Report

of the

EXECUTIVE DIRECTOR

Alberta Medical Association
(CMA Alberta Division)

Date:	September 16, 2020
To:	Representative Forum
From:	Michael A. Gormley Executive Director
Subject:	2019-20 Year End Business Plan Update
For:	Information

This report provides a year end updated on the 2019-20 Business Plan priority activities.

2019-20 AMA Business Plan Year-End Update
Key Result Areas, Goals and Related 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.	
Activities	**Year-End Update**
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.	• After many months of negotiations and an unsuccessful attempt at mediation, government unilaterally terminated the AMA Agreement on February 20. As well, it announced its intention to implement on March 31, 2020, a number of their consultation proposals. Spontaneous grassroots advocacy by members emerged immediately and AMA moved forward with plans to launch a campaign to build support that would hopefully bring government back to the negotiating table. The campaign is still going strong. • As a result of the government unilaterally terminating the AMA Agreement, the AMA filed a legal challenge against government on behalf of all physicians in Alberta. The AMA's Statement of Claim was filed with the courts on April 9th, 2020. Government filed its Statement of Defence on July 10, 2020 and the legal challenge is still with the courts. The AMA has recently filed its Affidavit of Record and will await government's filing of theirs within the new couple of months. • Since negotiations broke down, the AMA has attempted to get a negotiated settlement with government. Informal discussions occurred between the AMA and government in March 2020, at the end of June and, most recently, on August 20th where the parties agreed that the AMA would provide a response to the government's August 11th proposal. The AMA submitted its response on August 28th. Highlights of the AMA submission included: o AMA management of the Physician Compensation and Development Budget ($5.4B) that includes ongoing assessment of expenditures against that budget, and the assignment of responsibilities and accountabilities with annual over-or under-expenditure. o Support on the expansion of ARPs and improvements to the Patient's Medical Home o Opportunities to address challenges associated with recruitment and retaining physicians

	○ Reinstatement of the Physician Benefit Programs ○ The AMA also requested current data on expenditures for physician services to assist AMA in assessing proposals from Alberta Health and suggested that the parties implement a joint communication protocol. • The AMA has been working to get a grant agreement in place for the physician benefit programs since the Physician Funding Framework was announced in February. Despite various discussions, budget iterations, grant schedule development and indications the grant was forthcoming, the AMA has still not received a grant. Communication was received in early August advising the AMA that government would end funding for the for the Alternate Relationship Plan Physician Support Services on August 30, and the Physician Locum Program would be transferred to AHS on the same date. After some discussion, government postponed the effective end date to September 30, 2020. Funding support for the other physician benefit programs will continue until March 31, 2021, however, the AMA is still awaiting a signed grant agreement.
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.	• The AMA AMHSP Council's Negotiating Committee met with Alberta Health and Alberta Health Services May 27, 2020 and August 31, 2020. The Committee advanced a negotiating proposal that has objectives as follows: ○ Strengthen AMA and participating physician engagement with respect to improvement of AMHSP contractual arrangements and governance structures ○ Advance transparent policy development processes ○ Advance a Just Culture by promoting physician wellness and procedural fairness ○ Encourage innovation and entrepreneurship • Meetings continue. The Faculties of Medicine are engaged in discussions with government and AHS regarding the new AMHSP Master Agreement through existing governance structures including the North and South Sector Committees and Provincial AMHSP Operations and Strategy Committees. The interests brought forth by the AMA are being discussed in these venues as well. • It remains to be seen which issues are addressed through contractual changes in the Master Agreement, the ISA Template or through operational policies that support the two agreements. As of the date of writing, Alberta Health has expressed the view that the AMHSP Master Agreement is simply a grant agreement that covers the flow of funds from AH to AHS and the Universities. Further AMA input will therefore emphasize content within the Individual Services Agreement which is between AHS, the University and the Participating Physician.

