



July 23, 2020

Dear Dr. Lekhi, Dr. Huang and Mr. MacLeod,

I am writing in reference to your recent open letter to the Minister of Health. I do not know the process that was followed or who was involved, so I am directing this letter to you personally as signatories.

On behalf of the Section of Rural Medicine, I am writing to express my deep disappointment in the misleading representations you have made recently regarding rural physicians. Specifically, in your open letter to Minister of Health, you state that rural physicians have been let down or disappointed by the AMA. This is not the case.

We appreciate the support expressed for rural colleagues, but feel that it comes at the expense of professional unity. Rural physicians place immense value on the ability of the wide range of sections to work together through the AMA toward common goals and to support each other when needed.

As a rural physician, I particularly see what otherwise would be a total lack of congruity between acute care and primary care and I deeply appreciate the effort and conversation to close the divide that is available only through the AMA.

Respectfully, you have shown disregard for rural physicians, with no consultation you have no right to speak for us and your advocacy in this manner is not appreciated. I cannot speak to your motives, but they do not appear to be aligned with the interest of rural physicians. You have ascribed dissatisfaction with the AMA to rural physicians that simply does not exist. On the contrary, the Section of Rural Medicine, the official voice of rural practice, has been and continues to be, robustly supported by the AMA.

Given that you chose to make your statements in public, you may wish to strongly consider a public retraction and an apology for your actions.

Thank you for considering these points and we hope they will be instructive going forward. We regret any actions that may further divide our profession in these challenging times. Should you wish to discuss these matters, please let me know.

Sincerely,

Dr. Edward Aasman
President
Section of Rural Medicine

cc: Section of Rural Medicine
Dr. Christine Molnar, AMA President
AMA membership



EYE PHYSICIANS AND SURGEONS
ASSOCIATION OF ALBERTA

July 20, 2020

From: Mr. Ian MacLeod
Executive Director of EPSAA

Re: Open letter to the Minister of Health from EPSAA

Dear Minister Shandro,

It was with great interest that we observed the exchange you had in the Legislature on June 2nd, 2020.

As per your remarks in the Legislature, the Eye Physicians and Surgeons Association of Alberta (EPSAA) are reaching out to provide feedback regarding alternative methods of engaging physicians outside of the present Alberta Medical Association (AMA) structure. For some years now, ophthalmologists have found the AMA structure and its processes disappointing, letting down our physician colleagues in a number of specialties, which invariably effects their ability to provide the optimal patient care all Albertans deserve. We have witnessed this in rural Alberta, with the treatment of our rural family physician colleagues, whose dedication and work we support and appreciate immensely.

The overarching issue that the EPSAA have with the AMA continuing as our sole representative to government is based on significant issues that our membership has disagreed with the AMA on, and the subsequent adversarial reaction of the AMA.

Our objective is provide gold standard vision care to all Albertans, and our ability to provide for their optimal care. EPSAA did not agree with AMA's legal action chiefly because it did nothing to further that objective. EPSAA is not complicit in the Statement of Claim filed by the AMA against the Government of Alberta.

EPSAA's non-support of the AMA is inconsistent with AMA's claims of unanimous support among Alberta physicians. In fact, much of the semblance of unanimity among physicians was misrepresented by the AMA's conflation of physician unity with support for their legal action against the Government of Alberta.

The exercise of the democratic option by EPSAA representatives not to support the legal action of the AMA against the Alberta Government, and to not support other AMA initiatives that we have determined will likely negatively affect ophthalmological care, has

resulted in negative consequences to EPSAA representatives. This has furthered the disenfranchisement of EPSAA's relationship with the AMA.

Of particular note is the fact that EPSAA members unanimously voted to authorize its executive to explore alternate avenues of negotiation with the Government of Alberta, with the ever-present goal of continuous improvement of patient care and access at the forefront.

We want to communicate our desire to move forward in a positive manner.

The present economic crisis and the expiration of the Master Agreement with the AMA offers an extremely valuable opportunity to make the innovative system changes that will achieve our objectives.

Together, we have the ability to provide affordable high quality health care for Albertans, and are looking forward to serving as a model for the rest of Canada.

We understand and support your intent to amend legislation to allow groups of physicians other than the AMA to negotiate directly with government. We are hereby communicating our intent to do that, in the event that other physician representatives are unwilling, or fail to do so.

EPSAA supports a physician association to represent universal physician concerns – however, global collective bargaining strategies have proved ineffective for many specialities within healthcare.

Agreements between the Alberta Medical Association and former governments discouraged any particular groups of physicians from developing innovative solutions to provide the type of transparency, accountability and cost effectiveness needed in health care – needs that are now more acute due to the significant financial challenges our province will face post - Covid.

We are profoundly aware that all physicians are compensated from public tax-payer dollars and, just as we are stewards for providing high quality of medical care, we are equally accountable for our costs to the system.

We understand that changes to legislation may meet with opposition, however, we believe that there are options open to negotiate directly with your government, one of which would not require a legislative change.

One option is to create an Alberta Vision Care Agency (AVCS) as the delivery agent for Vision and Eye Health care. It would be a regional health authority governed by the **Regional Health Authorities Act, RSA 2000, c. R-10 (RHAA)** and would be responsible for administering the budget for the province-wide Alberta Health Region.

The advantage of this option is that the CEO is appointed by the Minister. The Minister is responsible for providing priorities and guidelines for AVCS to follow in the exercise of its powers and would coordinate the work of the vision and eye health authority with the programs, policies and work of the Government.

Another option would be to create a health trust for similar purposes, however, that may require legislation and its governance may prove cumbersome.

In either scenario, the removal of the exclusive designation of the AMA is paramount; we need look no further than their inability to take the province's economic situation seriously in the last round of negotiations.

As the organization representing eye physicians and surgeons in Alberta, we are fully invested in reaching an agreement with the government that works for both doctors (eye physicians) and the Alberta taxpayer. While the AMA has failed to address the fiscal situation the province is currently facing, the EPSAA is willing to do our part to vigorously promote the financial viability of our health system.

The executive committee of EPSAA hereby request a meeting with you at your earliest convenience to discuss this further.

Respectfully yours,



Dr. Vikram Lekhi, President, EPSAA



Dr. John Huang, Past President, EPSAA

Ian C. MacLeod, Executive Director, EPSAA