Clinical ARP Physician Support Needs Survey

Overview of Results

October 16, 2020

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Survey Overview

Objective:

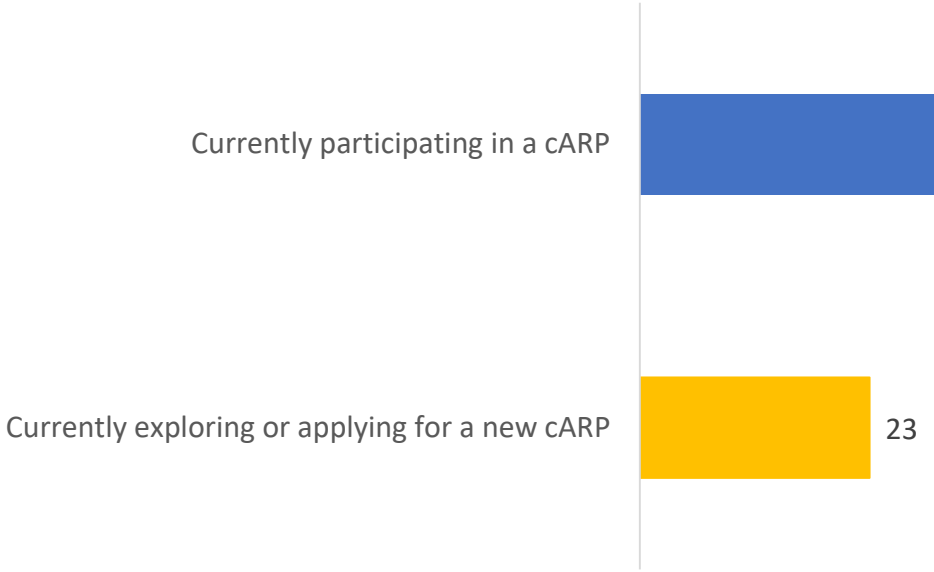
- To determine the future support needs of current and prospective clinical ARP (cARP) physicians and how the AMA can best meet those needs

Distributed to 158 cARP physician leaders

- Physician Authorized Representatives of existing cARPs: 103
- Physician leads of new cARPs in development: 55

Question 1

What category best describes your cARP status?



Response rate:
48/103 = 46.6%

Response rate:
23/55 = 41.8%

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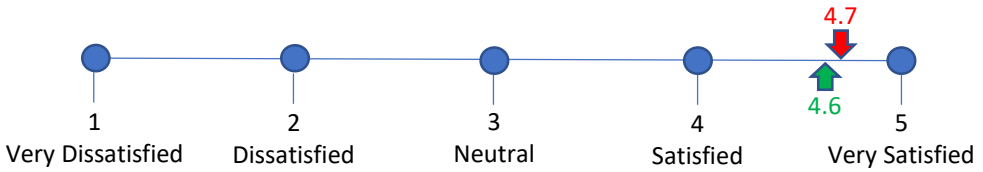
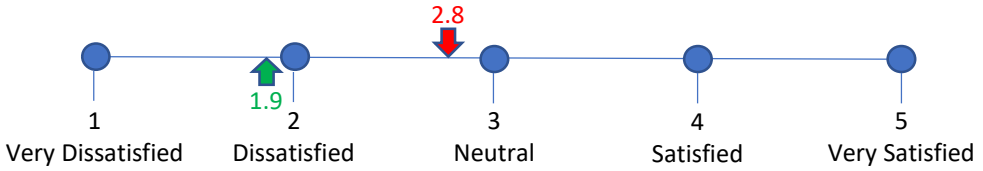
Question 2

How satisfied have you been with the cARP support you have received from the following parties?

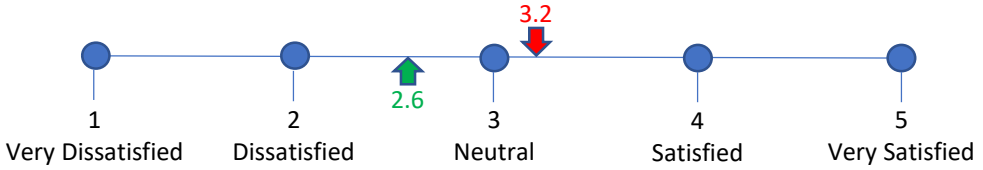
The AMA's ARP Physician Support Services (ARP PSS) team?



The government's ARP department (Alternative Compensation Delivery Unit)?



