

Section

News



**ALBERTA
MEDICAL
ASSOCIATION**

Welcome to the Alberta Medical Association's *Section News* – an opportunity for sections to report on their challenges and objectives. This service helps sections communicate with all AMA members as well as physicians in their own specialties. Your feedback is encouraged. Please contact Agnes E. McIntyre, Administrative Assistant, Section Services: T 780.482.2626; TF 1.800.272.9680; email agnes.mcintyre@albertadoctors.org.

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February 2014

Section of Clinical Assistants Dr. Adel H. Labib, President labib@ualberta.ca

Dear Colleagues,

It gives me great honor to write our section news.

With your support and support from the Representative Forum, we were able to start our section in the Alberta Medical Association (AMA). Without your support we would have never achieved this task.

The section was approved in October 2013. Since then, we have been working hard to raise awareness of our section among clinical assistants in the province. There are:

- 50 in Calgary
- 44 in Edmonton
- Five in Red Deer

The remainder are in rural areas mostly working as surgical assists.

The first real challenge that we have faced is the proposal by Alberta Health Services (AHS) to change clinical assistants from contractors to employees. This proposal will greatly reduce our income. When the question was raised as to why AHS wants to do this, the answer was that it is intended to make our physicians group's income comparable to physician assistants (PAs) and nurse practitioners (NPs).

It was an interesting answer and explanation. Clinical assistants are international medical graduates who have passed their LMCC, have a license from the College of Physicians & Surgeons of Alberta (CPSA), pay their Canadian Medical Protective Association

premium, and most of them are members of AMA. PAs or NPs do not belong to this group of physicians.

We do not believe this comparison to be true. We have decided to raise awareness among all physicians about the unsuitable decisions that AHS has taken without consulting with the physician groups represented by the AMA.

We feel that AHS is taking advantage of the fact that the clinical assistants hold a CPSA limited license and that they cannot work anywhere else other than AHS facilities. However, being a vulnerable group should not allow authorities to exercise unwarranted powers over them.

My last thought, and I hope I am not paranoid, is that if the physician communities accept this decision and allow it to happen, can this give AHS permission to exercise this power again on a different group of physicians? Is there any possibility that this may happen?

Don't you agree with me that prevention is better than cure?

Section of General Psychiatry Dr. Gordon J. Kelly, President

❖ Challenges of Change: For our patients and profession

The Alberta Psychiatry Association 2014 Scientific Conference and annual general meeting takes place March 27-30 at the Rimrock Resort Hotel in Banff.

Register online: <https://securegs.com/apa>

Early bird rates until February 28.

[See the AMA website for full details and conference brochure.](#)

**Section of Generalists in Mental Health
Dr. Raju Hajela, President**

❖ **CORRECTION**

In the December issue, it was indicated that two motions were passed at the Alberta Medical Association (AMA) Representative Forum. However, the motion below was in fact referred to the AMA Board of Directors.

- THAT the AMA work with the Foundation for Addiction and Mental Health (FAMH), www.famh.ca, to ensure the provision of highest quality services that are stigma-free.

There is a real opportunity for the AMA to pursue the slogan “Patients First®” and support better standards and funding for addiction and mental health services. FAMH is a community organization (not aligned with any one person or institution) pursuing the same goals of raising awareness, promoting timely access and delivery of quality care in a continuing-care framework for chronic illnesses.

**Section of Laboratory Physicians
Dr. Kelly A. Guggisberg, President**

❖ **ASLP annual spring section meeting
(videoconference meeting)**

The Alberta Society of Laboratory Physicians (ASLP) is hosting their annual spring section meeting on Thursday, April 24 at 12 noon.

This meeting is taking place via videoconference and all Alberta pathologists and pathology residents are invited.

*****RSVP is required*****

RSVPs are our indicators for attendance at the videoconference sites.

Please RSVP your attendance or for additional information on videoconference sites, please email Amanda Lacombe (amanda.lacombe@albertadoctors.org)

RSVPs are requested NO LATER THAN Thursday, April 10. Sites without attendees will be cancelled on April 15.

Site	Room
*Audio 08 - 1 (866) 236-8306; Part Code 5702410 <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	
CAL - Alberta Children’s Hospital - Rm C2-143 <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	RM C2-143
CAL - Foothills Medical Centre - Provincial Lab Rm ABW4A (RESTRICTED) <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Prov Lab Rm ABW4A
CAL - Peter Lougheed Centre - Rm 3664 <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Rm 3664
*CAL - Rockyview General Hospital <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Rm 3A133
CAL - Tom Baker <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Rm CC105
EDM - Royal Alexandra Hospital - Diagnostic Treatment Centre Mobile Unit <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	5002-12
EDM - UAH - Walter Mackenzie Centre <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Rm 5C1.19
Fort McMurray - Northern Lights Health Centre <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Caucus Rm
Grande Prairie - Queen Elizabeth II Hospital <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Sm Telehealth Rm (Level 0)
Lethbridge - Chinook Regional Hospital <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Rm 3K130A
Medicine Hat Regional Hospital <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Rm 2
Red Deer Hospital <i>Pretest Time: 11:45 Start: 12:00 End: 13:30 MST/MDT</i>	Telehealth Conf Rm 3401

