

# The President's Letter

*Dr. G.N. (Gerry) Kiefer*



December 4, 2006

Dear Member:

It appears that it will be up to the new premier, Ed Stelmach, and his minister of health to resolve Negotiations 2006 on the two-year fiscal agreement (April 1, 2006 – March 31, 2008).

Despite significant efforts by the Alberta Medical Association (AMA), Alberta Health and Wellness (AHW) and the regional health authorities (RHAs) during the past few weeks, and the considerable progress that was realized, a tentative agreement could not be reached.

I am acutely aware that each day and each week only accent the fiscal imperatives facing you and the other physicians in Alberta, and reduce Alberta's competitiveness when it comes to attracting and keeping physicians in today's Canada-wide and world-wide marketplaces.

It's been over a year since you saw an increase in your fees – an average of 3.5% on October 1, 2005.

Since then Alberta's economic tsunami, with its inflationary wave, has hurt the viability of medical practices that have faced massive increases in overheads, e.g., lease and rental costs, and the loss of office staff to other sectors, e.g., oil and gas.

The financial pressures are illustrated in numerous economic indicators such as the consumer price index (CPI), commercial real estate rates, average weekly earnings, the increase in the Alberta wage and salaries, and labor market information.

The dismal picture facing Alberta physicians is also painted in the emails that I receive, and in the telephone calls and personal conversations that many of you have had with members of the AMA's Board of Directors and with Representative Forum (RF) delegates.

Last week the presidents of the Section of General Practice, Section of Rural Medicine and the Alberta College of Family Physicians took the unprecedented step of issuing a joint statement on their "sense of urgency over the increasing costs of running a community practice."

Thousands of Albertans cannot find a family physician. Thousands wait weeks or months, and sometimes even longer than a year, to have care provided by a specialist after a referral from their family physician.

Obviously there's much to be done, and I look forward to helping Premier Stelmach address the problems and issues facing Alberta's health care system and to build upon its strengths. I am encouraged by the commitment that he made in his November 29 letter that was distributed to AMA members last week.

"I am mindful of the fact that Alberta's doctors have been without a contract for over a year now, and I give you my commitment that as Premier, one of my early priorities will be to move these negotiations forward as quickly as possible. Because without that relationship on a solid footing, we can't move on to the other necessary steps that we need to get to in order to improve the system and ultimately the health of Albertans."

Here are five health care priorities for the new premier and his government to address:

- **Physician shortages** – Alberta currently needs more than 1,000 physicians, and this shortage is predicted to increase to 1,500 physicians within a couple of years. Recruitment and retention is a major challenge, and there are special circumstances in Northern Alberta.
- **Improving Alberta's competitiveness** – There is a national and international competition for physicians, and Canadian-trained physicians are highly sought after. In Canada, provincial governments have the constitutional responsibility for health care. Under Medicare, they also have the responsibility for physician remuneration. The marketplace does not control or decide the value of physician services because, if it did, physicians would not have gone 14 months without an increase in their fees. Alberta's spending on physicians since 1995 has fallen to almost the lowest in Canada with Alberta typically ranking eighth!
- **e-health** – The Provincial Government's major investment, by far, has been hundreds of millions of dollars in the provincial electronic health record (pEHR) through the RHAs. But the e-health agenda is much broader. There is Alberta's North American success story in computerizing physician offices through the Physician Office System Program (POSP) and the electronic medical record (EMR) as physicians convert from paper patient files. A related important issue is data stewardship – (i) Who is responsible for the storage and security of a patient's personal health information? (ii) Who should have access to the personal health information of our patients?

- **Reinvigorating successful programs** – The made-in-Alberta primary care networks (PCNs) have proven immensely popular. PCNs also address the government's goals of improved access and multidisciplinary health care teams, to which full-time pharmacists are now being added. The long-term success of the PCNs, though, depends on stable long-term funding. A similar commitment is needed for computerizing physician offices and, at the same time, protecting the integrity and confidentiality of patient information.
- **Viewing the Alberta Medical Association as a partner** – The eight-year trilateral agreement (April 1, 2003 – March 31, 2011) marked a historic moment in Canadian Medicare as government, the AMA and the RHAs committed to a tri-partner approach to improve the health care system. Through the Alberta Medical Association, physicians have been instrumental in initiatives such as the PCNs works, e-health and the Alberta Hip and Knee Replacement Pilot Project.

The profession's future relationship with the government and negotiations will be front-and-centre when the Board of Directors meets December 15. Our preference always is to be constructive and to advocate for a health care system that puts Patients First®.

Yours truly,

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

*Patients First® is a registered trademark of the Alberta Medical Association.*