

Alberta Doctors' Digest

AMA president: "Value from the health care system matters"

Student Advocacy

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Presentation to Medical Students' Association

University of Alberta

February 11, 2019

Hello and thank you so much for the opportunity to be here. Dr. Osler and I have many things in common as presidents of the CMA and AMA. One of the most pleasant experiences we share is the chance to engage with young leaders like the people in this room. Medical students are not only the future face of medicine – you are the face of the associations that will support you. We really value opportunities like this to spend some time getting to know each other and learning about your hopes and expectations for the future.

I was asked to give just a brief overview of issues facing the Alberta Medical Association. By issues, I mean the things that are affecting the decisions that the AMA Board of Directors has made, and will be making, as we guide the AMA through complicated times.

As I thought of all the topics I could cover, I was reminded that the things that are happening today in our health care system are all connected. As the medical profession, we can't afford to think of them as separate things, or we will fail to achieve what we *could* achieve through a more integrated approach.

So today, I will share some thoughts about:

- The environment in which you are training to become skilled and compassionate physicians.
- What may lie ahead for all of us.
- And where I think some of the solutions and opportunities exist.

In terms of the environment today in Canada, all governments are concerned about the steadily increasing growth of health care budgets. In Alberta, spending growth at the current rate could consume about 50% of provincial expenditures over the next decade or so. Alberta also spends more per person than most of the other provinces. The reasons for this are not well understood.

What are the options that governments might consider?

- We know slashing health care budgets doesn't work. Spending that gets squeezed in one area tends to rebound in another.
- We know physicians and other health care providers are already working very hard for a population that is aging and yet still growing in Alberta. We will do our part, but just working harder in the same ways isn't the solution either. We all need to remain healthy and resilient, or we won't be there when our patients need us.
- Technology can help, and there are many exciting things happening in that area. Technology may improve efficiency and fill some gaps, but it doesn't necessarily reduce costs – and it costs money to implement and create culture change.
- Changing payment systems and incentives can help. We can reward people for delivering the kind of care that patients in certain populations need. That may or may not cost less.
- There's also the issue of physician supply. Students are involved in a provincial planning committee under the AMA agreement to develop a needs-based physician resource plan. The goal is to identify the supply, mix and distribution of physicians that Albertans require. That's a work in progress. Most of the growth in physician expenditures in recent years has come from more physicians setting up shop in the province. It's great to be a province of choice for physicians, but we need to have a good idea of what is needed and then how to get physicians where Albertans need them.

These are only a few of the elements in our environment that the AMA is trying to address. We are guided by our vision statement of a high-performing health care system. Physicians are willing to be responsible fiscal partners, but it's clear that we won't succeed by focusing on cost as the first priority.

Instead, we should think about something more important: value. Value from the health care system matters because it's something that patients – and taxpayers – deserve. It's also something that organized medicine can also recognize and appreciate.

When both patients and the medical profession value and aspire to the same things, we can make good things happen. When organized medicine can work effectively with their governments – and the AMA has done so for decades – we can find province-wide solutions that provide what Albertans need by harnessing the leadership and stewardship of physicians.

Value for patients, value for the system, value for physicians, value for governments ... all come together under one concept: sustainability. And when you hear the AMA talking about contributing to a sustainable system, you can know that it's one that is fiscally prudent but also provides quality care for patients, delivered by a healthy medical profession.

We are very fortunate in Alberta to have a strong foundation for bringing these ideas to reality. For example, we have primary care networks caring for about 80% of Albertans

with team-based care and under the model of the medical home. There are 42 PCNs, which would normally make decision making rather difficult. We have, though, established a PCN governance framework so all those PCNs caring for their local patients have a way to make provincial decisions together and provide input to government.

We have what I believe is the highest percentage of physicians in Canada using electronic medical records.

Through the AMA, we have the largest program in Canada to support physicians in transforming their practices to create a medical home for every Albertan. Very recently we have begun looking at how to turn that medical home outward and connect it with a medical neighborhood. These program supports will be able to guide the profession through changing practices toward the goal of a fully integrated system including primary and acute care.

All these innovations have come from agreements between the AMA and the provincial government, and we look forward to continuing partnerships to pull greater value from the system.

The early benefits have been encouraging! Research in Alberta and other places have shown, for example, that patients with a medical home have:

- Fewer ER visits and hospitalizations
- Improved access
- Improved results in preventative care
- Improved overall quality
- Improved patient satisfaction

That sounds like a good beginning to me! And here are some of the things that we are working on with our partners for the next phase toward the medical neighborhood:

- Sharing information from community electronic medical records so that information can follow the patient.
- Ensuring that every Albertan has a family physician to call their own.
- Taking advantage of technology for electronic visits and virtual care.
- New payment models in primary, acute and academic settings that compensate physicians in ways that make sense for the patient populations that they serve.

Let me conclude by returning to something that I mentioned earlier today – and that is the power of stewardship and leadership.

Stewardship is a professional responsibility and core competency of physicians. Beyond that, it is also embedded in the social contract between society and physicians. Society provides our profession with benefits such as autonomy, trust and self-regulation. In turn, we provide compassion, availability, accountability and altruistic service.

Continuing our contract with our patients and society will cause physicians to step up in new ways and make decisions that are based on maximizing value in the system. We will learn to make more decisions together. We will be leaders in seeking to keep expenditures at a sustainable level. We will think of payment not as the goal, but as a

means to the ends and a high-value system. We may have to look hard at ourselves: how we practice, where we practice, and with whom.

A past AMA president said it this way a few years ago:

“Every time you see a patient, think of it is an opportunity to reshape the health care system. We can do this by positively shifting the social contract equation to improve the relationship – not only with that patient, but also with society in general. Ultimately, this will create both provider happiness and system success. Management changes cannot do this. We can do it only through the individual choices each of us makes, every time we interact with a patient.”

I can't think of any better challenge to leave with you. Thank you for listening, and if you have questions or comments, I would be glad to hear them.

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