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ALBERTA MEDICAL ASSOCIATION
Section of General Practice

SGP BULLETIN

March 23, 2017

March Update

Dear Family Physician,

Representative Forum – Income Equity

On March 10 and 11, the AMA Spring 2017 Representative Forum (RF) met to discuss some of the pressing issues affecting physicians in today's healthcare system.

As mentioned in previous SGP Bulletins, income equity was a major issue that consumed most of a half day at RF. There were four resolutions that were brought forward by the SGP Executive that were subsequently approved by the RF:

1. THAT an implementation plan to achieve intersectional income equity be presented for approval to the Fall 2017 Representative Forum.

2. THAT to aid in allocation decisions, the AMA adopt the concept of an adjusted net daily income model as an additional tool.

3. THAT reallocation be a mechanism to achieve intersectional income equity.

4. THAT intersectional income equity, as will be defined by the implementation plan, be achieved within 5 years or less.

These motions (all of which were seconded by specialist sections), are the first steps toward achieving more equitable income for all physicians. There is still more work to be done, including improving data around overhead, ARP income, WCB income, and providing information to sections that require clarity about income equity versus income equality.

Although significant time was allotted to discuss income equity, time still ran out. Certain sections have significant concerns and there were several issues that were not discussed. This week, the AMA Board will be meeting to determine how to best deal with the unresolved concerns and to decide whether a Special RF is needed.

Physician Resource Planning

I have heard from many family physicians expressing their concerns related to restriction of billing numbers and the potential impact on our practices. AMA members of the Physician Resource Planning Committee (PRPC) reviewed the principles and terms of reference of the PRPC at RF, and took the opportunity to listen to concerns from RF delegates. Many physicians made it clear that there is little support for restriction of billing numbers.

No decisions have been made by Alberta Health regarding this issue, but the following is an excerpt from page 15 of the recently released 2017 Budget:

Physician Compensation and Development. *There is a total of $5.2 billion budgeted in 2017-18 for various compensation and development programs for approximately 9,700 physicians and 1,650 medical residents. The government and the Alberta Medical Association (AMA) partnered to amend the 2011-18 master agreement in 2016-17 to help pave the way to more team-based care and revised compensation models. The amended agreement recognizes a shared responsibility to provide quality health care in a financially sustainable framework and is expected to improve patient care and slow the growth of health-care spending. In addition to over $100 million in savings realized in 2016, the revised AMA agreement, compared to business as usual, produces an anticipated savings of $400 million in 2017. The collaboration between government and physicians will support doctors practicing in communities where they are most needed, reward doctors for the time and quality of care given to patients, reduce duplication of services and enhance care coordination through the use of information technology and data-sharing.*

The final sentence certainly indicates there are a few items that will have implications on family physicians and our practices. More to come…

April 1 Schedule Of Medical Benefits (SOMB) Rule Changes

The March 16 AMA Billing Corner provides a link to the April 2017 updates to the SOMB Changes. This document starts with a “TOP 10 THINGS TO KNOW ABOUT SOMB CHANGES”, and I would encourage you to review it.

Radiologists wanted to remind general practitioners about the restriction of ordering inguinal ultrasounds to urology or general surgery:

Effective April 1, 2017 the performance of ultrasounds for inguinal hernias will only be granted if the service is ordered by a General Surgeon or a Urologist for adult patients. In pediatric patients, General Practitioners, Urologists and Pediatric General Surgeons may request an inguinal hernia ultrasound.

Choosing Wisely Canada suggests that the physical examination is usually sufficient enough to determine if a surgical referral is necessary. For more information about some of the Choosing Wisely initiatives please follow the link

below:

Six Things Physicians and Patients Should Question

Again, please have a look through these changes so that you are aware of how they will impact you, your patient, and your clinic.

Accountability?

At the Spring RF, I had the opportunity to ask the Minister of Health about accountability. I commented that the new agreement has asked physicians to increase our accountability in several areas - - SOMB rule changes, blended capitation models, attachment registry, information sharing, physician resources and peer review, to name just a few. The question I asked is whether or not the government has any strategy to enhance the accountability of the patient as a partner in health care. Other than a comment on patients having an ability to look at their own information on the health portal, the Minister was unable to mention any other ideas.

As family physicians we know that the patient plays a critical role, and is an active participant, at the center of health care. Therefore, patients must also play a role in accountability in order to keep our system sustainable.

Do you have any thoughts regarding patient accountability? I would appreciate hearing from you on this (or any other) issue. Please email me at gppres@albertadoctors.org.
Regards,

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President - AMA Section of General Practice
