Primary Health Care Integration Network
#PHCIN

Transformational Road Map 2018-21

Alberta Health Services
Inspiring solutions. Together.
Primary Health Care Integration Network

Dec. 2018

Keeping Albertans well in their communities – on their terms

Patients deserve the best care possible as close to home as possible. The Primary Health Care Integration Network is assisting providers and organizations across the province to become even more coordinated, so we can help all Albertans live their healthiest lives.

We bring together change makers. People with big ideas. People with deep knowledge. People with experiences that need to be heard. The Primary Health Care Integration Network gives them the platform to co-design solutions and spread the ones that are most impactful. To disrupt the system from the bottom-up . . . in a big way. Together.

Our movement towards further integration of health, social and community supports is for every Albertan who is passionate about caring for others. Connect with us and we will help connect you with others who feel the same and are working to make a difference.

Join our movement for change!

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OVERVIEW: OUR MOVEMENT FOR INTEGRATION

Integration is about
- Continuum of care for patients
- Building a strong primary healthcare system
- System sustainability
- Strengthening the health ecosystem

We are

Part of the Strategic Clinical Network™ family focused on bringing together many of the people already doing groundbreaking integration work in the province. We connect various healthcare providers, government, partners and Albertans to create solutions to make the system that much better.

Our aims

1. Find and share leading practices to achieve integration across Alberta
2. Collaboratively seek solutions for current integration problems
3. Accelerate spread and scale of initiatives in order to achieve significant system improvement
4. Advance innovation to create the health neighbourhood

Our areas of focus

System Foundations for Integration

Keeping Care in the Community

Linking to Specialists and Back

Transitioning from Home to Hospital to Home

Our guiding principles

- Person and family-centred
- Population health oriented
- Responsive to local issues
- Partnership approach to system re-design
- Accelerate sustainable and scalable solutions
- Grounded in evidence

The case for integration

Integration is about people

At age 52, D'Arcy found himself staying in an Alberta hospital for the first time in his life. He thought he would be in for three or four days for a planned procedure, but due to an adverse event, he ended up in the hospital for more than two months. His longtime family doctor didn't find out for a month that D'Arcy was still in the hospital. He had no idea what had taken place.

"Everybody's responsible for their own health, but . . . I think the family physician needs to be the quarterback," D'Arcy explains.

"He's my specialist in me . . . and I think the more information he has the better he can manage me."

"(My family doctor) is **my specialist** in me."

When D'Arcy was discharged, hospital staff told him that physiotherapy and home care were already arranged. Once he was home, he discovered his transition and follow-up care plans were not as he expected.

"I wanted to walk properly and I did not want to be in a wheelchair," D'Arcy says.

"We called physiotherapy, because nobody called us, and they had no idea what we were talking about, and we were told it was at least a six-week waiting list."

The Primary Health Care Integration Network and its partners are here to make sure other patients aren't left to navigate the complexities of healthcare transitions — and the multiple organizations that provide care in Alberta — alone.

"I now have eight different doctors that I go to," D'Arcy says. "I have to tell them each time, when I go in there, what happened."

"When you have to continuously re-live the situation that happened, it is frustrating and it is exhausting," adds D'Arcy's wife, Vicki.

The Primary Health Care Integration Network is all about improving transitions in care and preventing transitions in the first place, where possible, by making sure Albertans are getting the care they need as close to home as possible. We are about making sure their primary healthcare team is able to partner with specialty care and other community supports, including social resources. When a patient requires a hospital visit, we're focused on making sure their transitions to and from the hospital are seamless and fully communicated with their family doctor and extended healthcare team.

We are focused on integration, but most of all, we are focused on putting Albertans at the center of the system.

Integration is about the full continuum of care

The World Health Organization's Global Strategy on People Centered Integrated Health Services (2015) provides the following definitions related to integration.

