

Organization Lobbyist Registration - Initial Return

OL-11780-01 - Initial Return

Status
Active

Registration Information

Registration Number	OL-11780-01
Type of Registration	Initial Return
Initial Filing Date	26-Jun-2020
Official Filing Date	26-Jun-2020

Designated Filer Information

Organization Name	Alberta College of Family Physicians
Designated Filer Name	Vishal Bhella
Position Title	President
Business Address:	
Street	Suite 370, 10403 172 St
City	Edmonton
Province	Alberta
Postal Code	T5S 1K9

Lobbyist Information

Current Lobbyist Information

Please state the name of each individual organization lobbyist who is or will be engaged in lobbying activities on behalf of the organization.

Name	Title
Sudha Koppula	President-Elect
Dinesh Witharana	Director
Noel DaCunha	Director
Cathy Scrimshaw	Medical Lead, ACFP Collaborative Mentorship Networks
Terri Potter	Executive Director
Vishal Bhella	President

Former Public Office Holders

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Has any individual organization lobbyist named in this return become a "former public office holder" within the previous two (2) years?

No

Lobbying MLAs, Executive Council and/or their Staff

Have any organization lobbyists named in the return lobbied in the previous 6 months, or do any of them expect to lobby in the next 6 months, any MLA or any individual on an MLA's staff?

Yes

Have any organization lobbyists named in the return lobbied in the previous 6 months, or do any of them expect to lobby in the next 6 months, any member of the Executive Council (includes all Ministers, Associate Ministers and the Premier) or any individual on the staff of a member of the Executive Council?

Yes

Contract for Providing Paid Advice

Does any lobbyist named in the return hold a contract for providing paid advice to a department or a prescribed Provincial entity?

No

Does any person associated with a lobbyist named in the return hold a contract for providing paid advice to a department or a prescribed Provincial entity?

No

Organization Information

Organization Information

Does your organization have members?

Yes

Please provide a general description of the membership of the organization.

The Alberta College of Family Physicians (ACFP) is a voluntary, professional organization for family physicians, family medicine residents, and medical students in Alberta that is the exclusive voice for family physicians and family medicine in Alberta. It focuses on member services and engagement by supporting family physicians with their continuing professional development (CPD) needs, advocacy, leadership, and primary care research.

Please list all directors of the organization.

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Dr. Donna Mumert
Dr. Sonya Lee
Dr. Sudha Koppula
Dr. Noel DaCunha
Dr. Dinesh Witharana
Dr. Douglas Tuck
Dr. Anila Ramaliu
Dr. Clark Svrcek
Dr. Vishal Bhella

Please list all officers of the organization.

Dr. Vishal Bhella
Dr. Noel DaCunha
Dr. Sudha Koppula
Dr. Clark Svrcek

Please describe the organization's business or activities.

As the voice of family physicians in Alberta, the ACFP promotes the principles of the profession including being skilled and adaptive clinicians and resources to the community, delivering longitudinal and continuous care across the age and disease spectrum, building trusting relationships and providing care for all Albertans. The ACFP works hard to ensure both the public and government grow in the awareness of the value of family physicians, its vision, and the concrete leadership it provides to support a strong primary care system and implement positive change.

Parent Corporations and Subsidiaries

If your organization is a corporation, does it have any subsidiaries that have a direct interest in the outcome of the organization's lobbying activities?

No

If your organization is a corporation, is it a subsidiary of any other corporation(s)?

Yes

Name of parent corporation

College of Family Physicians of Canada

Business address

2630 Skymark Avenue, Mississauga, ON L4W 5A4

Funding of Lobbying Activities

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Has any individual or organization, during the individual's or organization's financial year that preceded this filing, contributed \$1,000 or more towards your organization's lobbying activities?

No

Government Funding

Has the organization received any funding from any government, government agency or prescribed Provincial entity within the last 12 months?

Yes

Full name of government, government agency or prescribed Provincial entity (no acronyms) **Enter amount (numbers only)**

Government of Alberta - Alberta Health, Primary Health Care Opioid Response Initiative \$478,425.00

Has the organization requested any funding from any government, government agency or prescribed Provincial entity within the last 12 months?

