

Report

of the

EXECUTIVE DIRECTOR

**Alberta Medical Association
(CMA Alberta Division)**

Date: September 3, 2021
To: Representative Forum
From: Michael A. Gormley
Executive Director
Subject: 2020-21 Year End Business Plan Update
For: Information

This report provides a year end updated on the 2020-21 Business Plan priority activities.

2020 - 2021 Year End AMA Business Plan Update

A. 2020/21 Essential Deliverables

With many challenges at play, the Board identified several essential deliverables for the AMA over the next two years. Many of the essential deliverables also appear as activities under the Key Result Areas (Part B) but were identified by the Board as the most critical deliverables since the termination of the Agreement.

Essential Deliverables – high priority deliverables	Discussion	Plans for 2021	Year End Update
Enhance support and representation on compensation matters	With no AMA agreement in place discussions on physician compensation matters are going to take 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) but also whole new models that may come out of recent legislation. It is essential that the AMA support its members in achieving fair rates and terms of compensation in all settings.	<ul style="list-style-type: none"> • A budget provision of \$1.1 million has been included, which is roughly double current spending in this area. • The use of these funds will be based on the assessment of physicians needs and requirements and could be used to support physician leadership, consultant resources including legal and staff. • The additional resources will allow an enhanced commitment in all venues including cARPs where we’re hearing an interest from government as well as members. • Representation funds will also be needed in the AHS environment to address several issue including overhead, on-call, stipends and representation of individual physician groups in contract talks. • We’ll also be looking at the best organizational structure of the 	<ul style="list-style-type: none"> • AMA has contracted an experienced ARP consultant to assist physicians with immediate clinical ARP negotiations including supporting physician groups with the exploration, development and implementation needs. A consultant has also been retained to assist with Laboratory Physicians contract negotiations. • Alberta Health’s review of AMHSP funding inflows and compensation-related policy review/input (FTE definition, workload) has concluded, and the focus of the remaining work is on Clinical ARP rates, FTE definition and workload requirements. AMHSP rates for clinical work, workload requirements and FTE definitions will require differing approaches, and relationship enhancement with other AMHSP parties. • The AMA has provided assistance to physician groups that have been notified that their stipends will end on December 31, 2021. This support will continue to evolve as some groups are meeting with AHS and/or AH. The Stipend Action Committee (SAC) has been formed to advocate on a provincial level on behalf of all physicians impacted by stipend changes. The SAC has met with several groups of physicians and has initiated communications with AHS and AH. • The AMA received a consultant’s report to determine the optimal resourcing, structure and methods for providing AMA representation and support to physicians in all non-fee-for-service payment arrangements. This includes clinical ARPs, Academic Medicine and Health Services Program (AMHSP), AHS payment arrangements, new ARP models, and any new contract payment arrangements arising out of Bill 30. • Also see KRA 1 for more details.

		<p>representation area to ensure best use of AMA resources available for these activities.</p> <ul style="list-style-type: none"> The resource provision included in the budget is based on an estimate developed by a senior staff working group; however, deployment will remain flexible so that we're responding in the areas of greatest affect. 	
<p>Member engagement & alignment</p>	<p>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 of time, 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.</p>	<ul style="list-style-type: none"> During the pandemic we have engaged directly with thousands of members through webinars including physician wellness, business viability, ARP's and virtual care codes to name a few. We are leveraging these learnings and making more resources available to expand this capability. As we're developing strategies to inform government and encourage a return to discussions on a new agreement, we needed structures that are close to membership and bring key stakeholders together. The Joint Task Force, which brings together, Primary and Specialty care leadership, EZMSAs and others, is a key vehicle for bring in input and coordinating activities across stakeholders. 	<ul style="list-style-type: none"> With the ongoing COVID pandemic, Zoom has been the exclusive "face to face" member engagement mechanism. We know that an association must offer the collegiality and energy that in-person contacts deliver so our go-forward strategy will contemplate best ways to do this while still harnessing the capabilities and flexibility of virtual options. From the ratification period, when the Tentative Agreement Package was voted down, to today, thousands of physicians, resident physicians and medical students have engaged through virtual town halls, AMA discussion boards, email and social media. They have expressed what they saw missing in the Tentative Agreement Package that was voted down – and where they think the relationship with government needs to go. We have built on that rich foundation of insight with the experience of the many physicians involved in the ongoing discussions around AHS stipends (member login required) and other negotiations, e.g., laboratory medicine and diagnostic imaging in AHS. Still more intelligence arrives daily in correspondence from members who take time to respond to President's Letters, events in the news or other issues that are important to their practice and their wellbeing. Supplementing this individual input, physician leaders have been meeting with the Board on a regular basis as discussions have continued. This leader group includes: the Sections of Family Medicine and Rural Medicine; Specialty Care Alliance; Clinical Alternative Relationship Plan Working Group; Academic Medicine Health Services Program Council; Council of Zonal Leaders; Joint Task Force; AMA Compensation Committee; and Physician Compensation Advisory Committee. A member survey to explore individual member states and concerns was launched in August and results will be available by the fall RF

