ALBERTA MEDICAL ASSOCIATION

Fact Checkup

Issue: 2

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

On October 15, 2024, the Minister of Health held a news conference to announce the new CEO of Primary Care Alberta. We have extended our sincere congratulations to Dr. Kim Simmonds and look forward to working with her. That said, we thought that some of the recent statements made by government officials this week are in need of a Fact Checkup.

Statement

A caller to *Your Province. Your Premier* on 10/12/2024 asked the Premier about surgical wait times in the province and alluded to the fact that chartered surgical facilities siphon off staff from the public system where operating rooms are not available. The Premier responded by saying, "…that's why we are expanding the chartered surgical centers," implying that this would solve the problem.

(Premier Smith – Your Province. Your Premier 10/12/2024 46 mins 7 secs)

The Facts

MISLEADING

The AMA supports a well-funded, public health care system that provides timely access to quality care. The fundamental challenge of resource shortages in the public system will not be addressed by adding more chartered surgical facilities. The issue is that both public operating rooms (ORs) and chartered surgical facilities (CSFs) need to be staffed and used to address the needs of Albertans on wait lists. With the current workforce shortage, ORs in public hospitals and CSFs are competing for the same pool of health care professionals! Opening more CSFs means more surgical facilities in the public system are sitting empty with fewer staff and resources available to conduct complex and urgent surgeries. This is further complicated by the fact that current physician compensation programs do not adequately remunerate for after-hours or on-call duties. The real root-causes of ORs sitting empty are: 1) Alberta Health's inability to optimize available resources (including physicians, tier-one support teams and ORs) to maximize value for money, and 2) inadequate compensation (including for on-call and after-hours work) to recruit and retain physicians to do this work.

BOTTOM LINE: Alberta Health should approve the Acute Care Stabilization Proposal that the AMA put forward and put guard rails in place to manage the health workforce in the public system and more strategically use private surgical facilities.

Statement

"...most providers do not work in interprofessional teams."

(Minister LaGrange – Alberta Health news conference, 10/15/2024 3 mins 23 secs)

The Facts

FALSE

Most providers, including Alberta's physicians, do actually work in a team-based care model. For example, Primary Care Networks (PCNs) have been providing team resources to community family physician offices since 2003. Alberta's PCNs were created through a trilateral Master Agreement between the AMA, Alberta Health and AHS, which enabled community clinics to create interdisciplinary teams. In the last 20 years, per capita PCN funding to support family physicians and rural generalists to practice in interdisciplinary teams has only increased by $12 per patient (from $50 per patient to $62 per patient). AMA physicians have been advocating for interdisciplinary teams and the establishment of the Patient's Medical Home for the past twenty years. Unfortunately, investment and commitment from Alberta Health has been limited. Current PCN funding for interdisciplinary teams ends on March 31, 2025, however, Alberta Health has not said that the new funding model and the new regional structures for primary care will be implemented by that date. Gaps in funding are a real concern.

Further, if Alberta Health is truly concerned with interdisciplinary teams, what is the rationale for setting up Nurse Practitioners (NPs) in their own clinics instead of in team-based care clinics with physicians and other allied health care professionals? All Alberta Health has done is replicate a challenging economic proposition for both doctors and NPs who must pay for their clinic overhead and related costs out of their billings under the Alberta Health Care Insurance Plan. In fact, government has created inequities between doctors and NPs by offering NPs codes to cover time spent on administrative tasks – the same type of administrative tasks that doctors perform and are not currently paid for.

BOTTOM LINE: Alberta Health needs to provide funding and/or a proper compensation model to support primary care physicians practicing interdisciplinary team-based care in Alberta.