> **Integrated health services** are health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs, throughout their whole life.
>
> **Integrated people-centred health services** means putting people and communities, not diseases, at the centre of health systems, and empowering people to take charge of their own health rather than being passive recipients of services. Evidence shows that health systems oriented around the needs of people and communities are more effective, cost less, improve health literacy and patient engagement, and are better prepared to respond to health crises.[1]

Primary healthcare is often a patient's first stop in the healthcare system, so it plays a vital role in connecting patients to the support and services they need to better manage their own health. Research has clearly demonstrated that health systems with high-performing primary healthcare achieve better health outcomes, better equity, lower mortality rates and lower overall costs.[2]

"Having a family doctor, being able to access the family doctor, and – most importantly – continuity of care with a family doctor is probably the single most important thing a healthcare system can provide to its population."

- Dr. Richard Lewanczuk, Senior Medical Director for Alberta Health Services Primary Health Care

[1] World Health Organization. Service delivery and safety: What are integrated people-centred health services? http://www.who.int/servicedeliverysafety/areas/people-centred-care/ipchs-what/en/ (Accessed September 24, 2018)
[2] Aggarwal, M. and B. Hutchison. (2012). Towards a Primary Care Strategy for Canada. Ottawa: Canadian Foundation for Healthcare Improvement. http://www.cfhi-fcass.ca/Libraries/ Reports/Primary-Care-Strategy-EN.sflb.ashx (Accessed October 11, 2013)

Integration is about system sustainability

The Canadian Institute for Health Information's most recent forecasts showed that in 2017 our province would spend more per person on healthcare than every Canadian province except Newfoundland and Labrador (Canadian territories have higher spending per person than the provinces).[3] Yet, our province has average health outcomes. For example, Albertans' life expectancy at birth is below the national average.[4] We hear from patients and their families, just like D'Arcy and Vicki, that we have work to do when it comes to person-centred care. We are extremely fortunate to live in a province where health is viewed as a critically important investment. We already have the resources we need. Integration will ensure that Albertans, now and in the future, fully realize the value from our investment.

Integration is about strengthening the health ecosystem

Multiple factors impact health and wellbeing; where we are born, grow, live, work and age have an important influence on our health.[5]

Image Source: Primary Health Care, Alberta Health Services, PHC@albertahealthservices.ca

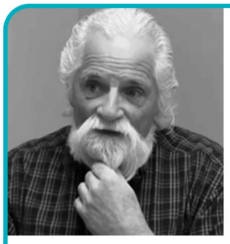
[3] Canadian Institute for Health Information. National Health Expenditure Database. https://www.cihi.ca/en/how-does-health-spending-differ-across-provinces-and-territories-2017 (Accessed September 21, 2018)
[4] Statistics Canada. Table 13-10-0370-01. Health-adjusted life expectancy at birth, by province and territory and sex. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310037001 (Accessed September 21, 2018)
[5] Government of Canada. Social determinants of health and health inequalities. https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html (Accessed September 21, 2018)

The Primary Health Care Integration Network fosters discussions between the social, health and community supports that make up a person's health ecosystem. By connecting the different services available to Albertans, patients and families can find the support they need because providers and other organizations are working together to deliver coordinated care that is easy to access. We firmly believe that every Albertan deserves a team of people who work together to help them thrive in their own community on their terms.

"Integration is essential to primary care because we are past the age where all necessary knowledge can reside in a single healthcare professional. Since comprehensive care requires a team, either the team coordinates itself for the benefit of the patient or the patient is left quarterbacking their own team. Expecting all patients to be able to do so equally is a key fallacy in our current system and directly contributes to the inequality of health outcomes."

- Dr. Nicholas Potvin, family physician from the Peace River Associate Medical Clinic and member of the Primary Health Care Integration Network's Coalition for Integration

About the Primary Health Care Integration Network



“I have found there is a deviation between what is clinically described as best practice and that differs somewhat from what the human element might be. I think the coming together of the clinicians and the clients in terms of their views and experiences can benefit both.”

"**The time is now** for the medical community and the private community and the not-for-profit communities to come together . . . I think that we can all learn from one another. I think we all have great value to bring to the table.”

- Norm, Client Advisor

"My dream is to see that co-design is visible every day — to ensure that healthcare is as person centric as possible. That I am seen as Maya, the person, and not as another diagnosis or blood result. That **asking me what matters to me, is the guiding principle in how my healthcare experience should look and feel like**. That I am an equal member of the decision-making process. Because besides providing exceptional medical care, I want to have a healthcare experience that is based on empathy and trust, because that is what matters to me.”

