

Alberta Medical Association Business Plan and Budget 2024/2025

The major business plan elements are:

A. Vision, Mission, and Values

As established by the Alberta Medical Association (AMA) Board of Directors.

B. Key Result Areas, Goals and Related Priority Activities

Cascading from the AMA Mission the Board established goals in three key result areas: **Financial Health**, **Well Being**, and **System Leadership and Partnership** focused on delivering value to physician members. Under Board supervision, activities for the 2024-25 fiscal year are developed by staff and an update is provided to the Board and Representative Forum mid-year.

Healthy AMA focuses primarily on the operations and governance of AMA to deliver the key result areas.

There are several physician support programs primarily funded by Alberta Health (AH) grants that are part of AMA and included in the business plan, but not reflected in the budget. The programs include:

- Accelerating Change Transformation Team (ACTT) enables system transformation in four ways:
 - **Content:** Find, curate and build materials that help members and partners understand and implement the transformative changes.
 - **Capacity:** Help members and partners build the skill sets they need to implement the transformative changes.
 - **Support:** Help partners (especially PCNs) in their organizations to do the hard work of leading and implementing change.
 - **Influence:** Influence policy, practice, funding and services of other groups (founders, AHS, HQCA, etc.) to maximize the chances of successful transformative change.
- Rural Locum Program provides temporary physician coverage in rural areas to ensure continuous patient care.
- Physician and Family Support Program (PFSP) offers confidential support to Alberta physicians, residents, and their families including counseling, peer support, and resources to address wellbeing.

C. Budget

The budget outlines the allocation of AMA resources to achieve its goals and activities and encompasses ongoing AMA operations, and reserves. As an integral part of the business plan, the budget serves as a critical control and monitoring tool for the Board.

A. Vision, Mission, Values

Our Vision

The AMA is powered individually and collectively by physician leadership and stewardship in high performing health system.

- Our initiatives as leaders, innovators and clinicians advance sustainable practice by a healthy profession and timely quality care for our patients
- Member wellness and economic wellbeing in their practices and communities are supported by our comprehensive negotiated agreements and programs
- The voices of members – individually, regionally and within specialties – are heard and reflected within the system through our united voice of openness and accountability
- Our physicians are valued and respected throughout the system in their professional roles and through their unique relationships with patients and system partners

Our Mission

Advocate for and support Alberta physicians. Strengthen their leadership in the provision of sustainable quality care.

Our Values

- Act with integrity, honesty and transparency
- Foster relationships of mutual trust and respect
- Treat others – and each other – fairly and equitably
- Remain unified through belief in quality care, collective engagement, and professionalism

B. Key Result Areas, Goals and Related 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, supporting physicians with sound management advice and best practices and the offering of financial products. Training members are supported through scholarships and bursaries.

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

Priority Activities:

1. Improve fairness in compensation between specialties:
 - Finalize the income equity measure including dispute resolution and member ratification and develop a strategy for ongoing renewal and updates.
 - Use the full measure to influence and promote fairness in compensation including in rates review and financial reopener.
 - Use full measure to inform other compensation policy matters (e.g., stipends, ARPs, AMHSP) and use the full measure to track the AMA's progress in achieving equity through various initiatives, including the Physician Comprehensive Care Model, the Acute Care Stabilization Plan, etc.
2. Ensure fair compensation compared to other Canadian physicians and other Alberta professionals:
 - Complete and implement the Physician Comprehensive Care Model (PCCM) for primary care.
 - Complete and implement the ARP rate review.
 - Advocate for the implementation of other elements of the AMA's Acute Care Stabilization proposal including improvement in the after-hours premium (03.01AA); improvement in on rates; removing the threat associated with AHS (Alberta Health Services) overhead charges and AH z-code discounts; and complete the review of AHS-paid stipends adopting principles of transparency, equity, and fairness.
 - Complete the market rate review.
3. Represent physicians using a principled approach with non-FFS negotiations (e.g., Cancer Care, WCB, third party contracts, Lab Medicine, income guarantees).
4. Prepare for and support negotiations (Negotiations 2026 and AMHSP) and 4th year financial reopener.
 - Engage members to gather insights and understand their issues and priorities through surveys, focus groups, and direct communications.
 - Establish clear negotiation goals and objectives, ensuring alignment with member feedback and organizational priorities.
 - Prepare comprehensive data, financial analyses, and strategic arguments to support the AMA's position for the Year 4 Financial Reopener and Negotiations 2026.
 - Develop a contingency plan for arbitration, including appropriate resource allocation, and legal preparedness, in case negotiations do not lead to an agreement.

