

Report

of the

EXECUTIVE DIRECTOR

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

Date: September 12, 2018
To: Representative Forum
From: Michael A. Gormley
Executive Director
Subject: 2017-18 Year-end Business Plan Update
For: Information

This report provides a final update on the 2017-18 Business Plan priority activities.

2017/18 Year End Business Plan Update

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	Activities	Update
<p>Physicians are fairly compensated for their skills and training within the profession and in comparison to other professionals.</p>	<ol style="list-style-type: none"> 1. Renegotiate the AMA Agreement: <ul style="list-style-type: none"> • Reopening of the AMA Agreement. • Renegotiation of the Strategic Agreement. 2. Representation of physician interests under current structures: <ul style="list-style-type: none"> • AHS physician groups through the Strategic Agreement. • Physician interests under the AMA Agreement. • Others, including employed physicians. • Academic ARP physicians under provincial structures. 	<ul style="list-style-type: none"> • The AMA and AH have executed a new Master Agreement effective until March 2020. AH, AHS and the AMA are currently in the process of implementing the commitments made within that agreement. • The AMA has achieved broader representation rights under our new agreement than before. The representation aspects of the strategic agreement will be tabled in legislation before December 31, 2018. The agreement provides increased scope of representation to include not only the financial aspects but also working conditions. • The AMA was successful in achieving representation rights for academic physicians in the AMHSP through its general recognition clause. The general recognition clause will also be part of any legislation that is to be tabled in the legislature by December 31, 2018. • An AMA academic medicine working group has been created to support academic ARP physicians. The working group is addressing three key items: <ul style="list-style-type: none"> ○ Recommend an approach for improving the representation of academic physician within the AMA governance structure. ○ Recommend an approach or structure for academic physician members to provide advice to the AMA representatives on the Strategic and Operations committees. ○ Recommend an approach and strategy that will allow academic physicians as a collective to be the representative of physicians in the negotiations of future Master Funding Agreement and the Individual Service Agreement template. • The AMA will be working with the AMA academic medicine working group as it enters into negotiations with respect to the Master AMHSP Agreement and the ISA template.

	<p>3. Working with sections, develop an Average Net Daily Income (ANDI) model in support of income equity.</p>	<ul style="list-style-type: none"> • Work continues on various components associated with the physician compensation strategy. • Following RF direction, the draft Income Equity Initiative Implementation Plan (one component of the compensation strategy, incorporating the ANDI model and potential reallocation) was updated, enhanced and provided to the RF. • Sections have been engaged in consultations for different components of the ANDI model including Overhead, Hours of Work, and the Training and Career Length studies. • The Overhead and Hours of Work studies are well underway, with results anticipated by early 2019. • Members have been kept informed through President’s letters, regular 6 week updates and information posted to the IEI portion of the AMA website. • An updated IEI plan, including recommendations from AMACC, was posted for RF delegates, prior to the Spring 2018 RF.
<p>Physicians’ practice management decisions are based on sound management advice and best practice.</p>	<p>1. Support appropriate member billing practices:</p> <ul style="list-style-type: none"> • Continue to develop tools like the fee navigator and billing training tools. <p>2. Implement a peer review process.</p> <p>3. Support physician management of practice:</p> <ul style="list-style-type: none"> • Support strong business practices and governance within PCN’s and participating clinics. 	<ul style="list-style-type: none"> • The Fee Navigator continues to be a valuable resource, well-utilized by physicians and clinic billing staff. Planned enhancements include integration with peer review materials and enhanced functionality through a future AMA member app. • The AMA Peer Review Committee has been meeting regularly since Spring 2017 to develop its process and review claims data. • On December 15, 2017, the peer review program was officially launched on the AMA website. This area includes information about the peer review process, links to a member website/portal for submitting ideas, and a ‘Billing Matters’ newsletter, offering ‘case study’ examples of how to bill correctly, along with links to the Fee Navigator. • At the Spring 2018 RF, delegates had the opportunity to provide direction on: <ul style="list-style-type: none"> ○ The committee’s activities to date. ○ The plan to deal with some of the more egregious cases (where education has not impacted behavior), as well as “grey areas” of billing. ○ How targeted information may be distributed to physicians. ○ Circumstances (if any) for referring a case to Alberta Health. • A legal opinion has been obtained re AMA’s risks, liabilities and obligations around peer review. • The integrated programs at AMA continues to support governance education and behavior. All curriculums are finalized in governance education and are being delivered throughout next year to PCNs and physician members across the province. PCNs are supported with business planning and annual reporting on an ongoing basis. AMA

