Primary Care Network
LEDUC BEAUMONT DEVON

#301, 4710 50 STREET
LEDUC, AB T9E 6W2

www.lbdpcn.com

ANNUAL REPORT

FISCAL YEAR 2022

WHAT IS A PCN?

A PCN is not necessarily a bricks-and-mortar building – it is a "network" of family physicians and health care providers working together to provide primary care to patients. A PCN may be composed of one clinic with many physicians and support staff or several physicians in several clinics across a geographic region.

Each network is unique and has the flexibility to develop programs and provide services that meet the specific needs of its patients. This grassroots approach allows – and encourages – the PCN to focus on the needs of the local patient population.

Alberta has 40 PCNs operating in communities and areas across the province.

Over 85 percent (3800+) of all family doctors in the province practice within PCNs along with 1400 allied health care providers.

LEDUC BEAUMONT DEVON PRIMARY CARE NETWORK

We are a network of primary care providers supported by a team of healthcare professionals. We work together, and with our patients, to treat and manage their health concerns.

PROVINICAL OBJECTIVES

Primary Care Networks across the province provide services that best meet the needs of their patient populations. With this being said, provincial objectives are set for all PCNs.

Accountable & Effective Governance

Establish clear and effective governance roles, structures and processes that support shared accountability and the evolution of primary healthcare delivery.

Strong Partnerships & Transitions of Care

Coordinate, integrate and partner with health services and other social services across the continuum of care.

Health Needs of the Community and Population

Plan service delivery on high quality assessments of the community's needs through community engagement and assessment of appropriate evidence.

Patient's Medical Home

Implement patient's medical home to ensure Albertans have access to the right services through the establishment of interdisciplinary teams that provide comprehensive primary care.

PATIENT'S MEDICAL HOME

The Patient's Medical Home, as defined by patients, is the place they feel most comfortable to discuss their personal and family health concerns.

The patient's family physician or nurse practitioner, the most responsible provider of their medical care, works together with a team of health professionals, to coordinate comprehensive healthcare services and ensure continuity of patient care. These professionals can be located in the same physical site as the family physician or linked through different practice sites such as a PCN.

The Patient's Medical Home enables the best possible outcomes for each person, the practice population and the community being served.

ABOUT US

The Leduc Beaumont Devon Primary Care Network provides services for patients in the Cities of Leduc and Beaumont, Town of Devon, and all communities in Leduc County. A group of 65 family physicians and 1 Nurse Practitioner working in 15 clinics, along with additional health care professionals (registered nurses and dietitians, an exercise specialist, mental health therapists and behavioural health consultants) work together to improve primary care for our patients.

Primary Care Networks (PCNs) use a collaborative team approach to provide care for patients and to coordinate primary health care services provided by family physicians, Alberta Health Services, and other health care professionals.

PCNs are a way to provide team support for family doctors by bringing teams of health professionals together. PCNs also manage 24-hour patient access to appropriate primary care services.

A PCN is a network of family physicians and health care providers working together to provide primary care to patients. A PCN may be composed of one clinic with many physicians and support staff, or several physicians in several clinics across a geographic region.

Each network is unique and has the flexibility to develop programs and provide services that meet the specific needs of its patients. This grassroots approach allows – and encourages – the PCN to focus on the needs of the local patient population. Alberta has 40 PCNs operating in communities and areas across the province with over 85 percent (3800+) of all family doctors in the province practicing within those PCNs.

The Leduc Beaumont Devon Primary Care Network began operating on March 1, 2006.

OUR VISION

The Leduc Beaumont Devon Primary Care Network provides services for patients in the Cities Integrated and comprehensive primary health care for a healthier Leduc County and its communities.

OUR MISSION

To sustain and enhance health care provision in Leduc and area through coordinated health care delivery and to improve quality of life for the community of patients and physicians.

OUR CORE VALUES

We will maintain the highest standards of **INTEGRITY** in our behaviour and ethics, by being transparent, honest, and honourable in all our interactions.

We will be **ACCOUNTABLE** to the public and our members and take responsibility of our own actions and decisions.

We will strive for **QUALITY** in our organization by following best practices and challenging ourselves for continuous improvement in our work.

We will demonstrate **RESPECT** in all of our interactions with others.

