PCN EVOLUTION DISCUSSION DOCUMENT

DRAFT DOCUMENT

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ALBERTA MEDICAL ASSOCIATION

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PREFACE:

This document is intended to outline the thoughts, ideas and position of Primary Care Physicians in preparation for discussions on the future direction of Primary Care Networks (PCNs). Elements within this document will need to guide negotiations, with respect to Primary Health Care, for a new Master Agreement, any associated Committees or Task Force and any provisions outlined within a new Agreement. The contents of this document reflect the concepts discussed and supported by all Primary Care Physicians and Physician Not-for-Profit Corporations (NPCs).

1.0 Glossary of Terms

"Formal Attachment" or **"Affiliation"** means a formalized agreement between a patient and an individual physician outlining the terms of their respective relationship.

"**Governance Committee"** refers to the body formed from the Joint Venture and includes equal representation from the Physician NPC and Alberta Health Services. The main function of the Governance Committee is to plan and strategize services for the defined population served by the PCN.

"Joint Venture" refers to the Agreement formed between Alberta Health Services and the Physician NPC to jointly strategize and plan for the PCN. The Joint Venture Agreement outlines the respective roles of both AHS and the Physician NPC and where joint accountability and responsibility is shared.

"Local" refers to the targeted population group served by a Primary Care Network.

"Not-for-Profit Corporation" (NPC) means the physicians' not-for-profit corporation. The NPC is a legal entity formed by interested physicians joining together for the purposes of working together to improve primary care. Projects providing better service programs, primary care research or teaching and partnership with any stakeholder are possible to accomplish those goals. AHS is a major partner and stakeholder and with the NPC form the local PCN.

"NPC Administrative Service Bureau" refers to proposed body that PCNs can contract with for administrative services that are common between PCNs (e.g., finance, human resources, evaluation services, etc.).

"Primary Care Network" (PCN-JV) means a joint venture between the Not-for-Profit Corporation and Alberta Health Services.

2.0 Guiding Principles

- The words primary medical care and primary health are often used interchangeable but one is essentially a subset of the other. The World Health Organization refers to Primary Medical Care as the clinical services provided predominantly by general practitioners and/or multidisciplinary teams under their direction. Primary Health Care refers to a broader concept where physicians partner with the community to develop strategies on all aspects of health and subsequent action (e.g., disease prevention activities, health promotion, etc).

- Local solutions to local problems
    - The services identified and the resources being allocated meet the identified needs of the community being served
    - The NPC is an autonomous physician legal entity able to engage in any project or partnership to serve the purpose of improving primary care.

- Funding flows directly to the individual NPC

- Physician-led patient care team that is hired and managed by the Physician NPC and or a partnership.

- Appropriate Engagement
    - Physician NPC is an essential component of a PCN
    - The two Joint Venture partners are encouraged and expected to bring their unique roles and contributions to the PCN

- Sufficient and Sustainable
    - Any additional responsibilities requested by a funder (e.g., AHW/AHS) would need to have additional resources accompanying the request in order for them to be implemented
    - Resources are predictable
    - Resources are used efficiently throughout the system
    - There is a commitment and follow-through to remove unnecessary bureaucracy
    - Quality work/life balance for physicians and teams

- Clinical and Professional Autonomy

- The skills, knowledge and expertise of all professional groups shall be respected. Evaluation

  Evaluation is central to determining if stated goals are achieved. To do this effectively, evaluation needs to be built-in to all processes and planned up-front using evaluation experts. There are several areas where evaluation is important including but not limited to:

  1. <u>Internal PCN Focus</u>
     - Planning/efficiency
         - ensuring that there is a justification for a policy/program and that resources are efficiently and effectively deployed

     - Accountability
         - demonstrating how far the PCN has achieved its objectives, how well it has used its resources and what has been the impact

         - Governance and Administration effectiveness

     - Implementation/Continuous Improvement
         - improving the performance of programs and the effectiveness of how they are delivered and managed

  2. <u>Primary Care Initiative</u>

- Determine the overall success of the Primary Care Initiative on the health system by assessing the overall impact PCNs collectively on the health care system and impact on population health efforts.
- A provincial framework, funded provincially, should be developed to assist and support the parties' efforts in evaluation.

