



FAMILY HEALTH TEAMS

A Plan for Modernizing Primary Care

FEBRUARY 15, 2023



Table of Contents

4-5

**MESSAGES FROM
RACHEL NOTLEY &
DAVID SHEPHERD**

6-11

SETTING THE STAGE

12-17

PROPOSALS

18

SUMMARY & NEXT STEPS



MESSAGE FROM **NDP LEADER RACHEL NOTLEY**

For millions of Albertans, our first experiences of healthcare were at our family doctor's office. We went for routine checkups, to ask questions about our health, and to monitor any chronic conditions. Often we built a trusting and valuable relationship over many years.

But today, access to family medicine is out of reach for hundreds of thousands of Alberta families. The impacts of the COVID-19 pandemic, and the open hostility of the UCP to healthcare workers, have driven many healthcare professionals out of the province or out of their profession. Entire cities and whole regions of our province have been left without any family doctors accepting new patients.

Without access to primary care, many Albertans are forced to leave medical conditions untreated until they reach a crisis point. Now, they need a ride in an ambulance to the emergency room, the single most expensive and overstretched way to deliver healthcare. Ask anyone who works in an Alberta hospital these days and they'll tell you people are arriving sicker than ever before.

We need a new approach.

It should be said at the outset that Albertans are very fortunate to have some of the best frontline healthcare professionals in the world, the finest medical schools, nursing schools, training programs, and researchers. We have a

young and hard-working population. Guided by best practices from around the world, we have everything we need to rebuild the foundation of Alberta healthcare.

Our Alberta NDP vision for enhancing access to primary care centres around establishing Family Health Teams. By growing access to this team-based primary care model — including access to nurses, doctors, counsellors, or whichever professional is best suited to help — we also grow the number of people who can benefit from that care.

We are committed to focusing on primary care and making it more accessible. We believe our plan will support primary care access for one million additional Albertans over the next decade, allowing them to see a family doctor within a day or two.

Rebuilding Albertans' access to healthcare in our communities is critical to ending the UCP chaos in our hospitals and ambulances, but more importantly, it's an essential part of keeping Albertans of all ages in good physical and mental health.

I want you and your family to get the care you need, when you need it, close to home, with Family Health Teams. That's what an Alberta NDP government will deliver.

Rachel Notley

MESSAGE FROM

NDP HEALTH CRITIC DAVID SHEPHERD

Alberta health care workers have always been heroes. They have always worked long hours under challenging conditions to help keep their communities strong and healthy.

As we all know, the past three years have put Alberta's healthcare workers under relentless and excruciating pressure. I've heard so many stories of nurses, doctors, paramedics, and allied health professionals putting themselves in harm's way to help their neighbours.

But even as the pandemic's case counts have receded, the pressure on frontline workers has not. Albertans are struggling with physical and mental health problems that have been left untreated for three years of the pandemic.

On top of all this, healthcare workers have been harassed, bullied and threatened by their own government. The UCP tore up contracts, hurled insults, threatened wage cuts, and forced mountains of new paperwork onto the very healthcare workers who were suiting up for another punishing shift in a chaotic, understaffed hospital or clinic. It's no wonder that Alberta is struggling to recruit new workers into this environment.

We need a new approach.

An Alberta NDP government will work respectfully with frontline healthcare workers, and develop solutions with patient care at the centre. The work in this document is based on extensive conversation with the Albertans who actually deliver healthcare.

This paper is just the beginning. As we move forward to rebuild primary care and end the UCP chaos in our hospitals, ambulances and clinics, we will work closely at every step with the Albertans who are doing the work on the ground.

I am incredibly grateful to all the Albertans who have sacrificed so much to help their communities. They deserve a government that will work with them. By relying on our Family Health Teams strategy, an Alberta NDP government will always make sure that you and your family can get the care you need, when you need it, close to home.

David Shepherd



SETTING THE STAGE

Albertans are being denied the public healthcare promised to them as Canadians. The number of doctors accepting new patients through primary care networks dropped by half from 907 to 446 between May 2020 and January 2022¹. Entire communities no longer have doctors accepting new patients, including Lethbridge, Red Deer, Canmore, Banff, and Medicine Hat.

