

apcna

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Modernizing Alberta's Primary Care System

Written Submission Framework

Written Content

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Introduction

Nurses adequately deployed and supported within primary care could address several current issues including access, integration, and quality. Primary Care Nurses are LPNs, RNs and NPs who work to their full scope of practice as part of the multidisciplinary team to enhance the primary care services provided in Alberta. They act as a specialty generalist in primary care, providing care to patients across the lifespan, with robust skill sets that encompasses many domains, including: health assessment and promotion, primary care interventions, quality improvement, chronic disease management and care coordination (APCNA, 2022)

As of December 19th 2022 the AAN has communicated that over 300 nurses across the province identify as a primary care nurse (K.Howe, personal communication Dec 19, 2022). A large population that needs to be properly educated and advocated for as their role in the patient medical home is pivotal. And will certainly need to grow larger to meet the current needs of Albertans.

Although the nursing role has been a part of Alberta's Primary Care Networks (PCNs) since inception, implementation and maximization across the province and in patient medical homes has been variable. When APCNA was formed in 2017 the executive echoed the need for education and understanding of the primary care nurse role throughout the province. However, beyond the virtual walls of the APCNA there was minimal appetite to prioritize the coordination of primary care nursing programming throughout the province. Inconsistencies have resulted from many factors including: challenging funding models (both physician incentives to utilize a team based approach, and PCN funding to support staffing levels), lack of role clarity and health system alignment to maximize the role (ie. care pathways that do not leverage a team based approach), and a lack of nursing representation within the primary health care governance structure. This MAPs submission by the Alberta Primary Care Nurses Association (APCNA) will articulate the core issues, as well as recommendations that would empower nurses to support primary care modernization within Alberta.



Core Issues



The APCNA has conducted several stakeholder engagement sessions. The Interprofessional Collaborative Summit (Appendix A) and APCNA membership feedback which identified several core issues. These include:

- Access and team based care
- Physician funding model
- PCN funding model
- Role understanding/scope

Access and team based care

Team based care is currently deployed across the province in a non-standardized manner, which means that some patients may have access to a full suite of team members, and others have limited access to team members. As well, the functions of each team member vary across patients' medical homes. There is also a limitation of informational continuity with team members that restricts the ability for full team based care. The availability of primary care providers and access to care has become strained as a result of less physicians accepting patients.

Physician Funding Model

The current physician funding model creates limitations for physicians to fully engage in team-based care.

PCN Funding Model

The current PCN funding model restricts the ability for PCNs to hire nursing resources to adequately enhance the medical home. Continuity of care is disrupted with small FTE based on panel funding. Compensation must also stay competitive to retain employees within the employment market.

Role Understanding/Scope

There is a lack of understanding within the health system (including patients, physicians, administrators) around the role and scope for nurses in primary care, which is resulting in underutilization of the role and/or mismatch of service within the healthcare system.



Recommendations

The core issues identified above impact how the nursing role is applied across the primary health care system. Primary care nurses practicing to full scope of practice and supported through funding and policies that enable team based care could address the MAPs areas of focus of achieving integrated, team based care, and strengthening system leadership, governance and organization. In order to maximize and integrate team-based care delivery models in Primary Health Care in Alberta, as well as enhance the scope of non-physician providers we recommend the below.

Recommendation 1

As part of team-based care within the Patient's Medical Home, every Albertan has access to a Primary Care Nurse who is practicing to full scope.



Recommendation 2

Strong nursing leadership is included in relevant governance structures within primary health care.



Recommendation 3

Educational institutions support primary care nursing practice, through the implementation of curriculum components to support competency in practice, and research to support the value of primary care nursing and team based care.



Recommendation 1

As part of team-based care within the Patient's Medical Home, every Alberta has access to a Primary Care Nurse who is practicing to the full scope of practice.

There needs to be better support for physicians going into primary care. Some of this support can be complete by primary care nurses

-- APCNA member

The scope exists but the ability to action this is prevented by the billing system.