Alternate rooms at the following sites are being sought:

The following sites have a status of cancelled, declined, or hold	
Site	Status
Bonnyville Healthcare Centre	Unavailable/declined
CAL - Calgary Lab Services	Unavailable/declined
CAL - Foothills Medical Centre	Unavailable/declined
EDM - Grey Nuns Hospital - Admin Conf Rm 1716	Unavailable/declined
EDM - Misericordia Community Hospital	Unavailable/declined

**Section of Obstetrics and Gynecology
Dr. Thomas F. Corbett, President**

❖ **Western Society of Obstetricians and Gynaecologists of Canada (SOGC) meeting, Lake Louise – March 27-29**

Please see the SOGC website for details and registration: <http://sogc.org/>

Friday, March 28, 18:00 (6 p.m.) – Spring meeting of the Alberta Society of Obstetrics and Gynecology (ASOG)

All are welcome to attend as there will be information about the allocations coming April 1. Please also read the [President's Letter](#) to better understand the micro and macro allocation process. Members are urged to get involved in the AMA so we can champion our thoughts at Representative Forum to help move forward women's health care.

A meal will be arranged following the meeting (at 19:00 [7 p.m.]) for those members who RSVP by March 14. Unfortunately, in the past there have been wasted plates of food (for those who say they are showing up, but don't) that we still have to pay for. Please be considerate of our bank account.

RSVP to dmccubpc@telus.net.

Section of General Practice
Dr. Ann R. Vaidya, President
T 403.873.2352/F 403.873.2364
gppres@albertadoctors.org

❖ **Section of General Practice (SGP) Strategic Plan**

As reported in last month's *Section News*, the Section of General Practice (SGP) hosted their annual strategic retreat in November 2013. Attendees included:

- Current SGP Executive Committee members.
- Immediate past SGP Executive Committee members.
- Section of Rural Medicine Executive Committee members.
- PCN Physician Leads Executive members.
- Alberta College of Family Physicians representative.
- AMA president.
- AMA senior staff.

Following are highlights of the SGP's 2014 strategic plan developed from the goals that were established at the 2013 retreat.

- **System efficiencies:** Support the concept that primary care reform is synonymous with health care reform.
- **Physician compensation:** Need to align health care financing with health care delivery (e.g., incentives need to be aligned).
- **Infrastructure:** Acquire the required infrastructure that moves us along the path of system reform.

- **Continuity of care:** Promote internal and external linkages and supports to meet the common objectives of system reform.
- **Leadership:** Recognize the need that member physicians must be empowered to assume and continue leadership positions.
- **Public engagement:** Promote engagement with patients, community and municipal leadership, and other government stakeholders to support and understand the need for primary care and health system reform.

The SGP Executive Committee looks forward to working with their primary care leadership colleagues, as well as jointly with the AMA, in the implementation of the strategic plan. The full plan will be made available to membership at a later date.

❖ **GP Alternative Compensation Model Working Group**

SGP is developing an alternative compensation model that would be another option to fee-for-service. The new compensation model will promote excellence in primary care and offer improvements for multiple stakeholders, including patients, physicians, Alberta Health Services (AHS) and Alberta Health (AH). A key component of the proposed alternative compensation model is that there is a fixed payment tied to a specific, defined population of patients, enrolled or rostered with the physician and for whom the physician agrees to provide care.

AH is working with the SGP to thoroughly address the many elements contained in the model, and this will take some time. The ultimate goal is to present the model to the Physician Compensation Committee for approval.

Section of Rural Medicine
Dr. Tobias N.M. Gelber, President
srmpres@albertadoctors.org

❖ **Annual General Meeting update**

The Section of Rural Medicine (SRM) Annual General Meeting (AGM) was held January 25 in conjunction with the Emergency Medicine for Rural Hospitals Conference in Banff. This year SRM members were also able to participate via teleconference. Although very few members took advantage of this opportunity, SRM Executive will continue providing this option for future AGMs.

Dr. Allan S. Garbutt, Alberta Medical Association (AMA) President, spoke on the AMA agreement implementation. Highlights of his address included:

- The Primary Medical Care/Primary Care Network (PCN) Consultation Agreement: the PCN Evolution report was delivered to the minister of health last December. It was endorsed by the Section of General Practice, SRM, PCN Physician Leads Executive and the AMA Board of Directors. The AMA is arranging a meeting with the minister to discuss the report in detail.
- The Provincial Electronic Medical Record (EMR) Strategy Consultation Agreement: There needs to be good information and effective information exchange to improve the health care system. AMA and Alberta Health are working together to develop a provincial EMR strategy that will define the future approach to EMR use in Alberta. Alberta Health Services (AHS) is also involved.
- The System-Wide Efficiencies and Savings Consultation Agreement: The AMA is looking at adopting the Choosing Wisely® Canada campaign that encourages physicians and patients to talk about medical tests and procedures that may be unnecessary. Section presidents were also asked to provide suggestions about where they thought efficiencies could be found in the health care system. The work now begins to determine which suggestions to move forward on and how best to do so.

