

### Sponsor expectations

Check below to agree with the sponsor expectations outlined above.

- I agree to meet the expectations outlined above.

### Sponsor information

Are you:

applying to be a sponsor for the first time

Which best describes the type of sponsor you are:

individual

### Contact information

Name

Dr. James Jon Doe

Name of organization, corporation, or other entity

A to Z Family Medical Care Clinic

Address

321 Anywhere Boulevard  
Anytown, Alberta T0Z 1T1  
Canada

Phone

(587) 111-1111

Email

[jjdoazfmcc@excite.com](mailto:jjdoazfmcc@excite.com)

### Clinical oversight

Registered member name

James Jon Doe

CPSA registration number

099999

### About the sponsored position

## What is the sponsored position practice discipline?

Family Medicine x 3 positions

## Desired start date:

09/30/2024

## Is the position a full-time equivalent (FTE)?

Yes

## Describe the patient population this position will be serving.

Anytown is a regional centre in AHS North Zone with 20,000 population, serving an additional rural catchment of approximately 17,000 people within one hour commute. Our practice reflects both the urban population predisposition to a younger age group (70% of patients under the age of 65) and the rural population with 45% of patients over the age of 65. Our PCN has a greater percentage of Treaty First Nations/Inuit patients than the Alberta average (2.9% versus 2.4%). Our clinic provides full spectrum of patient care from infant to geriatrics, including both clinic-based care and long-term care in two separate facilities (run by private operators). We provide prenatal care through 32 weeks gestation and provide postnatal care after delivery. All practitioners in the clinic (inclusive of the three who have left – positions for which sponsorship has been requested) have Health Quality Council of Alberta practice panel reports that are current to within 18 months.

## How will this position benefit the population described above?

The three open positions all have panels attached to them requiring care. That includes a burden of COPD which is in excess to that of any other zone in Alberta (COPD: A focus on high users — Infographic | CIHI) and for which patients are experiencing a higher hospitalization rate in the absence of formal attachment to a physician. That includes a burden of COPD which is in excess to that of any other zone in Alberta, and a burden (8.2 per hundred population) which is almost 3 times higher than the provincial PCN average. Our local PCN data also identifies high rates of diabetes, coronary disease and peripheral vascular disease especially amongst the rural patient attached to our clinic. Diabetes prevalence is 9.8 per hundred versus 8.2 per hundred provincial average, and hypertension 22.7 per hundred versus 20.8 per hundred provincial average. Extended time to access care (or episodic care through the regional emergency department) appears to be delaying both preventive and continuous care access for these patients. It is anticipated that improved access to care for these high-risk patients will reduce medium and long-term morbidity/mortality and reduce the need for both acute care hospitalization and specialty referral. Referencing the prenatal services offered in our clinic, we note that 7.1% of births from our PCN are defined as low weight (less than 2500g) which is in excess of the provincial average of 5.3%.

## How many days per week will the physician work?

5

## Anticipated percentage of book appointments:

50

## What will on-call requirements be?

All clinic physicians rotate in after hours availability for clinic patients who require urgent follow-up that is not suitable for emergency department referral. At this time, we do run an after hours clinic three days a week, and with three additional positions can provide this service on each of the six days per week we are open. Those physicians participating in long-term care have a separate schedule (with other physician/clinics in our community) for the coverage of those patients.

## What is the physician compensation model?

Currently all physicians are paid fee-for-service. Our PCN and clinics are seeking an alternate payment plan which could

include capitation or blended payments for patient care. We are a WCB OIS clinic, and so derive payments from WCB Alberta as well.

### Medical home model

**It's expected that the practice will have a process in place for identifying patient panels. Describe the practice's process for this.**

We have three defined practice panels (averaging 1150 patients per) that the sponsored position would be attached to. These have been identified (HQCA reporting) within the last 18 months by the physicians who were previously in these positions. Our EMR product similarly ties the paneled patients to the most responsible provider.

**What is the anticipated panel size for this position?**

1150 patients per position (total of approximately 3450 patients)

**How will the position provide after-hours coverage for paneled patients?**

Clinic rota for after-hours care as noted above - phone availability for triage and follow up of results. After hours clinic access available three days/week on site -hope to stretch this to six days per week for paneled patients.