PRIMARY CARE PROVIDERS

- 65 member physicians
- 1 Nurse Practitioner
- Working in 15 Clinics
- Supported by 18 Allied Healthcare Providers

WHO WE SERVE

83,438 population catchment area

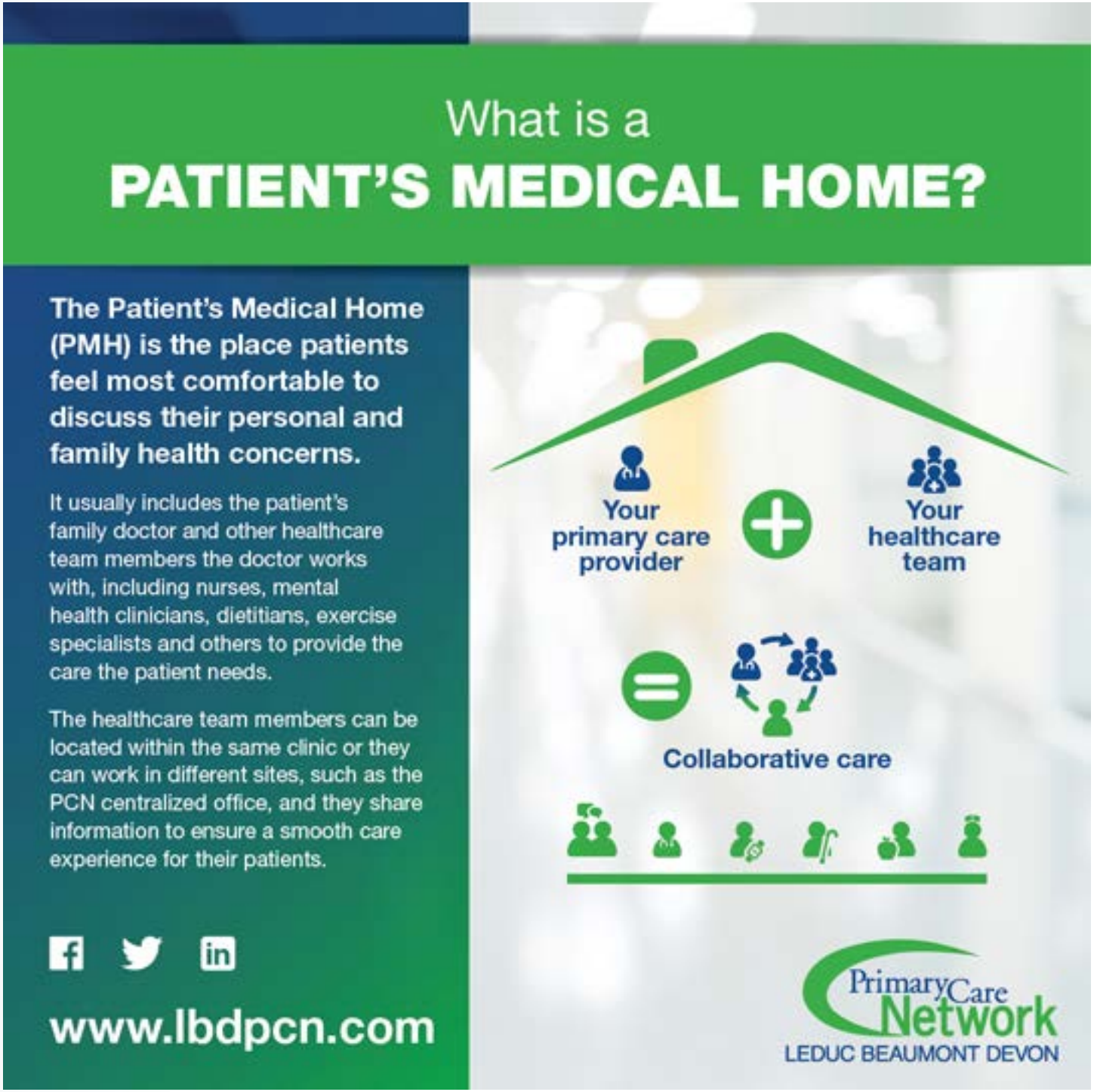
56,208 paneled patients

- Leduc
- Beaumont
- Devon
- Calmar
- Thorsby
- Warburg
- Leduc County

PCN TEAM

37 allied healthcare professionals and staff, including:

