

2022-23 AMA Business Plan

The 2022-23 business plan (October 1, 2022, to September 30, 2023) was developed by senior staff with oversight and approval of the Board of Directors. The business plan supports a range of activities that forward the long-term goals established by the Board. Without an agreement in place key mandates remain uncertain and the emphasis remains on several essential deliverables identified by the Board:

- **Support for representation on compensation matters**

With no AMA agreement in place discussions on physician compensation matters are taking place in many venues and often in somewhat different ways. This includes existing models of payment through fee for service and alternate relationship plans (clinical and academic) and new models that may be created as a result of new arrangements between government and 3rd parties. It is essential that the AMA support its members in achieving fair rates and terms of compensation in all settings.

- **Member engagement**

Members are the AMA; owners, leaders, workforce, etc. Given the changing relationship with government, the impact of COVID 19 and the rise of new technology, there are new ways to engage with members to get input and learn. A key requirement for this period, is that we develop and leverage our listening capabilities and be responsive to member needs. Alignment between member interests and the Association is what member engagement is all about.

- **Advocacy (public and lawsuit)**

Our goal continues to be achieving a negotiated agreement with government, but we need to be ready for the situation where activities at the negotiations table will not be adequate to bring that about. Resources have been included in the business plan for activities that inform the public and politicians in support of that goal.

- **Government relations**

The relationship with government is improving and a significant effort has been made to develop a strong and effective partnership. Efforts here relate to both better understanding governments perspective and improving the relationship where possible.

- **Alliances with other key stakeholders**

The AMA relies on relationships to satisfy the needs of members especially in these uncertain and challenging time. As the role of team-base care evolves, having strong, trusting relationships with other health professions will be important.

- **Physician compensation principles and policies including income equity**

We need to continue educating government and the public on the complexities of physician payment, including the income equity measure, and be ready to respond as new policy comes forward from government.

The plan balances operational savings and the use of reserves, to ensure the needed resources were available in the essential areas identified by the Board.

Business Plan and Budget Documents

The major business plan documents are attached as follows:

A. Vision, Mission and Values

As established by the AMA Board of Directors

B. Key Result Areas, Goals and Activities (Ends) Healthy AMA (Means)

Cascading from the AMA Mission are the Board-established goals for the organization, which are categorized in three broad Key Result Areas: Financial Health for physicians and their practices; Well Being (personal, workplace, community); System Leadership and Partnership. The purpose of the goals is twofold: they express how the Board wants to deliver value to physician members and what is felt to be most important in moving towards the Vision. Connected to each goal are the related activities planned for the next twelve months. These are developed by staff with Board oversight. Progress on activities is reviewed and updated over the course of the year.

The physician support programs, including the Accelerating Change Transformation Team, Rural Locum Program and Physician and Family Support Program, are key vehicles for advancing several of the AMA's goals. These programs are funded through grants from Alberta Health and are therefore not included in the Budget, however, many of the activities identified in the business plan are only deliverable with these programs in place.

The second part of Attachment B, "Healthy AMA" identifies key activities in the areas of governance, finances, knowledge, relationships and workforce that help strengthen the Association so that it can achieve the ends established by the Board and deliver value to members.

C. 2022-23 Budget

The budget recognizes the challenging situation faced by members and the Association alike and reflects the financial framework established by the Board, including fully funded Board reserves, use of the contingency reserves to support essential deliverables, and a foundation for a balanced budget once an agreement with government is in place.

A. Vision, Mission, Values



OUR VISION

The AMA is powered individually and collectively by physician leadership and stewardship in a high-performing health system.*

- Our initiatives as leaders, innovators and clinicians drive Patients First® as a cornerstone of the health care system.
- Member wellness and economic wellbeing in their practices and communities are supported by our comprehensive negotiated agreements and programs.
- The voices of members – individually, regionally and within specialties – are heard and reflected within the system through our united voice of openness and accountability.
- Our physicians are valued and respected throughout the system in their professional roles and through their unique relationships with patients and system partners.



**Alberta's high-performing health system is stable, compassionate and sustainable, delivering enhanced patient experience and improved population health. Individual and collective physician leadership is essential.*

The AMA defines such a system in this way:

- Highest quality care requiring: acceptability; accessibility; appropriateness; effectiveness; efficiency; and safety
- Access based primarily on need, not ability to pay
- Fully integrated community and facility/primary and secondary care
- Management based on timely and accurate data
- Information that follows the patient seamlessly
- Care delivered with the patient, sharing responsibility and working with the physician toward best-possible health

OUR MISSION

The AMA advances patient-centered, quality care by advocating for and supporting physician leadership and wellness.

