ADVANCING THE CHC SOLUTION

INVESTING IN COMMUNITY-BASED PRIMARY HEALTH CARE TO IMPROVE THE HEALTH AND WELLBEING OF ALL ALBERTANS

ABOUT AACHC

Established in 2015, the Alberta Association of Community Health Centres (AACHC) works with the province's Community Health Centres to improve health and healthcare for individuals, families & communities throughout Alberta. AACHC advocates increased investment in Community Health Centres throughout the province as a cost-effective way to improve access to high-quality, patient-centred and community-oriented primary health care. In carrying forward its mission, AACHC collaborates actively with provincial partners, Community Health Centre associations in other provinces, and the Canadian Association of Community Health Centres.

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EXECUTIVE SUMMARY

The Alberta Association of Community Health Centres (AACHC) and its member centres are committed to supporting Albertans in improving their health and their healthcare system. As founding members of the AACHC, The Alex Community Health Centre, Boyle McCauley Health Centre, CUPS Calgary and la Clinique francophone de Calgary provide team-based primary care and a range of other social services and programs to over 50,000 Albertans who have complex needs and face major barriers in accessing other primary care and support services.

AACHC's members demonstrate that community-based primary health care, delivered through collaborative inter-professional teams, can successfully improve outcomes for Albertans and reduce costs. Alberta CHCs not only deliver high quality care, they also address the social determinants of health that affect people's health.

Community Health Centres (CHCs) are frontline healthcare and social support centres. They provide high-quality patient care through teams of physicians, nurse practitioners and other nursing professionals, dietitians, therapists and other allied health providers. CHCs also integrate this team-based healthcare with health promotion and population health programs. Significant emphasis is placed on prevention and early detection of health problems, and reducing individual, family and community barriers to health.

CHCs are not-for-profit or co-operative organizations governed by volunteer boards of directors comprised of diverse members from the community. This helps build community relationships of trust and foster broader health and social service integration. The AACHC is pleased to see Alberta Health recognize these dynamics within the description of CHCs on its website.

Through their population-based response to health and social needs, CHCs have a demonstrated capacity to tackle high-priority challenges such as chronic illnesses, avoidable hospital emergency department use, and the impacts of poverty. Their work is integral to the success of Alberta's primary health care and wellness strategies, and the mandates of multiple ministries including Health and Wellness, Human Services, Justice and others.

Alberta's CHCs currently provide care and support to 1.2% of Albertans. However, approximately 20% of the population has complex health and social needs and would be most appropriately served by the integrated primary care, health promotion and social services provided by CHCs.[2] This major gap in access to CHCs in Alberta contributes to poorer health outcomes in our province and avoidable costs to Alberta's healthcare and social systems.

AACHC looks forward to working with the Government of Alberta and provincial partners to improve and increase access for Albertans to appropriate primary health care. We are recommending the following core steps:

1. **Implement an annualized operational funding model for existing CHCs in Alberta that encompasses the package of team-based primary care, health promotion and community health services they deliver.**

2. **Invest in 10 new Community Health Centres throughout Alberta by 2019, increasing the percentage of Albertans who have access to a CHC from 1.2% to 2.5%.**

3. **Collaborate with AACHC to develop a longer-term strategy and timelines to meet the needs of all 20% Albertans who require priority access to a Community Health Centre.**

[1] Alberta Health, Other team-based primary care models, http://www.health.alberta.ca/services/primary-health-care-models.html, Accessed December 19 2016
[2] Patychuk, D. (2012). Towards Equity in Access to Community-based Primary Health Care: A Population Needs-Based Approach. Toronto, Steps to Equity Research Services, p.40

COMMUNITY HEALTH CENTRES: BUILDING ON PROVINCIAL, NATIONAL AND GLOBAL SUCCESS

There is a lot at stake for the future of Alberta's healthcare system. The most recent Alberta Health Business Plan for 2016-2019 suggests "that the inability to shift away from acute-care, physician-centered model to a team-based, community-based and patient-focused model of care that is enabled by integrated information technology could undermine the effectiveness of emergency departments and jeopardize the sustainability of Alberta's healthcare system."[3]

This document details many of the ways in which CHCs reflect the team-based, community-based and patient-focused model of care recommended for Alberta, and how our province's existing CHCs are already addressing major needs in Alberta.