Yes

Full name of government, government agency or prescribed Provincial entity (no acronyms) **Enter amount (numbers only)**

Health Canada \$2,041,000.00

Lobbying Activity - Previous 6 Months

Description of Lobbying Activities

Subject Matter	Who is Being Lobbied?	Subject Matter Details
Health	Premier's Office Alberta Health Alberta Legislative Assembly Executive Council	Decision: Ceased negotiations between Alberta Health and the Alberta Medical Association (AMA) Lobbied against the decision to terminate negotiations. Asked Alberta Health to go back to the negotiation table with the Alberta Medical Association (AMA), in good faith and trust, with the intent to protect health care delivery while being responsive to the fiscal challenges faced by the province. Furthermore, now that the COVID-19 pandemic is upon us, recommended the focus right now must be on enabling family physicians to continue to meet the health care

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needs of all patients and communities across the province and that care be provided in person and virtually, by telephone or by any means necessary. Also stated that a relationship of trust no longer exists between Alberta Health and the AMA (and the family physicians they represent) and that Alberta Health needs to take immediate action to resolve this barrier to move forward.

Decision: Public health care system challenges & impact of COVID-19 on family physician practices

On behalf of family physicians, expressed strong concerns about the challenges currently facing the public health care system, i.e. current billing arrangements do not sufficiently support clinical services required to maintain staff, deliver care, and supplies to keep staff and patients safe in part due to the increasing demands of the COVID-19 pandemic. Lobbied for immediate resources such as provisions for virtual care including telephone and tele-health visits and programs provided by physician offices and Primary Care Networks and that funding NOT be redirected to private enterprise such as Telus Babylon. Lobbied for the value of family physicians by presenting two petition documents that opposed the budget cuts targeted at family physicians. Reiterated that the health and welfare of family physicians and their families remain at high risk during the COVID-19 pandemic, and that support for and value of, family physician work is vital to the containment and elimination of this extremely contagious and deadly virus.

Program or Policy: Implementation of the Patient's Medical Home

Discussed several areas where family physicians play a role in the health care system that Alberta Health appears to be unaware of and presented the College of Family Physicians of Canada 2019 Vision for the Patient's Medical Home (PMH). Discussed how practices should be recognized for their leadership in advancing the PMH pillars in their practice. Also spoke about whether Alberta College of Family Physicians (ACFP) members liked the idea of an Alternative Relationship Plan (ARP) initiated by Minister Shandro.

Decision: Community-based physicians not supported for personal protective equipment (PPE)

Lobbied that the Alberta Government and Alberta Health Services' decision to not include community-based physicians in the groups to be supported for personal protective equipment (PPE) in the coming months was dangerous and increased risk to patients, providers, and staff in community clinics. This decision compounds the stress on an already crippled primary care system and is not timely or reflective of a collaborative approach to responding to the pandemic or support our communities in the reopening of the Alberta economy. Requested community-based physicians be included in the group to be supported.

Decision: Minimal support and resources for Rural Emergency Departments & COVID-19

Supported the Canadian Association of Emergency Physicians and the Society of Rural Physicians of Canada in their plea that during COVID-19, urban and rural referral sites support each other and act as a unified system of emergency care. Critical that Canada's rural Emergency Departments remain open and staffed but rural Canadian resources are currently ill equipped for the pandemic. Media Release: <https://srpc.ca/resources/Documents/PDFs/CAEP%20SRPC%20Rural%20ED%20COVID%20statement.pdf>

Decision: Imposed Funding Framework Changes – Announcement of April 1st health care cuts

Requested Alberta Health to pause funding framework changes and negotiate in good faith with the Alberta Medical Association after the pandemic. Spoke to the recent loss of service and access to high quality primary and urgent care due to recent budget cuts, many disproportionately targeting primary care. Reported on the impact of the COVID-19 pandemic and how care can be safely and responsibly delivered by family physicians in communities but advised at the same time that clinics are having to let go of essential employees and resources due to insufficient support for the service levels required.

Decision: Health Reform Focusing on Quality and Sustainability in Alberta

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Lobbied that Health reform in Alberta needs to be focused on the stability of the health workforce and responsive quality patient care. Stated concerns about the decision to terminate negotiations and the physicians services agreement with the Alberta Medical Association (AMA). Lobbied for government support (through collaboration with all stakeholders, including family physicians) to pause termination of the physician pay contract and reinstate it with continued AMA negotiations including practice workforce planning and community-based patient care in mind. Lobbied for increased effort to build stability and interdisciplinary teams for all communities through the right funding model for rural and urban communities where there is a hospital, extended care, community care centres, and other points of care. These facilities are all staffed by skilled family physicians and other primary care team members in the community clinics and exceptional care is achieved through collaboration and co-design. The College of Family Physicians of Canada (CFPC) and Alberta College of Family Physicians (ACFP) published a joint medial statement regarding health reform in Alberta (<https://acfp.ca/health-reform-in-alberta-needs-to-focus-on-quality-patient-care/>)

