

Primary Care Physician Compensation Model: A Novel Compensation Option

Dr. Sarah Bates,
President, Section of Family Medicine

(Second Title: Future Representation of Family Physicians within Alberta's Healthcare System)

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Disclosure of Financial Support

I have received financial support from the Section of Family Medicine.

I have no relationships with financial sponsors.

I have no conflict of interest, but I believe that my personal biases will be self evident



“UNPRECEDENTED”

...a case of semantic satiation

2024 - 2025 SFM Strategic Priorities



Advocate for Family Medicine compensation priorities

Restructure SFM governance to address issues related to dissolution of PCNs & the advent of Primary Care Alberta

Advocate for representation at external governance tables

1. Compensation and the PCPCM

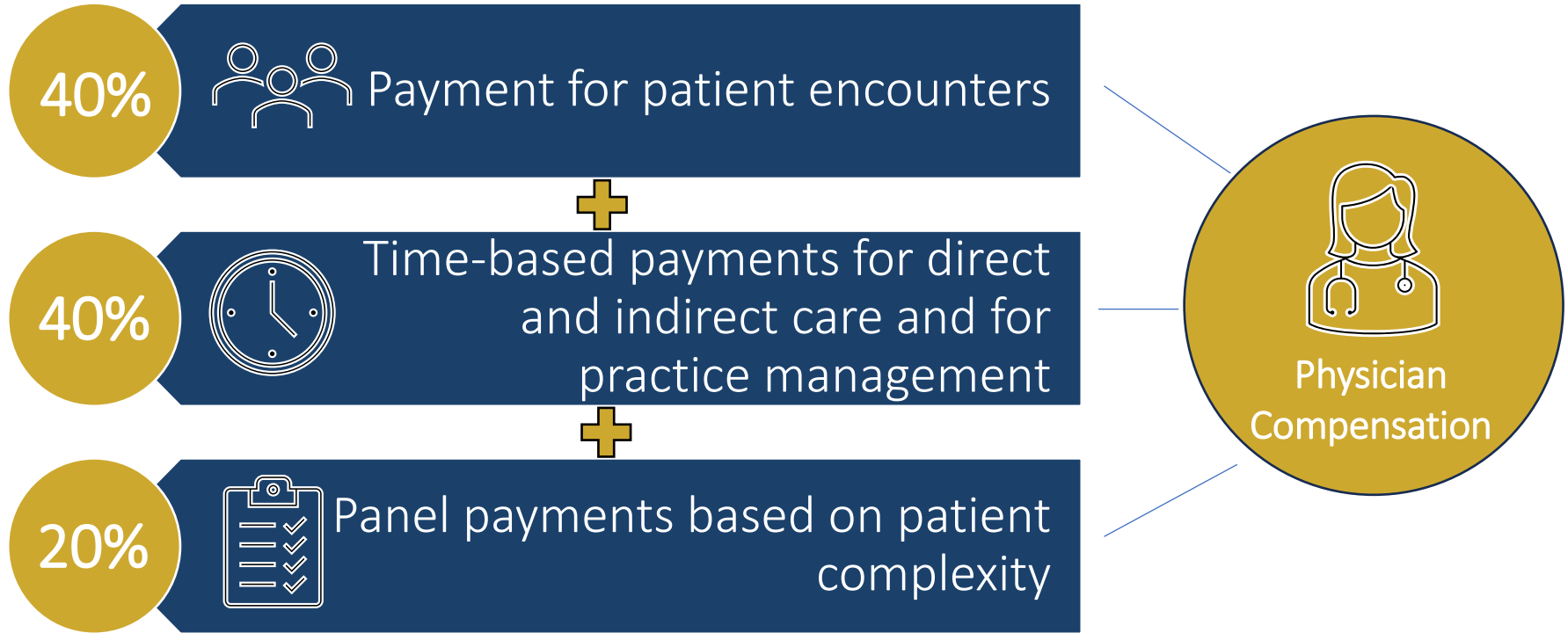
April 1, 2025, the Primary Care Compensation Model (PCPCM) went live

Over 800 family physicians with panels over 500 were signed up or in the process of signing up for the PCPCM, representing about 40% of eligible doctors

PCPCM is output of 18 months working under the MOU to create a “longitudinal care model” for family medicine

Not negotiated outside the physician contract governed by a Ministerial Order

Compensation: PCPCM Total Compensation



Will PCPCM meet my needs?

