

Alberta Doctors' Digest

What should Albertans expect from their health care system?

Through the Alberta Medical Association, physician leaders across the province are reflecting on the dual roles they hold: experts in medical care and leaders in health care delivery. The past year brought not only challenges to clinical expertise but also relentless change within the health system. The introduction of Bill 11, ongoing restructuring, mounting pressures in acute care, expanding waitlists, and evolving primary care payment models have all contributed to a rapidly shifting landscape.

While these changes introduce uncertainty, they also present opportunities for renewal. The concern, however, is that without a clear target, new initiatives may fail to achieve their intended outcomes. Policies created to solve short-term challenges risk becoming long-term liabilities. AMA President Dr. Brian Wirzba has emphasized the need to put forward a vision for an “optimal” system for all Albertans –one that moves beyond reactive “sickcare” toward a model grounded in high value investment. Achieving this requires discipline, a commitment to evidence-based initiatives that deliver meaningful results, and the courage to discontinue those that do not.

This vision must ensure the system is adequately resourced to support patients sustainably, safely, and with full accountability.

Building on a foundation of value

To achieve sustainability, the AMA stresses that health care should not be viewed as an escalating cost, but rather as a strategic investment that demands a smart approach. An optimal system focuses relentlessly on high value care – interventions supported by clear, evidence-based benefits. Leaders also highlight that complex illnesses require equally complex care, making them ill-suited for simplistic efficiency measures that may work for more straightforward clinical situations.

Research consistently shows that a strong foundation in primary care, supported by robust public health, remains Alberta’s most effective tool for reducing all-cause mortality and lowering total system costs. Essential to this foundation is deliberate support for longitudinal family medicine specialists working closely with community generalists and other specialties. As patients increasingly present with multiple complex health concerns, this seamless integration of expertise is critical to achieving coordinated care and optimal outcomes.

By prioritizing patient journeys rooted in the “medical home” and extending through an integrated “medical neighbourhood,” the system can better address public health issues and social determinants (housing, economic stability, and community supports) that often outweigh clinical interventions in long-term outcomes. Integrating these elements with specialty expertise creates pathways that foster wellness rather than merely managing illness.

Stabilizing the system and reducing wait times

An optimized system must also alleviate the pressure valves within acute care settings. Emergency departments and medical and psychiatry wards currently shoulder the burden of broader system misalignments. Physicians maintain that safety and stabilization require expanded acute care bed capacity while strengthening non-acute services to ensure seamless transitions out of hospital.

Surgical and diagnostic wait times remain unacceptable. A true centralized intake system, safeguarded capacity for essential services, and reductions in low value tests and procedures are all crucial steps. Ultimately, Alberta needs a comprehensive, long-term capital and workforce plan – one that ensures the province has the right spaces, from emergency departments to home care placements, and a sustainable, engaged workforce of physicians and allied health professionals to staff them.

Universality and equity: A shared target

For Dr. Wirzba and the AMA Board of Directors, universality means that all Albertans receive the care they need, when they need it, regardless of background or payment model. With this principle comes an obligation to ensure accountability. At present, geography, socioeconomic status, education, and race continue to create significant barriers.

As Alberta navigates new dual-payment models, the AMA asserts the importance of guardrails – unified professional standards and shared data systems – to preserve the integrity of the public system and prevent ability to pay from influencing access or quality of care. Digital infrastructure must support fully portable, secure patient records to reduce errors and ensure continuity across the province.

True equity also means ensuring that next generation advances (AI-assisted diagnostics, gene-based therapies such as CRISPR and CART) are accessible to all patients rather than a select few. Because these technologies shift the nature of care from treatment to precision-based approaches, the system must plan for the readiness they require, investing in infrastructure and specialized training to ensure they enhance, not replace, the expert clinical judgment guiding patient care.

Leading through evidence and stewardship

The AMA has a long legacy of leadership through periods of change and challenge. While this article outlines several key considerations for the future, we emphasize that the vision for a truly optimal system must emerge from the collective expertise of Alberta's medical community.

We continue to invite physicians across all specialties to share their insights:

- Which high-value interventions need support?
- Which low-value practices should be phased out?
- Where do emerging technologies offer the greatest promise?

These contributions will form the blueprint for the AMA's advocacy as it pursues smart, evidence-based changes that Albertans deserve.

Email president@albertadoctors.org and use the words: *Input for Vision* in the subject line.

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