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"At the end of September, there were 12,126 physicians registered in Alberta, an increase of 518 physicians, or 4.5 per cent, compared with the same time last year." (Alberta Health news release, 10/15/2024)

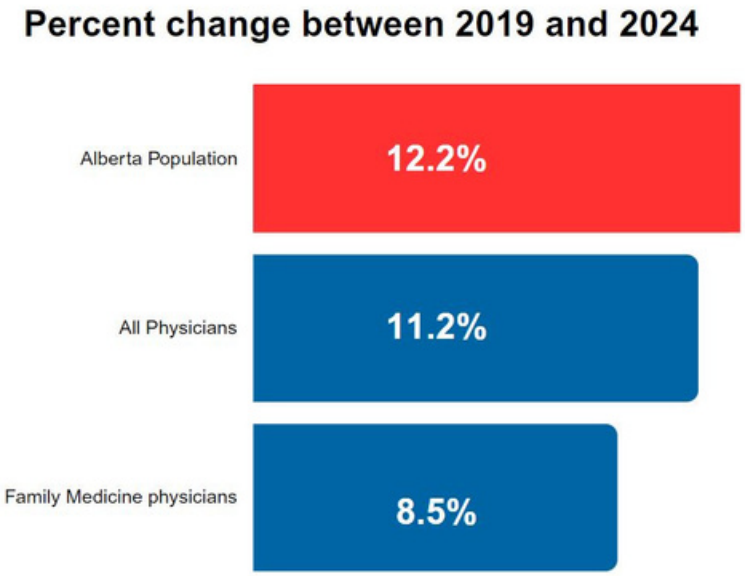
MISLEADING

The Facts

Context matters! The AMA welcomes the increase in registrations reported by the CPSA, however, Alberta is starting from a deficit position. From 2019 to 2024, the growth in the number of physicians (including family physicians) has not kept pace with Alberta's population growth. Between July 1, 2023 and July 1, 2024, the province's population expanded by over 200,000. That's like adding the population of Red Deer twice to the province – and we expect to increase by nearly 2 million in the next 20 years.

The recent (and unprecedented) vacancies in residency (training) spots for family medicine and other medical specialties also point to potential trouble ahead. Despite the CPSA numbers, the gaps that we currently have in our health workforce mean that we cannot meet the demand that already exists for medical services, i.e., patients without a family physician, patients on lengthy waitlists. Medical residents tend to enter practice over the summer months, while retirements tend to happen at calendar year end. Also, many physicians have semi-retired over the past five years. These physicians are maintaining their CPSA licenses, but are working fewer days and seeing fewer patients.

BOTTOM LINE: The CPSA data is very valuable, but without the appropriate context and understanding of the patterns, inappropriate conclusions can be drawn.



Statement

"...we've seen over 287, I believe, is the last number that I saw, family practitioners that have moved or are in the process of moving to Alberta that have registered with the College of Physicians and Surgeons just in the last year alone."
(Minister LaGrange –Alberta Health news conference, 10/15/2024 9 mins 51 secs)

FALSE

The Facts

The AMA analyzed the number of community-based, comprehensive care family physicians who are active in Alberta. Since 2019, 11.6% fewer family physicians are choosing to deliver comprehensive, community care when adjusted for population growth.

BOTTOM LINE: The raw numbers don't fit the reality that Albertans are having a harder and harder time finding a family physician.

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Statement

"…as a government we have allocated millions of dollars to setting up IT systems, and I'll give you an example, the Blended Capitation Model, after that was set up – when we had spent millions to set up the IT – only 18 doctors, I believe it was about 18 doctors, actually signed on to it."
(Minister LaGrange – Alberta Health news conference, 10/15/2024 29 mins 36 secs)

FALSE

The Facts

There have been up to 94 physicians participating in the Blended Capitation Model (BCM), which was developed in 2017. With attrition, numbers are down to 62. This model remains a good option for family physicians, however, it's not an easy change in terms of business process. In the BCM model, billings and payments for insured health services are done as a clinic, not by each individual physician (as is the norm in fee-for-service). The BCM requires all doctors in a clinic to be willing to move to the model, which has been a barrier to uptake. The proposed Physician Comprehensive Care Model (PCCM) takes the most desirable features of the BCM model, but billings/payments are conducted by individual physicians that practice together in a clinic setting. In this way, the PCCM reduces the business changes that are required for physicians to move to a payment model that properly supports comprehensive, cradle-to-grave patient care.

