

2021-22 AMA Business Plan

The 2021-22 business plan (October 1, 2021, to September 30, 2022) was developed by senior staff with oversight and approval of the Board of Directors. With members and the AMA under significant threat, the plan focuses on the essential deliverables identified by the Board, while continuing to support activities that forward the longer-term goals established by the Board. The business plan also maintains the significant savings and efficiencies captured last year so that available resources can be focused on these essential deliverables.

Context for the 2021-22 Planning

With members choosing not to ratify the tentative agreement, the 2-year business plan developed by management and approved by the Board of Directors in 2020/21 remains substantively in place. With members and the AMA under significant threat, the plan focused activity and resources around several essential deliverables identified by the Board:

- **Support for representation on compensation matters**

With no AMA agreement in place discussions on physician compensation matters are taking place in many venues and often in somewhat different ways. This includes existing models of payment through fee for service and alternate relationship plans (clinical and academic) but also whole new models that have 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.

- **Member engagement**

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

- **Advocacy (public and lawsuit)**

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

- **Government relations**

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.

- **Alliances with other key stakeholders**

The AMA relies on relationships to satisfy the needs of members especially in these uncertain and challenging time. Understanding the interests of other organizations and aligning activities with theirs will be important in the coming period.

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

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.

The 2-year plan struck a balance between operational savings and the use of reserves, to ensure the needed resources were available in the essential areas identified by the Board.

Business Plan and Budget Documents

The major business plan documents are attached as follows:

A. Vision, Mission and Values

As established by the AMA Board of Directors

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

Cascading from the AMA Mission are the Board-established goals for the organization, which are categorized in three broad Key Result Areas: Financial Health for physicians and their practices; Well Being (personal, workplace, community); System Leadership and Partnership. The purpose of the goals is twofold: they express how the Board wants to deliver value to physician members and what is felt to be most important in moving towards the Vision. Connected to each goal are the related activities planned for the next twelve months. These are developed by staff with Board oversight and include the essential elements identified by the Board. Progress on activities is reviewed and updated over the course of the year. Activity will continue towards achieving each of the AMA's goals, however, the focus for the 2-year planning period will remain on the essential deliverables with investment in other activities being reduced.

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

C. 2021-22 Budget

The budget recognizes the challenging situation faced by members and the Association alike and continues to reflect the financial framework established in the 2-year plan, including fully funded board reserves and a \$6 million contingency value at the end of the 2022 fiscal year.

Despite preparing for a significant reduction in membership of roughly 20% for two years, retention remained at roughly 100% in the first year, creating additional flexibility to support the essential deliverables in the second year of the plan. The 21/22 budget reflects the following:

- Continuance of the cost reductions captured in the first year of the plan (e.g., 5% reduction in all salaries, honoraria, and contractor rates.).
- The CMA's ongoing financial commitment to achieve a negotiated agreement.

- A return to face-to-face meetings and member engagement opportunities where that serves member interests best (e.g., Board and Representative Forum meetings, change management activities with physicians and clinics, etc.)
- Continued use of virtual work environments and member engagement opportunities where that serves member interests bests (e.g., virtual AGM, webinars).
- Completion of the income equity studies (e.g., Hours of work study).
- An additional one-time provision has been added from the year 1 net savings to support essential elements including representation, advocacy, and member engagement. Given the uncertainty surrounding the relationship with government, a single provision was established to provide flexibility so that resources can be directed as needed (e.g., a large-scale awareness campaign; additional resources to represent physicians in ARP, AMHSP, stipend or group negotiations as needed, etc.)

A. Vision, Mission, Values



OUR VISION

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

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



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

The AMA defines such a system in this way:

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

OUR MISSION

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

OUR VALUES

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

B. Key Result Areas, Goals and Related Priority Activities

Key Result Area 1 - Financial Health

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

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

Priority Activities

1. Negotiate an agreement for the provision of insured services with government that is fair to physicians and provides value for patients; and restores physicians, through the AMA as an active partner in the health system.
2. Support members in local compensation discussions and through the provincial framework development including AHS-paid stipends, Physician on-call, contractual arrangements for Laboratory, DI and Cancer Care other physician AHS-contracted services.
3. Support members in local clinical ARP discussions and through provincial framework development considering contractual, sessional, or capitation-based ARPs.
4. Support academic physicians in the negotiation of the Academic Health Services Plan and the supporting Individual Services Agreement.
5. Support members that are affected by Bill 30 and contracting out of physician services.

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

Priority Activities

1. Support appropriate member billing practices including:
 - Expand peer review activities including education and schedule modernization.
 - Support sections in schedule modernization/improvement efforts.
 - Expand and improve virtual care codes and introduce a virtual care strategy that supports new (virtual) models of care.
 - Continue to develop tools like the fee navigator and billing training tools.
2. Support members participating in or considering alternate compensation models including:
 - Clinical alternate relationship plans.
 - AMHSP arrangements.
 - Private contracting models enabled through recent legislation.
3. Support physicians and sections that are impacted by unilateral fee changes and SOMB interpretation.

