

Alberta Doctors' Digest

Valedictory remarks from your AMA immediate past president

Wow, October 3, and the end of a year unlike any other in my career! I was told when I became AMA President that the year would go by very quickly, and even still, I am blown away by how quickly it has gone. This has been altogether the most challenging, humbling experience of my life, advocating for physicians with Alberta Health and Alberta Health Services, in the media and behind closed doors. It was a year of uncertainty, advocacy, many late-night meetings and, of course, negotiations.

When I set out in this role, I had a few goals – personally and for the association. Like all who have come before me, I wanted to improve things for physicians in Alberta – to leave this role with our situation being better than when I entered it. I admit I was surprised when I was asked to consider the role of AMA President at a time when our profession was under attack and facing not only the loss of our contract but a global pandemic. The AMA staff, after watching many people go through this experience, have a saying though: “We always get the president we need at the time.” With the events of the past year, I can only say I have done my best to advance physicians’ interests in a challenging environment. I have also followed through with my mantra “speaking truth to power,” as well as truth to AMA members.

I have to admit, I was thankful to be starting my role at a time that Alberta Health had installed a new health minister. I viewed this an opportunity for a new beginning.

The attitudes of the minister (and the people he brought to his team) were different from what we had faced in the previous two years. And so began many, many meetings and many formal and informal conversations that would continue through my tenure.

I knew that on his first day Minister Copping had reached out to Dr. Boucher and, without a background in medicine, had indicated he wished to begin rebuilding the damaged relationship because he knew he needed physicians’ guidance moving forward. Here was the opportunity to educate the minister and his team on the realities of health care in Alberta and to counter the myths that seemed to be the basis for many of his predecessor’s decisions.

With our tireless advocacy, we began to be included in decision making once again. Initially, with decisions around COVID 19, places were made for your physician leaders to be included in the discussions that would affect you and all Albertans – decisions on masking, vaccinations and treatment of COVID-19. Old committees were re-formed, bringing together community stakeholders along with AHS, AH, public health and more. And new places were found as government recognized the need to engage with experts in medical care – you, the physicians. A COVID-19 ad hoc group was formed consisting of the Sections of Family and Rural Medicine, Primary Care Networks, the Specialty Care Alliance, Emergency Medicine, AHS, Alberta Health and Dr. Hinshaw. Around this table, frank discussions were held, and we helped guide decisions around issues the province was facing at the time.

I was able to push for improvement of virtual care codes. Of course, not all of the suggestions that the virtual care working group had put forward in their report were supported, and the minister and I had some frank discussions as to why the Physician Compensation Advisory Committee did not fully support the recommendations of the working group.

After a lot of back and forth, the minister decided to overrule the PCAC decisions, and he implemented changes to virtual care on January 1. Again, not everything we had asked for, but it was a beginning.

Recognizing the ongoing needs, we continued to advocate publicly and in our meetings with Alberta Health. We brought together experts from the Section of Psychiatry and, with their passionate presentations, we were successful in getting some improvements to virtual mental health. We also got a commitment to reviewing not only further changes in the fees but also to how virtual care will fit in the Alberta environment moving forward. This is reflected in the agreement we just ratified.

At the same time as we were working on virtual care, AHS was rolling out changes to stipends and planned to initiate overhead in their facilities. We were advocating on this from day 1, endeavouring to show the minister that these decisions would have significant unintended consequences that would directly impact care. We pushed hard and were successful in having the deadlines pushed back again and again. We advocated for an open and transparent process with fair representation for these groups, including dispute resolution.

The decision was made that while we were in negotiations, there would be no further action taken as it was finally recognized that these issues were intertwined with the Master Agreement we were working on.

We advocated in other venues as well – one being the Alberta Surgical Initiative, a project to shorten wait times for surgeries. AMA recognized that it was imperative to include all impacted stakeholders in the planning and decision making around this – primary care and anesthesia! As a result of that advocacy, your physician leaders were asked to sit at the table and engage in the planning and implementation of this project. ASI is important to Albertans who are awaiting care, but there are harsh realities that need to be addressed, and your physician leaders do not hold back when speaking truth to power. The ministry has come to recognize they need to hear those truths, but they also need to hear our solutions from the front lines.