3.0 Primary Care Initiative Goals

Appendix A contains the objectives of the Primary Care Initiative under the former Trilateral Master Agreement (TMA). The following goals are consistent with the AMA's Primary and Chronic Care Strategy and the Government's Five Year Action Plan.

1. First-Contact Care/Access
   - The primary care provider serves as the usual entry point into the health system for each new need for health services, except in the case of serious emergencies.
   - The primary care provider either provides care directly or serves as a facilitator, directing patients to more appropriate sources of care.

2. Continuous (on-going) Care
   - Continuous care refers to the longitudinal use of a regular source of care over time, regardless of the presence or absence of disease or injury.
   - The focus is on the creation of a physician-led medical-home recognized by both the patient and the physician.
   - Continuous care over time is intended to help the provider and the patient build a long-term relationship to foster mutual understanding between provider and the patient.
   - Requires identification of a population for whom the service or provider is responsible and it requires an on-going patient-focused relationship over time between providers and patient.

3. Coordinated Care
   - Linking of health care visits and services so that patients receive appropriate care for all of their health problems, physical as well as mental.
   - The essence of coordination is "the availability of information about prior, and existing problems and services, and the recognition of that information as it bears on needs for current care".
   - Coordination of care is best done by the primary care physician due to the breadth and depth of their knowledge. As a result, they are in the best position to make the most efficient resource decisions from a health system perspective.
   - Seek out and maintain enhanced linkages to specialized care.
   - Primary care team needs to be focused on patient care and panel management.

4. Comprehensive Care
    - Refers to the availability of a wide range of services in primary care and their appropriate provision across the entire spectrum of types of needs for the population by a primary care provider.
    - Comprehensive care includes services that promote and preserve health: prevent disease, injury, and dysfunction; and care of illness, disability, and discomfort as long as these needs are not too uncommon for the primary care practitioner to maintain competence in dealing with them.

5. Population Health
    - Refers to the caring for the needs of populations. In the context of a practice panel it involves outreach to ensure that all who would benefit from a particular pattern of care are offered the opportunity. This can be achieved through knowledge of your panel, a system of call-backs and team work to support implementation of appropriate preventative maneuvers. In the context of the health system this refers to two different areas:
        - Each PCN is assigned or assigns itself to a population group. The population health determinates in that group will be specific to that population group and require outreach programs to work with the population of unattached patients (often the most difficult to reach) and ensure that primary health care services are available.
        - PCNs, as the organizational structure of primary care, are well suited to partner with other groups in supporting initiatives that improve the health of the population through impacting the determinants of health. These partnerships could be with the police department, social services, education, and others to both identify issues that need advocacy and assist in the advocacy for specific policies. These partnerships could also develop new cross-jurisdictional service programs that address core problems for the health of a population (e.g., dropping out of school, use of illicit drugs, lack of adequate supports for mentally ill, etc.).

4.0 The Joint Venture Partners

Each Primary Care Network is created through a joint venture of a physician Not-for-Profit Corporation (NPC) and Alberta Health Services (AHS).

Each joint venture partner has specific and unique responsibilities to carry-out the objectives of the joint venture. These responsibilities are articulated in section 6.3.2

4.1 Challenges to Joint Ventures

As the following are some of the challenges associated with a joint venture, the joint venture partners must address each of these issues directly in any new Agreement:

- differing philosophies governing expectations and objectives of the JV partners;

- an imbalance in the level of investment and expertise brought to the JV by the two JV partners;
- inadequate identification, support, and compensation of senior leadership and management teams;
- conflicting corporate cultures and operational styles of the JV partners; and
- each partner representative must respect the contributions of each party and attend meetings empowered to make decisions

4.2 Strengths of Joint Ventures

The following are some of the key strengths of the joint venture. Any new agreement must strive to build and enhance these strengths as appropriate:

- Fostered a greater degree of trust and partnerships between Alberta Health Services and primary care physicians;
- Provided a structure for decision making and how respective issues and perspective could be heard; and
- Resulted in innovative solutions being created that built on existing resources with the respective partners versus duplication of services;

5.0 Service Areas in Primary Care for a Population

The service responsibilities (listed below) represent the primary care services that are reasonably delivered by the joint venture partners and who working together may better be able to provide. It is not the intention that any individual physician nor their PCN must provide all of these services but that the PCN be used as a vehicle to determine how best to deliver or enhance these services. The range of services of a PCN has a strong linkage with the goal of "Comprehensive Care".