**Does your clinic work/consult with other non-physician healthcare providers within a PCN (e.g., pharmacists, chronic disease nurses, dieticians)?**

Yes

**What type(s) of screening do you provide to patients?**

Screening guidelines follow the Canadian Task Force on Preventive Health Care Canadian Task Force on Preventive Health Care . This includes (but is not limited to) screening for cancer (breast, colon, cervical, prostate, urinary), endocrine (diabetes), mental health (depression, dementia), cardiovascular disease (hypertension, hypercholesterolemia, peripheral vascular disease, CAD) and developmental disorders. Some of this is managed directly by the physicians and some in concert with PCN personnel.

**How does your electronic medical records (EMR) process or office charting system support notification of required screening?**

Our EMR (Med Access) has built-in tools for flagging/recall of patients requiring certain screening maneuvers that is not necessary dependent on physician action – that is, automated notices can go out to patients or through office staff. All staff have Netcare access and physicians will all have ConnectCare access.

**Is there anything else you would like to share with us about this sponsored position or your clinic?**

We have previously requested sponsorship through Alberta Health Services. AHS identified needs in the community for unattached patients as noted above, and had provided one sponsored position in December 2023 (advertised on [doctorjobsalberta.albertahealthservices.ca](http://doctorjobsalberta.albertahealthservices.ca)). There has been no suitable candidate identified. We are a teaching clinic with regular rotation of family medicine residents from each of Alberta's medical schools (averaging four residents per year). PCN provides (rotating basis) a chronic disease nurse, dietitian, mental health counselor and pharmacist for medication counseling. Each of these individuals has between one half day to one day in our clinic. These personnel are also involved in screening activities for patients.

Our clinic provides care six days a week in rotation fashion where each physician works between four and five days per week. All of our physicians have historically taken one day a week to provide care to clinic patients in long-term care. Our

clinic model sees pre-booked patients averaging 30 to 50% of the clinic day, with the remainder being “same day access” to paneled patients.

### Signature

#### Sponsor's Name

James Jon Doe

#### Date (dates should be typed in the format mm/dd/yyyy, as in 03/15/2023)

03/25/2024

#### Checking this box will act as your signature:

I have reviewed the information in this form and I confirm it is accurate.

Please see following example sources of data to help you complete the application question “How will this position benefit the population described above?”. We don't expect you to submit any additional reports with the application.

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Select Zone PCN vs. PCN

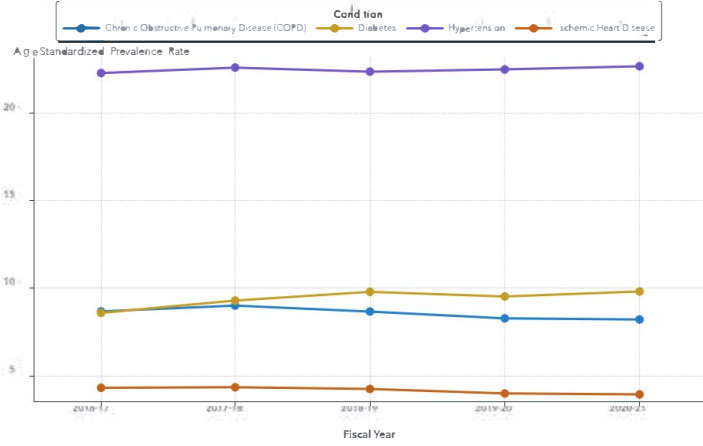
Zone

PCNs

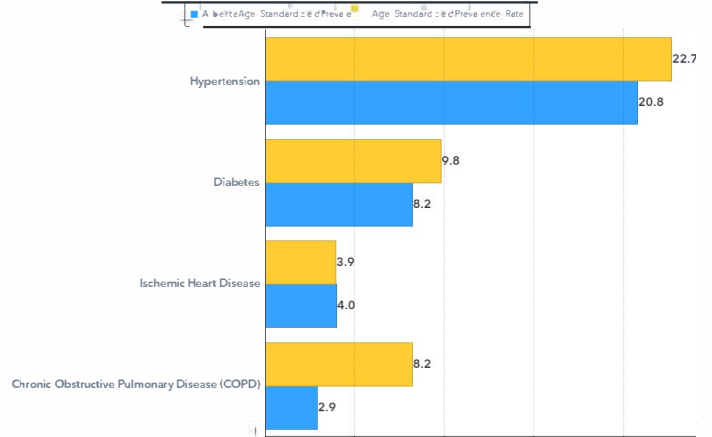
Notes

Select PCN Name

PCN Panel Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2016-17 - 2020-21



PCN Panel vs. Alberta PCNs Age-Standardized Chronic Disease Prevalence Rates (per 100 population), 2020-21