- Registered Nurses
- Licensed Practical Nurses
- Nurse Practitioner
- Registered Dietitians
- Exercise Specialist
- Behavioural Health Consultants
- Mental Health Therapist
- Referral Coordinators
- Clinical Administrators
- Administrative Support Staff


What is a
PATIENT'S MEDICAL HOME?
The Patient's Medical Home (PMH) is the place patients feel most comfortable to discuss their personal and family health concerns.
It usually includes the patient's family doctor and other healthcare team members the doctor works with, including nurses, mental health clinicians, dietitians, exercise specialists and others to provide the care the patient needs.
The healthcare team members can be located within the same clinic or they can work in different sites, such as the PCN centralized office, and they share information to ensure a smooth care experience for their patients.
www.lbdpcn.com
Your primary care provider
Your healthcare team
Collaborative care
Primary Care Network
LEDUC BEAUMONT DEVON

MESSAGE FROM THE EXECUTIVE DIRECTOR

2022/23 was another eventful year for primary care across Alberta: Ratification of the new physician agreement, funding commitments for PCNs, the provincial election, a new health Minister, and numerous engagement strategies for modernizing Alberta's primary health care system (MAPS) to name a few examples.

Within the Edmonton Zone, PCN governance was at the forefront as the Edmonton Zone PCN Committee was created with membership consisting of the eight PCN physician leads (voting), eight AHS representatives (voting), and eight PCN executive directors (non-voting). The new Zone Committee aligns with the Provincial Ministerial Order and is tasked with creating the three-year Zone Service Plan and various committees/working groups to assist in achieving progress towards stated goals.

Moreover, the Edmonton Zone PCNs continued to collaborate, optimizing various programs, including ConnectMD, AlbertaFindADoctor, patient education resources, and addiction and mental health services.

At the LBDPCN, the organization remained focused on implementing the Patient Medical Home elements as a prime objective. We continued to have great success with hybrid team-based care whereby patients can access health care professionals in our members' clinics and centrally. Referrals for all team-based care services continued to recover post-COVID with over 3400 patient encounters.

Similarly, our referral coordination program remained essential to linking patients with specialist providers and navigating the nuances of referral systems across the Zone. The team actively facilitated and monitored close to 20,000 referrals last year.

Our specialty linkage clinics for geriatrics, psychiatry and physiatry continued to experience high demand, and consequently, additional appointment days were added as needed. In total, 600 new assessments were completed in these service areas.

While the after-hours clinics remain closed, enhanced access continues to be offered in the Thorsby and Warburg communities via the stand-alone Nurse Practitioner (NP) clinics. Based on patient feedback, the NP program has been incredibly successful, and the panel is now over 430.

Within the central PCN site, we transitioned to a new electronic medical record (EMR), which was necessary for organizing evidence-based care and strengthening patient-centred interactions. The new system offers more robust data and reporting capabilities. In addition, we physically reorganized our internal teams and created a permanent gym to enhance our exercise specialty capacity further.

LBDPCN continues to face reductions in panel size as physicians leave practice and/or assume more hospital coverage opportunities. The result is that the regional population is expanding (over 80,000), yet primary care practitioner capacity is shrinking. Strategies to remedy the loss of physicians in rural/rural suburban areas must be a key Alberta Health and Alberta Medical Association priority and an essential focus of the PCN in the future.

With the ever-changing landscape of primary care, I am excited and optimistic for 2023/24 as we continue enhancing patient and provider experiences through engaged leadership, system improvements, and exceptional clinical care. ~ Jason Sheehy

TEAM-BASED CARE PROGRAM

The Team-Based Care Program works with our member physicians to provide support to patients with a variety of concerns. We have healthcare team members working both in our central Leduc office (centralized) and within some of our clinics (decentralized). Registered nurses, registered dietitians, an exercise specialist, behavioural health consultants, and mental health therapists support patients through their health journey.