	<ul style="list-style-type: none"> Support specialists involved in initiatives that integrate care across the system. 	<p>Integrated teams are also working with AH and AHS in redeveloping the PCN business planning process and zone service planning.</p> <ul style="list-style-type: none"> The integrated programs are supporting the SCA (Specialty Care Alliance) on an ongoing referral project in partnership with the PCA.
<p>Reliable and best-in-class financial products are available to all members.</p>	<ol style="list-style-type: none"> Review the AMA's property and casualty insurance offering, including the endorsement agreement with TD Insurance Meloche Monnex, which will reach the end of its 10-year term. Review the evolving CMA structures that support members (e.g. Joule) to ensure effective coordination and alignment with AMA services. Strengthen and leverage the financial services alliance with MD Management to meet member needs. 	<ul style="list-style-type: none"> The ad hoc Property & Casualty Insurance Review Committee completed the Request for Proposal process and finalist presentations on April 30th. Consensus recommendation by the committee was to proceed to negotiate a new insurance affinity agreement with TD Insurance Meloche Monnex for a home and automobile insurance program. The new agreement should be completed by the end of September with a start date of November 1, 2018. The committee also recommended retaining Mardon Group Insurance for commercial office and other related products. The agreement with Mardon will be updated following the completion of the TD agreement. Communications to the membership on the new agreement to occur this fall. The relationship between the AMA and CMA is evolving. Key to that evolution is the recent sale of MD Management and bylaw changes approved in August to reduce the size of the CMA board. We continue to explore opportunities to strengthen the relationship with the CMA and enhance the services we collectively provide to members. In September, the RF will be providing advice on aspects of the future relationship with the CMA. Since the announcement of the sale of MD Financial Management to Scotiabank, the alliance management committee has been exploring implications and new opportunities. It is the AMA's view that the alliance will continue to provide members with best-in-class financial and insurance services through MDFM and AMA's ADIUM Insurance Services Inc.

Well Being

The AMA supports members in maintaining a healthy work-life balance, including being a leader in the development of a comprehensive physician health program. The AMA also promotes and supports physicians contributing to the broader community through the Many Hands™ program including the AMA Youth Run Club and Emerging Leaders in Health Promotion grant program.

Goal	Activities	Update
Physicians are supported in maintaining their own health and that of their families.	<ol style="list-style-type: none"> 1. Continue providing quality Physician and Family Support Program service. 	<ul style="list-style-type: none"> • The PFSP continues to support the health and wellbeing of physicians, residents and medical students and their immediate families through a broad range of direct supports from education and awareness through to individual case management services. Access to the PFSP toll-free line and to case management shows an overall increase in numbers of clients this year. Awareness and education remain critical components of the program; PFSP reaches out across the province and participates in a spectrum of opportunities with various physician groups. Interest and engagement on topical subjects such as physician burnout has been an area of focus for the program allowing for unique opportunities to engage with leaders and create the necessary conversations to support positive systemic change.
The AMA is a broker in bringing together physicians, patients and families toward healthy communities. Physician and community contributions are supported and celebrated.	<ol style="list-style-type: none"> 1. Using Many Hands™ as the platform, establish the AMA as a key resource for bringing physicians together with communities: <ul style="list-style-type: none"> • Continue to expand the AMA’s Youth Run Club (YRC) to more schools and students. • Administer the Emerging Leaders in Health Promotion grant program. 2. Profile and celebrate physicians who contribute to community through volunteerism, philanthropy or leadership through the AMA website, traditional media and social media. 	<ul style="list-style-type: none"> • The AMA continues to enhance relationships between physicians and communities through the programming offered through YRC. • The AMA YRC exceeded its 2017-18 goals with 524 schools and more than 30,000 students throughout the province. • The Emerging Leaders in Health Promotion grant program is funding seven projects for 2017-18. (ELiHP projects facilitate the growth of physician leadership and advocacy skills. Through education, advocacy or community service, ELiHP projects benefit many Albertans.) • ELiHP projects are recognized and celebrated in Alberta Doctors’ Digest and on the AMA website. Social media and Avenue magazine advertisements also promote the amazing accomplishments of these physician leaders.

