

Primary Care Networks: Community-focused primary health in Alberta

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Canadians value healthcare and the various purposes it serves during good and ill health throughout life.¹ Healthcare has the potential to promote and protect good health, address acute health needs, manage chronic health conditions, and support individuals into later stages of life. Often people are satisfied with the care they receive; however, the current system suffers from inefficiencies, causing concerns for Canadians.¹ More specifically, Canadians have stated that the healthcare system is difficult to access, wait times are long, and they worry about long-term sustainability of healthcare as a universal system.^{1,2} To address challenges faced by the healthcare system provinces are designing innovative healthcare delivery options.

In Alberta, collaboration between the provincial government and the Alberta Medical Association resulted in Primary Care Networks (PCNs). PCNs are regionalized multidisciplinary teams created to facilitate effective health promotion by improving access to care from family physicians, as the first point of care, and coordinating subsequent health

services as needed. The underlying logic of PCNs is to build local solutions to local health needs. Specific goals include: 1) increasing the proportion of Albertans with ready access to primary care; 2) managing access to appropriate round-the-

clock primary care services; 3) increasing the emphasis on health promotion, disease and injury prevention, and care of patients with complex problems or chronic diseases; 4) improving the co-ordination of primary care with hospitals, long-term and specialty care facilities; and 5) facilitating the greater use of multi-disciplinary teams in primary health care.³

PCNs develop their localized programs with the vision of focusing on health promotion and protection rather than acute and chronic care response. Lorna Milkovich, the Executive Director of Alberta's Red Deer PCN, stated that during their network's development they understood that primary care could help improve the health of Albertans while reducing the cost of healthcare. Facilitating access to and coordination of primary health care helps to improve patient experience through streamlined referral systems while optimizing provincial expenditure on healthcare. To do this, a central facet of PCNs is to help connect individuals to family physicians, ensuring citizen access to primary care, and helping physicians track the personal needs of all patients. Emphasizing health promotion and focusing on individual and community needs creates an opportunity for PCNs to empower people to protect their health, and reduces the incidence of preventable chronic conditions.

The Red Deer PCN is an exceptional example of commitment to understanding and responding to community-based needs. The PCN pioneers understood that people spend most their time in community settings versus in hospitals or clinics. Thus, to promote sustained, day-to-day health, Red Deer PCN decided they would have to develop programs that existed in peoples' day-to-day lives. This PCN values their time spent in the community understanding community needs and helping build community capacity to address those needs. Health is a formal and legal responsibility of provincial governments, not municipalities nor other potential stakeholders. However, the Red Deer PCN, working with the city, found that many community groups were "all in the same business of creating a healthy community," as Lorna Milkovich explained. It is with these shared goals that the municipal and provincial governments were able to build programs to address local health priorities. For example, through collaboration with ►

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the city, Red Deer's PCN was able to build an outdoor gym to promote physical activity and increase the visible profile of the PCN. They were also able to revitalize the 26 struggling local tennis courts by working with schools to create learning modules based on tennis skills, in turn ▶ inspiring youth interest in sport. These efforts contribute to the vibrancy of the city and to the goal of empowering people to live better lives.

The strengths created and challenges faced by PCNs are both attributable to their multidisciplinary nature. The makeup of the multidisciplinary teams varies from location to location. Each PCN has at least one physician as an initial point of care, and may also include pharmacists, psychologists, master social workers, kinesiologists, registered nurses, nurse practitioners, dietitians, recreation service providers, or any other health service providers required to meet local demands and priorities. The multidisciplinary team facilitates versatility in addressing changing local needs; however, team integration and standardized surveillance are inherent challenges.

Regardless of the initial implementation challenges that exist when developing or adapting PCNs, the outcomes are on a worthwhile trajectory. In fact, since their 2003 inception, the networks are currently employing, *PCN Evolution*, a framework for PCNs to evaluate and improve their programs and operations. PCNs are moving from development and implementation to quality improvement.

Individual PCNs are evolving by refining their programs, processes and accountabilities. *PCN Evolution* is a provincial initiative that provides a coordinated approach to do so. It also includes an element of knowledge sharing where individual PCNs present their own evidence-based examples of success and challenges with one another to help build each other's capacities to serve local needs.

Main strengths of community-focused models, such as PCNs, are: 1) their philosophy of empowering individuals to protect their health in a way that is meaningful to them; and 2) the versatility in program planning that allows them to engage and fulfill their vision. There are currently over 40 PCNs in Alberta that include over 2,500 family physicians, 600 other healthcare providers.³ There is an element of excitement among PCN workers, as Ms. Milkovich stated, "It's a very cool time to be in healthcare and in primary care because we really are a part of something that is going to make a huge change in our healthcare system." PCNs have taken opportunities to be innovative in their program development and delivery, helping connect locals to primary health care and ensure that citizens receive the primary health care required on individual and community levels. ■

References

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Stephanie is currently a graduate student in the School of Public Health at the University of Alberta. Her thesis work comprises a community-based research project aimed at understanding how new immigrant mothers in Edmonton, Alberta make immunization decisions for themselves and their children. With the findings, she and her research partners will create information content and delivery strategies that better suit the cultural needs and day-to-day realities of different immigrant communities in Edmonton.