Igniting Innovation

Primary Care Network
EDMONTON SOUTHSIDE

Annual Report 2021/22

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Introduction

The COVID-19 pandemic created extraordinary challenges for almost every individual, organization and industry around the world. Within a matter of weeks, the way we worked, traveled, socialized or received essential services, including health care, completely changed. For those of us who work within the health care system, as part of the Patient's Medical Home, these changes demanded bold ideas and creative thinking.

The Edmonton Southside Primary Care Network knew that the strategies and initiatives we created during the pandemic had to look beyond simple adaptation and focus on ensuring long-term stability and certainty in how we deliver programs and services to our patients. While the pandemic was difficult and daunting for everyone, it also ignited innovation and inspired ingenuity. It helped us improve the way we work and the way we serve our patients, so we can be ready for whatever the future holds and be able to ensure patients get the comprehensive care they need when they need it.

Edmonton Southside Primary Care Network

Vision

The trusted cornerstone of a healthy community.

Mission

To provide team-based primary care and work with our community to achieve the best health for all.

Values

Respect, Passion, Collaboration, Dedication, Innovation

What is a Primary Care Network?

A Primary Care Network (PCN) is an organization that works within their community to bring together family doctors with a team of health care professionals to provide collaborative patient care. Each multidisciplinary team is unique to every PCN, and the population that they serve. PCN registered nurses, nurse practitioners, behavioural health consultants, exercise specialists, registered dietitians, registered social workers, and respiratory therapists connect with family doctors and patients to assist with providing the right knowledge and resources to cover every care need.

What is the Edmonton Southside PCN?

The Edmonton Southside PCN (ESPCN) connects our team of health care providers to the patients that need them, through the family doctor that cares for them. The PCN's role is to connect patients with specialized support and services as needed. Our team approach integrates the valuable relationship between family physicians and their patients, with the broader services and larger philosophy of the PCN, to offer the greatest benefits to individuals, families and the health system as a whole. Our highly trained multidisciplinary team is a valuable resource for physicians, helping them provide enhanced primary care at clinics and in the community, through programs and services. The 196 ESPCN staff work with 329 family physicians at 106 member clinics to offer compassionate comprehensive care, as well as meet the needs of each and every community they support.

What is the Patient's Medical Home?

The Patient's Medical Home puts the patient's needs at the centre of care. It emphasizes prevention through primary care, and connection to broader health services when needed. Health care works best when it's delivered in a family practice that offers the necessary care for all stages of life, while enabling patients to work towards managing their own health. The ESPCN works within a team-based approach, to encourage valuable relationships between family physicians and their patients through a wide range of services that best support individuals, families and their community.

Current ESPCN Stats:

329	106	196	114
Member physicians	Member clinics	ESPCN staff	Clinical staff

Patient Data from April 2021 to March 2022:

168,621	72,792	3,017
Patient encounters, including group classes	Total patients served	Discrete patients who participated in PCN-led group classes

Message from the Board Chair

An annual report must include supporting data and statistics, but there is more to the story than numbers. Every paneled patient is a real person with their own challenges and successes. Every unique patient encounter represents a person who found help at the ESPCN this year. When we talk about multidisciplinary staff, numbers of member physicians, or network clinics, we're talking about teams of physicians and health care professionals who work hard every day to improve the health of the individuals who make up our patient population. Their work is meaningful to the people we serve—and when we view it on the larger scale, the value of the Edmonton Southside Primary Care Network is evident.

Despite challenges during the pandemic, we saw an increased number of patient encounters with PCN multidisciplinary team (MDT) members. With the continued use of both in-person and virtual appointments to accommodate our patients, we were able to provide care when and where they needed it. We are continuing to explore new ways to support patients both in clinic and virtually (helping patients where they are at). We've learned many things in the past two years... and the effectiveness of virtual communication is high on the list.

Group workshop participation increased substantially in 2021/22, including the launch of a new pilot workshop "Kitchen Basics." This 4-week virtual cook-along workshop focused on increasing participant confidence in preparing simple and approachable recipes. The ability to secure and prepare one's own food is an important social determinant of health and our PCN has taken steps to give our patients confidence with these fundamental skills.

