

Picture Butte Community Conversation

September 13, 2023

What We Heard – Summary

On September 13, Alberta Health Services (AHS) hosted a community conversation to discuss the changes to the current model of care in Picture Butte, which includes the closure of the ambulatory care clinic (ACC) at the Piyami Health Centre effective Oct. 15, 2023.

Over 150 residents from Picture Butte and the surrounding area gathered to meet with AHS representatives.

AHS is currently examining the care model for Picture Butte, working to support healthcare in the community and open an AHS-operated after-hours care option which we expect to have in place for residents in 2024.



Current Situation

Since 2004, the designated Ambulatory Care Clinic (ACC), known locally as Urgent Care, at the Piyami Health Centre has been contracted to a physician who also operates his private clinic in the same building. The contracted physician and another local physician provide on-call service to the ACC in addition to their private clinics.

When assessing the ambulatory clinic services, AHS noted the low number of patients accessing the clinic services over the past several years, and that many of those patients could be served at a physician's private office.

AHS has provided notice to the contract holder that they will end the contract for the ACC which means it will close Oct. 15, 2023.

AHS wants to ensure that the community's future health needs are met, and that residents are receiving appropriate and sustainable care and service.

What We Heard – Summary *continued*

There is a need for more primary care physicians in Picture Butte, with some after-hours care. As such, AHS announced at the community engagement session that they would continue to support the recruitment of two family physicians in the community and open an AHS-operated after-hours and weekend clinic in 2024.

The Piyami Health Centre itself will remain open. The closure of the ACC will not affect other AHS services at that location. The ACC is only a portion of the overall facility, which houses many services which will continue to be available:

Ambulatory Clinic	Laboratory Services	Home Care	Public Health <ul style="list-style-type: none"> • Immunization • Maternal newborn • Better beginnings • Oral Health Services • School program
Health Information <ul style="list-style-type: none"> • Access & Disclosure • Records Management 	General Radiography (X-Ray)	Physiotherapy	
North County Health Foundation (Picture Butte)	Environmental Public Health – Water Sample Bottle Pick-up and Drop-off	Occupational Therapy	
		Speech Language Pathology - Adult	

The physicians' private clinic, located within the Piyami Health Centre, continues to operate during daytime hours, as well as a second family physician clinic in the community.

Supporting succession planning for this community will ensure that access to care is sustained in Picture Butte. Funding previously dedicated to the ACC will be redirected to support the development of the after-hours clinic and also towards some recruitment and retention of family doctors in Picture Butte.

A new, AHS-operated after-hours clinic will provide a revised model of care in the community, supported by onsite nurses and doctors. This model also supports recruitment goals by providing new physicians the opportunity to work in and get to know the community of Picture Butte, working in a facility provided by AHS with no overhead costs to the physicians.

Timelines for opening the new clinic are not yet finalized as operation is dependent on the recruitment of physicians and regulated nursing professionals. We aim to open in 2024.

Conversation Summary

Questions from the community

We heard a variety of concerns from community members at our meeting.

Model of Care Change

Q: How did you come up with the date of Oct. 15 to close the ACC?

A: The ACC is operated by a contracted provider with private staff, supported by on-call physicians. After conversations with the contracted physician, AHS provided three months' notice of our intent to end the contract which had been previously renewing on a monthly basis. The South Zone is implementing the province-wide healthcare information system Connect Care in November and the decision was made to not renew the contract prior to its implementation as the clinics model was not sustainable in its current form.

Q: Was this decision made by the physician or was it an AHS decision?

A: The decision was made in conversation with the physician, but ultimately was made by AHS.

Q: How is this clinic different from others in Alberta? Don't the doctors work for AHS?

A: Until October 15, AHS contracts the operation of the ACC to a private, non-AHS-employed, physician, who manages, operates, and hires staff for the clinic. AHS clinics, such as the Coaldale Health Centre, can be staffed by physicians, nurse practitioners, registered nurses, licensed practical nurses or physician assistants.

Q: What will happen to the staff? What does AHS require for the new clinic?

A: ACC staff are employees of the contract physician. AHS will be recruiting and hiring credentialed staff to meet the scope of practice dictated by various regulating bodies responsible for licensing healthcare providers or accrediting healthcare delivery services and meet the legislated requirements of AHS facilities.