-- APCNA member



Increasing access to primary care nursing

-- Immediate action

1. Develop a population health based primary care funding model

- A population health based primary care funding model will enable efficient recruitment, hiring and retention of primary care nurses.
- Allow for salary review and alignment with other healthcare organizations
- Current funding model does not support equal access to resources within rural areas.

2. Develop official recommendations for primary care nurse to patient ratios

- Official recommendations are needed to support how physician-clinics are staffed to allow for optimal team based care/patient ratios.
- Current resourcing models leave smaller clinics, solo practices and rural areas without access to primary care nursing support.

3. Develop a workforce planning strategy

- A workforce planning strategy will include nursing recruitment and retention in primary care.

Integrating nursing in team-based care

-- Immediate action

1. Develop physician funding models that support team based care

- A new physician funding model that supports team-based care will allow for physicians to engage in team-based care without financial impacts
- Current physician funding models create barriers for physicians to participate in team-based care due to the billing implications.

2. Remove policy barriers

- Current policy barriers sever informational and management continuity for team members providing team-based care.

3. Promote the role of the NP

- Joint assignment with physicians and NPs to support larger patient panels will increase access to care for patients and reduce the burden on physicians to manage primary care alone.

Nursing Clinical Leadership

-- Immediate action

1. Develop a provincial primary care nursing leadership role

- Development of a provincial primary care nursing leadership role will allow for recognition of the primary care nurse role, an environmental scan to leverage existing practices and recommendations for workflows that maximize the primary care nurse role in physician-clinics.
- *Note: This role is further defined within recommendations 1, 2 and 3.*

2. Develop provincial care pathways

- Development of care pathways that utilize all team members practicing to a full scope of practice will assist in the implementation of all system level change projects (i.e.. H2H2H and Alberta Surgical Initiative)
- Current lack of best practice leaves room for inconsistent primary nursing care across the province.

Clinical Leadership

-- Long-term direction

1. Support evaluation and research

- Support evaluation and increased research around the impact of nursing in primary care to inform primary care delivery across the province.

2. Develop zone primary care nursing leadership roles across the province

- Zone-based primary care nursing leadership roles across the province will support the implementation of provincialized standards.
- Involve AAN and CRNA/CLPNA to support and implement this work.
- *References 3 and 5 provide an example of similar guidelines offered by other provinces.*

Integrating nursing in team-based care

-- Long-term direction

1. Support competency and policy development

- Competency and policy development will enable primary care nurses to practice to the highest level within restricted practice areas (i.e. RN prescribing).
- Current practices create inequities across the province where smaller PCNs or individual practitioners may not have the resources to generate these policies, leaving individual nurses to source out their own best practices.

2. Develop interprofessional education opportunities

- All professions participating in team-based care will have opportunities to attend education that supports and enables team-based delivery of care.

3. Develop a strategic communication plan

- Development of a strategic communication plan for all stakeholders (public, government, healthcare providers) to support the implementation of team based care.
- Current practices leave PCNs and individual practitioners responsible for trying to enact change from the bottom up rather than with the support of larger, more influential, organizations.

4. Support access to data

- Access to data that supports the development of OKRs (outcomes and key results) will enable evidence based decision making related to team effectiveness.
- Future initiatives related to enhancing primary care delivery can leverage data to ensure all decisions are data-driven.

Recommendation 2

Strong nursing leadership is included in relevant governance structures within primary health care

Promote the nursing profession

-- Immediate action

1. Involve the APCNA at governance tables

- Involve the APCNA at Primary Care governance tables allows for representation of primary care nurses to encourage team based care.

2. Develop a provincial PCN community of practice

- Development of a provincial PCN community of practice for primary care nurses through the APCNA will increase role understanding among primary care nurses.
- Development of a provincial PCN community of practice for primary care nurses will allow for knowledge transfer that supports provincial initiatives and policies.