OUR VALUES

Act with integrity, honesty and openness
Maintain relationships of mutual trust and respect
Treat others – and each other – fairly and equitably
Remain unified through belief in quality care, collective engagement and professionalism

B. Key Result Areas, Goals and Related Priority Activities

Key Result Area 1 - Financial Health

The AMA assists and supports members in maintaining their financial health. This includes negotiating with payers to ensure fair compensation, the provision of practice management services and the offering of financial products. Members in training are supported through a number of scholarships and bursaries.

Goal 1 Physicians are fairly compensated for their skills and training in comparison to other professionals.

Priority Activities

1. Negotiate an agreement for the provision of insured services with government that is fair to physicians and provides value for patients; and restores physicians, through the AMA as an active partner in the health system.
2. Support members in local and provincial compensation discussions on rates, viability of practice, due process and working conditions, including:
 - Laboratory grid agreement
 - Cancer care agreement implementation
 - Stipends, on-call, z-codes
 - ARPs
3. Support academic physicians in the negotiation of the Academic Medicine Health Services Program and the supporting Individual Services Agreement.
 - Comparison between FFS, cARP and AMHSP rates
4. Advance AMA third party contracting principles and support physicians involved in these new models.

Goal 2 Physicians' practice management decisions are based on sound management advice and best practice.

Priority Activities

1. Support activities that promote the effective management of practices, including:
 - Expand peer review activities including education and schedule modernization.
 - Support sections in schedule modernization/improvement efforts.
 - Support improvements to virtual care that promote quality and comprehensiveness including participation in the Alberta Virtual Care Coordinating Body.
 - Promote professionalism and best practice in billing and referral practices.
 - Continue to develop tools like the fee navigator and billing training tools.
2. Support members participating in or considering alternate compensation models including:
 - Clinical alternate relationship plans
 - AMHSP arrangements
 - 3rd party contracting models
3. Launch a collaborative learning opportunity focused on community clinic viability, leveraging the Patient Medical Home, including:
 - Business foundations (practice agreements, improvement team)
 - IM/IT (EMR tips, privacy)
 - Using your team (change support, QI and clinic efficiency)
 - Efficiency through Panel (screening, panel management)

- Efficiency through Access
- Assessing your practice (HQCA panel reports, ASaP, Schedule B, Patient experience, EMR reports)

Goal 3 Reliable and best-in-class financial products are available to all members

- Priority Activities**
1. Operationalize the new MD Financial /Bank of Nova Scotia alliance with the Alberta based MD Financial teams, to ensure members benefit from our respective offerings.
 2. Complete an analysis and market study for the AMA Disability Insurance plan to ensure coverage and premiums are competitive and the plan remains viable over the long-term.

Key Result Area 2 – Well Being

The AMA supports members in maintaining healthy work-life integration, including being a leader in the development of a comprehensive physician health program. The AMA promotes and supports physicians contributing to the broader community through activities like the AMA Youth Run Club and Emerging Leaders in Health Promotion grant program. The AMA also supports physicians in their efforts to attain safe, healthy and equitable work environments.

Goal 1 Physicians are supported in maintaining their own health and that of their families

- Priority Activities**
1. Continue to provide the PFSP service and monitor assistance levels to meet increasing need.
 2. Operationalize funding from the Affinity Collaboration (BNS, the CMA and MD Financial Management Inc.) to respond to and address the health and wellness needs of physicians and medical learners.
 - Implement psychiatry services as an additional offering.
 3. Support Well Doc Alberta’s efforts to renew funding and scale and spread the program nationally through affinity funding made available through the CMA/BNS agreement.

Goal 2 The AMA is a broker in bringing together physicians, patients and families toward healthy communities. Physician and community contributions are supported and celebrated.

