

**September 13, 2010**

## **A Message from ACFP President to Alberta Family Doctors**

Continuing our focus on the changes occurring in primary health care, let's examine how the Canadian Medical Home "team" functions to provide access for every Canadian. **The realistic use of teams is critical for patient-centered access**, and while several family physicians have been working in teams for decades, many have not.

Every Canadian should be able to access a Medical Home through their **identified team** of healthcare workers who will respond to their medical needs. Growing evidence demonstrates that this pattern of **relationship-based access** results in effective and efficient comprehensive, preventive, acute and chronic care. It also promotes happier patients and physicians.

There are a wide variety of teams in Family Medicine - which vary in composition and worksite arrangements - with the simplest and most common composed of a family physician, a registered nurse and a receptionist working in a single office or multi-practice clinic. Most teams are led by a family physician who has taken lead responsibility for the clinical needs of patients, and the planning and financial aspects of the practice and team.

**Clinical leadership** is most often provided by the patient's identified family physician based on the breadth and depth of the role of the family physician. However, in order to make practice teams function efficiently and effectively, new types of leadership are arising that are influenced by the:

- Complexity of primary care
- Evolving practice financial systems
- Patient involvement in care
- Shift in the expectations of physicians

To improve access, we need to consider how the family physician's broad competencies and relationships with other health care providers on the team can be applied in a wide variety of Medical Home settings in which all team members are able to provide patient care to the full limits of their competencies.

As a professional and primary care provider, we should ask ourselves these questions:

- ◆ Should the goals and strategies of the practice be set by the whole team including the patients?
- ◆ Are there ways family physicians can share their leadership roles with other team members to improve access and the quality of care?
- ◆ Should alternatives to the entrepreneurial medical business model be encouraged?
- ◆ Is there a place for patients to take the lead in their own care?

**Send me an email with your thoughts [acfpres@acfp.ca](mailto:acfpres@acfp.ca)**



Paul Humphries, MD, CCFP, FCFP  
President

## ACFP ACTIVITIES UPDATE

### Future of Primary and Chronic Care

- ACFP working with (advising, critiquing) AMA and PCN leads on a vision and strategy for primary and chronic care
- ACFP is the promoter of the Medical Home as the model of family practice within the vision of primary and chronic care.
- Structure for patient care delivery based on the Enhanced Primary Care Network (PCN) model as described in a discussion paper on primary care networks authored by Alberta Health Services.

### Care of the Elderly

- ACFP is in the process of revamping the mandate and priorities of the Care Of the Elderly Committee.
- The committee continues to represent family physicians with a keen interest in seniors care from various locations across the province, and members will be very involved in the change process.
- Three preliminary priorities identified are education/research, advocacy, and the medical home.
- The committee will discuss and address priorities at a *workshop scheduled on November 26, 2010*.

### Continuing Professional Development (CPD)

- The ACFP CPD Advisory Committee has undertaken the development of a provincial CPD survey that will assist the ACFP in identifying members' areas of greatest educational need.
- Analyzed results of the survey will also assist the ACFP in future co-development opportunities and will guide the development of the educational program for the Annual Scientific Assembly (ASA).

### Be A Leader and Get Involved: Support Our Future Leaders

- ACFP is involved in numerous medical school events throughout the year, including student orientation, student luncheons, student retreats and the student shadowing program.
- These initiatives provide opportunities for ACFP to reach students and promote our profession.
- As students are the future of our profession, I encourage you to volunteer for one or more of these student activities. Email me at [acfpres@acfp.ca](mailto:acfpres@acfp.ca) or call the ACFP office at 780-488-2395, toll free at 1-800-361-0607

### Student Shadowing Program

- It has been a busy summer for ACFP! This summer *over 40 medical students* were paired with family physicians for shadowing experiences prior to commencing medical students.
- The purpose of the program is to give students an opportunity to experience what it's like to work in a front-line practice in the community settings.

### Student Orientation

- ACFP participated in orientation events for both the University of Alberta and the University of Calgary in Alberta which provided an opportunity to talk to students about ACFP and Family Medicine.

**56<sup>th</sup> Annual Scientific Assembly – Feb. 24-26, 2011**  
**Rimrock Hotel, Banff AB**

- The Call for Keynote & Workshop presentations generated more than 50 presentation proposals.
- Two satellite sessions have been approved.
- The Call for Research Oral & Poster Presentations opened in August.
- The conference is shaping up to be a comprehensive conference that is relevant to family physicians needs and interests.
- **Registration opens on November 15, 2010!**

**IF YOU HAVE ANY QUESTIONS OR CONCERNS, SEND ME AN EMAIL**  
**[acfppres@acfp.ca](mailto:acfppres@acfp.ca) OR CALL THE ACFP OFFICE AT 780-488-2395 OR**  
**TOLL FREE 1- 800-267-5196**