

Section News



**ALBERTA
MEDICAL
ASSOCIATION**

Welcome to the Alberta Medical Association's *Section News* - an opportunity for sections to report on their challenges and objectives. This service helps sections communicate with all AMA members as well as physicians in their own specialties. Your feedback is encouraged. Please contact: Candy L. Holland, Manager, Website and Publications, or Nella Papaianni, Administrative Assistant, Section Services, phone 780.482.2626, toll-free 1.800.272.9680 or email candy.holland@albertadoctors.org or nella.papaianni@albertadoctors.org.

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*** Negotiations/allocation**

Members have continued to respond to the November 2006 Joint Statement from the Alberta College of Family Physicians, Section of Rural Medicine (ASRM) and Section of General Practice (SGP), regarding financial conditions in general practice, by writing comments to the AMA president regarding the position stated. Thank you for your communications to the AMA.

As of mid-February, there is little progress to report on the negotiations front.

The AMA has been active in exerting pressure on government for an agreement by encouraging a letter-writing campaign (via direct contact with membership in a fan-out from AMA board/Representative Forum membership) and producing the document *Maintaining the Alberta Advantage: Alberta's Boom and the Threat to Physician Supply*. The document (online at www.albertadoctors.org/TrilateralAgreement/Negotiations) highlights the impact of economic conditions on physician overhead and compares per capita physician funding among the provinces.

With attention currently focused on exerting pressure toward government for a resolution to the negotiations, section members should keep in mind that funding issues for family practice do

not end with the successful conclusion of trilateral negotiations.

Typically, an agreement between the AMA, Alberta Health and Wellness and regional health authorities (trilateral) addresses only the total physician services budget (from which funding for fee-for-service and alternate relationship plans is drawn), plus specific program funding "envelopes" and benefits like Primary Care Networks, Physician Office System Program, continuing medical education and Canadian Medical Protective Association assistance.

Announcements regarding a conclusion to a negotiations process often include some indication of an XX% increase (generally in reference to total physician funding), possibly leading to an inaccurate assumption that an increase to the 03.03A of that stated XX% will result.

In addition, while particular areas in dire need of enhanced funding may receive highlighting in the negotiations dialogue, it is not automatic that those areas receive the bulk of the increase.

Allocation is a complex process. There may be competing needs both within and between sections for improved funding. Past decades of simple "across-the-board" percentage increases widened the family physician-specialist income gap.

Usually, there are initial "off-the-top" or macro allocation fee codes to be funded; these are often codes of interest to multiple sections and are determined by the AMA board as suitable to deduct from the total available increase prior to determining sectional "budget" increases.

The size of the actual section increase is then calculated by a formula reflecting a per head (based on full-time equivalents) amount, rather than percentage as in the past, in effort to reduce disparity. From this sectional amount, SGP then has some discretion regarding allocation for SGP fee codes.

The SGP executive hope the next macro allocation will address some specific needs, including provision for availability of multiples of the CMXV15 for even longer complex office visits and creation of a new pre-op consult fee exempt from the 180-day major code rule.

For sectional allocation, it is believed that the needs of community-based family physicians, particularly those involved in comprehensive care delivery, will be best met by broader attention to multiple commonly used SGP codes, using appropriate relativity, rather than with an exclusive targeted increase to the 03.03A.

Community-based family physicians have been hit hard among physician groups by the overhead increases resulting from the Alberta economic boom. The AMA, in negotiating for global budget increase, will undoubtedly feature the financial pressures that prompted many family physicians to write to the association.

You may wish to remind the AMA that an allocation that specifically addresses family physician overhead issues is overdue. Continue to make your feelings known to AMA President Dr. Gerry N. Kiefer (president@albertadoctors.org) and to the new Alberta Minister of Health and Wellness, Honorable Dave Hancock (dave.hancock@gov.ab.ca). Please copy SGP (gppres@albertadoctors.org) and ASRM (abgar@telusplanet.net) on any submissions.

Again, I urge you to be prepared to review any tentative agreement specifically for its capacity to deliver what you need for your practice to remain viable in the Alberta economy. It is essential that all general practitioners and family practitioners vote.