Member dashboard contains multiple tools to address this question:

- Panel number (with link to detailed explanation of calculation)
- Estimated panel payment per patient
- EOI form
- Daily and weekly payment estimator calculator



Evaluate if PCPCM is Right for You



Financial
Calculator

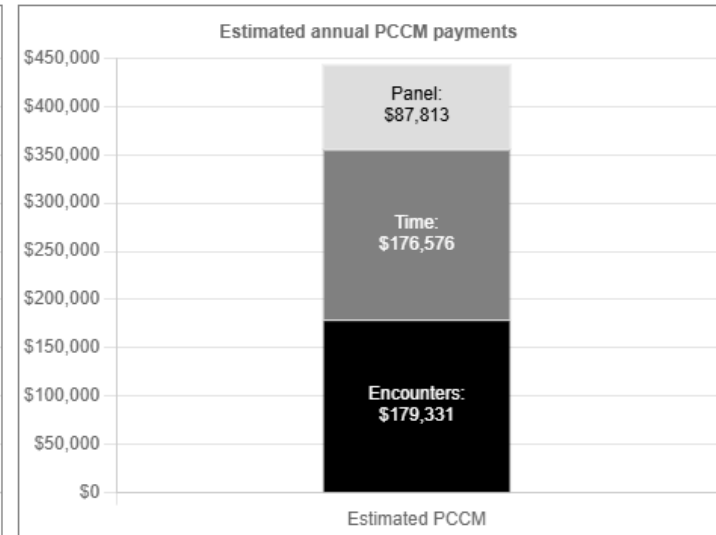
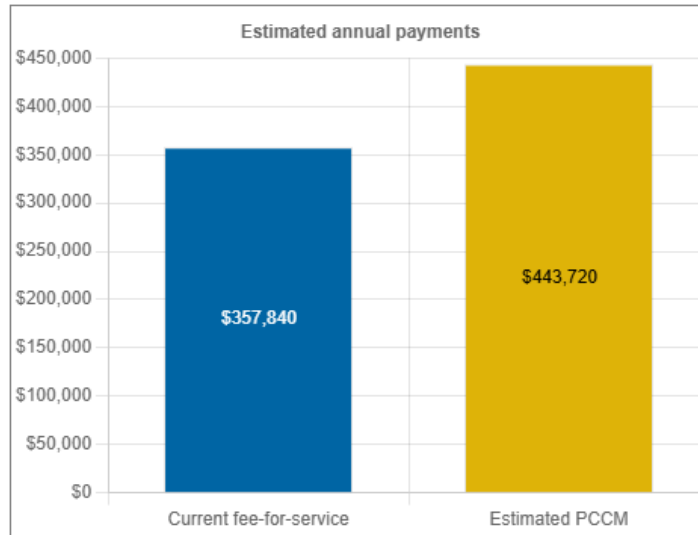
My profile		My membership		Continuing Medical Education	
Member #	99999	Active/Voting Section	Family Medicine	Unused allotment	
ZMSA Membership		Rep Forum of	Family Medicine	Expiring allotment	\$0.00
<ul style="list-style-type: none"> > Banking info > Profile/address info 	<ul style="list-style-type: none"> > T4/T4A statements 	<ul style="list-style-type: none"> > Renew membership > Make a donation 	View reports: <ul style="list-style-type: none"> > Mbr Card/Receipts > Payment History 	<ul style="list-style-type: none"> > Submit claim 	View reports: <ul style="list-style-type: none"> > Claim history > CME statement
Update my profile >		Learn more about my membership >		Learn more about CME >	
AMA Agreement One-time Payment		PCCM: Physician Comprehensive ...		My Practice Change	
Amt paid to date		Avg. Panel Payment per Patient (Annually)	\$70.31	Changing your practice?	
Latest payment date		CPAR PCCM Panel (Patients)	607	If you are changing your practice or thinking about changing, consider using My Practice Change tool to let us know.	
<ul style="list-style-type: none"> > Income declaration > Banking info 		<ul style="list-style-type: none"> > Physician Comprehensive Care Model Expression of Interest Form > Daily Payment Estimator Calculator > Weekly Payment Estimator Calculator 		> Submit Form	
One-time Payment info >		Learn more about PCCM >		Learn more >	
My Information / Tools		My CME Credit Certificates		CII/CPAR Payment	