The Canadian Institute of Health has collected extensive data and says that over 650,000 Albertans do not have a primary health provider.²

These massive gaps in primary care are putting pressure on emergency rooms, driving up wait times, delaying surgeries, tying up limited EMS resources and piling unimaginable stress on frontline healthcare workers. Increasing access to primary care is fundamental to ending the chaos in healthcare delivery, enhancing healthcare received by Albertans, as well as supporting

preventative health.

In the proposal that follows, Alberta's NDP proposes introducing and rapidly expanding what we formally call **Family Health Teams**. We are confident that we can achieve an expansion and transformation of the primary care system by starting with supported steps, including a Transition Fund that will allow the hiring and placement of allied health professions to expand services within existing family practices. Evidence shows that supporting initial steps, in turn, will enable clinics and communities to manage an expansion and change as they also embrace the model of **Family Health Teams**.

- 1 "Concerns grow as more and more Albertans can't find a family doctor," CBC News, April 27, 2022. <https://www.cbc.ca/news/canada/calgary/fewer-family-doctors-accepting-new-patients-1.6432767>
- 2 <https://www.ontario.ca/page/your-health-plan-connected-and-convenient-care>





WHAT ARE FAMILY HEALTH TEAMS?

A **Family Health Team** is made up of different types of healthcare professionals who provide primary care to a patient. Instead of a patient only having one doctor be responsible for them, a team can include multiple doctors working in partnership with other primary care providers and team members, including Nurse Practitioners, Registered and Licensed Practical Nurses, administrators, mental health therapists, pharmacists, social workers, dietitians, community paramedics, community health navigators, physiotherapists, midwives, speech language therapists, and many more. The decisions on which team members are included on a given team would be customized to each Alberta community to meet local needs.

By moving to this approach, and integrating allied professionals into primary care, we believe doctors can spend less time on paperwork and spend more time overseeing the care of more patients. During some visits, patients may see an allied health professional and not require time with a doctor. Through this mechanism, access to primary care can improve dramatically. From our review of the effectiveness of team-based care in other jurisdictions, we believe that primary care policy should aspire to have at least four allied

health team members working alongside each physician, with the important provision that health professionals need to integrate, coordinate, and share responsibility for care¹.

Teams would work in Family Health Clinics. This model goes far beyond “shared-services” and is based on the idea of a medical home, a physical place in your community where you go to manage your health, seek assistance from a variety of health professionals, and where people know you and care about you. The infrastructure of these buildings would have to support large interprofessional teams and be designed to support the best patient care. This could be done through renovating existing clinics or building entirely new ones.

There are some clinics in Alberta that have already implemented a similar model, including the Crowfoot Village Family Practice in Calgary and the Taber Clinic — we detail the approach of both clinics later in the paper.

By introducing **Family Health Teams** across the province, we will ensure Albertans can get the healthcare they need, close to home.

¹ The Auditor General made the observation for successful primary care models having four non-physician staff for every physician in 2017 in its report titled, “Better Healthcare for Albertans,” <https://www.oag.ab.ca/reports/bhc-report-may-2017/>

SETTING THE STAGE



EFFECTIVENESS OF TEAM-BASED CARE

Alberta's NDP conducted reviews of existing team-based care models in Alberta and other jurisdictions and found they increased access, quality and continuity of care. They provide care more efficiently and reduce pressure on the acute care system, including emergency rooms and hospitals. This leads to cost saving in healthcare.

We believe that a transition to team-based care is fundamental to ensure the hundreds of thousands of Albertans without a primary care provider can gain access. The number of patients a typical doctor sees ranges due to a number of key factors including the complexity and health needs of patients as well as a doctors' other responsibilities outside of primary care, such as emergency room shifts. In Alberta, a full-time primary care physician could be responsible for 1,000-1,200 patients; however, a doctor with highly complex patients could have 300 patients. There are also instances, due to the high demand for primary care, where some doctors are responsible for over 2,000 patients. Notwithstanding these ranges in the number of patients seen by family doctors, for the purposes of our calculations we assume an average number of patients seen per family doctor to be 1,200.

