

Report

of the

EXECUTIVE DIRECTOR

**Alberta Medical Association
(CMA Alberta Division)**

Date: February 26, 2024
To: Representative Forum
From: Cameron Plitt
Acting Executive Director
Subject: 2023-24 Mid-Year Business Plan Update
For: Information

This report provides a mid-year updated on the 2023-24 Business Plan priority activities.

Key Result Area 1 - Financial Health

The AMA assists and supports members in maintaining their financial health. This includes negotiating with payers to ensure fair compensation, the provision of practice management services and the offering of financial products. Members in training are supported through several scholarships and bursaries.

Goal 1 Physicians are fairly compensated for their skills and training in comparison to their colleagues and other professionals.

Priority Activities	Mid - Year Update
<p>1. Improve fairness in compensation between specialties:</p> <ul style="list-style-type: none"> • Complete all aspects of the income equity measures this year, including member ratification. • Use the full measure to influence and promote fairness in compensation including in the rates review and the financial reopener. • Use the full measure to inform other compensation policy matters (e.g., stipends, ARPs, AMHSP). 	<ul style="list-style-type: none"> • Stage 1 of dispute resolution process (AMACC review) is now complete. • Stage 2 (Dispute Resolution Committee) will soon commence. • AMA has reached out to the Section of Pediatrics and will soon reach out to other lower earning sections to gather their compensation priorities. • The AMACC is considering ways to use the full measure to inform, influence and promote fairness in compensation.
<p>2. Ensure fair compensation compared to other Canadian physicians and other Alberta professionals.</p> <ul style="list-style-type: none"> • Through AMA Agreement mandates: <ul style="list-style-type: none"> ○ Complete the Micro-allocation. ○ Prepare for an inter-provincial fee review and possible arbitration. ○ Begin preparing for the 4th year financial re-opener. ○ Complete the AHS payment reviews (stipends, on-call, overhead). ○ Complete the ARP rate review. • Through other mandates: <ul style="list-style-type: none"> ○ Support Clinical ARP and AMHSP negotiations. ○ Support local and provincial compensation discussions: <ul style="list-style-type: none"> ▪ Lab Agreement ▪ Cancel Care ▪ WCB ▪ Third party contracts 	<p>AMA Agreement Mandates</p> <ul style="list-style-type: none"> • AMA staff have engaged physician groups receiving AHS payments. The Stipend Working Group has been de-escalated and has yet to commence meetings. • AMA’s proposed ARP rate methodology was presented to Alberta Health at the AH AMA Clinical ARP Working Group meeting on November 7, 2023. No progress was made at the ARP Working Group and AMA representatives are seeking to have the proposal move forward more expediently. Alberta Health recently indicated it will be sending a proposal to the Rates Committee for the March 5, 2024, meeting. While it is preferred to have the ARP WG support a single proposal, in absence of agreement at the AG, the AMA will send a separate proposal to the RC as well. • The new Lab Agreement was ratified and fully executed by all parties. Agreement implementation is underway. • Cancer Care negotiations with AHS commenced December 20, 2023, with three meetings held to date. The agreement expires March 31, 2024. • Preparation is underway for negotiations with WCB for a new Agreement. The Agreement expires December 31, 2024. <p>4th Year Financial Reopener</p> <ul style="list-style-type: none"> • Preparation is beginning for the 4th year financial reopener. We will engage a data analyst who can begin undertaking data collection activities. The outcomes of the Market Rate Review will also link into the reopener. <p>AMHSP Negotiations:</p> <ul style="list-style-type: none"> • New AMHSP Master Agreement – long-promised, but no sign of it yet – AH indicates that other issues have supplanted this work, but that they continue to work on it with their legal team. They continue to promise to bring it to other parties for review when ready. Recent focus has been on the extension of the current agreement from April 1, 2024-April 1, 2025. That extension will include funding for the three new arrangements (anesthesia, surgery, and obstetrics and gynecology), as well as additional funding for the psychiatry and family medicine expansions. • Work of the AMHSP Negotiations Committee has been paused until further information is received regarding the status of the revised AMHSP Master Agreement. Work continues at the staff level with consultants to plan for upcoming negotiations and coordination with the overarching AMA/AH negotiations.

