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October 18, 2024

Dear Members,

On Tuesday, October 15, the Minister of Health announced the launch of Primary Care Alberta, a new provincial health agency responsible for the oversight, coordination and delivery of some primary health care services across the province. This new agency, which Kim Simmonds, PhD, will lead, is expected to be running by November 1, which is less than two weeks away. Like many of you, I have several questions about this new agency.

Those who study our health care system have cautioned that the restructuring into four separate organizations – acute care, primary care, continuing care and mental health and addiction – makes little sense and will further fragment an already fragile system. The four new agencies will likely add more bureaucracy and red tape, not less. Recovery Alberta was the first agency to be spun up; Primary Care Alberta is the second – in large part because, as we all know, primary care in Alberta is under incredible strain. During the press conference announcing the stand-up of Primary Care Alberta, the Minister of Health noted that only four in 10 Albertans can currently get the same or next-day appointment with their primary care provider. She also acknowledged that no one should be forced to seek primary care in an emergency department. On that, we agree.

In introducing Dr. Simmonds, Minister LaGrange said that her first task as CEO of Primary Care Alberta is to ensure every Albertan has improved access to key primary care services and attach more Albertans to a primary care provider. Those are laudable goals, but there is little information on how this new agency will achieve them. How will it be funded? What is the plan? How will it fill the gaps? And, most importantly, where will it get the people it needs to provide the primary care it hopes to coordinate? No matter what figures the government likes to share about physician registrations, we are coming up to a million Albertans who are without a family physician or rural generalist. How do you run a primary care agency without primary care physicians? Of course, the government's answer to that might be obvious. We know the premier considers family physicians and rural generalists to be interchangeable with nurse practitioners and pharmacists. As I made clear when I appeared on Alberta at Noon this past Wednesday, allied health professionals are not family physicians, and while we want everyone to work to their full scope of practice within the patient's medical home, those scopes are very different.

Let's not forget that Primary Care Alberta is being launched while the Physician Comprehensive Care Model rollout has been delayed – if not completely halted. The new model the government promised to implement in the fall is still nowhere to be seen. Without a timeline for that funding model, many of our colleagues have had to make difficult decisions about their future, in both comprehensive care and in the province of Alberta. With the government choosing not to act on the

PCCM, it has been made clear to many of us that family medicine is not a priority in Alberta, as two family physicians who are leaving Lethbridge describe in this article. Alberta needs to be competitive with other provinces, and without a new funding model, Alberta remains one of the least attractive places to practice family medicine.

### **Recent SFM town hall**

We discussed some of the uncertainties around the PCCM at our recent town hall. If you couldn't attend, you can find the recording here (member log-in required). Since then, we have heard Premier Smith tell listeners on the October 12 episode of "Your Province. Your Premier." radio show that any new funding model would be implemented in the next budget year, in April 2025. That's a starkly different timeline than what we were told at the Spring 2024 RF when Premier Smith said the PCCM would be implemented in "weeks, not months." We can't wait any longer. We need a firm commitment. Hope isn't a strategy, and patience won't keep our practices open.

### **New SFM survey**

On the subject of information, your Section of Family Medicine Executive will be reaching out to you with a survey in the coming days. This benchmark survey will be looking to gather some baseline information on who you are, how you practice and what matters most to you right now. This information is a starting point and will help guide our work and our advocacy. It will also set the stage for digging deeper into the issues you identify. Watch your inbox for the survey, and please take a moment to share your thoughts.

As always, I am here if you have any questions or comments.

Sincerely,

Dr. Sarah Bates, President  
Section of Family Medicine  
On behalf of your SFM Executive