The following outlines the AMA plan for the 2019-20 business year (October 1, 2019 to September 30, 2020).

The plan was developed by senior staff with oversight and approval of the Board of Directors. Its focus is the goals established by the Board which are aimed at delivering value to physicians by remaining true to the AMA Mission (physician leadership and support) and striving to its Vision (a high performing health care system for Albertans). Operational plans, such as the 2019-20 budget and intended improvements to core capacities and capabilities, are also covered.

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)
   Under the AMA Mission the Board establishes the 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. There are currently nine goals, three under each key result area.

   The purpose of the goals are twofold: they express how the Board wants to deliver value to physician members and also what is felt to be most important in moving from the current system to 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 above all has to do with ends: what are we doing to deliver value to members. To do this requires that we have the means at our disposal, which is captured under the phrase “Healthy AMA”. The second part of Attachment B deals with what is being done in this regard in the area of governance, finances, knowledge, relationships and workforce.

C. 2019-20 Budget
   This provides the 2019-20 budget as well as the 2018-19 budget for comparison. Annual forecasts up to 2024-25 are also provided.

   In addition to the budget, the status of all AMA Reserves and Contingencies are reported, as well as the amounts for government-funded programs.

These three documents comprise the 2019-20 AMA Business Plan.
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
## 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 withiners 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 the financial reopener of the AMA Agreement that expires March 2020. This is the main agreement with government where negotiations for the payment of insured services occurs.
2. Negotiate renewal of the Academic Medicine Health Services Plan (AMHSP) Master Agreement and Individual Services Agreement template for AMA members who are part of the AMHSP.
3. Negotiate new and amended Alternative Relationship Plans and other alternate funding arrangements that support and align physician and system objectives.
4. Negotiate on behalf of member groups for the provision of insured services:
   - Physicians within and considering joining the AMHSP
   - AHS-paid physicians and physician groups

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

**Priority Activities**

1. Support appropriate member billing practices:
   - Expand peer review activities including education and schedule modernization
   - Support deployment of appropriateness management tools that lead to high value services (e.g. choosing wisely)
   - Continue to develop tools like the fee navigator and billing training tools
2. Support members participating in or considering alternate compensation models:
   - Clinical alternate relationship plans
   - AMHSP arrangements
   - Blended capitation

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

**Priority Activities**

1. Implement insurance group plan carrier changes to improve the competitiveness and stability of the plans for members.
2. Improve awareness and knowledge among members of the competitive advantages offered through the AMA group insurance plans.
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 improve the quality of PFSP service and monitor assistance levels.
2. Support the implementation of Well Doc Alberta through the AMA/CMA memorandum of understanding. Implementation will be coordinated and aligned with the PFSP including in the educational component of the program.

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. Celebrate physician philanthropy and volunteerism locally, nationally and abroad through the AMA’s *We all Make a Difference* initiative.
2. Continue to expand the AMA’s Youth Run Club, not only in size but also in the quality of the experience for children and communities:
   - Maintain or increase number of schools enrolled
   - Expand diversity and inclusion programming: Indigenous communities; Girls Only (GO!) YRC; supporting benefits of physical activity for those with different abilities
   - Increase opportunities for AMA member involvement with community events sponsored by YRC and donation opportunities
3. Administer the Emerging Leaders in Health Promotion grant program.

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:
   - Diversity and inclusion
     - Tool kit development to support diversity and inclusion goals with a focus on section leadership recruitment
     - Identify and offer training opportunities
   - Psycho-social wellness and safety
     - Review current reporting processes, leading practices and explore if Just Culture offers a framework for future changes
     - Support implementation of Well Doc Alberta
   - Leadership
2. Working with the AMA’s Healthy Working Environments Advisory Committee, identify opportunities and possible strategies.
   - HWE facilitation sessions
   - Member HWE baseline assessment survey
3. Implement ProActive in partnership with the CPSA, AHS, HQCA, CMPA and the Universities.
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 PCNs to build and deploy to members and clinics an appropriately trained and equipped health transformation workforce (improvement facilitators and physician champions).
   - Support members, clinics, and their PCNs to begin the process of improving relationship continuity to patients using CII / CPAR as an enabling tool.

2. **Support activities that integrate care across the system and support the health neighborhood:**
   - Work with PCA and SCA as well as AHS Primary Health Care Integration Network and PCNs to support members to deploy new provincial solutions for specialist linkage and referral.
   - Work with PCA and SCA as well as AHS Primary Health Care Integration Network and PCNs to support early implementation of hospital to home solutions.

3. **Support physician members in their new roles created under the PCN Framework**
   - Support PCNs in operationalizing new standardized, sustainable and shared services prioritized by the PCN Provincial Committee and PCN Zonal Committees.
   - Support physician leaders in PCN zones to achieve functional partnerships with AHS zones to enable new ways of sharing care using sustainable approaches.

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.