	<ul style="list-style-type: none"> AMHSP Council was recently advised that a legal opinion was requested related to the request to Alberta Health that the AMA become signatory to the AMHSP Master Agreement. Legal recommended that Council work with AMA to have AMHSP's embedded in the AMA /Alberta Health Master Agreement. Council suggested that an RF motion be brought forward at the upcoming Spring 2024 RF for this recommendation.
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Goal 2 Physicians' practice management decisions are based on sound management advice and best practice.

Priority Activities	Mid - Year Update
<p>1. Support activities that promote the effective management of practices, including:</p> <ul style="list-style-type: none"> Supporting sections in schedule modernization/improvement efforts. Promoting professionalism and best practice in billing and referral practices through tools like the fee navigator and billing training tools. Improve the accessibility of existing practice and clinic management tools and training information through the Learn@AMA learning management system and/or the AMA website. 	<ul style="list-style-type: none"> AMA Health Economics continues to support sections' modernization efforts with allocation-based fee initiatives, acute care and primary care proposals, virtual care improvements and ad hoc initiatives such as anesthesia care team fees. These proposals are being discussed at various working groups, with representatives from Alberta Health and Alberta Health Services. A provincial Practice Facilitator training program was launched by AMA ACTT in November 2023 which was increased by double from 2 to 4 cohorts due to high demand with over 100 participants expected to complete by spring 2024. The program consists of a blend of online training through the Learn@AMA learning management system and in-person delivery.
<p>2. Support members participating in or considering alternate compensation models including:</p> <ul style="list-style-type: none"> Clinical alternate relationship plans AMHSP arrangements 3rd party contracting models 	<ul style="list-style-type: none"> The AH AMA Clinical ARP Working Group has been meeting since October to inform on clinical ARP policy, models, rate methodology, and removing barriers to uptake. The AMA tabled the ten recommendations to improve clinical ARP uptake and both organizations agreed with the need to prioritize areas into short-term wins versus longer-term solutions. The AMA team is supporting physicians in existing and considering prospective ARPs.
<p>3. Prepare members for team-based funding conversations including:</p> <ul style="list-style-type: none"> Developing options for both clinic and PCN team funding flow and policies that could be implemented between clinics and PCNs for team-based funding, including contract templates. Through the ACTT program, host a PCN Strategic Forum that focuses on teams in primary healthcare, showcasing successful examples of team deployment and options for implementation in Alberta. 	<ul style="list-style-type: none"> Prepared a high-level proposal for team-based funding to flow either to clinics or PCNs, as part of larger Strike Team proposal to Alberta Health. Alberta Health and the Minister of Health understand the proposal, however no further discussions have been held to explore the details given other more pressing topics around Primary Care Stabilization. It is also expected that team-based funding may be addressed as MAPS rolls out. The PCN Strategic Forum was held November 2-4, 2023. The theme was "Teaming Up". Not only were a few breakout sessions devoted to team-based care (including Practice Facilitation), but the overall theme was designed to inspire the audience into the future of team-based care and leadership. The next provincial conference has commenced internal planning and is expected to be held March 2025 in Edmonton.

Goal 3 Reliable and best-in-class financial products are available to all members

Priority Activities	Mid - Year Update
<p>1. In partnership with MD Financial Management and BNS, promote and provide educational sessions on the Medicus pension plan, created for physicians, to provide predictable monthly income on retirement.</p>	<ul style="list-style-type: none"> After opening for deposits in June 2023, MD reports that they have identified 260 qualified prospects who may be suitable fits for the pension plan and completed 117 discovery meetings with Alberta physicians. One of the founding members of the pension plan is Albertan. Over 100 physicians nationwide have officially joined the pension plan, and MD reports that they are gaining new enrollments weekly. ADIUM has worked with MD to complete an information session for ADIUM staff (public affairs attended as well) to ensure ADIUM advisors are well equipped to make referrals to MD for consideration of the pension plan (completed February 1, 2024). A cobranded, educational member webinar will take place at 7:00 PM on May 2nd on this topic. This session will be broadly advertised to members through a variety of mediums.