Q: We are worried that this is the beginning of another thing we are going to lose. I do believe we can get better involved in physician recruitment. We need more trained doctors, nurses.

A: We find it's best to work in partnership with communities for recruitment. We rely on our community partners to help show what rural areas have to offer, and the positives of living in a smaller community. Partnering with educational institutions to offer grow-your-own type training programs and educational opportunities can also be helpful to encourage area residents to pursue careers in healthcare, close to home.

Q: Why bother scheduling a community engagement session for after the fact, if the decision to change has already been made?

A: We understand the frustration about the decision to end the contract for the ACC. There was not an opportunity for the clinic to remain in operation as it currently is. Opening an AHS

What We Heard – Summary *continued*

clinic in 2024 and recruiting for new family physicians in the community plays an important part in succession planning to support care in the community.

Accessing Care

Q: Where are we supposed to go to receive care?

A: Your level of care needed, will depend on your symptoms or the acuity of your injury. For instance, anything that poses a potential threat to life or limb is either an emergency department visit or a call to 911. Often, anything less than that can be managed by a family physician. If you are unsure, a call to HealthLink may be helpful. [Health Link | Alberta Health Services](#)

Q: What happens if you don't have coverage? We have heard from some people that they hesitate to call 911 because they cannot afford the ambulance bill.

A: If you make under \$16,580 as a single person, ambulance (along with several other services that come with a fee) are covered by the Alberta Adult/Child Health Benefit. In cases where an ambulance service fee is incurred and patients are uninsured, reasonably believed to have no fixed address and collection is not reasonably assured, AHS will waive the fee and absorb the cost. More information on ambulance fees is available here: [Ambulance and emergency health services | Alberta.ca](#)

Q: If I can't go to the ACC, what am I supposed to do? Where am I supposed to take employees who have minor injuries during work hours? What are my options? (i.e., for a minor bite and tetanus shot.)

A: If you are unsure and do not have a family doctor to see, call [HealthLink \(811\)](#), which is available to Albertans 24 hours a day, seven days a week. This line will connect you with a nurse who will assess you over the phone and will direct you to the most appropriate place for your condition.

Where to access care

Non-Emergency Medical Care

Primary Care:

Two family doctors in community
Clinical hours, Mon. – Fri.

Ambulatory Care:

Coaldale Ambulatory Care Clinic
(after-hours walk-in)
Hours:
5 p.m. to 10 p.m.
(Mon. – Fri.),
10 a.m. to 3 p.m.
(Sat. – Sun.)

Emergency Medical Care

For medical emergencies call 911.

24/7 Emergency Rooms:

Fort Macleod Health Centre
Lethbridge Chinook Regional Hospital

EMS:

Unit based in the community.
Call 911.

Other resources

Call Health Link at 811, for non-emergency health-related questions. Available 24/7.

Online Resource: Health Education and Learning (HEAL) website (www.ahs.ca/heal)

What We Heard – Summary *continued*

Q: I feel that it would be a mistake to close this clinic, for any period of time. Under what circumstances could the current clinic remain open as is?

A: AHS is working to replace evening and weekend care options for the community as soon as possible. Recruitment is ongoing for the physicians and regulated nursing professionals needed to open an AHS-run clinic, which will create a stable and more sustainable after-hours offering in Picture Butte.

Care Designation/Terminology

Q: Can you clarify the difference between Alberta Health and Alberta Health Services?

A: *Alberta Health* is the government ministry that legislation, and standards for the health system in Alberta. Health services are planned and delivered by *Alberta Health Services (AHS)*. AHS delivers medical care on behalf of the Government of Alberta’s Ministry of Health through more than 900 facilities throughout the province, including hospitals, clinics, continuing care facilities, mental health facilities and community health sites.

Q: We were surprised that AHS is referring to our Urgent Care Centre as Ambulatory Care.

