

## Special RF – June 10, 2017

### **Pre-submitted motions in the order received.**

1. MOTION: Moved by Dr. Michael R. Cassidy, seconded by Dr. Luc R. Berthiaume:

THAT with regards to the Amending Agreement Schedule of Medical Benefits initiatives, the AMA will implement a plan to move towards equality of contributions amongst all sections, no later than April 1, 2018.

2. MOTION: Moved by Dr. Michael R. Cassidy, seconded by Dr. Magnus Murphy:

THAT the Adjusted Net Daily Income calculations will only include daytime weekday work.

3. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. John S. Bradley:

THAT AMA seek a reassurance from the government that any funds re-appropriated for the purpose of income equalization initiatives will not be claimed back by the government instead of being used for income equalization.

4. MOTION: Moved by Dr. Jennifer J. Williams, seconded by Dr. John S. Bradley:

THAT in the spirit of Patients First<sup>®</sup>, the AMA provide data on the anticipated impact that profession changing decisions such as relativity, reallocation and equity (ANDI), and remuneration will have on the quality of patient care, patient access, and wait times prior to the implementation of ANDI.

5. MOTION: Moved by Dr. Robert G. Davies, seconded by Dr. John T. Huang:

THAT before moving forward within the AMA with income equity based on the ANDI model or variant, section overhead estimates must be redeveloped in conjunction with sections and results validated by sections prior to use.

6. MOTION: Moved by Dr. Robert G. Davies, seconded by Dr. John T. Huang:

THAT before moving forward within the AMA with income equity based on the ANDI model or variant, the average hours of qualifying work per day and the income from it in each section be assessed with a methodology developed in conjunction with sections and results validated by sections prior to use.

7. MOTION: Moved by Dr. Robert G. Davies, seconded by Dr. John T. Huang:

THAT the AMA share all data, calculations, and assumptions related to the ANDI approach with a third party consulting firm mutually agreeable to concerned sections (costs will be to those sections), for that firm's review and opinion on both the feasibility and fairness of ANDI; including an opportunity for sections to contribute material directly to that firm for consideration.

8. MOTION: Moved by Dr. Robert G. Davies, seconded by Dr. John T. Huang:

THAT before moving forward within the AMA with income equity based on the ANDI model or variant, the years of recognized FRCS/FRCP and CCFP fellowship training be counted in addition to residency training when determining the average length of training for a section in Alberta, with a methodology approved by sections and results shared with sections.

9. MOTION: Moved by Dr. Robert G. Davies, seconded by Dr. John T. Huang:

THAT before moving forward with income equity adjustment based on the ANDI model or variant, the AMA explain to RF's satisfaction who is accountable if:

- Quality of patient care, patient access or wait times deteriorate in sections receiving zero or negative allocations from ANDI;
- Quality of patient care, patient access or wait times do not improve in sections receiving positive adjustments from ANDI.

10. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. Arun K. Abbi:

THAT AMA commit to a transparent and inclusive process of determination of data for any mechanisms of income redistribution and seeks meaningful input from all members.

11. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. Arun K. Abbi:

THAT AMA actively advocate for funding for new alternate relationship plan positions for physicians whose fee-for-service practice becomes no longer viable due to implementation of income equalization initiatives, and that this be achieved prior to implementation of those initiatives.

12. MOTION: Moved by Dr. Matthew T. Tennant, seconded by Dr. Jennifer J. Williams:

THAT the AMA Compensation Committee include real world GPS linked mobile phone application data for calculation of work hours by section.

13. MOTION: Moved by Dr. Graham M.D. Campbell, seconded by Dr. Michal S. Kalisiak:

THAT in implementing ANDI or any other method of achieving equity, the AMA will measure productivity of sections prior to and subsequent to implementation. Changes in productivity should be used in reassessing prior to any repeat instance of allocation or reallocation.

14. MOTION: Moved by Dr. Jennifer J. Williams, seconded by Dr. Michal S. Kalisiak:

THAT if ANDI or similar model is finalized as a model to be employed to achieve equity and/or reallocation, it must be ratified by the general membership prior to implementation.

15. MOTION: Moved by Dr. Arun K. Abbi, seconded by Dr. Michal S. Kalisiak:

THAT the skills acquisition premium be a process that includes section input and respects the value and sacrifice of additional training.

16. MOTION: Moved by Dr. Arun K. Abbi, seconded by Dr. Michal S. Kalisiak:

THAT if ANDI calculations includes only daytime weekday work, it must also include the hours of work required to generate that income and on-call hours worked during that time should be rewarded higher intensity values.

17. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. Graham M. D. Campbell:

THAT work hours should include but not be limited to the following: patient encounters, hours on call, writing/reviewing reports and referrals, triage, reviewing lab/investigations, phone calls to patients/other physicians, committee/admin/education work for which alternate relationship plan section members are remunerated and office management/administrative duties.

18. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. Graham M. D. Campbell:

THAT any income equity adjustment based on ANDI model or variant, factor in physician supply/market to safeguard patient access.

19. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. Arun K. Abbi:

THAT any income equity adjustments based on the ANDI model or variant be iterative to include reassessment of income, work hours, and overhead between allocations and to also assess for unintended consequences on physician supply and/or patient access.

20. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. Matthew T. Tennant:

THAT any method of income equity such as ANDI or other model include measures of productivity and ensure productivity and efficiency are not penalized.

21. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. Jennifer J. Williams:

THAT the AMA dedicate time at an upcoming Representative Forum to focus on stewardship, system efficiency and system savings other than via decreases to the physician services budget.

22. MOTION: Moved by Dr. Graham M.D. Campbell, seconded by Dr. Arun K. Abbi:

THAT work hours and overhead calculations should exclude time spent doing private billing or third party payer work (e.g., patient pay procedures, workers compensation, insurance forms whereby a third party or patient pays).

23. MOTION: Moved by Dr. Jennifer J. Williams, seconded by Dr. Luc R. Berthiaume:

THAT AMA conduct a fair and transparent education and consultative process on income equity concepts with sections' input and review with consideration of ANDI and other models, prior to returning to the Representative Forum for further discussion.

24. MOTION: Moved by Dr. Timothy G. Prieur, seconded by Dr. John S. Bradley:

THAT ANDI calculations include alternate relationship plan physicians and salaried physicians.

25. MOTION: Moved by Dr. John S. Bradley, seconded by Dr. Jennifer J. Williams:

THAT to facilitate the submission of resolutions to be considered at Representative Forum, the AMA develop an online or electronic mechanism for the writing of the resolution and the ability of the mover and seconder to sign off on the same.

26. MOTION: Moved by Dr. Duncan J. McCubbin, seconded by Dr. Arun K. Abbi:

THAT ANDI calculations include modifiers that take into consideration differences in expected career longevity.

27. MOTION: Moved by Dr. Duncan J. McCubbin, seconded by Dr. Michal S. Kalisiak:

THAT the AMA and Alberta Health take all after hours work, inclusive of all primary fee codes and modifiers, out of any ANDI calculations.

28. MOTION: Moved by Dr. Luc R. Berthiaume, seconded by Dr. Howard Evans:

THAT the AMA provide all its members the details of an equity implementation plan prior to Fall Representative Forum 2017 for appropriate review and feedback.

29. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. Jennifer J. Williams:

THAT AMA educate the Representative Forum and membership about the specific mechanisms of re-allocation and results of CANDI and MANDI implementation in Ontario and British Columbia, respectively, to learn from challenges faced and to generate evidence-based ideas prior to implementation in Alberta.

30. MOTION: Moved by Dr. Robert E. Korbyl, seconded by Dr. Arun K. Abbi:

THAT the AMA request all physicians to submit personal and professional corporation tax returns for the last three years to an independent third party accounting firm in an effort to obtain reliable and transparent data on physician income and overhead costs to help with the AMA Compensation Committee and future allocations.

31. MOTION: Moved by Dr. Arun K. Abbi, seconded by Dr. Steven W. Chambers:

THAT the AMA in collaboration with the Minister of Health deal with the enforcement of the 25,000 patient rule in all Alberta hospitals because of the cost (3,600,000 per year) and the resultant inequities in payment to physicians for the delivery of emergency medical services.

32. MOTION: Moved by Dr. Michal S. Kalisiak, seconded by Dr. Mariusz Sapijaszko:

THAT the results of the Schedule of Medical Benefits and Physician Compensation Committee initiatives as well as those of Peer Review Process be calculated and accounted for prior to the first iteration of ANDI or the chosen fee equalization approach.

33. MOTION: Moved by Dr. Stephen E. Tilley, seconded by Dr. Robert G. Davies:

THAT in the spirit of keeping Alberta competitive in our ability to attract and retain doctors in all specialties, that market rates of remuneration in each Canadian province and the USA are carefully explored for each specialty, and that relative differences in pay between specialties in Alberta is kept in alignment with those in other North American jurisdictions.

34. MOTION: Moved by Dr. Stephen E. Tilley, seconded by Dr. Robert G. Davies:

THAT in the spirit of achieving fairness between specialties when evaluating workload per the ANDI model, that the length of work hours is carefully explored for each specialty (including work not done in a hospital or Alberta Health Services facility), and that disparities in work hours is accounted for in this model, and that AMA does not proceed with ANDI until complete and accurate data are obtained.