	• At this point the intent is for there to be one Master Agreement, covering North and South Sectors in place for April 2020. • The AMHSP Council met June 25, 2020 and discussed the above as well as the results of the AMHSP Review, completed by Nichols Applied Management Inc. There were 22 recommendations grouped around the following program components: o Legal framework o Purpose and goals o Strategic and funding framework o Governance and program support o Performance monitoring, accountability and continuous improvement • This report serves as a further input into the development of the next AMHSP Master Agreement
3. Negotiate new and amended Alternative Relationship Plans and other alternate funding arrangements that support and align physician and system objectives.	• Alternative Relationship Plan (ARP) Rates and Full Time Equivalent/(Sectional Allocation Equivalent (SAE) Definitions: o Given the cancellation of PCC meetings by government since January, further discussions and decisions related to ARP rates and rate methodologies have not advanced. o With Government's cancellation of the grant funding for the ARP PSS, the AMA is currently examining what resources will be required to support current and prospective clinical ARP physicians in the absence of the ARP PSS. Representation, advocacy and support for physicians considering or currently in an alternative arrangement continues to be a key priority for the AMA. o In mid-February, Alberta Health announced a new expedited 6-week process for approving new ARPs. Any significant improvement to the timeframes for the approval process has yet to be seen. • Provincial Hospitalist Program - AMA and AHS representatives have met regarding plans to create a provincial hospitalist program. AHS has indicated that the program has been delayed and expressed uncertainty around a possible implementation date. • Blended Capitation Model - The AMA continues to be actively involved in advancing further clinic engagement in the BCM, in addition to supporting three clinics who have transitioned to the BCM. Refinements to the model in the key areas of focus: negation rules, development of a draft rural model, and development of an evaluation framework, will be guided by govt's mandate and willingness to collaborate with AMA. o Physician concerns with the model will continue to be brought forward by the AMA and shared with AH at an operational level. o The AMA is prepared to provide support to physician groups interested in implementing new capitation-based models.

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	AMHSP (See Activity 2 above) AHS Physician Groups • The Strategic Agreement (SA) expired on March 31, 2020. • AMA has been consulted by several physician groups, currently subject to contracts with AHS to provide services in AHS facilities pursuant to stipend arrangements. Many of these contracts are in the course of re-negotiation and the applicability of the SA is still being considered through a separate hearing. • Although these contracts were scheduled to lapse as of September 1, 2020, AHS agreed to extend all stipends until March 31, 2020 thus allowing time for the parties to continue good faith negotiations. • Groups of affected physicians include: ○ Edmonton Zone Surgical Hospitalists - *AMA and AHS Agreed to use this group as a test case for the jurisdictional matter of the applicability of the SA. The decision reached in this test case could apply to the other physician groups who served notice to negotiate to AHS prior to March 31, 2020.* ○ Calgary Pediatric Plastic Surgery ACH ○ Calgary Trauma Surgeons ○ Chinook Regional Hospital (Lethbridge) General Surgeons ○ Edmonton Trauma Surgeons ○ Edmonton Zone HCT Physicians ○ Fort Saskatchewan Hospital Care Teams ○ Lab Physicians Working Group ○ Lethbridge General Surgery ○ Medical Officers of Health ○ Northern Lights Hospital (Fort McMurray) Code Blue (Emergency) Physicians ○ South Health Campus Obstetrical Anesthesia/COVID-19 Intubation Physician Group ○ South Zone Palliative Care ○ U of A Clinical Faculty (FFS Physicians) • Notices were sent to AHS advancing to arbitration prior to March 31, 2020, for all of the above groups, with the exception on Pediatric Plastic Surgery ACH, and CancerControl. • Other groups are inquiring and collecting opt-in forms for AMA representation. • Increasing numbers of individual physicians continue to receive AMA assistance in reviewing/renewing their contracts. WCB • AMA representatives have completed negotiations with WCB. The new agreement was ratified by AMA membership, and is in effect April 1, 2020 to December 31, 2024.

