Communicating with physicians in Alberta

June 2014

Vital Signs

A Calgary and Area Medical Staff Society publication

Alberta's walk in clinics sponsor 145 IMGs in past two years.

Is that fair when they are going only to urban locations and we are short 149 physicians in rural areas?

Page 14

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Submissions:
Vital Signs welcomes submissions (articles, notices, letters to the editors, announcements, photos, etc.) from physicians in Alberta. Please limit articles to 600 words or less.

Please send any contributions to: Dave Lowery: bethere@shaw.ca, 403-243-9498.

Vital Signs reserves the right to edit article submissions and letters to the editor.

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Contents

June 2014

Columns:

Features:

Dues are due!

If you are already a member of AMA contact Audrey Harlow, administrative assistant for CAMSS and central ZMSAs:

audrey.harlow@albertadoctors.org or
403 205 2093

The cost is $150 payable by cheque to AMA, by credit card (over the phone) or by written instruction to add it to your payment plan currently in place.

In the case of CAMSS you have the option to designate a specific MSA:
Calgary Laboratory Services, Alberta Children's Hospital, Foothills Medical Centre, Peter Lougheed Medical Centre, Rockyview General Hospital

CAMSS Annual General Meeting

June 11, 2014
Glencoe Club, Calgary
5:00 Meet and Greet
5:30 Buffet
6:00 Meeting

Please RSVP to Audrey Harlow at audrey.harlow@albertadoctors.org or 403.205.2093

On the cover: Medicentres operate in Alberta's urban areas.
Photo by Dave Lowery

We have now come full circle.

Did anyone feel the earth move? On May 7, Bill 12, an act dealing with everything from charitable organizations to mineral rights included on page 40 the "Regional Health Authorities Act," an amendment as follows:

(2) The minister may give directions respecting the form and content of the budget, the time by which the budget must be submitted, and any other information that must be submitted.

These few words essentially end any pretense of AHS being at arm's length from the ministry of health. The real question now is "what is the role of AHS ?" This amendment gives the minister of health absolute control over the budget and service plans of AHS. In addition the current budget uses "envelope" funding. This gives programs and facilities a specified amount for their budget, further reducing the role of AHS.

The circle is now complete. In 1994 the conservative government of Ralph Klein abolished over 250 local hospital boards and replaced them with 17 regional health authorities. At the same time a massive 31 billion dollar cut was made in health care funding. This arrangement very effectively shielded the government from the backlash after the cuts were instituted. Anyone remember the destruction of the Calgary General hospital? The conservatives were re- elected in that ward

These few words essentially end any pretense of AHS being at arm's length from the ministry of health. The real question now is "what is the role of AHS ?"

after the destruction of the General hospital. The other feature of these regional health authorities was that physicians were forbidden from participating in the regional health boards. How do you spell engagement . . . ? After 10 years of tumult the government made a move to collapse 17 regions into nine regions in 2004, primarily because it was hard to keep the 17 boards in line financially and politically. The reorganization to nine boards lasted four years. Internal Tory politics played a huge role after Jack Davis, the Calgary Health Region CEO and long- time Ralph Klein supporter, proclaimed a fiscal red alert during a provincial election in 2007 with Ed Stelmach at the Tory helm. After the election in 2008, the Calgary Health Region was no more as the Stelmach government created Alberta Health Services as an arm`s length organization to oversee health care in Alberta. This organization was to be run by a board of directors and Stephen Duckett was to be the CEO. We all remember the cookie story of how Dr. Duckett was forbidden to speak to the media and chose his cookie consumption as a rationale for not saying anything about the current health crisis (remember Raj Sherman and the crisis in the emergency departments). After Dr. Duckett (health economist, not physician) was fired we had Dr. Chris Eagle (physician, not health economist) for three years of relative stability. This all changed after the appointment of Fred Horne as health minister in 2012. Since minister Horne`s appointment we have seen the dissolving of the AHS board of directors, five CEOs over the last six months and creation of the health administrator position to replace the board. In addition we have seen five health zones become two (north and south). Now we see the circle completed as the minister of health now has the final say over the health services plan and the health services budget. It has taken 20 years — from 1994 to 2014 — but we have almost come full circle back to complete government oversight.

Dr. Steve Patterson, CAMSS president
Phone: 403-943-5554

When the appointed minister of health has complete control of all health services, one has to hope that politics will not play a role in healthcare allocation and delivery. It is easy to see a scenario where swing ridings receive extra health largess in the form of hospitals, clinics, programs etc. and opposition regions receive platitudes but no funding. The other true statement regarding a government controlled and funded health system is that it will be intolerant of any criticism. There has been no chorus of comments from AHS about this change in legislation. Do not expect any. What amazes me is the lack of outcry, period, a couple of well written editorials and it is on to the next big thing. The minister of health has taken the brunt of the healthcare criticism and now he is taking over the healthcare system. Any criticism of healthcare from here on in can very legitimately be aimed directly at the minister and, by extension, the elected party. If that criticism comes from the frontline staff, do not expect to be complimented for your honesty.

Your zone medical staff association is an independent physician organization. Our mandate is to represent the physicians in our zone. I would like to take this opportunity to invite all members, and non-members (there will be a fee for non-members) to attend our spring AGM on June 11 at the Glencoe Club. This AGM will feature a health care debate featuring the Wildrose Party, the Liberal Party and the Alberta Party. The minister of health has been invited but has not responded at the time of writing. The event will be moderated by Paul McLoughlin and promises to be quite controversial.