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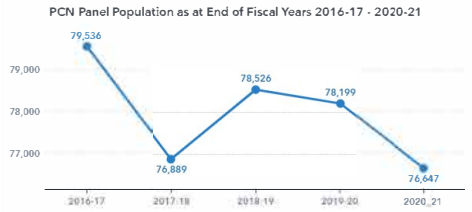
Zone \_\_\_\_\_ PCNs \_\_\_\_\_ Notes \_\_\_\_\_

Select PCN Name

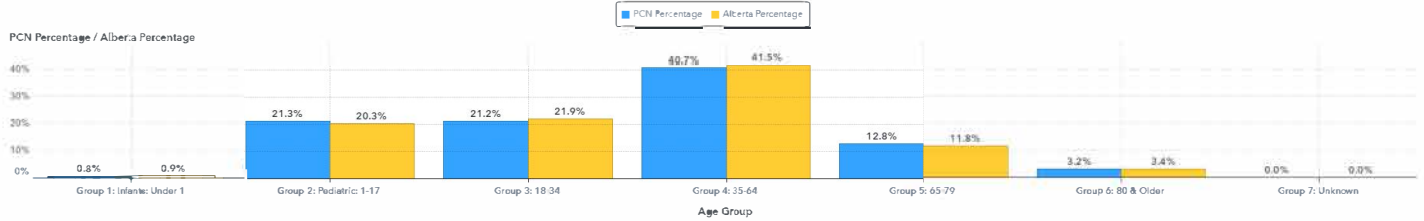
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Distribution of PCN Panel Population by Age and Gender as at March 31, 2021

Age Group	Female	Male	PCN Population
Group 1: Infants: Under 1	296	320	616
Group 2: Pediatric: 1-17	8,115	8,247	16,362
Group 3: 18-34	8,763	7,464	16,227
Group 4: 35-64	16,168	15,018	31,186
Group 5: 65-79	5,089	4,726	9,815
Group 6: 80 & Older	1,332	1,109	2,441
Group 7: Unknown	0	0	0
Total	39,763	36,884	76,647



Percentage Distribution of the PCN Panel vs. All Alberta PCNs Population by Age Group as at March 31, 2021



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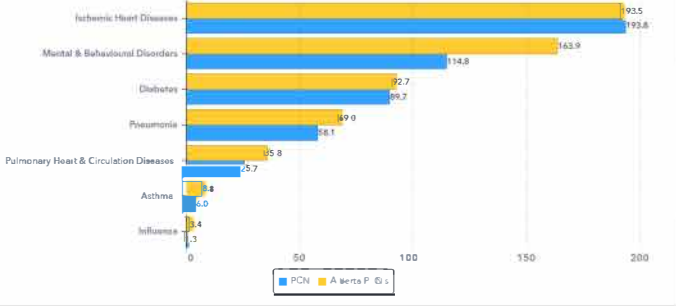
Select a Zone Level PCN or a PCN

Zone PCNs Notes

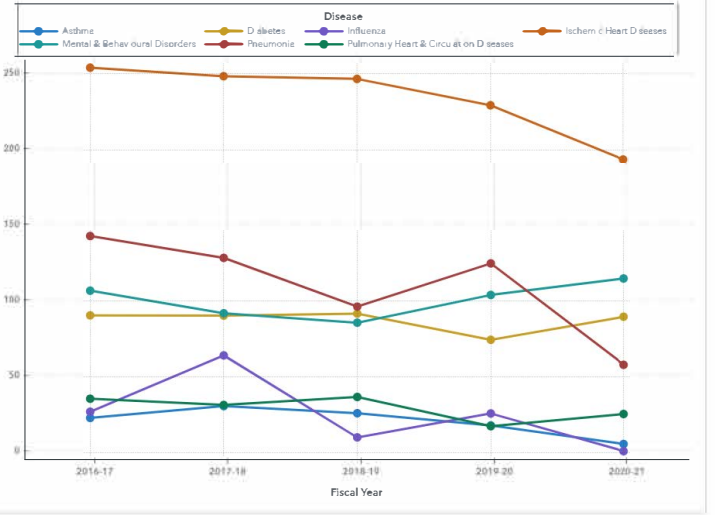
Inpatient Separation Rates (per 1,000 population), PCN vs. Alberta PCNs, 2018-19 - 2020-21