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 through primary care networks (PCNs), strategic clinical networks (SCNs) and other initiatives. Other activities include the AMA's key role, with Alberta Health (AH) through the AMA Agreement, in developing and maintaining the physician payment strategy for the province; several programs aimed at quality improvement; activities related to information management and technology; and supporting the development of physician leadership skills.

Goal	Activities	Update
<p>Working with Alberta Health (AH), Alberta Health Services (AHS) and other partners, lead and influence positive change in the delivery of services.</p>	<ol style="list-style-type: none"> 1. Support the continued realization of a Patient's Medical Home for all Albertans: <ul style="list-style-type: none"> • Launch a continuity campaign with clinics built around the implementation of the Central Patient Attachment Registry (CPAR) to encourage attachment of patients to their identified medical home. • Continue supporting good management and governance of PCNs to enable investment of resources in the medical home. • Improve integration of AMA change management programs and collaboration with AH and AHS partners. 2. Support activities that integrate care across the system: <ul style="list-style-type: none"> • Work with AHS through SCNs and PHCIN to develop and test initiatives to improve integration of care between physicians and AHS services. • Work with interested physician sections and groups to develop and test initiatives to improve transitions of care between physician practices. • Work with interested sections to create an alliance/forum to forward system improvement initiatives. 	<ul style="list-style-type: none"> • The continuity campaign is poised for launch in fall 2018 to clinics, patients and PCNs via a series of posters and a CPG (clinical practice guideline). CPAR, an enabler for continuity, has merged with a larger AH campaign Community Information Integration (CII) and there has been agreement with AH and AHS on high level continuity messaging. • With the creation of PCN zone committees, the integrated programs are shifting to enable support of individual PCNs through capacity building to the zone in areas such as business planning, annual reporting and evaluation process. • Integration of the programs is nearing finalization. Staff restructuring, role refinement and program rebranding is underway. • Team Partnerships with AHS and AH exist across all the current PCN supports and development projects. • Integrated programs are part of the PHCIN and have worked closely with AHS partners in this network to define and launch a specific initiative to improve hospital to home transitions. • The SCA (Specialty Care Alliance) has been formed and is meeting on a regular basis working towards defining a project on improved referrals as well as partnering with the PCA (Primary Care Alliance) to define areas of collaboration for improved integrated care.