	<ul style="list-style-type: none"> MD will be present at fall RF and will be pleased to provide additional resources on Medicus at that time, if desired.
2. In partnership with MD Financial and BNS, complete a market assessment to ensure competitive rates and coverage of products offered to members through the financial services alliance.	<ul style="list-style-type: none"> ADIUM will be undertaking surveys to assess the member perception of value of the MD Financial/BNS relationship. These surveys will also cover multiple other partnerships affecting member financial well-being including TDIMM, HBTF, Manulife and ADIUM's services. ADIUM is working with MD leadership to vet their processes and their research as it pertains to product and service development and their offerings that are specific to physicians. Although their quantitative data is proprietary, by vetting MD/BNS' market scanning and review processes and policies, the AMA can assess and affirm the competitiveness of products and service offered to members and their families.
3. Assess the feasibility of providing members with subsidized medical education subscriptions, previously available through the CMA.	<ul style="list-style-type: none"> The CMA informed the AMA that it discontinued clinical tools included within CMA membership (some of which offered CME credits) to focus on its new strategic plan, Impact 2040. They began sunsetting clinical tools in April 2023 and completed the process by year-end. Most of these clinical tools are accessible to many Alberta physicians through affiliations with AHS or the universities, including DynaMed (AHS, UofA, UofC), UpToDate (Calgary Foothills PCN), ClinicalKey (UofA, UofC) and CPS (AHS, UofA, UofC). Essential Evidence Plus has no institutional subscribers in Alberta due to its high cost. These tools (other than UpToDate, to which a discount was offered) were included in CMA membership. The most popular tool used and requested by CMA members was a subset of Essential Evidence Plus called POEMS (Patient Oriented Evidence that Matters), which offers CPD credits. POEMS was a highly customized, proprietary experience that was deeply integrated into the CMA CRM, making it difficult to replicate elsewhere. We have asked the CMA to keep the AMA informed as to the potential transitioning of this program to another vendor.

Key Result Area 2 – Well Being

The AMA supports members in maintaining healthy work-life integration, including being a leader in the development of a comprehensive physician health program. The AMA also supports physicians in their efforts to attain safe, healthy and equitable work environments.

Goal 1 Physicians are supported in maintaining their own health and that of their families

Priority Activities	Mid - Year Update
1. Optimize PFSP by improving communication of available supports, including preventative health supports.	<p>PFSP has three core service areas: Assistance Line; Case Coordination; and Education, Prevention and Promotion.</p> <ul style="list-style-type: none"> The PFSP received 3802 calls to the Assistance Line in 2023 marking the fifth consecutive year that the PFSP Assistance Line has seen an increase in utilization between 12%-15%. The average length of call has also increased from 59 to 63 minutes in 2023. To address impacts of this growth on the PFSP, eight new Assessment Physicians (AP's) were added to the PFSP team, and the service delivery model changed to two AP's on first call each week. These changes have increased capacity and reduced burnout of the AP's. The PFSP's Case Coordination service experienced a 24% increase in new accesses over 2022. These percentages can vary widely as the number of physicians accessing this service on a yearly basis is typically small, so the fluctuation of these numbers is monitored over time to determine if trends are occurring. Among the various PFSP prevention and promotion activities in this period, notably, the response to four PFSP-hosted sessions on the topic of self-compassion to support personal wellness has been very high among AMA members (record attendance total of 259 people). In particular, the session "Caring for others without losing yourself", with renowned researcher and expert in self-compassion, Kristen Neff PhD generated lots of interest and positive feedback. The PFSP

	<p>has continued widespread promotion of all their services and special events through a variety of platforms and Alberta physician health collaborators for example, WellDoc Alberta, AHS, PARA, AMA, the universities, and various medical departments.</p> <ul style="list-style-type: none"> • The PFSP continues to experience a surge in requests for family physicians through the Physicians 4 Physicians (P4P) service for the fourth year in a row. <ul style="list-style-type: none"> o 650 requests for family physicians were received from January to December 2023. This is the number of requests received from the Assistance Line and in cases where the Assessment Physician and client determine a family physician is required. o 609 (94%) of these requests were for providers in Calgary and Edmonton. o Of the 93 active P4P providers, only 24 are in Calgary and Edmonton, but are having to take the bulk of the requests. • The PFSP has continued widespread promotion of their services through a variety of platforms.
<p>2. Offer at least 3 wellness-themed educational events targeting different career stages, namely learner, early career, mid-career, and transitions (including part-time and retirement).</p>	<ul style="list-style-type: none"> • The physician wellness workshop: Your Life in Retirement took place on December 8, 2023. The session was fully subscribed at 15 participants, and there was a waiting list of interested individuals. This was an interactive workshop for physicians contemplating retirement or who are already retired, facilitated by Dr. Philippe Erhard. Feedback from the session was extremely positive. On average participants found the session effective and were likely to refer the session to a colleague or friend. Participants were appreciative that the AMA is offering workshops for this career stage, and with wellness as the key theme. Planning for further workshops and offerings related to retirement and other career stages is underway.