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

Priority Activities

1. Enhance member insurance and wealth management offers by formalizing a regional financial services alliance with MD Financial and BNS.
2. Maximize AMA's member health and dental benefit offerings under the new federal framework for Life and Health Trusts.

Key Result Area 2 – Well Being

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

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

Priority Activities

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

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

Priority Activities

1. Continue Shine A Light initiative and integrate with other member engagement, governance and recognition programs, e.g., AMA Awards, members advocating through RF, etc.
 - Recognize more physicians more frequently in their everyday settings, quietly going the distance for patients.
 - Encourage nominations from the public, colleagues or clinical staff.
 - Optimize the stories through multi-media strategies.
2. As students return to schools in a post-COVID environment, maintain or increase the number of participating schools in the AMA Youth Run Club. This includes supporting teachers and schools with programs or activities that can be safely performed.
3. Administer the Emerging Leaders in Health Promotion grant program.

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

Priority Activities

1. Advance the AMA's Healthy Working Environments framework in key areas:
 - Equity, diversity and inclusion
 - 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.
 - Psycho-social wellness and safety
 - With the ZMSAs, advocating for the quadruple aim and healthy working environments for physicians within AHS.

<ul style="list-style-type: none"> • Leadership <ul style="list-style-type: none"> ○ In collaboration with the CMA provide physician leadership and professional development opportunities for members.
<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"> • Further align work of the HWEAC and the Indigenous Health Committee.

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.

<p>Priority Activities</p>
<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 registry / community information integration (CPAR/CII) as an enabling tool and leverage the functionality in other areas including immunization, eReferral and Alberta Surgical Initiative. • Support PCNs in operationalizing new standardized, sustainable and shared services prioritized by the PCN Provincial Committee and PCN Zonal Committees.
<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.
<p>3. Support members on pandemic related issues as the situation evolves (e.g. Care deficit, return to schools) including income stabilization, virtual care and personal protective equipment.</p>
<p>4. In collaboration with others including the Rural Municipalities Association and Alberta Urban Municipalities Association, advocate for an implementation plan to the AHS Ernst and Young report that provides value for patients and is fair to physicians.</p>

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

<p>Priority Activities</p>
<p>1. Complete the remaining Income Equity Initiative studies:</p> <ul style="list-style-type: none"> • 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.

<ul style="list-style-type: none"> ● Market Impact Study <ul style="list-style-type: none"> ○ Complete phase 2 of the Market Impact Study ● Physician Compensation Study <ul style="list-style-type: none"> ○ Align claims data with the various components of the study ○ Ratify the IEI with membership ● Seek government support for the initiative
<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. ● Advocate for an integrated and efficient rollout of systems needed to support new immunization protocols.
<ul style="list-style-type: none"> ● Working with other stakeholders including the student associations, PARA, training institutions and communities, develop solutions to address needs-based gaps in physician supply. ● Provide support and input to stakeholders including medical student associations, PARA, training institutions and communities on responding to government's consultation process on its new regulations that are expected to take effect April 2022. (Note: Government has deferred implementation of the legislation and has advised that at a minimum it will not apply to physician residents who are eligible for a billing number in the next fiscal year.)

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

<p>Priority Activities</p>
<p>1. Maintain or expand the Albertapatient.ca portal community to become the preeminent patient community in Alberta and Canada currently at 15,000 members</p> <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. ● Albertapatient.ca will be the driver of public advocacy with respect to the COVID care deficit and what is needed for recovery through multiple surveys and reporting ● Improve community member experience by taking advantage of capabilities of new platform for engagement between surveys
<p>2. 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.</p>

Healthy AMA

1. Governance

- Implement the recommendations of the Board Working Group on Nominating Committee Processes.
- Apply lessons learned during COVID to enhance opportunities for bringing leadership together (e.g., Virtual AGM).
- Prepare for a return to in-person meetings (e.g., Board & RF).
- Leverage CMA funding to provide skill development opportunities to AMA physician leaders.

2. Workforce

- Implement a hybrid work environment, including the supporting people strategy and changes to space footprint.
- Enhance and expand member engagement opportunities as an entry point for future member workforce.

3. Financial

- Balance the use of AMA contingency and direct savings to maximize member value and sustain the organization.
- Effective stewardship of program funding.

4. Relationships

- Enhance our relationship with the CMA under evolving governance structures.
- Continue to develop and deliver grass roots advocacy through the Joint Task Force.
- Continue to expand capacity for, and reach of, AMA's social media profile.
- Enhance our relationship with the Rural Municipalities Association and the Alberta Urban Municipalities Association.

