The Family Medicine Innovation Forum

Transforming and Improving Patient Care

October 4, 2025 | Edmonton, AB

Presented by:

Alberta College of Family Physicians

Alberta Medical Association

ACTT
Accelerating Change Transformation Team

What's Inside

"The next great disruption will come from you—or someone with a human name. Put your name out there, speak up, act up."

Shawn Kanungo

Land Acknowledgement

We respectfully acknowledge that we present this Forum on the traditional lands, referred to as Treaty 6 Territory and the traditional name of Amiskwaciy Waskahikan [A-misk-wu-see-wah-sky-gun], which we also call the city of Edmonton. All people attending our Forum are beneficiaries of this peace and friendship treaty.

We would like to thank the diverse Indigenous Peoples whose ancestors' footsteps have marked this territory for centuries, such as nêhiyaw [Nay-hee-yow], Dene [Deh-neyh], Anishinaabe [Ah-nish-in-ah-bay), Nakota Sioux [Na-koh-tah-soo], and Niitsitapi [Nit-si-tahp-ee) peoples. We also acknowledge this as the Métis' [May-tea] homeland and the home of one of the largest communities of Inuit south of the 60th parallel.

We acknowledge we may have participants from Treaties 4, 7, 8, and 10 and other neighbouring nations. We are grateful for the traditional Knowledge Keepers and Elders who are still with us today and those who have gone before us. We recognize the land as an act of reconciliation and gratitude to those whose territory we reside on or are visiting.

Dr. Carola Cunningham

Dr. Carola Cunningham has more than 50 years of experience in housing, education, justice, community wellness, and addictions recovery. She has designed, developed and delivered programming specifically tailored to the needs of Indigenous communities, in particular, those with high-risk lifestyles.

Throughout her career, Carola has demonstrated a strong dedication to bridging cultural differences and creating understanding. Although retired from her role as CEO of Niginan Housing Ventures, which builds, designs and develops housing initiatives primarily for Indigenous peoples, Carola continues to be a servant leader to her communities in providing support, engagement, direction, and consultation nationally.

Message From the Chairs

Hello,

It is my pleasure to welcome you to the inaugural Family Medicine Innovation Forum (Forum). As family physicians, we have the distinct privilege to care for patients at every stage of life—we listen to their stories; we understand their challenges within the system and do our best to navigate it with them, together.

There really is no other specialty in medicine that can offer this. Our members are quite often at the forefront of change. They are problem-solving and finding solutions to help their patients. It's for this reason that the Alberta College of Family Physicians (ACFP), along with its presenting partner, the Alberta Medical Association's Accelerating Change Transformation Team (AMA ACTT) wanted to provide a space to showcase the innovations improving primary care.

I would like to thank the nearly 40 innovation project teams who took the time to answer our call for innovations. We simply could not fit all of you in our program and hope you have a moment to connect with the many participants during the Forum. I also would like to thank our scientific planning committee (SPC) who made the time and commitment advising on the development of our program.

Finally, I encourage you to connect with as many people as you can. Listen and learn from the brilliant and innovative minds in the room. And if you can, make the connections to help spread and scale the solutions needed for the province and our patients.

Yours Sincerely,
Melanie Hnatiuk, MD CCFP FCFP
Co-Chair, FMIF
President, ACFP

Welcome, Fellow Innovators!

When I first heard that the ACFP was creating a space for members to share their passion projects and innovative solutions, I was thrilled—and I knew immediately that I wanted to be part of it. It is a true honour and privilege to serve on the planning committee and as co-chair of this exciting new initiative. I believe deeply that family medicine, grounded in the trusted relationships we build with our patients, gives us a unique advantage as frontline physicians to drive meaningful change.

Over the years, I've seen how a single spark—an idea fueled by passion—can grow into something extraordinary. Bringing an idea to life takes conviction, collaboration, encouragement, and relentless hard work. You test, refine, adapt, and keep pushing forward. And when that idea takes shape, it can become something powerful enough to change lives. That transformation—coupled with the support of a community of innovative primary care providers and the inspiration I draw from my patients—is what keeps me going.

Today, I hope you find those same sparks of inspiration and create the connections that will turn your ideas into lasting impact.

Marjan Abbasi, MD CCFP CAC (COE) FCFP
Co-Chair, FMIF

Scientific Planning Committee Members

The ACFP and AMA ACTT would like to thank the time and dedication of the following SPC members:

- Dr. Melanie Hnatiuk (Co-Chair), Calgary
- Dr. Marjan Abbasi (Co-Chair), Edmonton
- Dr. Munib Ali, Calgary
- Dr. Antonio Bruni, Alberta Innovates
- Dr. Adina McBain, Three Hills
- Dr. Smitha Yaltho, Edmonton

Presenting Partners

Alberta College of Family Physicians (ACFP)

As the voice for family physicians in Alberta, the ACFP is often approached to help promote best practices in family medicine. The Board of Directors believe the Forum is a necessary platform to share them and decided to invest in it to showcase them and hope to spread the word about the positive work that is being driven by its members.

The ACFP is a member-based, not-for-profit organization representing more than 6,000 family physicians, family medicine residents, and medical students across Alberta. It is the provincial chapter of the College of Family Physicians of Canada (CFPC), the credentialling body responsible for the specialty of family medicine. It supports members by providing continuing professional development (CPD) opportunities and upholding the established standards for CPD delivery set by the CFPC.

Alberta Medical Association Accelerating Change Transformation Team (AMA ACTT)

AMA ACTT supports Alberta physicians and teams to create a high-performing health system. This Alberta Medical Association physician benefit program is funded by Alberta Health.

Linking Learning Assessment Credits

The Family Medicine Innovation Forum qualifies for non-certified credits however, you may earn five certified Assessment-category credits by completing a Linking Learning to Practice exercise. To learn more about how to complete a Linking Learning exercise, visit https://acfp.ca/cpd-cme/mainpro/linking-learning/ or https://acfp.ca/cpd-cme/mainpro/linking-learning/.

Schedule-at-a-glance

TIME	SCHEDULE-AT-A-GLANCE
FRIDAY, OCTOBER 3	
17:00-19:00	Welcome Reception
SATURDAY, OCTOBER 4	
07:30 – 08:15	Breakfast
08:15 – 08:30	Welcome, Treaty Acknowledgment, Opening Remarks
08:30– 09:15	Re-imagine the Future, Shawn Kanungo
09:15 – 09:30	Transition
09:30 – 10:15	Innovation Presentations - Block 1
10:15 – 10:45	Coffee Break
10:45 – 11:30	Innovation Presentations - Block 2
11:30 – 12:30	Lunch
12:30 – 13:30	Speed Dating Networking With Innovators and People's Choice Voting
13:30 – 14:00	Driving Health System Transformation Through Innovation and Partnerships, Antonio Bruni, Alberta Innovates
14:00– 14:30	Awards
14:30 – 15:00	Closing Remarks

"There is no innovation and creativity without failure. Period."

Brené Brown

Host and Keynote

SHAWN KANUNGO

As a globally recognized innovation strategist and bestselling author, Shawn Kanungo has emerged as one of the world's most sought-after voices on innovation and generative AI. He spent 12 years at Deloitte working closely with leaders to help them better plan for the opportunities associated with disruptive innovation. In his high energy keynotes, Kanungo draws on his extensive experience to provide audiences with an optimistic roadmap for the future; one that embraces unexpected approaches to innovation to remain competitive and relevant.

Kanungo has spent over two decades working with and advising Fortune 500 companies. His expertise spans artificial intelligence, cloud technologies, and behavioural economics, enabling him to guide organizations through complex transformations.