We also finally got back to the negotiations table, nine months after the failed ratification vote. Our members told the AMA and their physician leaders what they needed to see in an agreement, and we knew there were “hard no’s” that had stymied previous negotiations. We worked with a facilitator to begin interest-based bargaining, and we shared what we had been hearing directly from physicians, including their need for certainty, for stabilization of community practices, for physicians not to be responsible for things outside their control, for the importance of income equity, and much more. Many of our physician leaders were tapped to join in, as the process needed their expertise – the primary care table, the specialty care table, IT/Informatics, just to name a few.

They drafted suggestions for moving forward and showed how these outside the box approaches could meet the interests of both AH and Alberta’s physicians.

It was a slow process, but an important one. In May, the minister and I were asked to get involved to try and overcome some of the barriers that remained. My role – as always –

was to explain the reality facing physicians in Alberta, to shine a light on things not understood by Alberta Health. To speak truth about physicians struggling to keep their offices open in the community, the impact that Z codes, stipends and AHS overhead was having on specialty physicians and how all of that was impacting Albertans. To speak to how improvements to primary care and to the medical home could result in lowered costs in our more pricey AHS facilities. To counter the myth that there are plenty of docs in Alberta, to help AH understand that all physicians are unique, and there were nuances in the numbers. We pushed to have AHS issues and third-party payer issues dealt with so that we can have protections in place for physicians as change continues to come to our province.

It was hard, with many final offers being laid on the table, but your negotiating team, as directed by the Rep Forum and AMA Board, pushed back over and over again. It was almost unbelievable when we finally achieved the agreement brought to you for ratification – at least twice we expected government to walk away from the table, but instead they returned having made the changes that were critical to moving forward.

Throughout the year, physicians all over the province have been advocating and speaking out about the crisis in primary care. As a result, we now have the Modernizing Alberta's Primary Health Care System task force – or MAPS for short. This is recognition that the current way of funding primary care is insufficient, that the care Albertans need and deserve is lacking. This is the place where physician leadership will be involved, at both the executive and strategy levels, finding ways to stabilize community practices with physicians having choice. To look at how team-based care can work in our system and to improve access for all Albertans immediately, while working on those medium- and long-term solutions we know are needed. This targeted funding to primary care is just the beginning of much needed work on barriers we have faced for a long time now.

With this agreement now ratified, we can focus our energy on the issues at hand. The agreement is a beginning, but the implementation is key, and I know that your new AMA President, Dr. Rinaldi, will be amazing as she continues to advocate for our profession and for Albertans. She totally speaks truth to power! She has been a role model to me for years now, and I am happy to be here as past president to support her in her new position.

I have really enjoyed the opportunities I have had this year to connect with so many physicians around the province. Through our interactions, I have been continually impressed by the level of commitment and dedication to our profession that exists across the membership.

The work on income equity reflects this and, while difficult, your physician leaders in the Rep Forum remain dedicated to seeing this project completed and implemented. With this agreement, we now have recognition by government that this is important to the profession, and we have the principles of income equity embedded within it. We used our interim measure to help direct the allocations in the first three years, and it is on us to see the project through to completion – which includes ratification by all AMA members.

While often frustrated by system issues this past year, like long waits in ER, lack of primary care providers and specialists, OR closures, etc., physicians continued to focus on getting patients the care they need. It is this focus – on the needs of our patients – that drives us, and we can't lose sight of that as we move forward.

Over the past two years, our association has shown that it is strong and incredibly resilient. Healing takes time, and trust is slow to rebuild and quick to be lost. As we face a leadership race and an upcoming election, I know that our commitment to the profession and to one another will stand us in good stead as we continue to advocate for ourselves, for our patients and for our health care system.

Thanks to all the AMA staff who worked with me this year and figured out how to work around the schedule of a rural physician! The dedication of our AMA team is so inspiring and so I want to say a heartfelt “thank you” to you all!

Thanks to Dr. Boucher for his support and mentorship and to Dr. Rinaldi for your open and honest assessments. Thanks to Mr. Mike Gormley, whose knowledge and wisdom gained through years of experience was invaluable to me – and for answering my many, many, many questions! And a special thanks to the AMA board members, elected from the Representative Forum. You inspired me with your wisdom, knowledge and insights. Thank you for being engaged, for stepping up and into leadership roles for our profession, and for always putting the needs of all physicians first in our decisions.

And a thank you to my team at the Moose & Squirrel Medical Clinic and at the Myron Thompson Health Center for accommodating my schedule and the last-minute changes that I would throw their way as AMA requests came in. This was a team effort, and I am so appreciative of all that you put up with this year!

I have done my best this year to help physician members in any and all ways that I could. It has been an honour to serve you.