



The President's Letter

Dr. Noel W. Grisdale



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February 27, 2009

Dear Member:

The Alberta Medical Association (AMA) is preparing for a time of unprecedented change to Alberta's health care system! The potential, opportunities and implications for Albertans' timely access to quality care – both positive and negative – are many. It is also a time of considerable uncertainty.

Now, more than ever, the AMA must be a strong voice and an advocate for patients, for physicians and for a health care system where the focus is Patients First®.

Our priorities align with those of Albertans. According to public opinion research commissioned by the AMA and recently conducted by nrg Research Group, the four most important issues are wait times, doctor shortages, lack of access to a doctor and quality of care.

It's been almost a year since Ron Liepert was appointed Alberta's minister of health and wellness. Shortly thereafter began changes to the health care system – the biggest (thus far) being the elimination of the nine regional health authorities and the creation of a single, province-wide authority, Alberta Health Services (AHS).

As is always the case, physicians and others on the front lines have been doing whatever they can to provide Albertans with the best care possible as the new system is being sorted out.

In a mid-year review of the AMA's 2008-09 business plan and budget, at its February 6 meeting the Board of Directors affirmed the priorities, activities and results. The AMA will focus on:

- I. Data Stewardship and Information Sharing – Data stewardship will be one of the major drivers over the next five-to-10 years. An important aspect of the physician-patient relationship has always been the delicate balance between the duty to share information in the patient's best interests while respecting an individual's right to privacy.
 - a. Bill 52, the *Health Information Amendment Act, 2008*
 - b. A template for information sharing agreements among physicians, AHS, Alberta Health and Wellness (AHW) and other providers

- c. An agreed-upon data set for the provincial electronic health record, including information from the patient's electronic medical record
- II. Relationship with AHS – The new single health authority has significant implications on a number of fronts such as negotiations, medical staff bylaws, medical staff representation and advocacy.
 - a. A new single set of province-wide medical staff bylaws
 - b. Medical staff advocacy for the district medical associations
 - c. AMA-AHS relationship
- III. Physician Compensation Strategy – The AMA employs a number of strategies to improve the financial health of physicians and their practices: negotiations, allocation, practice management and financial services. The goal of this strategy is to align these activities and to make improvements.
 - a. Long-term plan
 - b. Short-term priorities for April 1, 2010
 - c. Improved information sharing and communications with sections and the membership
- IV. Service Optimization – The McKinsey Report identified general directions for change. Both government and AHS have indicated they plan to take this report further. Impacts on physicians could include facility rationalization, scopes of practice and pay-for-performance.
 - a. Ad hoc working group to identify implications for the medical profession and to align AMA activities
 - b. Meetings with AHS and AHW regarding their plans
 - c. Advocate for plans in the best interests of patients and the profession
- V. Government Relations – The government has signaled its intent to be more involved in health regulation and policy. The AMA has had a positive relationship with government, but it is important to ensure the association is as effective as possible.
 - a. Improved effectiveness with the Government Affairs Program

In doing so, the Alberta Medical Association will be dealing with external drivers such as:

1. The arrival March 23 of Dr. Stephen Duckett from Australia as the new, permanent CEO of Alberta Health Services.
2. The government's philosophy and framework for Alberta's electronic health system, as set out in Bill 52, the *Health Information Amendment Act, 2008*, which is currently under review by the Legislature's Standing Committee on Health.

3. *Vision 2020*, released December 2008 by AHW to set "the course for a health system that is first and foremost geared towards the needs of the patient."
4. The McKinsey Group's 47-page report, *Provincial Service Optimization Review*, which AHW released in November 2008.
5. The "restructuring plan that will create one coordinated, unified operation," announced July 8, 2008, by AHS Chair Ken Hughes.
6. The amalgamation of the former nine regional health authorities into one, provincial governance board, which Premier Ed Stelmach announced May 15, 2008.
7. The eight-point health action plan that Minister of Health and Wellness Ron Liepert released April 16, 2008.

Assuming a conventional four-year mandate until March 2012, the government has 12-24 months to be aggressive in its changes to Alberta's health care system (with the last 12 months preparing for the next provincial election).

The Alberta Medical Association has a legacy of advocating for a well-funded public health care system with timely access and quality care. Medicare has also defined a leading role for the AMA in negotiations to maximize Alberta's ability to attract and retain physicians.

The AMA's leadership agenda will be evident when delegates meet next weekend for the Spring 2009 Representative Forum, March 6-7, at the Westin Hotel in Edmonton. I'll report to you after the meeting.

Yours truly,

Noel W. Grisdale, MD, CCFP
President