Not just 'allowing' RNs and NPs to use their full scope, but communicate and encourage this!

-- APCNA member

Nursing clinical leadership

1. Develop a provincial nursing leadership role

-- Immediate action

- Development of a provincial primary care nursing leadership role will allow for a point of contact between associations and governments
- *Note: This role is further defined within recommendation 1, 2 and 3.*

Support growth and leadership

1. Develop leadership training

-- Long-term direction

- Development of interprofessional leadership training across the province for primary care leaders to encourage continuous growth.

2. Consider funding incentives for nursing organizations

- Considerations for funding incentives that would enable nursing organizations to participate and be accountable for health system transformation.
- Grant funding to support the systemic translation required for the scope and role understanding of the primary care nurse, leveraging current associations as change agents (i.e. AAN).

Recommendation 3

Educational institutions support primary care nursing practice, through the implementation of curriculum components to support competency in practice, and research to support the value of primary care nursing and team-based care.

Promote that primary care is as important as acute care/but also a viable career path beginning upon graduation during training.

-- APCNA member

We are our own specialty, we are primary care nursing not community care nursing or public health nursing.

-- APCNA member



Promote the role of the primary care nurse

-- Immediate action

1. Research team-based care in Alberta

- Incentivize research focused on team-based care in Alberta to inform the future direction and delivery of care.

2. Develop a provincial nursing leadership role

- Development of a provincial primary care nursing leadership role will allow for an environmental scan to leverage existing practices and create recommendations on workflows that maximize the primary care nurses role in physician-clinics.
- *Note: This role is further defined within recommendation 1, 2 and 3*

Promote the role of the primary care nurse

-- Long-term direction

1. Research the nursing role

- Incentivize research focused on team based care in Alberta, specifically looking at the impact of LPNs, RNs, and NPs.

2. Create relationships with education institutions

- Direct CNA and education institutions to incorporate primary care nursing in curriculum to support the future of the workforce.
- Build team based care models into family physician medical programs to enhance adoption in practice and promote role understanding of their future teammates.



Conclusions and feasibility of recommendations

In 2014, Oleke, Bessner and Carter described the evolving role of nurses in primary care settings in Alberta, articulating the need to better define the nursing role, the need for removal of funding model barriers, and accurate competency development- many of these challenges continue to exist in the current primary health care system. The above recommendations are contingent on strong system leadership across professions within primary health care, as well as a dependency that funding models are addressed in a meaningful manner.

It is important to note that full scope practice benefits do not end at the patient care but continue on to team cohesion and job satisfaction in primary care (Flinter et al 2017). When nurses can act in a larger role within primary care it can increase job satisfaction and lower turnover in the practice (Bernier, Andréanne, et al 2020). We have expanded the role of the nurse from 'diabetes nurse' to chronic disease management, and now to the broad spectrum of primary care. The nurse has contributed to the comprehensiveness of care available in the patient's medical home and has enhanced access within the patient's medical home.

Trust between professionals is needed to share care (Oleke, Bessner and Carter 2014). To build trust we must understand our roles clearly in the primary health care system and provide legitimization to these roles to enhance this understanding. Additionally, starting relationships between professionals on a leadership level sets the overall tone for enacting team based care in the community.



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Primary Care Interdisciplinary Summit: Building the Coalition

Summary of Responses

October 25th, 2022



Co-hosted by
Terri Potter, Executive Director, Alberta College of Family Physicians and
Melissa Waddell, President, Alberta Primary Care Nurses Association



INTRODUCTION AND BACKGROUND

Primary health care in Alberta has been, and continues to be in crisis, family doctors are opting out of the profession, leaving the province to practice elsewhere, and/or retiring early leaving more Albertans without a family doctor.

Primary health care and comprehensive family medicine has been struggling with increased complexity, lack of resources, increasing administrative burden, staffing shortages, burn out, and inadequate funding models. This crisis continues to have a profound impact on patients leaving them without access to proper, timely and continued care and subsequently forcing them to seek care in already overburdened emergency departments.

