



FAMILY CARE CLINIC QUESTIONS FROM FAMILY PHYSICIANS

Since the announcement of the “Family Care Clinic - Wave 2”

[http://alberta.ca/NewsFrame.cfm?ReleaseID=/acn/201306/342760FB6A27B-B36F-D7BE-](http://alberta.ca/NewsFrame.cfm?ReleaseID=/acn/201306/342760FB6A27B-B36F-D7BE-DFC56EF0B48FDE46.html)

[DFC56EF0B48FDE46.html](http://alberta.ca/NewsFrame.cfm?ReleaseID=/acn/201306/342760FB6A27B-B36F-D7BE-DFC56EF0B48FDE46.html) the ACFP has heard a mixed response from ACFP members. Some physicians are surprised to see their communities on the list of 24. Some are thinking that the FCC vehicle may be flexible enough to fund and fill the gaps that exist in their communities.

The ACFP sought clarity on behalf of its members to provide some communication that is tailored to their concerns and questions. Many family physicians have not had time to fully assess the Family Care Clinic Resources that have recently been released. In order to bring to light the potential merits and also address what is troublesome for family physicians and their current teams in the provision of primary care, the ACFP would like to facilitate the initial stages of analysis into a format this is relevant and time effective.

The ACFP Board of Directors was asked, “If you were to have the opportunity to ask the Minister or one of his Primary Health Care Division staff a burning question regarding this FCC announcement, what would it be?”

Here are some of the questions family physicians asked for clarity on and the answers provided by Alberta Health:

ACFP MEMBER: It was not clear in the FCC announcement or the news release that Alberta Health is *inviting* the 24 communities to apply and that there is an extensive process leading to an Operating Grant agreement between the FCC and Alberta Health; it states that they are “chosen”. This could be perceived by the public that all 24 communities listed will be getting a FCC. How is Alberta Health prepared to handle communities and the health professionals in the communities that choose not to accept the invitation or do not have the capacity to support the process of establishing a FCC (creating a business plan, securing a building, staffing and managing the FCC within the specifications outlined)?

ALBERTA HEALTH: The 24 communities have been chosen as FCC sites based on health and social needs, readiness and capacity to implement a FCC. Other communities will be considered for future waves of FCC implementation. FCCs will only be established upon successful completion and approval of a proposal, business plan, and financial plan. The pace of development and implementation of each FCC may vary based on their unique characteristics and the community-based collaboration process. The support of the FCC Implementation Team (FIT) will be available to all interested parties. FIT will work to bring together parties interested in FCC development wherever possible and is prepared to respond to requests to meet individually with FCC proponents and interested stakeholders. This will provide an opportunity to discuss the FCC model in detail, the mandatory requirements to establish a FCC, and to respond to any questions or concerns specific to the community or any of the FCC development materials.

ACFP MEMBER: Is it correct that the FCCs in Wave 2 may NOT all be AHS run clinics like the first 3 FCC pilots?

ALBERTA HEALTH: Yes, for Wave 2 FCCs, both Non-Profit Corporations and Alberta Health Services are eligible governance options for managing a FCC. FCCs will enter into grant agreements with Alberta Health and will be required to meet grant expectations around reporting, financial accountability, service-level requirements, business outcomes as well as other requirements as part of the FCC program.

ACFP MEMBER: How did Alberta Health determine a community's readiness for an FCC?

ALBERTA HEALTH: Twenty-four communities have been chosen as FCC sites based on health and social needs, readiness and capacity to implement a FCC. Other communities will be considered for future waves of FCC implementation. A quantitative analysis was conducted to determine the needs, readiness, and capacity of 132 different Local Areas across Alberta. This report and the 132 community profiles can be found at <http://www.health.alberta.ca/documents/PHC-FCC-Framework-TELUS-2012.pdf>

ACFP MEMBER: Could one person in the community have put forward an expression of interest and as a result their community's name showed up on the list of 24?

ALBERTA HEALTH: No. The 24 targeted communities were determined based on the quantitative analysis conducted to determine the needs, readiness, and capacity of 132 different Local Areas across Alberta. Individual expressions of interest were not considered in identifying the 24 selected communities.

ACFP MEMBER: Family Physicians will need to be key stakeholders in the establishment of community-based FCCs. How did you collaborate with family physicians in the development of the FCC Resource Manual?