Centralized Encounters - 3378

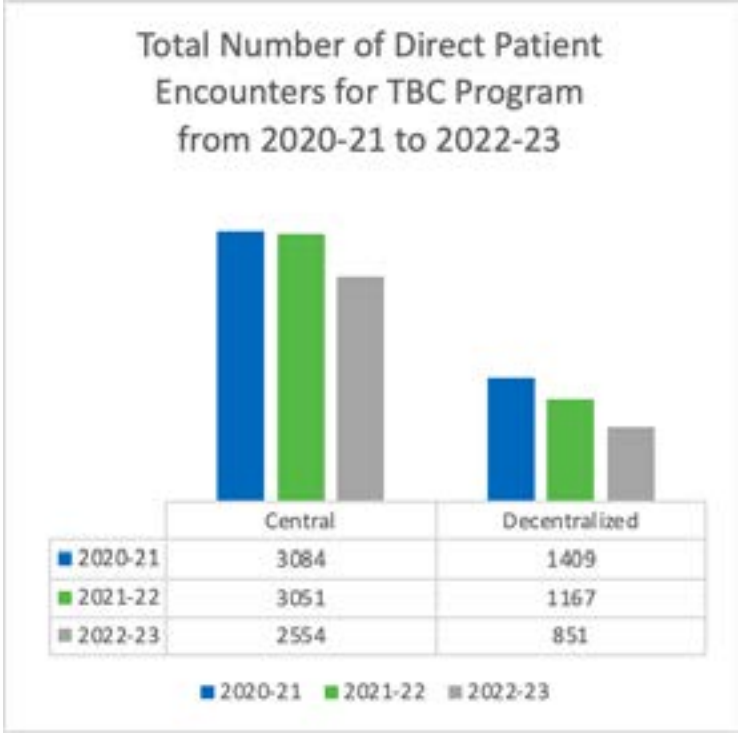
Decentralized Encounters - 964

As of the end of this past fiscal year (March 31, 2023), our Team-Based Care program consisted of:

- Registered Nurses (1.4 FTE)
- Nurse Practitioner (0.23 FTE)
- Registered Dietitians (1.40 FTE)
- Exercise Specialist (0.6 FTE)
- Behavioural Health Consultants (2.2 FTE)
- Mental Health Therapists (1.0 FTE)

The team also offered two health-related classes and workshops to 16 participants.

The Edmonton Zone PCNs have worked together to open registration to many of their respective health education classes to patients across the zone. Thanks to this partnership, more than 50 different classes were accessible to patients at various times throughout the year, which increased access. Edmonton Zone health education classes are promoted on the LBD PCN website as well as the Alberta Find a Doctor website.



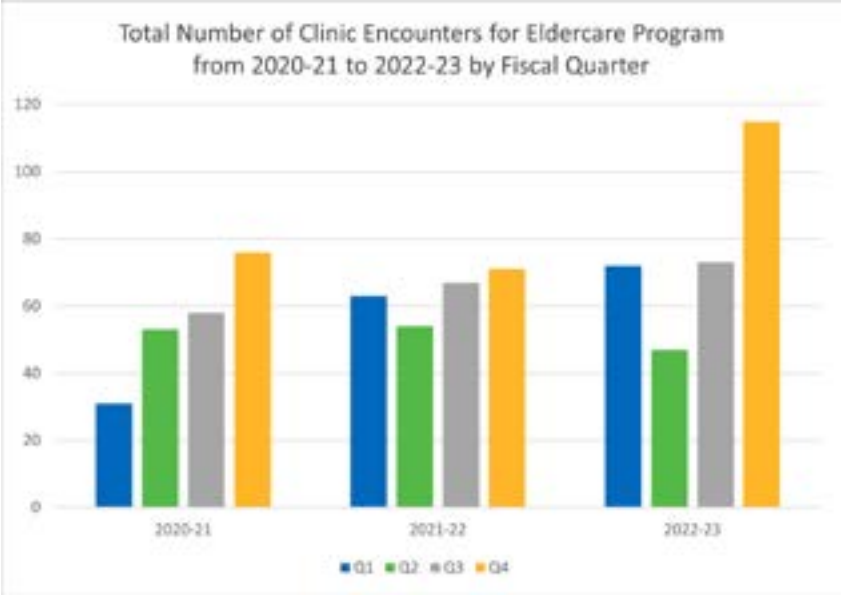
LEDUC ELDERCARE CONSULTATION TEAM

The Leduc Beaumont Devon Primary Care Network provides a specialized geriatric assessment service for seniors who have chronic, complex health issues. Our goal is to ensure seniors living in Leduc, Beaumont, Devon, and Leduc County enjoy optimal health and quality of life while remaining in the community for as long as possible.

