



The President's Letter

Dr. Christopher J. (Chip) Doig

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Dear Member:

Negotiations offer ample opportunity for creativity and ingenuity. AMA's preference is relationships and interest-based negotiations. AMA's focus is Value for Patients™ – access, quality, productivity, sustainability. Primary care networks are an effective answer to fragmentation of care.

Negotiations 2011

The Alberta experience is that the Alberta Medical Association's (AMA's) negotiations are often complex with ample opportunity for creativity and ingenuity. Even though certain approaches may have been viable and successful in the past, they may have to be revamped or even totally discarded. Physician incomes and fee increases are obviously important, but the AMA has always pursued a bolder mandate and a more ambitious agenda than a simple financial one – Patients First®.

The yardsticks for success with Negotiations 2011 need to measure not just percentage increases to the fee schedule. Our mandate and our possibilities are expansive. Therefore it's important to recalibrate our thinking about what would constitute success.

At the core of any possibility of success in the upcoming negotiations will be our ability to offer ideas, initiatives, proposals, flexibility that would improve health care for our patients:

- Access
- Quality
- Productivity
- Sustainability

Relationships

The current eight-year master agreement has had many successes. Perhaps the most publicized are the primary care networks (PCNs) with the government recommitting to them in the recent Speech from the Throne and the 2010 budget.

The Retention Benefit encouraged a number of physicians to stay in practice; the Rural Remote Northern Program has helped many communities to be more competitive in attracting and keeping physicians; and the Business Costs Program addressed escalating overhead costs that threatened to close offices of those in community-based practice such as family physicians and generalists.

Despite these successes and despite the best of intentions, the trilateral agreement has not been as successful as we had hoped in creating effective relationships with Alberta Health Services (AHS) and with Alberta Health and Wellness (AHW).

So we've already begun informal discussions with AHS and AHW. We're exploring what processes and activities might be a catalyst for improving relationships prior to the three parties sending their representatives to the negotiating table.

Negotiations reflect underlying relationships, which is reason enough to have them as positive and productive as possible. At the same time, we may find it necessary to build alternative structures to compensate for the current state of relationships.

Moreover, negotiations can also drive relationships, as occurred during the negotiations for the current trilateral agreement. The corollary is that relationships also impact the implementation of an agreement as we have seen with the current trilateral agreement.

Fragmentation of care

With some recent changes in scopes of practice and others still pending, Albertans have experienced fragmentation in their care and could soon experience even more.

Fragmentation may increase access in some amount. But this gain in access is dwarfed by the negative impacts on continuity of care and on the continuum of care and by the negative impacts on quality and productivity. Fragmentation of access is also counter-productive to the success of team-based primary care.

In our brief last October to the Minister's Advisory Committee on Health, the AMA agreed that "additional support in primary care would support sustainability." And we supported legislation to "establish physician-led primary care teams, as proposed by the Minister."

In its recent budget, the government set a target of having 80% of Albertans enrolled in primary care networks. Two years from now government wants 65% of family physicians linked to PCNs.

PCNs and their primary care teams are an effective answer to fragmentation of care. They could also prove to be an effective formula as the Alberta government continues to look for ways to achieve better results for the dollars that are being spent.

Looking ahead

March 31 is the deadline for one of the three parties to initiate negotiations by filing an “issues list,” which the AMA will do, but the negotiating teams probably won’t formally meet until the fall. Until then, there’s much to do!

- Building relationships.
- Ascertaining if AHS and AHW favor interest-based negotiations and, if they are, exploring the potential for this approach. (Interest-based negotiations are where the parties identify their priorities and explore ways to achieve them jointly.)
- Drafting opening papers based on the “issues list” and the outcomes from discussions regarding interest-based negotiations.
- Engaging AMA members, MLAs, public and media.

The AMA will continue its efforts to inform and engage members. A series for the *President's Letter* is being prepared, and the succinct, one-page *Focus on Negotiations* will be resurrected.

Value for Patients™

As the AMA prepared for negotiations eight years ago, we chose a philosophy and a strategy that resulted in an innovative, landmark, trilateral master agreement.

This past weekend the Representative Forum embraced a new purpose and energy to justify the public’s trust in us, to fulfill members’ expectations of their professional organization, and to reaffirm our standing as an indispensable partner of Alberta’s health care system.

As announced in my letter last week, the AMA is in the process of registering Value for Patients™. It expresses a 365-day-a-year commitment to pursue and to support ideas and initiatives that do provide real value for our patients.

Patients First® and Value for Patients™ will motivate and guide us as Alberta Health Services, cushioned with financial stability as a result of Budget 2010, moves forward and as the Alberta government proceeds with an Alberta Health Act and a patient’s charter this fall.

Value for Patients™ also signals a transition to negotiations where improvements in our remuneration are aligned with our services providing more value for our patients. Value for Patients™ not only changes the debate, but it is also much more than a theme or a slogan for the upcoming negotiations!

Your ideas, concerns and perspectives influence the decisions of the Representative Forum and the Board of Directors. That’s why your emails, letters, telephone calls and participation in AMA surveys are so important! My email address is president@albertadoctors.org. I hope to hear from you; you’ll certainly be hearing from me.

Yours truly,

Christopher J. (Chip) Doig, MD, MSc, FRCPC
President