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The President's Letter

Dr. Darryl D. LaBuick



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Dear Member:

This week Premier Ed Stelmach announced that Ron Liepert is the new minister of health and wellness. Mr. Liepert, previously the education minister, is familiar because of his interest in organ and tissue donation.

In 2006, then-AMA president Dr. Tzu-Kuang (T.K.) Lee commended Mr. Liepert: "... because of your hard work and your commitment to improving the lives of Albertans through your private member's bill. As a result of your willingness to bring this issue forward, real progress in tissue and organ donation will be made."

Alberta physicians are strong advocates for a well-funded public health care system that puts Patients First®. Our patients deserve timely access to quality care.

I am, therefore, pleased to see that one of Premier Stelmach's five priorities is "increasing access to quality health care and improving the efficiency and effectiveness of health care service delivery."

The premier's decisions have important implications for the trilateral relationship between the Alberta Medical Association (AMA), the government and the regional health authorities.

We have a history of collaboration and advocacy, including the eight-year trilateral agreement (April 1, 2003-March 31, 2011) between the AMA, the government and the regional health authorities.

We look forward to resolving negotiations for a new three-year fiscal agreement and to the development of an e-health system – electronic medical record (EMR) and electronic health record (EHR) – that respects patient privacy and confidentiality.

Negotiations 2008

The theme of "Access, Innovation & Doctors" for these negotiations has produced a number of priorities such as:

- Recruitment and retention of doctors
 - A new three-year fiscal agreement, April 1, 2008-March 31, 2011
 - Fee increases to the Schedule of Medical Benefits
 - Alternate relationship plans (ARPs)
 - Clinical Stabilization Initiative
 - Business Costs Program
 - Rural, Remote and Northern Program
 - Primary care networks
- Funding to computerize physician offices, with potential changes to the Physician Office System Program (POSP)

These issues and opportunities were front-and-centre at the spring session of the 119-delegate Representative Forum (RF) this past weekend in Edmonton.

Negotiations, though, are never confined to only the negotiating table. This was made very clear in reports to the Representative Forum from the chairs of the Negotiating Committee, the Government Affairs Committee and the Physician Advocacy Group, as well as in the report from the Board of Directors.

Rather, progress and success can be achieved in a variety of venues. What is required, however, is membership support, engagement and unity.

The Representative Forum delegates understand that you expect leadership from them, as a group as well as in their roles as section or regional leaders.

The AMA will also be acting on the advice of the Physician Advocacy Group for frequent, and brief, communications using email. We will inform you about developments as they emerge, let you know how you can become involved, and then help you to become involved.

AMA members realize that each of us have a responsibility in order for negotiations to be successful. This was evident in the results of a survey conducted by the Physician Advocacy Group. Of the respondents:

- 97% strongly agreed/agreed that "a show of unity is important when negotiating with the Alberta Government"

- 97% strongly agreed/agreed that the “Alberta Medical Association’s advocacy should be ongoing”
- 81% strongly agreed/agreed “AMA members will support the AMA’s negotiating activities,” with 15% neutral and only 4% disagreeing
- 78% strongly agreed/agreed that they “have an obligation to support the AMA’s negotiating efforts,” with 15% neutral and 7% disagreeing

Physician Compensation Strategy

Since 2002 the Representative Forum has passed a number of resolutions related to relative values (intra- and inter-sectional) and fee equity. But, relative values are only one component of physician compensation.

The Representative Forum endorsed the AMA’s Physician Compensation Strategy. Its objectives include retention, recruitment, incensing behavior and innovation.

Components include:

- After hours
- Allocation
- ARPs
- Benefits
- Clinical Stabilization Initiative
- Continuing medical education
- Incentives
- Other programs, e.g., POSP, primary care networks
- Retention Benefit
- Schedule of Medical Benefits, i.e., fee schedule
- Uninsured services

The compensation strategy – which will be discussed in more detail in my next letter – has both a long-term perspective and a plan for the next allocation.

IM/IT Strategy

The AMA’s IM/IT efforts may not have the visibility and profile of negotiations, but they are extensive and important. This became clear in a 90-minute session that highlighted the issues, challenges, and our efforts surrounding them.

Presenting were the chair of the AMA Board of Directors' IM/IT Coordinating Committee, the AMA co-chair of the POSP Committee, and the AMA co-chair of the RFP (request for proposal) and Transition Strategy Steering Committee.

Among the issues to be resolved are:

- Confidentiality of patient information
- Patient information in the pEHR
- Data stewardship agreements
- Transition funding for physicians when POSP selects fewer, and perhaps new, vendors
- The roles and status of the Calgary Health Region and the Capital Health Authority

The Representative Forum provided direction by approving 12 principles (attached) related to POSP, EMRs and EHRs.

Other RF highlights

Disruptive behavior

The College of Physicians and Surgeons of Alberta is developing a systemic approach to disruptive physician behavior. Membership in the multi-stakeholder initiative includes the Alberta Medical Association through the Physician and Family Support Program (PFSP), regional health authorities, Alberta Health and Wellness, universities, Canadian Medical Protective Association, public members, and other associations and colleges.

Their working definition for disruptive behavior "is an enduring pattern of conduct that disturbs the work environment." PFSP is developing expertise in the areas of support, assessment and treatment of disruptive behavior.

Guest speakers

Dr. Brian F. Hoffman, Medical Director, Mental Health and Justice System at Toronto's North York Hospital, reviewed the fallout and lessons from the SARS crisis five years ago.

Dr. Vincent M. Hanlon, a Lethbridge emergency physician and assessment physician for the Physician and Family Support Program, led a special session on physician health, "Walking Your Mind: Everyday Meditation."

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RF reports

The report from the Board of Directors and a number of the delegates are posted on the members-only page of the AMA website at <http://www.albertadoctors.org/RF/Reports>.

In the coming weeks and months, your association will be informing you about the issues facing us. But effective communication is two-way, so I encourage you to continue to email me and to contact your Representative Forum delegates.

Yours truly,

Darryl D. LaBuick, MD, CCFP
President

Scroll down to next page
for list of principles.



At its March 7-8 spring meeting, the AMA Representative Forum endorsed the following principles:

1. That product eligibility for POSP funding be clearly defined.
2. That EMR funding mechanisms be developed, after consultation with all stakeholders, with transparency in terms and conditions.
3. That all EMR products be treated by all parties on an equal basis regarding terms and conditions of service.
4. That comprehensive Information Management Agreements and Data Sharing Agreements be developed for all EMR products.
5. That a governance structure for RHA hosted EMRs be implemented with balanced representation by AHW, RHAs and organized medicine.
6. That a comprehensive EMR related Transition Strategy be developed and implemented.
7. That the AMA investigate potential legal liability and a risk mitigation strategy arising from the selection of a reduced number of POSP eligible EMR vendors.
8. That RHA supported EMR products meet the same requirements as RFP selected EMR products.
9. That successful RFP EMR products and RHA supported EMR products must be available to all physicians in a timely fashion irrespective of location or type of practice.
10. That Regional Health Authorities, in their capacity as information managers, promptly support interoperability with all RFP successful products.
11. That products selected under the RFP process include at least three products independent of the regional health authorities.
12. That a strategy be developed to support EMR-EMR and EMR-EHR information exchange.