Just as the number of patients a doctor sees working alone ranges, so does the rate at which a team-based care model grows the number of patents seen by a single physician. A study in the United States done for the Department

of Veteran Affairs analyzed optimal numbers of patients per doctor and found that a traditional full-time family doctor acting on their own could see on average 983 patients per year, whereas those working in a team setting could see over 1,900 in the same period. This marks a 100 per cent increase but is not necessarily what we would expect through short-term implementation. Meanwhile, these clinics in Alberta appear to show an increase to the number of patients seen of up to 40 per cent and studies in Ontario show an increase of 24 per cent or more.

For the purposes of assessing the number of new patients who would be given access to primary care, we will use a conservative estimate of 20 per cent. Therefore, if a full time family doctor sees 1,200 patients currently, we expect surrounding them with a team of allied health providers could increase this number to about 1,440.

In addition to supporting the number of Albertans without access to primary care, increasing the use of teams will make primary care more accessible and effective for those who are already attached to a doctor.

Expanding team-based care provides an opportunity to support the administration of primary care. Flexibility is inherent in the Family Health Teams model and has the ability to attract more physicians to practice comprehensive family medicine. Historically, prospective medical students have been discouraged from getting

into family medicine due to the heavy costs and administrative burden that comes with owning and running their own practice, including maintaining infrastructure and building clinics. This administrative responsibility leads some family physicians to early retirement. Increasingly, doctors, including women, parents, and older doctors are looking to practice without the administrative burden and daunting inflexibility of

running a business.

There is so much potential within team-based primary care to decrease administrative burden and allow doctors, nurses, and allied health professionals to focus on the work they love: caring for patients. It is also therefore important that the implementation of Family Health Teams is not burdensome for doctors who want to join it.



ONTARIO

Ontario's experience with Family Health Teams provides many lessons for Alberta. Ontario introduced Family Health Teams in 2005 and they now serve over 3 million people. An article published in 2011 reviewing the progress of Ontario's Family Health Teams provides an example of seven physicians who were responsible for 1,400 patients each initially and subsequently were able to see 1,743 patients each as new team members were recruited, including two nurse practitioners who are responsible for their own patients, two registered nurses, and a pharmacist¹.

In addition to caring for more patients, the article reported Ontario patients accessing team-based healthcare were more satisfied with the level of care they received. For instance, they could access it more quickly — 59 per cent of patients accessing healthcare in a team-based setting reported in 2014 they could get an appointment

within a day, compared to just 40 per cent in the general population².

Unfortunately, Ontario has also had challenges in expanding Family Health Teams. Disagreement between doctors and the government regarding accountability measures drove the government to suspend expansion of Family Health Teams in 2015. However, as a result of further discussions, Ontario announced a renewed plan to expand team-based care in February 2023.

Ontario's experience demonstrates the impact and success of team-based primary care as well as the necessity for the Government to work together with healthcare professionals to design an effective primary care system and to recognize that one size does not fit all — whether we are talking about patient care, funding models, or clinic services. We must work together to be pragmatic, responsive, and accountable.

1 Progress of Ontario's Family Health Team Model: A Patient Centred Medical Home, 2011. <https://www.afhto.ca/wp-content/uploads/Optimizing-the-value-of-team-based-primary-care-LIT-REVIEW.pdf>

2 "Optimizing the value of team-based primary care, Review of the Literature" Association of Family Health Teams of Ontario, 2015. <https://www.afhto.ca/wp-content/uploads/Optimizing-the-value-of-team-based-primary-care-LIT-REVIEW.pdf>

SETTING THE STAGE









CASE STUDY:

COST SAVINGS & QUALITY CARE AT ALBERTA'S CROWFOOT VILLAGE PRACTICE AND THE TABER CLINIC

The Health Quality Council of Alberta released a report in 2019 studying two practices in Alberta that have implemented successful primary care reform. The Crowfoot Village Family Practice is in Northwest Calgary and serves 24,000 patients. The practice works in teams made up of physicians, nurses, and medical office assistants to provide care to their patients. Crowfoot Village Family Practice has 4.8 staff for every physician. The Taber Clinic provides care to 16,000 people in rural Alberta and uses a similar staffing model.