Kanungo made history as the first innovation expert with a streaming special on Apple TV and Prime Video. His bestselling book, The Bold Ones—celebrated by McKinsey as essential reading for decision makers—provides a thought-provoking blueprint for professionals and organization to embrace bold innovation in an era of unprecedented change.

"The best way to predict the future is to create it."

Peter Drucker

Session Descriptions

08:30-9:15 A.M.

Reimagine the Future

SHAWN KANUNGO

Today, we are undergoing a paradigm shift. The world is becoming more dynamic, intertwined, and unpredictable. Organizations must develop a collaborative approach to innovation, leveraging talent both inside and outside of the company, to navigate the future.

In this thought-provoking presentation, Shawn Kanungo provides a bold, unique, and contrarian view of the near-term future. He outlines some of the disruptive forces (generative AI, digital business models, etc.) that are impacting every industry. He then explores how organizations can become more adaptable, experimental, and collaborative.

Weaving together storytelling, humour, inspiration, and actionable takeaways, audiences will walk away with a roadmap on how organizations can create a brighter future, together.

Pitch Presentations

Our top 12 innovations take the stage in a fast-paced pitch presentation for our guest judges to provide one last adjudication round.

09:30-10:15 A.M.

Innovation Pitch Presentations – Block 1

- Collaborative Care, Made Easy - With Carmi, Dr. Sheny Khera, CARM&A Health
- Collecting Data and Taking Action on Social Determinants of Health, Kimberly Manalili, Department of Family Medicine, Cumming School of Medicine, University of Calgary
- Redefining the Role of the Family Physician in Team-Based Care, Dr. Julie Croteau, Crowfoot Village Family Practice
- Regaining Agency in Practice: Introducing HIG's Health Home Expedition i-Compass, Shaelynn Garner, Health Innovation Group
- The Bashaw Medical Clinic: Transforming Health Through Community-Led, Team-Based Care, Georgina Gaudet, Bashaw Medical Clinic and Sylvan Family Health Centre
- Real-Time, Safe Feedback That Supports Your Team, Don McLeod, Imagine Citizens Network

10:45-11:30 A.M.

Innovation Pitch Presentations – Block 2

- Bridge Healing: the Human Way Forward, Dr. Louis Hugo Francescutti, Bridge Healing Program
- Remote Diagnostic Exam Kit for Rural Care, Ali Arafa, Remote Diagnostic Telehealth Kit
- Indigenous Support Hub: Transforming Practice Through Cultural Insight, Stephanie Montesanti, School of Public Health, University of Alberta
- PROMs: Powering Patient-Centered Care, D'Arcy Duquette, Alberta PROMs and EQ-5D Research and Support Unit (APERSU); School of Public Health, University of Alberta
- Adaptive Mentorship Network: Strengthening Complex Care in Alberta Family Medicine, Dr. Sam Hickcox, Adaptive Mentoring Network Alberta
- HomeFree: Medically-Supervised Homecare, Dr. Charles Wong

01:30-2:00 P.M.

Driving Health System Transformation Through Innovation and Partnerships

ANTONIO BRUNI, PHD, MBA

This session explores how innovation can be harnessed to address today's most pressing health system challenges. It highlights Alberta Innovates' role as a partner, funder, and connector, helping to catalyze digital- and data-enabled models of care. Participants will gain a broad view of global drivers of health and the importance of focusing on priority areas such as chronic disease, healthy aging, and health human resources.

The presentation emphasizes how collaboration, governance, and evidence-based programs can improve outcomes and create system efficiencies. Illustrative initiatives are used to show how innovation translates into real-world impact, with the intent to inform policy and practice.

Antonio Bruni, PhD, MBA, Director, Health System Transformation

Antonio has been engaged in Canada's health research and innovation ecosystem for over 15 years, with experience spanning the private, public, clinical, and non-profit sectors. His leadership is grounded in both scientific research and business administration, allowing him to bridge groundbreaking research with real-world applications. As Director of Health System Transformation at Alberta Innovates, he leads a portfolio focused on partnerships and innovative solutions that improve care delivery and outcomes across the health system.

Antonio earned his PhD at the University of Alberta in Dr. James Shapiro's laboratory, where he developed novel therapeutic strategies to enhance islet survival and engraftment for type 1 diabetes. His work led to over 20 peer-reviewed publications, international presentations, and multiple awards. He later completed an MBA at the Richard Ivey School of Business Executive Program, complementing his scientific expertise with strong business acumen.

Guest Judges

STEPHEN SAMIS

Imagine Citizens Network

Stephen Samis brings almost 30 years' experience in health and health care, advancing health policy, health research, population health as well as organizational and leadership development to improve the health of populations and health systems. Stephen is currently President of Samis Health Policy Consulting Inc. and works with a variety of clients on health and social policy issues, leadership development, and evidence-informed decision making. He was Deputy Minister, Health and Social Services, in the Yukon from 2017 to 2022. Before this, Stephen spent 17 years in Ottawa as a senior leader for national health-related organizations.

In addition to his consulting work, Stephen is currently Co-Chair of the Appropriate Use Advisory Committee for the Canada Drug Agency; Chair of the Board of Directors for Imagine Citizen's Network in Alberta; a member of the Board of Directors, Alberta Blue Cross; and Senior Policy Advisor for the Canadian Health Leadership Network.

Stephen began his career in British Columbia, where he worked at the community level and with the BC Ministry of Health, focusing on HIV/AIDS and population health. Stephen holds a Master's degree in Sociology from Simon Fraser University.

MATT TORIGIAN

Deputy Minister, Primary and Preventative Health Services

Matt Torigian is an internationally recognized leader in public policy. His 40-year career has involved many aspects of well-being and community safety. He is a distinguished fellow at the Munk School of Global Affairs and Public Policy, facilitating symposiums and mentoring graduate students in their pursuits of a career in public service. He has also served as Ontario's deputy solicitor general and as chief of police for the Waterloo Regional Police Service. As deputy solicitor general, Matt led a comprehensive community safety transformation through the passing of the Safer Ontario Act.

Prior to joining the Alberta Public Service, Matt was the chief strategy officer for a Canadian-based global software company that focused on case management. A published author, he holds a master of public administration from Western University and a bachelor of arts in political science from Wilfrid Laurier University. He is a graduate of the FBI National Academy in Quantico, Virginia, and the FBI National Executive Institute. Matt is also a recipient of the Queen's Diamond Jubilee Award.

KIM SIMMONDS

Primary Care Alberta

Kim Simmonds assumed the role of Primary Care Alberta Chief Executive Officer on November 18, 2024. Kim is an accomplished executive with a wealth of experience in leadership roles within the public and private sector.

She served as an Alberta Assistant Deputy Minister of Health, and in an international business consulting firm. Kim holds a PhD in epidemiology from the University of Calgary.

THERESA TANG

CEO & Co-Founder, Praxus Health

Theresa Tang is the co-founder and CEO of Praxus Health (formerly 19 To Zero), a national not-for-profit focused on empowering communities toward safer health behaviours. She is the co-chair and co-founder of the Canadian Immunocompromised Advocacy Network and on her second maternity leave launched Vela Health, a mental health company focused on helping employers successfully return their staff back to work.

Her previous roles included supporting the launch of Alberta's first Primary Care Integration Network at Alberta Health Services and Alberta Medical Association's first portfolio of population health projects. She was also part of the founding team invited to build the Institute for Better Health at Trillium Health Partners in Mississauga and was part of the initial team that launched the McMaster Health Forum in Hamilton, Ontario. Theresa has worked at the University Health Network in Toronto, the World Health Organization in Switzerland, and supported evidence-informed policymaking in Australia.