In addition, elections took place for the 2014 SRM Executive Committee. The following individuals were acclaimed:

- Dr. Tobias N.M. Gelber, President
- Dr. Allan S. Garbutt, Immediate Past President
- Dr. Leslie R. Cuning, Treasurer
- Dr. Edward J. Aasman, Member-at-Large
- Dr. David W. Wildeboer, Member-at-Large
- Dr. Scott B. Loree, Member-at-Large

My President's Report from the AGM is [available on the AMA website](#) (login required).

❖ Ambulance services survey

It has been several years since AHS took over ambulatory services in the province and began consolidating EMS dispatches. The SRM executive had received feedback from several members saying that they felt the level of ambulatory services has declined

since this occurred. In October 2013, a survey was sent to SRM membership asking for their feedback on ambulance services.

Below are some highlights from the survey results:

- 31% of respondents were often able to get timely access to ambulance transfer services for higher level diagnostic tests (e.g., CT, MRI, etc.) for their patients.
- 23% of respondents often had patients who wait for ambulances from other communities for transfers.
- 55% of respondents indicated that specialist consults are often going to larger regional centers.
- Several respondents indicated that ALS/BLS transfers are not always available in a timely manner (even if they are urgently required). Sometimes it resulted in a transfer coming from another community.
- A few respondents indicated that ambulance wait times can be longer because EMS staff/dispatchers are not familiar with the area and get lost, or because rural ambulances are sent to urban calls if another ambulance is not available.
- Several respondents indicated that dispatch officers often question or don't understand the urgency of the request for a transfer.
- Many respondents indicated that patients had missed appointments for diagnostic testing or specialist consultations because of transfer delays.

❖ Rural obstetrical services

SRM is looking into creating an obstetric on-call stipend. The stipend would compensate rural physicians who provide AHS with an organized rotation covering the obstetrical needs of rural communities. With the demands on rural physicians for emergency work, inpatient duties, primary care etc., not all rural physicians have skills or an interest in obstetrics. This may leave obstetrical services to a smaller group of physicians who have a schedule for coverage rotation. The stipend would be separate from surgical programs as it provides another level of patient safety. As such, SRM feels that appropriate compensation should be provided similar to surgery and anesthesia for rural communities. SRM may bring this forward as a resolution during the spring Representative Forum.

❖ SRM at the SGP Strategic Retreat

Members of the SRM Executive Committee participated in the SGP Strategic Retreat hosted in November 2013. The collective group of primary care physician leaders developed a list of priorities for primary care. These priorities have been formulated into the SGP Strategic Plan (see the SGP submission).

Section of General Practice/Section of Rural Medicine joint submission

◇ **Section of General Practice**
Dr. Ann R. Vaidya, President
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gppres@albertadoctors.org

◇ **Section of Rural Medicine**
Dr. Tobias N.M. Gelber, President
srmpres@albertadoctors.org

❖ Upcoming Spring AMA Representative Forum (RF)

The AMA's 2014 Spring RF will be held March 14-15 in Edmonton. You are encouraged to contact your representative [RF delegate](#) to express your issues or concerns.

❖ GP Forum

The General Practitioners Forum will be held in conjunction with the AMA 2014 Spring Representative Forum in Edmonton.

This forum provides an opportunity for delegates of AMA/RF who are family physicians to get together and discuss primary care issues and priorities.

If you have issues or concerns that you would like to raise, please send them to your representative [RF delegate](#).

Please note: this event is by invitation only.

Primary Care Alliance

◇ **Section of General Practice**
Dr. Ann R. Vaidya, President
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gppres@albertadoctors.org

◇ **Section of Rural Medicine**
Dr. Tobias N.M. Gelber (Chair), President
srmpres@albertadoctors.org

◇ PCN Leads Executive **Dr. Phillip W. van der Merwe, Chair** **pcnexec@albertadoctors.org**

The PCA issues a joint Section News submission about issues affecting general practitioners. Please send any comments and feedback on this submission to Linda A. Ertman (Program Coordinator, Practice Management Program) at linda.ertman@albertadoctors.org.

❖ Primary Care Alliance (PCA) Board

The PCB Board has been busy with a number of projects, such as:

- Working with AMA primary care leaders to identify goals and objectives for the 2014 Section of General Practice Strategic Plan. See the SGP submission for more details.
- Consulting with SGP on the General Practice Alternative Compensation Model. See the SGP submission for more details.
- Developing a leadership curriculum with SGP for primary care physicians as part of the leadership goal identified in the SGP Strategic Plan.
- Developing an application for a Family Medicine Scholarship. The goal of the scholarship is to support the development of primary care leaders. It will support family medicine residents in preparing them for leadership roles in the health care system. Stay tuned for more information.

The next meeting of the PCA Board will be February 27.

❖ PCN 2.0 Evolution

The PCN Evolution Vision and Framework report to the minister of health, received endorsement from the PCA (Section of General Practice, Section of Rural Medicine and the PCN Physician Leads Executive) and the AMA Board of Directors.

It was sent to the minister last December. The PCA Board and some other AMA representatives are meeting with the minister of health shortly to discuss the contents of the report.