We remain proud of our Transitions of Care Program. In 2021/22, all clinics with a registered nurse adopted the transitions of care process that helps high-risk patients with recent hospital discharges connect to primary care in a timely and consistent fashion. Program evaluation results were published in an academic journal article in the Healthcare Management Forum to promote the spread of this work in the larger primary care community.

Community engagement is vital to our work. In late 2021, we saw the launch of a new patient-focused ESPCN website which promotes patient access to groups, workshops and resources. By making this new website easy to navigate and focusing on the needs of our patients and community, we are better able to link helpful resources for our patients to help them get the access and care that they need.

All of this was accomplished under the direction of our new Executive Director, Andrea Atkins. The 2021/22 business year is the first full year of the ESPCN under the leadership of our second executive director in our 17-year history. The PCN has benefited from Andrea's vitality and vision and thanks to her expertise and experience, continues a long tradition of sound business practices and patient-centred care. In addition, we introduced the role of Human Resources Manager and saw changes and transitions in senior executive positions. I believe the fundamental ideals and culture of our organization remain firmly grounded and I am optimistic about our future.

Dr. Ron Shute
Chair, Board of Directors

ESPCN Board of Directors 2021/22

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Juliet Fairfax
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Officers and Management

Ron Shute, Chair, Board of Directors
Juliet Fairfax, Vice Chair, Board of Directors
Andrea Atkins, Executive Director

Igniting Innovation

Our commitment to igniting innovation and finding solutions that address the current and future needs of patients is reflected in both our strategic thinking and our business plan.

Our business plan, which guides all of our work, is broken down into four key priorities:

- Clinical Supports and Services
- Medical Home Optimization
- Community Development
- Medical Neighbourhood

Clinical Supports and Services – Ensuring the multidisciplinary teams reflect the pillars of the Patient's Medical Home and alignment with the medical neighbourhood. Team-based care focuses on integrating MDT in our member clinics and through the PCN central office, and includes 1:1 MDT appointments, group visits, and group education.

Medical Home Optimization – Focusing on the expansion of quality improvement initiatives to better reflect the pillars of the Patient's Medical Home and the inclusion of elements such as education and evaluation.

Community Development – Leveraging the ESPCN's social and community supports that impact and benefit the overall well-being of our patients as an extension of the medical neighbourhood and medical home. This includes Seniors' Centre Without Walls and proactive development of community partnerships.

Medical Neighbourhood – Integration and collaboration between PCNs and AHS across the zone. Medical neighbourhood and zone efforts have shown increased support for the COVID-19 initiatives. These initiatives include COVID-19 pathways, Paxlovid prescribing pathways, and transitions of care work within the PCN.

Everything

we do is guided by our business plan priorities and our commitment to patients and their medical homes!

Notable Accomplishments:

When it comes to igniting innovation, there have been several initiatives over the past year that demonstrate our creative, solutions-focused approach to improving our programs and services. Here are just a few examples:

- **New patient-focused website launched in Fall 2021- geared toward easy access to patients.**

  Prior to launching our new website in fall 2021, the ESPCN website required frequent maintenance, there was a decline in functionality, and a limit to the information it could house. As the ESPCN website is used as the key communication tool for our patients, it was imperative that it function in an effective and meaningful way.

  The ESPCN had the opportunity to build a website better suited to its current and future needs that aligns with our business plan objectives and priority initiatives. This included features such as integration with the highly used Alberta Find a Doctor website, better user experience, streamlined resource libraries, program highlights, patient workshop information, accurate member physician listings, and a robust search function.

  The concept of the Patient's Medical Home is at the heart of what we do at the ESPCN and we wanted to incorporate more information and education of that into every aspect of the site. The new ESPCN website is an informative health resource for patients. Focusing on the needs of this target audience, the site includes improved promotion of health resources including groups and workshops, a resource library, and external resources and links.

- **New Staff: HR Manager, Communications Team changes, permanent Clinical Director**

  These new staff have helped the organization be more resourceful, strategic and supportive for staff, which in turn allows for the focus to remain on patient care, access and teams.

  - Enabling policies to be rolled out to help staff focus on their work.
  - Enhancing communications procedures, rolling out the new website and internal communications platforms.
  - Providing strong dedicated leadership and support to the multidisciplinary teams and managers, in order to maintain the level of staffing for direct patient care.