"In democracy you get the government you deserve. Alternately you deserve the government you got."
~Josef Heller

Awards presentations

This year the Foothills Medical Staff executive decided to hold annual awards presentations as part of a general medical staff meeting, held on Thursday, April 10, 2014, at noon, in the doctor's lounge. Recognition of approximately 117 Foothills physicians passing milestones of five through to 45 years, in the appointment year of 2013-14, was posted. Special note and congratulations to the following physicians on reaching these major long service milestones:

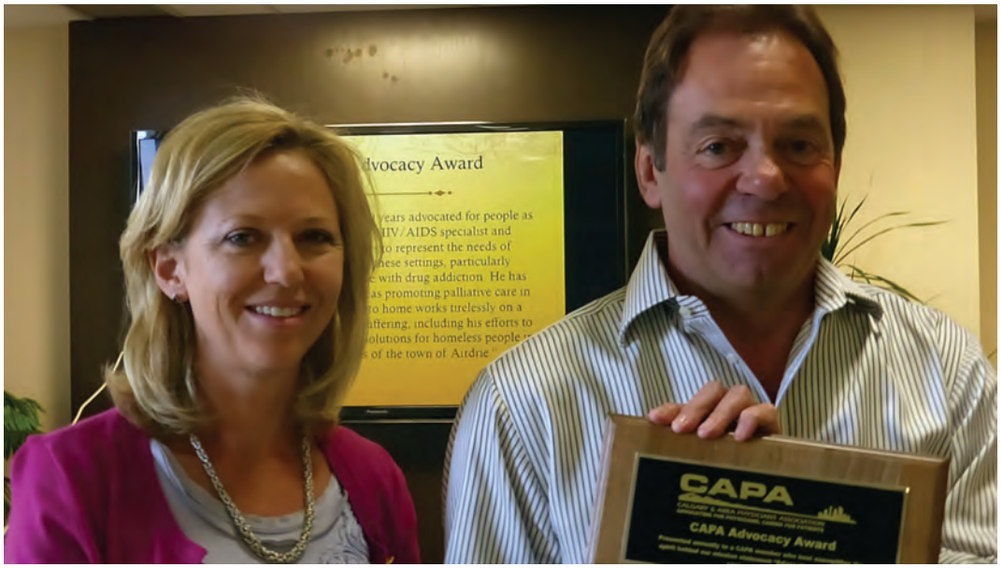
30 years	Dr. Martin Labrie
	Dr. Marilyn Lee
	Dr. Samuel Schorr
	Dr. Walley Temple
35 years	Dr. Werner Becker
	Dr. David Wyse
40 years	Dr. Allan Behm
	Dr. Israel Belenkie
45 year	Dr. Dale Birdsell

FMSA resident leadership scholarship awards were presented to two very deserving residents recognizing their exceptional leadership qualities. Nominated by their program directors, congratulations went out to Dr. Heather Hurdle, PGY4 anesthesia and Dr. Vishal Tulsi, PGY5 physical medicine and rehabilitation. Thank you to Dr. Kim Illing (anesthesia) and Dr. Stephanie Plamondon (physical medicine and rehab) for presenting these scholarships. The scholarship funds are generated through profits realized by the Doc's Café, so thank you to all physicians whose patronage at the Doc's Café continues to help support these worthy accolades.

Another award, the CAMSS Advocacy Award for 2013, that was originally announced last fall, was presented to Dr. Martin Labrie by Dr. Lindy Murphy. This award is given out to a CAMSS member best exemplifying the CAMSS mission statement "Advocating for Physicians, Caring for Patients." Thank you to Dr. Jessica Simon for submitting Dr. Labrie for this honour.

Dr. Geoff Hawboldt, FMC MSA president, 403-943-9900

Dr. Stephanie Plamondon presenting to Dr. Vishal Tulsi (PGY5 physical medicine and rehabilitation.)



Dr. Lindy Murphy, medical director of palliative care and end of life care, presenting the CAMSS Advocacy Award to Dr. Martin Labrie.

The final award presented was the 2013 Outstanding Clinician Award, presented by Dr. Peter Jamieson to Dr. Steve Watson, from the department of family medicine. This annual achievement award is an honour recognizing outstanding commitment to the patients, staff and students of the Foothills Hospital and the community. It was wonderful to see the many colleagues in attendance, including a few of Dr. Watson's mentors, as well as some of his family members.

Annual social

This years' Foothills annual social event took place on Thursday, April 10, 2014. Along the same vein as the previous year, the evening was comprised of food and wine pairings, the theme encompassing organically

produced samplings from different vineyards around the world. Our guest host, Lee Hanson from Barrel Hunter Import and Brokerage Ltd, guided the evening introducing each of the four courses with a short overview of the wine itself and giving some interesting anecdote about the vineyard owners, which was most enjoyable. Lee's interaction with all of the guests made for a very intimate evening.

We would be remiss in not mentioning that only a small number of physicians and their guests participated in this year's event, with numbers reduced from previous years. All who did certainly enjoyed a relaxed, social evening with friends, excellent food and superb wine pairings. FMSA membership has also been on a downturn, as is the case with all medical staff associations, which in turn lends to greater difficulty in supporting such events for the medical staff. Please contact the CAMSS office for further information on membership and methods of dues payments.

Dr. Peter Jamieson, FMC medical site director - nominator, presenting to Dr. Steve Watson, hospitalist, department of family medicine.

Dr. Steve Watson and mentors - L to R - Dr. Bill Buie, Dr. Bill Mulloy, Dr. Steve Watson and Dr. John Hantho.

g to

"You have the look of a man that accepts what he sees because he is expecting to wake up. What you know you can't explain but you feel it. You've felt it you're entire life that there is something wrong with the world. You don't know what it is but it's there like a splinter in your mind. Do you want to know what it is? It is the world that has been pulled over your eyes to blind you from the truth. No one can be told what the matrix is; you have to see it for yourself. You take the blue pill, the story ends, you wake up in your bed and believe whatever you want to believe. You take the red pill, you stay in wonderland and I show you how deep the rabbit whole goes. Remember, all I'm offering is the truth, nothing more."

The Matrix 1999

According to Wikipedia, political corruption is the use of powers by government officials for illegitimate private gain. In other words, it involves the manipulation of policies, institutions and rules of procedure in the allocation of resources and financing by political decision makers, who abuse their position to sustain their power, status and wealth. Forms of corruption vary, but include bribery, extortion, cronyism, nepotism, patronage, graft and embezzlement. Corruption may facilitate criminal enterprise such as drug trafficking, money laundering, human trafficking and organized crime though it is not restricted to these activities.

This month I ask the question: Is our governing Progressive Conservative party corrupt or have they simply been struggling with a series of poor leaders? An important question since if the woes of the PC party relate entirely to their recent leader, then by simply replacing their leader with Jim Prentice all of their problems should resolve. Let me boldly assert that it is virtually certain that Prentice will win the leadership race. Notions of a 'race' are simply window dressing in an attempt to foster a degree of legitimacy to his coronation. That aside, Jim Prentice is but one man and one man cannot fix the problems within this party. They run far too deep — Mariana's Trench deep. The fanfare and trumpets soon to announce the arrival of the 'savior' will merely serve to anesthetize our memories of the woes and missteps of this governing party.

