



HEALTH INNOVATIONS

NAME OF PRACTICE: The Taber Clinic

JURISDICTION: Alberta

HEALTH THEME: Access and Wait Times; Team Based Models of Care

HEALTH SECTOR: Primary care

IMPLEMENTATION DATE: 1999

SNAPSHOT:

This innovative practice addresses the issue of accessibility and quality of care to primary care services in the context of an aging demographic. The practice has existed in Taber, Alberta since 1947, and in 2000, the 'Taber Project' was implemented as a demonstration project to explore a new payment and service delivery system. The clinic has operated within the Chinook Primary Care Network since 2005, and currently serves over 16,000 patients in the community. Functioning with a team-based model of care, this practice involves 12 physicians, 4 licensed practical nurses, 2 nurse practitioners as well as 6 registered nurses, a registered psychiatric nurse, behaviorist, Respiratory Therapist, dietitians, Diabetes Educator (RN), medical office assistants and health coaches.

PRACTICE DESCRIPTION:

Of a population of 20,000 persons between the communities of Taber and Vauxhaull, Alberta, the Taber Clinic is able to link over 16,000 patients to a health care provider through improved patient intake processes and the efficient use of health human resources. This clinic is designed to meet the majority of patients' primary care needs by bringing the expertise of dietitians, physicians, diabetes educators, asthma teams, RPNs, LPNs, RNs and nurse practitioners under one roof to create a centralized patient Medical Home. The medical office assistant plays a crucial role in this health care team, working directly with a physician and taking standard patient metrics. While every patient is attached to his or her own family physician and team, a patient can choose to see any one of the team during any given appointment, dependent upon the need presented at the time of visit.

Data is collected at each point of care. This data is then used to inform care pathways and determine appropriate provider allocation. There is a particular focus on preventative measures such that algorithms have been created for approximately 60 different types of screening and are automated to alert health personnel depending on patient profiles. On an aggregate level, this data collection also helps to inform the clinic's progress relative to health care guidelines and population benchmarks. The

integration of the electronic medical record system provides the infrastructure to enable both the data collection and communication among health care providers.

In the spring of 2000, the clinic moved away from fee-for-service payment structure and turned to blended funding, based on capitation funding for the designated population, plus fee-for-service for those patients attending from outside of the catchment area. Effective since September 2000, this 'Alternative Relationship Plan', now managed by Alberta Health has provided funding for patient care within the clinic. Effective with the inception of the Primary Care Network (PCN) in 2005, the clinic receives PCN funding to support the development and

employment of the practice team. The Chinook PCN provides facilitation and evaluation support to assist with Quality Improvement within the clinics.

The "Taber Project" was initially launched on a three-year term and received funding from the Canadian Health Services Research Foundation, the Alberta Heritage Foundation for Medical Research, Chinook Health Region, and Alberta Health and Wellness. After 2003, the clinic was able to continue serving the communities through its standard Alberta Health funding sources. The clinic receives no additional sources of funding beyond that available to all Family Physicians in Alberta.

IMPACT:

There has been no system-based evaluation publically shared on this initiative. Various grey sources have referenced the positive impact of these primary care services on relative health services such as emergency department visits and acute care services. One paper noted that emergency asthma visits have been reduced from 340 in 2001 to 24 in 2011. Anecdotal evidence states that allied health professionals have been accepted well and integrated into the system by patients and other health professionals.

The Taber Clinic has been profiled nationally in 2011 in the Premier's Report and highlighted by the Health Care Innovation Working Group as one of Canada's leading innovative health care models in 2012.

APPLICABILITY/TRANSFERABILITY:

The clinic is currently in the process of changing facilities in order to capacitate a broader range of services including public health, homecare, mental health, addictions, family and community services.

In 1999 the Regional Health Authority hired a project coordinator to share the work and knowledge gained during the development of this model of care and how it can be applied to different parts of the region however this position was discontinued in 2004.

The electronic medical record system is noted as an essential element to the functionality of a practice on this scale; however, the continuity of services, upgrading, and user knowledge around the electronic system remains a constant challenge.

CONTACT INFORMATION

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