She is a passionate health leader who believes in building emerging leaders to pursue an understanding of unmet needs in their communities, consider the future, and engage in activities to foster innovative and sustainable solutions to social and health challenges. She was the Curator for Global Shapers, an initiative of the World Economic Forum and Co-Chair for Emerging Health Leaders in Calgary.

DR. JENNIFER BESTARD

Executive Vice President, Physician Workforce and Resource Stewardship Alberta Medical Association

Dr. Jennifer Bestard is a distinguished neurologist and health care leader with over 16 years of specialized experience at Alberta Health Services. She currently serves as a Neurologist with fellowship training in Headache and Neuropathic Pain. Dr. Bestard has demonstrated exceptional leadership throughout her career, She held the role of Zone Clinical Section Head for the Department of Neurology at the Red Deer Regional Hospital from 2015 to 2019. She then served as the Associate Zone Medical Director of the hospital from 2017 to 2019. She was the Central Zone Medical Director from 2019 to 2024 during the pandemic. She was also a member of the Executive Leadership team as the Associate Medical director of Clinical Operations until May 2025.

Her educational background reflects a strong commitment to both clinical excellence and health care management. Dr. Bestard earned her Doctor of Medicine from McMaster University and completed her Neurology Residency at the University of Alberta. She further specialized through a Fellowship in Neuropathic Pain and Headache at the University of Calgary. Most recently, she enhanced her leadership capabilities by obtaining an Executive MBA from ESADE in Spain.

In her newest role, Dr. Bestard is now the EVP of Physician Workforce and Resource Stewardship with Alberta Medical Association. She will lead efforts to support physician leadership, workforce planning, and professional development across Alberta's health system. Her role focuses on optimizing physician distribution, enhancing diversity, and improving operational efficiency to ensure high-quality patient care.

Dr. Bestard combines clinical expertise in neurology with strategic health care leadership, making her a valuable asset to both patient care and health care system management.

DR. MELANIE HNATIUK

President, Alberta College of Family Physicians

Dr. Melanie Hnatiuk is a family physician practicing at the South Health Campus Family Medicine Teaching Clinic in Calgary. She currently serves as the President of the Alberta College of Family Physicians and is the Deputy Director of the Well Doc Initiative, where she works to advance physician wellness across Alberta and throughout Canada. Melanie is also the Faculty Wellness Lead and a Clinical Associate Professor in the Department of Family Medicine at the University of Calgary.

Deeply committed to purpose-driven leadership and the health of the profession, Melanie brings compassion and authenticity into her work—whether she's caring for patients, mentoring learners, or supporting colleagues. Outside of medicine, she's a proud mom of three and finds her own wellness in the quiet beauty of Fish Creek Park, where she loves spending time outdoors with her family.

Pitch Presentations

#1

Collaborative Care, Made Easy - With Carmi

CARM&A HEALTH

Innovation Pitch: CARM&A Health is redefining complex care with Carmi, our AI clinical assistant that integrates assessments, analytics, and decision support—reducing burden, improving outcomes, and scaling across clinics, care homes, and primary care.

Problem Being Addressed: Older adults with complex needs are falling through the cracks, contributing to avoidable ER visits, hospitalizations, and poor outcomes. Nearly one in three experience gaps during care transitions. Families struggle to navigate fragmented systems, and providers are burdened by documentation, time constraints, and limited tools for team-based care. This leads to missed issues, poor continuity, and delayed interventions. Carmi addresses this inefficiency by streamlining assessments, care planning, and communication using AI—enabling proactive, coordinated care. By supporting providers and connecting teams, Carmi aligns with health system goals of integration, aging in place, and person-centered care—enhancing capacity and collaboration across the continuum.

How It Works: Carmi is a cloud-based AI clinical assistant that helps health care teams manage complex care more efficiently and collaboratively. It replaces disconnected tools and paper-based assessments with a unified platform for collecting patient information, surfacing clinical insights, and coordinating team-based care. Providers use Carmi to create personalized assessments, automate documentation, and access real-time, evidence-based recommendations and resources. Built by family physicians, Carmi enhances decision-making, reduces administrative burden, and improves continuity across teams. It makes proactive, person-centered care possible—especially for older adults and individuals with multiple chronic conditions.

Presenter Bio: Sheny Khera leads CARM&A Health with a team skilled in AI, product design, and regulatory compliance.

What Kind of Support Are You Looking For: We are seeking financial support to enhance Carmi's AI agent capabilities. These features will allow clinicians to interact with structured data conversationally, surface clinical tips with evidence links, and improve patient engagement through voice-based input. This next phase is critical for improving care delivery, reducing clinician burden, and expanding adoption.

Notes:

#2

Collecting Data and Taking Action on Social Determinants of Health

DEPARTMENT OF FAMILY MEDICINE, CUMMING SCHOOL OF MEDICINE, UNIVERSITY OF CALGARY

Innovation Pitch: The University of Calgary is implementing a patient-reported tool that will help primary care providers understand and address the social and economic needs that impact the health of their patients.

Problem Being Addressed: The social determinants of health (SDoH) are the main drivers of health inequities creating barriers in access to primary health care services and resources (WHO, 2025). In Alberta, the prevalence of social and economic need is growing, greatly exacerbated by the COVID-19 pandemic (Kingsley et al., 2021). The profound impact of SDoH on one's health emphasizes the importance of integrating medical and social care, which includes ensuring primary care teams have information about their patients' context and living circumstances. SDoH are not routinely collected in primary care, making it difficult for providers to identify those who may be experiencing socioeconomic challenges.

How It Works: To address the lack of available SDoH data, our team was funded to pilot and study the implementation of the SPARK Tool (Screening for Poverty and Related Social determinants of health to improve knowledge and links to resources), a validated patient-reported survey in 10 primary care clinics in Alberta using a co-design approach (2024-2027). As part of this co-design approach, we are working with clinics to integrate the tool into their workflow and into their EMRs to decrease administrative burden, as well as on the reporting and use of the data to support patient needs, QI, and program development.

Presenter Bio: Kimberly Manalili is an Implementation Scientist and Adjunct Assistant Professor with the Department of Family Medicine at the University of Calgary.

What Kind of Support Are You Looking For: We would like to obtain promotional support for the use of the SPARK tool to facilitate the routine capture of social determinants of health across Alberta as we prepare to spread and scale the solution. Wide use of the tool will provide important data about the social and economic needs of Albertans and facilitate greater equity in access to services and integration between medical and social care - a feature of the health neighbourhood approach.

Notes:

"I am looking for a lot of people who have an infinite capacity to not know what can't be done."

Henry Ford

#3

Redefining the Role of the Family Physician in Team-Based Care

CROWFOOT VILLAGE FAMILY PRACTICE (CVFP)

Innovation Pitch: Rainbow team demonstrates how high-performing team-based care can improve physician satisfaction and experience through systems that foster trust, feedback, collaboration, mentorship, and continuous quality improvement.

Problem Being Addressed: "Alberta's primary care system is under significant strain. Nearly one in five adult Albertans— approximately 18%—do not have a regular family doctor, with 10% actively searching and 4% relying on walk-in clinics for ongoing care" (Alberta Medical Association, 2025, p. 9). This access gap makes it critical to rethink how care is delivered, how teams are structured, and how physician roles are designed to support long-term sustainability.

To address the challenges in primary care, in Q1 2024 we launched the Rainbow Team – an innovative care model that refocuses the role of the physician within an interdisciplinary care team and empowers all providers to work to their full scope. This model aims to increase the number of Albertans who have access to a primary care team and reduce individual provider burden, improve quality of life, and allow physicians to focus on complexity, collaboration, and system improvement rather than high-volume care. By rebalancing team roles and redefining what it means to practice in a medical home, we are building capacity while supporting recruitment and retention.

