



**Negotiations 2006**  
**Summary**  
**Fiscal Agreement (April 1, 2006–March 31, 2008)**

**Compensation**

- 4.5% increase October 1, 2006
- 4.5% increase April 1, 2007
- 2.8% retention benefit – most physicians are expected to receive either \$8,000 or \$10,000

**Other Compensation**

- Clinical Stabilization Initiative
- Physician Office System Program (POSP)
- Primary Care Initiative
- CMPA reimbursement
- Continuing medical education
- Maternity/paternity leave

**Schedule of Medical Benefits (fee schedule)**

- 4.5% increase October 1, 2006 to Physician Services Budget
- 4.5% increase April 1, 2007 to Physician Services Budget
  - o Allocation to be determined
  - o Trilateral allocation process will determine:
    - Individual fee increases
      - Not all fees will increase 4.5%
      - The total of all fee increases must be within the 4.5% increase to the Physician Services Budget
  - o Sections (family physicians, specialists) play a key role in determining their own fees
  - o Overhead costs are one factor in setting fees
- Process for retroactivity to be determined

### **Other Provinces – Fees Only**

- British Columbia:
  - o 2006-07 ... 3%; 2007-08 ... 2%
- Saskatchewan:
  - o 2006-07 ... 2.8%; 2007-08 ... 3.1%
- Manitoba:
  - o 2006-07 ... 4.05%; 2007-08 ... 2.71%
- Ontario:
  - o 2006-07 ... 4.3%; 2007-08 ... 2.7%
- Quebec:
  - o 2006-07 ... 2%; 2007-08 ... 2%
- New Brunswick:
  - o 2006-07 ... 4.5%; 2007-08 ... 4.5%
- Nova Scotia:
  - o 2006-07 ... 2%; 2007-08 ... 2%
- PEI:
  - o 2006-07 ... 6%
- Newfoundland/Labrador:
  - o 2007-08 ... 2% October 1; 1% April 2008; 3% October 2008

### **Retention Benefit**

- Part of recruitment and retention strategy
- Rewards physicians for practising in Alberta and staying in Alberta
- Years of service determines categories, but there will not be retroactive payments
- First payments expected to be made by February 2008
- 4 categories:
  - o 1-5 years ... \$4,000
  - o 6-15 years ... \$6,000
  - o 16-25 years ... \$8,000
  - o 26+ years ... \$10,000

- Payments will be prorated according to billings:
  - o 100% ... \$80,000+
  - o 75% ... \$60,000 - \$79,999
  - o 50% ... \$40,000 - \$59,999
  - o 25% ... \$10,000 - \$39,999
  - o 0% ... <\$10,000
- Alberta will pay out on an annual basis
- Some others, e.g., Manitoba and Saskatchewan, only do so every few years; if a physician leaves before the payment date, she or he loses that payment

### **Clinical Stabilization Initiative**

- \$56.5 million budget
  - o Under-serviced areas
  - o Communities in crisis
  - o Includes \$17 million to support “practices where increased business costs are having an impact on stability and attractiveness”
- Need to develop a provincial framework for under-serviced areas
  - o Payments will depend on number of physicians impacted
  - o Not all physicians will qualify
  - o Not all towns and cities will qualify
- Communities in crisis, e.g., Fort McMurray, temporary relief physicians flying in to provide care for unattached patients might be an example though this program is being funded under the current trilateral agreement
- Communities in crisis allows for quick decision by the trilateral Master Committee (deputy minister, AMA’s CEO and one RHA CEO)
- Clinical Stabilization Initiative builds on the work of physicians from Peace Country Health and Northern Lights Health Region

### **Office Computerization (POSP)**

- Recognizes the roles of the EHR governance committee, which includes AMA representation, and Alberta Health and Wellness in establishing standards for interface and integration
- POSP funding for all participants to March 31, 2008:
  - o Will be retroactive for those who had maxed out their initial 48 months of funding
  - o Products must be VCUR compliant
  - o When a physician's EMR is "reasonably accessible," the physician "shall enter all prescriptions into the EMR ... to facilitate transfer of the prescribing information to the EHR"
  - o A "minimum data set as determined by the parties ... will be sent to the provincial EHR"
- POSP funding for all participants to March 31, 2011 if there's an RFP to select vendors:
  - o RFP is expected to reduce the number of vendors

### **Primary Care Initiative**

- About \$175 million over two years
  - o initial budget was \$100 million over three years
- Will fund all those wanting to set up a primary care network
- Expect to have more than one-half of Alberta family physicians involved by 2008

### **Other Benefits and Programs Continue**

- Physician On-Call
- CMPA reimbursement
- Continuing medical education (CME)
- Maternity/paternity leave
- Physician and Family Support Program
- Physician Locum Services
- Toward Optimized Practice (TOP)
- Practice Management Program