. When Medicare began, the model of primary care was one of independent family doctors operating their own offices where they saw patients for short visits, made quick decisions about relatively simple problems, and were paid by a standard fee, This is known as fee-for-service payment. However, the demands of primary care have evolved as Canada's population has aged, medical complexity has increased, and providers have acquired expanded responsibility for the management of psycho-social concerns (9).

At present, the way primary care is organized, delivered, and paid for in Alberta varies across the province (see supplement). Alberta is lagging behind other provinces in regard to payment reform that supports delivery of comprehensive primary care. This province has the highest proportion of physicians on fee-for-service (FFS) (10). Compensation for team-based care activities is limited. Activities supporting growth and improvement, such as education, research, and quality improvement activities, remain severely underfunded.

Change is needed

Improving access to primary care requires looking beyond increasing the numbers of practising family doctors. To achieve comprehensive, longitudinal, person-focused, primary care, we must accelerate the shift to a team-based model in which family doctors work with other health care professionals like nurses, social workers, pharmacists, dieticians and community health workers with shared responsibility for the care of patients.

The Alberta Government has recently engaged in a series of consultations to identify short- and long-term solutions to improve access to primary care through its Modernizing Alberta's Primary Health Care System (MAPS) initiative. The goal is to "ensure all Albertans have access to timely, appropriate primary health care services" (11). We posit that to achieve these goals, Alberta must introduce policies that focus on three fundamental activities: 1) supporting team-based care; 2) enhancing retention and recruitment of highly qualified professionals; 3) supporting innovation and evaluation.



Strategies

Supporting team-based care

In team-based care, a range of health care providers with specialized skills can support patients across a variety of care needs (12). Patients can access the care they need from the provider that is best suited to deliver that care, and shifting some care responsibilities away from doctors increases their capacity to take on more patients and spend time on complex issues (13). Examples of team-based care exist in Alberta (Box 2). Indeed, Alberta's Primary Care Networks (PCNs) were put in place to support the care provided by family doctors – however, funding for other professionals is limited under current funding levels. PCNs are also not funded to care for the growing number of individuals who do not have a family doctor.

Achieving widespread team-based care will require introducing and/or expanding alternative funding and governance structures that are better suited to enable collaborative team-based care. These must include significant investment to hire additional team members and to provide teams with time and resource flexibility (14). Communities will have unique needs, depending on their location and population characteristics – the needs of rural, remote, and Indigenous communities will be different from those of urban communities. One size will not fit all and instead, accountability frameworks will be needed to ensure Albertans are getting value for their investment.

Box 2. Example of Team-Based Care in Alberta

Alberta's Primary Care Networks (PCNs) are a key government initiative undertaken with joint federal and provincial funding in the early 2000s and since taken on exclusively by the province (15). Most family physicians are members of a PCN. Participation in a PCN offers members and their patients supports beyond what a single independent business might be able to offer. Depending on the PCN, those supports could include access to allied health and social service staff (e.g., nurses, dietitians, pharmacists, social workers) that take referrals from PCN members; public workshops; and after-hours care. PCNs vary in size and have autonomy to use allocated funds to support their patient populations in different ways but all with a mandate to increase the comprehensiveness of care provided. Some PCNs have been allocated funding to hire nurse practitioners to be the primary provider for a group of patients in areas where there are not enough family physicians. In this way the PCNs are an 'add on' to the standard FFS model and are funded through capitation (i.e., per person) payments made by the province to the PCN based on the number of patients member physicians care for.

Recruiting, training, and retaining primary care providers

Enhancing access to team-based care will require a robust interdisciplinary workforce. Given the present shortage of family doctors that is only predicted to worsen, Alberta needs to both recruit and retain doctors to bolster numbers in the short-term and increase the number of family doctors educated and trained in Alberta to ensure future capacity. Moreover, while significant attention has been paid to the recruitment and retention of doctors, recruitment, training, and retention of other traditional and emerging health and wellness professionals are needed to supply robust teams.

Successful recruitment and retention depends on competitive compensation and opportunities to practise in supportive teams and supporting team-based care is a pre-requisite to recruitment and retention. However, increased capacity for training, assessment, and certification is also needed in both the short- and long-term. Early-career choices are linked to educational experiences and location of training (16). We must therefore increase efforts to attract individuals committed to practising comprehensive primary care and train them in environments that showcase supportive, team-based care. The recruitment and retention of Indigenous-focused primary health care professionals also hinges on the availability and sustainability of Indigenous primary health care infrastructure in both urban contexts and on-reserve (17).

