

## 2020-21 AMA Business Plan

The following outlines the AMA plan for the 2020-21 business year (October 1, 2020 to September 30, 2021).

The plan 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 for the next two years, while continuing to support activities that forward the longer-term goals established by the Board. This year's business plan also incorporates significant and direct savings and efficiencies so that available resources can be focused on these essential deliverables.

### Context for the 2020-21 Planning

This past year has presented several unique challenges for the AMA, which have reverberated into planning for 2020-21. While the vision and mission remain fundamentally unchanged, the environment in which the AMA operates has substantially changed, which will affect the activities we undertake. Key changes in the environment include:

- Threats to key mandates
  - Unilateral termination of the AMA Agreement
  - Elimination of some physician benefits and programs and threats to others
- Alberta's economic challenges
- COVID 19
- A new government
- Threat to many fundamental aspects of the profession:
  - Physician compensation – government unilateral framework
  - Self-regulation – Discussion paper on changes to the Health Professions Act
  - Legislative changes to enable greater use of direct government contracting for insured services
  - New Prac ID regulations upcoming
  - Provincial Medical Staff Bylaws review

### 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. 2020 Essential Deliverables

With many challenges at play, the Board identified several essential deliverables for the AMA over the next two years:

- Enhance support and representation on compensation matters
- Member engagement & alignment
- Maintain advocacy activities including the current public campaign and our legal case

- Investment in government relations
- Alliances with other key stakeholders
- Maintenance of core capabilities
- A financial strategy that balanced the use of contingency funds with efficiency savings
- Physician compensation (including Income Equity)

Many of the essential deliverables also appear as activities under the Key Result Areas (Part C) but have been identified by the Board as the most critical deliverables over the next two years.

### **C. 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 also what is felt to be most important in moving towards the Vision. Connected to each goal are the related activities planned for the next twelve months. These are developed by staff with Board oversight. Progress on activities is reviewed and updated over the course of the year.

The above all has to do with ends: what are we doing to deliver value to members. To do this requires that we have the means at our disposal, which is captured under the phrase “Healthy AMA”. The second part of Attachment C deals with what is being done in this regard in the areas of governance, finances, knowledge, relationships and workforce.

Activity will continue towards achieving each of the AMA’s goals, however, as noted in section B, the focus for the year will remain on the essential deliverables identified by the Board and therefore, investment in other activities will be reduced.

### **D. 2020-21 Budget**

The budget recognizes the challenging situation faced by members and the Association alike. With substantive changes to the AMA value proposition, we have planned for a significant reduction in membership of roughly 20% for the year. We have also increased spending to support the essential deliverables identified by the Board. The combination has resulted in a significant shortfall for the year and management, working with the Board, has implemented a number of efficiencies and savings to begin returning to a balanced budget. Roughly \$3 million of direct savings were incorporated into the 2020/21 budget, including:

- \$.5 million – Minimum of 5% salary reduction for all staff and personal services contractors
- \$.5 million - Elimination of positions left vacant through attrition
- \$.3 million
  - 15% reduction in Board honoraria rates
  - 5% reduction in committee honoraria rates
- \$.4 million - Elimination or deferral of operational projects
- \$.7 million - Service savings in informatics, appropriateness, healthy work environments and physician leadership

- \$6 million - Other savings including reduced travel, staff benefit changes, training and other operating cost reductions

Despite significant savings being incorporated, the budget includes a draw from the contingencies and reserves of \$4 million for each of the next two years to support the essential elements, leaving a fully funded board reserve and an estimated \$6.1 million in the contingency at the end of the two-year period.

We will be closely monitoring member renewal rates and adjusting our engagement strategy as needed. With the assistance of the Committee on Financial Audit, we will be prepared to make further spending adjustments to meet member needs as the year unfolds.



## 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. 2020 Essential Deliverables

The essential deliverables for the coming year are discussed below. Spending in many of these areas has increased over current spending and that was achieved through efficiencies detailed earlier and by redeploying resources from other areas. A critical aspect to the plan is the flexibility of resources within each deliverable and across deliverables. We will respond where member needs arise as the year unfolds and resources will be shifted accordingly.