GOAL 2: *Physicians' practice decisions are based on sound management advice and best practice.*

Priority Activities:

1. Support activities that promote the effective Physicians' practices, including:
 - Support sections in schedule modernization/improvement efforts.
 - Promote professionalism and best practice in billing through revitalized peer review and enhancing tools like the Fee Navigator®, billing advice and education.
 - Support members participating in or considering alternate compensation models including clinical alternative relationship plans, AMHSP arrangements, and 3rd party contracting models.
2. Support improvement of practice efficiency through offering clinic tools, training, and information through the Learn@AMA learning management system and/or the AMA website.
3. Prepare members for team-based funding conversations including:
 - Advocate for team-based funding to reach member's practices.
 - Through ACTT program, support physician members and practice facilitators in creating high functioning teams through tools, training, and network collaboration.
 - Through the ACTT program, organize and deliver provincial events focused on primary health care and the health neighborhood, showcasing successful examples of team. deployment and options for implementation in Alberta and provide team-based care webinar series across ACTT's four networks of practice groups.

GOAL 3: *Reliable and best-in-class financial products are available to all members.*

Priority Activities:

1. Assess the feasibility of providing members with subsidized medical education subscriptions, previously available through the CMA.
2. Optimize the member health and dental benefits offered through the Health Benefits Trust Fund (HBTF) program.
3. Encourage optimal use of AMA's insurance and health benefit offerings by improving awareness and knowledge among members of the competitive advantages available to them through the AMA's product lines.

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:

1. Optimize PFSP to address increasing need by improving communication of available supports, including preventative health supports.
2. Support physicians with health conditions affected by changes related to the CPSA's transition from the Physician Health Monitoring Program to the new Health and Practice Conditions Monitoring program.

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:

1. Advance and review the AMA's Healthy Working Environments Framework and strategy in the areas of equity, diversity and inclusion (EDI), psycho-social wellness and safety, and leadership.
 - Host and/or cross-promote learning opportunities and webinars related to wellness, EDI, and leadership for AMA members.
 - Curate a list of key resources/tools related to EDI and healthy working environments.
 - Update and re-launch the AMA Physician Leadership Toolkit for Encouraging and Promoting Diversity and Inclusion.
 - Explore ways for the AMA to develop future physician leaders and provide learning opportunities for members.
 - Support members with tools to advance healthy work environments.
2. Contribute to the ongoing process of reconciliation guided by the Indigenous Health Committee.
 - Expand Indigenous representation within the AMA.
 - Address 'safety' at RF (Representative Forum) including an evaluation and action plan.
 - Deliver Indigenous health and cultural safety education.
 - Developing and delivering a multichannel Indigenous Forward and allyship communications plan.
3. Advocate for a safe, healthy, equitable working environment for physicians within each of the four provincial health agencies and the underling service delivery organizations, and support AMA physician leaders engaged in discussions as the restructuring unfolds. This includes advocacy at the AMA-AH working table, at various working committees and advisory groups, and directly with

government and the newly established organizations on a range of issues (e.g., physician representation, medical staff bylaws, health human resources, etc.).