	<ul style="list-style-type: none"> • Seek modification of the mandate of programs to enable change management services to all specialist physicians. <p>3. Support the governance structure created under the PCN Framework:</p> <ul style="list-style-type: none"> • Support the setup of the new operating committees at the provincial and zonal levels. • Support the work under the new PCN Framework towards improved integration of care between clinics, PCNs, AHS and other partners. • Support the work under the new PCN Framework to continue to grow PCN capacity to assist clinics in the transition to medical home. 	<ul style="list-style-type: none"> • Block funding and anticipated agreement with AH to officially merge the three programs is nearing finalization. Grant deliverables are being defined and do allow for a wider mandate. • The formation of five new PCN zonal committees was achieved Feb 14, 2018. The AMA change management team is working closely with AH with in restructuring other PCN provincial committees • PCN Zonal committees are in the process of defining zone priorities that align with the newly endorsed PCN provincial committee priorities. The change management support team collaborates on committees with AH and AHS partners at provincial and zonal levels defining and supporting integration opportunities such as hospital to home and the opioid response initiatives. • Capacity building at PCNs to support clinics in their journey to PMH is an essential base of what the integrated programs build into the development of PCN services and products. Networks of practice in improvement, communication, finance, governance, and physician leadership are supported by the integrated programs to improve and expand capacity.
<p>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>	<p>1. Alignment of physician compensation activities and funding with system objectives:</p> <ul style="list-style-type: none"> • Working with sections, develop an Average Net Daily Income (ANDI) model in support of income equity. • Work with partners to align provincial Academic ARP structures towards system objectives. • Work with AH and AHS to implement ARP's and other alternate funding arrangements that improve the quality of care Albertans receive. <p>2. Support initiatives that integrate health information including enhanced information exchange and data analytics:</p>	<ul style="list-style-type: none"> • Update on ANDI model provided under Financial Health item. • The AMA has formal representation on the Academic ARP Provincial Strategy and Operation Committees. See additional information under Financial Health. • The AMA is advocating for a joint AMA/AH/AHS review of ARP rates at the Physician Compensation Committee. This rate review will include consideration of workload requirements (FTE definitions). • The AMA has been participating in the development of the Blended Capitation Model ARP for primary care. A joint planning (SPRINT) session with AMA, AH and AHS representatives was undertaken in February 2018 to identify model deficiencies and other barriers to physician uptake is schedule for approval at management committee September 2018. Once approved a re-launch and targeted approach can be taken to improve clinic uptake.

	<ul style="list-style-type: none"> • Work with others to enable the flow of high value health information from community-based physicians to Netcare and AH data repository. • Implement the provincial AHS clinical information system information sharing framework. • Champion the adoption of a common secure messaging standard for Alberta. <p>3. Participate in the development of a needs based physician resource plan:</p> <ul style="list-style-type: none"> • Ensure that physician supply is reasonable to meet Alberta population health needs including needs by specialty and by geographic location. • Ensure that physician’s professional and economic interests are identified and represented. 	<ul style="list-style-type: none"> • The Central Patient Attachment Registry (CPAR) will be combined with CII to provide automatic upload capability of patient panel information from primary care offices. • Community-based specialist practices will be able to send consult reports to Alberta Netcare from your electronic medical records. • We’re optimistic that beginning in 2019, CII-enabled notifications about patient events (emergency room visits and hospital admissions and discharges) will be sent to the patient’s medical home. • Also (hopefully in 2019), community EMRs will generate a standardized patient summary to Alberta Netcare, allowing other physicians to see a pertinent summary of the patient’s medical history. • The new AHS Clinical Information Sharing Approach has been implemented. AMA reps have been named to the new governance committees. • Discussions between vendors, AH and AHS will be reinitiated in light of planned developments (e.g., deployment of the AHS provider portal in late 2019). • AMA has two representatives on the PRPAC who will continue to identify possible implications for patients, physicians and the health system as physician resource needs are determined. As well, the AMA has formal representation on the PRPAC Technical Working Group and the Operational Working Group. The technical working group is tasked to provide the PRPAC with analysis and data collection to support the recommendation for physician resources. The mandate of the operational working group covers identifying potential levers for physician distribution and supply and develop methods to implement, review and evaluate progress. • The Physician Resource Planning Advisory Committee (PRPAC) sent a report to the Minister defining a range of physician needs for the year. • The AMA has undertaken consultation sessions with the Section of General Practice (SGP); Primary Care Alliance (PCA); the Specialty Care Alliance (SCA) and the AMA PRP Advisory Group. Purpose of the sessions were to obtain perspectives from the leaders on important characteristics, principles, new control mechanisms, potential relationship to negotiations and what roles and responsibilities should the AMA take on related to a physician supply strategy.
<p>Physicians and the AMA, in partnership with patients, play a leadership role in advocating and promoting a system characterized by Patients First®.</p>	<p>1. Assess the value of the Albertapatient.ca portal to the board and patients and identify opportunities to enhance that value.</p>	<ul style="list-style-type: none"> • At the end of the business year, the AMA’s albertapatient.ca community had passed the 7,000 member mark and continues to grow. It continues to be the most recognized (statistically significant) patient research portal in Alberta and was a highlighted service at the 2018 Canadian Medical Association Grand Central exhibitor event during the