Essential Deliverables – high priority deliverables	Discussion	Plans for 2021
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"> <li>• A budget provision of \$1.1 million has been included, which is roughly double current spending in this area.</li> <li>• 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.</li> <li>• The additional resources will allow an enhanced commitment in all venues including cARP’s where we’re hearing an interest from government as well as members.</li> <li>• Representation funds will also be need in the AHS environment to address several issue including overhead, on-call, stipends and representation of individual physician groups in contract talks.</li> <li>• We’ll also be looking at the best organizational structure of the representation area to ensure best use of AMA resources available for these activities.</li> <li>• The resource provision included in the budget is based on an estimate developed by a senior staff working group; however, deployment will remain</li> </ul>

		flexible so that we're responding in the areas of greatest affect.
Member engagement & alignment	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.	<ul style="list-style-type: none"> <li>• 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 make more resources available to expand this capability.</li> <li>• 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.</li> </ul>
Maintain advocacy activities including the current public campaign and our legal case	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.	<ul style="list-style-type: none"> <li>• An initial provision of \$2.7 million has been included to support a range of advocacy activities including: <ul style="list-style-type: none"> <li>• \$670,000 over two years to fund the legal case.</li> <li>• \$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</li> </ul> </li> </ul>

		<p>can continue its critical work throughout the year.</p> <ul style="list-style-type: none"> <li>• \$1.2 million for engaging with the public including an ongoing social media campaign, earned media and traditional paid media.</li> <li>• The balanced budget approach being taken ensures additional funding is available for greater levels of advocacy if needed.</li> </ul>
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"> <li>• Provisions are included for regular public surveys and lobbying support.</li> <li>• Staff resources aimed at improving relationships at the bureaucracy level.</li> </ul>
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"> <li>• CPSA – Especially in regard to HPA amendments or other issues related to self-regulation.</li> <li>• CMA – Support for Alberta physicians local and nationally.</li> <li>• Alberta Urban Municipalities Association and Rural Municipalities Association.</li> <li>• AHS</li> <li>• Other provider organization and associations</li> </ul>
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"> <li>• 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 bus models, keeping an eye on legislation and advocating on informatics matters and physician health.</li> <li>• Physician supply - PRAC ID regulations are expected April 2021 and we will need to be ready</li> </ul>

		and working with other parties in the context of a needs-based strategy.
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"> <li>• 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.</li> <li>• The plan includes significant real savings of roughly \$3 million described elsewhere and the use of contingency funds. (Contingency funds are effectively AMA savings above the minimum board reserve requirements.)</li> <li>• 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.</li> <li>• 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).</li> </ul>
Physician Compensation (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.	<ul style="list-style-type: none"> <li>• Complete the Income Equity Initiative studies including the overhead, hours of work and market impact studies (\$632,643).</li> <li>• To educate government and the public on the complexities of physician payments.</li> <li>• Advancing internal equity work as directed by the RF.</li> <li>• Physician Compensation Advisory Committee – Support AMA representatives at the committee to influence government on compensation matters.</li> </ul>

## C. 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. 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.
3. Negotiate new compensation models including Alternative Relationship Plans and other alternate funding arrangements that support and align physician and system objectives.
4. Negotiating on behalf of physicians paid through Alberta Health Services including:
  - 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.

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.
  - 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.

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

#### Priority Activities

1. Formalize a regional financial services alliance with MD Financial.
2. Improve awareness and knowledge among members of the competitive advantages offered through the AMA group insurance plans.

## Key Result Area 2 – Well Being

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

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

#### Priority Activities

1. Continue to provide the PFSP service and monitor assistance levels to meet increasing need.
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/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. Expand the Shine A Light initiative to 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 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.
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:
  - 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, 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
    - In collaboration with the CMA provide physician leadership and professional development opportunities for members.

