

The President's Letter

Dr. G.N. (Gerry) Kiefer



November 20, 2006

Dear Member:

Negotiations 2006

It has been more than 13 months since Alberta physicians had an increase in their fees – 3.5% on October 1, 2005. This is creating enormous pressures if physicians are to avoid being crushed by the oil and gas sector juggernaut.

Alberta's booming economy has dramatically changed the dynamics of negotiations since they began last year.

If Alberta has a mediocre fee schedule, it will only add to the province's woes in terms of attracting and keeping physicians, especially given the international competition for physicians and the opportunities elsewhere.

Alberta already has a shortage of more than 1,000 physicians, and this problem is predicted to worsen to 1,500 physicians within a few years.

But these negotiations are not simply fees and compensation.

- Up to now Alberta has been the North American leader in computerizing physician offices. The main reason for this success is the Physician Office System Program (POSP) that targets overhead dollars for this specific use. POSP's budget for 2005-06 is only \$20.5 million. This innovation must continue, or Alberta risks sabotaging the hundreds of millions of dollars it is spending with the regional health authorities (RHAs) to develop a provincial electronic health record.
- There are shortages of family physicians and specialists throughout the province, but the situation in the Northern Lights and Peace Country regions is exacerbated by development, industry and geography.
- The government's goal to create primary health care teams is being realized through the primary care networks (PCNs) formed by family physicians and regional health authorities. This unique Alberta approach is proving to be popular and successful with patients, and with nurses, pharmacists and other health care professionals who are joining the teams.

Members' feedback has identified the pressures Alberta physicians face with inflation and the escalating costs of running their medical offices – especially when a physician cannot go ahead and raise her or his fees (unlike businesses that can set their own prices and other professionals who can set their own fees).

Your Alberta Medical Association (AMA) Board of Directors recognizes the financial dilemma of many physicians as they try to retain staff. Physicians who have to renew leases for office space face a double whammy in their overhead costs.

The board continues to closely monitor negotiations as representatives for the AMA, Alberta Health and Wellness (AHW) and RHAs try to reach an acceptable consensus.

Pharmacists' prescribing

In an email to members last Thursday, I outlined how the AMA had responded in detail to the regulations and standards being proposed for pharmacists' prescribing. Our focus was Patients First® with quality care and patient safety being first and foremost.

My predecessor, Dr. Tzu-Kuang (T.K.) Lee, and I have been overwhelmed by the membership's strong support for the advocacy taken by the AMA. To reiterate, the AMA believes it is up to each profession to define its own scope of practice, however, the medical profession also has a responsibility and an obligation to provide its perspectives.

The AMA strongly supports pharmacists' prescribing in a collaborative team setting with physicians. In fact, the AMA has been working with the Alberta Pharmacists' Association to introduce pharmacists into the primary care networks in exactly this role. Physicians in hospitals also work in collaborative settings with pharmacists.

The medical profession's major concern is independent prescribing by pharmacists.

- First and foremost, physicians remain unconvinced that pharmacists have the education and training and the competency in clinical assessment, diagnosis and treatment. As I have explained to the media, this often takes a physician from five to 20 minutes or more per patient.
- If a pharmacist refuses to fill a prescription from a physician, then there should be an obligation on the pharmacist to immediately notify the physician.
- If a pharmacist changes or modifies a prescription written by a physician, then the pharmacist should have an obligation to notify the physician within 12-24 hours.

- If a pharmacist modifies or changes a prescription written by a physician, or initiates a new prescription, then the pharmacist should have to obtain informed consent from the patient.
- Just like physicians, pharmacists should be obliged to keep patient records for 10 years for adults and for minors it should be 10 years after reaching the age of majority.

Alternate relationship plans (ARPs)

At the Board of Directors' meeting October 27, Dr. Jane E. Ballantine presented the final report of the board's Ad Hoc Board Committee to Review Alternate Relationship Plan (ARP) Policy. The board approved the committee's recommendations to:

- Ensure that physician interests are well represented by the AMA's ARP principles. The principles include such factors as:
 - Voluntary decision – ARPs are optional for physicians
 - Fair and equitable payment mechanisms
 - Accountability by parties to an ARP
 - Resources (e.g., information) to manage the ARP are provided to physicians
 - Physician representation during decision-making for ARP arrangements
 - Physician independence for clinical decisions in patient's best interest
 - Clear terms and conditions in legal arrangements protect AMA's ARP principles
 - Clarity regarding the link to the Physician Services Budget (PSB)
- Clarify board policy regarding physician receipt of payments from the PSB for physician services delegated to, and provided by, non-physicians; plus a definition of physician responsibility for non-physician providers

AMA representatives to the trilateral Physician Services Committee (PSC) and the ARP subcommittee are to use the AMA's ARP principles and policy as a guide when they review or approve applications for ARPs.

The ARP principles are available on the AMA website by logging into the member-only site at: <http://www.albertadoctors.org/FeesNegotiations/ARPs>.

President's Letter
November 20, 2006
Page 4

Hip and knee replacement

The Alberta Hip and Knee Replacement Pilot Project in the Calgary Health Region (CHR), David Thompson Health Region (DTHR) and Capital Health (CH) is now being rolled out on a more permanent basis. The AMA will keep members abreast of what is occurring via emails and the AMA's website. Presidents of the affected sections (Anesthesia, General Practice, Internal Medicine, Orthopedics, Physical Medicine and Rehabilitation, Rheumatology, Rural Medicine and Sports Medicine) will also be updated on an ongoing basis.

Progressive Conservative (PC) leadership

Last week we circulated the responses to 10 questions that the AMA had posed to the eight PC leadership candidates. I appreciate that the following candidates took the time to reflect on what is important to physicians - Jim Dinning, Dave Hancock, Gary McPherson, Mark Norris, Dr. Lyle Oberg and Ed Stelmach. The candidates' responses, along with the 10 questions, are available on the AMA website at <http://www.albertadoctors.org/Advocacy/CandidatesReply>.

The first leadership vote is this Saturday, November 25. If there is not a clear winner (i.e., a candidate who receives 50% of the votes plus one more vote), then the three top candidates will be on the ballot for a second vote the following Saturday, December 2.

Those wishing to vote must purchase a PC Party membership, which costs \$5. More details are available on the candidates' websites, the PC Party website or through the AMA website.

Yours truly,

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President

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