CAMSS
Calgary and Area Medical Staff Society
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Dr. Lloyd Maybaum,
CAMSS past president
Phone: 403-943-4904

Lets remind ourselves of all the untendered contracts, side deals and threats. Disagree with this party and they take revenge. Moreover, the generalized use of threats and intimidation by this political party seems commonplace. Teachers are also afraid to speak out despite sometimes deplorable conditions and the absence of desperately needed resources for our underprivileged and disadvantaged children. Recall in March 2012 a letter from Conservative MLA Hector Goudreau to a northern school division in which he warns that the school could lose further funding if it continued publicizing their funding problems. This is documented on the CBC website; "In order for you and your community to have the opportunity to receive a new school, you and your school board will have to be very diplomatic from here on out," Goudreau wrote in a Feb. 9th letter to Superintendent Betty Turpin of the Holy Family Catholic School Division. "I advise you to be cautious as to how you approach future communications as your comments could be upsetting to some individuals. This could delay the decision on a new school." This wasn't even a subtle threat. Speak out and you, your students and their families will be punished.

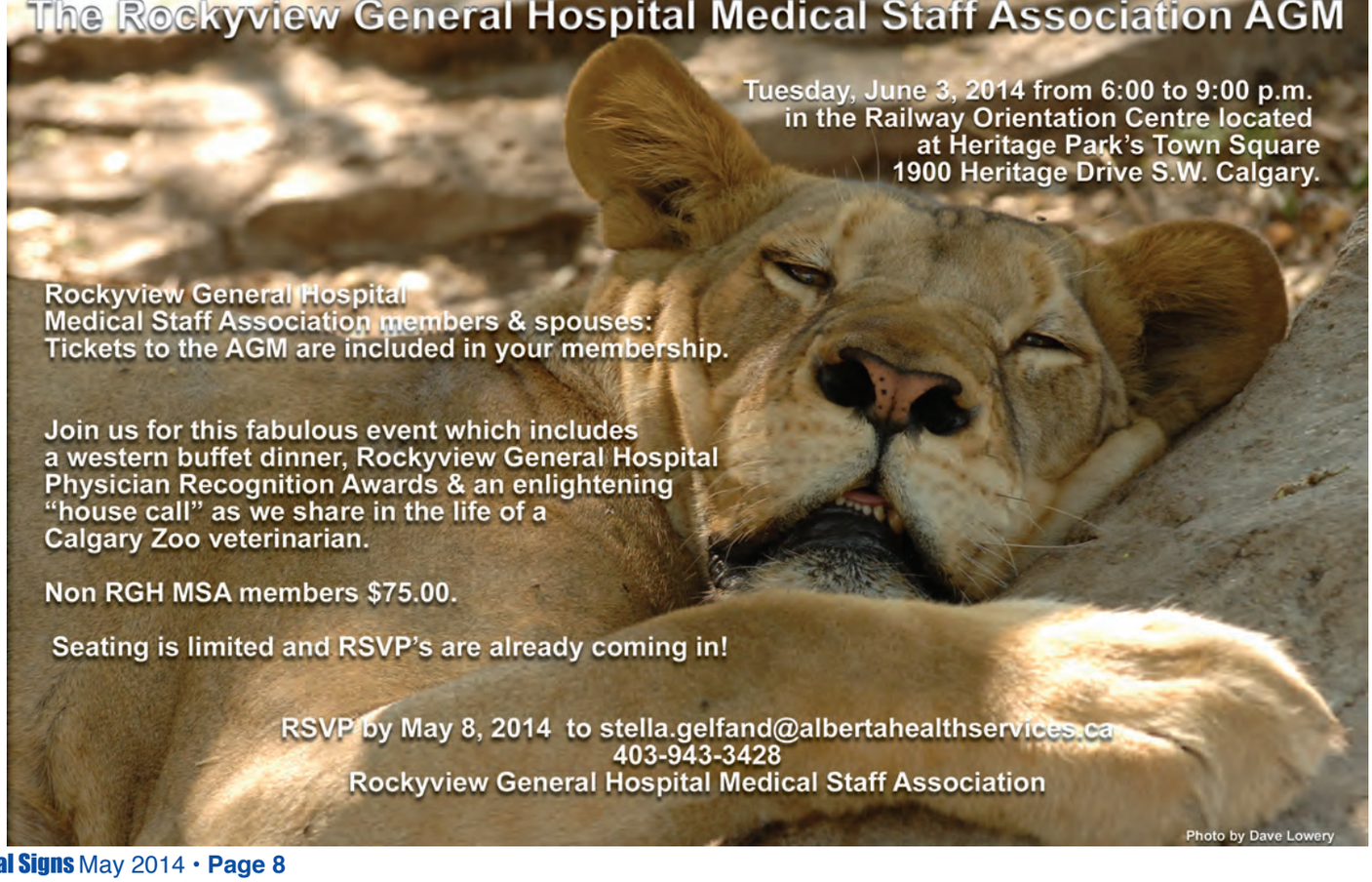
Continued on page 8

Whether it is in healthcare, education, regulatory agencies or civic politics, this party has ruled via fear, intimidation and cronyism. Recall in February 2012 Linda Sloan, an Edmonton city councilor and the president of the Alberta Urban Municipalities Association was quoted saying, "in some instances (grants) have been subject to partisan distribution: so more distribution in certain constituencies than others. That's just not fair. I don't think it's fair to pick communities one way or the other based on what their provincial voting record has been." Moreover, the article notes that Sloan was talking about ALL provincial government grants. This favouring of vote friendly areas is corruption at its most simplistic.

Wikipedia notes that the following conditions (amongst others) are favorable for corruption:

- **Lacking freedom of information legislation.** Granted, this legislation was added but the process remains corrupted. As we have heard, FOIP requests are routinely delayed (sometimes strategically) denied and are accompanied by an advanced warning heads-up to the PC party.
- **Lack of investigative reporting in the local media.** The CBC, Calgary Herald and Edmonton Journal certainly have had some success in this regard especially if we think about the deaths of Alberta children in government care and some of the expense scandals that have been exposed. The extreme cutbacks that the journalism industry has been facing worry me. Dozens if not hundreds of individuals have been laid off at the Calgary Herald while the CBC is about to embark on a major downsizing. You can bet that the budgets for investigative journalism will be dramatically downsized at all of our major media institutions. All Albertans should be concerned with respect to these major changes to the media.
- **Contempt for or negligence of exercising freedom of speech.** Recall Bills 45 and 46, which were a direct assault on freedom of speech and the right to assembly. Truly, one wonders what kind of democracy we live in.
- **Weak accounting practices.** Recall the PC government change in accounting practice that now obfuscates our actual fiscal balance sheet. If professional accountants struggle to understand these accounting practices one can only surmise that these changes were deliberate in order to facilitate PC party spin/propaganda and again to anesthetize the population into thinking that everything is just fine.
- **Lack of measurement of corruption.** Really? They were petrified of calling an inquiry into physician intimidation since the Pandora's box of generalized intimidation would

Continued on page 12



We all misuse language from time to time!