Goal 2 Physicians' practice management decisions are based on sound management advice and best practice.	
Activities	**Year-End Update**
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	Schedule Modernization • Alberta Health has committed to implementation of a new Schedule of Medical Benefits and a joint steering committee has been established to work on a new schedule nomenclature (e.g. health service code and rule descriptions). AMA representatives have proposed that the committee evaluate the merits of both CIHI Common Classification of Interventions (CCI) system and the American Current Procedural Terminology (CPT). Staff have been in contact with the American Medical Association to help inform the process and attended one of the quarterly CPT conferences in February. • Although the committee has discussed the taxonomy associated with a new schedule (i.e. how services are organized and described), AMA's ability to influence this initiative will improve upon the signing of a new agreement with AH. Audit/ Peer Review • The AMA Peer Review Committee continues to review billing data and consult with sections when billing anomalies present themselves. The PRC has identified a critical need to establish a third party consultant for direct communication/education pieces with individual physicians. This request was tabled, both at the Management Committee in 2019, as well as at the negotiations table for the new AMA agreement. • Alberta Health Compliance and Monitoring Branch is currently assessing the viability of generating billing profiles, starting with a pilot profile for the Section of Family Medicine. The SFM has provided a list of desired elements in a pilot billing profile. • AMA Peer Review work was put on hold November 2019 through August 2020, as staff were focused on negotiations support, including work on AMA's response to the Government's consultation proposals. • The ability of joint AMA-AH peer review work to continue will be dependent on ratification of a possible new agreement with AH. Fee Navigator • Ongoing content updates continue. • The Fee Navigator is now linked to Connect Care and is being used by the Locum Program for the launch of e-reporting. • The Fee Navigator continues to be a highly used and relied upon tool for physicians and their staff. Billing Training Tools • Billing seminar material continues to be updated as required. • As the Fee Navigator matures, AMA is transitioning to recommending its use vs. providing specialty-based PDF or paper documents of their commonly billed codes.

2. Support members participating in or considering alternate compensation models: • Clinical alternate relationship plans • AMHSP arrangements • Blended capitation	AMA Clinical ARP Working Group: • With the government cancellation of the AMA Master Agreement, PCC was discontinued. An AMA Clinical ARP Working Group composed of ARP representatives from across Alberta has been appointed by the AMA to develop a common understanding of the needs and concerns of cARP physicians and to advocate for changes to address those needs and concerns. The working group met with Government representatives in June to discuss the main issues and challenges with respect to ARPs in Alberta. AMHSP Arrangements • 940 physicians in 14 AMHSP arrangements are supported by the AMA (See Financial Health goal 1, activity 2 above for details). Blended Capitation • Blended Capitation – AMA Health economics (HE) and the ACTT continue to engage with and target clinics for the pilot model. ACTT is supporting implementation of BCM in new clinics with support for newly defined practice agreements, change management support, and clinic process redesign to optimize the new payment model. • Both ACTT and HE support the physicians by advocating for their issues to Alberta Health and at the BCM implementation and working group. Currently AMA leadership is advocating for changes to the negation forgiveness and they have been changed to 7%. Rural model options have been presented to interested clinics by BCM implementation team. (Rural =clinics that have physicians also practicing in local acute care (ER).
Goal 3 Reliable and best-in-class financial products are available to all members	
Activities	**Year-End Update**
1. Implement insurance group plan carrier changes to improve the competitiveness and stability of the plans for members.	• We have successfully completed the transition to Manulife Financial our new carrier for our group Disability, Professional Overhead Expense, Term Life, Critical Illness, Accidental Death & Dismemberment and PARA Group Disability & Life Insurance Plans. The carrier change provides greater plan stability and better pricing for members.
2. Improve awareness and knowledge among members of the competitive advantages offered through the AMA group insurance plans.	• A strong marketing and awareness campaign for our group insurance plans resulted in increased in member uptake and market share. Greater participation improves plan stability and helps to maintain low rates for members.

