

The President's Letter

Dr. Tzu-Kuang (T.K.) Lee



August 1, 2006

Dear Member:

Negotiations 2006, the trilateral agreement, the upcoming General Council of the Canadian Medical Association (CMA) and the *2006-07 AMA Business Plan and Budget* were among the major agenda topics at the July 20-21 meeting of your Board of Directors.

Negotiations 2006

Alberta's economic boom is impacting the ability of physicians to deliver timely care. An obvious venue to develop a collaborative approach and a coordinated effort is at the negotiating table with Alberta Health and Wellness (AHW) and the nine regional health authorities (RHAs).

Alberta Medical Association (AMA) members have made it very clear about the problems, frustrations, challenges and pressures that you face – professionally, personally and financially. Members have talked to board members, Representative Forum (RF) delegates and section presidents, have telephoned and sent emails and have participated in the tracker surveys that the AMA conducts four times a year.

The AMA's priorities include physician resources, innovation, computerized physician offices, developing multidisciplinary teams and modernizing the Schedule of Medical Benefits (fee schedule).

We believe that Negotiations 2006 had, and still have, the potential to address these issues. However, we also know that the sooner that these can be resolved, the better it will be, not only for you but also for your patients.

Therefore, after being briefed by Dr. Richard G. Johnston, Chair of the AMA's Negotiating Committee and its legal counsel, Murray McGown, the board instructed our negotiators to develop an option to pursue binding arbitration. The AMA's preference is the negotiating table, but binding arbitration must be seriously considered.

Trilateral agreement

A. *Alternate relationship plans (ARPs)*

The trilateral agreement introduced alternate relationship plans to replace alternate payment plans (APPs) and alternate funding plans (AFPs).

The board has an ad hoc committee reviewing the association's ARP policy and its principles. Issues being reviewed include: funding clinical services; defining "responsibility" in relation to delegated acts and to independent acts within a scope of practice; workload measurement requirements; and continuing medical education and revalidation processes.

An update on this review of ARP policies will be presented to the Fall 2006 RF meeting, September 15-16, in Edmonton.

B. *Northern Alberta*

Please be assured the AMA recognizes that physician shortages and heavy workloads exist throughout the province and that physicians in many communities are facing significant financial pressures as they attempt to keep office staff and lease office space.

Oil sands developments and related oil and gas activities in northern Alberta, however, are exacerbating conditions for physicians in Peace Country Health and Northern Lights Health Region.

In May, Health and Wellness Minister Iris Evans met with the physicians. I attended the meeting in Grande Prairie. In my meetings and conference calls with the Peace Country Health and Northern Lights Health Region physicians, it is apparent they recognize there are provincial ramifications from whatever happens locally in their regions. Therefore, local solutions need to be pursued within a provincial framework.

Both RHAs are prepared to use outright grants to help physicians meet overhead costs and to attract and retain physicians. We are exploring options through the trilateral process as to how best we can support physicians to address these local market conditions.

CMA General Council

Board members and Alberta delegates to General Council held a two-hour video conference to prepare for what are expected to be the major issues at this year's meeting in Charlottetown, Prince Edward Island, August 20-23.

There are two strategic sessions: "Children's health in Canada - We can do better!" and "It's about access: the public-private interface in the funding and delivery of health care." Prescribing by pharmacists may also be a key topic during the general sessions.

General Council will vote for the 2006-07 CMA president-elect. The British Columbia Medical Association has nominated Dr. Brian Day, who won the election in British Columbia among five candidates. One of the other candidates, Dr. Jack Burak, is challenging.

Two Alberta physicians will be front and centre at this year's meeting. Dr. Ruth L. Collins-Nakai, of Edmonton, is ending her year as the 2005-06 CMA president. Dr. Margaret F. Kirwan, of Grande Prairie, is speaker of General Council.

2006-07 AMA Business Plan and Budget

Over the past several months, the Board of Directors has been developing next year's business plan (October 1, 2006–September 30, 2007). It has 21 goals to achieve two missions.

The first mission is leadership and support for the seven physician roles developed by the CMA (medical expert and healer, advocate, collaborator, communicator, manager, professional and scholar). The second mission is ensuring that the AMA has the governance and resources to achieve the first mission.

2006-07 AMA dues

The board agreed that membership dues for 2006-07 will increase 3.8%. Over the past year, the AMA has expanded its services in a number of areas such as assistance for the regional medical organizations and assistance for physicians in a variety of local negotiations. There's also been Negotiations 2006, ongoing advocacy and communications, and various membership benefits and services (outlined in @ *your service membership guide - AMA/CMA 2006-07* that will be distributed with the membership dues notice in September).

Yours truly,

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President