Alberta Health Services Medical Affairs?



In an existing cARP

Applying for a new cARP

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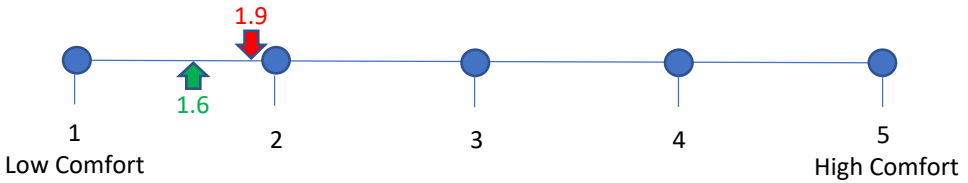
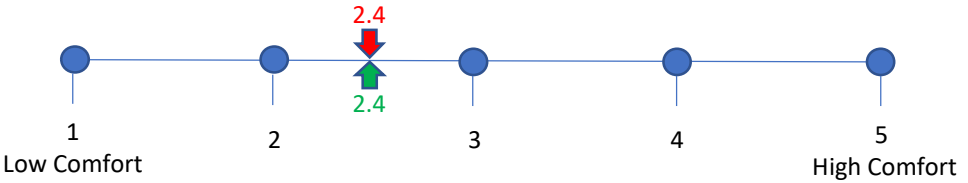
Question 3

In the absence of the AMA's ARP Physician Support Services (ARP PSS) program, what is your comfort level in dealing directly with the following parties with respect to clinical ARP exploration, development and implementation?

The government's ARP department (Alternative Compensation Delivery Unit)?



Alberta Health Services Medical Affairs?



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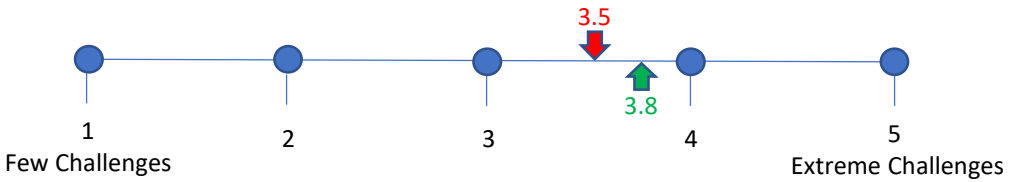
Question 4

What level of challenges have you experienced with respect to cARP exploration, development and implementation?

Response



In an existing cARP

Applying for a new cARP

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Question 5

If applicable, please describe the challenges you faced with respect to the previous question?

Category of response	In an existing ARP	Applying for new ARP	Total
Complexity of application process and ARP rules	7	9	16
Difficulties in dealing with AH	9	4	13
Delays in application process	3	4	7
Positive comments on AMA support	4	1	5
Other	4	2	6
Total	**27**	**20**	**47**

Question 5

Complexity of application process and ARP rules . . .

"Time and complexity of application, expansion and implementation; complexity of data evaluation to aid in application; complexity of implementation evaluation metrics; seemingly unilateral changes imposed by AH"

"The process is complex and politically fraught. The PSS staff have always known what we need to do, when we need to do it, who we need to speak to at AH, and (possibly most importantly) when we need to speak to them."

"The documentation demands are very high to set up such an arrangement, and even with the support of AHS and AMA, this requires a great deal of time and effort."

"The whole process seems to be designed to be extremely onerous, making it virtually impossible for full time clinicians to put together an application/proposal."

"complex process, with many levels of potential delay"

Question 5

Difficulties in dealing with Alberta Health . . .

"Alberta Health department is evasive to questions, unwilling to address issues we have with our current ARP, and has repeatedly unilaterally made changes to our ARP. "

"The inconsistent and adversarial nature of AH. The AMA PSS were essential in us navigating this!"

"There have been innumerable challenges. One example is the ever-changing benchmarks from Alberta Health that would trigger a necessary expansion to the point of obstructing ability to provide safe care to patients."

"In repeated discussions with AH over more than a decade, it was clear that they never fully understanded the nature of service delivery in our ARP. AH always starts with a bias that doctors see patients in offices (we do many home visits, hospital consults and almost no office visits) and they approach all deliverables from the lens of fee-for-service billings... if fee-for-service met our needs, why would we have an ARP!!?

"The relationship is highly antagonistic. Verbal agreements are reneged and lied about. There is no ability to negotiate in good faith with this AH team."

