



January 27, 2023

Dear Colleagues,

It's hard to believe we're only one month into 2023, as I know for too many of us this year already seems arduous. As we come to the end of January, I wanted to share a few thoughts on the challenges we're facing and some reasons to be hopeful that change is on the horizon.

“Help is on the way” ...but when?

This is the government slogan we've seen printed on postcards, shared on social media, broadcast on the radio and plastered on podiums. Family doctors are still waiting to hear what this looks like. Change can't be delayed much longer. Despite the best efforts of our colleagues, our patients regularly express their fear and dismay about surgical and ER wait times and experiences in hospital wards. Our health care system is in crisis. This was avoidable, and it will require appropriate support for primary care to prevent it from getting worse.

At the same time, we are hearing from family medicine colleagues who are already struggling to manage their own ever-increasing workload, being asked to take on additional burdens of care. Expecting family doctors to provide post-operative management and deal with complications, or to complete exams or paperwork that could be done by specialists, is unacceptable and untenable. We have demonstrated our resilience and ability to adapt through a pandemic, however this is impossible to sustain without help.

The Ways Forward – MAPS, Potential Solutions and Accountability

Reversing course will take a bold commitment from Alberta Health. Your SFM and SRM representatives recently contributed to the [Modernizing Alberta's Primary Health Care System \(MAPS\) Innovation Forum](#) on January 16 and 17. Health Minister Jason Copping was present for the bulk of the sessions, and the message was clear. We can improve access, retain doctors, and continue to enhance the quality care we provide to our patients. To get there, family medicine needs meaningful funding supports for team delivery of comprehensive primary care with incentives for continuity. Strategies for reduced administrative burden will further improve availability. Indigenous Albertans, underserved rural areas and vulnerable populations need to be engaged as partners in the solutions and approaches to the unique problems they face. Recently announced CPSA programs that [accelerate licensing for internationally trained doctors](#) will help in the recruitment we desperately need for the over 500,000 Albertans without a primary care provider. We hope these programs will provide much-needed relief and support to family physicians across the province.

We are also hopeful that the federal and provincial levels of government can find a way to move ahead with the long-overdue national health agreement. After being unable to reach a consensus this past November, many physician leaders are cautiously optimistic that when Canada's premiers meet next month in Ottawa, they will be able to iron out details that will see billions in new health care money sent to the provinces and territories. In exchange, those provinces and territories will have to agree to national accountability measures and reforms to improve their health care systems. It's time to stop talking about this much-needed funding

and make it happen. Our elected officials cannot afford to object to the very accountabilities they expect from us when offered federal funding that could significantly help stabilize primary care.

More than One Way – Considering Future Impacts

CMA President Dr. Alika Lafontaine presented at the Innovation Forum and encouraged us to consider how solutions to today's problems can become our future challenges. For example, dictating how, where or when we provide care, or the composition of our teams, may undermine our unique skills to adapt to the needs of our patients and communities. This will stifle grassroots innovation. We cannot be expected to do more, work longer, or take on more patients, without the necessary resources. We have seen how arbitrary and time-consuming surrogate indicators for care quality can also become barriers to access. Requiring patients to pay privately with limited health spending accounts may cause them to opt for rainy-day savings over safer prevention visits. No matter how well-intentioned, it is the impacts of our actions that matter. We should be cautious about adopting rushed solutions that have a high potential to harm our health system down the road. There is an opportunity to grow and develop effective and established local solutions to local problems that can then be adapted to address gaps in care across our province.

Way too Much – Setting Boundaries

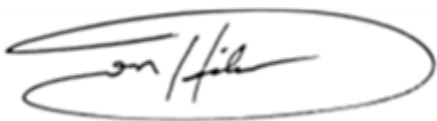
Our boundaries need to be clear if we hope to remedy the burnout many of us are struggling through. We may have to say "no" to cumbersome technology, protocols and forms that increase our burden of work, at least until we are meaningfully involved in their development. Our regulatory bodies should hear that we cannot ensure our patients don't fall through the cracks in referral pathways over which we have no control. We can't be expected to constantly track down data in disconnected health information systems that fail to communicate or deliver results to the requesting provider.

Our staff and physicians also need to be supported and protected in our zero-tolerance policies for the abuse we receive, and do not deserve. Recently the [CMA issued a press release](#) acknowledging the one-year anniversary since a federal law came into force protecting health workers. This law was created in response to the increase in harassment and threats of violence targeting health workers, including protests at health facilities. The CMA's [2021 National Physician Health Survey](#) found that eight in 10 physicians had experienced intimidation, bullying, harassment or microaggressions. Increasingly, there are also reports of physicians being threatened online. None of this is okay and we appreciate the CMA continuing to champion this important issue.

Let Me Count the Ways...

It is difficult to fully express how much I appreciate the work that each of you are doing to look after Albertans. Thank you for being there when you can and recognizing when you can't. If you have any feedback or questions, please write to me at sfmpres@albertadoctors.org.

Sincerely,

A handwritten signature in black ink, enclosed in a hand-drawn oval. The signature appears to read "Jon Hilner".

Dr. Jon Hilner, Acting President

On behalf of your SFM Executive:

Dr. Susan Byers, PLE, Ex-officio

Dr. Heidi Fell, Member-at-Large

Dr. Emmanuel Gye, Secretary-Treasurer
Dr. Peter Jamieson, Fees Representative
Dr. Katherine Kasha, Member-at-Large
Dr. Samantha Myhr, SRM President, Ex-officio
Dr. Van Thuy Nguyen, Member-at-Large
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