



We all know disinformation in health care is problematic.

This is YOUR health care system, Alberta, so let's get down to just the facts

In this issue we'll cover misinformation related to the Physician Services Budget, which is the amount Alberta Health is to budget each year to pay physicians for medically required services rendered under the Alberta Health Care Insurance Plan (AHCIP). We'll also fact-check recent statements made by the Premier and Minister of Health in September and October. (CBC News, September 24, 2024. Edmonton Journal, September 26, 2024)



Statement

“Investment continues to outpace inflation and population growth” with respect to the physician services budget.

The Facts

For the 2024-2025 fiscal year alone, the physician services budget is underfunded by approximately \$730 million, and has not kept pace with population growth and inflation. A critical accountability of the Ministry of Health is the proper administration of the Alberta Health Care Insurance Plan (AHCIP). This plan must comply with the principle of Universality under the *Canada Health Act*, meaning Alberta Health must entitle 100% of insured persons in the Alberta population to the insured health services (provided on uniform terms and conditions). By various objective measures, from 2019 to 2024, the government has not properly accommodated the rate of population growth, inflation, population aging, health status complexity, nor the impact of government programs designed to rapidly increase the population within a fiscal year (e.g., “Alberta is Calling”). Bottom line, this is poor planning by Alberta Health.



FALSE

Statement

“To support physicians...Alberta's government has committed an additional \$257 million to stabilize the delivery of primary care, with \$157 million allocated for this year...”.

The Facts

Let's break down the numbers: the Government of Canada, as part of the federal Working Together bilateral agreements program with the provinces/territories, provided Alberta Health with \$200 million over two years. This money was provided to Alberta by the federal government as one-time “top up” funds to manage increasing costs of the provincial health insurance plan and to strengthen public health care systems; increase access to quality and culturally safe health services; and improve equitable access to care for underserved populations. This \$200M over two years was considered “stabilization funding” and, to the Government of Alberta's credit, they chose to invest this amount in the primary care sector, which has been chronically underfunded for years. This one-time funding was distributed to qualifying primary care doctors with a commitment by Alberta Health to approve and implement a proper physician compensation model for primary comprehensive longitudinal patient care. The \$200 million provided by the federal government does not absolve Alberta Health from properly funding the health insurance plan to cover the provincial population. Let's look at the bottom line for the current fiscal year: negative \$730 million plus \$100 million still leaves the physician services budget short by approximately \$630 million. This money wasn't provided to “support” physicians, it was provided to mitigate a deficit in the amount of money needed to cover Albertans for insured health services provided by a doctor!

The provincial government did invest \$57 million in the Panel Management Support Program (PMSP) under the Modernizing Alberta's Primary Care System (MAPS) initiative. The PMSP is a temporary program that provides eligible providers financial support for costs related to panel management and practice improvement. It's important to note that the \$57 million for the program is paid over three years (\$12M, \$24M and \$12M for fiscal years 2025, 2026 and 2027) and includes funding for both family physicians and nurse practitioners.



MISLEADING



Statement

“We have heard from clinic owners that the \$157 million in stabilization funding provided this year often did not ultimately support the operations of practices.”

The Facts

The Alberta Medical Association is the organization that distributed the stabilization funding to our members and reported on this allocation. We have no data that supports the Minister of Health’s inflammatory statement that stabilization funding was often not used as intended. A very small number of clinics struggled with how to allocate the stabilization funds within their business accounting structures, but most physicians have cost-sharing agreements in place within their clinics to address these types of allocations. Regardless, we’d like Alberta Health to produce independent, factual data to back up these sweeping statements or correct this ongoing use of misinformation.

 **FALSE**

Statement

“The agreement [between the AMA and Alberta Health] includes... spending investment of roughly \$780 million to stabilize the health system.”

