



March 29, 2022

Dear Family Physicians,

As many of you know, the first part of the AMA's Spring Representative Forum was held earlier this month. The one-day virtual RF, which took place on Friday, March 11, will be followed by a two-day in-person meeting to be held May 13-14 in Calgary. I wanted to share an update with you about some of what was discussed during the March 11 RF meeting, including information on the status of the Income Equity Initiative – a project that family physicians have been waiting to hear about for quite some time.

Negotiations

The [March 18 President's Letter](#) offered an overview of the highlights from the March 11 meeting, including an update on where the interest-based negotiations with government are sitting. Negotiations have been underway since January of this year and began with both parties meeting with a professional facilitator to explore existing issues and participate in training for interest-based discussions. During the RF meeting, delegates expressed a desire for processes that will allow physicians, government and Alberta Health Services to amicably address key challenges.

Following RF, your SFM Executive wrote a letter to the Board outlining some of the Family Medicine priorities that we would like to see reflected in any Master Agreement, including:

- *Differentiating between practice stabilization and income equity*
- *Multi-faceted need to increase Primary Care Network funding*
- *Concerns with Bill 20 and Bill 30*
- *Funding care for the elderly*
- *Funding to support the acknowledgement that primary care is the foundation of the health system*
- *Budget management policies need to recognize that investment in primary care and the patient medical home is critical to address the care deficit and will ultimately lead to savings in other areas of the health system*

I am hopeful the Board will work to ensure these items are included in the ongoing negotiations.

On Tuesday, April 5 the Section of Family Medicine, Section of Rural Medicine and Specialty Care Alliance will co-host a webinar to update members on negotiations. We will share more details as soon as they are available.

Income Equity

The Income Equity Initiative has been in progress for several years, with the Board receiving direction at the Spring 2017 RF to achieve implementation of this initiative in five years or less. Not surprisingly, the challenges created by COVID-19 and the efforts to reach a negotiated agreement with government slowed progress on the initiative. This past Fall RF, delegates passed a motion to “move forward with the Income Equity Initiative, including future allocations that are based on principles of income equity using the best available information.” As noted in the [March 18 President's Letter](#), the Board saw this direction as instructing them to expedite getting the IEI work completed and develop an interim approach

using best-available evidence. A proposed interim measure was presented on March 11, and the input from delegates will help guide the AMA Compensation Committee in finishing the interim proposal, which will be presented for feedback at the May RF meeting. Although nothing can be implemented until we reach an agreement with government, I am happy to see progress being made.

Virtual Care

I have heard from many members that the changes to virtual care codes announced on December 30 have made a positive difference. The inclusion of indirect care and the ability to bill the CMGP 01 complex modifier recognizes the comprehensive nature of family medicine and balances time and service with efficiency. Although it will take some time to determine if they will improve the practice survivability challenges some physicians are experiencing, it is definitely a step in the right direction.

Your SFM Executive has written several letters encouraging other improvements, including supporting colleagues in other sections with their concerns surrounding mental health virtual care codes. [Friday's announcement](#) that the changes to virtual care billing codes will allow psychiatrists to provide additional virtual care was welcome news. While there is still much more work to be done, these new codes will help alleviate some of the challenges our colleagues have faced and address a gap in mental health care delivery. SFM will continue to support our colleagues in advocating for much-needed virtual care enhancements that will improve access to care for Albertans.

Arrival of Ukrainian Refugees

I'm sure you are aware that Alberta has begun to welcome some displaced Ukrainians and hundreds more are expected to arrive in the coming weeks. We know health care will be a priority concern for many, and as primary care providers we will have an important role to play in addressing those needs. If Ukrainian visitors request care, please do not turn them away. Instead, respond as needed and submit claims using this [process outlined by Alberta Health](#).

Many of the displaced Ukrainians will not have English as their first language and in order to minimize any language barriers, primary care physicians can use this no-cost, **dedicated number to access an AHS professional medical interpreter: 1-833-955-2171**. Alberta Health, Alberta Health Services, and the AMA's Accelerating Change Transformation Team (ACTT) have been working closely to plan for a coordinated response at the zone and PCN level, including developing an [assessment tool](#) that addresses the most immediate primary care medical concerns.

I know that Alberta's family physicians will do everything we can to make sure the care we deliver is accessible and culturally appropriate so they can feel welcome and safe here in Alberta.

As always, if there is anything you would like to discuss, please reach out to me directly at sfmpres@albertadoctors.org.

Best regards,



Dr. Craig Hodgson
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