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	**Year-End Update**
1. Continue to improve the quality of PFSP service and monitor assistance levels.	• PFSP statistics for the period of January to July 2020 showed 1,399 total callers to the 24-hour Assistance Line. Of this number, 478 were new callers (down 2% overall from this same period last year) and 921 were callers who had previously accessed this service (up 19.3% overall in this same period from 2019). Total callers for the year was up by 11% overall. Case Coordination services have experienced a 32% increase compared to this same period last year. • At the onset of the pandemic, adjustments were made to the services PFSP offers to physicians: ○ Provided updated resources for the Assessment Physicians to use with callers to the line; ○ Found alternatives for physicians who would otherwise be attending treatment out of country; ○ Ensured therapists with expertise in treating trauma were ready to provide group crisis therapy as required ○ Network of therapists provided therapy by phone or secure video link. • Although in-person education sessions were cancelled, additional efforts were made by PFSP to provide services through online forums (podcasts and webinars) for physicians feeling distressed. In the most recent example, Dr. Jane Loehr (Calgary Family Physician, PFSP Assessment Physician) and Fleur Yumol (MSc., MSW, RSW, unify consulting managing director), discussed the personal impact of the tragic loss of Dr. Walter Reynolds and how personal grief might manifest in response to this tragedy. A recording of this discussion is available on the AMA website.

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.	• PFSP continued to work with WellDoc AB throughout 2019-20 to develop a collaborative and synergistic approach for delivering physician wellness related education.

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	**Year-End Update**
1. Celebrate physician philanthropy and volunteerism locally, nationally and abroad through the AMA's *We all Make a Difference* initiative.	• The AMA celebrated accomplishments of physicians getting the job done for patients in their everyday settings through our Shine A Light program. Profiles were published in issues of Alberta Doctors Digest, supported by promotion from MD Scope newsletter and on the website. Honorees also received a personal note from the President and a commemorative pin. Grant winners from the Emerging Leaders in Health Program were profiled in Alberta Doctors' Digest. These resident physician and medical student winners work with physician mentors to deliver public health programming in the community.
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	• Youth Run Club continues to pursue opportunities for more inclusive run clubs in Indigenous communities, through the Girls Only clubs and for children with a range of abilities. Physicians are encouraged to participate in activities in their communities. The AMA past president gave an address at the annual Shaping the Future conference in Banff, hosted by our YRC partner Ever Active Schools. The event brings together educators, health and wellness professionals and researchers to discuss aspects of comprehensive school health. • Ever Active pivoted smoothly in the pandemic, retooling resources for teachers as well as kids and families. At everactive.org, families and schools can access support such as: resources to support parents with Health and Physical Education; ideas to keep the whole family active at home.; ideas for whole-family, stay active planning; games to help kids learn through play at home and more. Programming for Fall 2020 in continued pandemic space has actually seen a higher number of school sign ups than normal for the time of year as schools and teachers look for safe and flexible options.
3. Administer the Emerging Leaders in Health Promotion grant program.	• The AMA has approved 7 emerging leaders grants to medical students and residents

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	**Year-End Update**

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
	• The AMA Board endorsed the CMA Policy on Equity and Diversity in Medicine at their July 2020 meeting. Adoption of this policy provides a solid grounding for current and future AMA initiatives and moves the system toward a common terminology and expectation of equity, diversity and inclusion. It further advances the response to RF resolution RS19S-01 THAT AMA sections are encouraged to incorporate diversity and inclusivity in recruitment for section leadership.
	
	• In 2019-20, the Healthy Working Environments Advisory Committee focused on developing a tool-kit to support diversity and inclusion goals. An online needs assessment tool was created to gather feedback on what the toolkit should include. It sought to understand physicians' perceptions of barriers to inclusivity and diversity in recruitment and their view of how professional development needs should be prioritized. Research on similar toolkits was completed and common elements were considered for inclusion in the AMA toolkit.
	
	• Research on similar toolkits has been completed and common elements considered for the inclusion in the AMA toolkit. The next step is to develop an on-line training webinar.
	
	• Other training opportunities are being identified through the PROactive alliance
	
	• The review of reporting practices has also been initiated through the PROactive alliance work.
	
	• The AMA's PFSP program and Well Doc Alberta collaborated in June to offer a webinar with the following goals:
	  ○ To validate that our physician members and their families have experienced loss and that it is normal to experience emotion around this.
	  ○ To build a sense of community, to enhance literacy and provide tools, to allow for self-reflection, and to try and provide meaning to this suffering and creating hope and opportunities for empowerment.