Decision: Introduction and promotion of Telus Babylon as a viable means to provide virtual care

Lobbied against this decision by asking the public to support family physicians and their medical home and to approach their Member of Legislative Assembly (MLA) to engage further support towards building an understanding for the value of the family physician and the patient's medical home by Alberta Health and the Minister of Health. Encouraged people to see or call their family doctor rather than using Telus Babylon or the @TelusHelp app as it does not connect a patient to their own doctor whom they have been seeing for years, nor does it provide the full range of services that conventional general practices do. Lobbied that continuity of care by family physicians is vital at all times but even more so during the COVID-19 pandemic, and that more support (not less) through

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funding and resources needs to be directed to the family practices and community based clinics.

Financial Benefit or Grant: Addiction and Mental Health

Discussed the need for a new or revised policy and funding for knowledge translation, tools and supports that build competency and confidence in family physicians and teams who work with patients in regards to chronic pain, mental health, and addictions management in their practices. Discussed need to continue the work that was started under the Primary Health Care Opioid Response Initiative.

Communication Techniques

Please specify all communication techniques that have been or will be used (as applicable).

Arranging one or more meetings, Written communication whether in hard copy or electronic format, Meetings, Telephone Calls, Grassroots communication, Social Media

Lobbying Activity - Next 6 Months

Description of Lobbying Activities

Subject Matter	Who is Being Lobbied?	Subject Matter Details
Health	Premier's Office Alberta Legislative Assembly Executive Council Alberta Health	Decision: Health Reform in Alberta We will continue to lobby for the advancement of the quadruple aim optimizing health system performance by simultaneously pursuing four aspects of quality: patient experience of care (including quality and satisfaction), health of populations, reducing the per capita cost of providing healthcare, and healthcare worker experience in providing care. We maintain our concern that there is no active process to advance negotiations and the physicians services agreement with the Alberta Medical Association (AMA). Will lobby for government support (through collaboration with all stakeholders, including family physicians) to pause termination of the physician pay contract and reinstate

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it with continued AMA negotiations including practice workforce planning and community-based patient care in mind. Will lobby for increased effort to build stability and interdisciplinary teams for all communities through the right funding model for rural and urban communities.

Decision: Community-based physicians not equally supported by the health care system

We will continue to lobby for all supports, services, and resources for all family physicians whether they be located in urban centres or rural communities, emergency departments or clinics, supported by AHS or not, so that in the coming months the risk to patients, providers, and staff in community clinics is minimized and there is a truly collaborative approach to responding to the immediate COVID-19 pandemic and that we learn from this experience so the Alberta health care system is ready for any and all crises to come in the future.

Decision: Ceased negotiations with between Alberta Health and the Alberta Medical Association

We will continue to lobby that once the COVID-19 pandemic is under control that Alberta Health goes back to the negotiation table with the Alberta Medical Association (AMA) to create a renewed physician services agreement that will protect the delivery of sustainable high quality health care to all Albertans, while being responsive to the fiscal challenges faced by the province. Funding framework changes need to be readdressed.

Decision: Continued promotion of Telus Babylon as a viable means to provide virtual care

We will continue to lobby for a patient's virtual care to be managed by their own family physician (not Telus Babylon) in order to continue to provide them with continuity of care and a full range of services that conventional general practices have to offer. This will also include continued assertive advocacy for the value of the family physician for the invaluable services they provide within primary care and the health care system as a whole.

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Communication Techniques

Please specify all communication techniques that have been or will be used (as applicable).

Written communication whether in hard copy or electronic format, Arranging one or more meetings, Social Media, Grassroots communication, Meetings, Telephone Calls

Additional Information (Optional)

Please provide any additional information which you feel was not covered elsewhere in this registration (optional). Information provided is included in the published registration.

Declaration

Declaration and Certification

I declare that (select only one)

- No lobbyist named in the return holds a contract for providing paid advice to a department or prescribed Provincial entity.

I further declare that (select one for each statement):

Every lobbyist named in the return, and to my knowledge after reasonable inquiry, every person associated with those lobbyists, are not in contravention of section 6 of the *Lobbyists Act* (contracting prohibitions)

- I Declare

Every lobbyist named in the return, and to my knowledge after reasonable inquiry, every person associated with those lobbyists, are not in contravention of section 6.2 of the *Lobbyists Act* (prohibited gifts)

- I Declare

I certify that to the best of my knowledge and belief the information contained in this return is true.

Designated Filer (DF) Name

Vishal Bhella