A growing volume of academic literature and practical examples from CHCs show that CHCs help increase access to appropriate care, reduce costs, improve chronic disease management, increase action on social determinants of health and encourage citizen participation through community governance and other community engagement processes.[4]

Across Canada and around the world, the CHC model continues to prove a very effective and efficient way to integrate primary health care and social supports.

"There are wonderful initiatives in our province that have helped bring healthcare out of facilities and into communities. [...] How about Boyle McCauley Health Centre, The Alex Community Health Centre and CUPS Calgary that have excellent innovative approaches to delivering primary healthcare and supports to inner city populations that have very high social determinants of health needs."

Honourable Sarah Hoffman, Alberta Minister of Health

Accelerating Primary Care Conference, November 28 2016

"Health-care systems have better health outcomes when built on Primary Health Care (PHC) – that is, both the PHC model that emphasizes locally appropriate action across the range of social determinants, where prevention and promotion are in balance with investment in curative interventions, and an emphasis on the primary level of care with adequate referral to higher levels of care."

World Health Organization, 2008

[3] 2016-2019 Health Business Plan (http://www.finance.alberta.ca/publications/budget/budget2016/health.pdf) p.65
[4] Association of Ontario Community Health Centres, Model of Health and Wellbeing Literature Review, submitted to the Government of Ontario as part of the response to the Patients First Initiative, p.1-16, 2015

KEY STRATEGIC STRENGTHS OF CHCS

1. Increasing Access to Appropriate Primary Health Care

Roughly 20% of our population faces major health and social complexities owing to various factors such as low income or poverty, inadequate housing, language barriers and multiple illnesses. These and other factors are typically multiple and intersecting. Albertans who fall into this population cluster have otherwise been described as "the difficult-to-reach patient[s] (e.g., marginalized, transient, homeless, Aboriginal, new Canadians, or those requiring care for mental health, addictions or complex care)."[5]

Across Canada, it is very often individuals such as these that CHCs care for and support through their integrated, wrap-around services. A recent study of primary care models in Manitoba, for instance, found that Manitoba's CHCs serve significantly more complex individuals than all other models of primary care.[6] This is also the case in other provinces, and Alberta is no exception.

Minister Hoffman recently recognized the 'excellent and innovative' services provided by CHCs to segments of this "20% population" in Alberta. During the 2016 provincial election in Manitoba, Community Health Centres were described as "a key component for delivering primary care to marginalized and patients with complex needs who might otherwise not be able to access the care they need, when they need it. By integrating a team of primary care providers and by involving community members in decision-making through outreach programs, Community Health Centres can offer wrap-around services for patients." [7]

The barriers to access faced by this clientele are multiple and very often intersecting. "Research shows that populations may encounter barriers in access to primary health care services for many reasons such as discrimination, Eurocentrism, heterosexism, gender bias, social exclusion, where they live […] or when available services are not well adapted to population characteristics such as complex health needs or disability, or social conditions (income, housing, legal status, etc.)."[8]

In Alberta, CHCs work hard to ensure their care is truly accessible and represents the needs of their clients in a way that is welcoming, non-judgemental and meets them where they are at; this is the heart of people-centered care.

CHCs rely on professionals working in a team-based setting where all professionals work as close as possible to their full scope of training and licensing. This helps ensure that all clients receive the right care at the right time from the right provider(s). Very often, physicians and other providers in CHCs are paid by salary or another alternate payment model. This helps optimize clinical practice, including for family physicians who can focus on patient needs instead of how they are going to get paid. The Conference Board of Canada notes that physicians in mixed and alternate compensation models are more likely to participate in team activities than those working in a fee-for-service (FFS) compensation model.[9]