The Government of Alberta has acknowledged the pressures and distress in the primary health care system and has launched the Modernizing Alberta's Primary Care System (MAPS) initiative intended to support primary care and primary health care by shifting focus on strengthening and building a more robust and resilient foundation. Alberta Health has been engaging with key stakeholders to evaluate the current landscape and propose innovative system changes with the goal of creating a patient-centered health care system.

With every crisis there is a unique opportunity. We have an opportunity to work on this now while it is a political priority. Nonetheless, we all have a vested interest in working on long term vision and plans together, to ensure that as there is political change, the stakeholders that rely on the system for their

care

and for their livelihood, can hold fast to a common vision and set of solutions that will stand the test of time and political changes, and get us to a better place.

THE SUMMIT

The Alberta College of Family Physicians (ACFP), the Alberta Association of Nurses (AAN), and the Alberta Primary Care Nurses Association (APCNA) partnered up to discuss common organizational aspirations and concerns. The partners moved quickly to a need for action and collaboration across stakeholder groups. A decision was made to facilitate collaboration through a 2-hour virtual session on October 25, 2022, called ***The Primary Care Interdisciplinary Summit: Building the Coalition (the Summit)***. The purpose of the Summit was to provide an open invitation for primary care stakeholders including, but not limited to, physicians, pharmacists, nurses, nurse practitioners, social workers, and patient advocates a space to come together and discuss not only the ongoing challenges and gaps but bring forward potential solutions that can lead to achieving a shared vision.

The Summit united primary care professionals and stakeholders who are committed to not only advocate for an integrated and team-based care in communities and primary care, but also build strong relationships and share recommendations for the implementation of the Patients Medical Home and team-based care as the foundation for a healthy Alberta. We are hoping that through this unique opportunity where all professions and partners in primary and community-based care meet and discuss vision, issues and solutions, we can demonstrate the value of collaboration and collective impact.

TAKING STOCK OF EVIDENCE AND BEST PRACTICES

What we heard

There are many organizations that are succeeding at implementing interdisciplinary team-based care in their communities; it is vital to benchmark what other healthcare organizations are doing at a local, provincial, national, and global scale to be able to understand and learn their innovative approach to implementing high-quality and integrated service to patients and communities.

The Summit facilitators posed questions and offered the opportunity to talk in smaller breakout rooms where participants were provided a safe space to share evidence, reference material, perspectives, and preferences. A series of guiding questions were asked first to think about individually and write down how interdisciplinary team-based care works in your primary care experience starting in their practice and moving through to a global perspective. Then all participants went into virtual breakout rooms with a facilitator in each, for discussion and collection of input using Miro Boards. The following summary of results are promising and confirm that all stakeholders want the same thing – timely access for Albertans to excellent patient-centered primary care with all providers working to the top of their scopes.

The guiding questions:

1. Think of what you have seen in your practice and your community. Describe some key work flows while you are working successfully with other professions in the care of your patients, families, communities? If you are a patient (all of us are), do you have a team of providers that support your care? How do providers work together to support you?
 - *Provide websites or links to pages for your group that show this.*

2. Expand that thinking to your PCN, Zone, Region, Province. What innovations, models of care, programs, or services should be duplicated, supported, and celebrated?
 - *Provide resources such as white papers, documents, supporting literature, agreements, standards that you can point to that explain what is working to support interdisciplinary team based care in primary care.*
3. Think broader to our great Nation. Based on countries and communities in the world that have gotten it right, what team based approaches do you know of or have experienced that you want to see here in Alberta for your loved ones and for you some day?