The College of Family Physicians of Canada notes a significant increase of patients seen at the Crowfoot Village Family practice, where a doctor has 40 per cent more patients than they typically would. Specifically, each doctor is responsible for 1,700 instead of 1,200.

Over 10 years, both clinics also showed significant cost savings across the broader healthcare system since more comprehensive primary care makes people less reliant on hospitals. From 2007-08 to 2016-17, the Taber Clinic saved the health system \$62.2 million and Crowfoot Village Family Practice saved \$57.3 million¹. The cost for emergency department visits per patient at the Taber Clinic was \$112 lower when compared to those for other rural Albertans. Similarly, emergency department visits were \$24 lower per year for patients at the Crowfoot Village Family Practice when compared to other urban patients. More statistics and comparisons are included in the diagram below from the Health Quality Council of Alberta's review of the two clinics.

Taber Clinic: ANNUAL PER PATIENT COSTS & SAVINGS 2016-17				Crowfoot Village Family Practice (CVFP) ANNUAL PER PATIENT COSTS & SAVINGS 2016-17			
ANNUAL COSTS	TABER	ALBERTA RURAL	DIFFERENCE	ANNUAL COSTS	CVFP	ALBERTA METRO	DIFFERENCE
 PRIMARY CARE	\$378	\$366	\$12 higher	 PRIMARY CARE	\$343	\$293	\$50 higher
 OTHER PROVIDERS (e.g. specialists)	\$326	\$406	\$80 lower	 OTHER PROVIDERS (e.g. specialists)	\$521	\$510	\$11 higher
 EMERGENCY DEPARTMENT VISITS	\$162	\$274	\$112 lower	 EMERGENCY DEPARTMENT VISITS	\$86	\$110	\$24 lower
 INPATIENT STAYS	\$467	\$736	\$269 lower	 INPATIENT STAYS	\$298	\$517	\$219 lower
ANNUAL SAVINGS:				ANNUAL SAVINGS:			
Per patient: \$449				Per patient: \$182			
For all patients at the Taber Clinic: \$7.2M				For all patients at the Crowfoot Village Family Practice: \$4.3M			
10-YEAR SAVINGS:				10-YEAR SAVINGS:			
For all patients at the Taber Clinic (2007-08 to 2016-17): \$62.2M				For all patients at the Crowfoot Village Family Practice (2007-08 to 2016-17): \$57.3M			

Both clinics receive capitation funding, meaning they are funded per-patient to provide primary care instead of relying on a traditional fee-for-service payment model. Findings from the report show that the funding model allows primary care providers to feel comfortable spending more time with patients.

¹ "A Case Study Evaluation: Crowfoot Village Family Practice and the Taber Clinic," Health Quality Council of Alberta, 2019. https://hqca.ca/wp-content/uploads/2021/12/HQCA-Crowfoot_Taber-Case-Study-Evaluation-2019.pdf

HISTORY OF TEAM-BASED CARE AND PRIMARY CARE REFORM IN ALBERTA

In 2003, the Government of Alberta first introduced a system of Primary Care Networks. PCNs have evolved differently across the province and they provide important lessons, resources, and expertise we can build from.

One of the intentions in the design of PCNs was to increase interprofessional collaboration in primary care. However, the proper funding formulas and structures have not been consistently or fully implemented to realize this goal. The Auditor General has recommended clearer expectations and targets for PCN objectives. In 2017, the Auditor reinforced the need for team-based primary care, stating that it yields better health outcomes and higher patient satisfaction. The report noted that successful teams have a ratio of one doctor and four supporting staff; however, Alberta's ratio at the time was inverted, with four doctors for every one staff¹.

Today, a great opportunity exists. The shortage of doctors and the pressure on healthcare means there are now many health care leaders in Alberta working to reform primary care. The Alberta NDP's vision for Family Health Teams is influenced by the work done by the Alberta Primary Care Alliance, which released a paper in 2021 titled *The Integrated Health Neighborhood of the Future: White Paper on Transforming Primary and Community Based Care*. The paper includes authors from the Alberta Medical Association, Primary Care Networks, Alberta College of Family Physicians, and the University of Calgary².

