

Alberta Medical Association Business Plan and Budget Documents 2023/2024

The major business plan documents are:

A. Vision, Mission and Values

As established by the AMA Board of Directors.

B. Key Result Areas, Goals and Activities (Ends)

Healthy AMA (Means)

Cascading from the AMA Mission are the Board-established goals for the organization, which are categorized in three broad Key Result Areas: Financial Health (of physicians and their practices); Well Being (personal and workplace); System Leadership and Partnership. The purpose of the goals is twofold: they express how the Board wants to deliver value to physician members and what is felt to be most important in moving towards the Vision. Connected to each goal are the related activities planned for the next twelve months. These are developed by staff with Board oversight. Progress on activities is reviewed and updated over the course of the year.

The physician support programs, including the Accelerating Change Transformation Team, Rural Locum Program and Physician and Family Support Program, are key vehicles for advancing several of the AMA's goals. These programs are funded through grants from Alberta Health and are therefore not included in the Budget, however, many of the activities identified in the business plan are only deliverable with these programs in place.

The second part of Attachment B, "Healthy AMA" identifies key activities in the areas of governance, finances, knowledge, relationships, and workforce that help strengthen the Association so that it can achieve the ends established by the Board and deliver value to members.

C. Budget

The budget expresses how the resources of the Association will be used to pursue the goals and activities. This includes the AMA's ongoing operations and the reserves available for one-time use. The budget is an integral part of the business plan and services as a key control and monitoring tool.

A. Vision, Mission, Values

Our Vision

The AMA is powered individually and collectively by physician leadership and stewardship in a high-performing health system.*

- Our initiatives as leaders, innovators and clinicians drive Patients First® as a cornerstone of the health care system.
- Member wellness and economic wellbeing in their practices and communities are supported by our comprehensive negotiated agreements and programs.
- The voices of members – individually, regionally and within specialties – are heard and reflected within the system through our united voice of openness and accountability.
- Our physicians are valued and respected throughout the system in their professional roles and through their unique relationships with patients and system partners.



**Alberta's high-performing health system is stable, compassionate and sustainable, delivering enhanced patient experience and improved population health. Individual and collective physician leadership is essential.*

The AMA defines such a system in this way:

- Highest quality care requiring: acceptability; accessibility; appropriateness; effectiveness; efficiency; and safety
- Access based primarily on need, not ability to pay
- Fully integrated community and facility/primary and secondary care
- Management based on timely and accurate data
- Information that follows the patient seamlessly
- Care delivered with the patient, sharing responsibility and working with the physician toward best-possible health

Our Mission

Advocate for and support Alberta physicians. Strengthen their leadership in the provision of sustainable quality care.

Our Values

Act with integrity, honesty and openness
Maintain relationships of mutual trust and respect
Treat others – and each other – fairly and equitably
Remain unified through belief in quality care, collective engagement and professionalism

B. Key Result Areas, Goals and Related Priority Activities

Key Result Area 1 - Financial Health

The AMA assists and supports members in maintaining their financial health. This includes negotiating with payers to ensure fair compensation, the provision of practice management services and the offering of financial products. Members in training are supported through a number of scholarships and bursaries.

Goal 1 Physicians are fairly compensated for their skills and training in comparison to their colleagues and other professionals.

Priority Activities

1. Improve fairness in compensation between specialties:
 - Complete all aspects of the income equity measure this year, including member ratification.
 - Use the full measure to influence and promote fairness in compensation including in the rates review and the financial reopener.
 - Use the full measure to inform other compensation policy matters (e.g., stipends, ARPs, AMHSP)
2. Ensure fair compensation compared to other Canadian physicians and other Alberta professionals.
 - Through AMA Agreement mandates:
 - Complete the Micro-allocation
 - Prepare for an inter-provincial fee review and possible arbitration
 - Begin preparing for the 4th year financial re-opener
 - Complete the AHS payment reviews (stipends, on-call, overhead)
 - Complete the ARP rate review
 - Through other mandates:
 - Support clinical ARP and AMHSP negotiations
 - Support local and provincial compensation discussions
 - Lab Agreement
 - Cancer Control
 - WCB
 - Third party contracts

Goal 2 Physicians' practice management decisions are based on sound management advice and best practice.

