



Talking Points for Discussions with Patients

Shorter Appointments

- Starting March 31, appointments may be shorter and there may be longer wait times. This is the business model that the government is proposing, and in order to maintain our small business, we need to work within this model. As a small business with expenses that will stay the same, we need to keep our clinic doors open and this allows us to do so.
- To make the most out of your appointment, you can help by having a list of your medications and concerns ready to share with your doctor.
- Patients may have decreased access to their doctor and you may have to wait longer for appointments.
- As always, we will do our best to address your health concerns, however we may need to book multiple visits or refer you to another doctor if you have several concerns or concerns that we are unable to treat. These extra visits may happen over multiple days or weeks depending on availability.

Cuts to Patient Care

- The Government's cuts to primary care mean there will be less time spent with patients and we won't have enough time to gather your health history, family history, and review your overall health. Clinics may not be able to call you to remind you that you need different tests, such as mammograms or pap tests, and it will be up to you to remember these types of things.
- This is not only about budget cuts. This is your healthcare at risk. With cuts to frontline staff, the burden of the aging population will increase wait times, and contribute to provider burnout and decrease quality of care.
- In the previous structure, if a patient comes in with multiple issues, and says "just one more thing" at the end of your appointment, and that one thing turns out to be the most important and our appointment is longer, we would still get paid. The new changes mean, we'll have less time to spend with patients, and we may never get to the "one more thing".

What our pay covers

- You may have heard that they are cutting the "complex modifier". This modifier was a code doctors could use to get compensated for a number of activities, not just time spent face-to-face with a patient. Things like writing a referral letter, charting, reviewing the chart, reviewing lab or diagnostics results, talking with and examining the patient, and anything else the physician does related to the patient's care. It helped pay for the physicians' time, but not the time of other clinic or office staff that help run



the practice. This code is now being cut - - which means we have to change the way we practice to remain viable.

- Not all the money we are paid to care for our patients goes directly into our pocket.
- As small business owners, doctors working in clinics spend between 30-40% of our income paying for the clinic's rent, building maintenance, utilities, equipment, supplies, insurance, staff salaries, and other office expenses.
- Doctors receive no work benefits or pension, and need to budget for their own insurance, health expenses, vacation time, and retirement savings.

New Out of Pocket Fees

- Starting March 31, seniors 74.5 years of age or older that wish to renew or get an operator's license to drive a vehicle will be required to pay for the driver medical exam themselves. The current rate is \$85.58.
- Diagnostic Imaging tests including CT scans, CAT scans, and MRI's ordered by Chiropractor, Physiotherapist, or Audiologist will no longer covered by the Alberta Health Care Insurance Plan. Patients will need required to pay these costs themselves.

Impacts on Rural Practice

- In the event that a rural clinic closes or a doctor retires, the doctor is required to make arrangements with another doctor who agrees to take over their patients.
- This may be harder and harder to do as physicians may begin to leave rural areas due to the government's cuts. If they can't maintain their small businesses they may need to go elsewhere to practice.
- Doctors in rural community clinics also work shifts at the hospital or attend to patients in the emergency room. Other changes may threaten our ability to deliver babies and manage the emergency department. These changes are not clear as all changes have not yet been released by Alberta Health.
- Alberta Health Services has cut the physician on-call program. This will have a huge impact on rural services. Rural patients may have to travel to a larger hospital to receive emergency care in the evenings or weekends.
- The Minister of Health commented that there will be a reconfiguration of 36 rural hospitals with low-volume services. This may impact their ability to deliver babies, keep the emergency room open all night, and keep current hospital beds for acute care patients.
- Alberta Health is now the one making decisions on where doctors can work. This will impact recruitment for rural clinics and new graduates being able to choose where they work. Communities that once had enough doctors may have a shortage.

Impact on Other Services



- When patients are unable to get appointments at their primary care clinic, they may be forced to explore other options including visiting an after-hours clinic, health link, or the emergency room.
- The cost to visit the emergency room is much higher than visiting your primary care clinic which is an added expense to the medical system.

