



The President's Letter

Dr. Noel W. Grisdale



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June 5, 2009

Dear Member:

The Physician Business Costs Study is underway. As mentioned in my May 7 *President's Letter*, this study is one of eight strategic activities identified to address Physician Compensation Strategy objectives (equity, access, productivity) over the next 12 months.

The purposes of the study are to:

- Review physician business costs throughout Alberta to better understand the various components and variations in costs associated with maintaining a medical practice, and
- Develop a set of indices and a process for periodically reviewing and updating the data.

The results of the study will provide more complete information on which to base allocation decisions, as well as better criteria to guide development of other types of programs to support physician practices (e.g., Business Costs Program).

It is well recognized that sections have differing business – or overhead – costs involved in maintaining physician practices. Some sections – anesthesia, emergency medicine and intensive care, for example – are largely hospital-based, while others may be primarily office-based or a mix. To complete its mandate, the study will look at a variety of practice types.

Last week, I invited section presidents and fees representatives to a series of workshops to be held in June. Sections are grouped according to practice types to facilitate discussion.

For some financial decisions, like allocation, we consult and work closely with sections that have an economic role representing other sections (e.g., General Practice has the economic role for Sports Medicine and Rural Medicine). For purposes of the Physician Business Costs Study, however, all sections will be represented individually to ensure that each group can present its unique needs and characteristics.

... 2

The June workshops will help the consultants to assess and better understand the range of business costs and requirements by specialty and location for: office space (rental, lease rates), operational costs, staff (salaries, benefits), equipment, infrastructure, technology, professional fees, etc.

From these discussions, the consultants will validate various models of practice, taking into account geography (rural, urban, northern), practice location (hospital, community), type of practice (group, solo) and types of remuneration available to physicians (fee-for-service, alternate payment arrangements, private and third-party payments, etc.).

A second step in the business costs study will be a web-based survey this summer, which will be sent to all Alberta Medical Association (AMA) members to follow up on the initial information gathered at the workshops. I encourage you to participate in this survey to take the opportunity to document your experience with business costs.

All physicians will benefit from an accurate picture of practice expenses and your participation will help us achieve this outcome.

Use of cell phones while driving

Recently the County of Strathcona, which includes Sherwood Park, agreed to ban the use of cell phones while driving on municipal roads. The Alberta Government has previously rejected this course of action, but now is considering a broader approach dealing with "driver distractions."

The Alberta Medical Association is on record as supporting legislation that would prohibit the use of cell phones (voice and texting) while a person is driving. Literature on this important public policy issue supports such a ban. The AMA, therefore, strongly encourages all Albertans - including physicians, medical residents and medical students - to abstain from using cell phones (hand-held and hands-free) while driving. Furthermore, as an organization policy, AMA staff shall not use electronic devices such as cell phones or BlackBerrys while driving on AMA-related business.

Bill 52 - Health Information Amendment Act, 2009

As the Alberta Legislature recessed this week, the MLAs can be proud of their efforts on Bill 52. This legislation establishes principles and parameters for the development of Alberta's electronic health care system including the electronic medical record and the electronic health record.

The President's Letter

June 5, 2009

Page 3

Much of the credit goes to the 11-member, all-party Standing Committee on Health chaired by Fred Horne (PC Edmonton-Rutherford). In reviewing the bill, the committee held public hearings and invited submissions from the public.

In its report, the committee addressed major issues regarding the privacy, confidentiality and use of a patient's personal health information – such as masking of information and audit trails – and the role of the College of Physicians and Surgeons of Alberta and other regulatory bodies in determining professional standards for the sharing of patient information. (For more complete details, see my May 15 *President's Letter* at www.albertadoctors.org/PresLetter/Index.)

On your behalf and as part of its mandate to put Patients First® the AMA appeared at the public hearings, met with MLAs, and cooperated with other organizations. This was time and resources well spent!

Yours truly,

Noel W. Grisdale, MD, CCFP
President