A: We appreciate that different terminology can cause confusion. Within AHS, care is categorized as follows:

Type of Care	Primary (Family Doctor)	Ambulatory	Urgent	Emergency
What it is for:	Ongoing health needs. Also includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses.	Immediate attention for urgent, but non-life-threatening conditions including sudden illness or injuries. Can normally be treated in a doctor’s office.	Extended hour access for unexpected, but non-life-threatening health concerns. The role of urgent care centres is to provide a transitional step of health service between community physician offices and hospitals.	Patients who are seriously ill or injured. Patients with potentially life-threatening conditions.
Patient Condition:	Non urgent	Non urgent	Unexpected but non-life threatening	Urgent and life threatening
Examples of common conditions treated:	<ul style="list-style-type: none"> • Ongoing Health needs. • Diagnose and treat most medical issues • Periodic health exams • Supervise chronic illness and mental health issues • Provide referrals to other medical consultants and specialists if needed 	<ul style="list-style-type: none"> • Minor cuts or burns • Minor musculoskeletal injuries • Sore throats • Headaches • Earaches or ear infections 	<ul style="list-style-type: none"> • Broken bones • Sprains • Lacerations • Asthma • Dehydration • Pain • Infections 	<ul style="list-style-type: none"> • Major trauma • Cardiac events • Injuries • General medical problems

You can learn more about different care options [here](#).

What We Heard – Summary *continued*

Q: The ambulatory care designation is mischaracterized to a certain extent. It diminishes what we are to the community, particularly in the daytime when we have full access. Where should people go for X-ray if they have a workplace injury, for example?

A: Picture Butte residents will continue to have access to X-ray and laboratory services at the Piyami Health Centre as long as staffing is available. After-hours X-ray services are available at Chinook Regional Hospital via the emergency department. Your level of care needed, will depend on your symptoms or the acuity of your injury. For instance, anything that poses a potential threat to life or limb is either an emergency department visit or a call to 911. Often, anything less than that can be managed by a family physician. If you are unsure, a call to Health Link may be helpful. [Health Link | Alberta Health Services](#)

Q: Why does the sign out front say that the Piyami Health Centre has Urgent Care? Is there plans to get this changed?

A: There are plans to remove “Urgent Care” from the signs that point towards the Piyami Health Centre.

Recruitment

Q: How, and for how many years, have you already been recruiting for this community? What happens if the two current physicians do retire, and we can’t recruit. Is that going to dissolve the other services in the community?

A: Recruitment for rural and remote communities has always been a challenge, even before the pandemic. We work alongside local physicians to consider succession planning, and recruitment is ongoing with two active job postings for primary care physicians in Picture Butte.

We are looking into opportunities to train locally. Often physicians stay where they train, so opportunities such as the AHS-run after-hours clinic will provide physicians an opportunity to work in the area. For example, as part of the hiring process, newly recruited physicians in Lethbridge will work alongside another physician in a different community for three months. Picture Butte is presented as an opportunity, showcasing the community to new recruits.

Canadian graduates can begin working immediately. International Medical Graduates (IMGs) may take anywhere from six - 18 months. Many physicians new to Alberta, such as an IMG, may be required to undergo a Practice Readiness Assessment (PRA) with the College of Physicians and Surgeons of Alberta (CPSA) prior to independently practicing as a physician in Alberta to ensure they have the right skills and can practice safely.

On Jan. 16, 2023, CPSA launched a five-year pilot project to condense the PRA process for IMGs with training comparable to that obtained in Canadian universities, as identified by experts in postgraduate medical training. The goal of the pilot is to evaluate whether certain IMGs may begin independently practicing in their identified communities faster, while still ensuring patient safety is the top priority.

More information is available here: [Route to registration for IMGs trained in approved jurisdictions - College of Physicians & Surgeons of Alberta](#)

What We Heard – Summary *continued*

Q: What about using a nurse practitioner instead of a doctor?

A: AHS is exploring options to provide additional supports to the community, such as the recruitment of a Nurse Practitioner (NP) who could take on some of the responsibility of a primary care physician. As NPs can practice independently within in their scope of practice they can functions as the most responsible care provider and:

- Conduct comprehensive health assessments,
- Make diagnoses and manage acute and chronic conditions,
- Order and interprets tests,
- Prescribe medications, performs procedures,
- Initiate referrals,
- Provide health education to patients and families.

Thank you

On behalf of the AHS South Zone leadership team, AHS thanks the residents of Picture Butte and surrounding area for your continued commitment to healthcare.

For More Information

If you have additional questions or feedback, please contact Alberta Health Services Community Engagement & External Relations at Community.Engagement@ahs.ca.