It is important to note that each of the two parties to the PCN-JV, AHS and the Physician NPC, are expected to bring resources and expertise to the PCN to deliver the services outlined below. The existing resources provided by AHS in the community may be enhanced as part of their contribution to the PCN but the PCN shall not be expected to bear these costs in the event that AHS no longer funds these services.

There needs to be a mechanism, available to both parties to the PCN, to dispute changes to their contributions to the PCN-JV. For example, if one of the parties unilaterally decides to change a service then this must be discussed with their joint venture partner prior to doing this. If either party feels that this change is not in the best interest of the patient population served by the PCN-JV then some type of dispute resolution mechanism would kick-in.

As primary care services are patient-focused, rather than disease or injury focused, their provision is equally appropriate to individuals and populations.

Primary care services are currently being provided by both the joint venture partners and would continue to be in some form or another should a PCN-JV not be in place. Given that a PCN-JV is in place it represents an opportunity for the joint venture partners to discuss how to deliver these more efficiently or enhance the services now that the two joint venture partners are working together.

The Service Responsibilities, which initially shall include the following, and may be revised from time-to-time include:

a) Those services directly related to the provision of primary care services to the Patient Population:
    i) Basic ambulatory care and follow-up;
    ii) Care of complex problems and follow-up;
    iii) Psychological counselling;
    iv) Screening/chronic disease prevention;
    v) Family planning and pregnancy counselling;
    vi) Well-child care;
    vii) Obstetrical care;
    viii) Palliative care;
    ix) Geriatric care;
    x) Care of chronically ill patients;
    xi) Office-based surgical procedures;
    xii) Minor emergency care;
    xiii) Primary in-patient care including hospitals and long-term care institutions;
    xiv) Rehabilitative care;
    xv) Information management; and
    xvi) Population health;

b) Those services that relate to linkages within or between Primary Health Care and other areas:
    i) 24-hour, 7-day-per-week management of access to appropriate primary care services;
    ii) Access to laboratory and diagnostic imaging; and
    iii) Coordination of:
        (1) Home care;
        (2) Emergency room services;
        (3) Long-term care;
        (4) Secondary care;
        (5) Public health; and

c) Acceptance into the PCN's Patient Population and provision of the Service Responsibilities to an equitable and agreed upon allocation of unattached Patients.

Primary care should be the referral source to appropriate secondary and tertiary care and as a result proper coordination and continuity of care will also need to occur as per the suggested new goals of the

Primary Care Initiative. Furthermore, appropriate procedures for handing a patient back to primary care need to be developed between the PCN and the specialty groups.

6.0 Governance

Governance refers to the responsibilities, structures, processes and organizational traditions that the governance body and management/administration use to ensure an organization achieves its goals. Not only do structures and processes need to exist at all levels but also common understanding of the working relationship of the stakeholders at each of the three levels: provincial, zonal and local.

Expectations of process and reasonable timelines must be considered.

6.1 Provincial Governance

6.1.1 Provincial Management Committee (under a new Master Agreement)

The Primary Care Initiative Committee (PCIC) established under the previous Trilateral Master Agreement included representatives from AHW, AHS, and the AMA. As PCNs have evolved over time physicians have made structural changes to the way they operate their business to accommodate additional team members, how they work together, changes to overhead, etc.

Any changes made by an equivalent, future, provincial governance body similar to PCIC will need to clearly understand that their policy changes have significant impacts on how physicians, the NPC, AHS, and the PCN-JV will do business. Any new governance body will need to clearly understand the implications of any changes it makes to the organizations noted above plus the patients served prior to making any changes.