Priority Activities

1. Support activities that promote the effective management of practices, including:
 - Supporting sections in schedule modernization/improvement efforts.
 - Promoting professionalism and best practice in billing and referral practices through tools like the fee navigator and billing training tools.
 - Improve the accessibility of existing practice and clinic management tools and training information through the Learn@AMA learning management system and/or the AMA website.
2. Support members participating in or considering alternate compensation models including:
 - Clinical alternate relationship plans

<ul style="list-style-type: none"> • AMHSP arrangements • 3rd party contracting models
<p>3. Prepare members for team-based funding conversations including:</p> <ul style="list-style-type: none"> • Developing options for both clinic and PCN team funding flow and policies that could be implemented between clinics and PCNs for team-based funding, including contract templates. • Through the ACTT program, host a PCN Strategic Forum that focuses on teams in primary health care; showcasing successful examples of team deployment and options for implementation in Alberta.

Goal 3 Reliable and best-in-class financial products are available to all members

Priority Activities
1. In partnership with MD Financial Management and BNS, promote and provide educational sessions on the Medicus pension plan, created for physicians, to provide predictable monthly income on retirement.
2. In partnership with MD Financial and BNS, complete a market assessment to ensure competitive rates and coverage of products offered to members through the financial services alliance.
3. Assess the feasibility of providing members with subsidized medical education subscriptions, previously available through the CMA.

Key Result Area 2 – Well Being

The AMA supports members in maintaining healthy work-life integration, including being a leader in the development of a comprehensive physician health program. The AMA also supports physicians in their efforts to attain safe, healthy and equitable work environments.

Goal 1 Physicians are supported in maintaining their own health and that of their families

Priority Activities
1. Optimize PFSP by improving communication of available supports, including preventative health supports.
2. Offer at least 3 wellness-themed educational events targeting different career stages, namely learner, early career, mid-career, and transitions (including part-time and retirement).

Goal 2 The AMA is committed to working with and for physicians to address system issues which impede attaining a safe, healthy equitable working environment.

Priority Activities
<p>1. Advance the AMA’s Healthy Working Environments framework in the areas of equity, diversity and inclusion, psycho-social wellness and safety, and leadership, aligning activities with other system partners including AHS and the CPSA:</p> <ul style="list-style-type: none"> • In collaboration with AHS and CPSA, support creation and implementation of a second anti-racist educational module on anti-Indigenous bias. • Offer group coaching to AMA leaders enrolled in the CMA-funded Physician Leadership Professional Development program.

<ul style="list-style-type: none"> • Contribute to the ongoing process of reconciliation guided by the Indigenous Health Committee.
<p>2. Support members experiencing work conflicts.</p> <ul style="list-style-type: none"> • Provide a webinar for members on conflict resolution to educate on tools that teams can use to manage conflict and investigate the feasibility of access for members to conflict resolution services. • Explore the potential for scaling a model currently being piloted by the Edmonton Zone Medical Staff Association.

Key Result Area 3 – System Partnership and Leadership

The AMA supports members in their role as leaders within the health care system. This includes supporting physician leadership in developing innovations in care delivery and integration of primary and specialty care. Other activities include the AMA’s key role, with Alberta Health (AH) through the AMA Agreement, in developing and implementing the physician payment strategy for the province; several programs aimed at quality improvement; activities related to eHealth; and supporting the development of physician leadership skills.

Goal 1 Working with Alberta Health, Alberta Health Services and other partners, lead and influence positive change in the delivery of services.

Priority Activities
<p>1. Support the sustainability of Primary Care practices and strengthen the Patient’s Medical Home for all Albertans:</p> <ul style="list-style-type: none"> • Advocate for federal funding to be used towards sustaining existing primary care clinics and family physicians. • Advocate for solutions previously brought forward by AMA to Alberta Health through the MAPS initiative, including: <ul style="list-style-type: none"> ○ Removal of whites of the eyes rule ○ After hours, extended hours ○ Administrative burden compensation, hourly rate • Through the ACTT program, continue implementation of initiatives that support patient medical home, comprehensive care in Alberta (CII/CPAR, improve care coordination, BCM or alternatives, governance education, provincial communities of practice in EMR, practice facilitators, physician champions).
<p>2. Advocate for system and policy improvements, and physician support that enable system interoperability and better flow of information, reducing patient risk and supporting continuity of care.</p> <ul style="list-style-type: none"> • Investment in Connect Care improvements for providers practicing in AHS facilities and the community (e.g., Identify viable solutions to address the ongoing challenges for accessing and routing information for mixed context providers and community providers working at more than one location. • An effective EMR vendor business model (e.g., standards, integration incentives, secure information exchange, etc.). • Advocacy for the modernization of the Health Information Act to address barriers in patient information. • Advocate for system and workflow improvements through the eHealth Modernization project.

