
The President's Letter

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Dear Member:

In this letter:

- ***Conflux of activities and projects in year ahead***
- ***AMA supporting zone medical associations***
- ***“Strategic Plan for Primary and Chronic Care” under development***
- ***Engagement with academic medicine pursued***
- ***Clarity required on future of electronic medical record***

The Alberta health care system will face a major retooling in the year ahead from a conflux of activities and projects. The success of these projects will require a strong and dynamic relationship between the Alberta Medical Association (AMA), Alberta Health Services (AHS) and Alberta Health and Wellness (AHW) to ensure the provision of timely and quality care in our province.

- Zone medical associations that will be resourced through the AMA with funding and staff support
- A single set of province-wide medical staff bylaws to be voted upon this fall
- Separate, but complementary, initiatives for primary care by both the AMA and AHS
- Alberta Health Services’ introduction of clinical networks
- Uncertainty about the relationship between AHS and the faculties of medicine at the University of Calgary and the University of Alberta, and the potential impact on academic medicine including an academic alternate relationship plan (AARP)
- Challenges with the pace and extent of integration of health care computerization: electronic medical records (EMRs) in physician offices and the provincial electronic health record (EHR) in hospitals and AHS facilities
- Alberta Health Services’ desire to employ its own EMRs within its facilities, and the need for all EMRs to conform to a common set of provincial standards and requirements

- Formal commencement of Negotiations 2011 after the AMA's Representative Forum meets September 24-25 in Edmonton (the eight-year trilateral agreement between the AMA, AHS and AHW expires March 31, 2011)
- A legislative framework for health care with an *Alberta Health Act* to be introduced at the fall sitting of the Alberta Legislature
- The beginnings of an election mentality among all political parties and the media, given the premier's support for a traditional, four-year electoral cycle, i.e., March 2012

Understanding the dynamics of each is only the beginning. The real value comes from a realistic assessment of the quantitative and qualitative information available, the conflux of these activities, projects and relationships, and their potential for integration where the outcome exceeds the sum of the individual parts.

The AMA has always prided itself on being holistic, comprehensive, thorough and evidence-based in its decision-making. This attitude was definitely apparent when the Board of Directors met last week July 22-23.

Zone medical associations

The five zone medical associations (ZMAs) reflect the AMA's structural response to the establishment of a single health authority, Alberta Health Services, and its formation of five zones.

For over a year the AMA has been supporting the Council of Presidents in the development of the medical staff bylaws and in determining how Alberta physicians could best be organized at the regional and local levels, including the medical staff association. The AMA's 2010-11 operating budget (October 1, 2010 – September 30, 2011) allocates \$350,000 for ZMA representation.

Primary and chronic care

The board supported a working draft of the AMA's "Strategic Plan for Primary and Chronic Care," developed with leadership and input from the General Practice Representation Working Group.

It has representation from the sections of General Practice and Rural Medicine, the primary care network (PCN) leads, the Alberta College of Family Physicians, two members of the AMA's Negotiating Committee, the co-chairs of the former Comprehensive Family Practice Strategy Steering Committee and AMA Executive Director Michael A. Gormley.

In the coming weeks the AMA will be introducing a consultation process for members to provide comments, ideas and suggestions. As discussed in my July 13 *President's Letter*, the AMA's approach to primary and chronic care is being built around the "medical home" concept developed by the College of Family Physicians of Canada.

Academic medicine

As a result of a joint proposal from the two faculties of medicine to develop a province-wide academic alternate relationship plan (AARP), the AMA has identified several other options for cooperation and collaboration. At its meeting last week the board agreed on an engagement strategy that broadens the AMA's connections with academic physicians beyond an AARP.

Physician Office System Program

When it was introduced about a decade ago the Physician Office System Program (POSP) catapulted Alberta to North American leader as far as computerizing physician offices. This, however, is no longer the case.

As a result, "Towards EMR Clarity for Physicians" was a major session at last week's meeting of the board. It discussed the implications of how Alberta Health Services EMRs might be made available to AHS-based physicians and the need for physicians to be fully engaged in strategies, plans, and associated terms and conditions.

Our patients – and we, their physicians – expect, and deserve, an effective e-health system with functional EMRs and EHRs, timely results of laboratory and diagnostic testing, and a person's pharmaceutical history. Our patients – and we, their physicians – also expect, and deserve, absolute respect for the privacy and confidentiality of their personal health information.

As you can see from this letter, your association's energy and focus are not stifled by the proverbial "dog days of summer." In addition, we are preparing for the August 22-25 General Council of the Canadian Medical Association (CMA) where the CMA's health care transformation strategy is the dominant agenda topic.

Yours truly,

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President