How It Works: The Rainbow Team restructured how patients are cared for on one team within the clinic, significantly increasing the role of registered nurses (RN). The team includes a physician assistant (PA), health navigator and family physician. While the family physician continues to see complex patients, there is a much greater role in overseeing and supporting the work of the other providers. The model utilizes strong evidence-based clinical framework tools and care plans for specific patient concerns as well as management of incoming patient-related information such as lab and imaging results, and specialist consultation

reports. These strategies allow for much of the patient care traditionally done by the physician to be done by other health professionals, preserving physician leadership and prioritizing complex care for the physician, while empowering all providers to work to their full scope.

Presenter Bio: Dr. Julie Croteau leads CVFP's Rainbow Team, pioneering flexible, team-based care that expands access and reimagines the physician role in primary care.

What Kind of Support Are You Looking For: We are looking for support and early adopters to help spread and scale our model.

Notes:

#4

Regaining Agency in Practice: Introducing HIG's Health Home Expedition i-Compass

HEALTH INNOVATION GROUP (HIG)

Innovation Pitch: HIG's Health Home Expedition Collaborative and interactive i-Compass guides primary care teams with a clear roadmap—showing both the 'what' and 'how' to transform practice using high-impact changes and practical tools.

Problem Being Addressed: In Canada, there is an urgent need to improve timely access to primary care and continuity of care, with a growing recognition that this must also enhance provider and patient experiences and lead to better health outcomes. In recent years, provider experience has worsened, with rising burnout and mental health concerns. To support both providers and patients, practice improvements are needed—guided by the Patient's Medical Home (PMH) model, which offers an integrated, community-connected approach to care. Although widely adopted as the gold standard, PMH implementation and sustainability remain challenging. A needs assessment by HIG (revised Jan. 2025), revealed strong overlap between the challenges identified by providers and those reported by patients. Shared themes included access, continuity, teamwork, system and practice-level issues, and care coordination. However, specific concerns differed: providers emphasized finding "joy in work," while patients prioritized person-centred, trauma-informed, and culturally sensitive care that addresses inequities. Providers identified the need for educational programs tailored to these challenges, better use of existing resources, and supports for addressing systemic barriers, including new practice models.

How It Works: Based on consultations, evaluations, and environmental scans, key areas were identified for an educational program supported by practical implementation tools. This led to the development of the Patient's Health Home Expedition program, built around HIG's iCompass and nine Implementation Elements that guide interprofessional teams toward achieving the Patient's Health Home. Certified by the College of Family Physicians of Canada and aligned with the PMH model, the program has been delivered in Alberta, New Brunswick, Nova Scotia,

Newfoundland and Labrador, and federal institutions. The program combines instruction and interactive learning to build skills and apply evidence-based changes in practice. The iCompass offers a step-by-step roadmap outlining what to do and how to do it, with tools to support implementation. Compass Implementation Elements: Create a Healthy Practice, Build a Culture of Quality Improvement, Know Your Patient Panel, Provide Access and Continuity, Enhance Clinic Flow, Proactive Panel Management, Person-Centered Interactions, Teams and Teamwork, Coordinated Care and Seamless Transitions

Presenter Bio: HIG is a social enterprise that leads health system transformation initiatives. Presenting today is Shaelynn Garner - VP Education.

What Kind of Support Are You Looking For: Health Innovation Group is seeking concept buy-in by way of promotional support in order to showcase to primary care practices across Alberta that sustainable and practical supports exist to meet them where they are at in their Health Home journey. We want family physicians and their teams to know that our program will help them re-discover joy in work, find autonomy in times of change, and feel empowered by quality improvement to make meaningful Patient's Health Home improvements in their practice with their team.

Notes:

#5

The Bashaw Medical Clinic: Transforming Health Through Community-Led, Team-Based Care

BASHAW MEDICAL CLINIC AND SYLVAN FAMILY HEALTH CENTRE

Innovation Pitch: We are transforming primary care by uniting physicians, an advanced-scope interdisciplinary care team and community-led social services supports to extend care to more Albertans.

Problem Being Addressed: Associated rural municipalities were facing the retirement of the last part time family physician in the geographic area and the closure of medical services in the town of Bashaw. The area had a large number of unattached patients, patients seeking services through several local emergency departments or travelling long distances for care.

How It Works: Bashaw and District Support Services (BDSS) is an organization who had worked to organize social sector services and supports for the area. Sylvan Family Health Centre partnered with the organization to create a community-led interdisciplinary team clinic in Bashaw, leveraging existing AHS medical clinic space, community resources and community fundraising efforts, Alberta Health Team and municipal grants, and physician services and supports from the Sylvan Family Health Centre. Bashaw has an on-site team consisting of a primary care pharmacist, two registered nurses, one licensed practical nurse, two medical office assistants and a receptionist. They are supported by Sylvan physicians who provide real-time virtual support, support team decision-making and provide on-site services two to three days per week. To date, close to 1,500 patients are now paneled to the clinic. Sylvan Family Health Centre is providing support and capacity building for Bashaw and District Support Services to learn to self-operate the clinic site and currently decisions are made collaboratively by a small leadership team. The panel is open geographically to the postal codes of the partnering municipalities.

Presenter Bio: The Bashaw Medical Clinic exemplifies the Integrated Health Neighbourhood model. With two and half days per week of physician appointments, our advanced scope of practice interdisciplinary team extends five-day-per-week care to a current panel of 1,500 patients, with plans to expand to 2,500–3,000. Physicians are fully supported through operational infrastructure and integration with social services.

What Kind of Support Are You Looking For: This innovation was meant to highlight a viable hub and spoke model to support rural sites in Alberta. It is made possible by the local on-site team in Bashaw. This is currently funded through Sylvan Family Health Centre, Bashaw, and District Support Services and has grant funding for two years. This proof of concept is meant to highlight how rural sites can provide local primary care supports if empowered and resourced to build local teams and connections to provider groups. Sustainability of human resources/financial support is of keen interest for the group.

Notes:

#6

Real-Time, Safe Feedback That Supports Your Team

IMAGINE CITIZENS NETWORK

Innovation Pitch: What if qualitative patient feedback could be anonymously collected safely, moderated, and stored as actionable data in real-time—supporting reporting, trends, and quality improvement without adding administrative burden?

Problem Being Addressed: There remains a critical gap in how the health care system gathers, responds to, and integrates the lived experiences of patients, families, and caregivers. Many feedback tools are either inaccessible, non-anonymous, too complex, or fail to close the loop with providers—missing opportunities to learn from care encounters and drive meaningful quality improvement. This also contributes to administrative burden and staff burnout, as unstructured or misrouted feedback becomes a challenge to manage effectively.

How It Works: Care Opinion is an internationally validated, safe, structured, and fully moderated online feedback platform that enables patients and families to anonymously share their care experiences. Providers and organizations can respond transparently, view story trends, and receive automated reports linked to customizable tags. The system closes the loop between people receiving care and those delivering it—while improving provider wellness, insight, and engagement. Stories are coded, searchable, and can be aligned with system indicators, making feedback visible and actionable. This narrative-based approach demonstrates the power of data to inform health care system improvements.

Presenter Bio: Don McLeod, Executive Director of Imagine Citizens Network, and his team create safe spaces for citizens' voices, supporting better health outcomes with lived-experiences.

What Kind of Support Are You Looking For: We are seeking early adopters to help champion the use of Care Opinion Canada, a safe and transparent online platform for patients and families to share their healthcare experiences. Early adopters play a vital role in demonstrating how this patient feedback can be meaningfully used within family medicine to improve care, strengthen trust, and support continuous quality improvement. Our goal is to co-create a culture shift—where patient voices are not just collected but actively listened to and acted upon. Early adopters help set the standard and inspire others by leading through example.