- Maya, thrill seeker, risk taker, adventurer, rebel... and a patient

“We have an amazing opportunity to use the network to hear what matters to patients and providers, what their dreams are for a better healthcare system and then work together to make it happen.

”Imagine if that happened all across Alberta? We'd be unstoppable! That's what I want to be part of. Transforming healthcare and making those dreams a reality.

“I know that I need to lead by example and start to **paint the picture of what is possible. Because when people see what is possible, they believe they can get there**!”

- Julie Schellenberg, Executive Director, Primary Health Care Integration Network

“As a family physician, **it is my privilege to accompany my patient through their health journey**. To me, integration is integral to ensuring a smooth journey, as bumps in the road are the last thing a patient needs to be worrying about during the most vulnerable moments of their life.”

- Dr. Ann Vaidya, family physician, South Calgary Primary Care Network & member of the Primary Health Care Integration Network’s Coalition for Integration

People are primary: Patients and families drive everything we do.

Who we are

Walk into almost any healthcare facility in the province, and you will find examples of people and organizations doing amazing things. In fact, our province was recently identified as one of the top five most integrated health systems in the world by the 18th International Congress (2018) on Integrated Care.[6] We know from listening to patients and providers, that the integration journey is just beginning and we have the potential to do so much more. That is why the network was formed in September 2017.

The Primary Health Care Integration Network was designed as a platform to bring together many of the people already doing groundbreaking integration work in the province. We connect various healthcare providers, government, partners and Albertans to create solutions to make the system that much better.

Network leadership

Placed within the Alberta Health Services' Provincial Primary Health Care Program and the other 15 Strategic Clinical Networks™ (SCNs), the Primary Health Care Integration Network is guided by a leadership team made up of clinical, administrative and scientific representatives.

Coalition for Integration

The Primary Health Care Integration Network has developed a guiding coalition, established from our many partners (listed on page 12) and stakeholders who are involved in providing primary healthcare to Albertans. The coalition brings together clinicians, policy makers, patients and families, academic partners, and operations as valuable members. The Coalition for Integration provides advice and perspectives on integration issues being faced across the province, and help move the work forward.

Collaboration laboratories and the community

To be successful at integrating the entire health system, we need to understand issues at local levels, develop solutions that work in actual communities and spread the great work happening in one area of the province to the entire province. The network will support collaboration laboratories (co-labs) to advance this work. A co-lab is a collection of thought leaders (such as members from Alberta Health Services' SCNs); change agents; Alberta Health Services zone, Primary Care Network and operational team members; or leaders who design system improvements with and for patients and families.

Scientific Office

Research forms the evidentiary base essential for decision makers to bring about health system change. Our ability to identify and create evidence also assists in establishing the value and impact of primary healthcare and system integration on achieving an effective and sustainable healthcare system. The Scientific Office promotes and supports the creation and application of scientific evidence to inform decisions and innovations. We achieve our goals through advancing research knowledge, building partnerships for research, research capacity building and training, integrated knowledge translation, and data liberation.

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[6] AHS ranked among best in world for integration of care. Alberta Health Services. https://www.albertahealthservices.ca/news/releases/2018/Page14471.aspx (Accessed September 21, 2018)

Our aims

1. Find and share leading practices to achieve integration across Alberta
2. Collaboratively seek solutions for current integration problems
3. Accelerate spread and scale of initiatives in order to achieve significant system improvement
4. Advance innovation to create the health neighborhood

"Organizing for scale may be the biggest challenge we face in (healthcare) improvement."

- Don Berwick, President Emeritus and Senior Fellow, Institute for Healthcare Improvement

Our areas of focus: The big 4

Building on Alberta's success to date with integration and learning from Albertans like D'Arcy, Vicki, Norm and Maya, the Primary Health Care Integration Network is focused on three clinical focus areas for 2018-21: **Keeping Care in the Community, Linking to Specialists and Back** and **Transitioning from Home to Hospital to Home**. In order to improve in the three clinical areas, we need to create the conditions for the system to work effectively. That is why we have an additional area of focus: **System Foundations for Integration**. These areas were chosen after consultation with our partners to identify where the Primary Health Care Integration Network could best position our support to be the catalyst for change. Our Scientific Office embeds scientific rigor into our four areas of focus through collaborative evidence-based identification of issues, development and implementation of innovative solutions, and evaluation of impact.