ALBERTA HEALTH: The Minister's Advisory Committee on Primary Health Care was established to advise the Minister of Health on a range of primary health care initiatives, including an evaluation of the three FCC pilot sites and the further development of the FCC model. The committee includes representatives from Alberta College of Family Physicians, Alberta Health Services, the University of Alberta's Department of Occupational Therapy and Department of Family Medicine, the University of Calgary's Department of Family Medicine, as well as several professional organizations. These include, but are not limited to, the AMA, the Alberta College of Pharmacists, the College and Association of Registered Nurses and the College of Physicians & Surgeons of Alberta. A regular bulletin is prepared by Alberta Health to update the Minister's Advisory Committee members and members of their organizations. The Bulletins can be viewed at <http://www.health.alberta.ca/services/PHC-advisory-committee.html>

In the fall 2012, the FCC Core Team was established to develop the Reference Manual. Physicians were included in the membership.

In January 2013 Alberta health received feedback from stakeholders including Alberta Medical Association, The Primary Health Care Strategy Working Group and the Minister's Advisory Committee on the FCC Resource Manual. Further information regarding this can be found in the Bulletins.

ACFP MEMBER: Will the \$50 Million be spent on funding for government staff such as the FCC Implementation Teams, or in the communities specifically?

ALBERTA HEALTH: The \$50 million from Budget 2012-13 will be allocated to the development, implementation, and evaluation of FCCs.

ACFP MEMBER: If you divide \$50 Million into 24 communities, that is only \$2 million per community. How far will that go and what will be budgeted for next year? Will there be sustainable funding in years to come when/if political leadership changes?

ALBERTA HEALTH: It is anticipated that FCCs will be implemented throughout this fiscal year. The cost of each FCC will vary depending on community needs and existing services.

ACFP MEMBER: If more than one group in a targeted community submits an EOI and a FCC Proposal how will the successful applicant be chosen?

ALBERTA HEALTH: A FCC Proposal is submitted after the EOI process. FIT will provide support to bring interested parties together to explore development of FCC proposal for their community Organizations, groups, and individuals interested in attending an Information Session and/or participating in a Community Working Group should submit an EOI to Alberta Health.

ACFP MEMBER: What does the evaluation tool for the success or monitoring of these clinics look like?

ALBERTA HEALTH: An Evaluation Framework with accompanying performance measures is under development and will involve consultation with experts and stakeholders. FIT will provide assistance and information on performance measures to successful FCC proponents. The performance measures will be included in the FCC grant agreement

ACFP MEMBER: The media quotes Minister Horne as saying that FCCs will be providing same day access and will be open from 7 AM to 9 PM. FCCs could be perceived as glorified walk-in clinics. Is this the intent?

ALBERTA HEALTH: The primary goal of the FCC program is to provide Albertans with access to primary health care when they need it, where they need it, and from the most appropriate service provider(s). FCCs will have extended hours of service to meet community needs and circumstances.

ACFP MEMBER: What mechanisms are in place to ensure that the core services and non-negotiable standards identified in the FCC Resource Manual are met?

ALBERTA HEALTH: Based on an approved Business and Financial Plan, Alberta Health will develop an Operating Grant Agreement that will serve as a vehicle to fund the FCC. The agreement will clearly define the service relationship including, but not limited to: primary health care services to be provided by the FCC; funding to be provided by Alberta Health and associated financial reporting by the FCC; services to be provided to support FCC operations; FCC operating requirements; and monitoring and results reporting requirements.



ACFP MEMBER: Are FCCs for unattached patients only?

ALBERTA HEALTH: No, FCCs are for all Albertans. FCCs are intended to be reflective of the needs of the community in which they are located and to provide all individuals and families with access to comprehensive primary health care services when they need it, where they need it, and from the most appropriate provider(s).

ACFP MEMBER: Are FCCs limited to serving 2500 people?

ALBERTA HEALTH: FCCs will not be limited to serving 2,500 people. Rather, the minimum community size or service area population is 2,500. For remote areas of the province, FCCs may use a centralized model with smaller site delivery for communities with a population less than 2,500, provided the smaller FCC is connected to a broader service area. In urban areas the population served may be greater than 2,500.

ACFP MEMBER: Are family physicians part of the FCC team of providers?

ALBERTA HEALTH: Each FCC must include either a family physician or a nurse practitioner and a minimum of two additional service providers. Beyond this minimum requirement, the composition of the FCC team will vary depending on workforce availability and community needs. Delivery of the required comprehensive primary health care services will rely on an appropriate mix of health and social service providers with appropriate expertise. It is expected that all service providers will provide appropriate linkages to health care and other relevant providers to ensure comprehensive primary health care services are offered and all providers are working to their full scope of practice.