			<ul style="list-style-type: none"> • Two discussion papers were released for member feedback: What We Heard (June 2) was a summation of member concerns during ratification with the TAP. Where We Are Going (Aug 11) explored the main issues facing the profession as government has requested that the AMA table a proposal for changes to the TAP rendering it acceptable for physicians. • A new kind of research project is being planned to dive more deeply into the issues facing practices and clinics with third party interview expertise in a format allowing comparability and generation of evidence of issues facing members in considering a new agreement.
<p>Maintain advocacy activities including the current public campaign and our legal case</p>	<p>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.</p>	<ul style="list-style-type: none"> • An initial provision of \$2.7 million has been included to support a range of advocacy activities including: <ul style="list-style-type: none"> • \$670,000 over two years to fund the legal case. • \$902,000 for the Joint Task Force, which is the structure established within the AMA, for getting information to and from members and encouraging actions and activities of stakeholder groups. The JTF includes Section and Zone leaders as well as other stakeholders. We've costed our highest level of activity over the past period and annualized it to ensure the Task Force can continue its critical work throughout the year. • \$1.2 million for engaging with the public including an ongoing social media campaign, earned media and traditional paid media. • The balanced budget approach being taken ensures additional funding is 	<ul style="list-style-type: none"> • 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 9, 2020. Government filed its Statement of Defense on July 10, 2020. The AMA affirmed its Affidavit of Records on September 9 and the AMA received government's Affidavit of Records on November 16, 2020. We are currently in the questioning stage of the process, expected to last until sometime in 2022. The parties have agreed to seek the assistance of the courts for case management in mid-September, which is designed to expedite the case. • JTF has been revisiting its mandate and where its support can best be applied. There has been extensive work to support the various groups of AHS physicians engaged in stipend discussion and JTF remains ready to assist should it become necessary to "go public" on these issues and potential impact on patient services • The AMA has and will continue advocacy. The COVID care deficit will be a primary focus in fall 2021, anchored on research conducted in our albertapatient.ca community through which Albertans have reported significant negative results from the pandemic on their mental and physical health. Through Health Issues Council and at behest of RF, other issues are in play including harm reduction/supervised consumption sites, health effects of coal mining and other public health issues • The AMA worked with the Alberta Pharmacists Association on joint messaging regarding vaccine acceptance. • A fall campaign concerning the care deficit and including the stability of community practices as a factor in recovery will take place, beginning with release of the full results of research on the care deficit impact and to include advertising and social media discussions. • The Mobilizer community of 37,500 public supporters has been maintained by providing updates on developments with government but not being called to action. We are exploring

		available for greater levels of advocacy if needed.	how they can support putting faces to the care deficit campaign focusing on their relationship with their physicians and why that matters to them at this difficult time.
Investment in government relations	While there was significant effort to form a strong and effective partnership with government, it has been challenged over the last while. Efforts here relate to both better understanding governments perspective and improving the relationship with them where possible.	<ul style="list-style-type: none"> Provisions are included for regular public surveys and lobbying support. Staff resources aimed at improving relationships at the bureaucracy level. 	<ul style="list-style-type: none"> See Advocacy update above including surveys and public messaging We retain a number of government relations experts for advice and support Senior staff continue to strengthen working relationships with counterparts in AH and AHS
Alliances with other key stakeholders	The AMA relies on relationships to satisfy the needs of members especially in these uncertain and challenging time. Understating the interests of other organizations and aligning activities with theirs will be important in the coming period.	<ul style="list-style-type: none"> CPSA – Especially in regard to HPA amendments or other issues related to self-regulation. CMA – Support for Alberta physicians local and nationally. Alberta Urban Municipalities Association and Rural Municipalities Association AHS Other provider organization and associations 	<ul style="list-style-type: none"> CMA grants have been signed to support physician wellness and physician leadership projects totaling \$350K/year. CMA is providing up to \$4 million over 2 years to support action to secure an agreement. The AMA receives requests from government to review changes to various standards (scope of practice/ethics) for other health care professions. The AMA has provided input on the following: <ul style="list-style-type: none"> The College and Association of Registered Nurses of Alberta (CARNA): Duty to Provide Care Alberta College of Speech-Language Pathologists and Audiologists: Documentation and Information Management Standard; Clinical Supervision Standard of Practice Alberta Dental Association and College (review in progress): Practice Arrangements and Provision of Professional Services Standard; Code of Ethics Pharmacists and Pharmacy Technicians Profession: Proposed Amendments to Pharmacists and Pharmacy Technicians Legislation to Support Animal Health Alberta College of Paramedics: Amendments to Standards of Practice Optometry Scope of Practice: Amendments to Optometrists Profession Regulation, treatment procedures, laser procedures

			<ul style="list-style-type: none"> ○ College of Counselling Therapy of Alberta: Draft Standards of Practice and Code of Ethics ○ College of Physicians & Surgeons of Alberta: Amendments to Cannabis for Medical Proposes Standard ○ College of Alberta Denturists: Code of Ethics ○ Physiotherapy Alberta College and Association: Draft Standards of Practice – Restricted Activities ○ College of Registered Psychiatric Nurses of Alberta: Amended Standards of Psychiatric Nursing Practice ○ Nurses of Alberta: Social Media Standard of Practice
Maintenance of core capabilities	The goal is to achieve a negotiated agreement with government. Many of the essential deliverables above are aimed toward that in the best interest of physicians and the system. While we did look for efficiencies across the AMA operation, we also needed to identify what was important to maintain.	<ul style="list-style-type: none"> • The activities identified under each of the Board’s long-term goals will continue but many will be resources at a lower level in order to achieve the essential deliverables over the next two years, including expertise in physician income and business models, keeping an eye on legislation and advocating on informatics matters and physician health. • Physician supply - PRAC ID regulations are expected April 2021 and we will need to be ready and working with other parties in the context of a needs-based strategy. 	<ul style="list-style-type: none"> • 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 since announced it will not implement its new PRACID legislation on April 1, 2022, to allow for further work with AMA, PARA and medical students, and to allow community input, including that from the Provincial PCN Committee’s Rural Sustainability Task Force. • The AMA will be working with stakeholders including medical student associations, PARA, training institutions and communities to provide comments and suggestions to government’s consultation process on its new regulations.
A financial strategy that balanced the use of contingency funds with efficiency savings	The plan is built on a financial strategy that supports the achievement of the essential deliverables while maintaining a strong foundation and financial flexibility for moving forward.	<ul style="list-style-type: none"> • Time horizon of 2 years at the end of which, board reserves will be fully funded and we will be moving to a balanced budget. • The plan includes significant real savings of roughly \$3 million described elsewhere and the use of contingency funds. (Contingency funds are effectively AMA 	<ul style="list-style-type: none"> • The planned operational savings were captured, including 5% reduction in salaries, honoraria and contractor rates applied November 1. • Membership renewal rates were strong with an overall retention rate of roughly 100%. As a result, the AMA’s full reserve was preserved, and we will enter the second year of the 2-year plan in a strong financial position.