- Priority Activities**
1. Continue the Shine A Light initiative, highlighting both daily and extraordinary contributions of physicians that keep the system in motion. Use storytelling to facilitate and link to engagement in the AMA.
 - Profile grassroots physicians with Shine A Light profiles in each issue of Alberta Doctors’ Digest.
 - Profile and engage medical students:
 - Reactivate medical Student Spotlight series of student profiles in Alberta Doctors’ Digest.
 - Engage with medical student leaders and produce a video for students at large to explain how their input feeds into AMA governance.
 - Seek to return to pre-pandemic levels of participation in the RF by our contingent of student observers and enhance that experience through the RF Buddy mentoring program.
 - Profile and engage resident physicians:
 - Collaborate with PARA to highlight the contributions of resident physicians

- Profile and engage physician leaders following each RF who have brought forward motions that flow into AMA advocacy. Tell their story and experience of engaging in the AMA.
 - Highlight students and physicians receiving AMA scholarships, bursaries, grants and awards.
2. Through the AMA Youth Run Club in schools across the province, equip teachers with tools and resources to engage children and youth in physical activity that are optimized for the post COVID learning environment.

Goal 3 The AMA is committed to working with and for physicians to address system issues which impede attaining a safe, healthy equitable working environment.

- Priority Activities**
1. Advance the AMA’s Healthy Working Environments framework in the areas of Equity Diversity and inclusion, psycho-social wellness and safety and leadership, aligning activities with other system partners including AHS and the CPSA:
 - In collaboration with AHS and the CPSA support implementation of the anti-racism online education project.
 - Complete an environmental scan outlining the current supports available to Alberta physicians for navigating conflict. Gaps will be identified for further discussion by the AMA’s Healthy Working Environments Advisory Committee.
 - Explore with Joule the offering of trauma-informed leadership and crucial conversation courses as part the coaching component of our CMA-funded Physician Leadership Professional Development program.
 - Advance just culture and healthy working environments language in AMHSP contract discussions.
 - Liaise with CMA for Alberta-specific findings from the recent physician wellness survey and integrate these findings into AMA advocacy.
 - Further align work of the HWEAC and the Indigenous Health Committee.
 - Advance discussions with AHS related to safe reporting and trauma-informed leadership.
 2. Support individual physicians and groups in conflict situations that exist within practices and with AHS.

Key Result Area 3 – System Partnership and Leadership

The AMA supports members in their role as leaders within the health care system. This includes supporting physician leadership in developing innovations in care delivery and integration of primary and specialty care. Other activities include the AMA’s key role, with Alberta Health (AH) through the AMA Agreement, in developing and implementing the physician payment strategy for the province; several programs aimed at quality improvement; activities related to eHealth; and supporting the development of physician leadership skills.

Goal 1 Working with Alberta Health, Alberta Health Services and other partners, lead and influence positive change in the delivery of services.

- Priority Activities**
1. Continue to strengthen the Patient’s Medical Home for all Albertans:
 - Support members, clinics and their PCNs to implement change with best practice, this year’s improvement projects include: CII/CPAR, BCM, ASI, H2H2H.
 - Meet the following targets this year:
 - 1.5 M Albertans on CII/CPAR

<ul style="list-style-type: none"> ○ 4 new BCM clinics ○ ASI Central Access and Triage implementation (implement FAST in each zone) ○ H2H2H – Change Package launched ● Supporting physician leadership and co-design on committees such as PPCNC, ASI working groups, COVID consultation table, I-ZICC, PCN zones, and others as required. ● Launch a collaborative focused on clinic viability through leveraging PMH practices.
<p>2. Support activities that integrate care across the system and support the health neighborhood:</p> <ul style="list-style-type: none"> ● Support physician leaders in improving care transitions leveraging co-design of ASI projects between specialty and primary care. ● Support physician leaders in shaping the PCN governance structure for future sustainability. <ul style="list-style-type: none"> ○ Supporting PLE in advocating for PCN funding model changes and increases, and establishing appropriate zone level corporate/legal structures. ● Continue work with PCA and SCA on leading integration projects like Alberta Surgical Initiative and Implementation of CII/CPAR.
<p>3. Support members on pandemic related issues as the situation evolves through the Community Physician Consultation Table.</p>
<p>4. Represent the interests of the profession on collaborative working group and committees to influence positive change across the system including the Choosing Wisely Alberta Steering Committee, the Continuing Professional Development Network Steering Committee, the Infection Prevention and Control Advisory Committee, the Influenza Immunization Program Coordinating Committee, and the Tracked Prescription Program Steering Committee.</p>

Goal 2 Key incentives and supports for physicians are aligned with the delivery of care and toward overall system objectives of timely access for patients to quality care.

