



# SGP BULLETIN

February 10, 2017

## SOMB Rules Initiative - Batch 2 Completed

Dear Family Physician,

This past week, Batch 2 of the SOMB Rules Initiative was finalized. As you may recall, SGP Executive did not make any further rule change recommendations after Batch 1. The most significant rule change from Batch 2 that will impact family physicians is the limiting of the Business Cost Program support to a maximum of 50 per day. There was also an equalization of the Business Cost Program price for Calgary and Airdrie to the same as the rest of the province.

The final numbers for General Practice contributions to the SOMB Rules Initiative are estimated as follows:

Batch 1	Batch 2	TOTAL
\$17,492,050	\$18,254,209	\$35,746,259

Overall total contributed by all sections	\$79,104,050
Percentage of GP contributions to overall contributions	45.19%
GP total contributions as a percentage of gross billings	2.65% (\$10,746.55 per SAE)
Specialist total contributions as a percentage of gross billings	2.16% (\$14,380.22 per SAE)

### SGP Perspectives on the Rules Initiative

There is no doubt that we have significant concerns about the gap in contributions between GPs and Specialists. The AMA Board has recognized that there is an impact on equity among sections. The Board has committed to seeking opportunities in the Reconciliation Process and future allocations to recognize the degree that sections have been impacted and the contributions they have made. They will work through the Representative Forum (including at the spring meeting), and with sections to develop an appropriate process to achieve this goal. SGP will be a vocal contributor to these conversations.

It is important to recognize the work the AMA Ad-Hoc Committee did to protect other items that Alberta Health wanted to target in rule changes that would have affected GPs, such as:

- Capping visits at 50 patients per day

- Limiting complex modifiers that restricts time spent with patients
- Completely eliminating the 03.04A comprehensive visits for 'healthy' patients

### Support for Primary Care?

The capping of the Business Cost Program does raise a concern that this could be the initial action toward complete elimination of the Business Cost Program in the next round of negotiations. This would have a severe impact on GPs and on our ability to run our clinics in the future.

So let's look at the big picture...we have heard countless times about the importance of having a robust primary care health system, with a well-supported medical home. Family physicians and our clinics play an integral part in this. Therefore, inadequate support for our clinics will be detrimental to the success of the medical home.

As we work to progress primary care and medical homes in our province, family physicians see this work as a collaborative effort to be undertaken in partnership with our PCNs, AH, and AHS. I am concerned, however, that this is not reflected in economic support for family physicians and our clinics.

The impact of the SOMB Rules Initiative; the inevitable loss of the Retention Benefit; the potential loss of the Business Cost Program (overhead support); the rumours of restriction of billing numbers, and the change management around Central Patient Attachment Registry (CPAR) and Community Information to Netcare (CI2N) – with no further overhead support, are all issues that cause us to question Alberta Health's desire to support family physicians at the clinic level. We hope that government will recognize and appropriately address the considerable challenges we face with all of the changes occurring.

SGP urges all family physicians to communicate your concerns regarding the impact these changes will have on general practice to your zone representatives and RF delegates. Please email me at [gppres@albertadoctors.org](mailto:gppres@albertadoctors.org) if you need information about how to contact them.

As always, we welcome any feedback you may have on GP related issues, so please don't hesitate to get in touch.

Regards,



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President - AMA Section of General Practice

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