



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 Papaiani, Administrative Assistant, Section Services, phone 780.482.2626, toll-free 1.800.272.9680 or email candy.holland@albertadoctors.org or nella.papaiani@albertadoctors.org.

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Section of Addiction Medicine Dr. William G. Campbell, President

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*** Annual general meeting**

At the Section of Addiction Medicine annual general meeting, September 8, several issues were brought up that have the potential to affect all members of the Alberta Medical Association (AMA) as well as having particular importance to section members.

There continues to be a wide disparity between the number of addiction medicine physicians and the numbers required in both the health care and addiction areas.

*** Alberta Alcohol and Drug Abuse Commission**

Talks continue with the Alberta Alcohol and Drug Abuse Commission (AADAC) regarding the duty of the physician in addiction treatment and the task of AADAC in the health care system.

The process has been characterized by mutual expressions of interest in closer relationships between the two organizations, but progress has been slow. The section feels there is an urgent need for more direct involvement between the medical community and AADAC.

*** Tobacco industry funding**

As an AMA section that has been a proponent

of reducing the medical costs of tobacco use, the section also continues to oppose continuing funding from the tobacco industry to our universities and medical research communities.

The most recent AMA Representative Forum accepted the following resolution:

"The Alberta Medical Association supports the position of the Section of Addiction Medicine that opposes the involvement and/or sponsorship of the tobacco industry in any activities at our universities, colleges and medical research institutions, especially in research."

The section is requesting that the position statement be carried forward to the Canadian Medical Association. The section will then, with the support of the AMA, approach all Alberta universities, colleges and medical research institutions requesting that tobacco industry funding cease.

*** Fee codes**

The section continues to advocate for different fee codes for addiction medicine. Physicians provide a leading role, based on best medical evidence for treating the disease of addiction. The section would like to see codes that are more specific and defined to cover the treatment of addictive disorders, much like those now listed for the time-base codes now in use for palliative care.

*** Opioid dependency**

The section is suggesting to the AMA and the

College of Physicians and Surgeons of Alberta to prepare standards and guidelines for opioid dependency programs.

A training course required to prescribe buprenorphine was held at the recent meeting of the Canadian Society of Addiction Medicine, in Saskatoon. Buprenorphine is an adjunct drug for the treatment of opioid dependency, and its advent in Canada is one more option for treating opioid addiction. While its release has been imminently expected for the last several years, hopefully it will become available in Canada in the very near future.

*** Guide to addiction services in Calgary**

A new guide to addiction services in Calgary is forthcoming by collaboration with the Norlien Foundation, AADAC, the Calgary Health Region, the Alberta Mental Health Board and members of the community.

The document is an attempt to be comprehensive and is an evolving work. The goals of the production of this guide to addiction services are:

1. To provide a comprehensive overview of services available.
2. To assist with strategic planning in addiction services.
3. To provide assistance in accessing and navigating addiction services available for both health care professionals and the public.

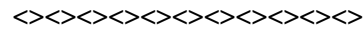
The document is expected to be available after November 15, hopefully, in paper copy and online, including links to the services listed. It is also the intention of the group to confirm and revise the addiction services guide every year. As well, the group would like to be able to develop similar documents for other health regions.

*** Future of addiction medicine**

Addiction medicine is rapidly expanding in response to increased need as society and the government recognizes both the prevalence and the damage done by addictions and the unfortunate consequences of not attempting treatment until the disease is well advanced.

Early diagnosis and treatment by the medical

community improve quantity and quality of life for the addict. Those with an interest in addiction medicine can contact section members who will be able to direct them to the best means to become involved in addiction treatment.



**Section of Diagnostic Imaging
Dr. Robert S. Warshawski, President**

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*** Continuing medical education**

The Alberta Society of Radiologists' eighth annual continuing medical education conference - Birads of the Caribbean, October 20-22, in Banff, was a success with more than 180 radiologists, technologists and medical equipment vendors attending. Radiologists participated in a Best Practice Audit in Mammography, approved by the Royal College of Physicians and Surgeons of Canada.

*** Annual general meeting**

The annual general meeting brought in a new executive, which serves for the AMA Section of Diagnostic Imaging and the Alberta Society of Radiologists. They are:

- President - Dr. Robert S. Warshawski
- Past President - Dr. Stanley Kitay
- Vice-President - Dr. Christine P. Molnar
- Secretary-Treasurer - Dr. Deepak Kaura
- Vice President, Special Projects, Mammography - Dr. Garth Kruger
- Vice President, Special Projects, IT - Dr. Douglas V. Scott

*** Interventional radiology**

Interventional radiology (IR) is a diagnostic imaging subspecialty using real-time imaging to guide small instruments through blood vessels and other pathways to treat a variety of diseases.

The full list of procedures is almost endless and involves all types of patients and body systems, resulting from referrals from all types of physicians. It is effective, can provide a better quality of life, is less expensive than

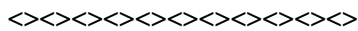
some surgical procedures and has patients functioning earlier.

“In 2005, the practice of IR in Canada significantly lagged all other G7 nations.” (Non-invasive Image-guided Diagnosis and Therapy for Canadians 2006 by the Millennium Research Group.) The full report is available by request to asr@radiologists.ab.ca.

★ **Mammography**

October was Breast Cancer Awareness month. The Alberta Society of Radiologists will give the Alberta Breast Cancer Screening Program the exam information collected, since July 1, 2006, about 440,000-plus women from 1,100,000-plus exams.