Most word abuse is purely accidental — an American in England trying to buy a rubber will succeed in purchasing an eraser. That might cause some, er . . . frustration. The Englishman in America trying to by a rubber could, indeed, be mightily embarrassed!

Most of us enjoy a good pun — a gentle play on words. A pun can be a type of malaproprism where the word used replaces a similar sounding word. E.g. Dance a flamingo instead of dance a flamenco . . .

http://www.oxforddictionaries.com/definition/english/malapropism?q=malapropism

A more serious misuse of language is doublespeak. This often takes the form of euphemism in that what is said is trying to make the truth sound more palatable. E.g. Downsizing for layoffs & servicing the target for bombing. http://en.wikipedia.org/wiki/Doublespeak

So, what of the evil sounding catachresis?

Originally catachresis meant a grammatical or meaning error between words. E.g. Using chronic for severe, or alibi for excuse. Now it includes when words or figures of speech are applied in a way which significantly departs from the conventional, or traditional, usage.

http://en.wikipedia.org/wiki/Catachresis

Catachresis comes from the Greek word κατάχρησις or abuse, which is very appropriate when examining the language within the newly revised AHS policy (May 2014) for workplace violence: Prevention and response — formerly workplace abuse and harassment.

The new Alberta Health Services definition of violence is:

"Workplace violence means any act in which a person is abused, threatened, intimidated or assaulted in his or her workplace. Workplace violence can be non-physical and/or physical and can include abuse or harassment by means of an electronic conveyance (cyber-bullying), verbal (swearing, insults, or condescending language) or written threats with an expression of intent to inflict harm. It can also include harassment (any behaviour that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person that is known or would be expected to be unwelcome) or includes words, gestures, intimidation, bullying or other inappropriate activities such as sexual harassment including comments or actions which are perceived to be sexual in nature."

http://www.albertahealthservices.ca/Policies/ahs-pol-workplace-abuse-harassment.pdf

The presidents of the ZMSA's were informed that the AHS policy is based on the definition from the World Health Organization. The WHO's World Report on Violence and Health 2002 [WRVH] defines violence as being:

"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf?ua=1

Dr. Kevin Hay, president of the central zone medical staff association

At first read this is consistent with my understanding of the word violence & is similar to definitions found in online dictionaries:

Collins:

- "The exercise or an instance of physical force, usually effecting or intended to effect injuries, destruction, etc
- powerful, untamed, or devastating force the violence of the sea
- great strength of feeling, as in language, etc; fervour
- an unjust, unwarranted, or unlawful display of force, esp such as tends to overawe or intimidate."

http://www.collinsdictionary.com/dictionary/english/violence?showCookiePolicy=true

Merriam-Webster:

"The use of physical force to harm someone, to damage property, etc. Great destructive force."

http://www.merriam-webster.com/dictionary/violence

Oxford:

"Behaviour involving physical force intended to hurt, damage, or kill someone or something."

http://www.oxforddictionaries.com/definition/english/violence?q=violence

Unfortunately the WRVH went just a wee bit further & added:

"The inclusion of the word 'power,' in addition to the phrase 'use of physical force,' broadens the nature of a violent act and expands the conventional understanding of violence to include those acts that result from a power relationship, including threats and intimidation. The 'use of power' also serves to include neglect or acts of omission, in addition to the more obvious violent acts of commission. Thus, 'the use of physical force or power' should be understood to include neglect and all types of physical, sexual and psychological abuse . . ."

http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf?ua=1

Ha - there's the rub! That is the index case, the source of the mutation — the catachresis!

So, now we can at least understand the origin of the hodgepodge ragbag smorgasbord of touchy-feely stuff in the AHS definition. Next is how the AHS policy becomes so virulent.

Continued on page 10

Letters

Physicians do have a say in performance measures.

Medical staff, by definition, are in a position of power & accidentally hurt feelings can now be perceived as an act of violence because of what is missing from the AHS definition.

The WRVH report had continued with a specific modifier:

"The definition used by the World Health Organization associates *intentionality* with the committing of the act itself, irrespective of the outcome it produces. Excluded from the definition are *unintentional* incidents . . ." [my italics]

http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf?ua=1

All medical staff should be very frightened by this omission. Most issues arising from the AHS policy are likely to be based on perception of a complainant, including: . . . any behaviour that demeans, embarrasses, humiliates, annoys, alarms or verbally abuses a person that is known or would be expected to be unwelcome . . .' Imagine the headline in the Calgary Herald or Edmonton Sun:

"Dr. Jane Doe is under investigation for workplace violence perpetrated against . . ."

That would be pretty devastating to the accused. This could arise, for example, from a simple complaint of condescending language — whether intentional or not. A victim of such a complaint could be destroyed in the public domain before being able to get a word in edgeways.

There is another sad outcome which could arise from the new AHS policy.

There might be a reduction in complaints as would have been received under the former workplace abuse and harassment policy. Victims of true emotional abuse might not make the extreme complaint of workplace violence especially after there are strong responses to the departure from our conventional & traditional understanding of violence — such as this article!

That would be a shame.

Please voice your opinion about this policy by calling your zone medical staff association.

If this policy is used to intimidate you, another option is to call 1.866.225.7112 to reach the confidential PAAL line

Health systems thrive on engaged physicians – ones who care about and advocate for patients, and are passionate about improving our health system. The Calgary Zone is no exception. With that in mind, I would like to thank Dr. Patterson for his continued leadership of CAMSS and for being a valuable voice for physicians in Calgary and surrounding areas.