[5] Alberta Medical Association Primary Care Alliance Board, PCN Evolution: Vision and Framework, http://www.health.alberta.ca/documents/PHC-PCN-Evolution-Framework-2013.pdf , December 2013, p.10
[6] Alan Katz et al., "A Comparison of Models of Primary Care Delivery in Winnipeg", http://mchp-appserv.cpe.umanitoba.ca/reference//Models%20of%20Primary%20Care_Web_final.pdf University of Manitoba: Spring 2016, p.22
[7] As reported to the Manitoba Association of Community Health, http://www.machmb.ca/2016-election/
[8] Patychuk, D. (2012). Towards Equity in Access to Community-based Primary Health Care: A Population Needs-Based Approach. Toronto, Steps to Equity Research Services, p.19
[9] Conference Board of Canada, Improving Primary Health Care Through Collaboration Briefing 2 - Barriers to Successful Interprofessional Teams http://www.conferenceboard.ca/temp/459f2853-48bb-4821-a28c-6357d113739a/13-146_primaryhealthcare-briefing-2.pdf, October 2012, p.8

2. Increasing Cost-Effectiveness of Health and Social Services

CHCs in Alberta and elsewhere in Canada also have a strong track record of reducing costs on the health system, especially linked to emergency department (ED) use. The housing program at CUPS Calgary reduced the number of visits to the ED by 27% for 71 high-use clients.[10] An evaluation of CUPS Calgary also indicated a $19 social return on investment for every dollar donated to CUPS's health program.

Research from Boyle McCauley Health Centre, in Edmonton, has also demonstrated that the CHC's wound care clinic has helped prevent 76% of individuals accessing the clinic from requiring urgent care at the hospital ED. Another 16% of clients accessing the clinic report that without the clinic they would not seek care, which would ultimately result in need for far more costly emergency care down the road.[11] A separate study, focused on The Alex CHC, found that overall, its services cost less per capita than those provided by fee-for-service medical practices.[12]

The Clinique francophone de Calgary provides another promising example. It opened in May 2015 to offer services, in French, to Calgary's growing Francophone population. Studies have shown that access to care in one's preferred language in primary care and health promotion, for example, reduces use of other costlier services such as diagnoses and the ER down the road.[13] Alberta's CHCs are nimble organizations that can quickly adapt to changing circumstances and create programs tailored to the specific needs expressed by clients.

In 2013, when floods ravished Calgary and region, The Alex CHC's Mobile Health Fleet served as first responders, deploying their Mobile Health Teams to Emergency Evacuation Centres in Calgary and surrounding communities. [14] And recently, within the time frame of a week, la Clinique francophone de Calgary developed a program to support French-speaking Fort McMurray evacuees.

As a result of Alberta's CHCs, the government saves money through reduced demand on emergency departments and other health services, as well as demands on other costly social services.

The impact of CHCs is not unique to Alberta. In Ontario, for example, CHCs care for more patients living in poverty, with diabetes and severe mental illness than any other type of primary care provider.[15] Still, Ontario CHC clients visit the ED less than those from any other type of primary care provider. [16] To cite one strong example, Gateway CHC, a rural CHC in Tweed, Ontario reduced ED visits by 86% and saw a 91% reduction in hospital length of stay for 366 patients by giving them a coordinated care plan, [17] saving the health system over $3 million.

CHCs in the United States, where they serve 30 million people, prevent 25% more emergency department visits than other models of primary care.[18] Recent studies also showed they reduce costs by 10-37% for their clients compared to other types of care.[19]

[10] CUPS Community Impact Report, 2015, http://cupscalgary.com/wp-content/uploads/2015/07/CUPS-Community-Impact-Report-July-242015.pdf p.10
[11] Snopkowski M and Rose M (2012). Use of an Inner City Wound Care Service. Accessed at: http://www.bmhc.net/pdfs/Mischa%20Snopkowski%20wound%20care%20Poster%20.pdf
[12] The Alex CHC. "Evaluation of the Alexandra Community Health Centre as a Model of Primary Health Care." Substudy # AB301-2 of the Umbrella Alberta Primary Health Care Project, 2002: 66-76
[13] Sarah Bowen, Impact des barrières linguistiques sur la sécurité des patients et la qualité des soins, August 2015, p.14
[14] The Alex CHC: Our Story. Accessed at: http://www.thealex.ca/about/our-story
[15] Quoted from: http://www.ices.on.ca/flip-publication/comparison-of-primary-care-models-in-ontario-by-demographics/index.html#10/z (Accessed Nov. 27, 2015)
[16] Glazier RH, Zagorski BM, Rayner J. (2012) Comparison of Primary Care Models in Ontario by Demographics, Case Mix and Emergency Department Use, 2008/09 to 2009/10. Toronto: Institute for Clinical Evaluative Sciences
[17] https://www.aohc.org/RHHL
[18] U.S. National Association of Community Health Centres (2011). Community Health Centers: The Local Prescription for Better Quality and Lower Costs. Washington, DC.
[19] http://bphc.hrsa.gov/datareporting/pdf/healthcentercosteffectiveslides.pdf , slide 22 and 56