"They have no concept of the work we do and have no interest or plan to learn about us. Very difficult to get a hold of as well."

Question 5

Delays in application process . . .

"The actual final implementation decision by ADM always very delayed"

"Never even received a response of any sort to our ARP proposal we had submitted to the government this year."

"The Govt requires 10 + weeks to respond to the EOI and required several follow up emails. Finally told could go on to application and said they would assign a policy advisor and have heard nothing over the two months since they emailed this info."

"Our clinic had help from the AMA to submit an expression of interest to Alberta Health. AB Health emailed me back to say they had received the EOI and would contact me with next steps. 7 weeks later I still hadn't heard from them."

Question 5

Positive comments on AMA / ARP PSS support . . .

"Without AMA support, it would have been a nightmare. What you listed in #7, the AMA support did a fantastic job, from the start of the application to completion and ongoing update and review."

"With recent changes in billing codes, the AMA representative was extremely helpful in meeting with the physicians and explaining the changes."

"The ARP PSS was integral in walking me through the application process and write-up. I'm quite certain it would not have been approved without their help."

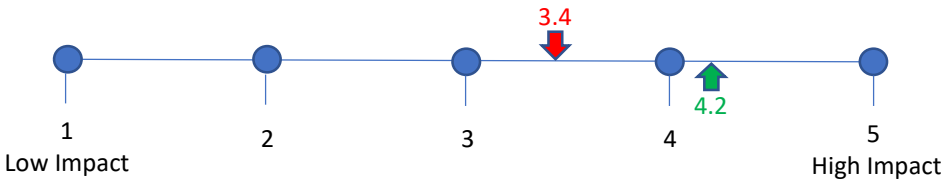
"I feel extremely hesitant to explore an ARP without the support and expertise of the AMA."

"In my opinion, there absolutely must be AMA at the table for these cARPs. I am not comfortable in this current situation and there as to be funding in place for this necessary service that has been provided through the AMA. There should be no new cARPs until this issue is resolved"

Question 6

To what degree will the loss of the ARP PSS services impact your desire to start or remain on a cARP?

Response



In an existing cARP

Applying for a new cARP

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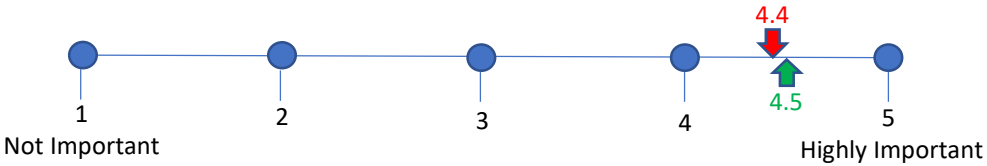
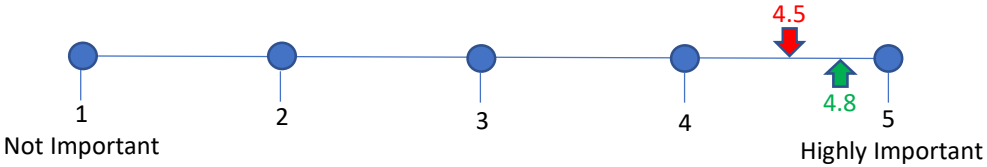
Question 7

Please rate the importance you place on having AMA support available for the following aspects of cARPs:

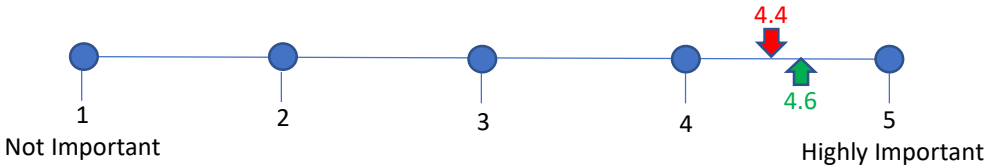
a) **Exploration** (education, needs assessment, advising on the pros and cons of various options, completing the expression of interest, etc.)