Our partners

Integration is a team sport. It is not possible to achieve a more integrated healthcare system without partners who are committed to making it happen. The Primary Health Care Integration Network works closely with several key partners.

Patients and Families

To embed the core principles of person- and family-centred care into the health system, we must engage people about their needs, aspirations, insights and experiences in health service delivery. Patient and family advisors have a vital role in informing and co-designing solutions with the network. They are essential to our success.

Strategic Clinical Networks (SCNs)

The network is a member of the Alberta Health Services' SCN family. SCNs are the engines of quality and innovation designed to bring teams of front-line healthcare providers, physicians, managers, patients and families, scholars, and community partners together to find, and then spread, the best care options for patients based on clinical evidence. When the Primary Health Care Integration Network launched in September 2017, we were the 15th SCN. We work with the other SCNs to support improvement across primary healthcare settings, in line with priorities at local, zone and provincial levels.

Other Alberta Health Services Departments

The network is placed within the Alberta Health Services' Provincial Primary Health Care Program and connects with other services within our organization. These include operational leadership teams in each of the five geographic zones, other provincial programs and community programs.

Alberta Medical Association

The Alberta Medical Association advances patient-centred, quality care by advocating for and supporting physician leadership and wellness. The Alberta Medical Association is a key partner and drives advancement of the integrated patient's medical home.

Specialty Care Alliance

The Specialty Care Alliance provides the forum for the unified voice of specialty care physicians in the consideration of issues within specialty care including integration, access and continuity.

Primary Care Networks

Primary Care Networks are the most common model of team-based primary healthcare delivery in Alberta. As of September 2018, the network works with 41 Primary Care Networks across Alberta.

Primary Care Alliance

The Primary Care Alliance serves as a family physician forum for strategic discussion. This group works to establish shared goals and collaborative action in primary care for the advancement of the vision of the patient's medical home in Alberta. They are a critical advisory and key collaborative partner.

Universities and Colleges

Academic institutions are key to understanding the complexities of healthcare services and systems. Identification of issues, development of innovations and significant discoveries achieved through research provide crucial evidence for decision making in healthcare. Academic institutions play a key role in the work of the Primary Health Care Integration Network.

"The Primary Health Care Integration Network is at the centre of all the SCNs to advance the concepts of the health home – ensuring that all Albertans get the right care, at the right time, with the right provider. Understanding integration from a patient perspective and using partner SCNs to deliver novel and innovative approaches across the care continuum is our goal."

- Tracy Wasylak, Chief Program Officer, Strategic Clinical Networks

Guiding principles

The following principles guide our work:

> "If people feel they have some degree of ownership or involvement (in the health system) they will value it more."
>
> - Phil, Patient Advisor

- **Person and family-centred** – We help ensure the needs and experiences of Albertans drive the selection, co-design and implementation of integration solutions.
- **Population health oriented** – We work with our partners to ensure integration initiatives are designed around the needs of populations to optimize their journey through the health system.
- **Responsive to local issues** – Our efforts must make a difference for the people who receive and provide care in Alberta. We connect local teams, leaders and partners to work to remove the barriers to highly integrated care.
- **Partnership approach to system re-design** – We co-create and jointly implement solutions to integration challenges through integrated care partnerships, tools and resources.
- **Accelerate sustainable and scalable solutions** – We work with our partners to ensure brokered initiatives will be based in evidence, align with provincial and professional standards of care and be scalable to other parts of the province where proven successful.
- **Grounded in evidence** – We endeavor to base our solutions on evidence generated with and by our partners.

What will success look like?

To Albertans:

- Patients, families, caregivers and community members are actively engaged with care providers and other partners to co-create innovative solutions for care coordination challenges.
- Community-based healthcare and social services are available when needed and better coordinated, resulting in healthcare services being utilized by patient need and not the hours of operation.
- Better coordinated and faster access to specialist care is available when needed.
- More proactive and coordinated follow-up care occur when leaving hospital.