Another major factor contributing to the cost-saving impact of CHCs is their interprofessional team model. Lack of access to team-based care is a major cost burden across Canada. The Conference Board of Canada has estimated that full coverage of adult Canadians with Type 2 diabetes by interprofessional primary care teams would save our country $262.7 million per year in direct healthcare costs and $393.8 million in indirect costs due to lost productivity. That is for one chronic condition alone.[20]

Properly managing chronic diseases, through CHCs, would reduce costs for Alberta and would clearly improve the quality of care for patients. The direct costs of these diseases in Alberta are roughly $3.5 billion per year and indirect costs are $7.7 billion.[21]

3. Improving Management of Chronic Disease and Mental Health

Evidence from Ontario indicates that its CHCs have achieved better screening rates and management of chronic diseases than other primary care models. The screening rate for cervical cancer at Ontario CHCs is 80% versus the provincial average of 65%; and the screening rate for colorectal cancer at Ontario CHCs is 65% versus the provincial average of 30%. [22] The success of Ontario's CHCs around chronic disease management is largely due to the support of a large interprofessional team, including the presence of nurse practitioners, and integration with health promotion and other supports.[23] In line with these observations, a report from the University of Alberta recommends that in order to better manage chronic conditions, we must build better primary care teams and integrate nurse practitioners into them, as has been done in most CHCs. [24]

The community-based model and "all doors lead to care" approach at CHCs also enables them to improve care and support for individuals living with mental illness and substance misuse challenges.

Clients typically feel more comfortable than in a larger institutional setting and CHCs are able to provide multiple entry points to care and support, as well as a continuum of care and social services that helps individuals address contributing factors to illness (e.g., lack of access to housing, employment, etc).

Research from Boyle McCauley Health Centre, in Edmonton, for example, reveals that clients dealing with problematic substance use have access to no fewer than 30 discreet services, tools, and interventions from the CHC which, in sum, constitute the wrap-around "all doors lead to care" approach. These cover such things as walk-in clinics at the CHC, home visits from CHC staff, housing navigation support, and other supports. On a scale from 0-4, clients accessing these services have reported an average score of 2.98 in terms of the degree to which the services have assisted them in recovery from problematic substance use. [25]

The Mental Health Review has recommended doing more to improve access to appropriate providers for mental health care in primary care settings.[26] CHCs are already well-placed and have years of history in providing these services to diverse members of the community.

[20] Conference Board of Canada (2014). Why Interdisciplinary Health Care Teams Are Better for Canadians and the Health System.
[21] Chowdhury T, Chronic Disease Management and Primary Care in Alberta, University of Alberta: Edmonton, May 2014, p. 15
[22] Association of Ontario Health Centres (2015). Ontario's Community Health Centres: A Transformative Solution to Improve Health and Wellbeing. Accessed at: https://www.aohc.org/sites/default/files/documents/Infographic-english_0.pdf
[23] Russell et al. Managing Chronic Disease in Ontario Primary Care: The Impact of Organizational Factors, The Annals of Family Medicine, 2009:7, P.315
[24] Tapan Chowdhury, Chronic Disease Management and Primary Care in Alberta, University of Alberta: Edmonton, May 2014, p.6
[25] Mercier, T., & Lloyd-LoPuch, L. (2014). Service Use and Recovery Survey. Unpublished measuring tool, Boyle McCauley Health Centre, Edmonton, Canada
[26] Valuing Mental Health, p.16

4. Addressing Social Determinants of Health to Prevent Disease and Promote Better Health

The World Health Organization recognizes that Canada's CHC movement has been at the forefront of implementing healthcare based on a social determinants of health (SDOH) approach.[27] In Alberta, CHCs are indeed leaders and are on the front lines of supporting their clients by addressing the SDOH and could share best practices with others throughout the province going forward.

