
June 19, 2025

Dear Colleagues,

Over the past few weeks, communities across the province have been forced to evacuate due to a growing number of wildfires. While the cooler temperatures and rains over the past few days have brought some relief, there are still [several active wildfires that are impacting Albertans](#), most of them in rural or remote communities. [The AMA has compiled information on insurance coverage](#) for physicians who have been forced to evacuate their communities and I encourage everyone to familiarize themselves with their options. Unfortunately, it is expected that heat and low precipitation levels will increase the risk of severe wildfires throughout Western Canada over the summer.

As the rural generalists who care for the people in these communities, we understand how stressful these events are and the impact they have on our patients. We are also keenly aware of the health impacts of wildfire smoke. Even if we don't live in an area affected by wildfires, most of us have watched in dismay as the air quality health index indicated a growing number of high risk days. On those days, it is unsafe for anyone to be outside and it's common for people to experience eye, nose and throat irritation, headaches and cough. It is especially dangerous for children, the elderly and people with pre-existing heart and lung conditions to venture outdoors. The [Health Canada website details many of the health risks and explains who is most at risk](#).

It is important that we do what we can to help our patients understand the health implications associated with wildfire smoke so they can take necessary precautions, including staying indoors whenever possible, wearing N95-style masks and using a HEPA air filter to clear indoor air. Even with precautions, we will undoubtedly see more patients arriving in our rural emergency departments struggling with new or worsening health issues. It is also likely that our patients with chronic conditions may become increasingly complex and require additional care. I know you will do everything you can for your patients and that your patients are in good hands. I also know that physicians are not immune to the health impacts of wildfires or the stress that comes with evacuations and I hope you will take care of your own physical and mental health. If you ever need help, the [Physician and Family Support Program \(PFSP\)](#) is available 24/7 by calling 1-877-767-4637.

The importance of a rural voice in Alberta's four health care agencies

In November 2023, the Government of Alberta announced that it would be restructuring Alberta's health care system into four health pillars and would form four agencies – Primary Care Alberta, Acute Care Alberta, Recovery Alberta and Assisted Living. These changes are outlined in [Bill 55, The Health Statutes Amendment Act](#), which was passed into law on May 7, 2025.

Many physicians have expressed concern about this refocusing and how it will impact health care services that cross multiple agencies. This is a particular concern for rural generalists. Our unique skillset means that we are involved in all aspects of primary and acute care within our communities, from emergency medicine, internal medicine, palliative care and women's health, to geriatrics, mental health and addictions, and much more. Our work touches each of the four new agencies, sometimes several times each day, and we have an in-depth understanding of what our communities and our patients need.

Unfortunately, the leadership teams for each of these four agencies lacks a rural voice. This is a significant issue that could be rectified by having a rural generalist at the Integration Council, which is designed to ensure alignment and integration between these agencies and other parts of the health care system. This is something we have been advocating for since the new structure was announced and I will continue to call upon government to ensure the perspectives of rural health influences the work of these agencies.

Change to hospital-based leadership structure

On Tuesday afternoon, the [Government of Alberta announced that the province would be moving to a hospital-based leadership structure](#) that will decentralize decision-making to the hospital level. The release explains that this will give hospitals the flexibility to make decisions that meet the unique circumstances and needs of their own communities. As part of this, "AHS' health zones will be eliminated and acute care sites will be integrated into the seven regional corridors." Government has indicated that the interim hospital-based leadership model will be implemented at one site before being rolled out provincewide.

Although we have not seen the details of the model, change to the current system where geographic narcissism is rampant is required. I am cautiously optimistic that this will be a positive change for rural and remote facilities, whose needs are vastly different from metropolitan/urban hospitals. Some of you may remember the de-centralized structure that existed before Alberta Health Services was established in 2008, when rural areas appeared to have more say and influence on how their hospitals operated, however, there were concerns about competition reducing the stability of the workforce. Rural requires significant financial supports to incentivize recruitment and retention of all health staff, and without this appropriate budgetary requirement, we may see no improvement with the upcoming changes. I will update members as more information becomes available.

Rural Health Policy event

I recently attended [the Rural Health Policy: Framing Priorities for Advancement event](#), hosted by the Institute for Health Economics on June 9. Organized in collaboration with Alberta Health's Primary Care and Rural Health Division, it explored various topics that SRM has been working to draw attention to, including the need to define rural health, the importance of rural health and its role in economic prosperity, and the widening gap between rural and urban health. It is heartening to know that government is listening to our messages and I look forward to seeing how rural challenges and opportunities will continue to be prioritized.

As always, I am grateful for everything you do for your patients and your communities. I will continue to update you on the issues and developments that impact rural health.

Regards,

Dr. Rithesh Ram

President, Section of Rural Medicine