2. Working with the AMA's Healthy Working Environments Advisory Committee, identify opportunities and possible strategies. • HWE facilitation sessions • Member HWE baseline assessment survey	• A number of panel webinars are being planned through the PROactive alliance. • The HWEAC has discussed member baseline assessment surveys. This continues to be an area of discussion.
3. Implement ProActive in partnership with the CPSA, AHS, HQCA, CMPA and the Universities.	• The AMA continues to participate in the PROactive alliance, however, the Secretariat was on hold March – May due to COVID-19. • Current priorities are to invest alliance funding to explore best practices for physician (including medical student and resident) reporting of bullying, harassment and mistreatment as a formal PROactive initiative. Offices of Safe Disclosure and Ombudspersons are being explored as a part of this work. • The community of practice to support physician leaders is proceeding, with an initial emphasis within Alberta Health Services. • Demonstration project planning is on hold due to COVID-19. Instead planning is underway for a series of webinar panels on topics such as Racism, Harassment, Violence in the Workplace & How to Mitigate Risk. • Discussions are also advancing with Saegis regarding their course on "Strategies for Managing Unprofessional Behavior" as a potential offering within Alberta for physician leaders

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	**Year-End Update**
1. Continue to strengthen the Patient's Medical Home for all Albertans: • Support PCNs to build and deploy to members and clinics an	• ACTT continues training and network support for practice facilitators and physician champions, with workshops and follow up support in the field.

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.	• ACTT works with PCN boards and physician leaders to accelerate understanding the value of the health transformation workforce and the transformational support they provide to primary health care and patient's medical home advancement. • ACTT is supporting CII/CPAR implementation through project leadership with stakeholders, removing barriers for clinics, supporting implementation by training improvement facilitators and setting up PCNs to support their member clinics to implement.
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	• ACTT is supporting PCA in their leadership consultations and recommendations and SCA with a synthesis of evidence for better transitions of care. • ACTT is providing guidance to AHS Primary Health Care Integration Network with appropriate consultation approaches and partnership role development for Home to Hospital to Home guidelines and implementation. • ACTT is supporting PCNs with their planning and implementation of current primary care changes to support Home to Hospital to Home processes and behavior changes, as well as new provincial level primary care supports.
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	• ACTT is supporting PCN physician leaders provincially and at zones to understand the current environment around shared services and also the benefits and risks of implementing the various opportunities for standard shared services.. • ACTT, as a member of the PCN zone support team, supports the PCN zonal committees, specifically the PCN physician leaders. ACTT also continues to work with NPC boards and their partnership with AHS as the joint venture of PCNs. • ACTT supporting PCN leads executive in renewing the Provincial PCN committee ministerial order to be extended with new and ongoing provincial priorities.

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	**Year-End Update**
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 government support for the initiative	• IEI milestones for each of the studies - Overhead, Hours of Work, Training and Career Length and Market Assessment were approved by the AMA Board of Directors in September 2019, and subsequently presented to the Fall 2019 RF. As part of AMA's annual business planning process, the Board of Directors has identified the completion of the Income Equity Initiative as a priority. There are a number of uncertainties which lie outside of AMA's control that may affect the timing for completion of the Milestones, including: ○ Government's unilateral decision to cancel the AMA Master Agreement and the subsequent implementation of the imposed Physician Funding Framework, ○ Potential changes from the Ernst and Young review of Alberta Health Services, ○ The COVID-19 pandemic and its affect on the economy and the economics of physician practice. • The AMACC is considering timing for IEI data collection (e.g., Hours of Work Study) in relation to indicators that might suggest a return to normal activity (e.g. Phase three re-opening, data-driven evidence such as data sets from AH, resumption of elective procedures and diagnostic tests, and consultation with physician leadership). Overhead Working Group: • The OWG developed an overhead measurement policy and approach which was supported by AMACC and presented to Board in February 2020. • A physician engagement panel has been formed and held initial meetings in mid-February • The model office approach is informed by data collected from physicians. A physician expert panel is assessing these data and will be grouping physicians with similar costs into reasonably efficient model offices. Costs do not represent an individual physician but rather a similar mix of physicians. • Layer 1 includes licensing, registration, membership, professional development, and other practice costs common to all physicians. • A survey to identify the characteristics and costs associated with Layer 2 basic community offices was distributed on March 5 to clinics that volunteered to participate and the Overhead Physician Panel has assessed the preliminary results. • The Layer 3 Unique Overhead Survey has been provided to sections in order to identify any unique model offices. Physician