Goal 2 The AMA is committed to working with and for physicians to address system issues which impede attaining a safe, healthy equitable working environment.

Priority Activities	Mid - Year Update
<p>1. Advance the AMA’s Healthy Working Environments framework in the areas of equity, diversity and inclusion, psycho-social wellness and safety, and leadership, aligning activities with other system partners including AHS and the CPSA:</p> <ul style="list-style-type: none"> • In collaboration with AHS and CPSA, support creation and implementation of a second anti-racist educational module on anti-Indigenous bias. • Offer group coaching to AMA leaders enrolled in the CMA-funded Physician Leadership Professional Development program. • Contribute to the ongoing process of reconciliation guided by the Indigenous Health Committee. 	<p>Anti-racism education:</p> <ul style="list-style-type: none"> • AMA, CPSA and AHS are currently working on accreditation for the initial Micro-aggression Education Module, which is expected to be completed in March 2024. The AMA is working with Onlea enterprises to develop a promotional video for the Micro-aggression course to increase awareness of this training. • Further development of a second anti-racist educational module on anti-Indigenous bias has been paused due to competing priorities within the AMA and partner organizations. <p>Group coaching:</p> <ul style="list-style-type: none"> • Group coaching for AMA physician leaders who are enrolled in a multi-year CMA-funded physician leadership development program has begun. Two cohorts (10 physicians total) started their group coaching sessions in February 2024, and will continue until March 2024. Two more cohorts (an additional 10 physicians) will begin their group coaching sessions in April 2024 for five weeks. • Cross-organizational collaborative coaching is taking place through January and February 2024, with 11 appointed leaders from AMA, CPSA and AHS. The objectives include building empathy and a broader understanding of challenges faced by those within other healthcare organizations, and increasing understanding of the health system and roles each of the organizations play. Formal program evaluation of this pilot project will inform decisions about future funding of similar initiatives. <p>Indigenous Health:</p> <ul style="list-style-type: none"> • There was a three-part Indigenous Health agenda item at Fall RF 2023. This included a group viewing of the film The Unforgotten, an

	<p>Indigenous inspired lunch prepared by an Indigenous chef with 20 guest Indigenous leaders in attendance, and a panel discussion with four Indigenous physicians. The Indigenous Health Committee (IHC) members are conducting a thematic analysis of the survey results from Fall RF to inform next steps.</p> <ul style="list-style-type: none"> Resources and materials for National Day for Truth and Reconciliation were developed collaboratively with IHC and AMA staff for dissemination to AMA membership in fall 2023. IHC welcomed a new chair, Dr. Cassandra Felske-Durksen in late 2023. Dr. Felske-Durksen’s first meeting with IHC was held in January 2024. Several meetings between the IHC chair and AMA leadership have taken place to inform the AMA on key Indigenous Health issues, begin building working relationships between the AMA Board and Indigenous leaders, and to engage the AMA in the ongoing process of reconciliation.
<p>2. Support members experiencing work conflicts.</p> <ul style="list-style-type: none"> Provide a webinar for members on conflict resolution to educate on tools that teams can use to manage conflict and investigate the feasibility of access for members to conflict resolution services. Explore the potential for scaling a model currently being piloted by the Edmonton Zone Medical Staff Association. 	<p>Conflict Resolution Webinar:</p> <ul style="list-style-type: none"> ACTT has offered a webinar for members of the Physician Champion Network on Calming the Waters: Techniques to De-escalate Conflict (January and February 2024). Planning is underway to offer a member-wide conflict resolution/managing differences webinar in spring 2024. <p>Physician Advisor:</p> <ul style="list-style-type: none"> The current contract for the Physician Advisor pilot will conclude on May 31, 2024. The Council of Zonal Leaders will discuss further options for the Physician Advisor program at meetings in 2024.

