ALBERTA HEALTH “CONSULTATION PROPOSALS” - TALKING POINTS FOR FAMILY PHYSICIANS

Take-Home Points

- We are concerned about patient care and being able to spend the time needed with our complex, vulnerable patients.

- Complexity is about more than medical diagnoses; family physicians need to be able to spend time with their patients to address other factors like optimizing overall health, mental health, learning or behavioural issues for children, vaccinations, etc.

- There is a financial reality of being small business owners – this is not about family physicians protecting their income, this is about being compensated fairly and being able to employ the team and maintain clinic infrastructure to be able to practice high-quality, comprehensive medicine.

- Tell your story – the personal is much harder to refute! Speak about what it means to you to be a good family doctor and about the patients you are concerned will be impacted by these changes.

- Always bring it back to patient care and how this will impact your ability to do your job most effectively for your patients.

Central Messages

- We remain active in formal negotiations with AH. The AMA was asked to consult on proposals, but we believe these discussions are part of negotiations and that is where they should occur.

- It is not good faith to bypass formal negotiations or undercut a standing physician master agreement (term is active until March 31, 2020).

- Family physicians want to continue to provide high-quality, comprehensive care to our patients and AH’s proposals will compromise our ability to do so.

- The proposals focus too much on financial targets and not on quality patient care. Our health care system needs a balance of both priorities.

- Patient access to appropriate team-based primary care must be maintained, especially for complex and vulnerable patient populations.

- Physicians are eager to work with AH to be good stewards and have a quality, sustainable health system...but not by being pressured outside of appropriate negotiations processes.

Q&A

What are the details, can we see the documents?
• I can’t speak to details of the individual proposals (you would have to ask AH), but I can tell you what I am worried about...the impact on patient care!

• If Alberta Health chose to move the discussions back into formal negotiations (as the AMA strongly feels is appropriate and in keeping with “good faith” negotiations, then AMA would encourage AB Health to continue consulting the public on de-listing services as there is definite public interest/rights to be consulted on those.

What happens next?
• The AMA will continue to collect feedback from members. There are experts reviewing and a special emergency meeting of our Representatives Forum was held on December 7 to discuss how to approach this situation.

• Further information will be coming to members and to the public.

• Some of these items are part of negotiations and we will continue to discuss them at the table.

What are your concerns?
• There is significant potential for patient harm here: too much focus on dollars, not enough on quality care, patient access and providing care for increasingly complex patients.

• Some of these things go directly against the platform they ran on:
  o Medical home and comprehensive primary care...what they are proposing could be terribly harmful – more cost in the long run and more burden for patients
  o There are proposals in hospital care too – again, they focus too much on cost and not enough on quality
  o Care in rural Alberta could be greatly affected
  o Care for seniors, addictions and mental health would be directly impacted

Do you think government will budge? They want money...
• We’re still confident they want good health care, not just cuts - they have good ideas like reducing surgery wait times.

• Many of these items need to be discussed at negotiations where we will also bring forward the quality issues.

• Physicians agree that costs need to be considered and we’ll do our part but both sides, but government needs to remember that the system needs affordability AND quality

They always say docs are overpaid. Is that what this is about
• This is about proposals that could seriously harm patient care, reduce continuity, impact rural care and communities.

• We have always been willing to talk about cost and doing our part – we don’t necessarily agree with all of their numbers!

• That is what the formal negotiations process is for.