	Panel meetings have been scheduled over the summer and early fall to begin reviewing the survey findings. The number of Layer 3 submissions will determine the number of Physician Panel meetings required in order to review the results. Hours of Work: • In December 2019, the Board approved the HoW methodology (an on-line log) and the awarding of a contract to R.A. Malatest & Associates Ltd. to conduct the HoW study. • The first pilot was completed in March 2020 and feedback received was used to refine the data collection instrument. A second pilot commenced on June 22, 2020 and the contractor, developed a summary of pilot feedback. • The study was planned to be initiated with members on March 31, 2020. The decision to delay through Spring and Summer as a result of COVID-19 will impact the timelines for this study's completion, which will also have an impact on the IEI milestones. • The AMACC will engage an all-section panel in September to discuss return to normal parameters for an opinion on when it is appropriate to proceed with the HoW study. Training and Career Length • In September 2019, the AMA Board supported AMACC's recommendation for the Training and Career Length Modifier, as one component of the ANDI model. The modifier will be looked at again as the results for other studies are collected, and over time as physician training requirements evolve. Market Impact Study • The Institute of Health Economics has been contracted by the AMA to perform the Market Impact Study • The IHE produced a draft Interim Report on international physician market studies with an emphasis on Canadian literature and data. • IHE is currently waiting for data from Alberta Health in order to proceed with analysis.
2. Support initiatives that connect Albertans with services (e.g. E-care, schedule modernization, appropriateness management, virtual care, etc.)	• There has been an increase in access and use of virtual care in the community over the past few months. • MyHealth Records has seen an increase in adoption and continues to plan for further expansion. • The community EMR vendors expedited development of patient portals, providing more options for patient to physician communications.

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	• Through a multi stakeholder collaboration, CPSA is leading the development of a Virtual Care Strategy to provide a framework for use and support of Virtual Care by patients and physicians in Alberta. The results of this effort will still rely on prioritization, an up-to-date provincial health information strategy and dedicated resources. • The AMA has been successful in representing physician interests in changes to community practices, including the eDelivery result process, brought about by the transition to Connect Care and continues to work with AHS to ensure impacts to community physicians are recognized and addressed as the waves progress. • The AMA has continued to work in partnership with government in advancing the CPAR/CII initiative. Many clinics are now regularly submitting Community Encounter Digests and Consult Reports, as well as receiving eNotifications of specific hospital events. With the three major EMR vendors having been conformed to the specifications, further deployments are expected to begin ramping up. • The AMA was successful in receiving a onetime grant from AH that will enable development of privacy- related supports for community practices. The project team is in place and work is ramping up.
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	• In November 2019, government unilaterally disbanded the Physician Resource Planning Advisory Committee. Following that decision, Bill 21: Ensuring Fiscal Sustainability Act, 2019 achieved Royal Assent on December 5, 2019, with work expected Fall 2020 to develop regulations that would be complete by April 2021 and take effect April 2022. Government has noted that AMA will be involved in reviewing the draft regulations. • There has been no update provided on the status of the government's draft regulations; however, we are under the impression that government continues to work on these. One of the biggest issues will be if and how this gets reflected in any new agreement with government. The AMA will continue to work with PARA, medical students, and others to identify issues and coordinate on approaches to deal with those issues.

