



Alberta Health Primary Care Networks



Audit Report Executive Summary

October 2017

Who

Alberta Health
Alberta Health Services

What

Follow-up performance audit

When

We conducted our field work between December 2016 and May 2017, and substantially completed our audit on June 30, 2017

Quick Facts

- As of April 2017, there were 42 PCNs operating across the province.
- Alberta Health has paid over \$1.5 billion in funding to PCNs since the program began in 2005.
- PCNs have approximately 3,800 family physician members, and employ over 1,400 full-time-equivalent non-physician healthcare providers to deliver primary care services to 3.6 million Albertans.

Learn More

health.alberta.ca
albertahealthservices.ca

Why we did this audit

The Primary Care Network (PCN) program is a key initiative funded by the Department of Health. The department launched the PCN program in 2005. PCNs comprise groups of family physicians working with other healthcare professionals such as nurses, nurse practitioners, dietitians, pharmacists, social workers and mental health professionals. By April 2017, there were 42 PCNs operating across the province. PCNs have approximately 3,800 family physician members, and employ over 1,400 full-time-equivalent non-physician healthcare providers to deliver primary care services to 3.6 million Albertans. The department expects to pay PCNs a total of \$240 million in 2017–2018 and has provided over \$1.5 billion in direct funding to PCNs since the program began.

The objective of our follow-up audit was to determine whether the department and AHS have implemented our previous recommendations on the PCN program.

What we concluded

In our opinion, the department, AHS and PCNs, collectively, have taken sufficient action for us to conclude that, as of June 30, 2017, the department had implemented our four recommendations to improve its systems to manage the PCN program, and AHS had implemented our recommendation to improve its systems to measure and report the effectiveness of its partnership in PCNs.

However, the healthcare sector's understanding and awareness of how PCNs, and primary care in general, should evolve has also progressed considerably since 2012. The department, AHS and physicians recognize that more work is needed to fulfill the objectives of the PCN program. To help the department and PCNs continue to advance the program in a structured and timely manner, we are providing two new recommendations.

Why this is important to Albertans

Effective primary care is the foundation of a high-performing healthcare system. It is critical for preventing acute illness and effectively and efficiently managing chronic disease. Effective primary care can improve health outcomes and reduce the demand on more expensive services such as hospitals, emergency departments and long term-care facilities.



PCNs have increasingly demonstrated their potential to drive improvement in primary care and the healthcare system as a whole. The significance of the PCN program to the healthcare system underscores the importance of setting clear objectives and performance measures for the program, and reporting on results achieved.

What we examined

Our examination included interviews with management and staff members of the department, AHS, and the Health Quality Council of Alberta. We reviewed the business plans and annual reports of all 42 PCNs for the 2015–2016 fiscal year, and information from various other sources for 2016–2017 as indicated in our report. We also analyzed data on physician claims and PCN funding allocations for the 2015–2016 year.

What we found

PCN program evaluation

- The Department of Health had implemented our four previous recommendations. To help the department and PCNs continue to advance the program in a structured and timely manner, we are providing two new recommendations.
- Some individual physicians and PCNs have made significant progress in measuring their performance, but these advancements are not consistent across the province.
- The department has established key performance measures for PCNs, but results reported by PCNs in 2015–2016 show wide variation in physician participation monitoring and reporting these measures.
- The department has not set measurable targets for each PCN performance measure, and does not report publicly on the extent to which PCN program objectives are being achieved.

Informing Albertans about their PCN

- The department has set formal patient attachment as a PCN program objective, and has provided guidance to PCN physicians to help them establish their patient panels.
- More than half of PCN physicians have established their patient panels or are actively working to do so.
- Some PCNs and PCN physicians inform their patients about PCN services and engage patients as partners in their own care, but these practices are not strong across all PCNs.

What needs to be done

PCN program evaluation

We recognize that the department, physicians and PCNs have significantly advanced performance measurement at their respective levels. However, we have also concluded that significant work is needed to build on the accomplishments to date.

We recommend that the Department of Health, through its leadership role in the PCN Governance Structure, work with the PCNs and PCN physicians to agree on appropriate targets for each PCN program performance measure, and require PCNs to measure and report results in relation to the targets, and develop a formal action plan for public reporting of PCN program performance.

Informing Albertans about their PCN

We recognize that the department has made substantial efforts to support PCNs in the formal patient attachment process. We also recognize that many individual physicians are engaging their patients through formal attachment, and PCNs are using various means to promote public awareness of their services. However, we have also concluded that much work is needed to build on the accomplishments to date.

We recommend that the Department of Health, through its leadership role in the PCN Governance Structure, work with PCNs and PCN physicians to require PCN physicians to complete the established patient attachment process and set appropriate timelines for completing this process, and agree on the best approaches for engaging Albertans as active participants in their own care and explaining the PCN services available to help them achieve their health goals.

Consequences of not taking action

Without adequate systems to measure performance, the department cannot evaluate the results of the PCN program to make informed decisions on what is working well in the program and what needs to be improved. The department will also lack the information needed to report to Albertans on the results achieved for the significant public investment in the program.

Read the full report at:

oag.ab.ca

Follow us on Twitter, Facebook, LinkedIn