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| <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"> <li>• Promotion of the CMA policy/statement on diversity and inclusion.</li> <li>• Further align work of the HWEAC and the Indigenous Health Committee.</li> </ul> |
| <p>3. Implement ProActive in partnership with the CPSA, AHS, HQCA, CMPA and the Universities.</p>  |

**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**

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|---|
| <p>1. Continue to strengthen the Patient's Medical Home for all Albertans:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Support PCNs in operationalizing new standardized, sustainable and shared services prioritized by the PCN Provincial Committee and PCN Zonal Committees.</li> </ul> |
| <p>2. Support activities that integrate care across the system and support the health neighborhood:</p> <ul style="list-style-type: none"> <li>• Support physician leaders in PCN zones to achieve functional partnerships with AHS zones to enable new ways of sharing care using sustainable approaches.</li> <li>• 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.</li> </ul>   |
| <p>3. Support members on pandemic related issues as the situation evolves (e.g. 2<sup>nd</sup> wave, 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.**

**Priority Activities**

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| <p>1. Complete all approved Income Equity Initiative studies:</p> <ul style="list-style-type: none"> <li>• Physician office overhead <ul style="list-style-type: none"> <li>○ Complete field work including office visits.</li> <li>○ Present preliminary results for validation by the panel.</li> </ul> </li> <li>• Hours of Work Study</li> </ul> |
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<ul style="list-style-type: none"> <li>○ Deploy survey instrument when necessary conditions are achieved (e.g. reasonable level of return to work is established during COVID relaunch).</li> <li>○ Present preliminary results for validation by the panel.</li> <li>● Market Impact Study <ul style="list-style-type: none"> <li>○ Present preliminary report to sections for review.</li> <li>○ Approve final report.</li> </ul> </li> <li>● Seek government support for the initiative</li> </ul>
<p>2. Support strategic and tactical initiatives that improve informational continuity and enhance information integration:</p> <ul style="list-style-type: none"> <li>● 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.</li> <li>● 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.</li> <li>● Provide input into the design and development of a provincial virtual care strategy.</li> <li>● Advocate for an integrated and efficient rollout of systems needed to support new immunization regulations expected in January 2021.</li> </ul>
<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"> <li>● Support the development of an effective needs based assessment.</li> <li>● 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.</li> </ul>

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

<b>Priority Activities</b>
<p>1. Continue to grow the Albertapathients.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)</p> <ul style="list-style-type: none"> <li>● Maintaining neutral, non-partisan space for those who join on that basis.</li> <li>● Migrate PatientsFirst.ca activists over to albertapathients.ca, offering a different, non-political experience helping to improve the system.</li> <li>● 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.</li> <li>● Explore alternative platform provider and explore business case for making the move, including new ways to engage community members.</li> </ul>
<p>2. Provide advice to government on any proposed changes to the Health Professions Act following the white paper consultation process.</p>
<p>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.</p>

## Healthy AMA

### 1. Governance

- 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.

### 2. Workforce

- 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.

### 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.
- 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.
- 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.

### 5. Knowledge

- 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.