Confidentiality, complaint and communication issues have been onerous, but have been laid to rest. This will provide Alberta with a comprehensive information flow, which will enhance the program’s strategies and communications.



**Section of General Practice
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★ **Negotiations and the Alberta economy**

At a recent Section of General Practice executive meeting, members expressed a sense of urgency over the increasing costs of running a community practice, at a time when little progress can be reported in the negotiations process for the two-year financial re-opener, due April 2006.

Support was indicated for the following statements:

- Family physicians are in crisis due to economic pressures.
- Office-based community practice is particularly disadvantaged.
- The minimum revenue increase needed to sustain a community practice is 12%.
- The status quo will ensure an exodus of family physicians from private

community practice.

- The AMA bargaining position must address this reality.

The minimum revenue increase, 12% as identified in bullet three, is based on an office-based physician currently billing \$200,000 annually with an \$80,000 overhead, which includes \$40,000 staff costs, \$25,000 rent, \$15,000 office supplies.

In the hot Alberta economy, in 2007, that same physician may be forced to increase staff payments by 30%, rent by 20% and office supplies by 5%.

If a below-Alberta inflation cost-of-living increase of 3% for the physician is added, the additional funding needed from fees to cover these increases would be \$21,350. This is an **11% increase**.

If, however, that same physician receives only a 5% fee increase, takes no cost-of-living increase and incurs the same overhead increases, that physician will see a **6.5% net decrease** in earnings.

The current AMA negotiating position, adapted in mid-2005, preceded many of the overhead pressures being currently experienced. All family physicians are encouraged to consider the outcome produced by a variety of fee-increase scenarios after accounting for overhead increases from escalating staff and office space costs.

Get involved; tell the AMA what your practice needs to remain viable. Your thoughts should be directed to AMA President Dr. G.N. (Gerry) Kiefer (president@albertadoctors.org).

I would also strongly urge you to write to and talk with your local MLA, regardless of his or her political affiliation. And when the Progressive Conservative Party has elected a new leader/premier, mail him a copy of that letter (and cc Dr. Kiefer).

★ **Billing for physician-to-physician telephone consultations**

(By Norma J. Shipley, Manager, Fees, AMA, on behalf of the SGP.)

Recently, questions have been raised

GYNE SERVICES, Price Changes -- January 15, 2007

HSC	Current Fee	New Fee	
66.83	\$188.24	\$182.22	
77.99A	\$134.46	\$130.16	
78.52C	\$344.12	\$333.11	
78.7 A	\$16.13	\$15.61	
78.99B	\$188.24	\$182.22	
79.1 A	\$134.46	\$130.16	
79.29C	\$136.50	\$132.13	
79.29D	\$121.52	\$117.63	
79.3 E	\$364.28	\$352.62	
79.4 C	\$147.90	\$143.17	
79.4 D	\$198.99	\$192.62	
80.19A	\$268.91	\$260.30	
80.19B	\$268.91	\$260.30	
80.19C	\$314.62	\$304.55	
80.19D	\$390.20	\$377.71	
80.19E	\$200.00	\$193.60	
80.81	\$121.01	\$117.14	
80.85A	\$76.44	\$73.99	
80.85B	\$63.41	\$61.38	
81.01D	\$126.00	\$126.00	maintain UGA rate
81.09	\$126.00	\$126.00	maintain UGA rate
81.29B	\$312.84	\$302.83	
81.29C	\$188.24	\$182.22	
81.51A	\$336.14	\$325.38	
81.8	\$59.06	\$57.17	
81.91A	\$125.90	\$125.90	maintain UGA rate
81.96	\$48.40	\$46.85	
81.99A	\$537.82	\$522.57	returns to pre-October 1,2005 rate
82.0 A	\$81.38	\$78.78	
82.12A	\$72.25	\$69.94	
82.12B	\$81.14	\$78.54	
82.12C	\$97.80	\$94.67	
82.12D	\$257.77	\$249.52	
82.14D	\$121.01	\$117.14	
82.3 A	\$231.26	\$223.86	
82.3 B	\$500.17	\$484.16	
82.41A	\$295.80	\$286.33	
82.42A	\$295.80	\$286.33	
82.61A	\$125.90	\$125.90	maintain UGA rate
82.62A	\$373.95	\$361.98	
82.63	\$121.01	\$117.14	
82.64A	\$150.00	\$145.20	
82.69B	\$295.80	\$286.33	
82.69C	\$53.78	\$52.06	
82.7 A	\$403.37	\$390.46	
82.81A	\$37.65	\$37.65	no change in colposcopy rate
83.09A	\$121.01	\$117.14	

83.19A	\$121.01	\$117.14	
83.2 B	\$121.01	\$117.14	
83.4 A	\$371.10	\$359.22	
83.4 B	\$588.91	\$570.06	
83.61	\$121.01	\$117.14	
83.69B	\$280.04	\$271.08	
83.69C	\$125.90	\$125.90	maintain UGA rate
83.9 A	\$349.58	\$293.00	

83.9 A	\$262.19	\$146.50	LVP75 to LVP 50 for 2nd procedure, same incision
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79.22	\$37.65	\$25.00	in-office biopsies
79.23A	\$37.65	\$25.00	decrease to \$25
79.29E	\$37.65	\$25.00	
80.83B	\$37.65	\$25.00	
82.91A	\$37.65	\$25.00	
83.7 A	\$37.65	\$25.00	

NOTE: HSC 79.29E requires a major tray fee which was inadvertently left off in the changes for October 1, 2005.