



March 20, 2020

Premier Jason Kenney, and  
Tyler Shandro, Minister of Health  
423 Legislature Building  
10800 - 97 Avenue  
Edmonton, AB T5K 2B6  
Email to: [health.minister@gov.ab.ca](mailto:health.minister@gov.ab.ca)

Dear Honourable Premier Kenney and Minister Shandro:

**Re: Health reform in Alberta needs to focus on responsive quality patient care**

Alberta is facing a health crisis of historic proportions. It is time for the government to cease its ill-considered and harmful health care changes. Imposition of physician payment changes that have been shown to increase hospitalizations and emergency department visits amid a pandemic is reckless and irresponsible.

All organizations, physicians, nurses, public and private health care workers, and government should be working together to prepare a well-thought-out robust plan. Instead, we are faced with uncertain payment methods for hospital and ER work, unfeasible and unfair reimbursement for virtual care, a halt to lay off nurses until after they and the physicians of this province provide care for patients with COVID-19. Health professionals across this province are working full out to provide care in this crisis. There will be doctors and nurses who will die as a result.

Please stop your ideological approach to health care reform and support the system and your professionals with sound, reasoned collaboration with those who are working at the coalface.

The Alberta College of Family Physicians (ACFP) represents more than 5,200 family physicians, family medicine residents, and medical students across Alberta. We are a proud voice for family physicians and family medicine in Alberta and can no longer sit idly watching this government fracture the foundation of health care. Alberta is a leader in adopting the vision of the Patient's Medical Home—a vision that supports and provides timely access to high quality, comprehensive, team-based care that is centred around the patient. Alberta has made strides in the implementation of the PMH using Alberta Health's Primary Health Care Strategy as a jumping off point.

We are extremely disappointed with the government's decision to terminate negotiations and the physician services agreement, showing a lack of respect for the



process and for the profession. Furthermore, the way the government has handled criticism of its actions is more discouraging. Instead of listening to family physicians, it has taken upon itself to antagonize them by offering an assault of mistruths and lack of understanding while terminating additional health care contracts and launching initiatives such as the recent TELUS Babylon App that will eviscerate primary care and family medicine.

As noted in the ***PEER Evidence Pertaining to a Healthy Primary Care Workforce (enclosed)***, approximately 70% of health care delivered in this province is delivered by a family physician, and evidence shows that patients who see a regular family physician are less likely to use emergency services. As well, access to primary care services providing comprehensive patient care improves patient outcomes and decreases health care costs. Investing in family physicians and primary care will save money.

Our members have shared with us that the UCP's proposed changes will negatively affect how health care is delivered, threatening patient care. Our members are demoralized and struggle with what is ahead, yet they will continue to provide the best care they can for their patients. Eventually practices will close, and family physicians will leave our province.

We ask you to pause termination of the physician pay contract and ***implore*** you to reinstate it. This call for action comes during a global pandemic. Also, we ask that you continue negotiation proceedings, in good faith, to ensure that all physicians can be on the frontline knowing with certainty that their government has both their welfare and patient care in mind.

Sincerely,

Vishal Bhella, MD CCFP  
President, Alberta College of Family Physicians

Cc:  
ACFP Board Directors  
Terri Potter, Executive Director  
ACFP Membership



March 13, 2020

## Re: Evidence Pertaining to a Healthy Primary Care Workforce

In light of recent Alberta government decisions regarding Family Medicine/primary care funding, members of the PEER team (evidence and knowledge translation experts) wished to provide an overview of the evidence on the impact of Family Medicine on health care utilization and costs and overall patient health. In summary, **access to a primary care workforce which provides comprehensive patient care improves patient outcomes (death) and decreases health care utilization (emergency room visits, hospitalizations and readmissions) and health care costs.**

**Family Physicians provide the overwhelming majority (~70% in Alberta) of all health care visits** in Alberta and Canada.<sup>1</sup> Family physicians see more patients with multiple co-morbidities than specialists<sup>2</sup> and **perform as well as specialists in managing common diseases** such as diabetes, depression and cardiovascular disease in the elderly.<sup>3,4,5</sup>

Patients who have a **regular family physician report using emergency services less than half** the time as those without a physician (4.3% versus 9.6%) and being **admitted to hospital less than half** the time (1.7% versus 4%).<sup>6</sup>

**Adding Family Physicians to a population improves health outcomes** greater than any other physician group. For every additional 10 family physicians per 100,000 population, there are 15 fewer deaths, 40 fewer hospitalizations<sup>7</sup> and an average increase in life expectancy of 52 days.<sup>8</sup>

Alberta studies demonstrate that **continuity of care with a patients' Family Physician** improves outcomes in patients with chronic diseases including:

- **Decreased re-admissions and death for congestive heart failure patients at 1 year<sup>9</sup>**
  - *~10-15% fewer compared to no follow up visits*
  - *3-4% fewer compared to follow up with an 'unfamiliar physician (ex. cardiologist)*
- **Decreased number of emergency visits (60-75% relative) and hospitalizations (~25%) for asthmatic patients.<sup>10</sup>**

In addition, a study of over 50,000 potentially preventable hospital admissions of Alberta chronic disease kidney (CKD) patients found that not having a family physician increased admission rates by ~ 15%.<sup>11</sup>

**Ontario communities that lost > 3 Family Physicians per 100,000 population had a ~20% decrease in 5 year breast cancer survival.<sup>12</sup>** Using 2019 Alberta population,<sup>13</sup> Alberta Family Physician numbers,<sup>14</sup> breast cancer incidence and death rates<sup>15</sup> (where annually 470 Alberta women currently die of breast cancer) if Alberta were to lose 129 family physicians, an additional 470 potentially avoidable breast cancer deaths will occur over 5 years.