Fiscal Year	PCN Rate	Alberta PCN Rate
2020-21	69.1	74.1
2019-20	76.0	83.4
2018-19	79.7	84.6

PCN vs. Alberta PCNs Age-Standardized Inpatient Separation Rates (per 100,000 population) For Select Conditions, 2020-21

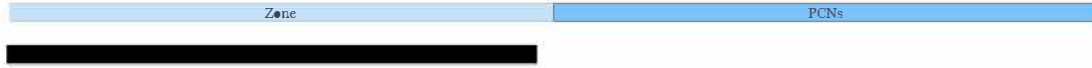


PCN Panel Age-Standardized Inpatient Separation Rates (per 100,000 population) For Select Conditions, 2016-17 - 2020-21



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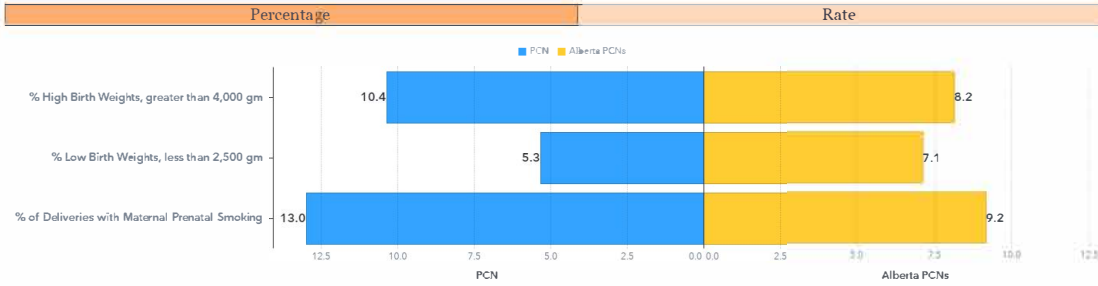
Select Zone PCN vs. PCN



PCN Panel Maternal and Child Health Indicators for 2018-19 - 2020-21

PCN Births  
**2,560**

Alberta PCN Births  
**138,972**



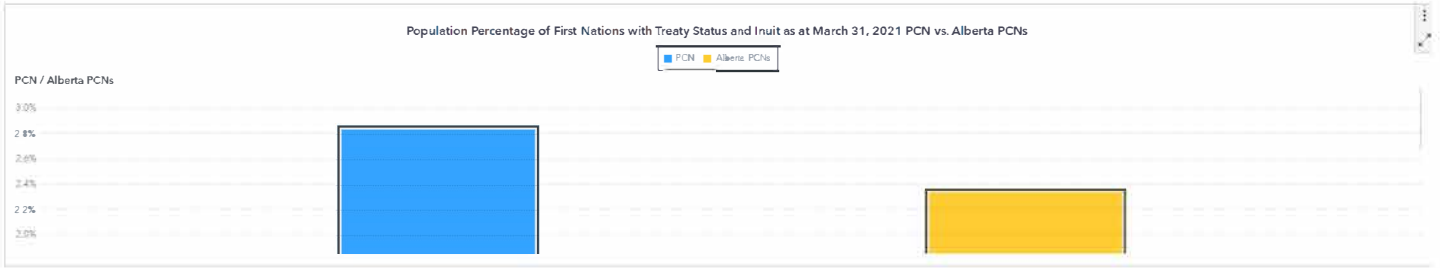


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Select Zone PCN vs. PCN

Zone PCNs Notes

Select PCN Name



Population Percentage of First Nations with Treaty Status and Inuit as at March 31, 2021

