

This document was drafted with the information and understanding available in January 2024. The opinions expressed below are those of the Palliser PCN Administration as it understood MAPS at that time.

Palliser PCN <u>currently</u> provides:	In the <u>future</u> , Palliser PCN may choose to, may need to, may be funded to:
<ul style="list-style-type: none"> • Business support • Office practice design • Privacy and security (document writing and processes) • IPAC (document writing and processes) • EMR support (vendor selection support, setup, migration process optimization, electronic forms, panel/screening searches, templates – charting and referrals, referral processes, electronic lab/DI delivery, electronic faxing, interoperating with provincial systems e.g. CII/CPAR, Netcare, Connect Care, AVI, IDSM) • Navigating and advocating re: processes within clinic, e.g. Green Sleeves, Lab Kits (FITs, C&S, etc.), masks, gloves, thermometers, speculums, equipment sourcing • Human resource support (job descriptions, office staff recruitment support, contracts, wage comparisons) • Evidence based care (other providers) support • Clinic managers: share best practices • Professional staff in the PMH to support delivery of complex and comprehensive care, disease prevention, and health promotion, towards development of the Health Home • Comprehensive care: workforce education (evidence based care and best practices), templates, processes (social determinants of health) • Collaborative system: coordination and navigation, interconnectivity with community agencies, problem solving, relationship building, breaking patient barriers, maximizing continuity information and management; currently have co-located professional staff in some community agencies • Unattached and population health: support with access and panel measurement (<i>panel size x annual return visit rate = visits per day x days per year</i>), PCN website – www.palliserpcn.ca – co-designed and maintained with community (e.g. local resources, physicians accepting new patients) 	<ul style="list-style-type: none"> • Offer centralized business acumen support (e.g. supporting application and administration of clinic ARPs) • Support PMHs to achieve CFPC accreditation • Support more robust compliance with legislation and recommendations (e.g. move to all clinics having annual privacy and security training) • Vendor management to support PMH infrastructure (e.g. EMR, janitorial, payroll) • Develop provincial primary care curriculum, building on current Palliser PCN curriculum • Select in-home care to fill gaps in current in-home care system (e.g. in-home dementia assessment) • Participate in defining meaningful, objective system outputs (e.g. screening rates, access, unattached/attached rates), building on Palliser PCN’s existing logic model • Staffing support could be expanded to include professional staff and non-professional staff as appropriate to clinic needs • Support formalized integration between PMHs and RPHCNs • Shared plans of care, including between PMHs and not for profits • Unattached and population health: Options – <ol style="list-style-type: none"> 1. Standalone clinic (challenges: staffing, competition with existing physicians, infrastructure) 2. Support existing physician clinics to expand hours of operation and have direct access to interprofessional teams 3. Mobile vulnerable population focused services

Divisions and subdivisions of population in Palliser PCN's geographic area		# of patients
<i>Enrolled or attached elsewhere</i>	Enrolled to a provider in an area not served by Palliser PCN	Negligible due to known patient preference/patterns
	Attached to a non-PCN family doctor in the area served by the PCN	~2,850
<i>Attached but not enrolled</i>	Have no visit to a family doctor in the last 3 years	~2,300
	Have only recently obtained a family doctor in the PCN	~4,000
<i>Unattached</i>	Seeking a family doctor in the area served by the PCN	~3,430
	Not seeking a family doctor in the area served by the PCN	
<i>Enrolled with a Palliser PCN physician</i>		102,263
Total estimated population in Palliser PCN geographic area		114,840

Alberta Health Palliser PCN Enrollee Numbers (2023)
 Statistics Canada Census Data and Population Estimates (2016-2023)
 Palliser PCN EMR Data (2023)