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	**Year-End Update**
1. Leverage the Albertapatients.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	**Albertapatients.ca** • Albertapatients currently has just under 13,000 patients/members, with steady growth around 2,500 new members a year. • Benchmarking research continues with patient experience in primary care and tracking for specialty care was introduced this year. Over the past year, topics have ranged from childhood vaccination to diagnostic imaging experiences, as well providing unique insights from patients about their health and health needs during the COVID-19 pandemic, including their thoughts related to virtual care and in-office visits during COVID. • Albertapatients has also been helpful in our ongoing issues with the provincial government. While not directly advocating the AMA's position through the platform, member notifications provided a very solid base of initial public participation for the PatientsFirst.ca initiative, as well as capturing some timely and valuable information from patients relating to early elements of the Minister's Physician Funding Framework (most notably comparing patient views on the Minister's approach vs. AMA's approach in relation to complex modifiers). The community was able to provide us with a thorough assessment of our #stayhealthyab COVID advertising (which performed very well), as well as leveraging research efforts of other important stakeholders like AHS (Vaping/Smoking cessation study) and HQCA (COVID study). • Over the next year we'll be looking to engage albertapatients for their feedback on new provincial initiatives in relation to patient impacts and preferences, and working more closely with the Specialty Care Alliance and the Section of Family Medicine to support their efforts, as well being available to provide timely insights on topics identified by AMA Board and executive.
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.	• As a result of the COVID-19 pandemic, the AMA was only able to provided three sessions of the eight leadership development courses to the general membership this year. Courses were offered in Edmonton and Calgary. This year's topics included: ○ Team Dynamics and Communication for Health Care Professionals ○ Walk Your Talk: The Three Levels of Diversity & Inclusion

	○ The Spectrum of Behavior in Health Care; Communicating with the High Conflict Personality and Resolving Disruptive Behaviour ○ Errors in Decision Making; why we make the wrong decisions with the "right" facts
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.	• The Indigenous Health Committee approved work on a series of videos and articles that will focus on Indigenous approaches to health and wellness. The videos and articles will highlight some of the experiences, opportunities and challenges of providing health care in Indigenous communities. These videos/articles will be showcased in upcoming issues of Alberta Doctors' Digest and other AMA platforms. • The IHC continues to collaborate with AHS to offer feedback and support in devising ways to increase the uptake of AHS' Indigenous training course. The IHC also supports the idea of the AMA offering its own Indigenous course as part of its Health Care Leadership series to give greater access to physicians to complete this important training.

Healthy AMA	**Year-End Update**
1. Governance • Tool kit development to assist in diversifying AMA leadership • Provide skill development opportunities to AMA physician leaders	• The AMA's Healthy Working Environments Advisory Committee, with the support of experts from the Colbourne Institute for Inclusive Leadership is developing a tool kit for Sections, Zones and others. • A broad range of leadership skill development support was offered early in the year including direct leadership course offerings by Justice Heather Lamoureux and Elaine Seifert. Many planned development events and conferences in the second half of the year were put on hold because of COVID-19.
2. Workforce • Complete a review of the AMA's job evaluation process • Complete a staff engagement process and develop a work plan that optimizes satisfaction and the achievement of organizational goals	• A review of the AMA's job evaluation process was also completed in 2019-20. A market evaluation was to be undertaken as a second phase but given the financial challenges faced by members and the Association, a 5% staff salary reduction will be implemented effective October 1, 2020 and the market evaluation will be put on hold. • A staff engagement survey was completed and organizational and branch results shared with staff. Organizational and branch priorities for improvement were identified, but much of the work was put in abeyance as internal capacity shifted to respond to COVID 19 and the urgent need to shift all staff to a remote work environment to satisfy government workplace requirements.
3. Financial • Develop an enterprise risk management framework to	• Enterprise risk management framework development was put in abeyance with finance capacity pivoting to respond to the unilateral program changes implemented by government including the transfer

