
The President's Letter

Dr. Christopher J.(Chip) Doig



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Dear Member:

Representative Forum fall meeting

Pandemic planning, health care transformation and an honest and respectful one-hour in-camera session with Minister of Health and Wellness Ron Liepert were among the highlights at the fall meeting of the Representative Forum (RF) last weekend in Calgary.

Add in sessions on the future of the Physician Office System Program (POSP), the Alberta Medical Association's (AMA's) compensation strategy, another one-hour in-camera on Negotiations 2011, and the launch of the AMA's revamped and enhanced government relations program, "Doctor's Black Bag," and you can appreciate the perspectives provided to and feedback received from the RF delegates.

RF delegates also appreciated the time and effort of Alberta Health Services (AHS) CEO Stephen Duckett, PhD, and other senior personnel from AHS and Government who presented or attended RF.

Looking ahead to the next year, a number of factors and opportunities are obvious.

- As much as one can argue that health care financing, planning and delivery should be rational, Alberta now finds itself 180-degrees different from a mere year ago. The Government is projecting a \$6.7 billion deficit for the current fiscal year, Alberta Health Services another \$1.3 billion. At the same time a number of key economic indicators are tanking, e.g., the price of natural gas. Given the projected surplus in production capability, natural gas prices, a key revenue stream for the government, are unlikely to increase soon.
- The creation of a single, province-wide health authority, Alberta Health Services, has dramatically changed physicians' relationship with administration. As physicians and as an association, we want to truly be engaged and to be a partner – a message that your Immediate Past President Dr. Noel W. Grisdale and I have been carrying to the minister, AHS and to media. I am encouraged that Dr. Duckett and Dr. David Megran, Senior Physician Executive of AHS, are taking steps to build such a relationship.

- Mr. Liepert clearly outlined his goal for a new agreement in 2011 for moving one-half of family physicians off fee-for-service “through a program that provides incentives to providers who adopt multi-disciplinary care.” A number of primary care network (PCN) physicians challenged the minister on the financial feasibility of his goal of having additional health care professionals in PCN teams, with one family physician pointing out that the \$50 per patient isn’t enough to hire a registered nurse, let alone “the optimal ratio in primary care (of) 3:1 (other health care professionals:physician)” that the minister had promoted. (Mr. Liepert’s speaking notes can be viewed at <http://www.albertadoctors.org/PresLetter/Index>.) We very much appreciate the minister’s recent comments recognizing the importance of physician-led team-based care. A recent study in the “Health Care Quarterly” demonstrated the cost savings by having longitudinal care of chronic disease managed by family physicians.
- Later this month the AMA will make a presentation to, as well as filing a written brief with, the Minister’s Advisory Committee on Health. Although the minister can consult with whomever he wishes, some of the issues being considered could affect arrangements and funding under the trilateral agreement.
 - You can be assured that the AMA will be undertaking a significant communications effort with you and the other members, and we will extend our advocacy to the media and the public.

For further insights and information, please visit

<http://www.albertadoctors.org/PresLetter/Index> to see Dr. Noel W. Grisdale’s excerpts of his speaking notes in presenting the report from the Board of Directors to RF.

My thoughts

It was a very special moment when my older sister, Dr. Anne Doig, President of the Canadian Medical Association, installed me as the 2009-10 Alberta Medical Association President. In the audience were our spouses, children and our parents, Dr. Noel Doig and Joan Doig, PhD, who is a retired English professor. (Excerpts of my speaking notes can be viewed at <http://www.albertadoctors.org/PresLetter/Index>.)

Here is what I said, in part:

Looking forward, our association and profession are facing a number of issues.

First – the need for unity. I have had the chance to work with physicians in private practice and physicians in academic settings: with specialists and with family physicians; with those who treat acute illness, and those who treat chronic illness.

What I am impressed by is that, as a professional body, there is no other group with the confidence and trust of patients, family and the public as a whole. There is no other group with the breadth and depth of expertise and practical experience on how to deliver care. There is no other group that are the natural leaders in delivering care, in recognizing shortcomings in the system, and who are the only ones who can truly maintain the accessibility to quality health care in our province.

Therefore, we must not be afraid to speak out for necessary change to our system, and also speak out against change which will not be in the best interests of our patients. We must help represent other health care providers in our system whose contributions may be minimized and not celebrated.

In a speech earlier this week, the minister stated that patients need to be put at the top (first) in our system. This is exactly what our profession has called for, and we appreciate the minister recognizing again the leadership in our profession in calling for putting Patients First®.

Second - I have spoken of some of the physicians who have been my role models. One of the most telling moments is sitting in a family room in the ICU with a family. Two of the women watched me very closely. At the end they simply asked me, "Is your father Noel?"

When I replied, "Yes," they did what many people have. They spoke warmly and fondly of the care provided by my dad, and my sister. The backbone, nervous system, and the heart of our profession lie with physicians like them who provide such primary care.

Today there are many changes being proposed for primary care, so many voices and so many players. We need to keep the focus on providing physicians with the resources they need to deliver the primary care services that are the core of our health care system.

Finally - Negotiations 2011 and the trilateral agreement. Our master agreement has been in place since 2003, and last year we signed the final, three-year financial agreement. But the overall trilateral relationship is about far more than money.

It is unique, and Alberta Health and Wellness and Alberta Health Services must recognize and commit to the principles behind the agreement. They must fully engage the profession and our voice - through the AMA, the board, sections and the Representative Forum - in decision-making and shaping the health care system.

The coming months may not be easy, for our patients and for us. I will need your support and I will value your feedback.

Yours truly,

Christopher J. (Chip) Doig, MD, MSc, FRCPC
President