		<p>savings above the minimum board reserve requirements.)</p> <ul style="list-style-type: none"> • A key aspect of the financial strategy is the ability to shift resources within each of the essential deliverables to meet the needs as they arise and the ability to shift resources across essential deliverables to those of greater value. • Balancing investment across activities to maximize marginal returns in each area (e.g. a small investment in one area may have a much greater impact than further investment in an area of great importance). 	
<p>Physician Compensation (Including Income Equity)</p>	<p>The recent past has taught us that this government advances major policy initiatives with little discussion or engagement with the profession. We need to continue educating government and the public on the complexities of physician payment and be ready to respond as new policy comes forward from government.</p>	<ul style="list-style-type: none"> • Complete the Income Equity Initiative studies including the overhead, hours of work and market impact studies (\$632,643). • To educate government and the public on the complexities of physician payments. • Advancing internal equity work as directed by the RF. • Physician Compensation Advisory Committee – Support AMA representatives at the committee to influence government on compensation matters. 	<ul style="list-style-type: none"> • AMA has contracted with several consultants to complete the various studies associated with the Income Equity Initiative. • The AMA Overhead report was completed and presented to the Spring RF. This report included overhead cost estimates for all types of physician practices identified for the study. Work is continuing to assign all physicians to the appropriate practice type which will ensure appropriate office type weighting in section results. • The hours of work study is ready to launch. The AMACC is closely monitoring criteria and feedback received from a panel of section representatives regarding stability of practice activity that would allow for reasonable hours of work estimates. Early survey enrollment/familiarization opportunity and subsequent Q&A meeting is planned for section panel representatives. • Phase 2 of the Market Study is proceeding with results expected by year end. • AMA will continue to support PCAC representatives and individual sections to influence government decision-making with respect to changes to the Schedule of Medical Benefits. Some important changes to the PCAC Terms of Reference, including more formalized consultations with sections impacted by any proposed PCAC fee changes, have been adopted by the PCAC. Some elements are still problematic, such as the requirement to embargo PCAC recommendations. The

			<p>AMA continues to advocate for a fair and transparent fee review process grounded in principles of natural justice and procedural fairness.</p> <ul style="list-style-type: none">• The AMA continues to press for engagement in AMHSP policy work related to FTE, included/excluded work and other areas impacting AMHSP compensation equity.• AMA has been engaged in the ARP rate review project discussions with AH and Invictus. AMA will continue to raise awareness on the complexities in physician payments and the current challenges.
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B. Key Result Areas, Goals and Related Priority Activities

Cascading from the AMA Mission are the Board-established long-term 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 also what is felt to be most important in moving towards the Vision. Connected to each goal are the related activities planned for this fiscal year.

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	Year End Update
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • The Alberta Medical Association has attempted to work with the Minister of Health and the Government of Alberta since September 2019 to reach a negotiated agreement that would address the fiscal realities facing our province while protecting the health of Albertans. • On February 26, 2021, the AMA and the Government of Alberta reached a tentative agreement. With recommendation from the AMA Board of Directors and Representative Forum the Tentative Agreement Package was sent out to the broader membership for review and ratification on March 8, 2021. On March 30, 53% of those members who voted, chose not to ratify the agreement. As a result of the No vote, the following efforts were undertaken: <ul style="list-style-type: none"> ○ Gain an understanding of physician interests and concerns. This included feedback provided during the ratification process and summarized in the paper, “What We Heard”, input derived from working with members on issues of AHS Stipends, ARP rate setting and so on. Followed by the most recent paper sent to members, “Where We Are Going”, summarized the issues heard from members and puts them in the context of the most recent discussions with government and the changes needed in the TAP. ○ Deal with challenges and issues arising from the lack of an agreement, including: <ul style="list-style-type: none"> • Status of AMA administered programs funded by government, including PFSP, ACTT, Rural Locum Program and Parental Leave.

	<ul style="list-style-type: none"> • Supporting a wide range of activities aimed at adjusting physician compensation including AHS Stipend; AHS Overhead Review; laboratory and radiology negotiations, and the CARP rate review. ○ Explore with government any opportunities to achieve an agreement that can be supported by both AH and AMA. ○ Some progress was announced in the President’s Letter of July 2. It included: <ul style="list-style-type: none"> • A series of initiatives including signing off on government funded programs until April 2022; an information sharing agreement so that AMA can again receive AH data; ad hoc committees to explore virtual care payment and continuing medical education support; a delay in the implementation of practitioner ID restrictions to allow for more consultation. These initiatives are completed or in the final stages of completion. • A negotiation scoping exercise to determine whether a return to more formal discussions would have any chance of success. The scoping exercise was carried out at a staff level and explored physician and government interests, the implication of these interests for a revised TAP, and the challenges & opportunities presented by the AHS Stipend review, ARP rate review, Chartered Surgical Facility (RFPs) and so on. ○ The staff-level scoping phase as mentioned above has been completed. ○ In late July, the AMA Board of Directors appointed a negotiating committee to move forward with discussions with government. The committee has had numerous internal meetings with joint meeting dates selected for late-August. • Through the President’s letter, the AMA has endeavored to provide communication to the membership related to the status of negotiations and the lawsuit on a regular basis.
<ul style="list-style-type: none"> • Represent interests of the AMHSP Council’s Negotiations Committee in the development of the new Academic Medicine Health Services Plan (AMHSP) Master Agreement and Individual Services Agreement template for AMA members who are part of the AMHSP, to take affect April 2021. 	<ul style="list-style-type: none"> • AMHSP Council continues to provide a strong link between grassroots AMHSP physicians and the AMA. Their input into AMA consideration of issues and policy development shapes Council’s work. • One new member was appointed to Council, and one member re-elected to Council in the spring as part of ongoing refreshment and renewal of membership. • Council continues to pursue the 15 declared negotiating interests in various venues including provincial multi-stakeholder committees as it reviews policies being proposed at provincial tables. • Relationship-building with other stakeholder groups, including Faculties of Medicine and Faculty Associations continues to be a focus. • Engagement in policy development is an ongoing challenge; AH continues to present policy in near-fully developed format with very little opportunity for AMA contribution.

