ALBERTA MEDICAL ASSOCIATION | Office of the President
12230 106 Ave NW
Edmonton AB T5N 3Z1
T 780.482.2626
F 780.482.5445
TF 1.800.272.9680
amamail@albertadoctors.org
www.albertadoctors.org

March 17, 2020

Honourable Tyler Shandro
Minister of Health
Office of the Minister
Health
423 Legislature Building
10800 - 97 Avenue
Edmonton, AB T5K 2B6

via: health.minister@gov.ab.ca

Re: COVID-19

Dear Minister Shandro:

The quick action of the Alberta government to the COVID-19 pandemic is commendable. The Alberta Medical Association applauds your leadership in this area. Swift action to ramp up testing and promote mitigating measures such as social distancing are two good examples.

Alberta's physicians are now actively engaged in the crisis response. We are mitigating and managing in our various practice environments to best keep Albertans safe. As physicians, we have a responsibility to do everything we can to support Albertans and avoid confusion and disruption as much as possible.

I would like to meet with you urgently to discuss:

- Delaying implementation of your Physician Funding Framework that is currently planned for April 1, 2020.
- Implementation of codes or other necessary payments to allow patient care in a safe, appropriate and timely fashion during the pandemic.

Delaying implementation

The AMA believes that some of the proposals within your Physician Funding Framework should not be implemented April 1. We request that they be delayed to allow a full exploration of alternatives. Their implications are massive and disruptive to patient care.

Recognizing your fiscal challenges, we continue to be willing to speak with you regarding substantial alternative savings and a thoughtful, evidence-based approach toward your budget requirements, today and in the future. Over the last weekend, we provided you with two such proposals.

Instead, you have chosen to make one change only, delaying implementation of the complex modifier item on April 1. On behalf of Alberta's physicians, this is appreciated. However, the balance of the changes you propose to make that are still of great concern. Accordingly, (and echoing what Albertans and media voices are saying**),** we urgently ask that you delay implementation until after the COVID crisis has passed.

There are three issues in particular that will require immediate redirection in the current environment:

- Capping of patient visits – This proposal to limit the number of in-person visits, telephone calls, electronic communication, and other types of patient interactions will create significant problems for physicians providing primary and specialty care as of April 1. In a pandemic situation with unprecedented numbers potentially needing care, placing such limits makes no sense.
- Medical Liability Reimbursement – The proposed changes will bring Alberta to the lowest level of coverage of any province. Liability protection is a practice requirement in all provinces and the cost needs to either be reflected in higher fees for those services that attract liability or through a reimbursement as has been in place in Alberta. Lowering the program reimbursement level without changing fees for high risk services creates a significant challenge.
- Overhead discounts, Physician On-call, and AHS Stipends – These proposals, when combined, will negatively impact physicians across the province and particularly those providing hospital-based care. There is currently a lack of clarity around all these items. Confusion and chaos are the dominant experience for all affected hospital-based care physicians.

COVID-19

Other provinces are finding a way to support new types of physician arrangements that are tailored specifically to what patients need when the usual methods of interaction are impossible. It is important that we develop and communicate some practical solutions that the great majority of provinces have already put in place.

For example, here is a subset of what Ontario has just implemented in regards to physician compensation:

Fee Code	Description	Value
K080	minor assessment of a patient by telephone or video or advice or information by telephone or video to a patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis	$23.75
K081	a. intermediate assessment of a patient by telephone or video, or advice or information by telephone or video to a patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis, if the service lasts a minimum of 10 minutes; or b. psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone or video, if the service lasts a minimum of 10 minutes	$36.85
K082	psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone or video per unit (unit means half hour or major part thereof)	$67.75
K083	Specialist Consultations and Visits by telephone or video payable in increments of**	$5

We thank you for implementing the 03.01D code for telephone advice regarding COVID, but more is needed in new fee codes for physicians providing virtual care services.

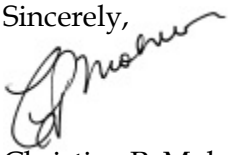
COVID does not mean that patients stop needing help for mental health, chronic or emergency conditions when face-to-face visits are impossible or dangerous. Specifically:

- Establish fee codes for physicians providing virtual care services:
    - Virtual care codes are necessary, valued similarly to face-to-face visits and these should not be subject to current weekly limits we have on patient telephone and e-communication codes. These arrangements should cover a broad range of medical services:
        - Minor assessment
        - Intermediate assessment of a patient by telephone or video, or advice or information by telephone or video to a patient's representative regarding health maintenance, diagnosis, treatment and/or prognosis greater than 10 minutes
        - Psychotherapy, psychiatric or primary mental health care, counselling or interview conducted by telephone or video per half-hour
- We should establish types of arrangements (such as a sessional rate) for physicians working in designated assessment centres – these sessional rates should be valued at the same level as other sessional models.
- The AMA would like to work with you to clarify the technology that is available to physicians, especially for those working in the community.
- We need arrangements for physicians who become sick or are otherwise quarantined – this includes both helping to ensure patients are able to access necessary medical services as well as providing temporary or interim business continuity support for clinics that are compromised as a result of the COVID-19 pandemic.

Conclusion
Both of the above topics deal with immediate concerns. As you know the AMA believes a formal agreement between ourselves and Alberta Health is also critical.

Thank you for your consideration of these things. I look forward to raising them with you on an urgent basis.

Sincerely,



Christine P. Molnar, MD, FRCPC
President, Alberta Medical Association

cc: Lorna Rosen, Deputy Minister, Office of the Deputy Minister of Health
Ivan Bernardo, Principle Advisor, Office of the Minister of Health
AMA Board of Directors
Mike Gormley, AMA Executive Director