

The President's Letter

Dr. Noel W. Grisdale



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August 14, 2009

Dear Member:

Information regarding the H1N1 pandemic

With the further spread of the H1N1 pandemic throughout the world, the Alberta Medical Association (AMA) has received a number of calls from physicians as to the status of provincial plans for dealing with the increase in activity and severity anticipated this fall. The purpose of this letter is to provide you with an update on our activities that have taken place in conjunction with Alberta Health and Wellness (AHW), Alberta Health Services (AHS), the College of Physicians & Surgeons of Alberta (CPSA) and others.

For the past many months, the AMA has focused its efforts on two major objectives. First, that AHW and AHS are aware of the requirements of physicians, both in the provision of care and as individuals who will be on the frontlines with nurses and others. Second, that our communications and other activities be coordinated and aligned as much as possible with that of other stakeholders to avoid any conflicting or confusing information being sent to physicians.

In regard to the second point, the contents of this letter have been coordinated with AHW and AHS.

General information sources

AHW and AHS recommend the following websites:

- <http://www.albertahealthservices.ca>
- <http://healthalberta.ca>
- <http://www.phac-aspc.gc.ca>

AHS policies

The AMA is working with AHS on a joint communication strategy in regard to AHS information bulletins, position statements and policies in support of physicians. This will include information on the following: prevention of exposure; management of exposure, including drugs; access to vaccines and antivirals; what to do if ill. This communication will go out in the next week or so.

The President's Letter
August 14, 2009
Page 2

Physician Financial Support Program

The major components of the Physician Financial Support Program have been in place since October 2008. These are outlined in the attachment to this letter.

The AMA, AHW and other stakeholders have continued to review the situation and make changes to the financial support program as necessary. The hourly rate under the first component of the program, for example, has been updated.

Most importantly, the specific application of this program in the context of the H1N1 pandemic causing a significant health system disruption or public health emergency is being discussed. 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.

We will continue to work with other stakeholders to ensure that physician requirements are fully considered and that you receive as up-to-date information as possible.

Yours truly,

Noel W. Grisdale, MD, CCFP
President

Attachment

PHYSICIAN FINANCIAL SUPPORT PROGRAM

In the event of an H1N1 pandemic, the following will apply if there is a declaration by Cabinet of a state of public health emergency. We also recognize that there may be situations in which an H1N1 outbreak causes a substantial disruption to the health care system but has not yet resulted in a public health emergency declaration by Cabinet. In such cases the chief medical officer of health may determine, at his discretion, that it is appropriate to implement some or all of such physician support programs even though a public health emergency has not been declared.

1. All physicians who opt to practise during a pandemic and make themselves available to work within the AHS response plan would be guaranteed a minimum payment for the period of the pandemic. The minimum guarantee is agreed to be 100% based on the individual physician's average weekly historical billing for the previous 12 months or average weekly payments through an alternate relationship plan (ARP).

Physicians will have the option to bill either fee for service or an hourly rate provided that the choice does not disrupt delivery of the pandemic response plan. The proposed rates are:

- \$259.23/hr weekdays
- \$403.24/hr on evenings and weekends
- \$518.45/hr nights including weekend nights

2. Where physicians are employed or on contract with AHS or other third parties, AHS or third parties will make provisions for guarantees and alternate payment arrangements as may be appropriate.
3. Once the pandemic is over, AHW would conduct reconciliation between the guaranteed income payments made, compared to the fee for service or hourly rate payments.
4. For retired physicians returning to practice in a pandemic setting, AHW will cover the \$1,000 deductible for Canadian Medical Protective Association (CMPA) fees.
5. AHW and AMA are discussing a program that will provide a guaranteed income, for a defined period of time, for physicians who are unable to work due to illness as a result of caring for pandemic patients. Further details of this program will be communicated in the near future.