ALBERTA MEDICAL ASSOCIATION

12230 106 Ave NW
Edmonton AB T5N 3Z1

T 780.482.2626
F 780.482.5445
TF 1.800.272.9680

amamail@albertadoctors.org
www.albertadoctors.org

Dr. Noel W. Grisdale

The President's Letter

Patients First® *Patients First® is a registered trademark of the Alberta Medical Association.*

August 27, 2009

Dear Member:

Media coverage has been extensive following my August 14 *President's Letter* that outlined financial support for physicians in case of a public health emergency or system disruption resulting from the H1N1 influenza pandemic.

Dealing with an extreme pandemic raises complex clinical, administrative and financial concerns, particularly given the ongoing uncertainty about how and when the H1N1 flu will fully redevelop. Accordingly, I thought some explanation would be helpful to understand why the Alberta Medical Association (AMA) is advocating for you as we have done. I also thought further information might be helpful in addressing questions you may receive from those you encounter in the course of your workday.

A unique situation for which we have been planning

My August 14 letter focused on a scenario in which (i) the health system is being reorganized to deal with large-scale illness in the public, resulting in closure of physician offices or severely restricted office activity and/or (ii) many physicians and staff are ill.

The AMA has been working with Alberta Health and Wellness (AHW) and Alberta Health Services (AHS) for more than a year to deal with this possible scenario.

I know that physicians will fulfill our roles and responsibilities in an extreme pandemic, regardless of the support provided. It is the AMA's responsibility to work with others to ensure fair treatment and adequate support in such a situation. We mean no disrespect to other providers in our seeking this support for physicians – and we suspect that their advocates have also been raising issues and concerns.

Physicians face different circumstances

It's important to recognize, though, that physicians face different circumstances than do many of our colleagues in other health professions. Specifically, physicians in general operate independent practices as self-employed professionals.

…2

In the case of a public health emergency, however, government could direct – and possibly conscript – health personnel and resources. Physicians, in effect, would become public servants for the duration of the emergency as we are moved from our regular practices and areas of specialization to look after pandemic patients. Even those not involved in direct care of pandemic patients would be affected because of ongoing requirements for emergency and urgent care.

This situation of assisting in a public crisis, but with continuing practice obligations and expenses, raises many questions that the AMA, AHW and AHS have been dealing with and continue to discuss. There are many ways to approach these issues, and the physician support program described in my August 14 letter was designed to significantly address many of them:

1. Most physicians carry insurance, but for many, coverage does not activate for a month or several months from when one becomes unable to work: In the case of a public emergency, what disability, overhead coverage and other benefits should be in place?

2. Physicians responding and helping with the crisis may have additional personal costs, e.g., it's possible they would not be able to go home during the emergency or, for physicians willing to come out of retirement, liability coverage will be required: What are the possible extraordinary costs and how should they be covered?

3. If physicians are caring for patients in hospitals or centralized clinics, their office revenues will go down or stop, but expenses will continue, e.g., rent and the salaries of tens of thousands of Albertans who work in our practices: How should these additional expenses be covered?

4. Physician offices become a key resource in such a public emergency: How will the provincial government and Alberta Health Services provide the supplies that are needed for pandemic patients in the community, e.g., masks, gloves, disinfectant, etc.?

We have also raised other issues that are common to all health providers. What provisions have been made for patients and for the personal safety of health providers and physicians? What are their individual and joint roles? How do these roles fit within the context of AHW's and AHS' overall plan for the health care system?

The AMA must deal with physician funding

In dealing with all these issues, the AMA has been proactive in working with AHW and AHS. To some extent this is driven by the nature of the relationship between the three organizations.

Unlike many other providers, physicians negotiate a budget for our services and share in the responsibility for its management that is very unlike an employee-employer collective agreement. For years, our agreements have included a clause to deal with the potential for extraordinary costs, including dealing with a pandemic.

…3

This shared responsibility helps explain the reason for discussions about pandemic-related physician support. It was not only appropriate, but necessary, that AHW spoke to physicians regarding these matters, why they continue to do so and why the physician support program was conceived in the first place.

On the subject of budget management, under many scenarios the Physician Services Budget will be adequate to cover several elements of the physician support programs. The effect should not be unnecessary cost increases for the system. In many cases it is more of an issue of managing the same funds differently so that they fairly compensate physicians for the work we do in responding to the public health emergency – work that for many will be different from that which we normally perform.

Much work has been done, but much remains. As I mentioned in my previous letter:

> *Discussions continue with AHW and AHS to develop more detailed criteria on the financial support programs, such as those related to physician eligibility. These will be communicated as they become available, though it must be recognized that the exact nature, scope and development of the H1N1 outbreak is unpredictable and programs may need to change to address the specific needs that arise.*

I know we all hope that we will never see the public health emergency and severe pandemic for which we are bracing ourselves. It would be wonderful to look back and know that, overall, the H1N1 pandemic had relatively mild consequences.

It would be foolish, however, to fail to plan properly. Notwithstanding some comments reported in the media, the risk that would be faced and the need for controlling infection would be nothing like what we deal with today. There would be no business-as-usual. We must be fully prepared, including a plan to support physicians as the AMA has worked to do.

Yours truly,

Noel W. Grisdale, MD, CCFP
President

P.S. The AMA has undertaken its own corporate planning for an imminent resurgence of H1N1 influenza. This includes identifying key business functions that must continue to serve members in the event a large number of AMA staff became ill. Planning includes: providing essential staff with the means to work from home; setting policies and payment for sick leave or absence for caregiving; educating staff about how to prevent and deal with the flu as well as providing sanitizer and other preventative resources.