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 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, the four provincial health agencies, key service delivery organizations, and other partners, lead and influence positive change in the delivery of services.*

Priority Activities:

1. Advocate and lead system and policy improvement and provide physician support that enables an integrated health neighborhood in a high performing health system.
 - Finalize and implement the new Physician Comprehensive Care Model (PCCM).
 - Advocate for continued use of federal funding to be used towards sustaining existing primary care clinics and family physicians.
 - Advocate for enhancements to PCCM to address unique needs of rural generalist physicians and other expansion possibilities.
 - Through the ACTT program, continue implementation of initiatives that support patient's medical home and comprehensive care in Alberta, including CII/CPAR, improve care coordination, PPIP (Physician Practice Improvement Program), BCM (Blended Capitation Models), training and tools (i.e. governance education, privacy, panel, access, practice facilitator, team based care), and provincial communities of practice in EMR (Electronic medical records), practice facilitators, clinical managers, and physician leaders.
 - Through the ACTT program, provide leadership development and a supportive community environment through the physician leadership network.
 - Through the ACTT program, support AMA representatives at various working groups/sub-committees to determine best models/approaches to health system improvement (related to MAPS, ASI, and other key groups and committees).
 - Lead and Influence policy development and health system improvement initiatives at a provincial level through strategic advice and support of Specialty Care Alliance, Primary Care Alliance, Primary Care Coalition, Primary Care Networks Physician Leads Executive, Modernizing Alberta's Primary Care (MAPS) working groups, Sections.
2. Advocate for an effective and efficient health informatics system and policy improvements supporting physicians, addressing information flow that reduces patient risk and supports continuity of care.
 - Represent members requirements at the provincial EMR program to ensure standards are met. Including leveraging the Connected Care for Canadians Act, Bill C-72 to ensure appropriate

interoperability standards and infrastructure allow for health care providers to easily communicate and share patient data.

- Advocacy for the improvement of patient access to their health information through the release of appropriate results to MyHealthRecord.
 - Advocacy for the modernization of the Health Information Act to address barriers in patient information that interoperability required for team-based care. Continue to work with OIPC and AH on details of proposed legislation changes that are required to support the new provincial healthcare agencies.
 - Through the Informatics Advisory Committee, continue to work with CPSA, CMPA and others on provincial policy and member guidance on the use of AI in clinical practice.
3. Advocate for solutions that address the health human resource shortage and improve patients' access to a physician.
- Make recommendations on physician supply and distribution, through the Physician Resource Planning Advisory Committee as contemplated under the AMA Agreement through discussions with Alberta Health and the AMA.
 - In collaboration with the CPSA (College of Physicians & Surgeons of Alberta) lead a multi-stakeholder data initiative to establish baseline measures on the state of physician resources in Alberta.
 - Operationalize administration of the rural physician recruitment and retention program under the AMA Agreement.

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:

1. Advocate for the Acute Care Stabilization Proposal, including incentives that address difficulties associated with access to acute care: after hours, ARP and AMHSP rates, on-call, AHS-paid stipends.
2. In partnership with AH, evaluate and advise on opportunities to improve PCCM.
3. Advocate for implementation of the 'top 10 priorities' developed by the AMA's cARP Working Group (contractual agreements with fair dispute resolution, expedited application, approval processes, simplify payment models, fair/timely funding adjustments for service volume, etc.)
4. Implement the \$2M ARP change management funding under the AMA agreement, as per recommendations of the review.

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:

1. Gather and integrate patient input through general population polling and engaging with the 50,000 Albertans in our online activist community.

2. Establish the AMA and physicians as an authoritative source of insight on patient needs for media and stakeholders.

Healthy AMA

Pursuing our vision and mission and achieving the goals under the three Key Result Areas requires a healthy, vibrant and sustainable AMA. It encompasses effective governance, an engaged workforce, prudent resource management, effective relationships and knowledge driven decision making.

Governance

- Implement recommendations from the Transparency Working Group report and Governance Oversight Group (GOG) report adopted in April 2024.
- Support sections in carrying out their roles by enhancing member engagement, tools, and resources. This includes creating a standard code of conduct for sections.
- Expand the orientation programs for AMA physician leaders (section executives, committee chairs, Board, etc.) to provide learning opportunities and to strengthen governance.