	<ul style="list-style-type: none"> • Council developed and presented feedback regarding AMHSP funding and funding flows to Alberta Health and Invictus Analytics in May as part of AH’s review of AMHSP funding flows and alternative compensation rates. • Alberta Health was not receptive at that time, or as part of later discussions, to receiving commentary regarding AMHSP rates for clinical work; AMA will continue to raise this issue at the Provincial Strategy and Operations Committees.
<ul style="list-style-type: none"> • Negotiate new compensation models including Alternative Relationship Plans and other alternate funding arrangements that support and align physician and system objectives. 	<ul style="list-style-type: none"> • AMA has implemented an ARP Working Group to advocate on behalf of members for improved ARP process and fairness. • Representation, advocacy, and support for physicians considering or are currently in an alternative arrangement continues to be a key priority for the AMA. • AMA has contracted with an experienced ARP consultant to provide short-term, high-level support to members who are considering or implementing a clinical ARP or are transitioning from stipends to clinical ARP payment arrangement.
<ul style="list-style-type: none"> • Negotiating on behalf of physicians paid through Alberta Health Services including: <ul style="list-style-type: none"> • New policy and arrangements for overhead, on-call, stipends. • Contracting of lab, DI, Cancer Care and other physician services. • Renewal of contractual arrangements or establishing amicable funding arrangements for AMA members paid by AHS. 	<ul style="list-style-type: none"> • AMA has established a forum for meeting JTF appointees with AHS senior leadership to advocate for improvements to policy related to overhead, on-call and stipends. • AMA has developed a test case for arbitration to check the jurisdictional application the Strategic Agreement. • AMA continues to advocate for fair representation of physician groups that are associated with AHS payment arrangements. A consultant has been retained to assist with Laboratory Physicians contract negotiations. • AHS has indicated that they have no mandate to continue stipend payments past December 31, 2021. • AMA has proposed a partnership with AHS, towards ensuring continuance of essential medical services beyond December 31, 2021. • The SAC is advocating at a provincial level and is keeping membership informed on progress through routine updates.

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

Priority Activities	Year End Update
<ol style="list-style-type: none"> 1. Support appropriate member billing practices including: <ul style="list-style-type: none"> • Expand peer review activities including education and schedule modernization. • Support sections in schedule modernization/improvement efforts. 	<ul style="list-style-type: none"> • AMA has established a Peer Review Committee and is seeking to further develop its educational component, including an anonymized communication mechanism with its membership. • AMA is looking to modernize the fee schedule working closely with sections (e.g., new taxonomy and pricing strategy) and has appointed a representative to meet with AH to assist with this process.

<ul style="list-style-type: none"> • Continue to develop tools like the fee navigator and billing training tools. 	<ul style="list-style-type: none"> • Schedule modernization work was put on hold by AH in June 2020 due to the COVID crisis and implementation of the Physician Funding Framework. AMA's (formal) Peer Review process was put on hold in 2020 while awaiting a refreshed mandate, anonymized communication mechanism, as well as an Information Sharing Agreement with government (previous ISA was linked to the terminated AMA Agreement). • Physician education regarding appropriate billing practices continues to be a focus and delivery will shift over the 2021/22 fiscal year to a combined synchronous/asynchronous approach within the new AMA learning environment.
<p>2. Support members participating in or considering alternate compensation models including:</p> <ul style="list-style-type: none"> • Clinical alternate relationship plans. • AMHSP arrangements. • Private contracting models enabled through recent legislation. 	<ul style="list-style-type: none"> • The AMA has hired a consultant to determine the optimal resourcing, structure and methods for providing AMA representation and support to physicians in all non-fee-for-service payment arrangements. This includes clinical ARPs, Academic Medicine and Health Services Program (AMHSP), AHS payment arrangements, new ARP models, and any new contract payment arrangements arising out of Bill 30. The consultant's report was provided to the AMA on January 31, 2021. AMA has contracted with an ARP consultant to assist with negotiations related to stipends and clinical ARPs.

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

Priority Activities	Year End Update
<p>1. Formalize a regional financial services alliance with MD Financial.</p>	<ul style="list-style-type: none"> • The western Provincial and Territorial Medical Associations (DOBC, AMA, SMA, DM, YMA, NWTMA) have agreed on terms for a financial services alliance with MD Financial and Scotiabank. The alliance provides members with best-in-class investment, banking and insurance services. The parties are finalizing the support legal agreements and then each of the PTMAs will complete their respective approval processes.
<p>2. Improve awareness and knowledge among members of the competitive advantages offered through the AMA group insurance plans.</p>	<ul style="list-style-type: none"> • Awareness of AMA plans continues to grow with 64% of members carrying at least one ADIUM insurance product an increase of 206 members over the prior year.