The Facts

The \$780 million is misleading, as it represents an aggregate amount to be allocated over four years. While this number includes a negotiated fee increase for physician compensation (1% per year, which does not match inflation, population growth, nor population aging/complexity), it also includes reinstating payments from physician programs such as the Continuing Medical Education Fund, the Medical Liability Reimbursement Fund and the Good Faith Claims Policy that were previously taken away from physicians. It also lumps in funding for development/training that’s separate from physician compensation.

 **MISLEADING**

Statement

“There is more work to be done” in relation to announcing and implementing the PCCM.

The Facts

The PCCM components and rates have been agreed to through the required process of review and consensus by multiple government committees. These processes are provided for within the agreement between Alberta Health and the AMA. The model has been sitting on the Minister’s desk for approval. Alberta Health had cited multiple potential dates for the announcement of the PCCM, from August through to September; it’s now October and there is no date for the announcement. Oddly enough, Alberta Health’s own communication on the PCCM, as part of the Modernizing Alberta’s Primary Care System (MAPS) reporting dashboard [here](#) indicates the PCCM is in the implementation stage, which is obviously inaccurate since it hasn’t even been announced yet.

Bottom line: if the issue is that the budget for PCCM was not properly planned for and approved as part of the AHCIP, then Alberta Health should just be honest with Albertans and say so.

 **FALSE**



Statement

“Part of the ongoing work to finalize the new model is ensuring the new funding model addresses the sustainability of clinics”

The Facts

The PCCM is a new type of compensation model that will allow family and rural generalist physicians to continue to deliver comprehensive, life-long primary care while keeping their community clinics viable and sustainable. It will be the primary means through which they will be reimbursed for insured health services. Out of these billings to the health insurance plan, physicians pay their “overhead” expenses, including staff costs, office space leases, equipment costs and medical supplies. There have been numerous studies in Alberta and other provinces around family physician overhead costs, and these were used in the development of the PCCM. In addition, similar family medicine compensation models either announced or established in British Columbia, Saskatchewan, Manitoba, Nova Scotia and Prince Edward Island were also used to inform the PCCM. A full team of professionals, including health economists, reviewed the model which will sustain clinics. The Minister of Health should be explicit on what exactly is delaying the PCCM from being announced and implemented.

 **MISLEADING**

Statement

“...if physician compensation was its own department, it would be the third largest in government after Health and Education...”

The Facts

As everyone knows, government departments and the overall organization of provincial governments change over time. Departments are amalgamated and then split apart to meet the specific needs of the existing government’s public policy and service delivery agenda. As an example, education/higher education may or may not be broken out into separate ministries; and the same goes for social services to children, families, seniors and the unemployed. Transportation and infrastructure, as government departments, have been put together and then separated multiple times in the history of our province. The statement made by the Minister of Health does not hold true over time; and is both misleading and unhelpful.

Ranking a single profession’s total funding model in a single-payer, publicly funded system (out of which those professionals pay capital and operating expenses to deliver those services) doesn’t make sense and is simply inflammatory. Would it be appropriate to call out how much nurses in the province are paid in total, and rank their total remuneration in the context of government department expenditures and size? How about engineers, teachers, pharmacists or publicly funded attorneys? The answer is no, it would not be appropriate, so let’s not do that to physicians.

When it comes to our health care, let’s ask the Government of Alberta to stick to the facts and not mislead Albertans. We need common sense actions to improve health care now.

 **MISLEADING**

Statement

“Seven-out-of-10 Alberta physicians are considering exiting their practice.”

The Facts

Before we conclude this issue of Fact Checkup, we want to show that we hold ourselves accountable to the same standards of information accuracy. In a statement published on AMA social media platforms on Thursday, October 3, 2024 we included the statistic that 68% or seven-out-of-10 physicians are thinking of leaving their practices. This was a typographic error that was translated in that post. The correct figure is 58% or six-out-of-ten as we had previously reported on [September 23](#). We are disclosing that we inadvertently reported an incorrect fact one time, but it has been corrected.

 **CORRECTION**