1 "Better Healthcare for Albertans," Auditor General of Alberta, 2017.
<https://www.oag.ab.ca/reports/bhc-report-may-2017/>

2 <https://www.albertadoctors.org/Leaders-Primary%20Care/primary-care-2030-white-paper-full-repor.pdf>

SUPPORT FOR MOVEMENT TOWARD MORE TEAM-BASED CARE

In addition to calls for team-based care in Alberta, policymakers across Canada are urging provincial governments to implement team-based primary care to address the current challenges in healthcare. Decades of pilot projects and jurisdictional success in places like Ontario prove the effectiveness of teams and provide lessons on how to implement them.

The Public Policy Forum released a report titled *Taking Back Health Care*, authored by health policymakers across the country, including Dr. Alika Lafontaine, President of the Canadian Medical Association, who practices in Grande Prairie. The report concludes, "teams can serve more patients and are the only way we will achieve reasonable access, given the changing demographics of providers and patients alike."¹

The government of Newfoundland and Labrador is currently increasing the number of collaborative team clinics in that province as a way to address their physician shortage and make primary care more accessible².

We believe that addressing the challenges of healthcare in Alberta must be built on a foundation of improving primary care. This will be done by working with doctors, nurses, and allied health professionals to implement team-based primary care which will provide higher quality care and allow more Albertans to access it.

1 <https://ppforum.ca/wp-content/uploads/2023/01/TakingBackHealthcare-Jan2023-PPF-EN-1.pdf>

2 "Collaborative clinics are being touted as a solution to N.L.'s doctor shortage" CBC News, April 24 2022.
<https://www.cbc.ca/news/canada/newfoundland-labrador/eastern-health-collaborative-clinics-1.6426517>

PROPOSALS

In order to secure the primary healthcare benefits inherent in the **Family Health Teams** model, the Alberta NDP offers the following preliminary proposals. We anticipate they will be the subject of extensive consultation with existing primary care providers and other healthcare professionals.

1. PROVIDE TRANSITION FUNDING PROVINCEWIDE TO HIRE ALLIED HEALTH TEAM MEMBERS

We will create an immediate dedicated transition fund to hire allied **Family Health Team** members and, based on requests from existing clinics, place them where they can have the greatest impact immediately on improving access and quality of primary care.

THIS FUNDING COULD BE USED TO HIRE A WIDE RANGE OF STAFF, INCLUDING BUT NOT LIMITED TO:

- **Nurse Practitioners who are able to practice to their full scope;**
- **Registered and Licensed Practical Nurses, whose responsibility and role could be tailored for specific community needs, such as a focus on diabetes, asthma, or mental health;**
- **Medical office assistants, so that physicians and Nurse Practitioners spend less time on administrative work, and more time providing quality care to patients;**
- **Other allied health professionals, such as social workers, community paramedics, pharmacists, mental health therapists, respiratory therapists, and dietitians;**
- **Community health navigators;**

We recognize that physician clinics that are not accustomed to operating with a high staff-to-physician ratio will likely want to implement a team model on a more gradual basis.

The change and mass introduction of **Family Health Teams** won't occur overnight, but other jurisdictions like Michigan were able to scale up expansion over time and realized immediate improvements to patient access and quality of care as a result of the team-based model.

We recommend that 1,500 staff be hired to support **Family Health Teams** by the end of 2024. These staff will improve the quality of care patients receive and their presence will secure access to primary care for at least 75,000 Albertans not currently able to find a family physician.





PROPOSALS

2. CREATE FAMILY HEALTH TEAMS AND BUILD FAMILY HEALTH CLINICS, EXPAND EXISTING CLINICS & RETROFIT NEW SPACES

We propose issuing a Request for Expressions of Interest to establish new **Family Health Team** models as part of our team-based primary care strategy.

Associated with the **Family Health Team** model, we will also entertain proposals for capital support to build the clinics within which they will work. This could include building new clinics from scratch, upgrading current clinics or retrofitting new spaces.