Notes:

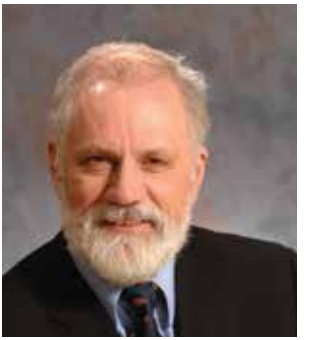
"Innovation is the ability to see change as an opportunity–not a threat."

Steve Jobs

#7

Bridge Healing: the Human Way Forward

BRIDGE HEALING PROGRAM



Innovation Pitch: Bridge Healing immediately houses emergency department patients that are experiencing homelessness and provides them an opportunity to regain their lives and find permanent housing.

Problem Being Addressed: Alberta's emergency departments (EDs) face significant strain from recurring visits by individuals experiencing homelessness. In 2023–24, Edmonton hospitals recorded 17,876 ED visits involving people with no fixed address. These individuals face poorer health outcomes, higher health care utilization, and systemic barriers to stable housing. Current services are fragmented and fail to provide coordinated discharge pathways from acute care settings to transitional or permanent housing, resulting in preventable health crises and increased costs.

How It Works: The Bridge Healing Transitional Accommodation Program provides short-term housing with wraparound supports for individuals experiencing homelessness discharged from five EDs in the city of Edmonton. Operated by Jasper Place Wellness Centre (NGO), Bridge Healing offers up to 30 or more days of transitional accommodation, health care coordination, mental health and addiction support, and case management. The program integrates hospital discharge pathways with housing services, reducing repeat ED visits and improving long-term health and housing outcomes.

Presenter Bio: Louis Hugo Francescutti is an ER/preventive medicine physician at the Royal Alexandra Hospital. He has worked on developing Bridge Healing with Murray and Taylor Soroka from the Jasper Place Wellness Centre along with countless volunteers.

What Kind of Support Are You Looking For: We are seeking partnerships with health care system municipalities to scale Bridge Healing across Alberta, which in turn will render the need for resource support for staffing and facility expansion, and sustainable government and philanthropic funding streams to support long-term program operations and evaluation.

Notes:

#8

Remote Diagnostic Exam Kit for Rural Care

REMOTE DIAGNOSTIC TELEHEALTH KIT

Innovation Pitch: A portable exam kit that enables rural patients and nurses to capture diagnostic data and connect with family physicians virtually, reducing unnecessary transfers while improving access, efficiency, and continuity of care.

Problem Being Addressed: Virtual primary care in Alberta remains clinically "blind": video visits lack stethoscope, otoscope, and vital-sign data. Without objective findings, 64% of patients feel uneasy[1] and clinicians redirect many calls to in-person follow-ups or costly medevac transfers averaging $12,000–$25,000[2]. The underlying barrier is the absence of an interoperable remote-exam layer that streams sensor data straight into existing EMRs, limiting the promise of team-based, data-driven family medicine and squandering scarce capacity.

How It Works:

- Handheld Remote Exam Kit + Mobile App: Patients (or an on-site nurse) capture heart- and lung-sounds, otoscopy, dermatoscopy, single-lead ECG and vitals with AI-guided prompts.
- AI-driven triage: On-device algorithms flag abnormal findings immediately • One-click EMR integration: A FHIR broker auto-writes structured data and waveforms into any Alberta EMR, cutting manual entry and reducing documentation errors.
- Team-based collaboration dashboard: Live waveforms and images are viewable, annotatable, and co-signable by multiple clinicians, turning virtual visits into true multidisciplinary encounters.

Presenter Bio: Ali Arafa is a Calgary-based product manager and entrepreneur developing a remote diagnostic exam kit to improve access to care for rural Albertans.

[1] Hafeez K et al. "Patient preference for virtual versus in-person visits in neuromuscular clinical practice." Muscle & Nerve 66(2): 142-147 (2022)

[2]National Association of Insurance Commissioners. "Understanding Air Ambulance Insurance Coverage" (2024)

What Kind of Support Are You Looking For: The most impactful assistance at this stage would be finding a small cohort of Alberta family medicine clinics (especially rural practices) to pilot the remote exam kit in real world workflows. I believe this field-level partnership is the single most valuable lever for building a product that is truly usable, clinically trusted, and scalable.

Notes:

#9

Indigenous Support Hub: Transforming Practice Through Cultural Insight

SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF ALBERTA

Innovation Pitch: The Indigenous Support Hub is a one-of-a-kind model where Indigenous Support Workers (ISWs) guide clinicians with cultural insight and case-based learning—transforming primary care and advancing equity for Indigenous patients.

Problem Being Addressed: Indigenous Peoples often face medical and social complexity in health care due to the interplay of health, social, cultural, environmental, economic, systemic, and historical factors that shape their care experiences and outcomes. While primary care is well-positioned to address these determinants, systemic barriers—such as health care system structures, evolving clinician roles and workloads, and gaps in culturally safe care training—limit clinicians' capacity to deliver appropriate care for Indigenous patients.

How It Works: We are co-designing, implementing, and evaluating an evidence-informed "Indigenous Support Hub" model in Alberta primary care sites to expand clinicians' understanding and capacity to navigate complexities influencing Indigenous patients' health. This collaborative learning shared resource model employs a "Hub-and-Spoke" structure, where ISWs in the Hub offer case-based learning, skill development, and cultural insights to clinicians in the Spokes. Through this model, ISWs support continuous learning and strengthen team-based care by integrating Indigenous knowledge and enhancing clinicians' capacity to deliver structurally competent, equity-oriented care.

Presenter Bio: Stephanie Montesanti is a health systems innovator and systems thinker co-designing integrated care models that advance equity, improve access, and strengthen team-based primary care.

What Kind of Support Are You Looking For: This research employs an Implementation Science framework and relies on feedback from its intended users to adapt the model to the settings in which it will be implemented. We welcome feedback and insights to help align the solution with Alberta's primary care practices. We will begin actively recruiting primary care physicians to participate in the study by accessing the Hub to receive cultural case consultations for guidance in addressing the complex needs of Indigenous patients and for structural competence skill-building.

Notes:

#10

PROMs: Powering Patient-Centered Care

ALBERTA PROMS AND EQ-5D RESEARCH AND SUPPORT UNIT (APERSU); SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF ALBERTA

Innovation Pitch: Patient-reported outcome measures (PROMs) enhance care by capturing what matters to patients, reducing administrative inefficiencies, and empowering teams. This contributes to advancing digital, equitable and cost-effective health care across Alberta.

Problem Being Addressed: Primary care faces persistent challenges in delivering coordinated, patient-centred care while minimizing administrative burden and maximizing resource efficiency. Clinicians are often required to make decisions with limited insight into patients' lived experiences, relaying on narrative accounts from them and other provides (if any). Additionally, current reporting systems frequently fail to capture the outcomes that matter most to patients. Data processes are fragmented and reliance on clinician- or system-reported metrics contribute to unnecessary administrative load and make it difficult for teams to work cohesively. These challenges hinder the ability to provide truly responsive care, track patient outcomes over time, and ensure that health care decisions align with patient goals and needs.

How It Works: One solution lies in the strategic implementation and integration of patient-reported outcome measures (PROMs). They are standardized, validated tools that allow patients to report on their health status, quality of life, and functional outcomes at regular intervals. When embedded in clinical workflows and infrastructure, PROMs can inform real-time care planning, support decision-making and enable better communication across multidisciplinary teams. Aggregated PROMs data can also be used to evaluate program effectiveness, reduce duplicative assessments and ensure accountability in quality improvement initiatives.