A 2008 Canadian Senate sub-committee estimated that 50% of health outcomes can be attributed to social determinants of health.[28] This is why the multi-sector, integrated approach of CHCs is essential to actually improving health outcomes and bending the cost curve.

Housing is a key part of this, for instance, and CHCs work to ensure that their clients have a home and can afford it. This has a big impact on their physical and mental health. 80% of participants in CUPS Calgary's case management housing programs reduced their inappropriate use of public systems after being housed."[29] CHCs tie all of these elements together recognizing that all determinants of health have an effect on a person's physical and mental health. The Alex CHC's new Community Food Centre reports that 70% of Food Centre users experience an improvement in mental health.[30]

During a spring 2016 provincial dialogue in Alberta, primary care leaders indicated they want to "expand interdisciplinary team-based models and innovate to integrate health, social and community services."[31] There is an understanding that integrating all services responding to the SDOH through primary healthcare is the best way forward.

"By eliminating service gaps and working closer with partners, we can improve continuity of care so Albertans receive seamless services no matter what their need,"[32] said Minister Hoffman in May referring to housing and income supports as examples. In BC and NS, addressing SDOH is seen as a key way to improve health care system efficiencies.[33] The Alberta Primary Care Strategy's Goal 7 seeks to address root causes of health inequity through primary care. An expansion of existing CHCs and implementation of new CHCs throughout the province would enable the provincial government to make critical progress in achieving this goal.

"Non-profits are an untapped power base in the delivery of primary health care. They can be a formidable asset if they are able to share lessons and engage as equal partners in the development of primary health care alongside health professionals, policy makers, patients and community caregivers."

What We Heard – Provincial Dialogue # 2, Primary Health Care: Engaging With Communities

April 4, 2016 - Edmonton

[27] World Health Organization – Commission on Social Determinants of Health, Closing the Gap in a Generation, http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf, 2008, p.34
[28] National Collaboring Centre on Determinants of Health, (2016). Economic arguments for shifting health dollars upstream. A discussion paper. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University. http://nccdh.ca/images/uploads/comments/Economic_Arguments_EN_April_28.pdf , p.12
[29] CUPS 2015-2016 Annual Report to the Community, https://drive.google.com/file/d/0B6-E9Qg0oSsZQ1dfWWNKckNuQnc/view , p.30
[30] The Alex Community Food Centre, http://thealexcfc.ca/ (accessed October 31, 2016)
[31] "What We Heard – Provincial Dialogue # 2, Primary Health Care: Engaging With Communities", Alberta Health, April 4th 2016, Edmonton. Not published.
[32] Sarah Hoffman, May 26 2016 Primary Care Symposium
[33] Canadian Institute for Health Information, Improving Health System Efficiency in Canada: Perspectives from Decision-Makers, Ottawa, ON: CIHI, 2016 https://secure.cihi.ca/free_products/improving_health_system_efficiency_en.pdf, p.15

5. Increasing Community Participation

Communities have a keen knowledge of their needs and how best to solve them. This is why many government programs are delivered by community-based, not-for-profit organizations, in many sectors in Alberta, especially social services. Funding is provided to organizations that are accountable to both the community they serve and government through the delivery of a defined list of services.

Unfortunately, this wisdom is not widely applied throughout the healthcare sector in Alberta. Community-governed CHCs, including all members of the AACHC, are important exceptions, however. Alberta's CHCs are accountable to funders and to the community, and they offer direct opportunities to participate and promote volunteerism as part of a community development approach. CHCs foster a sense of belonging for the clients that use their services, for the staff that provide them, and for the community members that provide leadership through participation on volunteer boards of directors and advisory committees.