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| <p>3. Advocate for solutions that address the health human resource shortage and improve patients' access to a physician:</p> <ul style="list-style-type: none"> • Advocate for the Alberta Surgical Initiative to be co-designed with the profession. • Develop and implement the program provided for in AMA Agreement to support recruitment and retention for physicians who practice full time in underserved areas. • Make recommendations to the Minister on physician supply and distribution, through the Physician Resource Planning Advisory Committee to be established under the AMA Agreement. |
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Goal 2 Key incentives and supports for physicians are aligned with the delivery of care and toward overall system objectives of timely access for patients to quality care.

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| Priority Activities |
| <p>1. Explore alternative compensation models and alternatives to fee for service payment, including:</p> <ul style="list-style-type: none"> • Models for interdisciplinary physician teams. • In partnership with AH, evaluate Blended Capitation Model implementation and other alternatives for funding comprehensive primary care. |
| <p>2. Advocate for the implementation of the 'top 10 priorities' developed by the AMA's cARP Working Group (i.e., contractual agreements with fair dispute resolution, expedited application and approval processes, simplify payment models, fair and timely funding adjustments for service volume, etc.).</p> |
| <p>3. Operationalize administration of the CII/CPAR member funding program under the AMA Agreement.</p> |

Goal 3 The patient's voice and perspective are actively sought and amplified by the AMA in our work as system partners, leaders and advocates.

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| Priority Activities |
| <p>1. Regularly and frequently explore issues of importance to patients through albertapatients.ca.</p> <ul style="list-style-type: none"> • Report results to physicians, the public, government, AHS and other stakeholders. |
| <p>2. Leverage the PatientsFirst.ca platform by:</p> <ul style="list-style-type: none"> • asking Albertans about their patient experience, e.g., waiting for care. • helping Albertans to make their voices heard by provincial or constituency political leaders who need to know what matters to patients. |
| <p>3. With external polling services, bring general population research findings about what patients say and value to AMA system partnership and leadership efforts.</p> |

Healthy AMA

1. Governance

- Improve transparency to members from all levels of AMA leadership, by implement the approved recommendations from the Transparency Working Group.
- Support sections in carrying out their roles by:
 - Reviewing the results of the baseline survey of section executive, conducted by the Governance Oversight Groups.
 - Developing the needed tools and supports and making them available to sections.
- Conduct an environmental scan of available leadership tools and supports both internally and through partner organizations like CMPA, CMA and AHS and make these supports more accessible for AMA leaders and all AMA members.

2. Workforce

- Implement the approved honoraria and expense guide improvements including:
 - Pay honoraria rates based on the committee position.
 - Increase honoraria rates to align with other jurisdictions.
 - Provide honoraria for meeting preparation time.
 - Add dependent care as an eligible expense.
- Create a positive, connected, cohesive workforce who provide exceptional value to members and encourage members to get involved with the AMA.
 - Implement the approved recommendations from the Hybrid Working Group.
- Undertake a competitive process to select AMA corporate legal council.

3. Financial

- Develop a balanced budget that sustains the organization, while making appropriate use of AMA reserves.
- Steward program funding in accordance with the grant agreements.

4. Relationships

- Optimize our relationship with the CMA and the Provincial and Territorial Medical Associations towards activities that benefit the collective provincial and national memberships.
- Improve connections with other health professions to enable creative development of team-based care.

5. Knowledge

- Assess the feasibility of enhancing our social media capabilities, including the development of a project charter (scope, budget, performance indicators, sustainability, etc.), and if approved by the Board, undertake a pilot implementation.
- Modernize the AMA website to increase transparency, improve member experience and improve connection with and amongst members.
- Continue the multi-year project of modernizing our member information systems.