As a result of the physician NPC's significant role and its investment in the PCNs, representatives of the NPCs will need to be a party to the new provincial Primary Care Initiative governance structure.

This committee would include representatives from the following organizations: AHW, AHS, AMA, and the PCN Physician Lead Executive representing the NPCs.

6.1.2 Provincial Joint Venture Governance (NPC Physician Lead Executive/AHS Executive)

The NPC Physician Lead Executive and AHS Executive shall continue to meet to discuss issues impacting PCNs at a provincial level. The group has dealt with issues such as PCN Executive Director Compensation, PCN Governance education, to name a few.

It is suggested that in addition to having AHS representatives from their Provincial Strategy part of the organization that zonal operational VPs also be part of this group so operational issues can also be addressed at this committee.

Attached in Appendix B is a draft of the suggested terms of reference for this committee including membership.

6.2 Zonal NPC Physicians and AHS Representatives Governance

In the same way as Calgary and Edmonton NPC Physician Leads meet with AHS representatives on a regular basis to discuss issues impacting those PCNs, similar committees would be of benefit in each Zone. (Note: in some zones like the North there may need to be more than one committee given the wide geographic area).

This committee would include representatives from the following organizations: AHS, AMA, and the PCN Physician Leads representing the NPCs. The physicians will be compensated by their PCN for participation on this group in accordance with provincial policy.

This committee does not preclude the physicians meeting together as a group to discuss their common issues and approaches to solutions.

Due to the changes in bylaws and the dissolution of Regional Medical Offices, the AMA worked with AHS to ensure that physicians and AHS would continue to work together on both strategic and operational plans. These committees are the newly formed Zonal Advisory Forum (ZAF), the Zone Medical Staff Associations (ZMSA) and the Zone Medical Administrative Committee (ZMAC). These three advisory bodies provide opportunities for meaningful engagement between physicians and Alberta Health Services (AHS) to discuss local and/or provincial issues. The role and responsibilities of these groups are outlined below:

Zonal Advisory Forum

- Advice and guidance to AMA regarding advocacy issues
- Provides advice & guidance to ZMSA regarding strategic direction related to policy, advocacy and medical staff bylaws
- Advice and guidance to AHS regarding medical staff bylaws and advocacy issues

Zone Medical Staff Associations

- Gathers advice from zone physicians and advocates for local and zone issues
- Obtains advice on strategic direction for policy and advocacy from the ZAF

Zone Medical Administrative Committee

- Advises and reports to the Zone Medical Director and the Provincial Practitioner Executive Committee on all matters pertinent to patent care and to the Medical Staff at the Zone level.

6.2.1 Roles and Responsibilities within a Zonal NPC Physicians and AHS Representatives Governance Structure

The roles and responsibilities of the respective parties within a Zonal Governance Structure is outlined below:

The Zonal Governance Body is comprised of representatives from AHS, AMA and Physician Leads from each respective PCN within a Zonal Area. The main purpose of the Zonal Governance body would be to:

- Develop strategic direction and overarching goals within a Zonal region for respective PCNs within that Zone.
- Ensures overall integration of services across an entire Zone
- Identify and establish areas where standardization would be of benefit
- Address issues related to governance that impact all NPCs within a Zone
- Promote better coordination and information sharing between PCNs within a Zone
- Decisions are made by consensus that will be implemented by the Zone
- Alignment with provincial PCN policies and strategies.

Role of (AHS)

- To work with Zonal Committee to ensure AHS strategic direction are aligned with the goals/activities within the respective NPCs of a Zone.
- Identify and seek senior AHS support for services, funding or resources that AHS should provide to help NPCs achieve their business goals
- Notify the Zonal Committee of any changes within AHS that may impact PCN services
- Ensure the appropriate level of decisions makers are involved and the internal processes within AHS are aligned to support the respective PCNs within a Zone.
- Respond on a timely basis for requests.