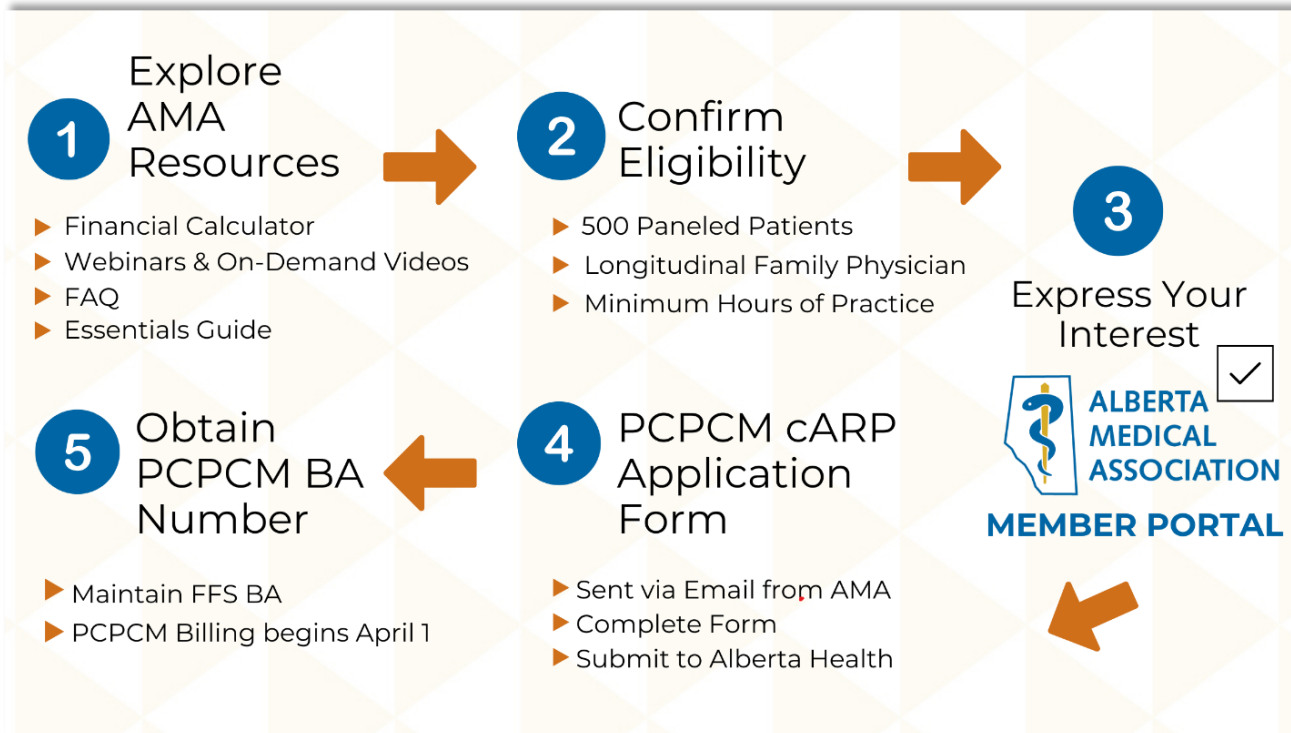
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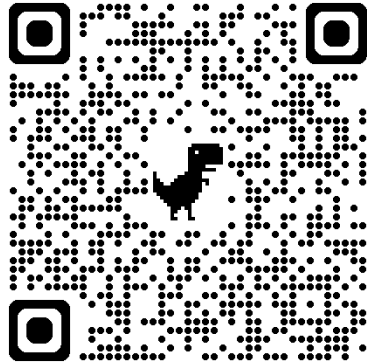
Financial
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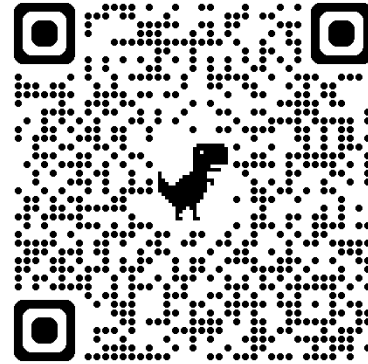
How to transition....