<p>Priority Activities</p>
<p>1. Advance the AMA’s physician compensation strategy that provides value to patients and is fair to physicians:</p> <ul style="list-style-type: none"> ● Advance the income equity measure <ul style="list-style-type: none"> ○ Operationalize the interim measure as directed by the RF ○ Prepare the preliminary full IEI measure for review by the section panel ○ Present the final measure to the RF ○ Ratify the IEI with membership ○ Seek government support for the initiative ● Align payment models with other initiatives in the system that improve delivery including primary care reform. ● Working with other stakeholders, build a shared strategy to improve our measurement of the health workforce.
<p>2. Support strategic and tactical initiatives that improve informational continuity and enhance information integration:</p> <ul style="list-style-type: none"> ● Advocate for health system changes that reflect member needs through the eHealth Modernization Project. ● Work with provincial stakeholders on the development of virtual care policies and standards through the CPSA led Alberta Virtual Care Coordinating Body. ● Work with AHS through the Non-AHS Community Provider Advisory Group, other committees, and informal channels to ensure Connect Care impacts on community physicians and the delivery of care are recognized and addressed as Connect Care rolls out.

- Influence the implementation of the Alberta Surgical Initiative/Electronic Referral Solution to meet physician needs.
 - Develop a dashboard for tracking and reporting informatics priorities.
 - Leverage informatics committee physician leaders to monitor and adjust informatics priorities to ensure informatics priorities are flexible to reflect the current landscape.
 - Facilitate member awareness, engagement and consultation as additional clinical data is moved into MyHealth Records.
3. Working with other stakeholders including the student associations, PARA, training institutions and communities, develop solutions to address needs-based gaps in physician supply.

Goal 3 Physicians and the AMA, in partnership with patients, play a leadership role in advocating and promoting a system characterized by Patients First®.

Priority Activities	
1.	Engage patients to understand their challenges with albertapatients.ca as a major vehicle. <ul style="list-style-type: none"> • Explore the patient perspectives on the care deficit created by the pandemic and use the results to bring the patient’s voice to our advocacy and discussions with system partners. • Frequently (at least bi-monthly) survey on topics relating to AMA advocacy activity and share the results with the profession and the public through President’s Letters, social media and earned media. • Maintain or grow the size of the community by monitoring usage and reaction to the updated albertapatients.ca hub.
2.	Support and advocate for an improved health care system <ul style="list-style-type: none"> • Use the Care Deficit Assessment Series to explore different areas of medicine, different communities and their specific experience. • Provide an assessment of the situation, an overview of how doctors have been managing in the environment and then the long-term solutions that they see to the problems we face. Include available resources and information for patients.
3.	Support and advocate for improved health care delivery for the Indigenous community. This will involve outreach to Indigenous physicians and First Nations communities, participation in the Population Aboriginal Health SCN and continued activity of the AMA Indigenous Health committee. <ul style="list-style-type: none"> • Support physician practices in recognizing the National Day for Truth and Reconciliation. • Organize an event centered around a collective viewing of The Unforgotten.

Healthy AMA

1. Governance

- Implement the governance process improvement activities identified by the Board:
 - Social media policy development.
 - A review of the AMA Vision once an agreement is in place and mandates are clarified.
 - Improvements to onboarding and orientation processes for Board and RF.
 - Enhance supports for sections (e.g., governance training, conflict resolution, etc.).
 - Enhance supports for regional RF Delegates (e.g., support two-way engagement between Delegates and members).
- Implement the Board Working Group on Nominating Committee recommendations to advance EDI principles:
 - Increase EDI literacy and language skills for Committee members.
 - Review committee position descriptions for EDI best-practice language.
 - Implement a two-year pilot of an aspirational quota.

2. Workforce

- Optimize workforce in the hybrid work environment and develop measures to ensure member value generation remains high in the new environment.
- Optimize AMA workforce under a new agreement (e.g., supporting growth in ARP's, future arbitrations, etc.)
- Complete a review the AMA's employee benefits program.

3. Financial

- Judicious use of AMA contingency to support essential deliverables and sustain the organization.
- Through the Committee on Financial Audit, review the AMA's investment beliefs and principles.
- Effective stewardship of program funding.

4. Relationships

- Optimize our relationship with the CMA under evolving governance structures and leverage available affinity funding programs and other CMA supports.
- Improve connections with other health professions to enable creative development of team-based care.

5. Knowledge

- Improve our understanding of members through surveys, focused research, and engagement.
- Modernize the AMA website content and structure to improve member experience.
- Continue redevelopment of our member information system.

