

Clinical ARP Principles (from pages 5-6 of the Clinical ARP Application Overview document)

Clinical ARP Applications:

- Can be arrangements between:
 - AHS and a physician group; or
 - A physician or physician group and another health care organization, but in this case, AHS must be a participant in the discussions;
- Should consider all dimensions of the purpose discussed above;
- Physicians must all be licensed to practise in Alberta; and,
- The services proposed must be insured medical services.

Clinical ARPs will adhere to the following principles:

- **Voluntary participation**
 - Physician participation is voluntary.
 - Participating physicians who wish to return to the fee-for-service payment method can do so and maintain their right to practise in Alberta.
 - The consequences of a physician's withdrawal from an ARP must be defined within the specific ARP agreement.
- **Physician professional autonomy is maintained**
- **Partnerships between physicians, Alberta Health Services and other healthcare organizations, where appropriate**
- **Clear eligibility criteria and terms of agreements**
 - Eligibility criteria will be consistent and clearly communicated to physicians, AHS and other healthcare organizations, where appropriate.
 - Terms and conditions for agreements will be clear and consistent with respect to meeting the eligibility criteria while being sufficiently flexible and innovative to address service needs of physicians, AHS and other healthcare organizations, where appropriate.
- **Standards of care**
 - Best practice and high standards of care will be integral components of every ARP.
- **Fair and equitable payment rate**
 - Physicians will receive fair and equitable payment within provincial payment rates for their area of practice. Payment to physicians will continue to be made from the Provincial Physician Service Budget and will go directly to physicians.
 - Physicians will continue to have access to benefits under the Physician Services Budget.
- **Support for infrastructure/tools required**
 - Physicians, AHS and other healthcare organizations, where appropriate have a responsibility to ensure success, including providing management infrastructure, management information systems, leadership functions, reporting and evaluation.
- **Monitoring and evaluation**
 - Activities and outcomes will be subject to monitoring and evaluation.
 - Measures will be developed by the Parties to meet the monitoring and evaluation needs of Alberta Health, including indicators of:
 - activity/compliance with agreement;
 - cost/efficiency;
 - goals achievement/effectiveness; and
 - appropriateness.

All Clinical ARP models assume the following:

- Clinical ARPs fund service delivery, not leaves or time off.
- Physicians may not bill FFS for Clinical ARP program services.
- Physicians may not bill Alberta Health for Workers' Compensation Board or other third-party work.
- On-call availability will not be funded through the Clinical ARP.
- Physicians are responsible to manage, individually or as a group, their work scheduling, workload, shifts, and holiday schedules.
- Physicians may not carry unused Program Service Hours from one fiscal year to the other. All funding and full-time equivalent (FTE) requirements are per fiscal year and are non-transferable.