Available Supports



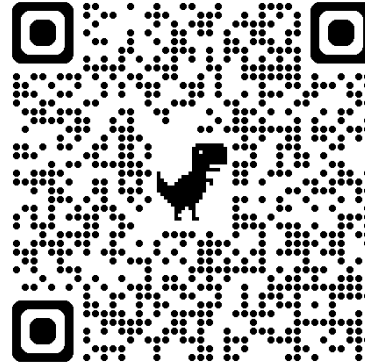
PCPCM
Operations Manual



PCPCM in Progress
Newsletter

PCPCM Community of Practice

- PCPCM Foundations
- Billing & Payment Flow
- Access Improvements
- Time Away & Locums
- Relational Continuity



Compensation: Acknowledging the work to come...

PCPCM implementation

- Panel sizes
- Conflicts
- Unintended consequences

Schedule of Medical Benefits (SOMB)

- Ongoing refinement, working toward Internal Relative Value guide (INRV)

Negotiations 2026

- Primary Care Working Group to prioritize issues
- Wide diversity of SFM members, non-economic sections

Income equity

- Support approval of IEI study and use to inform future allocations

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Factors in Current Environment



Diverse membership:
comprehensive,
focused practice,
hospitalists etc.



SOMB oversight of non-economic sections:
SRM, GMH, Sports
Medicine, Chronic
Pain, Palliative,
Indigenous Health



Dissolution of PCNs with associated loss of PCN Leads Executive (PLE) and current governance structures



Evolution of Regional PCNs and corresponding governance structures



Requirement of continued strong family medicine representation at RF and other tables



Future State...?