- **Flexible Care Options**

  We have worked to provide patients with multiple ways of utilizing services, offering both in-person and virtual options depending on patient preference. Clinicians are still working in-person within clinics but taking either virtual or in-person appointments depending on patient needs.

- **Physician Engagement Survey**

  In 2021, the ESPCN conducted a Physician Member Engagement Survey which identified satisfaction in several areas of ESPCN services, along with areas to better support our member physicians and their patients. In addition to improving the accessibility of services and better communication around centralized supports, respondents indicated a desire for increased education around MDT roles and QI support for CII/CPAR.

Our new patient-focused website, launched in fall 2021, is geared towards easy access to patients.

Groups and Workshops

Edmonton Southside PCN offers 24 workshops and groups to help patients and families meet their health and wellness goals.

Groups and Workshops

Our workshops help patients stay healthy, access the care they need and learn how to make the most of their ongoing relationship with their health care team.

Workshop topics include mental health, nutrition, exercise, healthy aging, lung health and pregnancy.

We had 3,017 people (discrete patients) participate in PCN-led group classes in 2021/22.

Group Classes: At the start of the pandemic in 2021/22 the ESPCN transitioned over 20 patient education and support groups into virtual-friendly presentations. **In 2021/22, the ESPCN saw a 24% increase in workshop participation.** This speaks highly to the ESPCN's ability to meet the needs of patients, wherever they are at. We also piloted a new Kitchen Basics workshop, a 4-week virtual cook-along workshop focused on increasing participant confidence in preparing simple and approachable recipes led by one of our registered dietitians. This program is built for anyone who wants to learn how to cook healthy meals that are easy to make. Topics include knife handling, basic food safety, reading recipes and balancing meals. The ability to secure and prepare one's own food is an important social determinant of health and our PCN has taken steps to give our patients confidence with these fundamental skills.

The Lower Leg Assessment Clinic (LLAC) provides prevention and treatment for chronic and acute lower leg conditions such as lower leg edema, wounds, and high-risk foot issues. Timely prevention and/or treatment of these conditions, along with patient education, support, and connection to the appropriate treatment modalities, improves patient care outcomes.

Since the clinic was piloted in 2013, the comprehensive LLAC has been further developed to provide care for patients experiencing a variety of acute and chronic lower leg and foot conditions as a result of increased complex needs and referrals from family physicians.

These services are provided by a registered nurse who provides assessment and treatment of wounds and associated complex conditions of the lower leg. The clinic is also supported by an occupational therapist who provides assessment, treatment, and modalities to high-risk foot patients referred to the LLAC.

A primary care medical home approach to pulmonary rehabilitation

Recently, an evaluation of the ESPCN's Breathing for Health workshop, an evidence-based pulmonary rehab program, was conducted and published in the Canadian Journal of Respiratory Therapy.

Post-program evaluation demonstrated improvement in 6-minute walk distance, lower body strength, COPD health status, and quality of life, as well as a reduction in emergency department visits 1 year after program completion. The results conclude that delivery of a pulmonary rehab program in a primary care setting is effective and can help address the issue of accessibility.

Encounters and Multidisciplinary Teams

Over the past 17 years, the ESPCN has grown to become the largest PCN in Edmonton and consists of a team of health care professionals who are passionate about creating healthier communities.

Each member of our health care team at ESPCN plays a specific role in delivering, coordinating, and improving primary health services. Our team is composed of registered nurses, nurse practitioners, behavioural health consultants, registered social workers, registered dietitians, exercise specialists, respiratory therapists, occupational therapists, quality improvement and administrative staff.

Multidisciplinary Teams (MDT) supporting patient care: The ESPCN's MDT play an important role in supporting family physicians to coordinate care for complex patients. In 2021/22, MDT reported **37,351 unique encounters** focused on managing complex patients (patient coordination, complex care planning, and transitions of care), representing 1 in 5 MDT encounters (22%). This is a 12% increase from the previous year.

→ **We have MDT staff in 79% of our member clinics.**

Along with the care of our complex patients, MDT staff also act as navigators and patient coordinators and contribute to interagency committees and working groups across the system, collaborating with health and social services partners to improve community health. These connections increase opportunities for collaborative care and patient advocacy.

