



The President's Letter

Dr. G.N. (Gerry) Kiefer

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July 27, 2007

Dear Member:

Clinical Stabilization Initiative (CSI)

In Negotiations 2006, the Alberta Medical Association (AMA) recognized:

- The unique circumstances of physicians practising in rural, remote and northern locations required special attention
- Alberta's booming economy had foisted extraordinary overhead costs onto a number of physicians

Alberta Health and Wellness (AHW) and the regional health authorities (RHAs) agreed, and the result was an innovative solution – the Clinical Stabilization Initiative.

As I said in my July 6 *President's Letter*:

“From the outset, the AMA has been very committed to the success and implementation of this very important, new program. The AMA believes its three elements can be highly effective and beneficial for Alberta physicians:

1. Under-serviced areas (rural/remote/northern)
2. Business costs (e.g., increases in overhead)
3. Communities in crisis”

As I have mentioned in previous letters, the AMA and its representatives are well prepared to move ahead, thanks in part to the time and effort by physicians across the province on our advisory committee.

Here is what the AMA believes should happen as soon as possible (ASAP):

1. Under-serviced areas – The program needs to focus on financial incentives for physicians practising in rural, remote and northern locations. It should be constructed on the model used in British Columbia (BC's Rural Retention Program) and should include options to recognize the special circumstances of Grande Prairie and Fort McMurray. We have suggested this interim financial support begin ASAP with full implementation October 1.

2. Business costs – The AMA has proposed that the business costs program be implemented through a simple fee modifier for fee-for-service office-based visit services or similar services. The modifier could be variable by geographic location to recognize varying practice costs across the province. Again, the AMA suggested this occur ASAP.

Furthermore, the AMA has suggested a consultant be retained to review practice costs, particularly office rent and staffing costs, including their variability by market area. This information could be vitally important for the ongoing assessment of physician overheads as well as for Negotiations 2008, which will begin soon.

3. Communities in crisis – The AMA has proposed criterion such as high-growth areas. Support would be provided through the framework for the under-serviced areas program. This could deal with the situations in Grande Prairie and Fort McMurray; and support would be available to any community meeting the high-growth criterion.

The AMA has always taken a provincial perspective to resolving issues and solving problems. As for the Clinical Stabilization Initiative, we recognize the influence of geography and other factors. To be credible, CSI must be seen as a provincial program with common criteria.

All three parties – AMA, AHW and the nine RHAs – recognize the urgency and are doing their utmost to finalize the Clinical Stabilization Initiative.

To reiterate: the goal of the Alberta Medical Association is to start flowing funds to physicians ASAP, and in a manner that reflects provincial priorities and principles. I will be updating you in the near future.

Retention Benefit

You will soon be able to enroll in the new Retention Benefit Program, which rewards physicians for years of service in Alberta with annual payments from \$4,000 to \$10,000.

Enrollment packages will be mailed August 3. Please enroll as soon as possible so that the information necessary to calculate your benefit can be collected. The first payment under the program will be made February 2008.

Allocation

At its meeting July 19-20, the Board of Directors devoted 3.5 hours to allocation – especially the AMA's policies and internal processes. The board:

- Reviewed the results of the survey of section presidents and fees representatives regarding the most recent allocation. Survey results will be posted on the members-only page of the AMA website and highlighted in an upcoming issue of the *Alberta Doctors' Digest*.
- Heard from a panel comprised of presidents or representatives from the sections of Diagnostic Imaging, General Practice, General Surgery and Orthopedics
- Were presented with a review of allocation practices across Canada, "The Allocation Conundrum: In Search of Best Practice," by consultant Darrell Thomson

From the board's perspective there is general support for current macro- and micro-allocation policies of the association, and clear and consistent communications is important. Also important is developing a strategic, long-term plan for AMA priorities in the macro-allocation. Due to timelines, however, this is unlikely to be in place for the April 1, 2008 allocation.

This fall's Representative Forum, September 28-29 in Calgary, will feature a session on allocation. One issue is whether the AMA's goal for allocation should be fee equity, income equity or a hybrid. Because allocation is a trilateral process with Alberta Health and Wellness and the regional health authorities, work is also required at that level.

Negotiations 2008

Negotiations 2008 are for a three-year fiscal agreement (April 1, 2008-March 31, 2011); and they could set the tone and the stage for Negotiations 2011 when the eight-year trilateral master agreement expires.

With general support from the Board of Directors, the AMA's Negotiating Committee will be fine-tuning a proposed opening position, which will be presented at the fall Representative Forum.

In developing the opening position the Negotiating Committee met with representatives from 15 sections and one regional medical organization, as well as the Alberta Association of Clinic Managers. The committee also conducted a survey, to which over 1,000 members responded. The executive summary of the survey results was attached with the July 6 *President's Letter*.

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CMA General Council

Each year prior to the Canadian Medical Association's (CMA's) General Council, the board meets with the AMA's delegates to prepare for the meeting, which is being held August 19-22 in Vancouver.

Alberta delegates have forwarded nine resolutions, though not all may make it for debate. These deal with tobacco taxes, tobacco industry sponsorship of education and research, Health Infoway funding for physicians, the CMA's Health Information Privacy Code, physicians' rights and responsibilities to advocate, Canadian's right to a family physician, ethical recruitment practices, a national prenatal form and immunization record, and Canadian international medical graduates.

I also want to congratulate three physicians who are being honored by the Canadian Medical Association:

- Dr. John B. Dossetor, formerly of Edmonton, the inaugural recipient of the Dr. William Marsden Award in Medical Ethics
- Dr. E. Anne Fanning, of Edmonton, the May Cohen Award for Women Mentors
- Dr. Roona Sinha, of Edmonton and past president of the Professional Association of Residents of Alberta, the Award for Young Leaders

Yours truly,

G.N. (Gerry) Kiefer, MD, FRCSC
President