Presenter Bio: The Alberta PROMs and EQ-5D Research and Support Unit (APERSU) advances PROMs use through two committees: The Patient Engagement Network (patient partners) and the PCN Working Group (evaluators) promoting primary care integration.

What Kind of Support Are You Looking For: To realize the full potential of PROMs, and increase their use in clinical care, we need support promoting their adoption in primary care across the province.

Notes:

"Get a good idea, and stay with it. Dog it, and work at it until it's done, and done right. "

Walt Disney

#11

Adaptive Mentorship Network: Strengthening Complex Care in Alberta Family Medicine

ADAPTIVE MENTORING NETWORK ALBERTA

Innovation Pitch: Adaptive mentorship networks in family medicine personalize guidance, foster continuous learning, and build compassionate resilient physician communities—enhancing clinical skills, professional growth, and care of people with complex health concerns

Problem Being Addressed: Alberta is facing a crisis in primary care marked by clinician burnout, fragmented care, and limited access for complex patient populations, particularly those with chronic pain, mental illness, substance use disorders, and from equity-deserving communities. The evolving needs of patients with complex medical and social issues highlight the urgent need for provider support and system transformation. Current strategies lack sufficient support to foster provider resilience, interprofessional collaboration, team based care and effective management of clinical complexity for providers in primary care medical homes.

How It Works: We propose an "Adaptive Mentoring Network Alberta (AMN-AB)," an innovation rooted in proven mentorship models and adapted to Alberta's evolving needs. AMN-AB builds compassionate provider communities that foster psychological safety and strengthen team-based care through adaptive mentoring. The intervention connects mentees with experienced, interdisciplinary mentors in structured, flexible formats (e.g., 1:1, small groups, virtual). AMN-AB enhances clinical knowledge, confidence, and resiliency while reducing stigma and promoting compassionate, equitable care for complex patients.

Presenter Bio: Dr. Sam Hickcox is a family physician and addiction specialist advancing mentorship-driven care, supporting clinicians in managing complex conditions through education, collaboration, and system-level leadership.

What Kind of Support Are You Looking For: We seek early adopter clinics and providers across Alberta to champion AMN-AB, particularly in regions serving complex populations. Support in engaging system leaders and expanding interprofessional mentor pools is also needed.

Notes:

#12

HomeFree: “Medically-Supervised Homecare”

HOMEFREE MEDICALLY-SUPERVISED HOMECARE

Innovation Pitch: HomeFree Homecare’s novel “medically-supervised homecare” program provides facility-level care in the home, keeping seniors and their families thriving at home for life, and reducing strain on our system.

Problem Being Addressed: One of our system’s most pressing and paradoxical issues is the backlog of patients waiting in-hospital for placement to facilities that they don’t want to go to. Many of these patients do not require hospital-based care and could be served at home. However, current homecare services fail in two major ways: 1) they do not efficiently administer activities of daily living (ADL) supports (e.g., patients are often admitted to acute care beds due to simple ADL needs like toileting) and 2) they artificially silo homecare away from physician services (e.g., patients are admitted with only the slightest need for physician involvement).

How It Works: First, we operationalized a staffing model that provides living wages, proper training, and professional agency to in-home providers, providing care not just where, but also when and how patients need it. We treat onboarding similar to hospital admissions, to fully understand patient needs. Secondly, we provide physician support and oversight to the homecare such that patient-types traditionally assumed to require facilities (advanced dementia, Parkinson’s, MS, etc) can actually be safely managed at home. Lastly, we do so with a funding model that keeps overall out-of-pocket costs lower than their typical alternatives, including publicly-funded facilities (which also require a co-pay).

Presenter Bio: Medical Director and co-founder, Dr. Charles Wong, is an experienced emergency physician, medical educator, and health systems administrator.

What Kind of Support Are You Looking For: Our greatest value to the system is in taking patients straight out of hospital. We wish to promote the service organically, such that patients and independent physicians can be made aware of this outpatient service and request or initiate it on their own. This is how we have been able to do this thus far. Endorsement from a professional body such as the ACFP or by other practitioners would accomplish this and allow our service to grow.

Notes:

Speed Dating Networking Hour

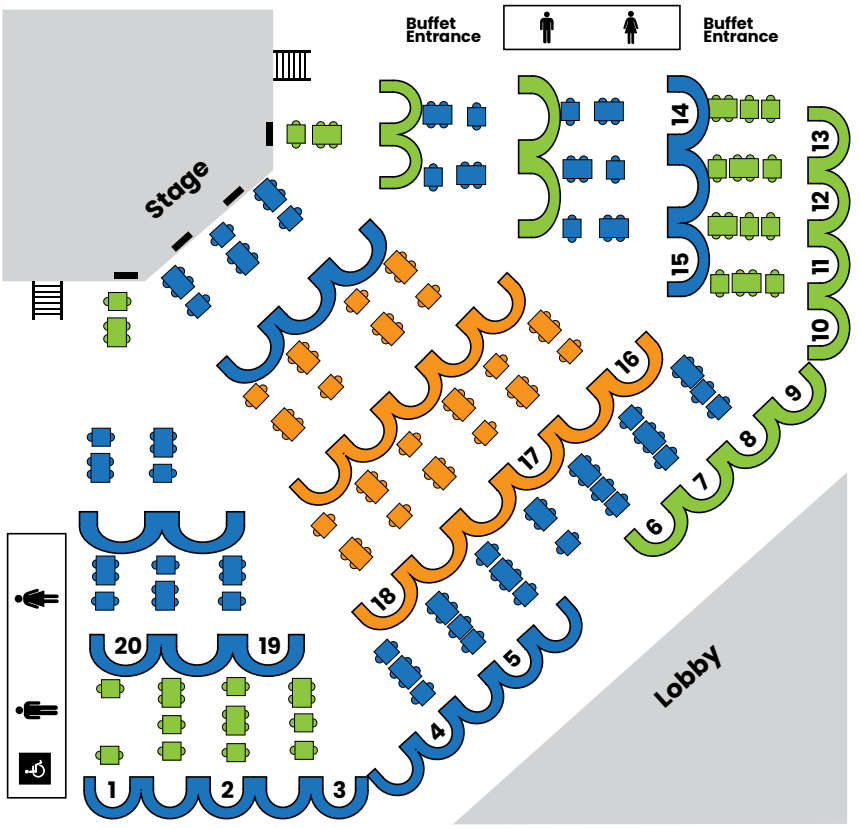
GET CONNECTED

How It Works

This hour is dedicated to providing our attendees to a chance to connect with our top innovations. Each of the innovators will host their own booth to answer any questions you may have. Take this opportunity to shortlist your favourites and vote on them in the People's Choice Poll.

Take a look at the back of your badges. The number represents the booth number at which you will start your speed dating hour. The countdown clock will begin. Listen for the music to switch booths.