	<p>2. Support physician leadership:</p> <ul style="list-style-type: none"> • Provide skill development opportunities to AMA physician leaders. • Develop a leadership framework to create physician capacity to leading system change that improves care for Albertans. <p>3. Support and advocacy for improved access and quality of care to Indigenous communities through implementation and actions to support the AMA Indigenous Health policy. This will involve establishment of an Indigenous Health committee and engagement of Indigenous leadership and other stakeholders.</p>	<p>Innovation Summit. The community continues to grow and identify issues that are on the minds of Alberta patients.</p> <ul style="list-style-type: none"> • Surveys have been conducted in partnership with AH, AHS and HQCA, all of whom recognize the value of this community and the perspective it can bring. • Surveys are shared with the AMA Board of Directors to help inform AMA participation in provincial activities. A research agenda is being developed to support the 2018-19 Business Plan to inform advocacy and policy setting work. • A primary care tracking survey is being conducted to assess opinions of the primary care system, patient expectations of their relationships with family medicine, etc. • Specialty groups are being assisted through researching Albertans’ awareness of the role and importance of the specialty in the wider health care system. • We’re exploring patient experience with obtaining prescriptions for opioids and cannabis and further research will be conducted in the next year to provide particular data requests coming from the Section of Rheumatology. <ul style="list-style-type: none"> • The AMA has provided 6 courses for leadership development this year: The Difficult Conversation in Healthcare, Resolving Conflict in the Healthcare Workplace, The Spectrum of Behavior in Healthcare and Team Dynamics and Communications for Healthcare Professionals. • The AMA is participating in the Advancing Professional Behavior in the Workplace project with the CPSA, AHS and the HQCA which has a focus on leadership development. <ul style="list-style-type: none"> • The AMA Indigenous Health Committee has begun its work towards prioritizing and implementation of the AMA Indigenous Health policy. • The AMA board participated in Indigenous Cultural Safety Training in February. • AMA Staff are being offered training in Indigenous Cultural Safety
--	--	--

A Healthy AMA

Achieving the goals under the three Key Result Areas requires a healthy, vibrant and sustainable AMA.

Capability	Activity	Update
Governance	<ul style="list-style-type: none"> Review the KRA's and goals relative to the new vision Implement the Governance Review report recommendations Support the development of a specialist alliance/forum 	<ul style="list-style-type: none"> As part of the 2018/19 business planning process, the board reaffirmed the KRA's. One new goal was added under Well Being that supports physicians in attaining a safe, healthy, equitable working environment. All recommendations have been implemented or are in the final phases of implementation. The Specialist Care Alliance is active and considering a variety of topics including income equity and integration.
Workforce	<ul style="list-style-type: none"> Continue to integrate and expand physician support programs Complete a staff compensation review 	<ul style="list-style-type: none"> Efforts continue to fully integrate physician support programs to more effectively and efficiently align with provincial strategies. The compensation review will be undertaken in 2019.
Financial	<ul style="list-style-type: none"> Sustainable operations and fully funded reserves Effective stewards of AMA Agreement funding Review ongoing activities for alignment with organizational goals and steward the use of one-time reserves to support activity 	<ul style="list-style-type: none"> The AMA has fully funded reserves and a strong financial foundation to meet coming demands. AMA Agreement funding is being managed in accordance with grant agreements under the financial oversight of the Committee on Financial Audit. All activities were assessed as part of the annual business planning process to ensure that resources are focused on the activities of most value to members.
Relationships	<ul style="list-style-type: none"> Strengthen relationships with system leaders towards building an integrated health system Improve the AMA's ability to provide input into government policy development Leverage the patient portal to inform AMA decision making. 	<ul style="list-style-type: none"> The profession's formal and informal participation across the system is helping to build the integrated health system envisioned by the profession. The profession is formally recognized under the amending agreement in a variety of policy areas and is influencing policy development. The board is using the patient portal to better understand patient's perspectives on key health issues.
Knowledge	<ul style="list-style-type: none"> Implement the insight and engagement strategy approved by the board Complete a comprehensive data security review Improve capabilities and opportunities for member engagement 	<ul style="list-style-type: none"> A member engagement measurement system has been developed and new engagement and analytic tools are being added regularly including a member app for mobile devices, which is in final testing. A comprehensive assessment of the AMA's information, security and privacy framework is being finalized. Preliminary results show no critical gaps. The committee on financial audit will review the complete report in October. New engagement tools including discussion boards have been launched. A comprehensive communications audit was conducted and recommendations have been approved by the board to enhance engaging communications across the AMA's activities