To primary healthcare providers and teams:

- Primary healthcare providers and teams are able to deliver optimal care within the health home because they have access to appropriate patient information, such as hospital discharge summaries and service delivery options to support patients and families, from other parts of the system.
- Providers are able to receive timely advice and take a coordinated approach to care with other providers, such as specialists and acute care.
- Providers and teams are connected with community partners who can offer health, mental and social support to patients. This will help take pressure off providers who will be part of a broad and interconnected ecosystem of services.
- Integration results in increased collaboration, innovation and system breakthroughs that improve both health outcomes and system efficiency.

To decision-makers:

- Better information about integration challenges and successes to support development of provincial policies and directions.
- Completing actions that directly align with strategic directions.
- Stronger accountability from Alberta Health Services, Primary Care Networks and other health system partners due to more comprehensive performance reporting related to integration.
- Evidence that integrated models of care are resulting in more appropriate use of health system resources.

"As we move forward and assist people who have complex health and social needs, the work we do as a health system must work towards a common goal. A goal that the patient has identified as important to them, so everyone has the same destination in mind."

- Sheri Fielding, former Clinical Director, Edmonton Southside Primary Care Network (now with Alberta Health Services)

How we will accelerate integration

The following section highlights activities the Primary Health Care Integration Network will work on from 2018-21 in each of our four areas of focus, including the work of our Scientific Office and relationships with other SCNs. Activities in the network's areas of focus are based on the priorities of Alberta communities and our primary care partners and stakeholders.

We work closely with the Provincial Primary Care Network Committee (and associated working groups), Primary Care Network Zone Committees from each of the five Alberta zones, Alberta Health Services provincial programs and operations, the scientific community, and our Coalition to identify key opportunities important within their communities and combine efforts to improve them.

Our work will evolve over time as we grow, learn and test. By being nimble, we can create change more effectively.

Please note that specific indicators that help us define success for our activities and areas of focus will be developed as specific projects emerge from the integration activities listed in the following pages.

Terms used in this section:

Before we dive into the activities of the Primary Health Care Integration Network, there are a few terms we use that you may or may not be familiar with. Reading over these terms will help you better understand the section to follow and the tools the network uses in our work.

Co-design	Patients and primary healthcare partners are equal players in identifying problems and designing solutions.
Community coalition model	A diverse group of individuals representing a number of organizations who mobilize around health issues in their community. Members could come from anywhere in a patient's health neighbourhood (e.g., healthcare physicians, home-care providers, leaders from community-outreach programs and even music therapists). A community coalition model is about aligning services so communities can use their resources more effectively while having a positive effect on the wellbeing of Albertans
Research community of practice	Established by the Scientific Office, a research community of practice will serve as a platform to bring together a broad-range of researchers, interested in primary health research, with stakeholders including operations and providers, Primary Care Networks, policy and decision makers, and the public.
Design thinking	Design thinking is designing services around the user (in healthcare that means patients, families and providers). Design thinking focuses on action and is used to solve complex, difficult to define problems that often include multiple players and don't have a clear answer. The design thinking approach accelerates adaptive problem solving and

	innovative thinking and develops user tested solutions that capture hearts, not just minds.
Design sprint	A design sprint brings together a small group (often no more than seven people) to go through the steps of design thinking in a condensed time period, usually two to five days.
Hackathon	Hackathons bring together patients, health and care organizations, providers, non-profit community organizations, government, and business to identify new ways of working together and new social and technological solutions to complex challenges.
Learning culture	Culture eats strategy for breakfast! We believe in the sentiment of fail fast, learn quickly. To do this, you need a culture of people who are curious, feel safe and are always willing to try. Utilizing existing tools from Alberta Health Services and partner organizations, such as Primary Health Care Quality & Education, Sprint School, Alberta Medical Association's Towards Optimized Practice Team or Leadership Network, we help build learning culture throughout the system where support is needed.
Social movement campaign	Social movements are all about unleashing the energy and brilliance of the people towards a common goal. For the network, that goal is person-centred care through integration. The network connects people who have the passion to tackle complex, system-wide problems and generate commitment to action. We, as the Primary Health Care Integration Network, provide resources to these groups and support their work to change mindsets around the way healthcare is delivered. We also help share, spread and scale improvements happening at the community level.
Virtual health	Virtual health removes access barriers due to geographic, economic or mobility limitations. Advancements in digital technologies and telecommunications are changing how patients connect with their healthcare providers and can include information exchange options such as secure messaging, image and record exchange, and video conferencing.

