

To: Section of Pediatrics AMA Members

From:

AMA Pediatrics Section RF reps (Michelle Bailey and Sidd Thakore) and several other pediatricians at the RF (Sarah Hall- AMA Board of Directors, Neil Cooper- past AMA president, Catherine Macneil – Calgary rep, Kim Myers and Piush Mandhane AMHSP reps for Calgary and Edmonton); the AMA Executive has had a limited time period to review the content of this letter but we have heard from the following who are in support: Charlotte Foulston, Steve Wainer, Elsa Fiedrich, Hasu Rajani

We have attended many talks and conversations about the tentative agreement during the last couple of weeks. We share the many negative and conflicted emotions and attitudes that have resulted from the course of the last 18 months.

Our initial reactions to this agreement have shifted throughout the many sessions we have attended at both the AMA Special rep forum (RF) last weekend dedicated to the task, and the regularly scheduled RF this weekend, not to mention engagement in online forums and virtual town halls. It is clear that the agreement is complex. Learning more about the many pieces of the agreement has been helpful in understanding the pros and cons of saying yes or no.

Pediatricians represent a large provincial physician group; our voice is important. With that in mind we recommend:

1. Exercise your right to vote (see the link at the end of this letter)
2. Investigate the agreement fully. Ways to do this include:
 - a. the AMA website has a video overview that is very easy to follow despite the complexity. <https://www.albertadoctors.org/services/physicians/our-agreements/tentative-agreement-package> (scroll down to halfway down the page)
 - b. Our Section had a meeting Monday March 16th pm that was recorded – you can hear from multiple pediatricians and some relevant Q and A. <https://www.albertadoctors.org/services/physicians/our-agreements/tentative-agreement-package/virtual-town-halls>
 - c. The AMA website has significantly more detailed information. <https://www.albertadoctors.org/services/physicians/our-agreements/tentative-agreement-package/virtual-town-halls>
 - d. Zone RF reps have created summaries that have been sent out.
 - e. Contact us as your AMA Section of Peds representatives

Here are a few points that are important to highlight

1. Dispute Resolution: Binding arbitration (BA) was not agreed to by AH but mediation with recommendations made public was negotiated in many parts of the agreement. Binding arbitration may not be as important as many believe. Governments who have the power of legislation (unlike companies) have figured out that they don't have to follow the law in dealing with associations when they can simply change the law. Indeed, even the NDP

government, who agreed to BA in our recent contract, was clear that they would NOT agree to enter into BA and would have legislated themselves out of it. Mediation with public release of the recommendations is expected to be a tool with greater accountability than BA, although loss of BA is a significant compromise.

2. Budget management. This government is focussed on a budget management process. ALL health ministers have had the same powers that this minister has – they were just more collaborative in receiving input from physicians. This government has learned the hard way that not listening and trying to exclude the AMA has not worked and has resulted in many missteps. Will they stop doing this – maybe or maybe not! However, this agreement gets us and the AMA to the table, with greater presence at Physician Compensation Advisory Committee (PCAC) than over the past year. We have negotiated the maximum allowable reductions to physician services budget (PSB). A voice at the PCAC allows us to influence the places to save and places to spend for greatest patient impact. The agreement includes plans for increases to PSB to support net new physicians. Without a contract the government is likely to
 - a. continue to act as they wish and we will continue to try to fight without being at the table
 - b. not enter into an information sharing agreement with the AMA and thus we will have no data to work with (see 4)
 - c. diminish AMA supports (see 3) further reducing our ability to advocate for our patients.

- 3 Program Restoration of MLR, CME, Parental Leave. Program funding under AMA administration ensures these programs are delivered efficiently and with physicians’ best interests in mind. In the absence of an agreement, the GoA promised to retain PFSP until 2021-22. However, without an agreement, most other programs are expected to fold or to be moved in the short term to AH or other third parties without physicians’ interests. There is a potential loss of ACCT without this contract–ACCT is a change management program which is viewed as critical to PCN and specialty care alliance work. The CME program will no longer exist without an agreement as they removed this as part of their unilateral Physician Funding Framework.

- 4 Information Sharing Agreement (ISA). It has been said, “Trust but verify.” Even more importantly – we do not trust and we need a means to verify. Without the ISA (the current state over the last year) the AMA has had absolutely no data from Alberta Health. All AMA planning, calculations, suggestions for fee code changes, etc. are based on what AH tells us. This includes the potential \$200M below budget (surplus) AH tells us we are at from the past pandemic year that. We believe this value to be a conservative estimate and may be higher. Roughly, if every doc is down by only 10%, that would work out to >\$500M). Data, and the ISA, is pivotal to implementation of our entire AMA compensation strategy, including the Income Equity Initiative and all its components (Office Overhead Study, Peer Review, Hours of Work Study, market comparisons).

Without an agreement we have no verifiable data. Data is also needed for physician billing peer review and feedback.

- 5 Withholds of “low value services” in event of budget overages. We are reassured by our PCAC representatives that “low value services” means of “less value to the patient”. Low value services will not include services that are essential to patient care. The AMA would sit at Management Committee to influence these definitions if withholds are needed. With this agreement, AMA and AH participate in budget forecasting monthly, prior to any decisions being made on any temporary withhold. Principals of Income Equity (advantageous to pediatrics) would be used to help define where SOMB changes or withholds would be applied. The AMA role would be to mitigate both excessively deleterious patient and provider impact. Without AMA input any withholds are likely to be in a similar vein to what we have seen to date- cuts that do not consider the impact on care.
- 6 Physicians Supply Management. AH retains control, through legislation, over new PRAC IDs and numbers. They will have this authority regardless of a contract or not. With the contract we are at the table.

What are we “holding out” for if we say no to this contract? Albertans are suffering job losses and food and housing insecurity due to the pandemic and the economy. Albertans may lose trust in the profession if we say no to a contract that has some cuts and a managed budget that is consistent with the current Alberta economic reality.

A “no” vote does not obligate parties back to the negotiation table. This agreement is a result of several months of difficult discussions between the AMA and the government. Importantly, it is the opinion of AMA negotiators that that AH would not return to negotiations in the short term in the event of a non-agreement. This means that things of immediate benefit to physicians (a seat at the table, access to data, CME and other AMA programs, budget surplus, etc.) will not materialize and may not be recovered.

One of the hardest parts to deal with is the anger, frustration and most importantly the lack of trust in the government. No one wants a contract agreement to be seen as a win by the government. A contract will not create trust. Not having a contract will not create trust. We suggest we aim to do what is best for physicians and best for our patients regardless of the “other side” and their actions. The AMA will commit to ensure the messaging is clear - we are doing what is best for our patients and all Albertans in a rough time – economically and during a pandemic. Period. This does not undo what has been done. The agreement sets the stage for building a better relationship. Contract or not, we will continue to advocate for patient care, publicly and loudly as needed. Trust needs to be earned and this agreement is a platform to begin rebuilding.

Our opinion: This agreement, difficult to celebrate for any of us, is better than no agreement. The agreement holds AH in check in several areas with public mediation if needed. Where AH

will not be held in check: every government has these powers and this government has been active in wielding their power. No contract will change that. We feel that we would be better off with a voice, a role in influencing health care change and the mediation with public recommendations as an option rather than simply as bystanders with no data to help direct better care for our patients.

Please voice your opinion in this very important matter impacting all physicians by Voting.

To make this easier for you all you have to do is click on the link below:

<https://www.albertadoctors.org/services/physicians/our-agreements/tentative-agreement-package>