Workforce

- Undertake a process to assess employee engagement and identify improvement opportunities for prioritization and implementation.
- Develop and implement a management training program that supports manager's continuous improvement of their skills and competencies.
- Review and realign organizational structures to better support member needs.

Financial

- Develop a balanced budget to sustain the organization and make appropriate use of AMA reserves.
- Steward program funding in accordance with the grant agreements.

Relationships

- Optimize relationship with the CMA and the Provincial and Territorial Medical Associations (PTMAs) towards activities that benefit the collective provincial and national memberships.
- Improve connections with key stakeholders in other health professions in Alberta to enable development of team-based care.
- Develop and optimize relationships with leadership in the four provincial health agencies and the key service delivery organizations.

Knowledge

- Continue the multi-year project of modernizing our member information systems
- Develop a strategy to collect additional member information need to support business priorities, improve member services and transparency (e.g., diversity demographics, practice arrangements).
- Review existing reporting, business processes and business intelligence capabilities and identify opportunities to optimise information creation and use for decision making.

C. 2024/25 Budget and 5-year forecast

	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
	Budget	Budget	Forecast	Forecast	Forecast	Forecast
REVENUE						
Membership revenue	21,178,027	23,102,427	24,257,548	25,470,425	26,743,947	28,081,144
Insurance commissions	2,284,846	2,535,730	2,611,802	2,690,156	2,770,861	2,853,987
Health Benefits Trust commissions	520,993	537,305	553,424	570,027	587,128	604,741
Investment income	280,000	418,000	375,000	350,000	325,000	325,000
Other revenue	1,391,000	1,474,000	1,268,220	1,306,266	1,345,454	1,385,818
	25,654,866	28,067,461	29,065,994	30,386,875	31,772,389	33,250,690
OPERATING EXPENDITURES						
Executive Office						
Labor costs	1,119,616	1,242,816	1,273,886	1,305,734	1,338,377	1,371,836
Other branch costs	178,500	230,600	200,212	204,216	208,301	212,467
Sections and Zone Support	1,281,151	1,499,967	1,574,966	1,653,714	1,736,400	1,823,220
Board	868,354	957,272	981,204	1,005,734	1,030,878	1,056,650
Representative Forum	1,182,413	1,330,156	1,363,410	1,397,495	1,432,433	1,468,243
Other committees	104,582	121,539	124,578	127,692	130,885	134,157
	4,734,615	5,382,351	5,518,256	5,656,213	5,797,618	5,942,558
Southern Alberta Office						
Operations	945,283	913,218	936,048	959,450	983,436	1,008,022
Committees	70,110	111,482	114,269	117,126	120,054	123,055
	1,015,393	1,024,700	1,050,317	1,076,575	1,103,490	1,131,077
Operations						
Labor costs	1,064,854	1,139,820	1,168,316	1,197,524	1,227,462	1,258,148
Other branch costs	131,400	130,200	133,455	136,791	140,211	143,716
Finance and membership services	1,308,214	1,450,584	1,486,849	1,524,020	1,562,121	1,601,174
Facility costs	1,805,797	1,574,054	1,643,406	1,749,491	1,817,228	1,888,659
Human resources	952,170	1,061,299	1,037,831	1,063,777	1,090,372	1,117,631
ADIUM Insurance	1,531,347	1,673,022	1,716,848	1,672,769	1,578,588	1,566,053
Health Benefit Trust Fund administration	262,520	372,618	381,934	389,482	363,219	288,300