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
<p>1. Continue to provide the PFSP service and monitor assistance levels to meet increasing need.</p>	<ul style="list-style-type: none"> • Due to the unprecedented year, many changes were ushered in compared to how PFSP delivered services in 2020. PFSP adapted quickly to these challenges in all three core service delivery areas (Assistance Line, Case Coordination and Education, Prevention and Promotion). Access to the PFSP Assistance Line has seen an increase of 15% over 2019 with several record-breaking months recorded in late 2020. With this increase in utilization there has also been an increase in therapy hours used. In 2020, PFSP saw an 18% increase in therapy hours over 2019. This increase accounts for the therapy hours used and the administrative time to manage each case file for both the Assistance Line and Case Coordination services. PFSP’s Case Coordination service experienced a 23% increase over 2019. • PFSP has refocused efforts related to Education, Prevention and Promotion activities in terms of adapting to online forums while continuing to remain responsive to the changing landscape of physician health. This has been achieved through collaborations with other organizations that support the physician community such as Alberta Health Services and Well Doc AB. • An Awareness and Advocacy Plan was developed for PFSP. The plan focuses on internal and external program awareness activities but has advocacy strategies included in it that will be employed should negotiations with government prove to be unsuccessful. On February 5, government made a public statement that PFSP would continue being delivered by the AMA through 2021-22. This is a welcome extension while solutions are sought in government discussions. • Planning related to The Scotiabank and Canadian Medical Association (CMA) Affinity Fund agreement with the AMA is underway. Submission of the plan was provided to both sponsors at the end of March.
<p>2. Support Well Doc Alberta’s efforts to renew funding and scale and spread the program nationally through affinity funding made available through the CMA/Scotiabank agreement.</p>	<ul style="list-style-type: none"> • The AMA has supported Well Doc Alberta in its preparation of a proposal that would scale and spread program learnings nationally, for consideration by CMA/Scotiabank.

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
<p>1. Expand the Shine A Light initiative to recognize more physicians more frequently in their everyday settings, quietly going the distance for patients.</p> <ul style="list-style-type: none"> • Encourage nominations from the public, colleagues or clinical staff. • Optimize the stories through multi-media strategies. 	<ul style="list-style-type: none"> • Shine a Light honorees, Emerging Leaders in Health Promotion and other outstanding leaders were profiled in the AMA’s 2021 National Doctors’ Day activities. Stories were shared across social media, website and AMA publications
<p>2. As students return to schools under COVID restrictions, maintain or increase the number of participating schools. This includes supporting teachers and schools with programs or activities that can be safely performed. For 30% of students schooling at home, offer online individual and family activity planning under the YRC brand.</p>	<ul style="list-style-type: none"> • Ever Active Schools pivoted smoothly to virtual delivery. Materials they have developed are very welcome to schools and teachers trying to live in virtual and face to face space. Virtual activities have also been implemented to keep YRC participants active while not in school.
<p>3. Administer the Emerging Leaders in Health Promotion grant program.</p>	<ul style="list-style-type: none"> • Sponsorship from two partners, CMA and Joule, was discontinued this year. This accounted for a shortfall of \$6, 667. The AMA will make up this short fall to allow for a \$20,000 budget to continue being offered. • Four applicants were successful recipients of the 2020/21 grant program. A total of \$14,251.73 was awarded to the recipients.

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
<p>1. Advance the AMA’s Healthy Working Environments framework in key areas:</p> <ul style="list-style-type: none"> • Diversity and inclusion <ul style="list-style-type: none"> ○ Operationalize the tool kit developed to support diversity and inclusion goals with a focus on section leadership recruitment. ○ Implement changes to improve equity, diversity and inclusion in AMA appointments. ○ Represent AMA at formal and informal EDI communities and initiatives. 	<ul style="list-style-type: none"> • The Healthy Working Environments Advisory Committee’s Toolkit for Encouraging and Promoting Diversity and Inclusion is complete after being endorsed by the AMA Board at the February meeting. On April 22, AMA Board members and senior staff received a training session introducing the toolkit led by Lori Campbell, Principal, Colbourne Institute for Inclusive Leadership (Norquest College), who created the toolkit. A President’s Letter announcing the toolkit’s completion and availability was also sent to members on May 14. • Plans are in place to host a webinar session for AMA members about the Toolkit and promoting diversity and inclusion in 2021. • The AMA has received a \$100,000 funding agreement for the Physician Leadership and Professional Development Initiative (PLPD). The CMA/AMA PLPD is a unique opportunity for Alberta physicians that combines

<ul style="list-style-type: none"> • Psycho-social wellness and safety <ul style="list-style-type: none"> ○ With the ZMSAs, support a review and renewal of the provincial medical staff bylaws advocating for the quadruple aim and healthy working environments for physicians within AHS. • Leadership <ul style="list-style-type: none"> ○ In collaboration with the CMA provide physician leadership and professional development opportunities for members. 	<p>courses, coaching and networking opportunities. Four Physician Leadership Institute (PLI) Joule courses will run over 2021-2022:</p> <ul style="list-style-type: none"> ○ Engaging Others, September 16 and 17, 2021 ○ Leading Effective Meetings, November 25 and 26, 2021 ○ Managing People Effectively, January 13 and 14, 2022 ○ Leading High-Performance Culture, April 22 and 29, 2022 <ul style="list-style-type: none"> • Over 80 applications were received, and all the current sessions are now full (30 registrants per course). A second offering of the above sessions has been confirmed for January to June 2022.
<p>2. Working with the AMA's Healthy Working Environments Advisory Committee, identify additional opportunities and possible strategies.</p> <ul style="list-style-type: none"> • Promotion of the CMA policy/statement on diversity and inclusion. • Further align work of the HWEAC and the Indigenous Health Committee. 	<ul style="list-style-type: none"> • Key priorities identified in 2020 include: <ol style="list-style-type: none"> 1) Promote and Recruit a Representative AMA 2) Capture Member Profile Data 3) Review Policy and Processes 4) Provide Learning Opportunities • Preliminary work on Priority 2 has started and is ongoing. • Work is being done to appoint an Indigenous representative to the HWEAC.
<p>3. Implement ProActive in partnership with the CPSA, AHS, HQCA, CMPA and the Universities.</p>	<ul style="list-style-type: none"> • No new budget dollars are available and the alliance wound down in May 2021 with a final deliverable being an analysis document with a focus on disclosure, reporting and advocacy for those who have experienced bullying and harassing behaviour. The organizations are reviewing the report to assess potential next steps.

