



August 19, 2024

Dear Members,

On August 8, 2024, you received a [joint letter from SFM, SRM and the PLE](#) (member login required) regarding the proposed new Primary Care Provincial Health Agency (PC-PHA). I wanted to follow up that correspondence with a few more candid thoughts through the SFM lens.

Last November, [Premier Smith announced](#) she intended to reorganize our current health system into four separate arms of care: Alberta Health Services (for acute care), Mental Health and Addictions, Continuing Care and Primary Care. Although timelines for implementation of these new organizations are not set, the Minister of Health has indicated she wishes the primary care piece, the Primary Care Provincial Health Agency (PC-PHA), to be operational in the fall.

For most of us, the obvious question is why create a new structure within Alberta Health to support Primary Care? The government's answer to this question, at its most basic, is that it wants to ensure that every Albertan has access to primary care – both a primary provider and an extended primary health care team. (Of note, [their definition of primary provider](#) includes both nurse practitioners and family physicians.) The goal of serving all Albertans, while laudable and entirely appropriate, raises a great many questions for Alberta family physicians, many of which remain unanswered.

Perhaps the greatest impact of the impending PC-PHA will be on the Primary Care Networks. Currently, PCNs exist as joint, not-for-profit ventures between AHS and physician groups with PCN programs largely led by physicians. In the proposed PC-PHA, the future of the PCNs is not clear. The PC-PHA will exist under AH, and AHS will no longer have any role in primary care. This makes agreements between AHS and primary care physicians, such as those that created the PCNs, redundant. How will physicians continue to influence programs and evolve the Patient Medical Home under the new arrangements? Furthermore, PCNs in their current state employ hundreds of individuals and provide essential services to Alberta patients that many physicians have come to rely on. The health system reorganization has created an atmosphere of intense uncertainty within and around PCNs that has made their current operation challenging.

Alberta Health has also indicated that they wish to transition to new Regional Primary Care Networks. The Regional Primary Care Networks will be responsible for providing primary care services to all Albertans within their geographical area, regardless of whether the patients have a family physician or not. AH representatives have spent the summer months engaging with PCN leadership and surveying PCN leaders about their programs, both their successes and their challenges. At present, the proposed regional networks look poised to absorb current individual PCN programs. AH has reiterated many times that they “do not want to break what is working well” but they are less able to clarify how family physicians will continue to be engaged. Here again, there are a great many details that require thoughtful engagement and strong physician representation.

Finally, there is a lot of uncertainty regarding governance under the PC-PHA. It is clear that there will be “layers” of governance – overarching high-level governance, likely at the level of the MoH, followed by governance at both zonal and regional levels. There is also the likelihood that there will need to be coordination at more local levels as well. I have sat through too many meetings for the reality not to be clear – **AH did not come into this process with a well-thought-out plan**. Although this could generally be seen as alarming, I also see it as an opportunity.

Alberta family physicians are currently involved at every level of the system re-design. The SFM and SRM have representatives, and sometimes even co-chair, the sub-committees that are designing governance, system evaluation and communication. The internal AMA family medicine leaders (SFM, SRM and PCN Leads) coordinate regularly to ensure that messaging from family physicians is clear, consistent and strong.

I attended the AMA [*Inside Scoop town hall*](#) (member login required) last week, hosted by Dr. Parks, which provided an update on both primary and acute care. Members had an opportunity to ask questions of the AMA president. I noted that some of the voiced questions and themes in the chat expressed fears regarding government overreach, loss of physician influence, and the future of independent and autonomous family practice in Alberta. While I completely understand where these anxieties come from, I think there are some fundamental things to consider.

The development of the PC-PHA relies on a close partnership with family physicians and their community-operated clinics. **In other words, they simply cannot succeed without our cooperation**. We are their largest and most critical partner. Furthermore, the models for governance, engagement and system evaluation have not yet been determined and we have strong family medicine leaders currently influencing the model design. **To put it another way, the answer to our present anxieties is not retreat, but ongoing and meaningful engagement.**

Of course, SFM cannot guarantee any outcome. I fully anticipate many bumps along the way. We do not, after all, own this process – that belongs to AH. But we can influence, guide and hold government accountable as the plans unfold. **The SFM is already doing exactly that and is at every table to represent your concerns and interests.** I can promise that we will continue to work constructively and effectively with all family medicine leadership on your behalf.

I also want to provide an update on when we will know more about Physician Comprehensive Care Model rates and panel sizes. As I shared in my [August 1 SFM Bulletin](#), we were expecting an announcement in late July that never materialized. Since then, Dr. Paul Parks has been relentless in pushing government to provide a timeline and on her August 10 appearance on [Your Province. Your Premier](#) (at about the 11:40 minute mark), Premier Smith committed to announcing it in September. Once we have those final details, the AMA will release a calculator developed by senior HE staff and the Strike Team that has accurate numbers and rates to help you determine if the PCCM, which is entirely optional, is right for you and your practice.

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

Sincerely,

Dr. Sarah Bates, Acting President
Section of Family Medicine
On behalf of your [SFM Executive](#)



Mission

- Advocate fiercely for Family Medicine.
- Collaborate to drive health system improvement.
- Achieve compensation that reflects the essential role of family physicians in the health of Albertans.

Vision

Alberta's family doctors are well-supported and financially equipped to provide accessible, quality team-based health care.



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