Analysis of the AMA Agreement vs. AMA Negotiations Objectives

Objective	Comparison
Fair and equitable settlement that recognizes the economic challenges of government and physicians.	No rate adjustments to April 1 of 2011, 2012 and 2013 is recognized as a significant challenge for physicians and a major contribution to the needs of the province.
	Mitigating factors:
	 Government has accepted responsibility for all service growth from population and other factors.
	 All services and programs see price and volume increases commencing April 1, 2014.
	 Threat has been removed to major programs (e.g., Retention Benefit, Business Costs Program).
A place at the table: Physicians have the knowledge and skill to provide advice and have a say on major issues.	AMA Agreement has a general clause requiring consultation on all matters affecting physicians.
	AMA Agreement provides physicians with significant input on key services and programs:
	Recognition.
	Grant agreements.
	Physician Compensation Committee.
	Three Consultation Agreements provide for input on key issues: EMRs.
	Primary medical care and PCNs.
	 System-wide efficiencies and savings.
 A more stable process with clear roles and responsibilities that is longstanding: Recognition. Continuance. Dispute resolution. 	Simplified, clear governance structure for clinical service payments and programs.
	AMA recognition and binding arbitration of rates survive the initial financial term through the evergreen provisions. These apply to:
	 Insured services paid by Alberta Health.
	 Physician Support Programs: Continuing Medical Education; Medical Liability Insurance, Physician and Family Support; Parental Leave; Physician Locums; Practice Management and Compassionate Expense.
	ALL physicians providing insured services, regardless of payer, are eligible for physician benefits.