- Alberta Medical Association (AMA)
  - Provide advice , support and guidance on areas within Governance
  - Support Zonal Governance Committee in strategy planning, committee meetings etc. This would include administrative support to ensure Zonal Committee is well functioning.

- NPC Physician Lead Representatives (NPC Representatives)
  - Represent the views, issues and concerns of Physician NPC Boards within their respective Zone.
  - Participate in strategy planning, goal setting and standardization activities within the Zonal Committee.
  - Responsible for the implementation of any goals or standards set by the Zonal Committee within each respective NPC.

- Ensure local NPC Physician Members are made aware of issues, concerns, and solicit feedback as required.
- Identify, develop and oversee activities provided by any "Centralized Service Bureau" within a Zone.

6.3 Local PCN Governance

Appendix C illustrates an outline of the PCN Governance model. In this model, interested physicians form a legal business entity (NPC) to carry-out the day-to day operations of the PCN. The NPC's main responsibility is to serve as the operational arm of the PCN, hire and manage PCN staff and oversee day-to-day PCN operations. To support PCN operations, funding flows from AHW to the local NPC as per the funding model methodology. The Physician NPC can seek advice and support from the AMA to support its activities. To collaborate and mutually plan, AHS and the Physician NPC form an oversight committee by way of a Joint Venture Agreement. This oversight committee provides high level strategic direction to the PCN-JV and holds the JV partners accountable to the roles and responsibilities each is to provide within their partnership. The JV Committee includes equal representatives from AHS and the Physician NPC.

6.3.1 Key Elements of a Governance Model

The following are key elements that will need to be included as part of any future governance model of a Primary Care Network.

1. Need to continue to maintain local autonomy and decision making (e.g., local solutions to local problems)
   - Support an appropriate AHS operational decision making presence
   - Primacy of the physician-patient relationship
   - Balancing voices of the NPC and AHS
2. A clear definition of the roles and responsibilities of each of the joint venture partners (i.e., the NPC and AHS)
3. Standardization and Efficiency of Operations
   - There are many ways to make efficiencies in how PCNs are run on a day-to-day basis. It is important to explore the appropriate areas where standardization makes sense and how we can make our processes more efficient.
   - An example would be to support the option for centralizing some common PCN activities/functions such as finance, human resources, evaluation, etc. through the development of an NPC Administrative Services Bureau.
   - One option would be to utilize the expertise of the AMA's Practice Management Program to provide these services to PCNs.

4. Support for centralized representation (e.g., the joint PCN Physician Leads Executive and an equivalent AHS body) as an Advisory body to discuss issues that impact all PCNs or that have over-arching implications where a common viewpoint may be preferable. This body would be advisory as authority would remain at the local level.
    - The AMA will be a party at the Zonal and Provincial governance bodies
    - The AMA will provide an advisory role at the local level at the request of a local NPC.
5. Appropriate AHS representatives who can make decisions at the operational level.
    - Ensuring that the governance members are either local leaders empowered to make decisions at-the-table and understood the ground-level issues and/or are senior enough within AHS to be able to make timely decisions. Better linkage, communication and alignment are required between the senior AHS representatives and those serving at the zonal/local levels (strategic arms versus operational arm).
    - That all board members, NPC and AHS, understand their role is not to represent their individual body but to act in the best interests of the PCN. For clarity, this only exists for legal model #2. Under legal model #2, the members to the PCN Board have the fiduciary responsibility to act in the best interest of the board whereas in legal model #1 the Governance Committee doesn't have the same fiduciary responsibility since it is only a committee of the joint venture parties and is not a legal entity.
6. Physician Leadership:
    - Physicians have played a leadership role in the development of PCNs and this will be key to their continued success and growth.

6.3.2 Roles and Responsibilities within a Local Governance Structure

The roles and responsibilities of the respective parties under the PCN governance structure are outlined below. There are two parties to the Joint Venture: AHS and the physician NPC. In addition, there is a PCN Oversight Committee of the parties that also has a significant role under the joint venture.