New Referrals - 192

Total Encounters - 1341

During this fiscal year, 192 new referrals were made to the Leduc Eldercare Consultation Team (LECT). The LECT offered 52 clinics throughout the fiscal year (up 6 from 2021-22). 153 new assessments and 154 follow-up visits were conducted (up 52 from 2021-22). In addition to these clinics, the 1.0 FTE Registered Nurse also does case management, case conferences, and case reviews.



"Keep on doing what you do because you do it so well!" - PCN central clinic patient

SPECIALTY CLINICS

Access to specialists for patients living in suburban and rural communities has always been a challenge. Our PCN aims to partner with various specialty groups to provide patients with local access to specialist consultation services. Through the Leduc Beaumont Devon PCN office, we currently run specialty clinics in geriatrics (see Leduc Eldercare Consultation Team section above for details), psychiatry and musculoskeletal concerns.

The PCN provides local access to specialists to improve continuity of care between primary and secondary care.

Psychiatry

During this reporting period, one visiting psychiatrist saw 187 patients during 48 clinics throughout the fiscal year. We had 36 patients who no-showed for appointments. The visiting psychiatrist offered most patients in-person appointments this past year but still accommodated virtual visits if that was patient's preference.

Musculoskeletal

The MSK specialist saw 255 patients at 27 clinics at the PCN during the past fiscal year. As the nature of these appointments requires a physical exam, most appointments are in-person; however, a virtual option is available if necessary.

REFERRAL COORDINATION

The LBD PCN Referral Coordinators advocate for the patient and assist the physicians in making sure patients move through the system as seamlessly as possible, with good quality care, from both within and outside the PCN. They develop linkages with various community health resources to deal with patients requiring treatment and referral. The Referral Coordinators develop and manage patient referral programs, confirm appointment details with referring offices as well as initiate, maintain and update the referral database and confidential medical files and records, as indicated.

Referrals Processed - 19,903

Our Referral Coordination team of six coordinators coordinates referrals, appointments and closes the loop between primary care providers and specialists.

"My provider is amazing, and I feel like there is nothing that needs improvement."- PCN central clinic patient

NURSE PRACTITIONER-LED CLINICS

Nurse practitioners (NPs) are registered nurses with graduate education and training in advanced clinical practice. After receiving a degree as a Registered Nurse, Nurse Practitioners continue their education, obtain a Graduate degree and receive additional advanced clinical training.

They conduct comprehensive health assessments, diagnose health conditions, and treat and manage acute and chronic illnesses within a holistic model of care. NPs order and interpret screening and diagnostic tests, perform procedures, and prescribe medications (no restrictions) and therapeutic interventions and can refer to specialists.

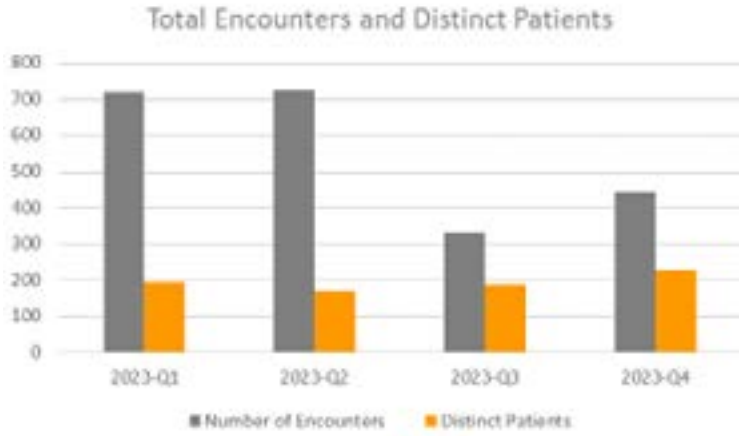
Nurse practitioners act as primary care providers within their stream of practice. They work independently across the spectrum of health services, such as acute care, primary care, community health, long-term care, specialty areas of health and emergency care. They work collaboratively with physicians and other health care professionals to provide high-quality, patient-centred care.