Offering virtual and in-person care: Despite the challenges during the pandemic, we saw an increased number of patient encounters with PCN MDT. The ESPCN worked quickly to develop new guidelines to support virtual care and patient outreach to at-risk populations during COVID-19. The ESPCN saw a dramatic increase in virtual care encounters including telephone visits with patients and families, video conferencing and patient emails. Beyond the pandemic, the ESPCN is exploring ways to continue including virtual care options for patients as part of routine care.

Full return to in-clinic care: MDT staff have been back full-time in person for several months now, offering virtual appointments to patients when it is necessary for the patient. This allows MDT staff to remain an important member of each clinic's teams, enabling the team-based care that our patients need and want.

Focusing on enabling teams and connecting with managers: The ESPCN has had a long tradition of decentralization and co-locating staff in physician's offices. This has created various challenges when it comes to information sharing and collaboration. In order to increase team connection and communication, in March 2022, the ESPCN rolled out the Microsoft 365 environment for all staff. This included Microsoft Teams and access to an internal staff-facing intranet site that acts as an information hub for all staff.

These tools will enhance the interconnectedness of MDT and clinic teams by making sure staff have the tools they need to be a part of the medical home. This rollout will also improve collaboration and the efficiency of communication between staff to benefit our medical homes and the patients within them.

Benefits of M365 at ESPCN:

- Accessing PCN information remotely from clinics
- Allows for flexible care options without interrupting patient care or access
- Enabling collaboration (one of the ESPCN core values)

ESPCN Encounter Data

Patients and Encounters by Fiscal Year
(*ALL, excluding no shows)

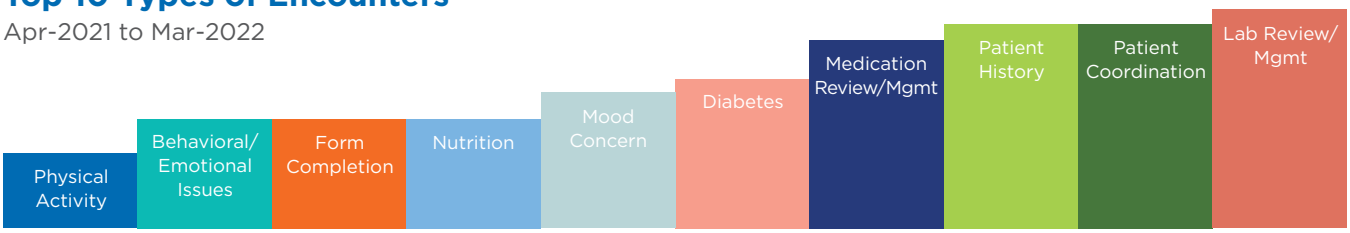
	2019/20	2020/21	2021/22
Total # Patients	64,346	68,846	72,792
Total # Encounters	154,836	163,280	168,621

Total Patient Encounters by Discipline

	2019/20	2020/21	2021/22
	Patients	Patients	Patients
Behavioural Health Consultant	9,731	9,693	9,212
Exercise Specialist	1,674	1,643	1,649
Nurse Practitioner	2,392	2,753	1,917
Psychiatrist	714	639	672
Registered Dietitian	7,554	7,633	8,423
Registered Nurse	47,433	50,573	54,252
Registered Nurse (Lower Leg Assessment Clinic)	-	190	484
Registered Social Worker (Central)	-	250	466
Registered Social Worker (Healthy Aging)	2,102	1,422	1,601
Respiratory Therapist	1,296	826	751
Occupational Therapist	62	16	56
Seniors' Centre Without Walls	101	1,757	1,967
Total # Patients	64,346	68,846	72,792

Top 10 Types of Encounters

Apr-2021 to Mar-2022



Quality Improvement

The ESPCN Quality Improvement (QI) team supports medical home optimization in our PCN member clinics. Medical home optimization leads to improved access, increased services, and ultimately better care for our patients.

Quality Improvement

The ESPCN supports clinic teams through investment in our quality improvement supports, which include improvement facilitators, EMR consultants and both fixed and rotating panel management assistants (PMAs). As a result of last year's business plan amendment, we were able to expand improvement facilitator support, allowing more member clinics to receive support for planning, executing, and evaluating medical home optimization improvements.