5. Knowledge

- Undertake a general member survey, engage sections, and consider in depth interviews to better understand member interests.
- Continue replacement of core information systems.
- Integrate information silos / new capabilities (Click Dimensions, Event Management, Learning Management, Webinar management, Voting, Surveys).
- Modernizing AMA website content and structure to improve member experience

C. 2021/22 Budget

	2020/21 Budget	2020/21 Forecast	2021/22 Budget
REVENUE			
Membership revenue	15,529,335	18,344,427	15,529,334
Insurance commissions	1,686,038	2,016,350	1,713,697
Health Benefits Trust commissions	435,057	456,724	405,842
Investment income	125,000	54,524	89,000
Advertising	60,000	45,000	60,000
CMA Contributions	2,578,000	1,061,025	1,750,000
Other revenue	962,650	1,179,923	1,051,650
	21,376,080	23,157,973	20,599,523
EXPENDITURES			
Executive Office			
Labor costs	942,772	942,772	942,694
Other branch costs	91,700	40,112	103,500
Section support	325,780	359,275	325,780
Zone medical staff association support	676,044	802,860	676,045
Executive provision	50,000	50,000	50,000
Board	687,500	664,851	687,500
Representative Forum	966,280	861,660	966,280
Other committees	87,250	76,177	86,250
	3,827,326	3,797,707	3,838,049
Southern Alberta Office			
Operations	849,770	818,901	1,059,893
	849,770	818,901	1,059,893
Operations			
Labor costs	1,258,827	1,258,827	1,139,309
Other branch costs	32,618	24,346	26,115
Finance and membership services	1,159,173	1,159,173	1,154,412
Facility Costs	2,102,470	2,056,178	2,241,798
Human resources	643,229	573,235	844,047
ADIUM Insurance	1,148,066	1,078,469	1,174,668
Health Benefit Trust Fund administration	190,681	162,061	195,448
Information system	2,326,275	2,313,083	2,469,946
Student/Resident scholarships & grants	130,000	130,000	130,000
Committees	28,000	21,369	28,000
	9,019,339	8,776,741	9,403,743
Public Affairs			
Labor costs	1,065,174	1,065,174	1,073,203
Other branch costs	20,320	16,167	33,100
Government Relations	295,000	144,551	303,000
Section services	163,409	163,409	166,749
Member communications	319,500	278,322	361,500
Shine a light/Youth Run Club	115,000	115,000	115,000
Albertapatient	200,000	200,000	200,000
Committees	7,750	7,750	7,750
	2,186,153	1,990,374	2,260,301
Health Economics			
Labor costs	2,125,783	2,125,783	2,161,547
Other branch costs	48,600	17,630	69,600
AMA Compensation Committee	100,000	70,000	100,000
Other committees	27,800	7,379	32,500
	2,302,183	2,220,792	2,363,647
Professional Affairs			
Labor costs	1,342,926	1,253,642	1,581,603
Other branch costs	11,000	6,063	37,000
CMA Sponsored HWE Projects	350,000	80,000	350,000
Health Issues Council	33,250	29,759	33,250
Indigenous Health Committee	33,250	25,000	33,250
Healthy Working Environment Committee	-	15,000	33,250
Other Committees	19,500	3,378	12,500
	1,789,926	1,412,841	2,080,853
Health System Transformation			
Labor costs	591,274	591,274	621,194
Other branch costs	21,200	15,555	80,200
System transformation physician leadership	282,625	233,895	282,625
	895,099	840,724	984,019
Priority Activities			
Representation	1,080,424	615,885	1,544,963
Change management RFP development	250,000	73,085	
Master Agreement Negotiations	300,000	450,000	600,000
Income Equity Initiative	632,643	81,399	551,244
Legal (Charter Challenge)	150,000	70,000	520,000
Public Campaign	2,078,000	919,404	1,490,000
Transition to Hybrid Work Environment			350,000
One-time provision for essential deliverables			3,000,000
	4,491,067	2,209,773	8,056,207
Total Expenditures	25,360,863	22,067,852	30,046,713
Operating Surplus (Deficit)	(3,984,783)	1,090,122	(9,447,190)

Contingencies and Reserves

	2020/21 Budget	2020/21 Forecast	2021/22 Budget
Board Reserves			
Emergency reserve	10,212,978	10,212,978	10,212,978
Capital reserve	3,508,000	3,508,000	3,508,000
Strategic initiatives reserve	1,000,000	1,000,000	1,000,000
Less change management RFP	(250,000)		
	14,470,978	14,720,978	14,720,978
AMA Contingency			
Opening Balance	13,120,272	13,511,306	15,074,496
Net investment income	393,608	473,068	376,862
Operating surplus (deficit)	(3,734,783)	1,090,122	(9,447,190)
	9,779,097	15,074,496	6,004,168