assist in managing all aspects of organizational risk • Maintain sustainable operations and optimize the use of one-time reserves • Effective stewardship of AMA Agreement funding	of MLR administration to government and the wind up of the CME program. • The AMA is in good financial health with a sustainable operation and fully funded board reserves. As part of the business planning process a number of savings and efficiencies were identified and incorporated into the 20/21 budget. • All accountability and reporting requirements related to external agreement funding are being satisfied.
4. Relationships • Implement member choice for CMA dues • Pursue opportunities that benefit members under the AMA/CMA Memorandum of Understanding	• Working closely with the CMA, choice for CMA dues was offered for the 2019/20 membership year with roughly 90% of members continuing to join the CMA. • The CMA has provided significant financial support to Alberta physicians including up to $4 million to support efforts to secure a new agreement with government. Direct funding has also been committed for physician wellness and leadership activities.
5. Knowledge • Increase the number and quality of member engagement opportunities • 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 • Select a replacement website content management tool and begin implementation of the website amalgamation and redesign	• With COVID 19 limiting opportunities for face to face events, the AMA offered webinars to support members including in the areas of physician wellness, clinical ARP's, business viability and virtual care. Over 3,500 members participated in the webinars. • Development of the AMA's information management platform "compass" continued with the new Membership and Accounting modules moved to production during the year. • A survey of members identified a number of opportunities to improve member's website experience and will allow us to focus on content and tools that are of highest priority to members. The selection of a content management tool is underway with redevelopment of the website to begin in the new year.

Budget Update

AMA Operations

	Projected Actual ($ 000's)	Budget ($ 000's)	Projected Variance ($ 000's)
REVENUE			
- Dues	19,217	19,428	(211)
- Other	4,204	4,204	
Total Revenue	**23,421**	**23,632**	**(211)**
Operating Expenditures			
- Executive Office	6,110	6,270	160
- Southern Alberta Office	900	940	40
- Corporate Affairs	6,789	7,289	500
- Public Affairs	1,927	1,967	40
- Health Economics	2,716	2,736	20
- Professional Affairs	790	810	20
- Health System Transformation	633	783	150
- Priority Projects	1,417	2,837	1,420
	21,282	23,632	2,350
Transfer to Reserves	**2,139**	**0**	**2,139**

1. At year end, we expect to have an operating surplus of roughly $2.1 million. Government's unilateral termination of the AMA Agreement and the Strategic Agreement with AHS as well and the impact of COVID 19 have had a significant impact on a number of activities.

2. Operating expenditures are comprised primarily of workforce (staff and physician volunteers), facility costs and small operating projects. Actual expenditures in these areas match closely to budget with some project savings driving by COVID travel and meeting restrictions. With resources shifting to our organizational COVID planning a number of planned projects in Corporate Affairs were put in abeyance generating one-time savings.

3. Budget provisions were made under Priority Projects to advance in key areas including:

    - Representation capacity to support the AMA's new representation mandates (e.g. AMSHP physicians, physician employees) – termination of the AMA agreement and the strategic agreement with AHS has significantly reduced spending in this area.

    - Informatics (e.g. CPAR/CII, EMR vendor strategy, Connect Care) - AMA participation in this area is generally proceeding as planned.

    - Physician Leadership and CMA General Council – Limitations on travel and in person meetings as a result of the pandemic have virtually eliminated spending in these areas.

Reserves and Contingencies

Board Reserves

	Projected Actual ($ 000's)	Budget ($ 000's)
Emergency	10,393	10,393
Capital	3,504	3,504
Strategic	1,000	1,000
	14,897	14,897

AMA Contingency Reserve

	Projected Actual ($ 000's)	Budget ($ 000's)
Opening Balance	11,733	13,125
Net income	618	393
Operating Surplus	2,139	1
Negotiations	(1,100)	(1,000)
Income Equity	(270)	(1,500)
	13,120	11,019

AMA Agreement Fund

	Projected Actual ($ 000's)	Budget ($ 000's)
Opening Balance	839	700
Net income	10	10
Other Agreement implementation activity	(205)	(297)
Section Grants	(293)	(285)
System Integration	(351)	(128)
	0	0

1. Board Reserves – This is the minimum reserve holdings established by the board for the specified purposes. The board reserves are currently funded at required levels.

2. AMA Contingency Reserve – This is the reserve available to fund key activities that are cyclical or one-time in nature. The opening balance is reduced because the surplus from the AMA employee pension plan, which was previously included in the Contingency Reserve total, has been segregated because these assets are restricted for pension purposes by the regulator.

3. AMA Agreement – These one-time funds were provided through the AMA Agreement and are used to support physicians involved in system leadership.