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
<p>1. Continue to strengthen the Patient's Medical Home for all Albertans:</p> <ul style="list-style-type: none"> • Support members, clinics and their PCNs to improving relationship continuity to patients using the central patient attachment 	<ul style="list-style-type: none"> • AMA's ACTT service is continuing to support primary care members and leadership in the continuing journey towards PMH for all Albertans. Progress is occurring in all identified priority areas as well as assisting with emerging needs created by the pandemic.

<p>registry / community information integration (CPAR/CII) as an enabling tool and leverage the functionality in other areas including immunization, eReferral and Alberta Surgical Initiative.</p> <ul style="list-style-type: none"> • Support PCNs in operationalizing new standardized, sustainable and shared services prioritized by the PCN Provincial Committee and PCN Zonal Committees. 	<ul style="list-style-type: none"> • AMA's ACTT Service has been supporting physician leaders, PCNs and PCN zones to respond to the pandemic. PCN physician leads executive have been partnering with AH and AHS since the beginning of the pandemic on issues such as PPE distribution, COVID + test results to family physicians including establishing data hubs in Calgary and Edmonton, population panel management for at risk patients and the work continues with immunization and support for physicians on vaccination roll out and hesitancy.
<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 PCN zones to achieve functional partnerships with AHS zones to enable new ways of sharing care using sustainable approaches. • Work with PCA and SCA as well as AHS Primary Health Care Integration Network to promote virtual care capabilities including secure communication, eReferral and integration with community EMRs. 	<ul style="list-style-type: none"> • AMA reps have been afforded the opportunity to provide input into many AH and AHS initiatives and that input appears to be influencing plan development. • Ernst and Young have recently been awarded the contract to develop an e Health Strategy for AH. The AMA was identified as a key informant. Several meetings have been scheduled to garner input from key stakeholders including AMA physician leaders and staff. • A Virtual Care discussion paper was recently prepared and endorsed by the board. AMA reps are also participating on a multistakeholder virtual care advisory group chaired by a senior physician from the CPSA. A virtual care discussion paper dealing primarily with economic challenges and associated solutions was developed and highlighted at a recent Physician Compensation Advisory Committee and is being considered by AH. • Immunization advocacy efforts continued through the winter. In February a joint Alberta Health/AMA statement was released indicating that the parties would collaborate toward the massive vaccine rollout initiative. AMA sits now on the Alberta Covid Immunization Coordinating Committee and the role of physicians to administer vaccine and priority to receive it in the community is being identified. • AMA's ACTT service is continuing to support both community specialists and primary care (and working with AHS partners) in the continuing journey towards improved integration of the health neighborhood. Progress is occurring in all identified priority areas as well as assisting with emerging needs created by the pandemic. • AMA's ACTT program, in partnership with other AMA branches, have supported physician leaders in creating an AMA virtual care strategy.
<p>3. Support members on pandemic related issues as the situation evolves (e.g. 2nd wave, return to schools) including income stabilization, virtual care and personal protective equipment.</p>	<ul style="list-style-type: none"> • A multi-branch response from the AMA is helping members with the practical issues of continuing to practice in a pandemic. Progress is being achieved in some operational issues, but financial advocacy is encountering on-going resistance by government. • AMA has provided proposals to government in relation to: Income stabilization; quarantine and illness; virtual care strategies; and competitive rates associated with COVID19 treatment.
<p>4. In collaboration with others including the Rural Municipalities Association and Alberta Urban Municipalities Association, advocate</p>	<ul style="list-style-type: none"> • Monthly meetings occur at a staff level.

<p>for an implementation plan to the AHS Ernst and Young report that provides value for patients and is fair to physicians.</p>	<ul style="list-style-type: none"> • The implementation plan was released October 13, 2020. • Recommendations 8-13 largely being worked on with JTF and Health Economics staff. • Additional recommendations for focus have been identified for further Board discussion.
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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
<p>1. Complete all approved Income Equity Initiative studies:</p> <ul style="list-style-type: none"> • Physician office overhead <ul style="list-style-type: none"> ○ Complete field work including office visits. ○ Present preliminary results for validation by the panel. • Hours of Work Study <ul style="list-style-type: none"> ○ Deploy survey instrument when necessary conditions are achieved (e.g. reasonable level of return to work is established during COVID relaunch). ○ Present preliminary results for validation by the panel. • Market Impact Study <ul style="list-style-type: none"> ○ Present preliminary report to sections for review. ○ Approve final report. • Seek government support for the initiative 	<ul style="list-style-type: none"> • AMA has contracted with a number of consultants to complete the various studies associated with the Income Equity Initiative. • The AMA Overhead report was completed and presented to the Spring RF. Overhead cost estimates for all types of physician practices were presented to RF but additional work is required to ensure appropriate office type weighting for section results. • The hours of work study is ready to launch. The AMACC is closely monitoring criteria and feedback received from a panel of section representatives regarding stability of practice activity that would allow for reasonable hours of work estimates. • AMA has assembled a panel composed of physician representatives from each economic section. Early survey enrollment/familiarization opportunity and subsequent Q&A meeting is planned for section panel representatives. • Phase 2 of the Market Study is proceeding, and results are expected by year end.
<p>2. Support strategic and tactical initiatives that improve informational continuity and enhance information integration:</p> <ul style="list-style-type: none"> • Provide input into the operationalization of key provincial health information-related initiatives, including but not limited to the CPAR/CII initiative, eDelivery of results and the AHS Connect Care provider portal. • Represent community physicians and physicians in AHS facilities moving from community EMRs to Connect Care in areas such as: eDelivery, data migration, provider and patient portals. • Provide input into the design and development of a provincial virtual care strategy. 	<ul style="list-style-type: none"> • AMA reps have been afforded the opportunity to provide input to AH and AHS and that input appears to be influencing plan development. • AMA's ACTT program is supporting physician leaders at tables with AH and AHS on CPAR/CII Rollout and supporting PCNs in implementation and change management. • AMA's ACTT program with funding through a privacy and security grant opportunity are rolling out basic privacy training and working with community specialists on implementing CII. • A Virtual Care discussion paper was recently prepared and tabled with the board. Advancement opportunities are being pursued and efforts are being made to align with other virtual care related initiatives. • Immunization advocacy efforts continued through the winter. In February a joint Alberta Health/AMA statement was released indicating that the parties would collaborate toward the massive vaccine rollout initiative. AMA sits now on