Budget Update

AMA Operations

	Projected Actual (\$ 000's)	Budget (\$ 000's)	Variance (\$ 000's)
REVENUE			
- Dues	17,021	16,931	90
- Other	3,685	3,435	250
Total Revenue	20,706	20,366	340
Operating Expenditures			
- Executive Office	5,417	5,417	
- Southern Alberta Office	751	801	50
- Corporate Affairs	6,326	6,396	70
- Public Affairs	2,165	2,165	
- Health Economics	2,424	2,424	
- Professional Affairs	1,183	1,183	
- Priority Projects	1,475	1,975	500
	19,741	20,361	620
Transfer to Contingency Reserves	965	5	960

1. Membership was slightly greater than budgeted and the sale of group insurance products exceeded our growth projections.
2. Operating expenditures are primarily comprised of workforce (staff and volunteers) and facility costs. Actual expenditures in these areas are expected to closely match the budget.
3. Priority Projects include activities such as implementation of the governance review recommendations, the insight and engagement project, representation of AHS contracted physicians under the Strategic Agreement and IMIT strategies. We expect roughly \$.5 million of the total provision to go unspent this year including a provision of \$200,000 for the work of the physician resource plan committee.

Reserves

Board Reserves

	Projected Actual (\$ 000's)	Budget (\$ 000's)	Variance (\$ 000's)
Emergency	9,078	9,078	
Capital	3,604	3,604	
Strategic	1,000	1,000	
	13,682	13,682	

AMA Contingency Reserve

	Projected Actual (\$ 000's)	Budget (\$ 000's)	Variance (\$ 000's)
Opening Balance	10,213	11,801	(1,588)
Net income	472	472	
Operating Surplus	960	5	955
Negotiations	(830)	(1,000)	170
Health System Change	(15)	(150)	135
Strategic Agreement	(150)	(200)	50
Income Equity	(400)	(800)	400
Representation	(0)	(300)	300
PCN Provincial Framework	(500)	(700)	200
	9,750	9,128	622

AMA Agreement

	Projected Actual (\$ 000's)	Budget (\$ 000's)	Variance (\$ 000's)
Opening Balance	2,603	2,700	(97)
Net income	40	40	
Other Agreement implementation activity	(100)	(280)	180
Section Grants	(298)	(298)	
System Integration	(645)	(777)	132
	1,600	1,385	215

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 – The opening balance includes a reduction in market value of the building determined in the most recent appraisal. There was underspending against the provisions made for the listed one-time initiatives and the overall contingency is therefore greater than budgeted at the end of the year.
3. AMA Agreement – These one-time funds were provided through the 2013 AMA Agreement and are used to support physicians' involved in agreement related implementation activity. Some activity was delayed during negotiations which generated one-time savings that will be available for future years.