



Our Primary Care Network (PCN):
 68,000 patient population
13 clinics 52 family physicians
 42 Allied, Administrative and Support Staff
Working together to improve primary care for our patients

Provincially - 42 PCNs
 85% of family physicians participating (3300+)
1100 Allied, Administrative and Support Staff

PCN Objectives

1. Increasing the number of Albertans with access to primary care services;
2. Managing access to appropriate round-the-clock primary care services;
3. Increasing the emphasis on:
 - Health promotion
 - Disease and injury prevention
 - Care of patients with medically complex problems and chronic diseases
4. Improving coordination of primary health services with other health care services including hospitals, long-term care and specialty care services;
5. Fostering a team approach to providing primary health care.

Leduc Eldercare Consultation Team

This program consistently ranked #1 or #2 in member physician satisfaction surveys since inception of the program in 2007

Integrating Specialized Geriatrics into a Suburban Rural Primary Care Network

Leduc Eldercare Consultation Team
This program provides local physicians' and clients' with access to specialized geriatric assessments

Care of the Elderly Physician Dr. Trevor Byers
Registered Nurse Carla Moore
Dyad Model

Challenges faced in suburban rural communities:

- Physicians practicing in our community have diverse roles:
 Run busy general practices, provide inpatient care & ER shifts at local hospitals, work at community after-hours clinics, provide coverage at local continuing care centres.
- Lack of access to local specialized geriatric services – distance and lack of transportation means services inaccessible.
- Lack of awareness of community services among caregivers & physicians lead to not seeking appropriate services until a crisis.

Healthcare Utilization

The PCN partnered with the Health Quality Council of Alberta who provided a program by program analysis of both individual PCN programs and the estimate PCN patient panel. According to this analysis, patients who attended Leduc Eldercare Consultation Team showed statistically significant reductions in:

1. Emergency Department admissions (an average decrease of 0.32 ED visits per patient)
2. In-patient admissions (an average decrease of 0.22 in-patient admissions per patient)
3. In-patient length of stay (an average decrease of 7 days per patient)

Clinic Strengths

- Importance of both COE physician and RN being involved in the planning of the clinic model;
- Strong AHS and community partnerships since inception of program in 2007;
- Referral process is barrier free;
- Client and family centered – time is our most important tool. The PCN allowed us to overcome the time barrier associated with fee for service by providing the physician with a salaried day to have the time to deal with the complex medical issues of many seniors;
- Follow through on our team recommendations - i.e. completing home care referrals, arranging any required DI or specialist appointments, connecting people to community supports;
- Dictation is completed and faxed to referring physician within seven days
- Offering caregiver support & education – caregivers are encouraged to contact the RN in between visits with any concerns or questions;
- Ability to follow-up with clients and families to ensure treatment recommendations were successful. This is completed by office visits or telephone. We offer long term follow-up for our dementia clients;
- Relationship with AHS allowed us to have our clinic in the hospital setting. This gives us the opportunity to offer inpatient consults and informal discussions with colleagues increasing their ability to manage common geriatric syndromes while assisting them in complex cases;
- Access to LBD PCN healthcare professionals - registered pharmacist, mental health clinicians, registered dietitians, exercise specialist;
- Education sessions provided for local physicians and allied health professionals;
- Not duplicating services readily available in our community.

Top 3 reasons for referrals:

Cognitive Concerns
Capacity Assessments
Depression/Anxiety

2015 Referrals

Referrals received:	96
Discrete patients seen/managed:	80
Mean wait time in days:	29
PCN physician referrals:	96.8%
AHS home care referrals:	3.1%
Community referrals:	76.6%
Inpatient referrals:	23.4%