Physicians in Alberta are Paid More than in Other Provinces

- The numbers used by Alberta Health are flawed. At times they've said Alberta physicians are paid 35% more than in other provinces, sometimes 24%, sometimes 15%. Government seems unsure what numbers they should use.
- They are using misleading data about physician earnings to sell their short-sighted cuts to the public. The picture they are painting simply doesn't fit with our own knowledge and physicians' lived experiences working within the system.
- On the face of it, their numbers just don't hang together. For example, if physicians were really making that much more in Alberta, why don't we have a major over-supply of doctors clamoring to work here? It's just not the case.
- We were – and are – willing to put our numbers to the test, but government has been unwilling to share their data. We think that's probably because it is selective and can easily be torn apart.
- Unfortunately government is "chasing pennies and missing dollars" here -
- the long term costs for the system will far outweigh the short term savings government is after.
- I encourage you to look up the February 14 President's Letter on the Alberta Medical Association's website. It provides a breakdown and a more accurate comparison between provinces. When you use the right data, it turns out that Alberta docs are projected to earn only about 5.7% more BC, Saskatchewan and Ontario by 2021/22.
- The information Alberta Health is sharing on doctors' salaries is continuing to change. Their original numbers have been changing which makes us doubt the accuracy of their data.

Key Messages/Tag Lines

- Alberta used to have a shortage of doctors. Currently, we have enough, but these cuts to funding could force doctors to retire or relocate which would result in a shortage of doctors again.
- Doctors need to keep our doors open and staff paid.
- Wait times will be longer.
- There will be decreased access to doctors.
- If patients are struggling to find care in their rural community, the demand will shift to urban centres.
- We're small business owners like many Albertans.



- How many businesses do you know that can stay open with a 30-40% cut to revenue?
- MLA's in Alberta are paid on average 20% more than those in other provinces or territories.
- People in Alberta are paid on average 15% more than those in other provinces or territories.
- Our most vulnerable patients, like seniors or people with mental health or addictions challenges, are going to be put at risk.

How you can help

- As my/our patient, you can share your concerns on www.albertapatients.ca. It's an online community to give Albertans a health care forum to shape the future of health care.
- You can also write to your local MLA to share your concerns about how these changes will affect your health and future.
- You can also follow the Alberta Medical Association on social media and share your concerns tagging Minister Shandro, Premier Kenny, Alberta Health, your local MLA.
- If you want help writing a letter, or if you need more information, please reach out to amamail@albertadoctors.org they will be happy to help.
- The Government of Alberta and Alberta Health needs to hear from concerned Albertans about how they are mishandling their healthcare. We urge you to send letters, make calls, and attend protests to let them know that this is not right, and we deserve better.
- You can also follow us on social media and share your concerns tagging Minister Shandro, Premier Kenny, Alberta Health, your local MLA.

Negotiations with Government

- We completely agree that money needs to be saved in the system.
- In fact, the Alberta Medical Association tabled a proposal that would see a 3% cut across the board for physician fees, saving the health care system \$700 million over four years.
- Our main concern, though, is that the changes government is making to find savings are going to have direct and negative impacts on patient care.
- We wanted to work with government to improve their proposed changes, make them less harmful to patients and less targeted at specific physician groups (i.e. spread the impact out across the profession), but the Minister was not interested. Instead, he unilaterally terminated our contract.
- We are trying to get government to come back to the table. We need a reasonable and fair approach to resolve disputes in order to maintain relationships and work together in the interest of Albertans.
- These are challenging times, but we remain committed and focused on quality care for patients and fairness for us as physicians.



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- We need to have a meaningful dialogue and be able to resolve our current situation by negotiating a new agreement. We think that is what Albertans want and expect.
- If you are interested in learning more about what happened, the President's Letters on the Alberta Medical Association's website have more information on negotiations.