System Foundations for Integration

For integration to accelerate across Alberta, we need to create a strong foundation – which enables us to be successful in the other three areas of focus (Keeping Care in the Community, Linking to Specialists and Back, and Transitioning from Home to Hospital to Home). The foundations work will help give providers a system that supports and compliments their efforts to improve patient experiences.

The network has identified the following four pillars of focus as we advance this work:

1. **Person-centred practices** – Reimagine the health system and culture around what matters to patients, families and caregivers.
2. **Leadership and community mobilization** – Activate leaders, community and networks to collaborate, implement and spread/scale successful solutions.
3. **Science** – Foster relationships with key stakeholders and the research community, generate and share evidence to support primary healthcare and system transformation, and build research capacity to conduct, interpret and apply scientific evidence.
4. **Communications and learning** – Translate, create and share learnings across and the system.

Key activities for 2018-2021 include:

Person-centred practices

- Create a patient and provider advisor virtual network to mobilize people around the priorities identified by key partners and stakeholders.
- Establish tactics and approaches to build the social components of patient, family and caregiver experiences into all integration discussions, activities and initiatives.
- Test the use of peer-support models and spread promising peer coaching/mentoring practices to accelerate integration across the province.

Communications & learning

- Set-up a platform for sharing learnings and resources across Alberta; share stories of promising practices and lived experience to foster a learning culture.

Leadership & community mobilization

- Work with the Alberta Health Services Quality, Safety and Outcomes Executive Committee to advance key initiatives related to care transitions.
- Develop provincial guidelines for optimal hospital transitions for consideration by the Provincial Primary Care Network Committee.
- Advance a series of initiatives designed to optimize collaboration between primary healthcare stakeholders and SCNs.
- Advise on ways that major provincial information management and technology initiatives, such as Connect Care and Community Information Integration, can enable better integration and facilitate key priority initiatives as necessary.
- Advocate for strengthened information management and technology that make integrated care happen more easily for patients and providers.

Science

Scientific Office activities inform the work of the Primary Health Care Integration Network as well as advance research in primary healthcare and system transformation. Key initiatives include[7]:

- Develop and implement an evaluation framework to assess the progress and success of Primary Health Care Integration Network initiatives.
- Advance research knowledge and capacity through grants, studentships, fellowships and collaboration with academic institutions.
- Initiate an Alberta Primary Health Care Research Community of Practice to share knowledge, expand research capability through cross fertilization of researchers with providers and collaborate on research.
- Stimulate research and partnerships provincially, nationally and internationally through collaborative activities such as leading the Alberta Primary Health Care Research Network[8].
- Progress the liberation of data in primary healthcare through Community Information Integration and other provincial initiatives.
- Foster pan-SCN activities in health system integration through joint research and capacity-building initiatives.

[7] For more information refer to the Scientific Office Research Plan 2018-2021. To receive a copy of this plan, please email PHC.IntegrationNetwork@ahs.ca
[8] For more information refer to the Scientific Office Research Plan 2018-2021. To receive a copy of this plan, please email PHC.IntegrationNetwork@ahs.ca

Keeping Care in the Community

Keeping care in the community simply means considering the community a person lives in and the supports available in that community while planning care. Alberta Health Services understands this imperative and has committed to a long-term strategy of “Enhancing Care in the Community.” The Primary Health Care Integration Network is a key resource to facilitate collaboration between Alberta Health Services, primary care and other community stakeholders to ensure Albertans receive the personalized care and supports that will help them better manage their health in their own community, right where they live, work and play.

Activities (2018-21)

- Identify promising practices and conditions for building community coalitions and create resources to facilitate the formation of successful coalitions.
- Work with partners to create messaging and resources that promote continuity with a family physician/nurse practitioner and team.
- Launch a co-lab for Keeping Care in the Community to drive change, spread and scale promising practices, and foster a learning culture across Alberta (i.e., using a hackathon, design sprints and human-centred design approaches).
- Contribute to keeping care in the community initiatives and zone service planning.

