



# The President's Letter

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***In this letter:***

- *AMA initiates Negotiations 2011 by filing "issues list."*
- *Five questions "I'd welcome your suggestions, ideas and thoughts on."*
- *Non-clinical changes physicians are dealing with include political uncertainty, change in direction and culture at Alberta Health and Wellness, and province-wide medical staff bylaws.*

Dear Member:

The Alberta Medical Association (AMA) initiated Negotiations 2011 by filing our "issues list" with Alberta Health Services (AHS) and Alberta Health and Wellness (AHW). This initiated the process for negotiations within the master agreement; the formal negotiating table isn't expected to convene until the fall.

As you would expect, the AMA outlined a lengthy list of subjects and topics reflecting the current, landmark eight-year master agreement which expires in less than 12 months on March 31, 2011. The AMA's approach, therefore, is much more expansive than a meat-and-potatoes menu.

Alberta physicians have always put, and will always put, Patients First®. Given the political, fiscal and health care landscapes in Alberta, for Negotiations 2011 the AMA's focus is ideas, innovations and possibilities that will provide Value for Patients™. Examples from the current master agreement are recruitment and retention initiatives, such as the Retention Benefit and the Rural Remote Northern Program, and the primary care networks.

Negotiations 2011 was a major agenda item at last week's meeting of the Board of Directors, and it will continue to be until a new master agreement is achieved. Even though our "issues list" is lengthy, much work remains to flesh out the options.

Many questions will be asked. Here are five:

1. How can patient access be improved – without fragmenting care, and the potential negative consequences for quality and safety?

2. How can we build upon programs and initiatives that have already been developed? How can we align with AHS initiatives such as the clinical networks? There may be no need to reinvent the wheel; rather, we can use Negotiations 2011 to enhance a trilateral leadership of Alberta's health care system.
3. What proposals will put Patients First® while addressing the Alberta government's health care priorities?
4. How does Alberta's health care move forward in terms of access, productivity, quality and sustainability?
5. How do we ensure the value provided by all members of our profession – physicians with specialized expertise in primary care, academic physicians advancing medicine through scholarly research, surgical and other specialists struggling with expanding wait lists – are valued by others in the health care system? I say this knowing that our most important partners are our patients who value our work immensely.

I'd welcome your suggestions, ideas and thoughts on how the AMA should proceed (president@albertadoctors.org). Also:

- How do we engage you and other members?
- How do we communicate with you and other members?
- What should we expect from you and other members?

I would also thank those AMA members who completed the recent tracking survey which featured members' views on priorities for the AMA. Results from these quarterly surveys are important for the AMA's overall positioning, planning, strategy and activities. The next three tracking surveys will be June, September and December.

Like you, I sometimes shake my head when uninformed "experts" and critics accuse physicians of being resistant to change. As long as it is evidence-based and will improve care for our patients, physicians not only endorse and accept change but we also lead change, e.g., Alberta's bone-and-joint project.

Moreover, here are just some of the non-clinical changes physicians are dealing with in 2010:

- Political uncertainty – there's considerable media speculation about Alberta's political landscape and the next election, probably March 2012.
- Change in direction and culture at AHW with a new minister and a new deputy minister.
- New life for AHS with elimination of its \$1.2-billion deficit and predictable five-year funding.
- Introduction of province-wide medical staff bylaws.
- Government's commitment to introduce an Alberta Health Act at the fall sitting of the Legislature.

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Page 3

In closing, Value for Patients™ signals a transition to negotiations where our remuneration is aligned with our services in providing more value for our patients. Value for Patients™ not only changes the debate, but it is also much more than a theme or a slogan for the upcoming negotiations. It's a goal for what we do in our offices everyday and in our dealings with government and AHS.

Yours truly,

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President