Key Result Area 3 – System Partnership and Leadership

The AMA supports members in their role as leaders within the health care system. This includes supporting physician leadership in developing innovations in care delivery and integration of primary and specialty care. Other activities include the AMA’s key role, with Alberta Health (AH) through the AMA Agreement, in developing and implementing the physician payment strategy for the province; several programs aimed at quality improvement; activities related to eHealth; and supporting the development of physician leadership skills.

Goal 1 Working with Alberta Health, Alberta Health Services and other partners, lead and influence positive change in the delivery of services.

Priority Activities	Mid - Year Update
<p>1. Support the sustainability of Primary Care practices and strengthen the Patient’s Medical Home for all Albertans:</p> <ul style="list-style-type: none"> Advocate for federal funding to be used towards sustaining existing primary care clinics and family physicians. Advocate for solutions previously brought forward by AMA to Alberta Health through the MAPS initiative, including: <ul style="list-style-type: none"> Removal of whites of the eyes rule After hours, extended hours Administrative burden compensation, hourly rate Through the ACTT program, continue implementation of initiatives that support patient medical home, comprehensive care in Alberta (CII/CPAR, improve care coordination, BCM or alternatives, governance education, provincial communities of practice in EMR, practice facilitators, physician champions). 	<ul style="list-style-type: none"> ACTT and Health Economics continue to work with AH to initiate the release of the \$2 million grant for ARP change management supports that includes BCM which includes completion of a review of existing supports anticipated to take place in February and March 2024. ACTT’s provincial PCN governance training received repeat accreditation for CME credits with the next offering in spring 2024. ACTT continues to develop structures, templates and automation for new and existing BCM clinics to create efficiencies in model adoption and maintenance. This includes practice agreement and business modeling templates that includes learnings from onboarding the most recent clinic in Banff. ACTT continues to support physicians in the Physician Practice Improvement Program (PIIP) required through CPSA including 6 sessions being completed with over 600 physicians participating. ACTT has held numerous network learning sessions including 42 network sessions. (NOPS)

<p>2. Advocate for system and policy improvements, and physician support that enable system interoperability and better flow of information, reducing patient risk and supporting continuity of care.</p> <ul style="list-style-type: none"> Investment in Connect Care improvements for providers practicing in AHS facilities and the community (e.g., Identify viable solutions to address the ongoing challenges for accessing and routing information for mixed context providers and community providers working at more than one location). An effective EMR vendor business model (e.g., standards, integration incentives, secure information exchange, etc.). Advocacy for the modernization of the Health Information Act to address barriers in patient information. Advocate for system and workflow improvements through the eHealth Modernization project. 	<ul style="list-style-type: none"> AMA continues to advocate through various committees and work closely with AHS and physician leaders on all Connect Care issues. System, workflow, results delivery, and communication issues continue to improve with further changes expected in 2024. Alberta Health recognizes the priority of an EMR business model and continues to work on developing a proposed EMR model based on ongoing discussions over the past few years with physicians, EMR vendors and other jurisdictions. There are no timelines in place at this point. Advocacy work continues across several fronts, including various committees and meetings with AH senior leadership on the modernization of the HIA. The Privacy Commissioner will be attending RF to have an open discussion with members on their concerns and current priorities for the Office of the Privacy Commissioner. Significant work has been done through the eHealth Modernization Project on functional and infrastructure requirements for the health system. Work on these priorities continues with Alberta Health while ministerial direction is solidified. Informatics priorities will continue to evolve and adapt as the four pillars are implemented across the health system.
<p>3. Advocate for solutions that address the health human resource shortage and improve patients' access to a physician:</p> <ul style="list-style-type: none"> Advocate for the Alberta Surgical Initiative to be co-designed with the profession. Develop and implement the program provided for in AMA Agreement to support recruitment and retention for physicians who practice full time in underserved areas. Make recommendations to the Minister on physician supply and distribution, through the Physician Resource Planning Advisory Committee to be established under the AMA Agreement. 	<ul style="list-style-type: none"> To support the work of AMA's involvement in the multi-stakeholder PRP Advisory Committee, as well as any other issues that deal with human health resources, the AMA formed an AMA PRP Working Group. The working group has been meeting regularly to support discussions related to recruitment and retention issues as noted in Schedule 7 of the AMA Agreement – Targeted Investments of the AMA Agreement. The working group last met on January 10th to discuss a collaborative approach to understanding the current workforce. The approach includes accurately enumerating the workforce, coupled with a comprehensive understanding of the factors for formulating effective policies that address the root causes of what appears to be an inadequate supply of physicians in Alberta. As noted above, the AMA will be working with the CPSA, HQCA, among others, on the collaborative approach to accurately enumerate the physician workforce. By utilizing their respective datasets, the organizations hope to create a more holistic understanding of the current state of physician resources in the province. The organizations will be determining the scope and a project plan for this work. AH has been invited to join the collaborative approach discussions. Involvement with other key stakeholders to be determined.