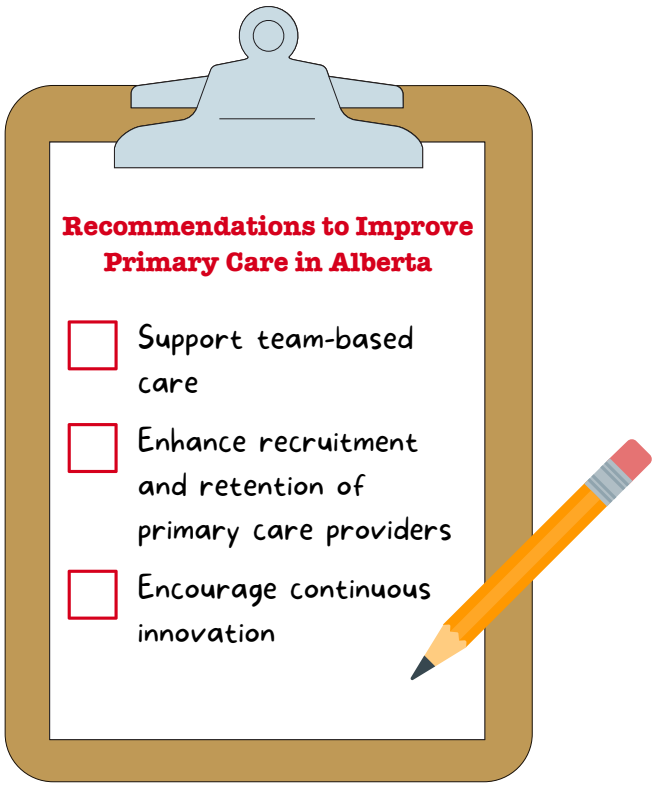
Continuous innovation and evaluation

A primary care system that embeds continuous innovation and quality improvement activities is essential to both evaluate the impact of new initiatives and inform future changes. We won't know if new initiatives are achieving their goals unless we measure outcomes and explore what is or isn't working well and why. Further, Albertans need a system that is responsive to their evolving needs and one that can capitalize on advancements in technology and data systems.

To ensure timely and high-quality evaluation and inform innovative system improvements, partnerships will be needed between community primary care providers, citizens, and Alberta's research, education, government, and health care delivery organizations (18-22). Research and evaluation that is done in a practical, real-world setting helps to accelerate improvements in primary care and introduce innovations into practice that are tailored to the needs of the broader community (23-26). Infrastructure that facilitates innovation and evaluation must therefore be integrated into care delivery models and supported by academic and research institute partners.

Recommendations

Primary care is at a turning point in Alberta. Meaningful reforms are long overdue, as Albertan's have been coping with decreased access, lengthy wait times, and difficulty finding a dedicated family doctor. While more family doctors are certainly needed, to achieve accessible, comprehensive, and longitudinal primary care, we must also increase the number and skillset of care providers working together in primary care. Widespread availability of team-based care will shift the focus away from a model that relies heavily on family doctors, toward one that ensures individuals can access the care they need when they need it. Alternative funding and governance structures are needed to encourage and support this transition, as are enhanced efforts to recruit and retain primary care providers. It is also imperative that we put in place systems that promote measurement, evaluation, and quality improvement so that Albertans can benefit from rapid implementation of care innovations.



Future Considerations

This issue brief provides recommendations for changes that we argue are needed now to improve access to, and quality of, primary care. We also challenge Alberta to look ahead and imagine a system of primary health care with a broader focus on health equity, population health, service integration, and community participation. Albertans deserve a health care system that provides care along the continuum from health promotion to disease treatment, built on a foundation of community-based primary care that is fully integrated with other health and social services. While incremental steps down this path have been made (27), and the recommendations in this brief will move us further, a strong commitment from our leaders and thoughtful reforms will be needed to achieve fundamental change.

Supplement: Primary care models in Alberta

Private Physician Practices

Most primary care is delivered through private family physicians. The predominant mode of payment to physicians is fee-for-service, though alternative payment models exist. Blended capitation is a model where physician practices receive an annual amount per patient and a reduced fee for discrete services. Physician payment is used to buy or lease office space, employ clinic staff, pay for equipment and supplies, and provide personal physician income. Because of Canada's policy legacy of physician autonomy and self-management, the responsibility for resourcing primary care system infrastructure has largely been left to private medical practices owned by physicians.

Alternative Practice Models

Other primary care models exist in Alberta but are less common than independent FFS physician practices:

- AHS operated Family Care Clinics (East Edmonton, East Calgary, Sylvan Lake)
- Not-for profit Community Health Centres (e.g., CUPS Calgary, The Alex Community Health Centre, Boyle McCauley Health Centre, Jasper Place Wellness Centre)
- Academic, University-affiliated clinics
- Indigenous health and wellness clinics

While these clinics are often also affiliated with a PCN, the physicians working at these clinics are paid differently, and funds are available outside of physician payment to support additional team members.

Primary Care Networks

See Box 2 (page 4).

Other Primary Care Services

- AHS Community/Public Health Centres offer preventive primary care services (e.g., immunization, pre/post-natal programs, well child services)
- Episodic, or sick care, can also be accessed at private walk-in clinics, AHS Urgent Care and Advanced Ambulatory Care Centres, private pharmacies, and AHS' 811 service.

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The Centre operates using a partnership model where community organizations and university researchers bring health policy challenges and solutions to the Centre. We broker partnerships between those with public health challenges and those working on solutions. We bring together all the key players - citizens, community groups, researchers, government officials and health system leaders to ensure we have both the necessary expertise at the table and a 360 degree view of the challenge.

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