Provider Key Messages

What is One:carepath?

One:carepath, is a provincial research project that takes a proactive and co-managed approach to care planning with patients who have *advanced/decompensated/non-curative COPD, heart failure, cirrhosis, kidney disease, and stage 3 or 4 solid organ cancers.*

It includes a co-designed shared care plan template and online digital support tool focusing on optimizing a patient's quality of life and functional status through careful attention to symptom management, avoiding aggressive treatments where appropriate, and determining a patient's values and preferences for care. The goal is to enable informational, relational, and management continuity among all those involved, and reduce hospital admissions and emergency department visits.

Although this research project is focusing on some specific disease processes, the provincial long-term goal is to support any patient who can benefit from care planning.

How is this different from regular care planning?

Previous efforts in developing care planning were not mandated to spread and scale on a provincial level. Nor were they co-developed to the same degree with patients and providers in order to consider the patient's voice and how it would fit with clinic flow. Our care plan has also been uploaded to 4 of the 5 provincial EMRs.

What are the potential future impacts?

Crucial components of Alberta Health's IT landscape needed time to develop and are still building capacity. There is now have enough traction to effect real change. With immense effort over the last few years Alberta has seen:

- *92%+ uptake on Netcare*
- *250 clinics now live on CPAR/CII – another 105 clinics in progress of going live, equals approximately 23% of the province (estimated 1553 clinics in Alberta)*
- *Connect Care in the midst of wave 8 of 9 – target for completion of rollout is 2024*
- *Approximately 1.2 million Albertans have an MHR account. Roughly 25% of the province population (≤14 years old)*

These developments provide the potential for system wide sharing of care plans. Care plans will no longer stay within the walls of the primary care clinic or solely with a patient.

The province removed fee codes that support the time needed to complete care plans. How can I make this work when my days are already busy?

The primary care physician does not have to be the only provider responsible for producing/modifying care plans. The **one:care**path project is designed so that the primary care physician **or** a designated clinic team member can complete the care planning with the patient. We are providing direct funds to clinics and PCNs who choose to participate knowing that practice facilitators, other clinic team members, and PCN resource time may be increased to support this work, particularly managing complexity over time rather than in one single encounter. This project is an opportunity to demonstrate success that may lead to a financial reward for primary care, allowing for reinvestment in ongoing practice support.

How will this support providers and patients?

The goal of this project is to provide tools that will allow multiple providers involved in a patient's care to have close to real-time information about a patient at their fingertips. Working together with your patients, specialists, and other healthcare providers to define problems, set priorities, establish goals, create

treatment plans and solve problems will support patients who choose a conservative approach to manage their chronic condition & facilitate integrated approaches to home and community-based care, including rural/remote communities across Alberta.

Participation in this project can be used as part of your PPIP-CPSA QI requirements

How long will this project last?

Up to 18 months depending on start date.

Study Title: One:carepath Implementation: Implementation and Evaluation of an Innovative Integrated Conservative (Non-Dialysis) Kidney Management Pathway by Community Care Providers across Alberta, and the Development, Implementation and Evaluation of an Innovative Integrated Supportive Care Pathway by Primary Care across Alberta (Pro00122633)