As a physician, I agree wholeheartedly that it's crucial for front-line clinicians to have input in health planning. This input must be both tangible and measurable. However, I would be remiss if I did not respond to Dr. Patterson's May 2014 editorial, and clarify some inaccuracies regarding performance measures, and clinician engagement and consultation.

The new strategic measures announced by AHS in January of this year reflect key areas within the health system that are important to Albertans. They are straight-forward and easier to interpret than the previous measures. Dr. Patterson is correct in noting that the measures are not focused on specific procedures. Rather, they reflect a better balance across the spectrum of health care and better show how our health system is performing. The measures for satisfaction with long-term care, continuing care placement, early cancer detection and mental health readmissions are good examples of how the measures now better reflect the health care system as a whole.

Importantly, our performance measures are now aligned with those of other provinces. This gives all Albertans a much clearer picture of how the health system is performing on the national stage.

These measures were not created at the behest of politicians looking to appease the public – quite the opposite. Although formal input from CAMSS was not requested, these new strategic measures were selected with the input of clinicians, medical leaders and operational leaders from across the health system. The three emergency department measures are an example of this. They will continue to evolve over time, with the continued feedback and input from clinicians.

It is misleading to pit Calgary Zone initiatives against overall AHS priorities. Dr. Patterson rightly points out that Calgary Zone has unique needs and priorities. However, rather than competing with AHS' action measures plan and the health action plan, the zone operations plan aims to bring local needs to the table and place them in the context of provincial strategies. This is not just talk. In fact, our strategic clinical networks (SCNs) do just that. Bringing together clinicians, researchers, community partners, health care leaders and patients, SCNs focus on how care can be improved through clinical pathways and other means for all Albertans. AHS currently has ten SCNs, including addiction and mental health, cancer, surgery, and critical care, and I encourage CAMSS members to get involved with SCNs and have a tangible impact on how health care is planned in Alberta. Visit albertahealthservices.ca/scn for more information.

Again, I want to emphasize that physicians do in fact have a say in the health system. The Calgary Zone has medical leaders throughout our sites and programs that work collaboratively with operational leaders on a daily basis to ensure the best care is provided to patients. Delivering safe, high quality care to Albertans remains the cornerstone of clinicians and the work we do at AHS, and we look forward to continuing to partner with physicians in making that a reality. Medical staff can contact me at Francois.Belanger@albertahealthservices.ca for any concerns or suggestions.

Francois Belanger, MD, FRCPC.

undoubtedly have been opened. Do we really think that the PC party would want to measure the level of corruption in Alberta government processes?

- **Lacking effective protection for whistleblowers.** In fact, they finally tabled some whistleblower protection but it sadly falls far from the ideal and does not afford any real meaningful protection for physicians. In essence, we have what amounts to 'sham' whistleblower protection.
- **Large, unsupervised public investments.** Think untendered contracts, $250 million in consultant fees when they already have hundreds of communication 'experts' hired on staff etc. etc. etc.
- **Sale of state-owned property and privatization.** Recall deregulated energy markets, sales of crown corporations, the sale of the Holy Cross hospital for four million when it was apparently worth $20 million etc. etc.
- **Long-time work in the same position may create relationships inside and outside the government, which encourage and help conceal corruption and favoritism.** Do you think that a 43-year dynasty might have some long, crusty, cozy relationships firmly entrenched that will resist anything short of a landslide victory by an opposition party? Jim Prentice will not be able to break down these relationships.
- **Costly political campaigns, with expenses exceeding normal sources of political funding, especially when funded with taxpayer money.** Recall the dodgy political campaign contributions to the PC party last election.
- **A windfall from exporting abundant natural resources may encourage corruption.** Alberta is the absolute wild west exuberant party of natural resource windfalls!
- **Self-interested closed cliques and "old boy networks."** No further comment is needed for this one — 43 years in power and counting.
- **Frequent discrimination and bullying among the population**. We have already discussed the issue of intimidation but think about the nasty taxpayer-funded inaccurate propaganda that this government used against physicians during the dark days of our negotiations etc. etc.

Perhaps it is only me but there seems to be an ever-growing sense that there is something fetid and unsavory about this Progressive Conservative party. You can lop off the head of this beast and replace it with another but at the core, the tendrils run deep in the fabric and Byzantine crypt of this party. In this regard, the commentary in an editorials byline in the National Post "The PC Party is Sorry for Everything," May 15, 2014 is particularly intriguing; "The Progressive Conservative Party of Alberta may have lost their values and their way — according to their own leader — but they have not lost their instinct for holding power. Of course, the PC party of Alberta has much to apologize for. It has become a spoils-of-power patronage machine of no discernible principles . . . Bereft of an attractive identity aside from having been in power for 40 years, it won the last election after a campaign of unremitting ugliness . . . The Pope frequently makes a distinction between sinners and the corrupt. Sinners always can be forgiven and begin anew, but the corrupt have placed themselves in greater peril for they are no longer contrite. The sinner can be welcomed as he repents; the corrupt have to be driven out lest they, well, corrupt the innocent. 'There is a big difference between behaviour and character,' Hancock says. 'Behaviour can be changed. Character is a different matter.' The PCs almost boast of being sinners, lest they be thought corrupt. Whether the party Hancock leads merely behaves badly, or is of bad character, remains to be seen."

I wholeheartedly agree that the corrupt must be driven out but how does this party continue to win election after election despite its multitude of nefarious dalliances? A Time magazine article from February 9, 2012 by Fareed Zakaria, "How oil is propping up Putin," illuminates this question. Zakaria notes that with respect to the Arab Spring, "with the exception of Libya — a chaotic regime that was headed by a crazy man — not one of the governments that have fallen has significant oil revenue. Saudi Arabia, the Gulf states, Iran, Venezuela, all have survived." This fact would include Russia's Vladimir Putin and I would argue, Alberta's Progressive Conservative party.

Taking a look at Kevin Taft and his book, "Democracy Derailed: The breakdown of government accountability in Alberta and how to get it back on track (2007)," we find the situation nicely summed up. The massive petroleum wealth that we have in this province is exploited by the PC party to win one election after another. "In the midst of so much prosperity, citizens find it hard to hold their government to account.

The future of Albertan's and the PC party will not depend upon the **presence of Prentice . . .**

Whatever the problem or blunder, the government has the surplus cash to paper it over. So the most powerful act of accountability available to any electorate — vote the government out — almost never gets used. With political change so rare, one-party politics has become entrenched in Alberta. The forces that drive change in other jurisdictions — the legislature, public inquiries, interest groups, opposition parties, the media and so on — have adapted to this reality in order to cope, or have been deliberately gutted, or have simply deteriorated to the status of a sideshow. As a result of this one-party dominance, democracy in Alberta has been pushed off the rails."