Goal 2 Key incentives and supports for physicians are aligned with the delivery of care and toward overall system objectives of timely access for patients to quality care.

Priority Activities	Mid - Year Update
<p>1. Explore alternative compensation models and alternatives to fee for service payment, including:</p> <ul style="list-style-type: none"> Models for interdisciplinary physician teams. In partnership with AH, evaluate Blended Capitation Model implementation and other alternatives for funding comprehensive primary care. 	<ul style="list-style-type: none"> ACTT and Health Economics continue to work with the Section of Family Medicine and Alberta Health to develop the new Physician Comprehensive Care Model (PCCM) to stabilize community-based primary care practices and incent continuity and comprehensive care for Alberta patients. A proposal for improvements to Capitation and Blended Capitation Models (BCM) has been put forward to align with the development of the new PCCM.

<p>2. Advocate for the implementation of the ‘top 10 priorities’ developed by the AMA’s cARP Working Group (i.e., contractual agreements with fair dispute resolution, expedited application and approval processes, simplify payment models, fair and timely funding adjustments for service volume, etc.).</p>	<ul style="list-style-type: none"> The ‘top 10 priorities’ were raised at the AH-AMA Clinical ARP Working Group. A workplan was developed which groups these priorities into short-, intermediate- and long-term goals. AMA’s rate methodology was tabled at the WG on November 7, 2023, and recommendations will be brought to the March 5 Rates Committee meeting. Contractual agreements are being explored.
<p>3. Operationalize administration of the CII/CPAR member funding program under the AMA Agreement.</p>	<ul style="list-style-type: none"> The CPAR program has been operationalized and payments are being made quarterly. Staff are working with members and AH to help resolve any issues or questions arising from the funding program.

Goal 3 The patient’s voice and perspective are actively sought and amplified by the AMA in our work as system partners, leaders and advocates.

Priority Activities	Mid - Year Update
<p>1. Regularly and frequently explore issues of importance to patients through albertapatients.ca.</p> <ul style="list-style-type: none"> Report results to physicians, the public, government, AHS and other stakeholders. 	<ul style="list-style-type: none"> Albertapatient.ca has been used to inform AMA strategy and advocacy. In this current business year, we have explored: Albertan’s assessment of the general state and directions of the health care system; government’s performance on same; satisfaction with primary care experience; attitude toward use of alternative providers such as nurse practitioners and preferences in teams vs independent; awareness of the financial situation of physician practices.
<p>2. Leverage the PatientsFirst.ca platform by:</p> <ul style="list-style-type: none"> asking Albertans about their patient experience, e.g., waiting for care. helping Albertans to make their voices heard by provincial or constituency political leaders who need to know what matters to patients. 	<ul style="list-style-type: none"> PatientsFirst.ca has been integral to the AMA’s push for our proposal toward a Physician Comprehensive Care Model and for funding to be delivered in the context of Budget 2024 Over 4,000 emails had been sent by Albertans to MLAs in the month of January expressing support for primary care as a Budget 2024 priority while advertising continues to build volume and add new members to the PatientsFirst.ca community. At time of update, 46,000 members of the online community were actively engaged, receiving AMA messaging and participating in activities such as talking to MLAs or sending emails. The <i>SOS The Urgency Is Real</i> campaign is linked to PatientsFirst.ca via videos that physicians have uploaded to talk about their personal stories in the struggle to sustain their practices.
<p>3. With external polling services, bring general population research findings about what patients say and value to AMA system partnership and leadership efforts.</p>	<ul style="list-style-type: none"> This item has been incorporated into the albertapatient.ca item, above. That poll originally was subscriber-based and consisted of patients in the system. Results, while informative, were not statistically generalizable to the Alberta population. With changes made to the operation of the platform, we are now polling Albertans at large on these matters under the albertapatient banner. This eliminates the need to run separate polls when we may need to use results for public relations or lobbying purposes.