Section of Laboratory Physicians

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★ Section of Laboratory Physicians' annual general meeting

For Alberta pathologists and pathology residents, the Section of Laboratory Physicians' (ASLP) annual general meeting (AGM) is scheduled for Friday, September 7, 12:30-2 p.m., at the Rimrock Resort Hotel, Banff. Additional details and invitations will be forwarded later.

This AGM will be held in conjunction with the 2007 University of Alberta /University of Calgary Banff Pathology Course – Medical Errors in Laboratory Medicine and Pathology; Detection, Prevention and Mitigation.

For more information on the Banff Pathology Course, please visit www.banffpathology.ualberta.ca.

Section of Rural Medicine

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There have been many developments on the provincial health care front since the last *Section News*. I will try to cover some of these quickly in this report.

★ Manpower

This continues to be a huge issue, especially in northern Alberta. The AMA is working on an Under-served Areas Program, with input from Rural Medicine. If this comes to pass as currently envisioned, there will be funding available for those communities that are either a long way from a secondary or tertiary centre or have significant physician shortages.

The Rural Physician Action Plan (RPAP) and regional health authorities (RHAs) are working cooperatively to try and recruit Canadians and to expedite the acceptance of IMGs willing to work in rural Alberta.

Many of you will have seen the recent program to pay physicians to work in Fort McMurray. The current program is planned as a stopgap, to carry the RHA through the next few months until a more permanent strategy/program can be put in place.

I have talked with Bernie Blais, CEO of Northern Lights, and he seems genuinely interested in looking at any and all options to provide health care services to the population in Northern Lights.

★ Negotiations

This continues to drag on. Many of you will have attended a President's Tour meeting by the time you read this. For those of you who are not able to make one of the meetings or videoconferences, I can tell you that some progress has been made on the broad outline of a possible settlement.

However, the details are where the problems may arise. It looks like a deal would include significant, although not huge, increases to the Schedule of Medical Benefits. There could be graduated payments for physicians who have served in Alberta for extended periods of time.

There may be payments for teaching undergraduates and residents. Some improvements in our benefit package (CME, CMPA reimbursement, etc.) might be in the package.

Everyone is hoping there will be a package to take to the Representative Forum March 9-10. Any member is welcome to attend that meeting (at Fantasyland Hotel in Edmonton) as an observer, and you are encouraged to do so.

Whatever package is brought forward will be critically examined by the Section of General Practice (SGP) and Alberta Section of Rural Medicine (ASRM). If the package does not provide very real benefits to general practitioners (that is, enough dollars to cover increased overhead, pay ourselves a reasonable wage, etc.), we will not be recommending it to you.

In the event that an acceptable package is not forthcoming, please be prepared to take job action. The Job Action Group will be suggesting a range of actions to deal with the situation. At present, they are suggesting a letter-writing campaign. Please write the premier and the health minister (copies to AMA) outlining the reasons why you need a good settlement soon.

We need the government to understand that general practice is in dire straits and unless the new contract fundamentally alters the economics of general practice, it will continue to wither and soon disappear. If that happens, the very basis on which our health system has been developed will be gone and a new order will have to be established.

★ Section activities

We awarded the Tarrant Scholarship again this fall; the award was split between two recipients at each university.

The section continues to cooperate with the College of Family Physicians and the SGP to try and entice medical students into family practice. Activities include the Virtual Poster project, the Early Exposure program and attendance at Orientation Days.

The section provides interview training for prospective medical students from rural origins each fall. This year we had a large number of students who were only identified after the regular fall sessions had ended. We are making efforts to give those students help, but at best their program will not be as comprehensive as the one we do in the fall.

Next year, please be sure that your rural applicants know about our program in the fall (September or earlier), and contact the president early so the students can get the complete program.

We held our annual general meeting in conjunction with the Banff Emergency Medicine conference in January. The executive for next year is President Allan Garbutt, Secretary-Treasurer Les Cunning, Member-at-Large Dave Wildeboer.