Thus, the real hero with respect to PC party longevity has had nothing to do with any particular recent leader but instead, relates entirely to the abundance of our oil and energy resources. The dramatic rise in the average Albertan's income has not been a consequence of PC party policies but of natural resource revenues. The future of Albertan's and the PC party will not depend upon the presence of Prentice but will depend upon this significant economic factor.

The fact that an abundance of natural resources can keep a party in power for 43 years is one thing, but an essay by Richard Damania and Erwin Bulte (Resources for sale: Corruption, Democracy and the natural resource curse (July 2003) CIES DISCUSSION PAPER 0320 School of Economics, University of Adelaide) links resource abundance to economic growth and highlights the key role played by corruption.

They note that resource wealth tends to stimulate corruption and that the more discretionary resources that are available to the incumbent, (i.e. the Progressive Conservative Party) the easier it will be for that incumbent to resist regime change. This is likely since discretionary funds can be used to deter or suppress opposition either by force, or through persuasive propaganda.

Certainly, things have changed somewhat since 2007. For instance, we now have a credible opposition. I argue, however, that until a tsunami of change occurs and we have a thorough cleansing of the PC party from office, the ties and bonds of corruption will hold steadfast regardless of who is at the helm. Even the proclaimed PC party messiah, Jim Prentice, will be unable to clean this house.

If we consider the link between the PC party longevity and the resource industry it is not difficult to connect the dots and suggest that the industry has had a vested interest in keeping the PC party in power. The May 16, 2014 Calgary Herald article "When politics and oil collide" by Chris Varco highlights the relationship between Alberta's politicians and the energy sector — the provinces most important industry; "The energy sector supports hundreds of thousands of jobs, invests billions of dollars, will pay more than $9 billion in royalties to the government this year. The province, on the other hand, is responsible for overseeing development and setting policies to get an appropriate return for the resource owners . . . . The province has an obligation to Albertans to maintain or get the best value that it can for the resources that it has. And the industry has a fiduciary responsibility to its shareholders."

Varco also interviewed Kevin Taft who suggested that the hands-off approach that the PC party has taken was good for corporate profits, but not helpful for a province struggling to build much-needed infrastructure. "The relationship between industry and the government," he says, "has been cozy to the point of intimacy. I don't fault the industry for being strong, I fault the government for being weak," says Taft, who retired from politics in 2012.

The assertion that Taft makes seems to be backed up by The Economist in August (10-16th), 2013 and a truly remarkable article entitled, "Cronies and capital: business people have become too influential in government." The article notes that in the great battle of the 20th century between the state and business " . . . the state was likely to win because the thinkers and bureaucrats at its service were better at occupying the moral and intellectual highground . . . . Times have changed . . . today the problem is often the very opposite . . . not the marginalization of business but its excessive influence . . . . Policing the relationship between government and business in a free society is difficult but governments must also remember that businesses are self-interested actors who will try to rig the system for their own benefit. The sad state of Berlusconi's Italy shows that a government that is too close to businessmen maybe neither businesslike, nor do much to promote businesses other than their own."

Therefore, from our discussion thus far, it is likely fair to suggest that there is at least some corruption within the PC party and its governing processes but also that the resource industry is at least partially responsible for keeping this party in power. The latter is, however, a natural outcome if keeping the PC party in power is in the best interests of corporate profits and shareholder accountability.

The final nail in the coffin? We are all addicted to the present situation. The livelihood of at least half of the people that I know outside of healthcare is directly or indirectly linked to the resource industry. When government and industry are at loggerheads as when former Premier Stelmach threatened to adjust natural resource royalties and the energy companies threatened jobs and investments, the majority of Albertans rose up in support of industry — the hand that feeds so many of us. Albertans will cling to the status quo if it appears their jobs are threatened. The PC party knows this and exploits these fears via propaganda with campaigns of fear, fostering uncertainty and doubt in the voter if the prospect of regime change looms.

Our problems in Alberta are much more profound than that of individual corruption or entitlement. They stem from the lack of transparency and accountability of government agencies to society. Only through enhanced political competition, real rule of law and steadfast openness and transparency will the current political morass in this province release its grip upon Albertans. Changing the premier will not change the state of corruption in this province but changing the regime can and I think, will. We can only hope that Albertans one day find the courage to vote for regime change and trust that regardless of what political party takes over it couldn't perform any worse than the PC party. Moreover, it is only four years until the following election; thus, if the new party fails miserably we can always vote them out and re-elect a refreshed and refurbished PC party. Remember everyone — it is time to get involved politically. Join political parties, donate to political parties or even consider a run at elected office.

Alberta's walk in clinics sponsor 145 IMGs in past two years

Is that fair when they are going only to urban locations and we are short 149 physicians in rural areas?

By Dave Lowery

There are two ways to become a practicing physician in Alberta. The first is to complete medical school and an internship. The second is to complete the same process in another country and then apply to Alberta for sponsorship under the international medical graduate (IMG) process. In a variation that's been questioned lately, walk in clinics are using the sponsorship program to recruit foreign trained physicians to work in their clinics. In return for acting as the sponsor they expect the physician to work in their clinic for a period of time after being licenced. IMGs have been immigrating to Alberta for years. Both the College of Physicians and Surgeons of Alberta (CPSA) and AHS review each case individually.

Amazing factoid

More physicians are licenced in Alberta through sponsorship than graduate from the U of C medical school. 186 vs U of C at 170.

"International medical graduates are approved to work in Alberta by the CPSA," says Dr. Francois Belanger, vice president and medical director, Central and Southern Alberta, & Calgary zone medical director. "Following a review of an international medical graduate application by the CPSA, the zone medical director will write a letter of support for the sponsorship of that individual. After a three-month mentorship and review, an assessment report is completed by a CPSA accountable assessor. The assessment or trial period is done under the auspices of the CPSA and they make the decision to provide a practice permit (+/- restrictions), or not, following review of the assessment report."