We have costed the proposal for 10 new clinics, but our flexible approach will allow us to partner with existing physicians, groups, and practices, to make the best use of existing spaces and resources.

There are many family doctors who want to work in a team-based setting and this initiative will allow them to partner with the Government of Alberta to have the funding for necessary infrastructure.

We will consult with Albertans around the province on where the need for new Family Health Clinics is greatest and where there are primary care providers who want to quickly implement team-based care. We will first consider locations of most significant need, including Lethbridge where 40,000 people did not have a primary care provider in 2021, and the Bow Valley (including Canmore and Banff) and Red Deer, two regions where no family doctor is currently accepting new patients.

We estimate that these clinics will include 70 full-time primary care doctor positions and at least 280 allied health providers and serve over 100,000 patients, with 16,000 being new patients as a result of the increased impact of team-based care. We also expect the number of patients accessing these clinics to increase over time as staffing structures are further refined.

3. NEW & EXISTING HOSPITALS SHOULD INCLUDE FAMILY HEALTH CLINICS IN THEIR DESIGN

We propose ensuring that all new hospital construction projects develop a business case that assesses the need for — and potential success — of an adjoining **Family Health Team** practice.

These practices would employ a **Family Health Team** model and could improve health care and

continuity of care for patients, allow for new research opportunities, allow for residency work to be shared and lead to economies of scale for things like providing diagnostic testing. We also propose assessing existing hospitals for the potential establishment of a **Family Health Team**.

PROPOSALS

4. INTEGRATE MENTAL HEALTH CARE WITHIN FAMILY HEALTH TEAMS MODEL

We propose prioritizing the implementation of mental health care within **Family Health Teams**.

A study from the Mental Health Commission of Canada found that 80 per cent of Canadians with a mental health illness receive care in a primary care setting¹. This is critical proof that efforts to strengthen mental health care should be centred around primary care offered through a team-based model. The integration in our model allows for patients to receive physical and mental healthcare simultaneously and in a single setting.

Family Health Teams can and should include mental health professionals who are a part of the team, including, but not limited to, psychologists, psychiatrists, counsellors, therapists, mental health nurses, and social workers.

Family Health Teams can also partner with communities to provide mental healthcare outside of clinic settings. For example, a counsellor who is a part of a **Family Health Teams** could be responsible for visiting a school or a long-term care home in their community.

The Alberta NDP is also committed to providing five insured mental health sessions to all Albertans. This plan, which can be delivered in partnership with community organizations, and in combination with better integrating mental healthcare into primary care, will provide Albertans with greater ability to access care and to take care of their mental health.

¹ “Strengthening the Case for Investing in Canada’s Mental Health System: Economic Considerations,” Mental Health Commission of Canada, 2017. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2017-03/case_for_investment_eng.pdf

5. CONSULT WITH INDIGENOUS COMMUNITIES ON INDIGENOUS-LED HEALTHCARE

Alberta’s NDP commits to consulting with Indigenous communities on how to best support Indigenous-led healthcare. We will consult with communities to establish an Indigenous health fund for community-led projects. Examples of projects this fund could support include Indigenous and community health navigators, and health oversight and complaint investigators who come from and have the trust of communities.

Indigenous People in Alberta have worse health outcomes than the rest of the Alberta population, due to many immediate factors rooted in colonialism. Some of the chronic challenges include systemic racism, language barriers, and

a lack of Indigenous-led care and cultural spaces within health facilities. Primary care reform and improvement offer an opportunity to provide resources to Indigenous health providers and communities to lead and design care that works at the community level.

It is unacceptable that children or anyone be asked to wait for a health provider to determine which level of government should pay for care. We will live up to the spirit of Jordan’s Principle where governments — whether federal or provincial — can never put arguments over jurisdiction or billing before the needs of a child. This principle must be at the heart of the approach to all health care.





