



April 9, 2024

Dear Members,

I am reaching out today to speak to the recently announced [Transitional Funding Program \(TFP\)](#).

As you are likely aware, the AMA, SFM, SRM and PCN leads have been working closely with Alberta Health since last October, addressing areas of immediate concern under the Memorandum of Understanding (MOU). Your representatives on the AMA's internal [Strike Team](#) and various working groups within AH, including the Supporting Comprehensive Care Task Force, put a great deal of time and effort into advocating for support and stabilization of physicians providing longitudinal, comprehensive primary care. The TFP is the outcome of our efforts with AH to provide immediate "stabilization" to comprehensive community care in Alberta.

That was our goal, but I want to take this opportunity to speak to several areas of concern arising from AH's recent announcement of the TFP grant.

Panel size

It was the AMA's, and the sections', firm belief that **all** physicians providing comprehensive care to a significant patient panel should have been recognized and supported through this program. The AMA's initial proposal to AH included panels as small as 200. We understand the value and the necessity of these panels. We know that the care being provided to these panels is no less important or critical to the health of Albertans than the care being provided to larger panels. Despite our extensive and repeated attempts, we were overruled by AH. They determined that physicians with panels less than 500 would not qualify for TFP support. We believe this was a mistake and will negatively impact comprehensive care in communities across Alberta. We made this concern clear in our discussions with government.

Further, we feel the disappointment of affected physicians keenly. We realize the insult and the damage done to physicians who are putting patients first every day

and going unrecognized and undervalued. I know that for many physicians, the panel size requirements for the TFP have only added insult to injury.

I would strongly encourage any impacted physicians to reach out directly to their MLA and the Minister of Health to educate them about the importance of these smaller comprehensive panels and what this decision means to you and your patients.

- The Honourable Adriana LaGrange, Minister of Health: health.minister@gov.ab.ca.
- Find Your MLA: <https://www.assembly.ab.ca/members/members-of-the-legislative-assembly>.
- Please copy: programpayments@albertadoctors.org.
- Note: The AMA has a few other ideas for advocacy and will reach out to you once receiving a copy of your letter to the minister/your MLA.

Intended use of TFP funding

The original intended purpose of the TFP funding was to **stabilize** current comprehensive practices. The minister of health herself has often repeated her intention of “putting money into the pockets of family physicians.” The funding is in no way a “retroactive payment” – either for overhead or patient care. Any option to provide retroactive support is limited by the terms of the Physician Services Agreement. Having said that, the language used in the “declaration” to be signed by physicians applying for the TFP appears to restrict utilization of these funds. This language was likely required by provincial auditors to ensure that the grant would not contravene the Physician Services Agreement.

The wording of the declaration has already created some confusion with members. My advice to members is that they should apply and receive the funding if they are deemed eligible. **Do not wait.** In some circumstances, it may be appropriate for contracted physicians to engage in discussions with their clinic colleagues regarding their individual business arrangements. But neither the AMA nor the SFM has any intention of interfering in individual clinic operations.

It is my belief that these funds should be used on a “go forward” basis to offset overhead costs to individual physicians – this is reflected in the term “transitional.” It is the stated intention of AH that the TFP be seen as bridging support until a more appropriate compensation model is in place for physician comprehensive care in the community. Having said that, I recognize the potential divergence of opinions that may occur within clinic organizations.

Final thoughts

Clearly, there are going to be ongoing questions about these payments. Given the money involved and the number of physicians who may benefit (we estimate up to 3000 Alberta physicians will see funding from this program), the AMA has set up a webpage with information for family physicians: [Transitional Funding Program | Alberta Medical Association \(albertadoctors.org\)](#). There is also an FAQ page that may be helpful: [TFP Frequently Asked Questions | Alberta Medical Association \(albertadoctors.org\)](#).

Lastly, but critically, we are very concerned that the panel size issue could also impact the Physician Comprehensive Compensation Model (PCCM). It is imperative that we let the minister and AH know that the current panel size requirements do not recognize the culture, diversity and complexity of community-based comprehensive care.

We will require your support and engagement moving forward. We will need to work to persuade AH that excluding smaller panels is short-sighted and diminishes the importance of the essential health care these physicians provide to the Albertans that rely on them.

The AMA will be actively advocating to inform government about this issue and to discourage them from implementing a similar arbitrary panel number approach with the PCCM. I encourage all of you to keep an eye out for opportunities to lend your voice to this important issue. We absolutely have to get the new funding model right – the future of primary care in Alberta depends on it.

Sincerely,

Dr. Sarah Bates, Acting President
Section of Family Medicine
On behalf of your [SFM Executive](#)



Mission

- Advocate fiercely for Family Medicine.
- Collaborate to drive health system improvement.
- Achieve compensation that reflects the essential role of family physicians in the health of Albertans.

Vision

Alberta's family doctors are well-supported and financially equipped to provide accessible, quality team-based health care.



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Edmonton AB T5N 3Z1
Canada*

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