



Dr. Darryl D. LaBuick

The President's Letter

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Dear Member:

It is highly unlikely that the Alberta Medical Association (AMA), Alberta Health and Wellness (AHW) and the regional health authorities (RHAs) will conclude a new fiscal agreement before the current one expires March 31.

Five steps to certainty and stability

There's an onus, therefore, on the three parties to create a climate of relative certainty and stability. Otherwise, a number of initiatives under the eight-year trilateral agreement could be put at risk.

Physicians, and other health care professionals, simply will not devote the time, energy, money and other resources to build on past successes and to complete current opportunities.

The AMA's goals for Negotiations 2008 are being expressed as *Access, Innovation & Doctors*:

- Programs and initiatives to improve access for our patients.
- Innovation to help physicians provide timely access and quality care.
- A predicted shortage of 1,300 doctors this year makes attracting and retaining physicians a high priority.

With the AMA's commitment to Patients First®, we strongly support activities that improve the delivery of care to patients.

The most important action for the next Provincial Government and the regional health authorities is to negotiate in a timely fashion so that Negotiations 2008 can be concluded as soon as possible.

The AMA has made it clear to both parties that five key steps need to be taken while negotiations continue.

1. Assure physicians that their funding for office computerization will continue, regardless of the request for proposal (RFP) for vendors under the Physician Office System Program (POSP); and, there is a transition plan that ensures if physicians have to change vendors it will be limited to one time only.
 - There have been tentative steps in this regard for physicians using the Global and NMS products, but we need to go further! No physician should have to change vendors unnecessarily; and the transition support to change vendors needs to be clearly communicated.
2. Create clear and transparent rules governing the involvement of Calgary Health Region and Capital Health in offering electronic medical records (EMRs) to physicians, as well as responsibilities and limits around the sharing and access to a patient's health information.
 - All three parties have agreed, for several years, that physicians should have choice and that EMR vendors should compete for physician loyalty. The competition between products – either POSP-supported or RHA-supported – must be fair and transparent.
3. The Alberta Medical Association, Alberta Health and Wellness and the regional health authorities must be unequivocal in championing the unique, made-in-Alberta primary care networks (PCNs) as the preferred model for primary care reform. There should not be any doubt about the future for PCNs in Alberta's health care system. It is time to end this uncertainty.
 - It is unfair to link the future of the PCNs to the outcome of Negotiations 2008, Negotiations 2011 and any negotiations after the end of the current eight-year trilateral agreement. It is unfair to patients, to physicians, to the regional health authorities and to the other health care professionals on the PCN teams.
 - The AMA's PCN Physician Leads Network is the venue to engage PCN physicians about the policies and practices that impact them.
4. Alberta Health and Wellness needs to commit to the importance and stability of the Clinical Stabilization Initiative by assuring that the Business Costs Program and the Rural, Remote and Northern Program will continue at their current rates of payment until negotiations are completed.
 - Rents and salaries will not go down on April 1, and neither should the rates for these important programs.

5. Alternate relationship plans (ARPs) must continue to be approved, funded and implemented. The three parties have agreed to use funds available in the Physician Services Budget to clear up the backlog of ARPs. Now that there is agreement, the ARP process must be expedited.
 - The AMA's position is that available funds should be used, provided there is physician interest and the basic criteria are met.

It is important that the pace of negotiations does not result in a loss of momentum. If that was to occur, there could be repercussions in terms of physicians' commitment and willingness to collaborate.

Negotiations 2008 - What's next?

In the coming weeks I will be writing frequently about Negotiations 2008. The current two-year fiscal agreement expires March 31, less than a month after the March 3 provincial election.

We are negotiating a three-year fiscal agreement that will expire March 31, 2011, which is the same date the eight-year master agreement expires.

At its February 8 meeting, the AMA Board of Directors received updates from the Negotiating Committee, Government Affairs Committee and Physician Advocacy Group. All three will also be reporting to the Representative Forum March 7-8 in Edmonton.

The board endorsed a strategy from the Government Affairs Committee for the election and post-election and was briefed on the results of the membership survey conducted by the Physician Advocacy Group. Highlights of the survey will be released after the Representative Forum.

Yours truly,

Darryl D. LaBuick, MD, CCFP
President