Optimizing Panel Management Supports: In September 2021, the ESPCN successfully transitioned to an outreach-focused rotating PMA role in four of our member clinics. This shift allowed the PMA to focus their attention on one clinic per rotation, ensuring that all four outreach areas (screening, time not in clinic, chronic disease, and age) are addressed. It also increased the capacity within the PMA role to provide additional support to other clinics.

→ **Today, nearly 43% of ESPCN clinics have continuous panel management or improvement processes in place.**

Outreach activities are critical components of panel management. Outreach is a proactive approach to contact at-risk patients to prevent them from falling through the cracks. This includes outreach for patients overdue for preventative health screening and for patients who may be vulnerable due to their age or medical condition.

The number of clinics working with a PMA increased and the overall number of ESPCN member physicians with available PMA support increased by 21 physicians and 9 member clinics over the last year. The ESPCN continues to encourage clinics to define outreach criteria and commit to repeat outreach activities at set intervals.a and commit to repeat outreach activities at set intervals.

→ **This year, there was a 6% increase in member clinics engaged in outreach activities.**

The overall number of ESPCN member physicians with available PMA support increased by 21 physicians and 9 member clinics over the last year.

Engagement in quality improvement

54
Clinics who are working with a panel management assistant to improve care for patients

48
Clinics who worked with an EMR-consultant on EMR optimization

41%
Clinics who are doing panel outreach in targeted areas

66
Clinics who worked with our ESPCN improvement facilitators on a medical home optimization project

Quality Improvement

Preventative Health Screening: Clinics using opportunistic screening methods remained stable in 2021/22. The ESPCN continues to promote the use of automated EMR features such as alerts and triggers to encourage systematic health screening.

Transitions of Care Program: The ESPCN continues to deliver our Transitions of Care program to connect high-risk patients with recent hospital discharges to primary care in a timely and consistent fashion. This program is an embedded process for registered nurses and clinic teams. In 2021/22, all clinics with a registered nurse adopted the transitions of care process. From July to December 2021, the ESPCN monitored 7,945 hospital discharges, with 21% of patients identified as high-risk. 573 high-risk patients received a post-hospital phone interview by the registered nurse within their patient's medical home. In April 2022, program evaluation results were published in an academic journal article in the Healthcare Management Forum to promote the spread of this work in the larger primary care community. Future goals for the Transitions of Care program include increasing registered nurse involvement in home visits (on hold due to pressures of COVID-19) and piloting registered nurse follow-up at the central ESPCN office for interested physicians without an integrated registered nurse on site.

CII/CPAR: CII/CPAR enables greater informational and relational continuity, and continues to be a priority for all PCNs in the province. The ESPCN has ramped up efforts to support physicians to adopt CII/CPAR to reach the provincial 80% physician adoption target by 2023. This included additional improvement facilitator support and the development of a strategic plan and communications strategy. A CII/CPAR introductory package with promotional resources was prepared for ESPCN member physicians in June 2022 and will be shared through our QI team members over the summer and into fall. Despite the challenges of COVID-19, an additional 17 physicians signed up to CII/CPAR in 2021/22.

Community Development

The ESPCN's key partnerships are with patients, family physicians and their practices through the integration of multidisciplinary team (MDT) members. For many individuals MDT act as navigators and patient coordinators.

Community Development

The ESPCN works with numerous external organizations to provide care for each individual patient's needs. **The ESPCN partnered with 34 different organizations** to deliver community-based presentations, education, or events (including not-for-profits, health care organizations, universities/schools, municipal/provincial governments, and seniors' housing/centres).

We take pride in our work with Youth Empowerment and Support Services, seeing 199 encounters with 87 youth supported by a nurse practitioner from the ESPCN in 2021/22. Some other significant examples of how the PCN has adapted over the last few years to maintain and build partnerships to bring value to members (and their care for patients) has been through the Physician Learning Program and Seniors' Centre Without Walls.