THEMES

Input from all breakout rooms was collected and themed under the following four categories:

1. Integrated Health Systems and Models of Care
2. Team Based Care and Scopes of Practice
3. Examples of Team Based Care in Alberta
4. Economic Value of Team Based Care

RESOURCE COLLECTION RESULTS

1. Integrated Health Systems and Models of Care

[The Patient's Medical Home 2019 Edition](#) A New Vision for Canada – Family Practice

[Primary Care Access](#) Institute for Healthcare Improvement

[Primary Care 2030 White Paper](#) Alberta Medical Association. There is success having a model of care that allows practitioners to access specialists and highly trained specialists

[Nurse Practitioner-Led Clinics in Ontario: An Overview of the Nurse Practitioner Led Clinic Model and Recommendations for Future Development](#) Nurse Practitioner-Led Clinic Association (NPLCA)

[Primary Health Care Home Model of Care NZ](#)

[Overview of Health Care in Denmark](#)

[10 building blocks of high-performing primary care](#)

[CFPC Innovation in Primary Care](#)

[The Swedish Model of Primary Care](#)

[Patient's Medical Home \(PMH\) in Alberta](#)

[The NUKA Model of Care at South Central Foundation in Alaska](#)

[Social Prescribing](#)

[The North American Observatory](#) (U of T) report on primary care

[The ON Community Health Centres Model](#)

[Primary Care Report \(KPMG\)](#) Mark Britnell is a consultant with KPMG, wrote an interesting report about primary care internationally

2. Team-based Care/Scopes of Practice

[Greg's Wings](#) – Everyone should watch Falling Through the Cracks

[Health Human Resource Policy Recommendations: Summary](#) Briefing to the House of Commons
Standing Committee on Health – April 14, 2022

[Multidisciplinary Management of Diabetic Foot Ulcers in Primary Care in Quebec: Can We Do Better](#)

National Library of Medicine

[Primary Care Nurses in Alberta](#) Alberta Primary Care Nurses Association

[Journal of General Internal Medicine](#) Article supporting need for team-based care

[National Competencies for Registered Nurses in Primary Care, CFPNA](#)

[Canadian Nurses Association](#)

[Primary Care Nursing model of Halifax](#)

[Teamwork Video](#) 7 Cs of effective has been something we have shared around our PCN recently.
Accelerating Change Transformation Team

[Primary Care Practice Characteristics Associated with Team Functioning in Primary Care Settings in Canada: A Practice based cross-sectional survey](#)

[Integrating nurse practitioners into primary care: policy considerations from a Canadian province](#) BMC Primary Care

Registered Nurse can assist a physician by meeting with their more complex patients at the beginning of the visit to spend extra time and summarize the patient's issue so that when the physician comes into the room, they can understand the patient's main issue in a quicker time period

Team-based care shifting from a referral approach to a collaborative, shared approach to provide optimal patient-centered care

The medical home concept of care has allowed us to coordinate many pieces of care for a single patient

Registered nurse prescribing policy to be available and supported

3. Examples of Team-Based Care in Alberta

[Moose and Squirrel Clinic](#) Located in Sundre has a great model of team-based care

[Sylvan Lake Family Medical Clinic](#) Is a trailblazer in alternative compensation for the medical home

[Crowfoot Village Family Practice](#) Located in Calgary and does an amazing job of Patient Medical Home and interdisciplinary care with PCN and community care with community pharmacies

[Riverside Medical](#) Drumheller Medical home

[Digital stories team-based care](#) Associate Clinic Pincher Creek, Aakom-Kiyii health services

[Pilgrims Hospice Society](#)

4. Economic Value of Team Based Care

[The economic impact of rural healthcare on rural economies: A rapid review](#)

[Crowfoot and Taber Clinics – Case Study Evaluation 2019](#)

[An Economic Analysis of the Implementation of Team-based Collaborative Care in Outpatient General Mental Health Clinics](#)

[Amid doctor shortage, NPs and PAs seemed like a fix. Data's in: Nope.](#)

BUILDING A PRACTICAL VISION

This process was not about creating a vision statement but about bringing together all of the elements of the collective vision to create a broad and compelling description of a desired future. The practical vision building process is an opportunity to bring together ideas that are aspirational and honor the divergent perspectives of all members of the group. By creating a common practical vision there is not only commitment from the group but also a much clearer understanding of the direction we are heading and then inform what needs to be done to achieve it.