<ul style="list-style-type: none"> • Advocate for an integrated and efficient rollout of systems needed to support new immunization regulations expected in January 2021. 	<p>the Alberta Covid Immunization Coordinating Committee and the role of physicians to administer vaccine and priority to receive it in the community is being identified.</p>
<p>3. Working with other stakeholders including the student associations, PARA, training institutions and communities, develop solutions to address needs based gaps in physicians supply.</p> <ul style="list-style-type: none"> • Support the development of an effective needs based assessment. • Provide input into the development and implementation of PRAC ID regulations to ensure service gaps are filled in a way that is fair to new physicians, practicing physicians and communities. 	<ul style="list-style-type: none"> • The AMA's Representative Forum passed several recent motions in this regard. • The AMA will be working with these stakeholders on responding to government's consultation process on its new regulations regarding restrictions on PRAC IDs, etc. NOTE: Government announced these restrictions will not be effective April 1, 2022, as planned to allow for additional consultation with stakeholders (AMA, PARA, Medical Student associations, community representatives.)

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
<ul style="list-style-type: none"> • Continue to grow the Albertapatient.ca portal community to become the preeminent patient community in Alberta and Canada (Average 200 new members a month to 15,000 in the year) <ul style="list-style-type: none"> • Maintaining neutral, non-partisan space for those who join on that basis. • Migrate PatientsFirst.ca activists over to albertapatient.ca, offering a different, non-political experience helping to improve the system. • Seek opportunities to inform or support other priority activities in the Business Plan by testing concepts and learning about the way they wish to be involved in the health system. • Explore alternative platform provider and explore business case for making the move, including new ways to engage community members. 	<ul style="list-style-type: none"> • Upon first invitation, nearly 1,000 member of the activist panel joined albertapatient.ca. Invitations will be extended regularly. The albertapatient community is now over 14,500 • A major albertapatient survey on the mental and physical and care aspects of the pandemic was conducted in May, tracking against an earlier survey November 2020. As noted elsewhere, the concerning results will be the focus of the AMA's care deficit campaign • A new hub platform was launched allowing for more interaction with albertapatient community and more flexibility to deliver information. While licensing costs remained flat there are savings to be made because of greatly increased ability to update the platform and post information without going through the platform provider.
<ul style="list-style-type: none"> • Provide advice to government on any proposed changes to the Health Professions Act following the white paper consultation process. 	<ul style="list-style-type: none"> • No proposed changes came forward following the white paper consultation process.