Linking to Specialty and Back

There is a growing gap between specialty care capacity and the needs and expectations of the public. Long specialty wait times contribute to issues such as increased stress levels, worsening conditions and avoidable trips to the hospital. It also impacts access to primary care services and limits availability of emergency and hospital services. Access is more than just getting in to see someone for an appointment – it includes sound information and management continuity as well as eliminating the need to see a specialist. That can be achieved by offering advice from doctor to doctor, using other health providers or finding ways to help people to manage their conditions.

Activities (2018-21)

- Initiate a project that both primary care doctors and specialists see as a priority that will support the physician relationship between the two groups and strengthen their teams.
- Identify the best evidence on the minimum specifications required to support good transitions from primary care to specialty care.
- Document the lived experience related to specialty transitions of primary care providers, specialty care providers, their teams and patients and families.
- In partnership with the AIM (Access Improvement Measures) Alberta program, build content, develop expertise and knowledge bases to support better practices in transitions using the access improvement principles.
- Launch a co-lab focused on Linking to Specialty and Back. The co-lab will identify promising practices that have already been developed and help spread them across the province. This group will also work together to design and test new improvement ideas.

Home to Hospital to Home (H2H2H)

Patients sometimes need to go to the hospital. As they transition from their medical home or family doctor to the hospital and back to home again, there needs to be a transfer of support and information that transitions alongside them. Alberta Health, Provincial and Zone Primary Care Network Committees, and the Alberta Health Services Board have all identified hospital to home transitions as a top priority for health system improvement. Poor transitions have a negative impact on patients and families, put patients at greater risk of poor health outcomes, increase the likelihood of avoidable emergency department and hospital use, and are a source of frustration for healthcare providers.[7] [8] [9] Ensuring a person's primary care team is part of the care management and planning from admission to discharge is part of a system where patients are supported by effective "hand-offs" from one care provider to the next.

Activities (2018-21)

- Launch a co-lab of key influencers and change agents to drive improvements and foster learning cultures across Alberta focused on home to hospital to home transitions. This will help facilitate shared learning among teams and advance spread of successful practices.
- Work with each Primary Care Network Zone Committee to identify one major hospital to home transition initiative to develop or spread.
- Pursue health innovation implementation and spread funding to facilitate expansion of a successful hospital to home initiative across Alberta.
- Continue further design sprints to improve transitions on topics including attachment between primary care teams and Albertans, notifications (upon admission to and discharge from hospital) and shared care planning.
- Host a Hackathon to address key pain points with home to hospital to home transitions and support a social movement around transitions. The Hackathon will identify new ways of communicating, working together and sharing information and thereby support readiness conditions for implementation of Connect Care.

[7] Having their say and choosing their way: helping patients and caregivers move from hospital to 'home': Executive Summary. 2008.
[8] Parry C, Mahoney E, Chalmers SA, Coleman EA. Assessing the quality of transitional care: further applications of the care transitions measure. Medical Care 2008;46:317-22.
[9] Herzig SJ, Schnipper JL, Doctoroff L, et al. Physician Perspectives on Factors Contributing to Readmissions and Potential Prevention Strategies: A Multicenter Survey. Journal of general internal medicine 2016;31:1287-93.

Get involved

To use the words of Norm, a client advisor, “Now is the time.” Ultimately, every Albertan has a voice in shaping the system and the way they receive care. We can all take up that charge!

Join our movement for change!

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Thank you!

The Primary Health Care Integration Network would not exist without the passion and commitment of our partners. They drive and inspire everything we do.

To all the patients and families who have generously shared their stories and who sit at the table with us to tackle tough problems, we can’t thank you enough for giving your time to make the system better for all Albertans.

To the many physicians and care team members who take time out of their busy schedules to tirelessly advocate for their patients by working towards integration, your altruism never ceases to amaze us.

To each and every partner organization listed within this document, and to the passionate professionals within those organizations, your willingness to sit down and work together to find solutions has been nothing short of inspiring.

Special thanks to the Alberta Medical Association and the other SCNs for dedicating your time, resources and energy to collaborative action.