The Physician Learning Program (PLP) is an AMA benefit program accessible to all physicians in Alberta. The ESPCN has continued collaborate with the office of Lifelong Learning and Physician Learning Program. This collaboration has enabled stakeholders to work together to increase engagement of family physicians in practice improvement in areas of medical care that are the focus of PLP initiatives. This year, in partnership with the Physician Learning Program, the ESPCN ran 4 high-impact events on the following topics: Heart Failure in Primary Care: Management & Referral; Syphilis: Responding to the Crisis in Primary Care; Heart Failure in Primary Care: Screening & Prevention.

→ **A total of 404 physicians, allied health and team members attended these ESPCN-PLP events, with representation from 15 Alberta PCNs.**

The Edmonton ***Seniors' Centre Without Walls*** (SCWW) program provides free health, psychosocial, and educational telephone programming for older adults who experience multiple barriers to traditional in-person programming.

→ **SCWW offered continued expansion of programs to meet increased demand due to COVID-19. In the last fiscal year, SCWW held 1,129 sessions of programming, serving 814 participants from over 32 communities across the province.**

This year, the SCWW published their research in the Journal of Gerontology and Geriatric Medicine. "Connection Through Calls: The Impact of a Seniors Center Without Walls on Older Adults' Social Isolation and Loneliness" details a program evaluation conducted to assess outcomes of participation using validated scales of loneliness and psychosocial and health quality of life.

Patient Story

Making health a priority, even during a pandemic

Although the pandemic created challenges for people seeking care, some patients found ways to address and actually improve their health with the support of our team. Like the ESPCN, these individuals ignited innovation and applied creative approaches to how they made health and wellness a priority in their daily lives.

In the midst of social distancing and extra stress, it has been difficult for some people to manage existing or emerging health issues during the pandemic. Wally and Lorraine Hawryschuk, with the help of their family doctor and the Edmonton Southside Primary Care Network, have proven it's possible to actually improve both your health and your quality of life – even during a global health crisis.

The retired couple has always stayed active, but last summer Lorraine began having issues with shortness of breath and immediately booked an appointment with their family physician.

An unexpected diagnosis

"I had been exercising but was really having trouble with my lung capacity," explains Lorraine, 73. "I've been asthmatic most of my life, but last July I noticed I was always short of breath and just didn't feel good. I went to see our doctor and he decided he wanted to do a lung test and it came back indicating I had COPD (Chronic Obstructive Pulmonary Disease)." Although the diagnosis came as a surprise, the couple quickly took action. "We asked him if I could be referred for primary care, which he did. It only took a couple of days and we got a call. I spoke with someone and was signed up for the COPD Wellness Program."

Lorraine began working with the six-week-long program, which provided virtual guidance and education to a group of newly diagnosed patients. "It explored a lot of important things, like what can make it worse, different medications and how to use them, how to breathe properly, manage stress, ways to relax and also physical activity. It was excellent – I can't say enough about it."

Wally, 78, spent 33 years teaching at a junior high school and was quite impressed by what he heard during Lorraine's classes. "It was a relatively small class, which was great, and it was really well done, and it was effective." Both Lorraine and Wally noted how impressed they were with the enthusiasm of ESPCN staff, who cared about the patients they were teaching and did an exceptional job helping people.

More support from the PCN

When routine blood work for Wally indicated that he was dealing with elevated cholesterol levels, he was offered the chance to work with one of the ESPCN's registered dietitians and was happy to accept the assistance. "I was able to meet with Meredith and it was tremendously helpful. She was able to share information and even address some of the wrong information I had. The way she clarified that and her sense of humour in doing so, was so appreciated." The advice she offered led them to modify some of their home cooking processes, including eating more fish and reducing their red meat consumption – easy changes that he feels are making a difference.