PROPOSALS

6. WORK WITH SPECIFIC COMMUNITIES TO DESIGN AND IMPLEMENT THE MOST EFFECTIVE PRIMARY CARE

We propose the Government of Alberta work with specific **Family Health Teams** and clinics to specialize in:

- **Immigrants and newcomers to Alberta** - a clinic could have staff who speak patients' first language and have wayfinding services to support newcomers navigating different financial, social, health, and community programs.
- **Seniors care** - a clinic could include geriatric services, more support for home care visits, and wayfinding services and educational opportunities for caregivers.
- **LGBTQ2S+ Albertans** - a Family Health Team could include staff who specialize in and understand LGBTQ2S+ health issues. This can ensure that LGBTQ2S+ patients accessing primary care are comfortable and safe.

7. DRAFT AND INTRODUCE LEGISLATION TO PROVIDE STRONG AND COMPREHENSIVE PRIMARY CARE

We recommend two stand-alone pieces of legislation to support the transformation of primary care. First, by passing *The Public Health Care Delivery Standards Act*, which the Alberta NDP Official Opposition introduced in Fall 2022, we will establish the health service standards that Albertans should expect from their government.

These standards would be co-designed with Albertans and health providers. Our approach will be responsive and we will work in direct collaboration with health providers on the front lines. One of these standards could be, for example, whether Albertans can see a doctor within a specified period of time. We believe the outcomes of broad healthcare reform can be best measured by holding them up to the

standards set by Albertans. Information and accountability are critical to ensure healthcare is there for Albertans when and where they need it.

Second, we propose the introduction of legislation called the *Alberta Family Health Teams and Primary Care Act*, which would set out clear principles of care, objectives, governance structures and accountability mechanisms for establishing and funding new **Family Health Teams** and Family Health Clinics.

To establish the specifics of this Act, we would consult and work directly with health professional associations, unions, Indigenous communities, policy experts, municipal leaders and patient advocacy groups, to name a few.



PROPOSALS

8. ADOPT A STRATEGY TO GROW ALBERTA'S HEALTHCARE WORKFORCE

All communities in Alberta and provinces across the country are experiencing health worker shortages. We must start with the people on the job today — restore trust and support for doctors, nurses, and allied health professionals — and we must grow from there.

- We will support Alberta's current frontline healthcare workers who already face incredible pressure to keep up with patient demand. We will consult them and their designated representatives to understand how to best support health and wellness. For example, this could include for prospective physicians to simply practice medicine and not need to manage clinics — a noted benefit of the move to **Family Health Teams**. We could also consider other methods aimed at enabling workers to perform to their full scope of practice.
- We can also provide work-integrated learning for health professionals who would like to grow in their roles and move or "ladder" into more senior positions or positions where there is higher demand.
- We will consult on and implement a comprehensive strategy to return and bring back doctors, nurses, and allied health professionals who either retired or significantly reduced their hours.
- To support and plan recruitment training, we will establish a Health Workforce Planning Group that would include post-secondary institutions, unions, healthcare representatives, and government officials to identify areas of greatest need now and into the future. This group will develop immediate actions to recruit frontline healthcare workers as well as long-term strategies. Some of these could include supporting more training spaces, residencies, and establishing new decentralized training institutions in municipalities outside of major urban centres.
- We will undertake the largest national and international health care recruitment campaign Alberta has ever seen. A critical component of this work is ensuring there are training spaces, residencies, and good, quality jobs available in Alberta — and we believe the attractiveness of being part of a **Family Health Team**.
- We will break down barriers to internationally trained health professionals and medical graduates. We will work with professional associations, colleges, and regulatory organizations to ambitiously streamline and make credentialing processes accessible and fair. When international medical graduates do not meet the requirements of full scope of practice in Alberta, we will create more opportunities to work in health care in a role they are qualified for, while offering and supporting bridging education to complete their full qualifications.

PROPOSALS

9. MEASURE AND EVALUATE POLICY IMPLEMENTATION

We recommend that all proposals in this paper should be subject to continued evaluation and review. We will back our commitments with data and metrics established under the *Public Health Care Delivery Standards Act* to track progress.

As **Family Health Teams** in Alberta are developed and expanded, it is important to engage in ongoing review of what is working and what isn't. Health outcomes of patients must also be studied so we can ensure that investment in team-based care is directed where it is most effective.



