

ALBERTA HEALTH-ALBERTA MEDICAL ASSOCIATION ALTERNATIVE RELATIONSHIP PLAN WORKING GROUP (AH-AMA ARP WG) TERMS OF REFERENCE

NAME

This committee shall be known as the Alberta Health-Alberta Medical Association Alternative Relationship Plan Working Group (AH-AMA ARP WG).

AUTHORITY

The AH-AMA ARP WG is a working group reporting to the Management Committee (MC). The MC ensures that the scope and outcomes of the Alberta Medical Association (AMA) Agreement are followed and implemented as intended. All products of the AH-AMA ARP WG are subject to MC approval. The AH-AMA ARP WG shall function in accordance with these Terms of Reference (TOR).

MANDATE AND PURPOSE

The purpose of the AH-AMA ARP WG is to inform the MC on clinical alternative relationship plan (ARP) policy and alternative-to-fee-for-service (FFS) funding structures. This includes addressing items listed in the AMA Agreement (Schedule 4) as noted below.

1. Section 20 Agreements with Section 20.1 Persons;
2. interdisciplinary physician teams;
3. the capitation and blended capitation alternative-to-FFS bases of payment of Benefits for Insured Services;
4. salary-based physician compensation models;
5. reviewing the application and approval process for alternative-to-FFS bases of payment of Benefits for Insured Services, including ARPs, for opportunities to increase transparency and efficiency and reduce red tape;
6. assessing existing and recommended change management supports; and
7. terminating certain ARPs and entering into Section 20 Agreements with the same physician groups;

The AH-AMA ARP WG is responsible for reviewing the current barriers to uptake and making written recommendations to the MC. The work and recommendations of the AH-AMA ARP WG should identify linkages and align where possible with other areas where physician compensation changes are being considered, such as the Physician On-Call Program (POCP) review, the Schedule of Medical Benefits (SOMB) review, Alberta Health Services (AHS) overhead review, Rates Committee (RC), Stipend Working Group, etc.

MEMBERSHIP

Each party shall be responsible for appointing its members to the AH-AMA ARP WG. The AH-AMA ARP WG will be comprised of membership from AMA and Alberta Health. Membership shall include:

- 4 AMA physician representatives
- 3 Alberta Health representatives
- 3 AMA staff

Each party will have equal representation and contribution towards the final product, and both have the ability to provide sufficient support to realize the end goal.

The AH-AMA ARP WG shall be co-chaired by single representatives from each party.

AD HOC SUBGROUPS

At the request of the AH-AMA ARP WG co-chairs, additional sub-working groups and/or ad hoc task groups may be struck to address specific items and/or consent areas, as required. The scope, timelines and representation on sub-working groups are to be approved in advance by the AH-AMA ARP WG co-chairs.

ROLES AND RESPONSIBILITIES

Subject to direction provided by the MC, the AH-AMA ARP WG shall undertake the work necessary in alignment with the Guiding Principles as outlined below and holds the following responsibilities:

- Develop and implement a process to review ARP models and clinical ARP policy.
- Develop and recommend a process for ongoing evaluation of the ARP program.
- Recommend ARP rates to the RC.
- Implement amendments for impacted clinical ARPs.
- Assist in the creation of sub-working groups and provide representation for the sub-working groups, if necessary.
- Review and assess all sub-working group recommendations and compile a set of recommendations to put forward to the MC.
- Report and provide written recommendations to the MC in real time, consistent with the principles listed below, and no later than March 31, 2025. Decisions already implemented shall be revisited should they be impacted by later recommendations.
- The AH-AMA ARP WG reports to the MC through the MC co-chairs.

GUIDING PRINCIPLES

- *Innovative and Flexible*
 - The parties recognize that solutions, which are innovative and flexible, may be needed, in the overall best interest of Albertans and the health system.
- *Inclusive*

- Engagement of physicians and other impacted stakeholders in the process to gather input and propose solutions.
- *Patient-centred*
 - Ensure quality of patient care (e.g., [The Alberta Quality Matrix for Health](#) principles).
 - Recognize the professional obligations of physicians to deliver safe, high quality and timely care to patients.
- *Sustainable*
 - Consideration of health system impacts, while maintaining optimal service standards, without compromising physician wellness.
- *Transparent, Equitable, Fairness and Consistency*
 - Remuneration under an ARP should be aligned with other forms of physician compensation.
 - Clear and timely processes to review, amend, and implement programs as circumstances change and evolve over time.
 - Clear and timely processes to revise program parameters as the need arises.
 - Recognize the evolving workload demands and the subsequent impact on the physicians.
 - Balancing appropriate health system resources to ensure accountability, efficiency, and quality are maintained.
- *Fiscally Responsible*
 - The need to balance physician interests with health system needs, capacity, and fiscal responsibility.
- *Collaboration, Co-operation and Alignment*
 - Promote positive working relationships and increased communication between Alberta Health, AMA, physicians, and other system stakeholders.
- *Timeliness*
 - Upon any changes, reasonable notice and a transition period will be provided to ARP physicians.
- *Voluntary*
 - Physicians retain the option of claiming and receiving Benefits for Insured Services under an ARP or on a FFS basis.

TERM

The AH-AMA ARP WG will meet until work on clinical ARP models and policy have been completed and recommendations submitted to MC. It is expected that the latter will be completed no later than March 31, 2025.

DECISION MAKING

The AH-AMA ARP WG shall attempt to reach consensus on its recommendations, where possible, and will be formalized in writing. If consensus cannot be achieved by the AH-AMA ARP WG, the viewpoints of each party shall be recorded, and each party shall make their

recommendations through their respective co-chairs of the MC. AH-AMA ARP WG recommendations will only be finalized at a duly called meeting of the AH-AMA ARP WG.

REPORTING AND FEEDBACK

The AH-AMA ARP WG reports to the MC. The recommendations provided by the AH-AMA ARP WG shall be forwarded to the MC as soon as they are prepared.

COMMITTEE MEETINGS AND CONDUCT

The AH-AMA ARP WG shall meet monthly or more frequently, as required. The AH-AMA ARP WG will meet by the method deemed most appropriate (e.g., in-person, virtual, etc.). Videoconferencing will be encouraged. Two members in attendance from each party is required to achieve quorum.

AH-AMA ARP WG meeting agendas will be set in advance of each meeting by the AH-AMA ARP WG co-chairs. In setting meeting agendas, the AH-AMA ARP WG co-chairs may consider input from the AH-AMA ARP WG members. The parties will alternate hosting duties.

AMA will provide administrative support to the AH-AMA ARP WG and is responsible for the retention of formal agendas and the preparation and retention of minutes and any supporting documentation. The minutes will be distributed to the AH-AMA ARP WG members within five business days of the meeting for review and approval.

CONFIDENTIALITY

The AH-AMA ARP WG members will adhere to the confidentiality requirements as listed in section 4, subsection 11 of the AMA Agreement. AH-AMA ARP WG members will not engage in public communications or respond to any media inquiries regarding MC or any working groups or sub-working groups without prior approval from both Alberta Health's and the AMA's communications departments.