There are growing calls for communities to be involved in primary care delivery[34] and important evidence to support this. A 2013 survey conducted by the Canadian Association of Community Health Centres found that community-governed CHCs attract increased participation in services and programs and are also more likely than non-community-governed primary care organizations to mount initiatives designed to address community-based causes of illness.[35]

Another study, conducted at the University of Alberta, examined "citizen participation" at 17 Community Health Centres across Canada and found that these organizations "foster environments in which community members and staff feel empowered to participate in decision making." The CHC approach supported people and communities so they could better understand their challenges, build shared values, and increase levels of trust. Overall the study concluded that "CHC decision making had led to improved programs and services and that the range or programs and services met the needs of the community."[36]

The AACHC believes that communities are best able to participate in primary health care when provided structures and organizational opportunities to do so – this is exactly what not-for-profit and cooperative CHCs do.

Community leaders believe this as well, and have told Alberta Health that "non-profits are an untapped power base in the delivery of primary health care."[37] CHCs have a 90-year track record of community engagement at the service of better health outcomes in Canada and are an ideal way to engage local communities in participating actively at the level of primary health care.

Minister Hoffman has stated: "the strategic direction to design services on population health and cultural needs is about involving – and partnering – with communities to develop local solutions to improve their residents' health. Ongoing dialogue will provide a stronger understanding of local health and cultural needs, and provide meaningful community involvement in health system design."[38] CHCs are perfectly positioned to enable this goal to be more fully realized throughout Alberta.

[34] http://policyschool.ucalgary.ca/sites/default/files/research/s-spenceley-care-reform.pdf P.8
[35] Canadian Association of Community Health Centres. 2013 Community Health Centres Survey. Accessed at http://www.cachc.ca/2013survey
[36] Church et al. Citizen Participation Partnership Project. May 2006. University of Alberta Centre for Health Promotion Studies.
[37] "What We Heard – Provincial Dialogue # 2, Primary Health Care: Engaging With Communities", Alberta Health, April 4th 2016, Edmonton. Not published.
[38] Sarah Hoffman, Primary Care Symposium, May 26 2016

WHAT ARE THE CHALLENGES?

Community Health Centres work hard to deliver the care that the complex populations they serve require. However, there are a number of challenges that make this difficult in Alberta. Core among these challenges are:

1. The absence of a comprehensive funding model for Community Health Centres such as exists in Manitoba and Ontario. A core operational funding package for the integrated primary care, health promotion and community health services delivered by CHCs would enable CHCs to better fulfill their mandate.

2. A lack of policy and funding to effectively integrate nurse practitioners into team-based primary health care. While new provincial policy now enables nurse practitioners to practice in primary care via Alternative Relationship Plan (ARP) contracts, this remains a piece meal approach and does not effectively lead to the team-based models needed by residents of our province.

3. Stalled funding for mental health and addictions services. There has been no increase in funding of these services for 9 years from Alberta Health Services. All the while, the need and demand for these services is increasing and CHCs provide services to many of the most affected populations. Consideration of mental health and addiction program needs must be factored into consideration of an appropriate core funding model for CHCs.

CHCs are committed to working with government to develop policies and funding that ensures CHCs can continue to deliver the quality care needed by their clientele, and critically-needed to stabilize health and social service systems.

AACHC RECOMMENDATIONS TO THE GOVERNMENT OF ALBERTA

Existing and new Community Health Centres are an important factor for success in Alberta. AACHC is eager to work with provincial counterparts on an ongoing basis to improve our health system and ensure that all Albertans have access to appropriate primary health care services, based on the varying needs and priorities of Albertans and their communities.

At the same time, we also believe that CHCs can play an essential role, immediately and in the near term, in curtailing major costs in health and other social systems resulting from avoidable use of these systems.

We recommend the following four steps to the Government of Alberta:

I **A one-time infusion of $150,000 from Alberta Ministry of Health would enable the Alberta Association of Community Health Centres to work together over the next two years with AH to seize the opportunity to take an active role in the Provincial Primary Health Care Strategy.**

We propose to work collaboratively to:

- Have AACHC to take an active role in identifying strategic priorities for establishment of new Community Health Centres throughout Alberta to support the primary health care needs of vulnerable Albertans.