- **The general register is for physicians who have the LMCC and certification by either the CFPC or the RCPSC (Canadian graduates and IMGs via the Alberta IMG program).**
- **The provisional register conditional practice is for IMGs and Canadians who do not yet have their national exams to enter directly into independent practice.**

But Dr. Steve Patterson, PLC physician and CAMSS president, has concerns over the walk in clinic sponsorships. He points out that when AHS sponsors a physician it is either as a super specialized addition to a teaching/research role or as a full service rural hospital-based physician for remote areas.

"The private medical clinic sponsorship is, in their own words, to 'fill the weekend and night shifts," (Calgary Herald February 26) Patterson says. "I don't know their remuneration system, but it is likely that by indenturing foreign physicians for three to five years to their facility in return for sponsorship, the clinics do not have to offer financial enticements to fill the weekend or night shifts thus improving their bottom line. The other item is that the commercial medical clinics are also sponsoring specialists for office based practice. There is a 23.2 per cent unemployment rate among Alberta specialist physician graduates according to the Royal College Manpower Study. We do not need foreign trained specialists in urban settings. We are having difficulty employing our own graduates."

Patterson also points out that the traditional IMG licensing pathway through Canadian based training is excellent and produces physicians trained to work in a Canadian setting.

"But there is no specific follow up evaluation process to assess sponsored physicians," he says. "The Alberta government and the AMA are investing many resources into training and educating the current group of Alberta-trained physicians. It seems inefficient to import physicians from areas where the disease profiles are different, the specialist network is different, and language proficiency is an ongoing issue."

Alberta's Medicentres have been sponsoring IMGs for years now and even have information regarding the process on their website. (http://www.medicentres.com/physician-opportunities/internationall-medical-graduates/).

And though several messages were left with Dr. Arif Bhimji, the Medicentre's medical director, he did not return Vital Signs' request for an interview. According to the CPSA registrar, Dr. Trevor Theman, in an interview given to the Calgary Herald on February 26, 2014, 145 physicians have been sponsored by walk in clinics in the past two years.

Total number of completed assessments in 2013 was 186 (with the 8 failures excluded):

105 – AHS
81 – non-AHS

84 Specialty assessments
- **64 Sponsored by AHS**
- **20 Sponsored by Non - AHS**

102 Family medicine assessments
- **41 Sponsored by AHS**
- **61 by non – AHS**

Urban AHS assessments - 76
Urban Non-AHS assessments - 79
Rural AHS assessments - 29
Rural non-AHS assessments – 2

Provided by Erin Anderson, director, assessment and competency enhancement and PAR, College of Physicians & Surgeons of Alberta.

With so many new physicians migrating to Alberta, several CAMSS executive began to wonder why we still experience shortages in our rural areas. Attracting physicians to rural areas is still one of the biggest challenges to health care in Alberta. The Alberta Rural Physician Action Plan (RPAP) (http://www.rpap.ab.ca/) was instigated to "provide a provincially focused comprehensive, integrated and sustained program for the education, attraction, recruitment and retention of physicians for rural practice."

RPAP's senior communications and marketing consultant, Jonathan

Continued on page 15

The Workers' Compensation Board's electronic injury reporting (EIR) modernization is on track for winter 2014

Provided by Caren Baroudy, WCB communications advisor

Electronic injury reporting is the primary gateway for the medical community to report to the Workers' Compensation Board – Alberta (WCB). In 2014, the original system, established in 2003, will be completely re-vamped. The online system will be enhanced for customers who report directly through the WCB website as well as an improved batch process for those customers who report through a third-party vendor. Thanks to user feedback, online reporting will be easier and more efficient.

Highlights of system enhancements

There are many benefits you can look forward to regardless of whether you report directly to WCB through the website or through an electronic medical records (EMR) vendor. Key changes to the reporting system include:

- Pre-population of data when using the WCB online application. This change will help you report faster and with less data entry.
- Enhanced reporting through a new dynamic experience that will ask you to provide only information relevant to your patient's experience. As the majority of claims submitted to WCB are no time loss, the system will now require you to only complete the fields applicable for the situation.
- User-friendly screens in keeping with physician feedback.
- Better search capability on prior reports submitted for the purposes of billing reconciliation.

Another benefit: the new system will make it much easier for you to attach supplementary documentation.

An early view of enhancements

WCB has placed screen shots of the improved reporting system on the WCB website. Take a look at the physician report screens on display to obtain an idea of the overall look and feel of the new system. Although these are only pictures of the new screens, they will help you see some of the enhancements that will make the reporting process simpler, shorter and faster in most cases.

Support for your electronic medical records (EMR) vendors

WCB continues to meet with EMR vendors on a regular basis to ensure their systems are ready prior to rollout so vendors are ready to complete submissions on your behalf.

Majority of vendors have begun their own system development

Over 80 per cent of your vendors have already started their own system development. All vendors are committed to ensuring those of you that use them derive the same benefits and improvements that the WCB online users will experience.

If you have any specific questions about how your vendor is doing with their respective improvements, please contact them directly.

Ongoing support

To ensure a smooth transition for all Alberta physicians, WCB has developed a thorough support plan including regular updates, video tutorials and reference materials available on the WCB website.

Do you have questions about the EIR project?
Contact ebusiness.support.ab.ca

Alberta's walk in clinics sponsor 145 IMGs in past two years - Continued

Koch says that in the south, central and north zone combined, rural communities are currently short 149 physicians. And though that seems a lot, David Kay, RPAP's executive director, supports Medicentre efforts even though they are recruited to an urban setting.

"Dealing with the distribution of physicians throughout the province without a doubt is our greatest challenge," Kay said. "However, we are supportive of the efforts of any organization that is successful in linking physicians with the patients who need them, rural or urban."

However, in a February Herald interview, Theman expressed concern over walk in clinic sponsorships.

"When Tofield or Slave Lake are looking to recruit people, they're now competing with downtown Calgary and Edmonton," Theman said. "We're not sure we're getting the right physicians in the right locations for the needs of Albertans."

Dr. Arif Bhimji, the Medicentre medical director has gone on record more than once, in the Calgary Herald and during a CBC interview, saying he didn't agree that the CPSA should "coerce docs through licensing means to force them into rural areas. Last year in the northern zone there were 40 (AHS press release January 2013) general docs and specialists recruited. The year before there was 25. Why aren't all docs subjected to the same criteria? Don't understand why the CPSA is specifically targeting foreign medical graduates. If there is a physician distribution problem, that is an AHS issue. I don't see where the college should have a role in determining where physicians should be placed."