Nurse practitioners use a holistic approach to health care, focusing not only on medical issues or problems but also on patient/family-centred care including the psychosocial and functional aspects of life. Nurse practitioners provide patient education, and health promotion, and involve patients in care. They have been shown to consistently have high rates of patient satisfaction with health outcomes when compared to the care provided by a family physician.

Additionally, nurse practitioners provide timely access to care, especially in rural areas, relieving wait times and healthcare costs.

The LBD PCN Nurse Practitioner is working at 1.0 FTE in the previously underserved communities of Thorsby and Warburg.

During this fiscal year, the Nurse Practitioner-Led Clinics had a patient panel of 413; 29.7% of these patients were previously unattached to a primary care provider while 68.6% of the patients panelled to the NP clinics are residents of Thorsby, Warburg, and Leduc County.



PANEL MANAGEMENT AND QUALITY IMPROVEMENT

This program supports member physicians to validate patient panels and to pursue optimal screening for the purpose of the Patient's Medical Home and continuity of care.

The Quality Improvement Team annually assists our paneled primary care providers in ordering HQCA (Health Quality Council of Alberta) reports to understand their panels and identify areas for improvement.

To support the development of validated patient panels, the QI Team collects panel lists from each paneled primary care provider in the LBD PCN twice a year. The lists are analyzed to identify patients appearing on more than one panel. Each paneled primary care provider is provided with a list of their duplicated patients to support confirmation of primary care provider. The team offers assistance to primary care providers to improve their panel clean-up processes, with panel management processes and with ideal panel size calculations.

The Quality Improvement Team works with PCN multidisciplinary team members to enhance their knowledge of EMRs and improve the efficiency of their EMR processes.

The Quality Improvement Team regularly engages primary care providers who have not yet expressed interest in CII/CPAR.

WHAT IS CII/CPAR?

Community Information Integration and Central Patient Attachment Registry (CII/CPAR) enables physicians and their teams to share patient information to Alberta Netcare directly from their electronic medical record (EMR).

CII/CPAR enhances communication amongst providers by enabling the sharing of important healthcare information across the province. This two-way connection between clinic EMRs and Alberta Netcare is improving continuity of care between the Patient's Medical Home and Health Neighbourhood.

CII allows providers to send select patient information to Alberta Netcare including consult letters and information about patient visits to contribute to Community Encounter Digests (CEDs).

CPAR identifies relationships between patients and their primary provider and sends eNotifications to providers when their patients are seen in the emergency department, have a hospital admission or day surgery.

Primary care providers who express interest in CII/CPAR are assisted in completing paperwork, reviewing processes, and configuring their EMRs, if required. As of March 2023, 19 eligible primary care providers in the LBD PCN are routinely submitting verified panel information to CII CPAR.

ALBERTA FIND A DOCTOR

Connecting Albertans to a PCN primary care provider who is accepting new patients. This website is maintained by all 40 PCNs and lists family physicians and nurse practitioners who are accepting patients into their practice.

The demand for family doctors in the Edmonton area and provincewide is soaring, with the albertafindadoctor.ca website reporting huge increases in visits over the past year as the number of physicians taking patients continues to decline.

There were more than 920,000 visits to the website from April 1, 2022, to March 31, 2023, but the number of doctors accepting patients across Alberta dropped 46% to 209. As of May 2, there were just 39 physicians in the Edmonton area accepting patients. See this infographic for more information.

In the Edmonton Zone, patient attachment assistants support this work.

www.AlbertaFindADoctor.ca

PRESCRIPTION TO GET ACTIVE

A primary prevention program to support physical activity for at-risk patients. Created at our PCN in 2011, Prescription to Get Active (RxTGA) has fared well through the pandemic as more healthcare professionals than ever are utilizing the specialized physical activity prescription to help prevent and treat many chronic conditions. As of this fiscal reporting period, there were 877 medical sites that provide the RxTGA, an increase of 60 site from last year, and 151 recreation and on-line partners, an increase of 4 from 147 last year. There are 1,433 healthcare prescribers of the RxTGA, an increase of 72 from the last reporting period.