Healthy AMA	
<p>1. Governance</p> <ul style="list-style-type: none"> Improve transparency to members from all levels of AMA leadership, by implementing the approved recommendations from the Transparency Working Group. Support sections in carrying out their roles by: <ul style="list-style-type: none"> Reviewing the results of the baseline survey of section executive, conducted by the Governance Oversight Groups. 	<ul style="list-style-type: none"> The Transparency Working Group presented its preliminary recommendations to the RF in fall 2023. Approval to advance and implement the final recommendations will be sought at the March RF. After undertaking an assessment of the section governance practices currently in place, the GOG provided the Board with a set of recommended tools templates and training to be developed to better support sections. The general framework and recommendations will be presented to the RF for information in March. An initial scan of the leadership activities underway within the AMA was undertaken as part of the GOG assessment above.

<ul style="list-style-type: none"> ○ Developing the needed tools and supports and making them available to sections. ● Conduct an environmental scan of available leadership tools and supports both internally and through partner organizations like CMPA, CMA and AHS and make these supports more accessible for AMA leaders and all AMA members. 	
<p>2. Workforce</p> <ul style="list-style-type: none"> ● Implement the approved honoraria and expense guide improvements including: <ul style="list-style-type: none"> ○ Pay honoraria rates based on the committee position. ○ Increase honoraria rates to align with other jurisdictions. ○ Provide honoraria for meeting preparation time. ○ Add dependent care as an eligible expense. ● Create a positive, connected, cohesive workforce who provide exceptional value to members and encourage members to get involved with the AMA. <ul style="list-style-type: none"> ○ Implement the approved recommendations from the Hybrid Working Group. ● Undertake a competitive process to select AMA corporate legal counsel 	<ul style="list-style-type: none"> ● Changes to the committee expense program were implemented as planned with the effective date of October 1, 2023. Honoraria rates have been increased and are comparable to other provincial medical associations. System enhancements have been implemented to accommodate both preparation time and dependent care. All committee policies have been updated and published to members. ● The Hybrid Working Group developed a comprehensive set of recommendations to ensure the workforce culture remains positive and connected while continuing to provide exceptional service and engagement to the membership. Implementation of the recommendations is underway and will continue throughout the year. ● The process of selecting corporate legal counsel is underway. The competitive process is anticipated to wrap up by late Spring, 2024.
<p>3. Financial</p> <ul style="list-style-type: none"> ● Develop a balanced budget that sustains the organization, while making appropriate use of AMA reserves. ● Steward program funding in accordance with the grant agreements. 	<ul style="list-style-type: none"> ● The AMA is in good financial health with sustainable operations and fully funded board reserves. ● All accountability and reporting related to grant agreements are being satisfied.
<p>4. Relationships</p> <ul style="list-style-type: none"> ● Optimize our relationship with the CMA and the Provincial and Territorial Medical Associations towards activities that benefit the collective provincial and national memberships. ● Improve purposeful connections with representatives from other health professions to enable and champion development of team-based care in the broader system. 	<ul style="list-style-type: none"> ● Staff continue to work closely with CMA on topics such as Indigenous Health and will be engaging with Mr. Owen Adams and others from CMA on issues around physician resources. ● CMA board member, Amanda Brisebois, has attended AMA board as an observer. ● Meetings are being arranged with the Provincial and Territorial Medical Associations from Ontario – West to discuss negotiations and agreements reached in those provinces. ● The President continues to connect regularly with other health professions to further the development of team-based care. ● AMA physician representatives are exploring relationships with other multi-disciplinary providers as part of the Coalition for Primary Health Care.
<p>5. Knowledge</p> <ul style="list-style-type: none"> ● Assess the feasibility of enhancing our social media capabilities, including the development of a project charter (scope, budget, performance indicators, sustainability, etc.), and if approved by the Board, undertake a pilot implementation. ● Modernize the AMA website to increase transparency, improve member experience and improve connection with and amongst members. 	<ul style="list-style-type: none"> ● An agency was retained to assess the AMA’s social media ecosystem and make recommendations for further expansion into new platforms. Member research will be conducted in February and March and recommendations brought to the Board. Ultimately this will inform the Business Plan for 2024-25 and explore ROI on any need for additional staff resources to deploy more social media, more broadly, to a wider audience. ● The website rebuild project is progressing on schedule. Major decisions have been made, architecture determined, design completed. Content contributor training and content migration is the next phase. Launch is expected in summer 2024.

