

DISCUSSIONS WITH GOVERNMENT: SOME DETAILS

I. Overall AMA/AH/AHS relationship

We have been working to establish structures and processes that build a stronger working relationship between the parties. This has included consideration of:

- a) An AMA-AHS negotiating framework for situations when AHS is the payer.
- b) AHS involvement in AMA Agreement committees as appropriate, including the Physician Compensation Committee and Management Committee.
- c) Development of a fund to resource (in full or in part) the health system initiatives identified in these discussions. See below.

II. Working groups: Initiatives for health system improvement

In late July, three working groups were formed to develop reports and proposals in three key areas to identify potential initiatives for system improvement.

- a) **Informatics and communication:** How do we finally make it possible to share information about patients in a safe and confidential way? What information will we share? What do we need to understand – not only at the system level, but also in our individual practices about how we compare to each other?

Initiatives considered included:

- o A secure e-messaging system for physicians, broadening eventually to all providers and to patients.
 - o Reports available for all physicians, allowing us to compare our patient populations and activities with other physicians.
 - o Improvements to Netcare, e.g., the Representative Forum agreed unanimously in fall 2014 that all referral and consultation reports should be available on Netcare.
 - o Support for the appropriate sharing of physician information, i.e., governance support for shared EMRs and concepts such as a physician representative structure for community-based physicians.
- b) **Appropriateness and quality:** There are many good activities underway in this province to improve quality, productivity and patient satisfaction. This includes things like: clinical pathways; Strategic Clinical Networks Partnership for Research and Innovation in the Health System projects; Choosing Wisely Alberta; and other initiatives that have been investigated through the System-Wide Efficiencies and Savings Consultation Agreement. The challenge is our ability to focus efforts on the priorities that realize the greatest value and those that we can realistically implement over the next few years.

This includes not only making the selections but also clarifying the role of physicians as good stewards of resources without sacrificing quality of care. We must also identify how we will support the change in clinical practice and business processes that will be required.

Initiatives considered included:

- Providing additional support for implementation of Choosing Wisely recommendations, especially for patient education.
 - Supporting development of clinical pathways and local integrated care solutions, similar to what was done in New Zealand.
 - Developing concrete proposals around system-wide efficiencies and savings. The focus is on initiatives that are ready for implementation now or in the short term and for which we have a clear idea of costing and return on investment that can be expected.
- c) **Compensation and incentives:** The Section of General Practice, supported by the AMA, has been working with Alberta Health to develop a new payment model which could be applied to the primary care environment. This new model is intended to better align the way physicians are paid with the way care is delivered while accelerating broader goals of the health system, including the patient's medical home and robust team-based care in a sustainable system.

Initiatives considered included:

- Making alternative payment arrangements available for primary care physicians.
- Developing new academic ARPs and improving existing ones.
- Aligning payment with modern methods of practice, e.g., support for e-visits with patients.