Floorplan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1. Collaborative Care, Made Easy - With Carmi
   Innovator: CARM&A Health

2. Collecting Data and Taking Action on Social Determinants of Health
   Innovator: Department of Family Medicine, Cumming School of Medicine, University of Calgary

3. Redefining the Role of the Family Physician in Team-Based Care
   Innovator: Crowfoot Village Family Practice

4. Regaining Agency in Practice: Introducing HIG's Health Home Expedition i-Compass.
   Innovator: Health Innovation Group

5. The Bashaw Medical Clinic: Transforming Health Through Community-Led, Team-Based Care
   Innovator: Bashaw Medical Clinic and Sylvan Family Health Centre

6. Real-Time, Safe Feedback That Supports Your Team
   Innovator: Imagine Citizens Network

7. Bridge Healing: the Human Way Forward
   Innovator: Bridge Healing Program

8. Remote Diagnostic Exam Kit for Rural Care
   Innovator: Remote Diagnostic Telehealth Kit

9. Indigenous Support Hub: Transforming Practice Through Cultural Insight
   Innovator: School of Public Health, University of Alberta

10. PROMs: Powering Patient-Centered Care
    Innovator: Alberta PROMs and EQ-5D Research and Support Unit (APERSU); School of Public Health, University of Alberta

11. Adaptive Mentorship Network: Strengthening Complex Care in Alberta Family Medicine
    Innovator: Adaptive Mentoring Network Alberta

12. HomeFree: Medically-Supervised Homecare
    Innovator: HomeFree Medically-Supervised Homecare

13. Gaining Efficiency: Increasing the Use of Physician Assistants in Canada
    Innovator: Canadian Association of Physician Assistants

14. Optimizing Team-Based Care With Registered Nurses
    Innovator: Calgary Rural Primary Care Network

15. MOA AI
    Innovator: MOA AI

16. Address Access Challenges and Reduce Avoidable ED Visits
    Innovator: Petal Health

17. Empowering Physicians to Practice Virtual Care in Alberta
    Innovator: Rocket Doctor

18. Clinique Mobile Saint-Thomas: Connecting Communities to Care
    Innovator: Centre de Santé Communautaire Saint-Thomas (Saint-Thomas Medical Group)

19. Family Medicine - Psychiatry Compact Fellowship Program
    Innovator: University of Alberta, Departments of Psychiatry and Family Medicine

20. Virtual Hallway
    Innovator: Virtual Hallway

Honourable Mentions

#13

Physician Assistants: Supporting Physician-Led Primary Care

CANADIAN ASSOCIATION OF PHYSICIAN ASSISTANTS

Innovation Pitch: Have you found yourself wishing for a clone? A physician assistant (PA) might be the solution! PAs are highly trained and adaptable health care providers that act as physician extenders.

Problem Being Addressed: Our solution addresses the following:

1. Improving access to physician-led primary care
2. Addressing and improving long wait times for family physician-led care
3. Decreasing system inefficiencies and cost

How It Works: The solution is multi-faceted and deserves improvements from several directions. For the sake of this presentation, however, we would like to focus on the role of primary care physician assistants (PA). PAs can reduce physician burnout by sharing and collaborating in the care of a patient panel, being an extra set of trained hands to extend physicians' reach and increase efficiency, increasing patient access to care by increasing number of available appointments without sacrificing physician work-life balance, and so much more.

What Kind of Support Are You Looking For: We are seeking concept buy-in, early adopters, and financial support. Physician assistants are already practising in family medicine in Alberta but are limited by a poor understanding of the role and the lack of an established funding model to support optimizing PA scope of practice for maximal impact (the maximum of which is defined by the Alberta Health Professions Act and regulated by the CPSA, though autonomy is also negotiated based on mutual agreement between a supervising physician and the PA).

Notes:

#14

Optimizing Team-Based Care With Registered Nurses

CALGARY RURAL PRIMARY CARE NETWORK

Innovation Pitch: Optimizing team-based care with series of protocols for Registered Nurses to deliver screenings, create care plans, and navigate to required follow up in the community minimizes primary care provider involvement and improves access to these services for unattached patients

Problem Being Addressed: There is shortage of Primary Care Providers in Alberta, and this is even more true in many rural communities. Patients who do not have access to a primary care provider face barriers to accessing primary health care services such as screening for dyslipidemia, risk for CAD, diabetes and certain cancers. This can lead to unmanaged or undiagnosed chronic disease, resulting in poor outcomes which are costly to the system.

How It Works: Using a series of protocols for Registered Nurses to deliver these screenings, create care plans, and navigate to required follow up in the community minimizes primary care provider involvement and improves access to these services for unattached patients. The use of protocols is an innovative and efficient way to deliver these services without asking doctors with full panels to accept more patients into their practice. It minimizes physicians' involvement to about 15 minutes total per patients, and ensures patients are navigated to the integrated health neighborhood so primary care needs are met, increasing access and saving system costs as related to early diagnosis and intervention. Team-based care is optimized.

What Kind of Support Are You Looking For: We are looking for early adopters to help spread and scale our solution. This is a great way to increase screening access for patients without a primary care provider.

Notes:

#15

MOA AI

MOA AI

Innovation Pitch: MOA AI is an AI-powered platform deployed directly on clinic servers, ensuring all data processing remains secure and internal. It automates non-clinical tasks such as referral management, fax sorting, and digital patient check-ins—leveraging advanced OCR and workflow automation to digitize, organize, and route paperwork without relying on cloud storage. Clinics gain a custom-branded patient app and workflow dashboard, all running within their existing IT environment. By eliminating manual admin work and keeping sensitive data on-site, MOA AI streamlines operations, enhances privacy, and allows staff to focus more on patient care—solving a core inefficiency in health care.

Problem Being Addressed: MOA AI addresses the burden of manual, non-clinical administrative work in primary care clinics—tasks like referral management, fax sorting, and patient check-ins—that consume up to 70% of staff time. These inefficient workflows increase costs, lead to staff burnout, and reduce time available for patient care. Existing EMRs do not automate these processes or support seamless patient engagement. MOA AI's innovation leverages AI to automate and digitize these tasks, creating a streamlined, paperless, and patient-centered clinic experience. This reduces operational inefficiencies, lowers costs, and improves both staff and patient satisfaction—directly addressing a major unmet need in Canadian health care.

How It Works: MOA AI is an AI-powered platform deployed directly on clinic servers, ensuring all data processing remains secure and internal. It automates non-clinical tasks such as referral management, fax sorting, and digital patient check-ins—leveraging advanced OCR and workflow automation to digitize, organize, and route paperwork without relying on cloud storage. Clinics gain a custom-branded patient app and workflow dashboard, all running within their existing IT environment. By eliminating manual admin work and keeping sensitive data on-site, MOA AI streamlines operations, enhances privacy, and allows staff to focus more on patient care—solving a core inefficiency in health care.

What Kind of Support Are You Looking For: As an innovator, I am seeking three main forms of assistance: financial support to scale our development and deployment, promotional opportunities to increase awareness and credibility within the health care community, and access to early adopter clinics or networks for expanded real-world testing. Funding will accelerate product refinement and onboarding, while promotional support will help position MOA AI as a trusted solution among clinic leaders. Partnerships with early adopters will provide the user data and testimonials needed to drive broader adoption and ensure sustainable growth in the Canadian health system.

Notes:

#16

Address Access Challenges and Reduce Avoidable ED Visits

PETAL HEALTH

Innovation Pitch: The Petal Hub is a scalable, digital-first solution that synchronizes patient demand and provider availability across care settings, supporting patient navigation by providing the right appointment, the first time.

Problem Being Addressed: Petal empowers health care organizations to overcome their biggest challenges – improving access to care while navigating critical workforce shortages. It integrates data, refines processes, and delivers measurable outcomes for health care providers, organizations, and authorities. Petal advances patient flow management, ensuring timely access to care by reducing bottlenecks, optimizing care setting utilization, and improving the coordination of services within organizations and across networks. By leveraging real-time data and fostering collaboration, Petal enables leaders, managers, and care providers with the tools they need to enhance patient outcomes, reduce staff burnout, and drive meaningful change.

How It Works: Petal's Health care Orchestration Platform is a scalable, digital-first solution built to synchronize patient demand and provider availability across care settings by seamlessly integrating within the existing technology ecosystem. This integration provides advanced connectivity that ensures real-time data exchange between different technology systems and streamlines patient navigation by guiding individuals to the appropriate level of care and connecting them with the most suitable health care professional or service. Already operational in Québec, the platform has managed over 64 million appointments over the last three years and demonstrated real-world impact by improving access and reducing unnecessary ED use through smarter care navigation.