## D. 2020/21 Budget

	Budget 2019/20	Budget 2020/21	Forecast 2021/22
<b>REVENUE</b>			
Membership revenue	19,427,584	15,529,334	15,529,334
Insurance commissions	1,696,612	1,686,038	1,686,038
Health Benefits Trust commissions	428,390	435,057	435,057
Benefit stream fixed administration fee	700,000	-	-
Investment income	125,000	125,000	125,000
Advertising	80,000	60,000	60,000
CMA Contributions	-	2,578,000	622,000
Other revenue	1,174,650	962,650	962,650
	<b>23,632,236</b>	<b>21,376,080</b>	<b>19,420,080</b>
<b>EXPENDITURES</b>			
<b>Executive Office</b>			
Labor costs	1,019,306	942,772	961,627
Finance and membership services	1,610,432	1,562,422	1,593,670
Student/Resident scholarships & grants	190,000	130,000	130,000
Section support	74,453	325,780	325,780
Zone medical staff association support	810,325	676,044	676,044
Other branch costs	113,200	91,700	91,700
Executive provision	50,000	50,000	50,000
Board	748,000	687,500	687,500
Representative Forum	992,800	966,280	966,280
Committee on Financial Audit	25,000	25,000	25,000
Other committees	70,000	57,250	57,250
	<b>5,703,516</b>	<b>5,514,748</b>	<b>5,564,852</b>
<b>Southern Alberta Office</b>			
Operations	888,283	849,770	866,765
	<b>888,283</b>	<b>849,770</b>	<b>866,765</b>
<b>Corporate Affairs</b>			
Labor costs	1,110,289	977,221	996,765
Other branch costs	54,000	32,618	32,618
Facility Costs	1,573,966	2,102,470	2,202,470
Human resources	828,223	643,229	656,094
ADIUM Insurance	1,354,650	1,148,066	1,171,027
Health Benefit Trust Fund administration	199,421	190,681	194,495
Information system	2,360,635	2,204,632	2,248,725
Committees	8,000	3,000	3,000
	<b>7,489,184</b>	<b>7,301,917</b>	<b>7,505,194</b>
<b>Public Affairs</b>			
Labor costs	1,102,482	1,065,174	1,086,477
Other branch costs	40,992	20,320	20,320
Section services	177,379	163,409	163,409
Member communications	287,500	319,500	319,500
Shine a light/Youth Run Club	145,000	115,000	115,000
Albertapartients	200,000	200,000	200,000
Committees	13,588	7,750	7,750
	<b>1,966,941</b>	<b>1,891,153</b>	<b>1,912,456</b>
<b>Health Economics</b>			
Labor costs	2,371,889	2,125,783	2,168,299
PCC Chair	72,000	-	-
Other branch costs	91,900	48,600	48,600
AMA Compensation Committee	130,000	100,000	100,000
Other committees	5,000	27,800	27,800
	<b>2,670,789</b>	<b>2,302,183</b>	<b>2,344,699</b>
<b>Professional Affairs</b>			
Labor costs	904,885	602,926	614,985
Other branch costs	81,180	11,000	11,000
Health Issues Council	35,000	33,250	33,250
Indigenous Health	35,000	33,250	33,250
Appropriateness/Choosing Wisely	95,000	10,000	-
Committees	25,000	9,500	9,500
	<b>1,176,065</b>	<b>699,926</b>	<b>701,985</b>
<b>Health System Transformation</b>			
Labor costs	344,597	324,324	330,810
Other branch costs	118,000	21,200	21,200
System transformation leadership	320,252	549,575	549,575
Committees	-	-	-
	<b>782,849</b>	<b>895,099</b>	<b>901,585</b>
<b>Priority Activities</b>			
Representation	1,179,000	1,080,424	1,080,424
Informatics	600,000	500,000	500,000
Healthy Working Environments	400,000	350,000	350,000
Government Relations	295,000	295,000	295,000
Leadership	240,000	140,000	140,000
CMA General Council	240,000	30,000	30,000
Alliances		100,000	100,000
Change management RFP development		250,000	
Master Agreement Negotiations	1,000,000	300,000	600,000
Income Equity Initiative	1,500,000	632,643	
Legal (Charter Challenge)		150,000	520,000
Public Campaign		2,078,000	
	<b>5,454,000</b>	<b>5,906,067</b>	<b>3,615,424</b>
<b>Total Expenditures</b>	<b>26,131,627</b>	<b>25,360,863</b>	<b>23,412,960</b>
<b>Operating Surplus (Deficit)</b>	<b>(2,499,391)</b>	<b>(3,984,783)</b>	<b>(3,992,880)</b>

## Contingencies and Reserves

	Budget 2019/20	Budget 2020/21	Budget 2021/22
<b>Board Reserves</b>			
Emergency reserve	10,393,000	10,212,978	10,212,978
Capital reserve	3,504,000	3,508,000	3,508,000
Strategic initiatives reserve	1,000,000	1,000,000	750,000
Less change management RFP		(250,000)	83,333
	14,897,000	14,470,978	14,554,311
<b>AMA Contingency</b>			
Opening Balance	13,125,000	13,120,272	9,779,097
Net investment income after funding board require	393,750	393,608	293,373
Operating surplus (deficit)	(2,499,391)	(3,734,783)	(3,992,880)
	<b>11,019,359</b>	<b>9,779,097</b>	<b>6,079,589</b>