The "millions of dollars" on IT systems spent by Alberta Health to implement the BCM are due to the fact that the health care claims system is an outdated mainframe system that cannot easily adapt to new payment models. The management and modernization of this system is the responsibility of Alberta Health. Alberta Health selected a vendor (Maximus) to modernize the claims system several years ago and spent tens of millions of dollars with this vendor before cancelling the contract with no measurable results. Alberta Health is still using the legacy claims system, which is unable to keep pace with changes to how the government pays providers under the health care insurance plan.

BOTTOM LINE: Alberta Health needs to implement the PCCM and modernize the provincial health care insurance plan (and claims system) to properly support payments to providers who deliver insured health services.

Statement

"…the negotiations we've been doing on developing the new physicians primary care compensation model really is off the regular cycle of negotiations with physicians."
(Minster LaGrange – Alberta Health news conference, 10/15/2024 26 mins 41 secs)

FALSE

The Facts

The PCCM has been developed under the terms of the current agreement between the AMA and Alberta Health. There is a clause in the agreement that allows Alberta Health and the AMA to jointly recommend additional adjustments to fees/payments, within the term of the agreement, to "advance and address the changing medical environment and to promote patient care where there is a demonstrated need." This type of clause has been common throughout the history of agreements between the AMA and Alberta Health so that various adjustments can be made as needed including allocations and ad hoc adjustments. The crisis in family medicine in Alberta is the perfect example of the type of pressures that this clause is meant to address.

Over the past 12 months, the AMA and Alberta Health have followed the requisite steps in the AMA Agreement to bring forward a joint recommendation to the Minister of Health for consideration. The process included consensus approval and recommendation from both the Rates Committee and Management Committee. The PCCM was approved to be sent to the Minister by Alberta Health on June 24 of this year.

BOTTOM LINE: Under the AMA Agreement, the Minister can approve, decline to approve or refer the issue back to the Management Committee for further engagement. To date, no response has been received from the Minister.

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Statement

"…they always understood that any new model that we had would be implemented in the next budget year, which is April of 2025." (Premier Smith – Your Province. Your Premier 10/12/2024 24 mins 59 secs)

The Facts

FALSE

In September 2023, the Minister of Health met with the AMA Representative Forum and stated that the new payment model for primary care should be fast tracked and considered in Budget 2024. The AMA and Alberta Health signed a Memorandum of Understanding in October 2023 and work began immediately on the PCCM. In December 2023 the AMA submitted two proposals to Alberta Health – *Primary Care: A Way Forward* and the *Acute Care Stabilization Proposal*. The budget announced in February 2024 did not include funding for PCCM. The Premier and Minister attended the AMA's Representative Forum meeting in March 2024 and committed to announce the PCCM "within weeks." The Minister also promised to ensure that the model would make Alberta competitive with other provinces. These commitments were also made publicly on *Your Province. Your Premier* 03/16/2024 (44 mins 36 secs). The Premier said: "The update that Adriana LaGrange and I gave to the docs yesterday was that she's getting a report from the working committee on March 31 and I've said to her that we don't want to be waiting very long to implement that. It's a matter of weeks after that as opposed to months, so that's the timeline we are looking at."

PCCM details were hammered out and sent to the Minister in June of 2024, with an expected announcement and implementation in Fall 2024. In July, Alberta Health advised the AMA that the Premier had approved the PCCM model, rates and budget, and that a public announcement would occur on August 2. Soon thereafter, this was halted, and we were informed that the PCCM still needed to go to Treasury Board for approval, but that an announcement would follow in early September.

BOTTOM LINE: The AMA, Alberta's doctors and Albertans are still waiting for the official announcement of the implementation date for the PCCM.

Statement

In relation to flu, RSV and COVID-19 vaccines, the Minster of Health was quoted in the Calgary Herald as follows: "But I am assured that they are rolling out the vaccines to pharmacies and clinics and we'll have everyone fully supplied by the end of the week."
(Minister LaGrange – Calgary Herald 10/16/2024)

The Facts

FALSE

All parties that can offer immunizations in Alberta will not be supplied by the end of the week. In fact, community primary care physicians and nurse practitioners will not be receiving a supply of publicly funded vaccines this year at all, according to Alberta Health, as there was yet another "issue" with distribution.

BOTTOM LINE: This is a lack of proper planning on the part of Alberta Health and is inconsistent with the department's stated commitment to support primary care and immunization.