C. 2022/23 Budget

	2021/22 Budget	2021/22 Forecast	2022/23 Budget
REVENUE			
Membership revenue	15,529,334	17,731,663	16,173,176
Insurance commissions	1,713,697	2,130,003	2,023,503
Health Benefits Trust commissions	405,842	463,431	440,259
Investment income	89,000	191,901	125,000
Advertising	60,000	60,000	60,000
CMA Contributions	1,750,000	950,000	1,050,000
Other revenue	1,051,650	1,049,517	1,093,650
	20,599,523	22,576,515	20,965,588
EXPENDITURES			
Executive Office			
Labor costs	942,694	942,694	965,721
Other branch costs	103,500	38,000	103,500
Section support	325,780	350,311	334,076
Zone medical staff association support	676,045	719,190	689,573
Executive provision	50,000	50,000	50,000
Board	687,500	687,500	758,800
Representative Forum	966,280	990,000	1,004,931
Other committees	86,250	86,250	86,250
	3,838,049	3,863,945	3,992,852
Southern Alberta Office			
Operations	1,059,893	983,099	788,688
	1,059,893	983,099	788,688
Operations			
Labor costs	1,139,309	1,139,309	1,228,296
Other branch costs	41,115	4,500	41,000
Finance and membership services	1,139,412	1,145,262	1,263,204
Facility Costs	2,241,798	1,951,500	2,194,135
Human resources	844,047	760,000	932,467
ADIUM Insurance	1,174,668	1,174,668	1,382,522
Health Benefit Trust Fund administration	195,448	182,948	206,229
Information system	2,469,946	2,492,696	2,665,130
Student/Resident scholarships & grants	130,000	105,000	130,000
Committees	28,000	28,000	28,000
	9,403,744	8,983,883	10,070,983
Public Affairs			
Labor costs	1,376,203	1,276,203	1,406,583
Other branch costs	33,100	21,400	33,100
Section services	166,749	165,499	222,679
Member communications	361,500	179,000	340,000
Shine a light/Youth Run Club	115,000	115,000	95,000
Albertapatient	200,000	200,000	200,000
Committees	7,750	7,750	7,750
	2,260,301	1,964,851	2,305,112
Health Economics			
Labor costs	2,161,547	2,161,547	2,224,037
Other branch costs	69,600	13,400	68,100
AMA Compensation Committee	100,000	80,000	100,000
Other committees	32,500	10,000	32,500
	2,363,647	2,264,947	2,424,637
Professional Affairs			
Labor costs	1,581,603	1,370,603	1,578,658
Other branch costs	37,000	18,500	43,500
CMA Projects	350,000	350,000	350,000
Health Issues Council	33,250	33,250	33,250
Indigenous Health	33,250	10,000	33,250
Committees	45,750	27,000	45,750
	2,080,853	1,809,353	2,084,408
Health System Transformation			
Labor costs	621,194	580,000	656,218
Other branch costs	80,200	4,200	99,200
System transformation leadership	282,625	202,310	366,632
	984,019.48	786,510.00	1,122,049.56
Priority Activities			
Representation	1,544,963	923,251	1,625,765
Master Agreement Negotiations	600,000	593,895	600,000
Income Equity Initiative	551,244	459,853	586,016
Legal (Charter Challenge)	520,000	87,770	420,000
Public Campaign	1,490,000	610,500	907,200
Transition to Hybrid Work Environment	350,000	47,465	-
One-time essential activity provision	3,000,000	-	-
	8,056,207	2,722,734	4,138,981
Total Expenditures	30,046,714	23,379,322	26,927,710
Operating Surplus (Deficit)	(9,447,190)	(802,807)	(5,962,122)

*

* The budget includes provisions for base advocacy and representation activity. Additional reserve withdrawals would be made at the discretion of the Board to support extraordinary activity if discussions were to break down with government.

Contingencies and Reserves

	Annual Budget 2021/22	2021/22 Forecast	Annual Budget 2022/23
Board Reserves			
Emergency reserve	10,212,978	10,212,978	10,212,978
Capital reserve	3,508,000	3,508,000	3,508,000
Strategic initiatives reserve	1,000,000	1,000,000	1,000,000
	14,720,978	14,720,978	14,720,978
AMA Contingency			
Opening Balance	15,074,496	17,541,819	16,339,012
Net investment income after funding board requirements	376,862	(400,000)	490,170
Operating surplus (deficit)	(9,447,190)	(802,807)	(5,962,122)
	6,004,168	16,339,012	10,867,060