What Kind of Support Are You Looking For: Supporting the Modernizing Alberta's Primary Health Care System (MAPS) recommendations continues to be a priority for our organization and we believe that additional stakeholder engagement and conceptual buy-in will help support the ongoing work in improving access to primary care and reducing the over-reliance on emergency departments for non-urgent needs.

Notes:

#17

Empowering Physicians to Practice Virtual Care in Alberta

ROCKET DOCTOR

Innovation Pitch: Rocket Doctor connects Albertans to physicians on an innovative virtual platform, providing timely assessment, diagnostics, referrals, and follow-up. Physicians practice flexibly on their preferred schedule.

Problem Being Addressed: Many rural communities in Alberta are facing limited access to care, secondary to the geographic barriers and sparse rural infrastructure for equitable primary care delivery. Across the province, many physicians are retiring their practices, leaving residents with fewer options for care, and in particular, post-hospital clinical care. As outlined in this recent Lethbridge Herald article, there is a critical shortage of physicians in this province. Having additional options for care across the province will improve overall experience for patients, while simultaneously decreasing the reliance on local emergency departments for follow-up and continuing care.

How It Works: Rocket Doctor is a technology-driven digital health platform and marketplace that breaks down obstacles limiting access to quality, comprehensive, and cost-effective health care. Our proprietary software equips doctors with the tools to run successful practices in virtual and hybridized in-person/virtual models of care, enabling them to provide tailored care to patients in remote communities, particularly those in rural and Northern communities across Canada. Our publicly funded model of care can integrate with existing Alberta Health systems, building on the important work being carried out across the province, including future new agencies for primary care, acute care, continuing care and mental health and addiction.

What Kind of Support Are You Looking For: We are looking for early adopters to help spread and scale the solution. Ultimately, we seek to increase our reach to both Alberta patients and clinicians, while curating specific opportunities for organizational-level partnerships.

Notes:

"Do not go where the path may lead, go instead where there is no path and leave a trail."

Ralph Waldo Emerson

#18

Clinique Mobile Saint-Thomas: Connecting Communities to Care

CENTRE DE SANTÉ COMMUNAUTAIRE SAINT-THOMAS (SAINT-THOMAS MEDICAL GROUP)

Innovation Pitch: Clinique Mobile Saint-Thomas delivers bilingual, team-based primary care directly into Edmonton communities, reducing barriers and reimagining access for underserved families and newcomers.

Problem Being Addressed: The Saint-Thomas Mobile Primary Care Clinic addresses persistent inequities in access to culturally safe, episodic primary care for parenting families in North Edmonton—particularly those who are French-speaking, newcomers, or facing social vulnerability. In Alberta, over 21% of the population speaks a language other than English at home (Statistics Canada, 2021), yet francophone and newcomer families report significant challenges navigating the health system due to language and cultural barriers (Alberta French Policy Implementation Report, 2022).

Data also show that only 79% of Albertans have regular access to a family doctor, with lower rates among newcomers and linguistic minorities (CIHI, 2023). These access barriers lead to delayed care, unmet preventive health needs, and avoidable emergency department use.

Current service delivery models often fail to integrate health and social supports in a way that meets families where they are.

This innovation directly aligns with Government of Alberta and Alberta College of Family Physicians priorities, including improving equitable access, advancing team-based care, and transforming primary care through community-centered solutions.

How It Works: The Saint-Thomas Mobile Primary Care Clinic is a pilot bilingual, team-based mobile clinic whose goal is to improve health outcomes for Francophones in Alberta by meeting their unique needs and establishing a sustainable care model. This model aims to reduce barriers, strengthen continuity of care, and foster trust within communities.

The key objectives include:

- **Access -** Ensuring Francophone communities can access primary care without geographic or linguistic barriers.
- **Equity -** Addressing systemic health disparities faced by Francophones in Alberta.
- **Navigation -** Offering care in the language of preference to improve comfort, understanding, and confidence to navigate the system effectively.
- **Integration -** Ensuring the mobile clinic model can be integrated into permanent health care offerings.
- **Services -** Including preventive care and screening, women's health, pediatric care, mental health support, and system navigation. Delivered in collaboration with local partners, the clinic combines in-person care with virtual follow-up and integration into local services."

What Kind of Support Are You Looking For: We are looking for financial support to support the continued operationalization, spread, and scale of the clinic to:

- Expand clinic days and geographic reach
- Support sustained staffing and care team development
- Implement digital tools for virtual follow-up and data tracking
- Develop a scale model for replication in other Alberta communities

Notes:

#19

Family Medicine - Psychiatry Compact Fellowship Program

UNIVERSITY OF ALBERTA, DEPARTMENTS OF PSYCHIATRY AND FAMILY MEDICINE

Innovation Pitch: Without enough specialists, primary care providers (PCPs) are treating more (and more complex) psychiatric patients than ever before. This innovative program is designed to train and support family medicine physicians to meet this need.

Problem Being Addressed: Approximately 20% of Canadians experience a mental health problem in any given year and 50% experience a mental illness before age 40. Most individuals rely on their PCPs to address their mental health needs. While this may be effective for many patients, there is a subset of individuals who present with a severity and complexity that requires specialist care. Unfortunately, because of the shortage of psychiatrists, many of these cases must be managed in a setting that is not designed for specialized psychiatric care, creating a mismatch that can lead to provider frustration and potentially suboptimal patient outcomes.

How It Works: Emerging evidence suggests that educational initiatives (such as CanREACH) may be a powerful tool for addressing this tension. To this end, we designed a novel, 12-week educational program to enhance providers' confidence and skill at treating psychiatric illnesses and to improve local systems of care. The FM-Psych Compact Fellowship includes a weekly educational series that is built around principles of adult learning (leveraging small group, case-based discussions that are linked to actionable resources and a unique formative assessment tool); each session is paired with the opportunity for direct case consultation with local psychiatrists, including collaborative care planning.

What Kind of Support Are You Looking For: We are currently working to expand the scope of the program to engage with a broader cohort of rural and remote physicians and to directly assess clinical and system-level outcomes.

Notes:

#20

Virtual Hallway

VIRTUAL HALLWAY

Innovation Pitch: Virtual Hallway is Canada's clinician network for Hallway consults and education, connecting 10,000 clinicians to share knowledge and deliver faster, better patient care.

Problem Being Addressed: Primary care providers often face long wait times and uncertainty when trying to access timely input from specialists. In Alberta, access to specialist advice is uneven, especially in rural or underserved communities. A lack of peer access delays decision-making, clogs referral pipelines, and impacts both patient outcomes and provider burnout. These issues contribute to inefficiencies in care coordination and patient flow, increasing system costs and decreasing satisfaction among clinicians and patients alike.

How It Works: Virtual Hallway is a secure, purpose-built platform that enables primary care providers to schedule brief, documented phone consults with a specialist. Providers choose the specialist and time that works for them, and connect directly by phone, with no software downloads required. The result is a timely, collegial exchange of knowledge that prevents unnecessary referrals, improves care planning, and strengthens system integration. The workflow organically captures, documents, and bills for the interaction, alleviating burden from the providers and ensuring appropriate reimbursement for time spent on patient care.

What Kind of Support Are You Looking For: We are seeking champions in Alberta with interests aligned to ours—early adopters to help spread and scale the solutions, and health teams and organizations who are ready to roll up their sleeves and work together to drive change.

Notes:

"Big ideas are little ideas that no-one killed too soon."

Seth Godin