Focus Question:

What does our desired future look like for interdisciplinary team based care in community and primary care?

The collective practical vision based on the input of the groups had the following core themes:

- All team members are practicing to full scope
- Interprofessional education is available including things like joint education in nursing and medical school, interprofessional observerships, and shadowing other professions
- Funding models include physician and other provider payment models:
 - o Fee for service and AARP funding for primary care provider workforce
 - o Comparable remuneration packages in primary care and AHS staff including salary/hourly rates, benefits, vacation, and pension
 - o Infrastructure funding for team-based care in primary care
- Shared best practices for clinical and practice improvement
- Technology to facilitate and provide efficiencies
- Real time data to allow for continuous quality improvement
 - Investment to engage and empower patients and communities to be involved in designing programs and primary care practices
- Keeping primary health care patient-centric

IDENTIFYING CHALLENGES, GAPS, AND OPPORTUNITIES

Alberta's primary health care system has been overstretched for many years but ever since the pandemic began, these challenges have intensified creating more gaps and making it unsustainable for family physicians and other primary care professions. Challenges always inspire people to find opportunities that could influence health system transformation.

Focus Question:

'What are the challenges, gaps, and opportunities that currently exist in Alberta in getting to our common vision of interdisciplinary care the future?'

Opportunities:

- Interprofessional education from university, residency, and preceptorship to CPD
- Leverage virtual care and have teams and more collaboration

Challenges and Gaps:

- Inadequate funding models including fee for service for physicians
- Inadequate PCN funding
- Primary care in community competing for AHS interdisciplinary teams who have access to employment packages family physicians and PCNs cannot sustain
- Lack of infrastructure funding
- Generational differences in work life balance
- Difficulties for rural and Indigenous students to access healthcare worker training without leaving community
- Difficulties in getting increased funding for allied health programs
- Competition from private health companies
- Turf protection and
- Lack of understanding of the public and government regarding primary care, family medicine, Patient Medical Home, and interdisciplinary teams
- Political challenges

CALLS TO ACTION

With the new UCP leadership in place, a general election coming up, and MAPS initiative already underway, it is time to proactively leverage and engage with the current political leaders to collectively advocate for an interdisciplinary team-based health care approach, adequate funding models, and better access to workforce data to best serve patients and communities. The answers to this focus question were identified as needing *immediate* action.

Focus Question:

What do we need to do to collectively and as individual organizations to move toward our common vision for interdisciplinary team based care in community?

1. Leadership tables in primary care need to have all professions represented
 2. There is a need to have a unified voice for a desired future and we need to advocate collectively as professions
3. Build trusting relationships between professions
 4. Consider a community of practice to share successes and challenges to help spread and scale
 5. Review the education system, educate people about team-based care approach, where they should practice, and encourage them to do Continuing Professional Development in teams
6. Integrated care systems and data allowing for continuous practice improvement

NEXT STEPS

Creating transformational health system change and restoring the confidence of primary care providers and the public will not happen overnight, it requires building relationships, fostering collaboration and the overall commitment from the government of Alberta to lead tangible change. There is no better time than now to start establishing coalitions to unify our voices and work towards eliminating barriers and bringing forward innovative opportunities to reconstruct a fragmented health care system.

- Planning to schedule a smaller meeting with key stakeholders to continue to conversation
 - AAN and APCNA to work together to develop a lighthearted newsletter to talk about their committee and share key messages about what is currently happening in the province

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It is important to acknowledge and give warmest thanks to the Alberta College of Family Physicians, the Alberta Association of Nurses (AAN) and the Alberta Primary Care Nursing Association (APCNA) facilitators for guiding and engaging with all the participants and truly making this session possible. Special thanks to all participants who attended and shared all the wisdom and experiences.

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