<ul style="list-style-type: none">• 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">• Two letters were sent – one each to AHS and NZMSA – requesting collaboration to address recommendations to improve access to primary care for patients in the North Zone.• In an ongoing effort to continue the conversation around Indigenous Health and Wellness, systemic racism issues faced by Indigenous people and how to improve health care for Indigenous patients, the Mar /Apr special issue Alberta Doctors Digest focused on the Indigenous experience of Racism in Health Care. This issue included a variety of articles, stories and a video that brought an awareness to aspects of Indigenous Health Care in Alberta and Canada. In addition to being shared with AMA members, the issue was promoted on AMA social media. The issue was completed with the help of Indigenous contributors, editors and photography.• Following the publication of the Mar/Apr ADD, a presentation on Racism in Health Care was delivered at the Spring RF. The presentation was well-received by RF delegates and they expressed appreciation for the continued conversation around this important topic.• In June, AHS confirmed that Alberta physicians can access online Indigenous awareness learning resources that the AHS Indigenous Health and Cultural Competence teams have created. AHS Medical Staff members can access these modules via MyLearningLink.ahs.ca and searching for Indigenous Awareness. Non-AHS Medical Staff members can create an account at Create Account Primary Health Care Learning Portal (absorbtraining.ca) and then search for Indigenous Awareness to access the same resources. This information was promoted to AMA members in the June 24 MD Scope.
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Healthy AMA	Year End Update
<p>1. Governance</p> <ul style="list-style-type: none"> • Deploy the tool kit developed to assist sections and others in diversifying AMA leadership. • Apply lessons learned during COVID to enhance opportunities for bringing leadership together (e.g. Virtual AGM). • Provide skill development opportunities to AMA physician leaders – Webinars. 	<ul style="list-style-type: none"> • A President’s Letter announcing the toolkit’s completion and availability was also sent to members on May 14. • Plans are in place to host a webinar session for AMA members about the Toolkit and promoting diversity and inclusion in 2021. • Virtual AGM was held successfully with the highest turnout ever (450 participants). • During COVID, webinar and Zoom technology was used to reach thousands of members in a wide range of member sessions from (sunshine list, legal case, ARP’s) • Using the CMA Leadership development grant the AMA offered three PLI courses on engaging others, Leading effective teams, and managing people effectively.
<p>2. Workforce</p> <ul style="list-style-type: none"> • Enhance and expand member engagement opportunities as an entry point for future member workforce. • Support the redeployment of staff to higher value services as the organization evolves to maximize member value. • Develop and begin implementation of a space strategy that improves space efficiency while enhancing member value and experience. 	<ul style="list-style-type: none"> • A hybrid work model which blends in-person and remote/virtual work approaches is being implemented. Through this new work model, we will be able to: <ul style="list-style-type: none"> • Provide quality products and services to members and internal customers • Increase opportunities to engage and solicit input and feedback from members • Provide opportunities for collaboration, sharing and integration across the organization to support a strong member-focused culture • Improve the experience of association physician leaders • Optimize AMA physical space footprint and travel-related costs and expenses
<p>3. Financial</p> <ul style="list-style-type: none"> • Balance the use of AMA contingency and direct savings to maximize member value and sustain the organization. • Effective stewardship of program funding. 	<ul style="list-style-type: none"> • The budget was prepared based on a conservative no-agreement assumption. • With member retention rates at roughly 100% overall, we will end the 20/21 fiscal year in a strong financial position and create additional flexibility in the 2nd year of the 2-year business plan that was established.
<p>4. Relationships</p> <ul style="list-style-type: none"> • Enhance our relationship with the CMA. • Expand our government relations and public relations capabilities and deploy assets as needed to ensure physicians remain a key health system partner. • Continues to develop and deliver grass roots advocacy through the Joint Task Force. • Continue to expand capacity for and reach of AMA social media profile. 	<ul style="list-style-type: none"> • Working closely with CMA on a range of initiatives supporting achieving an agreement (e.g., federal advocacy, PTMA support, studies). • Separate CMA grants have been signed for physician wellness and physician leadership totaling \$350,000. • Social media capabilities have been enhanced to support advocacy efforts. (see essential elements) • JTF work on-going (see essential elements). • Provincial medical staff bylaw review completed, waiting for Ministers response.

<ul style="list-style-type: none"> • Partner with the ZMSA's on key initiatives including the provincial staff bylaw review. • Enhance our relationship with the Rural Municipalities Association and the Alberta Urban Municipalities Association. 	
<p>5. Knowledge</p> <ul style="list-style-type: none"> • Identify new, high-value member engagement opportunities that satisfy the 4 dimensions of engagement (belonging, contributions that matter, valuable services, experiences that matter to members). • Develop a membership marketing framework including a monitoring method to allow strategic targeting of underrepresented groups within the membership renewal period. • Select a replacement website content management tool and begin implementation of the website amalgamation and redesign. 	<ul style="list-style-type: none"> • Thousands of members attended an AMA hosted webinar during the year. • A strong member marketing campaign involving sections and other leaders lead to an overall member retention rate of roughly 100%. • The website redevelopment project is underway with a redesigned website that will improve members experience, expected in 2022.

Budget Update

AMA Operations

	Projected Actual (\$ 000's)	Budget (\$ 000's)	Projected Variance (\$ 000's)
REVENUE			
- Dues	18,344	15,529	2,815
- Other	4,814	5,847	(1,033)
Total Revenue	23,158	21,376	1,782
Operating Expenditures*			
- Executive Office	3,798	3,827	29
- Southern Alberta Office	819	850	31
- Operations	8,777	9,019	242
- Public Affairs	1,990	2,186	196
- Health Economics	2,221	2,302	81
- Professional Affairs	1,413	1,790	377
- Health System Transformation	840	895	55
- Priority Projects	2,210	4,491	2,281
	22,068	25,361	3,293
Transfer to Reserves	1,090	(3,985)	5,075

*Cost categorization updated to reflect the 21/22 budget format

1. The membership has shown strong support for the AMA with overall retention at roughly 100%. As a result, we will substantially exceed our conservative membership budget for the year.
2. Operating expenditures are comprised primarily of workforce (staff and physician volunteers) and facility costs. The operating budget incorporated roughly \$3 million in direct savings including reductions in staff salaries, committee honoraria rates and travel and facility costs. Additional one-time savings have also been realized primarily due to COVID restrictions.
3. Budget provisions were made under Priority Projects to advance in key areas including:
 - Physician representation - In the current environment and without an agreement with government or AHS, negotiations are more local versus provincial, and the AMA has needed more assertive approaches. With much activity delayed until after the failed ratification vote, a significant portion of the provision was not spent and will be available for the second year of the 2-year plan.
 - Income Equity – Resources were included to complete the overhead, hours of work, training, and market assessment studies this year. With COVID delaying the hours of work study, a significant portion of the provision was not spent and will be carried forward for the second year of the 2-year plan.
 - Advocacy - Resources were included to support a broad range of activity, including social media, earned and paid media and grass roots advocacy coordinated through the Joint Task Force, to achieve a negotiated agreement with government.

Reserves

Board Reserves

	Projected Actual (\$ 000's)	Budget (\$ 000's)
Emergency	10,213	10,213
Capital	3,508	3,508
Strategic	1,000	1,000
ACTT RFP	0	(250)
	14,721	14,470

AMA Contingency Reserve

	Projected Actual (\$ 000's)	Budget (\$ 000's)
Opening Balance	13,511	13,120
Net income	473	394
Operating Surplus (Deficit)	1,090	(3,735)
	15,074	9,779

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. With the termination of the Agreement and loss of key programs, a sizable draw from the contingency reserve was planned. However, the strong membership retention and reduced spending on priority projects resulted in a marginal surplus, which improves our financial position and flexibility heading into the second year of the 2-year plan.