Staying active and engaged

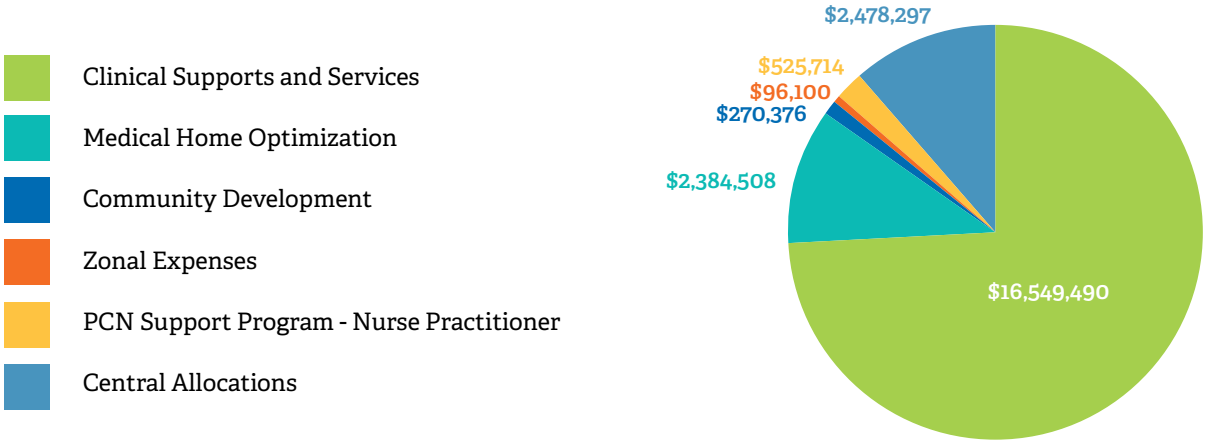
Inspired by the Moving for Health class, Lorraine made walking a daily part of her routine – even in the coldest days of winter. Both Wally and Lorraine enjoy gardening, biking and walking – they even do virtual yoga twice a week – and Wally is looking forward to returning to playing the rec hockey he enjoyed before it was paused by the pandemic. The fact that they have maintained and even improved their health during the pandemic, means they're ready to embrace new and familiar adventures once things return to normal.

> *"I think the services available through PCNs are so helpful," says Wally. "I wish more people knew about it. You have to be proactive about your health, but having these resources available and being able to work with your doctor to access them has been wonderful for us. I'm so appreciative that it's available and that it's provided by individuals who clearly care about people."*

Statement of Operations

	2022	2021
	$	$
Alberta Health Grant - Operating	**21,804,210**	21,694,169
Alberta Health Grant - Capital	**357,047**	348,758
Business Plan Amendment	**122,879**	–
Other Grants	**20,349**	26,911
	22,304,485	22,069,838
Advertising	**27,902**	33,929
Allowance for goods and services tax receivable 49,435 (1,469)	**49,435**	(1,469)
Contract services	**101,796**	95,574
Dues and subscriptions	**168,072**	177,231
Small equipment purchases	**9,017**	25,265
Evaluation costs	**92,957**	94,144
Insurance	**42,694**	39,293
Information technology	**199,496**	199,344
Bank charges and fees	**38,639**	57,729
Office and supplies	**50,518**	82,403
PAN PCN Contributions	**96,100**	–
Payments to physicians	**2,896,551**	3,016,107
Professional development	**43,319**	21,823
Professional fees	**59,353**	33,333
Rent	**521,918**	492,871
Repairs and maintenance	**6,663**	10,254
Telephone and communications	**85,314**	92,797
Travel	**4,144**	7,137
Wages and benefit		
Administration	**1,613,394**	1,548,577
Clinical support	**2,788,947**	2,324,014
Health professionals	**13,051,209**	13,370,724
	21,947,438	21,721,080
Excess of revenue over expenses before other items	**357,047**	348,758
Amortization of capital assets	**(357,047)**	(348,758)
Excess of revenue over expenses for the year and net assets, end of the year	**–**	–

Expenses by Priority Initiatives



Payments to Physicians

	2022	2021
	$	$
Services[1]	**$156,555**	$159,793
Multidisciplinary team overhead payments	**$2,739,996**	$2,856,314
	$2,896,551	$3,016,107

[1]Services to Organization include Board honorariums, hourly remuneration for specific medical direction and management guidance, and payments to psychiatrists

Staffing Summary

	2022		2021	
	FTE	**$**	FTE	$
Total Direct Care Provider Staffing	**108.75**	**$13,051,209**	117.6	$13,370,724
Total Clinical Support Staffing	**27.7**	**$2,788,947**	23.55	$2,324,013
Total Admin and Support Staffing	**13.5**	**$1,613,394**	14.2	$1,548,577
	149.95	**$17,453,550**	155.35	$17,246,315

Primary Care Network
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