C. 2023/24 Budget

	2022/23 Budget	2022/23 Budget Update	2023/24 Budget
REVENUE			
Membership revenue	16,173,176	19,434,770	21,178,027
Insurance commissions	2,023,503	2,142,248	2,284,846
Health Benefits Trust commissions	440,259	477,334	520,993
Investment income	125,000	125,000	280,000
Advertising	60,000	60,000	60,000
CMA contributions	1,050,000	350,000	250,000
Other revenue	1,093,650	1,093,650	1,081,000
	20,965,588	23,683,002	25,654,866
OPERATING EXPENDITURES			
Executive Office			
Labor costs	965,721	965,721	1,026,980
Other branch costs	153,500	153,500	153,500
Grants to Sections and Zones	1,023,650	1,147,069	1,148,130
Board	758,800	758,800	828,354
Representative Forum	1,004,931	1,004,931	1,182,413
Other committees	86,250	86,250	104,582
	3,992,852	4,116,271	4,443,958
Southern Alberta Office			
Operations	885,928	852,648	945,283
Committees	93,480	25,000	70,110
	979,408	877,648	1,015,393
Operations			
Labor costs	1,178,296	1,178,296	1,094,854
Other branch costs	91,000	91,000	112,400
Finance and membership services	1,263,204	1,308,866	1,308,214
Facility costs	2,194,135	2,194,135	1,805,797
Human resources	932,467	932,467	952,170
ADIUM Insurance	1,382,522	1,382,522	1,531,347
Health Benefit Trust Fund administration	206,229	206,229	262,520
Information system	2,665,130	2,665,130	2,895,285
Student/Resident scholarships & grants	130,000	130,000	130,000
Committees	28,000	28,000	38,793
	10,070,983	10,116,645	10,131,380
Public Affairs			
Labor costs	1,569,262	1,569,262	1,524,739
Other branch costs	33,100	33,100	31,800
Member communications	340,000	340,000	341,000
Advocacy (JPAC, patient on-line communities)	474,750	528,040	474,750
Committees	7,750	7,750	10,502
	2,424,862	2,478,152	2,382,791
Health Economics			
Labor costs	2,224,037	2,609,037	2,723,729
Other branch costs	68,100	68,100	73,500
AMA Compensation Committee	100,000	100,000	97,525
Agreement committees		178,000	98,515
Other committees	76,780	76,780	140,813
	2,468,917	3,031,917	3,134,082
Professional Affairs			
Labor costs	1,578,658	1,578,658	1,681,517
Other branch costs	43,500	43,500	45,800
CMA Projects	350,000	350,000	250,000
Health Issues Council	33,250	33,250	28,100
Indigenous Health Committee	33,250	33,250	21,950
Other committees	45,750	45,750	30,460
	2,084,408	2,084,408	2,057,827
Health System Transformation			
Labor costs	716,218	716,217	758,871
Other branch costs	99,200	99,200	107,400
System transformation leadership	366,632	366,632	345,988
	1,182,049.56	1,182,049.00	1,212,258.90
Total Operating Expenditures	23,203,480	23,887,091	24,377,689
Operating Surplus (Deficit)	(2,237,891)	(204,089)	1,277,177
One-Time Provisions			
Representation	1,390,765	758,717	592,229
Master Agreement negotiations	1,652,450	25,000	-
Income Equity Initiative	586,016	480,250	442,500
Health policy opportunities	-	426,936	400,000
Youth Run Club	95,000	95,000	115,000
Social media & member engagement review and pilot			400,000
Physician advisor review			100,000
Rates review	-	-	510,000
	3,724,231	1,785,903	2,559,729
Total Expenditures	26,927,710	25,672,994	26,937,418
Total Budgeted Draw from Reserve	(5,962,122)	(1,989,992)	(1,282,552)

Reserves and Contingencies

	2022/23 Budget	2022/23 Budget Update	2023/24 Budget
Board Reserves			
Emergency reserve	10,212,978	10,212,978	11,212,763
Capital reserve	3,508,000	3,508,000	4,036,000
Strategic initiatives reserve	1,000,000	1,000,000	1,000,000
	14,720,978	14,720,978	16,248,763
AMA Contingency			
Opening Balance	16,339,012	16,664,986	17,075,215
Net investment income	490,170	499,950	683,009
Budgeted Draw from Reserves	(5,962,122)	(1,989,992)	(1,282,552)
	10,867,060	15,174,943	16,475,672