Dr. Patterson suggests that three changes be made in the current system to enhance the value of the physician sponsorship system for Albertans.

1) That for profit medical clinics not be allowed to sponsor physicians. This would continue to allow AHS, underserviced communities and university programs to continue to sponsor physicians.

2) No specialist physician be recruited into Alberta until a comprehensive search for Canadian trained specialists is documented to be unsuccessful.

3) Physicians recruited to serve in primary care settings have to pass the LMCC exams. The existing assessment system demonstrates a 8/194 failure rate which seems quite low compared to fellowship or CCFP examinations undergone by Canadian graduates.

The lack of a strong follow up assessment after being licenced means that we have to be extra careful in ensuring the quality of the physicians we licence.

Your medical staff association represents all Calgary physicians and is dedicated to enhancing the healthcare of Albertans. If you would like to be involved in CAMSS please contact our administrative assistant Audrey Harlow at audrey.harlow@albertadoctors.org

On May 1, Minister of Health Fred Horne announced the release of the provincial primary health care strategy. The event took place at the Allin Clinic within the Edmonton Oliver primary care network (PCN). Although I was not able to attend the event, Dr. Phillip W. van der Merwe, chair of the PCN physician leads executive committee, made a few remarks from both AMA and PCN-specific perspectives.

It was significant that the provincial event took place in a PCN clinic and that the minister has made a strong commitment to PCNs going forward. This is not only in word, but in the shape of the primary care strategy and funding for PCN evolution.

Last year, the minister asked the primary care alliance (PCA) of the AMA to consider ways in which an enhanced PCN model could become a platform for primary health care reform in the province. This work was brought under the primary care consultation agreement within the AMA agreement. We agreed to submit our proposal to the minister by December 31, 2013 — a deadline that we met.

The result was a document, PCN Evolution Vision and Framework. Many of the recommendations in the report are reflected in the shape of the primary care strategy that was announced yesterday and will be explored in the months ahead. The minister has linked to the AMA document in his news release for the primary care strategy.

With the provincial strategy released, I am looking forward to progress on PCN evolution and many related activities to integrate the moving parts of primary care. We have taken a step to encourage the right conversations. Stay tuned for more information.

An update on electronic medical records (EMRs)

As we look toward the future vision for EMRs the AMA has identified three priorities. In my mind, these points form a three-sided framework that we can use to move forward. I have written to you about these things before, but I will continue to repeat them. As time passes and you continue to hear about what's happening, you can then see the various developments in context instead of as disconnected events.

Here is an update on the three priorities.

- Non-financial support: The February 28 President's Letter told you about the interim EMR advisory services that the AMA is now delivering. These are only a partial and temporary stop-gap to provide much-needed advice, guidance and resources for privacy, data migration, product and service concerns, etc. (Call 1.855.454.8400 to access the service.)
- But what follows this stop-gap? What will physicians need in the longer term? The AMA is conducting focus groups with EMR users to learn (i) about the value of past EMR support and (ii) what else might be needed in the future. This information will inform EMR discussions within the AMA and between AMA and government as well as Alberta Health Services (AHS).
- Costs and incentives: Government had previously agreed that eligible physicians would continue to receive POSP funding until they reached their funding cap, which could be as late as 2019. We recently reached agreement with the government that interim funding will also be made available for new physicians entering the province and new graduates starting or joining a practice. The initial details on this can be found at the end of this letter. More information will be coming soon regarding the application process.

By Allan S. Garbutt, PhD, MD, CCFP AMA president

Physicians who are currently practicing and using an EMR know that EMR costs will continue after EMR funding ends. Those costs need to be recognized. We need to ask:

1. What is the appropriate method/mechanism to measure the costs?
2. How can we ensure that any funding flows to where the costs arise, i.e., toward those physicians using an EMR?
3. What would the eligibility requirements be? Would that include use of a standards-based solution?
4. What about incentives? Should there be fees for e-visits with patients and, if so, when could that be implemented? In time, could concepts such as "meaningful use" be introduced, which could incent physicians to use the EMR in certain ways? If so, how is "meaningful use" defined?

These questions have not been decided. Discussions with government are underway, however. We will see what can be accomplished, beginning with allocation 2015 (for fee-for-service and alternative relationship plans).

- Making the most of what we have: The AMA believes that we can use existing technology to bridge the gap between where we are today with our EMRs and where we want to go. Both Alberta Health (AH) and AHS have agreed that this approach will have a high priority. New committees have been formed to the work needed. The AMA will be engaged in these discussions as well as those relating to the provincial information management/information technology (IM/IT) strategy.

Continued on page 18

Pulling back for the bigger picture

All this activity moves us in the right direction. I want to recognize the willingness of AH and AHS to work with the AMA. Collaboration is important and the AMA cannot achieve what we need without the cooperation of government.

To deliver value to our members, we cannot approach the different initiatives in siloes. Work toward all of our objectives for an EMR strategy must be coordinated with other parts of the AMA agreement. For example:

- Identifying patient panels is a foundation of primary care network evolution. Patient panels cannot be built and managed without information technology linked to EMRs.
- System-wide efficiencies and savings initiatives will encourage appropriate care, improve patient satisfaction and increase efficiency. We need to monitor the flow of patients and care, deliver clinical decision support, conduct research, etc. This cannot be done without good information technology.

The agreement is a complex and multi-dimensional thing. The AMA business plan is structured around delivering value according to its requirements. The board of directors will consider the alignment of all the multiple parts as we advance toward our objectives.

Background: EMR funding for new physicians and graduates

Eligibility

Funding is available for:

- New graduates entering the workforce for the first time.
- Physicians entering Alberta from another province or country.
- Joining an existing clinic previously funded by POSP that meets EMR vendor conformance and usability requirements (VCUR) for 2006 or 2008; or implementing a VCUR 2008 compliant EMR in a new clinic.
- No more than 30 per cent of EMR costs can be funded by another government agency (e.g., AHS, family care clinics).
- Physician must not have previously practiced in Alberta.

Qualifying period

- October 16, 2013 – March 31, 2015.
- Retroactive payments to October 16, 2013, may be made for applications that are approved AND where practice requirements have been validated to be within this timeframe.

Disbursement requirements

- Invoice based reimbursement.
- The funding will reimburse up to 70 per cent of eligible costs to a maximum of $13,840 per applicant ($7,000 one-time plus $380 per month recurring).

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