Information system	2,895,285	2,966,962	3,041,136	3,217,164	3,297,594	3,380,033
Student/Resident scholarships & grants	130,000	130,000	133,250	136,581	139,996	143,496
CMA Projects	250,000	250,000	0	0	0	0
Committees	38,793	48,648	49,864	51,111	52,388	53,698
	10,370,380	10,797,208	10,792,889	11,138,711	11,269,179	11,440,908
Public Affairs						
Labor costs	1,163,082	1,781,506	1,826,044	1,871,695	1,918,487	1,966,449
Other branch costs	31,800	40,500	41,513	42,550	43,614	44,704
Member Communication and Engagement	286,000	307,730	315,423	323,309	331,392	339,676
Government Relations and Advocacy	620,750	537,124	550,552	564,316	578,424	592,884
Committees	38,602	43,627	44,718	45,836	46,982	48,156
	2,140,234	2,710,487	2,778,249	2,847,705	2,918,898	2,991,870
Health Economics						
Labor costs	2,723,729	3,415,332	3,500,715	3,588,233	3,677,939	3,769,887
Other branch costs	73,500	87,600	89,790	92,035	94,336	96,694
AMA Compensation Committee	97,525	100,506	103,018	105,594	108,233	110,939
Agreement committees	98,515	102,799	105,369	108,003	110,703	113,470
Other committees	120,473	159,184	163,163	167,242	171,423	175,709
	3,113,742	3,865,420	3,962,055	4,061,107	4,162,634	4,266,700
Health System Transformation						
Labor costs	2,470,389	2,519,730	2,582,723	2,647,291	2,713,474	2,781,310
Other branch costs	134,200	139,600	143,090	146,667	150,334	154,092
System transformation leadership	345,988	358,700	367,667	376,859	386,280	395,937
Indigenous Health Committee	21,950	35,281	36,163	37,067	37,994	38,944
Other Committees	30,460	3,000	3,075	3,152	3,231	3,311
	3,002,986	3,056,311	3,132,719	3,211,037	3,291,312	3,373,595
Total Operating Expenditures	24,377,349	26,836,477	27,234,485	27,991,347	28,543,131	29,146,709
Operating Surplus (Deficit)	1,277,517	1,230,984	1,831,509	2,395,528	3,229,259	4,103,981
Priority Provisions						
Representation	612,569	464,628	465,000	465,000	465,000	465,000
AMA Agreement negotiations	0	725,065	750,000	0	0	750,000
Income Equity Initiative	442,500	400,000	200,000	200,000	600,000	400,000
Health policy opportunities	400,000	400,000	250,000	250,000	250,000	250,000
Rates review	510,000	500,000	0	0	0	0
Advocacy	595,000	1,250,000	500,000	1,250,000	500,000	500,000
Peer review	0	300,000	300,000	250,000	250,000	250,000
Workforce realignment	0	490,000	550,000	563,750	583,481	595,151
Digital first initiative	0	300,000	300,000			
	2,560,069	4,829,693	3,315,000	2,978,750	2,648,481	3,210,151
Total Expenditures	26,937,418	31,666,170	30,549,485	30,970,097	31,191,612	32,356,860
Total Budgeted Draw from Reserve	(1,282,552)	(3,598,709)	(1,483,491)	(583,222)	580,777	893,830

Reserves and Contingencies

	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29
	Budget	Budget	Forecast	Forecast	Forecast	Forecast
Board Reserves						
Emergency reserve	11,212,763	13,222,605	13,553,170	13,891,999	14,239,299	14,595,282
Capital reserve	4,036,000	4,586,000	4,700,650	4,818,166	4,938,620	5,062,086
Strategic initiatives reserve	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
	16,248,763	18,808,605	19,253,820	19,710,166	20,177,920	20,657,368
AMA Contingency						
Opening Balance	17,075,215	20,343,863	17,457,190	16,584,700	16,581,942	17,743,088
Net investment income	683,009	712,035	611,002	580,465	580,368	621,008
Budgeted (Draw from) deposit to Reserves	(1,282,552)	(3,598,709)	(1,483,491)	(583,222)	580,777	893,830
	16,475,672	17,457,190	16,584,700	16,581,942	17,743,088	19,257,926