RxTGA continues to add value to our health care members by making it easier than ever for prescribers to refer to our program. The RxTGA form is now on most EMRs, and there is the ability to provide a 'virtual' RxTGA through telephone or video consultations. A major focus for RxTGA has been to offer more value to your patients by providing access to physical activity opportunities that are meaningful to them: On-line video on demand movement and exercise sessions, trail rout access, and free coaching support to help sustained physical activity.

www.PrescriptionToGetActive.com

AFTER-HOURS CLINICS

The LBD PCN has previously supported the communities of Leduc and Beaumont with after-hours access to primary care through the Leduc After-Hours Clinic (operativing out of the Leduc Beaumont Devon Primary Care Network office) and the Beaumont After-Hours Clinic (operating out of Beaumont Medical). When the COVID-19 pandemic was declared, the decision was made to close these clinics so that the physicians who worked in them could preserve capacity for patients in their clinics and in hospital.

Due to physician capacity limitations, these clinics remain closed.

"I am very appreciative of the opportunity for the service I receive here. My provider is always kind and friendly and very helpful."- PCN central clinic patient

BOARD OF DIRECTORS

Dr. Justin Balko - President

Dr. Gurpreet Dinsa - Vice President

Dr. Gerard Amanna - Secretary

Dr. Robert Simard- Treasurer

Dr. Rebecca Saunders

Dr. David Tran

Dr. Anton du Toit

Patricia Matusko - Public Director

Jason Sheehy - LBD PCN Executive Director

Bridget Wiafe - Alberta Health Services Senior Consultant (Governance Representative)

Heather Durstling - AHS Executive Director, Suburban Hospitals, Edmonton Zone (Governance Representative)

Besy Candray - AHS, Director, Leduc Community Hospital, Devon General Hospital (Governance Representative)

"I really like having the provisions of this office, there is always help when needed."- PCN central clinic patient

COMMITTEES

Evaluations Committee

Vacant – Chair, Evaluator, PCN

Dr. Justin Balko – Evaluations Physician Lead

Nora Johnston – Program Manager, Alberta Health Services – Besy Candray instead of Nora

Jason Sheehy – PCN Executive Director

Lori Briggs, PCN Manager, Clinical Operations

Lauren Stone, PCN Manager, Panel Management & Quality Improvement

Shelley Deprez - PCN Executive Assistant, recorder

Finance Committee

Dr. Robert Simard - Finance and Audit, Physician Lead

Jason Sheehy - Chair, PCN Executive Director

Shelley MacEachern – Manager, Administration & Finance

Shelley Deprez - PCN Executive Assistant, recorder

Mental Health Committee

Vacant - Chair, PCN Mental Health Clinician, Practice Lead

Vacant - MH Physician Lead

Vacant - MH Member Physician

Vacant - AHS Manager for MH Leduc, Sherwood Park, Fort Saskatchewan

Karin Solberg Wells - AHS Manager

Josie Rinella - AHS Clinical Supervisor Addictions and Mental Health, Edmonton Zone

Bryan Meetsma - AHS Clinical Supervisor for East Clinics Adults

Lori Thompson - AHS Care Manager, Additions & Mental Health, Edmonton Zone

Lori Briggs - PCN Manager, Clinical Operations

Jason Sheehy - PCN Executive Director

Monika Delannoy - Clinical Administrator, recorder

COMMITTEES

Panel Management and Quality Improvement Committee

Lauren Stone- Chair, PCN Manager, Panel Management & Quality Improvement

Dr. Rebecca Saunders - PMQI Physician Lead

Christine Ridden - LA Medical Office Manager

Candace Chamzuk - Beaumont Medical Office Manager

Kim Babiy - Devon Medical Clinic Office Manager

Jason Sheehy - PCN Executive Director

Shelley Deprez - PCN Executive Assistant, recorder

Team-Based Care Committee

Lori Briggs - Chair, TBC Manager

Dr. Gurpreet Dinsa - TBC Physician Lead

Dr. Jana Holden - TBC Member Physician

Dr. Rebecca Saunders - TBC Member Physician

Dawn Estey - AHS, Manager, Primary Care/Chronic Disease Management

Vacant - PCN Mental Health Clinician, Practice Lead

Michelle Williams - PCN Nurse Practitioner

Jason Sheehy, PCN Executive Director

Penny Garton - PCN Team Lead, Clinical Administrator, recorder

"So far, the PCN has been amazing, no improvements needed."- PCN central clinic patient

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