- <u>Local PCN Oversight Committee /Governance Committee (JV)</u>
    - Holds the JV partners accountable for carrying-out their individual roles and responsibilities
    - Ensures the outcomes of the joint venture (i.e., PCN) are achieved
    - Establishes the strategic direction for the JV
    - The body where the Joint Venture partners meet
    - Reviews and approves the Business Plans of both AHS and the NPC as it relates to PCN activities
    - Receive regular reports from the JV partners and PCN operational staff related to any identified or expected outcomes. Additionally, JV partners will inform and advise on any relevant activities within their respective jurisdictions that could impact the PCN and its operations.
    - Receive an update on the hiring of, dismissal of, any senior management involved in JV related activities within either AHS or the NPC

- To approve significant deviations from the Business Plan.
- To agree upon the population groups served by a PCN.
- To receive updates on the enrolled population of the PCN
- Determine how any assets acquired using PCN funds are owned
- To determine how PCN assets are liquidated in the event of a wind-down
- Discuss and agree upon any internal reporting requirements.

- Alberta Health Services (AHS)
  - To work with NPC Board to ensure AHS programs are integrated and aligned with the services provided by the NPC
  - To reallocate resources to support a seamless patient care experience by working with the NPC to meet these goals
  - AHS shall report to the PCN Oversight Committee on a regular basis as to the status of AHS' contributions to the PCN. It shall provide an action plan on how it will deal with any material differences between planned activities and actual activities
  - Notify the NPC of any changes within AHS that may impact NPC services
  - To work with the NPC to develop and update the PCN Business Plans and associated renewals. AHS will ensure the appropriate level of decisions makers are involved and the internal processes within AHS are aligned and support the NPC.

- Not-for-Profit Corporation (NPC)
  - Responsible for the day-to-day operations of the PCN-JV
  - Determines how best to implement its responsibilities of the business plan
  - Represents its physician membership at the PCN-JV Oversight Committee
  - Oversees physician member's adherence to the NPC policies and procedures as appropriate.
  - Determines the entry and exit criteria for membership in its organization (i.e., the NPC)
  - Responsible for all human resource issues associated with running the NPC including the Executive Director.
  - Able to enter into independent contractual arrangements or obtain funding or grants with third party entities that support NPC activities/services.
  - Responsible for the management and direction of all PCN related physician and other health care provider services, the budget, and the development of service delivery models
  - Provides medical/clinical leadership as required at the operational level for the PCN.
  - Responsible for the approval of all PCN financial statements.
  - Directs and regularly monitors PCN finances and provides regular updates to the PCN-JV.
  - Ensures sound managerial practices are upheld and risks are managed /mitigated as appropriate.

- The NPC shall report to the PCN Oversight Committee on a regular basis as to the status of its contributions to the PCN. It shall provide an action plan on how it will deal with any material differences between planned activities and actual activities
- Shall ensure the staff hired by the PCN are qualified and certified with their appropriate colleges and that staff maintain an appropriate level of professional liability insurance

7.0 Information Management

Parties will use best efforts to be respectful of response times of requests for information.

8.0 Funding

8.1 Funding Flow

Alberta Health and Wellness and the physician NPC enter into a Grant Agreement that determines the details around the use of the funds. The Grant Agreement is the legal document that allows AHW to provide funding to the NPC as per the PCN Business Plan.

The Grant Agreement will contain all relevant details including but not limited to:

- Purpose of the Grant Agreement
- When monies will be paid to the NPC
- Reporting and Accountability of the funds back to AHW
- Financial responsibilities of the NPC:
  - Maintaining adequate financial records
  - Repayment provisions should the PCN cease to exist
  - Strategy for use of surplus funds
  - Provide financial statements to the overseeing body (previously PCIC)
  - Audit provisions
- Confidentiality
- Termination
- Dispute resolution
- Other legal type wording (e.g., notices)

8.2 Funding Methodology

Any new funding methodology should consider separate funding for administrative aspects versus clinical services funding. There is an opportunity to achieve some economies of scale and improve effectiveness and efficiencies through supporting a Centralized Service Bureau that could provide and support smaller and more rural based PCNs with their administrative obligations. This funding should be separated from the clinical funding stream that supports direct local programs. PCN funding also needs to factor ongoing cost of living increases at more regular intervals. Funding support for physicians in terms of leadership and governance support must also be considered to ensure physicians can be

effectively engaged and supported. While the current four-cut model may have served its purpose, new models need to be considered that better support the concepts of:

- formal attachment or enrollment (Medical Home concept);
- allow for more extensive and broader use of allied health care providers;
- provisions for PCNs to seek additional funding sources without penalty;
- the use of incentives that becomes formally attached to a PCN physician;
- consideration of physicians that may not have a panel;
- administration funding separate from per capita funding

Appendix A

The following are the objectives of the Primary Care Initiative as defined in Schedule "G" to the former Trilateral Master Agreement.

"Objectives" of the Primary Care Initiative as per the former TMA

1. Increase the proportion of residents with ready access to primary care
2. Provide coordinated 24-hour, 7-day-per-week management of access to appropriate primary care services
3. Increase the emphasis on health promotion, disease and injury prevention, care of the medically complex patient and care of patients with chronic diseases
4. Improve coordination and integration with other health care services including secondary, tertiary and long-term care through specialty care linkages to primary care
5. Facilitate the greater use of multi-disciplinary teams to provide comprehensive primary care

Appendix B

AHS/PCN Physician Lead Executive

Proposed Terms of Reference

Purpose

To provide a forum that facilitates ongoing communication and discussion, building a positive working relationship between Primary Care Network (PCN) physicians and Alberta Health Services (AHS) at a provincial level. This group will address any province-wide issues that fall within the objectives listed below, and will be able to provide non-binding recommendations to PCNs.

Background

Both PCN Physician Lead Executive and AHS representatives believe that there is limited communication occurring between the two groups and that more communication would be of value. The groups are looking for a venue to address and discuss issues that have the potential to impact several PCNs. Furthermore, should issues arise at a zonal level there may be confusion on how best to deal with these issues. It is thought that this provincial group could play a role in assisting in the resolution of issues in these cases. This committee will ensure clear and open communication with both PCN physicians and AHS representatives at the zone levels.

Objectives

The objectives of the committee include but are not limited to the following:

- Coordinate efforts between the NPC and AHS on issues that impact PCN's in relation to those issues that have provincial or multi-zonal implications
- Propose, debate, draft, and recommend common policy and approaches for consideration by PCNs
- Plan the strategic direction for the ongoing role of this committee
- Address PCN accountability issues (i.e., NPC and AHS accountability) and recommend standard approaches where appropriate
- Identify and recommend possible improvements to the structural issues associated with PCNs (i.e., are there ways to make PCN operations more efficient and more effective?)
- To discuss strategic provincial policy as it impacts strategic operational policy.

Membership (possibility of change)

Alberta Health Services

- TBD

Physicians

- PCN Physician Lead Executive representatives:
    - Edmonton Zone
    - Central Zone
    - Northern Zone
    - Calgary Zone (co-chair)
    - Southern Zone
- President, Section of General Practice
- President, Section of Rural Medicine

AMA support

- Assistant Executive Director, SAO
- Consultant, Practice Management Program
- Project Coordinator, Practice Management Program (recorder)

Decision Making

Individual Committee Membership Roles:

- Committee Co-Chairs
    - There will be two elected Co-Chairs one PCN Physician Lead Executive member and one AHS
    - Each chair will be chosen by Physician Lead Executive and AHS representatives respectively.
    - Co-Chairs will:
        - Call and chair meetings of the Committee.
        - Maintain or delegate communication

The committee has no formal authority to make decisions; however, it is recognized that this group has significant influence.

Any decisions made by this group will be made by consensus.

Accountability

Accountability remains with the individual stakeholders.

Meetings

- Meetings shall be held at the call of the Co-chairs, but not less than four (4) times annually.
    - A quorum will consist of at least two thirds of the members from each of Physician Lead Executive and AHS representatives
    - Minutes will be recorded and circulated to members of the committee by the AMA

Review

The TOR will be reviewed on an annual basis.

Appendix C

The Evolution of Primary Care Networks - PCN Governance