AHS role swapped out for Primary Care Alberta, oversight of PC in regions

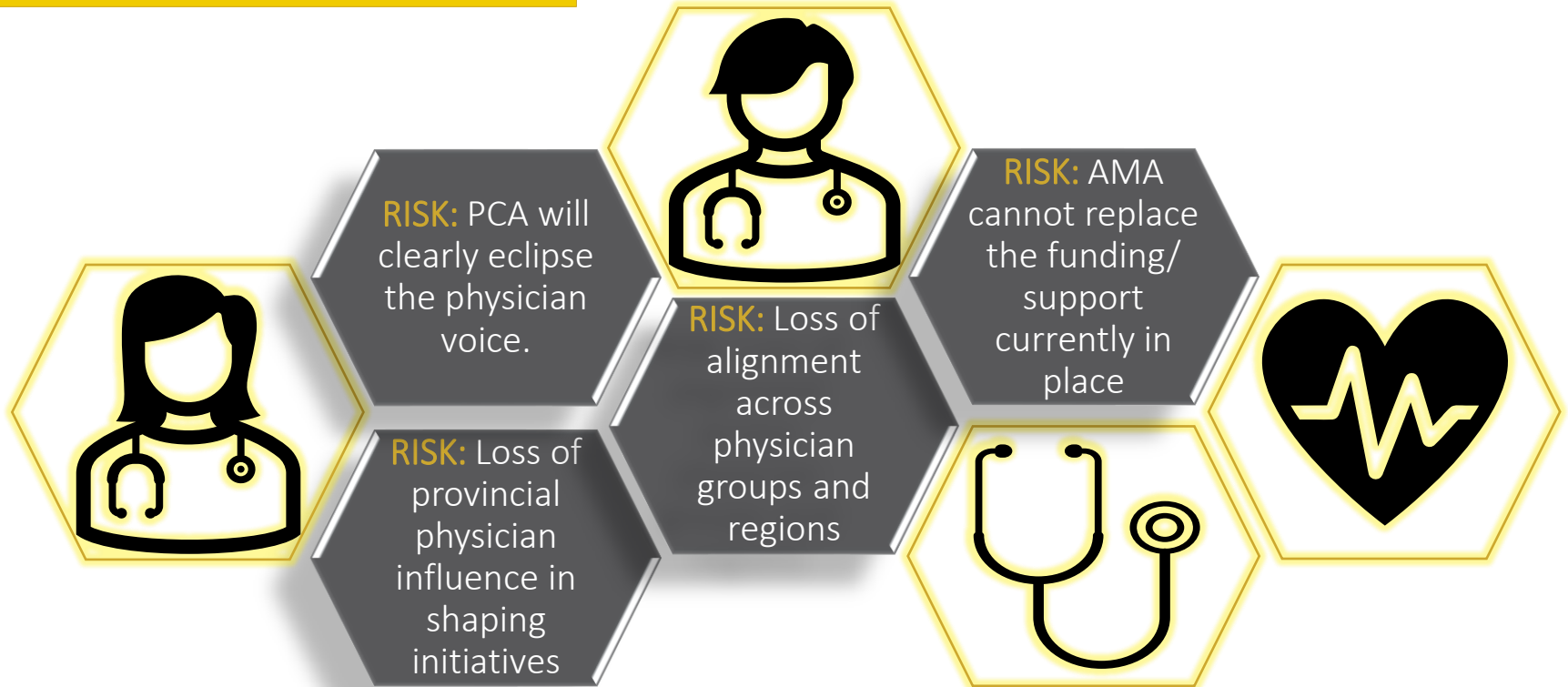
Regions replace zones: 5 Zones to 11 (?) Regions

Regional governance will include Board Chair + Medical Director but details still vague

Unknown if there will be a provincial governance/advisory structure to Primary Care Alberta similar to current Provincial PCN Committee

Physicians are not “members” of a region in the same way they were “members” of specific NPC/PCN

Status quo is not an option...





Where is the strong
voice of
family medicine that
speaks to broader PC
delivery and system
change?

One Voice for Primary Care

The future of regional advocacy is reliant on a strong connection to the SFM, with the AMA as the anchor organization

There is no clear path to be integrated in the governance of RPHCNs (as current).

This future SFM structure will be the go-to place for primary care on representation as provincial initiatives are developed.

One Voice for Primary Care

SFM governance restructuring, to create roles involved in system transformation and improved representation

Identify what additional resources, particularly finance, will be needed

Provide an engagement structure to reach family physicians and Patient Medical Homes, tied to SFM representative mechanisms

One Voice for Primary Care

SFM Representation Working Group

- Focus on the restructuring of the SFM in response to the diverse needs of our members (external and internal factors)
- Reviewed models of family medicine representation across Canada (specifically BC & Ontario)
- Consider importance of rural or regional representation
- Consider integration with the “four pillars”
- Need for strong advocacy strategy
- Retaining or improving family medicine influence within the AMA

NOTHING IS OFF THE TABLE

Key Messages: One Voice for Primary Care

SFM Representation Working Group

Composition:

- SFM President
- SFM Fees Representative
- SRM President
- PLE Co-Chair

Lead by a contracted external facilitator (expertise in governance)

SFM Desired Outcomes



Continue and improve SFM's capacity to effectively advocate for fair remuneration for all SFM members



Create internal governance mechanisms that will more effectively represent the diversity of SFM membership



Continuation of and strengthening the family medicine voice within the AMA



Respond to the health system reorganization in a way that positions the SFM as the trusted, aligned voice of family medicine



Create a strong voice for physician representation in the evolving world of Primary Care Alberta



OPPORTUNITY!

You are our members...

Where do we go from here?

Next Steps:

- 1 Create a proposal to be reviewed by the full SFM Executive
- 2 Advocate to the AMA Board of Directors
- 3 Engage membership
- 4 Inform Fall RF 2025

Thank you!



Questions and Comments...

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