Canadian patients who have **contact with their Family Physician 1-2 times in a year were twice as likely to engage in colorectal cancer screening** than those without contact with a Family Physician.<sup>16</sup> Greater density of primary care physicians decreases the proportion of advanced colorectal cancers.<sup>17</sup>

Numerous other studies find that access to primary care reduces infant mortality,<sup>18</sup> obesity rates,<sup>19</sup> late stage urologic malignancies,<sup>20</sup> and mortality from cervical cancer.<sup>21</sup>

Finally, caring for complex patients takes time. Patients of comprehensive **Family Physicians in Alberta who bill extended visit modifiers to manage these complex patients, are less likely to end up in the emergency room or be admitted to hospital.**<sup>22</sup> Those physicians who bill extended time modifiers earn on average \$60,000 less than their counterparts.

This summary demonstrates the evidence supporting primary care, including the importance of access, continuity and comprehensiveness of primary care. Ultimately the health of all Albertans will benefit from a system that recognizes and supports the contributions of its Family Physicians.

Sincerely,

Michael Kolber BSc, MD, CCFP MSc University of Alberta, Department of Family Medicine

Christina Korowynk MD, CCFP University of Alberta, Department of Family Medicine

G. Michael Allan MD, CCFP Professor University of Alberta Department of Family Medicine



## References:

1. Stewart, M, Ryan B. Ecology of Health Care in Canada. *Can Fam Phys* 2015; 61(5): 449-53
2. Starfield B, Lemke KW, Bernhardt T et al. Comorbidity: implications for the importance of primary care in 'case' management. *Ann Fam Med* 2003;1(1):8-14.
3. Harris S, Yale J-F, Dempsey E. Can family physicians help patients initiate basal insulin therapy successfully? *Can Fam Phys* 2008; 54:550-8
4. Wisniewski SR, Rush AJ, Nierenberg AA et al. Can Phase III Trial Results of Antidepressant Medications Be Generalized to Clinical Practice? *Am J Psychiatry* 2009; 166: 599–607
5. Strandberg TE, Pitkala KH, Berglund S et al. Multifactorial intervention to prevent recurrent cardiovascular events in patients 75 years or older: *Am Heart J* 2006; 152:585-292
6. Fung CS, Wong CK, Fong DY et al. Having a family doctor was associated with lower utilization of hospital-based health services. *BMC Health Serv Res* 2015;15:42.
7. Chang CH, O'Malley AJ, Goodman DC. Association between Temporal Changes in Primary Care Workforce and Patient Outcomes. *Health Serv Res* 2017;52(2):634-655.
8. Basu S, Berkowitz SA, Phillips RL et al. Association of Primary Care Physician Supply with Population Mortality in the United States, 2005-2015. *JAMA Intern Med* 2019;179(4):506-514.
9. McAlister FA, Youngson E, Bakal JA et al. Impact of physician continuity on death or urgent readmission after discharge among patients with heart failure. *CMAJ* 2013. DOI:10.1503
10. Cree M, Bell NR, Johnson D et al. Increased Continuity of Care Associated with Decreased Hospital Care and Emergency Department Visits for Patients with Asthma. *Disease Management* 2006; 9(1): 63-71
11. Wiebe N, Klarenbach SW, Allan GM et al. Potentially Preventable Hospitalization as a Complication of CKD: A Cohort Study. *Am J Kidney Dis*. 2014;64(2):230-238
12. Gorey KM, Luginaah IN, Fung KY et al. Physician Supply and Breast Cancer Survival. *J Am Board Fam Med* 2010;23:104 –108.
13. Government of Alberta. Alberta population estimates Sept 30, 2019 From <https://www.alberta.ca/population-statistics.aspx>. Accessed Mar 9, 2020
14. Alberta College of Family Physicians. Year in Review 2019. From <https://acfp.ca/wp-content/uploads/2020/02/Attachment-6.1-Year-In-Review-2019-3.pdf>. Accessed Mar 9, 2020
15. *Canadian Cancer Statistics 2019*. Toronto, ON: Canadian Cancer Society; 2019. Available at: [cancer.ca/Canadian-Cancer-Statistics-2019-EN](http://cancer.ca/Canadian-Cancer-Statistics-2019-EN)
16. Zarychanski R, Chen Y, Bernstein CN et al. Frequency of colorectal cancer screening and the impact of family physicians on screening behaviour. *CMAJ* 2007;177(6):593-7
17. Ananthakrishnan AN, Hoffmann RG, Saeian K. Higher physician density is associated with lower incidence of late-stage colorectal cancer. *J Gen Intern Med*. 2010 Nov;25(11):1164-71.
18. Russo LX, Scott A, Sivey P et al. Primary care physicians and infant mortality: Evidence from Brazil. *PLoS ONE* 2019; 14(5): e0217614.
19. Gaglioti AH, Petterson S, Bazemore A et al. Access to Primary Care in US Counties Is Associated with Lower Obesity Rates. *J Am Board Fam Med* 2016;29(2):182-90.
20. Nguyen KD, Hyder ZZ, Shaw MD, Maness SB, Cookson MS, Patel SG, Stratton KL. Effects of primary care physician density, urologist presence, and insurance status on stage of diagnosis for urologic malignancies. *Cancer Epidemiol* 2018; 52:10-14.
21. Campbell RJ, Ramirez AM, Perez K, Roetzheim RG. Cervical cancer rates and the supply of primary care physicians in Florida. *Fam Med* 2003;35(1):60-4.
22. MacDonald T, Green L. A Cluster Analysis Exploring the Relationship between Daily Patient Volume, Provider Panel Size, Service Day Provision and Patient Health Outcomes in Alberta General Practitioner Practices. Oral Presentation, Family Medicine Summit March 6, 2020.