- Continue the multi-year project of modernizing our member information systems.

- We are roughly two-thirds through the multi-year project to modernize our aging AMA member information systems. Funding was secured as part of the AMA Agreement to redevelop the government-funded programs, to ensure a common platform for all AMA systems.

Financial Update

AMA Operations

	Budget (\$ 000's)	Projected Actual (\$ 000's)	Projected Variance (\$ 000's)
Revenue			
- Dues	21,178	21,228	50
- Other	4,477	4,627	150
	25,655	25,855	200
Operating Expenditures			
- Executive Office	4,444	4,444	
- Southern Alberta Office	1,015	1,015	
- Operations and Member Services	10,131	10,131	
- Public Affairs	2,383	2,533	150
- Health Economics	3,134	3,134	
- Professional Affairs	2,058	2,058	
- Health System Transformation	1,212	1,212	
Priority Projects	2,560	2,610	50
	26,937	27,137	200
Operating surplus (deficit)	(1,283)	(1,283)	0

Revenues

1. The membership continues to show strong support for the AMA with member retention rates trending slightly ahead of last year's rates. Based on available physician supply data, we are projecting an actual retention rate of 98% of practicing physicians in Alberta. The increase in membership has been reflected in the revenue forecast.
2. An increase in Other Revenues of \$150k is projected on the strength of the ADIUM insurance products, which are showing an increased uptake from membership.

Expenditures

1. Operating expenditures are comprised primarily of workforce (staff and physician volunteers) and facility costs. Expenditure forecasts remain on track with budget across most areas of the organization. The Public Affairs branch is forecasting increased spending on staff to bolster social media and advocacy efforts.
2. Budget provisions were made under Priority Projects to support business plan priorities detailed in this report. Spending in this area is generally one-time in nature and includes:
 - **Physician Representation** – The new agreement creates a mechanism to develop provincial level frameworks for determining and resolving disputes on subsidies, on-call, overhead, contract arrangements (e.g., lab, DI), etc. Progress at the provincial level has been slower than desired in some cases and the AMA has continued to support, individual physician groups on local contracts and arrangements.
 - **Income Equity** – the dispute resolution process is underway.
 - **Rates Review** – The process for the review is to be approved by Management Committee by March 31, 2024, for completion by March 2025.
 - **Policy Opportunities** – System policy work is being pursued both inside and outside the AMA agreement. The development of the Primary Care Compensation Model, implementation of the Modernizing Alberta's Primary Health Care System (MAPS) project and the re-focusing of the Alberta Health system are examples.
 - **Social Media and Member Engagement** - The scale-up of the machinery to support AMA advocacy is underway.

Reserves

Board Reserves

	Budget (\$ 000's)	Projected Actual (\$ 000's)
Emergency	11,213	11,213
Capital	4,036	4,036
Strategic	1,000	1,000
	16,249	16,249

AMA Contingency Reserve

	Budget (\$ 000's)	Projected Actual (\$ 000's)
Opening Balance	17,075	17,001
Net investment income	683	800
Transfer to Operations	(1,283)	(1,283)
Ending Balance	16,476	16,518

1. Board Reserves – This is the minimum reserve holdings established by the Board for the specified purposes. The Board reserves are fully funded at required levels.
2. AMA Contingency Reserve – This is the reserve available to fund key activities that are cyclical or one-time in nature. A transfer from the contingency reserve was planned to support one-time priority project activities.