### Priority Activities

1. **Continue with approved activities in support of the Income Equity Initiative:**
   - Physician office overhead
     - Approval of overhead policy related to the Model Office
     - Overhead Working Group to finalize a detailed plan to address overhead measurement
     - Establish a panel of physicians to manage the study
     - Complete field work which may include office visits or other data collection techniques
     - Present preliminary results for validation by the panel
   - Hours of Work Study
     - Approval of the hours of work study methodology
     - Establish a panel of physicians to manage the study
     - Complete field work which may include a survey, office visits or other data collection techniques
     - Present preliminary results for validation by the panel
   - Training and Career Length Study
     - Approve final report
   - Market Impact Study
     - Present preliminary report to sections for review
     - Approve final report
• Seek to advance the AMA’s Physician Compensation Strategy with Government and other key stakeholders

2. Support initiatives that connect Albertans with services (e.g. E-care, schedule modernization, appropriateness management, virtual care, etc.)

3. Support strategic and tactical initiatives that improve informational continuity and enhance information integration and monitor/track the impact of AMA input on evolving discussions and decision making:
   • Provide input into the operationalization of key provincial health information-related initiatives, including but not limited to the central patient attachment registry / community information integration (CPAR/CII) initiative, E-delivery of results and the AHS Connect Care provider portal.
   • Advocate for and assist where necessary in the development and provision of appropriate transition supports for physicians associated with the changing provincial health information eco-system
   • Provide input into the design and development of a provincial virtual care strategy
   • Liaise with WellDoc Alberta and the PFSP to inform their strategies, given the known impact of workplace systems, processes, and practices on physician wellness

4. Participate in the development of a needs based physician resource plan:
   • Working with the Physician Resource Planning Advisory Committee (PRPAC) develop a better needs-based analysis for community physician requirements.
   • Identify any gaps in needed areas and working with the PRPAC develop strategies to meet these service gaps

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. Leverage the Albertapatiens.ca portal to support physician leadership of value, affordability and patient-centered integration.
   • Test language and concepts for resonance with patients
   • Apply that learning in order to advocate and promote innovation more effectively
   • Build the experience and reputation of the community among its members by explicitly reporting where and how their input is used by the AMA in our mission and vision activities
   • Maintain steady growth in patient participants

2. Develop a physician leadership strategy that focuses AMA investment, is aligned with the work of other system partners and encourages system innovation that improves care for Albertans.

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.
<table>
<thead>
<tr>
<th>Healthy AMA</th>
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<tbody>
<tr>
<td><strong>1. Governance</strong></td>
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<tr>
<td>- Tool kit development to assist in diversifying AMA leadership</td>
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<td>- Provide skill development opportunities to AMA physician leaders</td>
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<td><strong>2. Workforce</strong></td>
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<tr>
<td>- Complete a review of the AMA’s job evaluation process</td>
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<td>- Complete a staff engagement process and develop a work plan that optimizes satisfaction and the achievement of organizational goals</td>
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<td><strong>3. Financial</strong></td>
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<tr>
<td>- Develop an enterprise risk management framework to assist in managing all aspects of organizational risk</td>
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<td>- Maintain sustainable operations and optimize the use of one-time reserves</td>
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<td>- Effective stewardship of AMA Agreement funding</td>
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<td><strong>4. Relationships</strong></td>
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<tr>
<td>- Implement member choice for CMA dues</td>
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<td>- Pursue opportunities that benefit members under the AMA/CMA Memorandum of Understanding</td>
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<td><strong>5. Knowledge</strong></td>
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<tr>
<td>- Increase the number and quality of member engagement opportunities</td>
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<td>- Continue work on the development of a comprehensive internal information management platform (Compass) that consolidates data across the AMA and serves as a foundation for future knowledge initiatives</td>
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<td>- Select a replacement website content management tool and begin implementation of the website amalgamation and redesign</td>
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## REVENUE
- Membership revenue: $18,501,000
- Insurance commissions: $1,513,460
- Health-Benefits Trust commissions: $400,000
- Benefits and administration fee: $1,500,000
- Investment income: $125,000
- Other revenue: $107,139

## EXPENDITURES
### Executive Office
- Salaries: $1,782,000
- Finance and membership services: $1,562,600
- Student/Resident scholarships & grants: $100,000
- Executive expenses: $179,000
- Board: $100,000
- Representative Forum: $798,000
- Committee on Financial Audit: $26,000
- Southern Alberta Offices: $5,598,168
- Total Operations: $1,029,076
- AMHSP Council: $24,000
- AMA Agreement implementation consultation: $300,000
- AMA Compensation Committee: $240,000
- Other committees: $5,000
- Facilities Costs: $205,717
- CMA General Council: $240,000
- Other branch costs: $113,200
- Committee on Financial Audit: $742,000
- Other committees: $13,588
- AMA Compensation Committee: $240,000
- Other committees: $13,860
- AMA Compensation Committee: $240,000
- Other committees: $14,137
- AMA Compensation Committee: $240,000
- Other committees: $14,420
- AMA Compensation Committee: $240,000
- Other committees: $14,708
- AMA Compensation Committee: $240,000
- Other committees: $15,002

### System Integration
- Other agreement implementation activity: $1,500,000
- Income Equity Initiative: $95,000
- Net investment income after funding board requirements: $4,702,327
- Operating surplus (deficit): $99,718

### Physician Support Programs
- Physician Support Program Administration: $14,145,000
- Physician Support Programs (Grant Funded Programs)

## Summary
- Opening Balance: $14,145,000
- Total Expenditures: $24,651,781
- Operating Surplus (Deficit): $582,695
- Reserve and Contingencies: $1,000,000