Alberta is achieving significant success by focusing on the Patients Medical Home (PMH) and Health Neighbourhood (HN). Provincial stakeholders have committed to continuity as a priority strategy to achieve PMH and HN. Early provincial efforts to implement the PMH identified the importance of continuity as a key foundational element for all clinical improvements.

The ongoing, trusting therapeutic relationship between a patient and a primary care physician and their team, where the patient sees this primary care physician the majority of the time.

The evidence for relational continuity is so compelling that Alberta’s Toward Optimized Practice Program created a clinical practice guideline and associated change package for it.

**Aim**
100% of Alberta primary care physicians will have 80% continuity with the patients on their panel by March 2021.

Practice Facilitators support family practices to advance panel identification and submission of their panels to a Central Patient Attachment Registry (CPAR).

To date, there is uptake provincially of >70% of physicians identifying patient panels.

Health Quality Council of Alberta provides provincial level data to support quality improvement efforts that advance continuity over time.

**Aim**
80% of Alberta primary care and community specialist physicians will be live on the CII-CPAR system by March 2021.

"It has been useful with some of the encounters... The one recent patient I had was in the ER with a bit of emotional distress, but it was just useful to see she actually regularly sees her family doctor, this is something that's diagnosed before, so this is not a concerning or a new thing that I have to reinvent the wheel."

- Alberta Hospitalist commenting on the Community Encounter Digest

**Aim**
80% of Primary Care Networks active in Home to Hospital to Home initiative by March 2021.

The coordination and handoff of care between relevant care providers using a shared care plan in a way that is both consistent and flexible to meet patient needs.

Alberta Primary Care Networks are organized regionally in partnership with Alberta Health Services to strengthen partnerships and transitions of care for improved patient continuity. This is one step towards the ‘virtual coordination networks at the local level’ (Leatt P, Pink GH, Guevremont M. Towards a Canadian model of integrated healthcare. Health Pap 2000).

Emerging evidence suggests:
- Alberta has sustained an 8% improvement in relational continuity.
- ~2000 Albertan lives saved annually.

Continuity, the foundation of quality is built on the trusted relationships between:
- Patient-provider team
- Provider provider
- Reliable technological infrastructure

Continuing to improve continuity is based on:
- A highly skilled Health Transformation Workforce of Practice Facilitators and Physician Champions working through multiple initiatives with practices
- Building on successes in previous improvement work

PubMed search for evidence-based continuity (Relational, Informational, Management), are being implemented.