



SGP BULLETIN

January 24, 2017

January Update

Dear Family Physician,

Please see the following updates from the Section of General Practice Executive Committee:

Blended Capitation Model

As mentioned in previous communications, an Expression of Interest (EOI) for the BCM demonstration project was sent to all family physicians on November 25, 2016, and closed December 11, 2016. The Clinic Selection Committee (which included two general practitioners) selected a total of seven clinics to advance to the financial modeling stage. This modeling will occur until early February. It is anticipated that five clinics will be selected to move forward in Phase 1.

It is hoped that Phase 2 of the BCM demonstration project will begin in the summer or early fall of this year.

Alberta Health and AMA have identified implementation team members to support Phase 1 clinics. The AH team will focus on model implementation and funding logistics, while AMA will support practice change management.

Oversight and ongoing issues will be managed by the Blended Capitation Model Committee which includes representatives from AH, AHS, and AMA.

Central Patient Attachment Registry (CPAR)

As part of the amending agreement with Alberta Health, the Central Patient Attachment Registry (CPAR) is to be developed. In this past month, a CPAR Working Group and Steering Committee have been established with Terms of Reference developed and initial meetings have been held. Membership of these committees includes representatives from AMA, AH, and AHS with physician participation (through AMA). The AMA is also consulting members to provide input.

The delivery of primary care is changing and AMA programs need to be structured to support these changes. As you are aware, there are several initiatives being undertaken by the AMA to make the Patient's Medical Home a reality, and CPAR is one of them. As family physicians we recognize that innovative change in patient care can occur when appropriate supports are in place to promote the goals of comprehensive family medicine.

Relational Continuity results in:

- Better health outcomes
- Better quality of care
- Better coordination of care
- Reduced overall costs to the health care system

Informational Continuity results in:

- Better handoffs (SC to PC, etc.)
- Better communication

A centralized registry could provide:

- Analytics to support relational continuity with a primary provider and the Patient's Medical Home
- Less duplication
- Provincial level attachment data & information for secondary use (e.g., population health analysis)

Timelines for CPAR are aggressive, particularly for the anticipated first release in December 2017. It will be critical for the committees to remain highly focused on the goals and not 'tack on' additional items that will make this project more cumbersome than it already is. The CPAR intends to build on the panel progress underway by the majority of practices with members in Primary Care Networks.

Community Information to Netcare (CI2N)

One of the IM/IT priorities of Alberta Health is to develop an initiative that will move information from our EMRs to Netcare. This information flow will permit further continuity of patient information as they venture through the health care system.

The AMA is trying to constructively influence this initiative and mitigate the potential issues that could be problematic, including:

- Discretionary control over what patient information is released, i.e. protecting sensitive patient information
- Quality and quantity of the information (more useless information leads to having to read through more useless information), basically, more information is not necessarily better
- Determining what this information can and will be used for
- Ensuring there is public awareness regarding patient information flow
- Encouraging reciprocation of information flow – making sure physicians receive vital patient information to their EMRs to ensure proper transitions of care
- Supporting change management for physicians
- Advocating for a more robust and efficient Netcare program

Initial phases will be voluntary, but it is anticipated that over time this will become a standard of care in Alberta.

Schedule of Medical Benefits Rules Initiatives - Batch 2 (SOMB)

As mentioned in my last SGP Bulletin, SGP Executive did not forward further recommendations for Batch 2 of the SOMB Rules Initiatives. Please click to read our last SGP Bulletin for the details of why this decision was made: [December 19, 2016 SGP Bulletin](#) (SGP/SRM member login is required).

At the time of writing this letter, the Joint Ad-Hoc Committee is in the final stages of completing the work to accomplish the \$100 million savings. Details will be released after proper processes are completed and calculations are made.

SOMB Rule changes were not designed as an equity exercise but there was direction by Representative Forum (RF) to request that equity be taken into account. After Batch 1, SGP Executive communicated our concerns to the AMA Board regarding equity and relativity – both within the SOMB Rules Initiatives and also in the bigger, longer term picture.

The Board has identified the degree of contributions made by all AMA sections to the SOMB Rules Initiative process and will seek opportunities in the reconciliation process and future allocations to recognize the degree of impact to all sections.

The Board also recognizes the complexity of equity and relativity and the numerous inter-related issues that are involved in the big picture. For this reason, an additional half day at the Spring RF will be devoted to this issue.

As you can appreciate, there is a high level of activity going on within our Association and with AH and AHS. For all of you out there participating and collaborating with our government and zones at various tables and on various committees, I would like to thank you for your time and passion to improve patient care and the health system in our province.

As always, the SGP Executive will work to keep you informed on work and issues related to family physicians and primary care in our province. We welcome your questions and feedback, so please don't hesitate to get in touch (gppres@albertadoctors.org).

Wishing you all the best in the New Year.

Regards,



Dr. Darryl D. LaBuick
President - AMA Section of General Practice

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