SUMMARY & NEXT STEPS

SUMMARY OF TARGETS

Our commitment to integrated team-based care delivered by **Family Health Teams** will mean that within 10 years, up to 1 million more Albertans will have access to a doctor within a day or two as part of family health clinics.

As a result, we hope to achieve the following goals:

- **Better care and health outcomes for Albertans**
- **Care closer to home**
- **Access to a family doctor within a day or two**
- **Great places to work and care for patients**
- **Doctors who have time to focus more on medical care and less on administration**
- **Decreased pressure on Emergency Rooms, EMS, and hospitals and lower costs for the acute care system over time**

NEXT STEPS

Alberta's NDP is seeking feedback on its **Family Health Team** model and would move to implement it by working directly with physicians, professional associations, unions, community health providers and relevant health stakeholders. We will be flexible, build on what's working, and will be responsive to community priorities.

The bottom line is we will make getting the care Albertans need, close to home, our number one priority.

SUMMER 2023

- Stand-up an implementation committee, including patient groups, unions, and professional associations
- Establish outreach and resource teams in Alberta Health to assist family physicians who want to expand into or create new team-based clinics
- Issue a request for expressions of interest for 10 new community health clinics

FALL/WINTER 2023

- Make additional funds available to hire and place allied health providers and support staff
- Select proposals for design and planning of new Family Health Team clinics or expanded clinics
- Pass the *Public Health Care Delivery Standards Act*

WINTER 2023-2024

- Tender and contract work

SPRING 2024

- Introduce the *Alberta Family Health Teams and Primary Care Act*

FALL 2024

- Open expansion clinics

SPRING-SUMMER 2025

- Open new clinics

PROGRAM	ESTIMATED COST
TRANSITIONAL FUNDING FOR MORE STAFF	\$150 MILLION ANNUALLY FOR FOUR YEARS
BUILD FAMILY HEALTH CLINICS, EXPAND EXISTING CLINICS & RETROFIT NEW SPACES	\$75 MILLION IN OPERATING FUNDING ANNUALLY UP TO \$60 MILLION IN ONE-TIME CAPITAL SUPPORT
INDIGENOUS CONSULTATIONS AND EARLY PROGRAM PROPOSALS	\$5 MILLION ANNUALLY

ALBERTA'S FUTURE



Over the past three years, we have been consulting through our Alberta's Future project to develop ideas to build a more resilient and diversified economy. Through discussion and consultation, we have benefited from the input of Albertans from all walks of life.



Earlier in this project, we focused sectors that could help drive economic growth, for example, releasing papers on technology and AI ([Growing Tech, Creating Jobs](#)), in valued-added energy opportunities ([Bitumen Beyond Combustion](#)), in hydrogen ([Hydrogen: A New Energy Source for Alberta's Future](#)), geothermal ([Picking Up Steam: Geothermal and Alberta's Energy Future](#)) and agriculture ([Agriculture and Agri-Food: Increasing Value-Added Processing and Production](#)).



Likewise, we released papers on foundational items, like physical and digital infrastructure ([Building Better Infrastructure](#) and [Bridging the Digital Divide](#)), and improving our post-secondary education system ([Strengthening Post-Secondary for a Resilient Future](#)), on targeted challenges ([Bringing New Energy to Downtown Calgary](#)), on childcare ([Early Learning and Affordable Childcare Strategy](#)), and rural broadband ([Internet & Future Connectivity: Bridging the Digital Divide](#)).

Give Us Feedback

WE WANT YOUR FEEDBACK

Alberta's Future is an initiative to build a new economy that benefits every person in our province. We want you to share your thoughts and ideas on proposals like this one.

We welcome you to submit your own proposals too!

All of our proposals and those contributed by Albertans like you can be found at **AlbertasFuture.ca**. There, you can also register for in-person and online conversations happening right across Alberta.

We are also hosting this conversation on social media, using the hashtag **#ABFuture**.

Engage directly with NDP Leader Rachel Notley on YouTube, Twitter, Instagram, and Facebook



@RachelNotley

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FUTURE.ca