- Evaluate the programs currently offered by the existing CHC's to demonstrate and document the impact on health outcomes and the diversion of impact to emergency /hospital admission.

- Coordinate and host a series of networking, knowledge exchange and capacity building symposia for all existing CHC. This would enable organizations to identify, adapt and scale-up operational policies/protocol; program and service innovations; and governance policies/protocols.

2 Implement an annualized, core operational funding model for existing CHCs in Alberta that encompasses the package of team-based primary care, health promotion and community health services they deliver.

Alberta's existing CHCs continue to play a critical role in providing high-quality health and social services to a diverse and complex client population in Calgary and Edmonton. They do so, however, despite major gaps in policy and funding for these services, and a very heavy reliance on organizational fundraising to meet the needs of the communities they serve. CHCs are proud to bring tens of millions of additional dollars into Alberta's public health and social service systems. However, these resources could be better leveraged on behalf of Albertans if they were not filling gaps in essential services that should be covered through adequate, core operational funding for CHCs.

It is important to provide all CHCs in the province with adequate core operating budgets. These budgets would ideally be attached to mutual accountability agreements outlining service expectations and other terms of agreement. By addressing gaps in core funding for CHCs, the Government of Alberta would demonstrate commitment to equity among primary care models in the province. It would also enable the provincial government to harvest a "low-hanging fruit" by unleashing further capacity within these organizations. This would immediately improve comprehensiveness of care; it would further reduce pressures on other more costly health and social services; and it would help catalyze local economic development.

3 Invest in 10 new Community Health Centres throughout Alberta by 2019, increasing the percentage of Albertans who have access to a CHC from 1.25% to 2.5%.

Research from Alberta shows that 5% of the population (approx. 210,000) alone – termed "high-users of health care" – account for approximately 66% of overall costs incurred in the healthcare system.[39] Large segments of this population, such as Frail elderly (largely those older than age 75), Complex older adults (many with significant mental health and addictions issues), and High-needs youth (including mental health, addictions and injury profiles)[40] are individuals that continue to access acute care and other services due to gaps in access to appropriate, integrated frontline services. Alberta's existing CHCs have already proven very successful at delivering integrated care and support to individuals from within this 5% population segment, reducing their continued dependence on more costly services. These same CHCs also continue to prevent Alberta's population of "high users of health care" from growing and intensifying. This cost-saving impact is multiplied across other sectors such as justice, corrections, and social services.

[39] Briggs T et al. "Identifying high users of healthcare in British Columbia, Alberta and Manitoba". Healthc Pap. 2014;14(2):31-6
[40] CIHI (2014) Pan-Canadian Forum on High Users of Health Care - Summary Report at https://secure.cihi.ca/free_products/highusers_summary_report_revised_EN_web.pdf

One of the best ways to cut the cost curve in health care and to improve the health system for all Albertans is to reduce the cost impact of high-users of health care. Alberta's existing CHCs do not have the capacity or geographical reach to provide services and support to all individuals within this 5% who require access to a CHC. Therefore, by drawing on provincial data to identify communities with high concentrations of high-users of health care, the Government of Alberta should invest in 10 new CHCs over the next two years so that 50,000 more individuals can benefit from the integrated health and social services provided by CHCs. Various implementation opportunities may be pursued, including support for existing community agencies that could be positively transformed into CHCs through targeted investment to add team-based primary care and to fill other important service gaps.

In addition to improving care and reducing costs to health and other public services, implementation of this next wave of CHCs for Albertans will yield important insights into future planning and funding of health and social services throughout the province.

4 **Include AACHC at a provincial partnership table with the goal of developing a provincial strategy and timelines to ensure access for all Albertans to appropriate primary health care, including CHCs where appropriate.**

Commitment to a longer term planning strategy, with identifiable timelines, will enable the Government of Alberta and key stakeholders throughout the province, including AACHC, to build a primary health care system that meets the diverse needs of Albertans and their communities. This collaborative approach to implementing a mixture of models and approaches to primary care throughout the province should include consideration of how best to increase access, over time, to CHCs for the 20% of Albertans who requite priority access to CHCs.

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