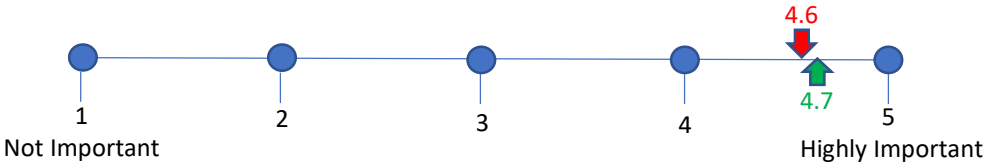
b) **Development** (gathering necessary information, completing the application, analyzing and presenting data to support the request, liaising with other stakeholders on your behalf, ministerial order review, etc.)



c) **Implementation** (orientation, start-up forms, reporting and accountability requirements, internal governance, change management, expansion applications, ongoing support with questions and issues)



d) **Advocacy, negotiation and representation support**



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Applying for a new cARP

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Question 8

Are there any other AMA supports you require that are not listed above?

Category of response	In an existing ARP	Applying for new ARP	Total
Representation and advocacy *	5	3	8
ARP PSS support *	4	1	5
Ongoing support for existing ARPs *	3	1	4
Legal support	2	1	3
Billing support	4	1	2
Other	5	6	11
Total	**20**	**13**	**33**

* These were supports listed in question 7 but many respondents added comments in question 8 to reinforce their needs for these.

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Question 8

Representation and advocacy . . .

“More family medicine representation.“

“having the AMA leadership vocally and unequivocally advocate for the province-wide availability ARPs - it is not that many years ago that the very highest level of AMA leadership publicly dismissed ARPs - maybe an apology and a vocal change of heart and of tune?”

“The advocacy piece is key. I don't trust AH to be acting in our best interests and in the best interests of our patients.”

“Negotiation to have the contracts of the ARPs be more predictable and stable. Right now, despite the ARPS that have been in existence for over 25 years, the contract is renewed by the Minister of Health on an annual basis. It can be cancelled at any time by the Minister.”

“Negotiation of rate and FTE definition”

Question 8

ARP PSS support . . .

“I would like to see re-implementation of the ARP PSS and for them to have a specified role in the relationship with AH and ARP physicians. Just like AMA should be officially the representative body for all its' members and AH should not be trying to circumvent established communication routes..“

“Our ARP found the ARPPMO to be a great help when we applied for an expansion of our ARP. They helped us understand the features that would be of importance to AH, they helped us avoid language that might trigger an unfavourable response and helped us position our ARP firmly in the goals and objectives of our funder (AH). It is very difficult for independent physicians or highly focused clinical programs to really understand what AH is looking for or what they might need to truly evaluate a proposal.”

“Our PSS was very knowledgeable, knew how to get things done, was very prompt in responding to our queries, and alleviated a great deal of work form our shoulders. WE are devastated by the loss quite frankly.”

“Sherrin Richardson's support in preparing our EOI was fantastic, accessible, and invaluable. I hope she can be re-hired!”

Question 8

Ongoing support for existing cARPs . . .

“Ongoing update and review on a regular basis by the AMA representative.“

“Ongoing management”

“The actual implementation of an ARP once approved needs more support and guidance, there needs to be transparency in the evaluation process and feedback to physicians in a timely manner about their eval so that clinic processes can be adapted or measurables can be adjusted to capture meaningful data. Also evaluation of an ARP should not solely be based on volume and cost but a measure of patient and MD satisfaction should be mandatory.”

“The entire process and reporting structure is a "black box"”

Question 8

Legal support . . .

“Legal representation for contract negotiations.“

“We need legal agreements so each participating physician has roles and responsibilities and they need to act ethically or there is a direct consequence.”

“Legal support for group ISA contract in addition to Gov contract.”

Billing support . . .

“ARP billing and compensation issues. Ran into problems with payment and compensation with implementation of connect care billing in Jan 2020. Still looking for clarification how ARP codes for patient specific and non patient specific ARP codes will be entered into system.“

“I have never had a grip on billing.”

Summary of Physician Feedback

- High satisfaction with ARP PSS, dissatisfaction with AH, neutral on AHS cARP support.
- In the absence of ARP PSS, very low comfort dealing directly with AH and low comfort dealing directly with AHS.
- High level of challenges with cARPs with most common being complexity of application process and ARP rules, difficulties in dealing with AH, and delays in application process.
- Loss of ARP PSS will have medium-high impact desire to start or remain on a cARP.
- AMA supports in the following areas are all highly important: exploration, development, implementation, representation and advocacy.
- In terms of other AMA support needed, emphasis was again placed on representation and advocacy support, ARP PSS support, and ongoing support for existing cARPs. Legal and billing supports were also noted.
- Overall, the feedback from physicians in existing cARPs and those developing a new ARP were very similar; only minor differences.

Questions ?

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