

# Organization Lobbyist Registration - Semi-Annual Renewal

## OL-11780-04 - Semi-Annual Renewal

Status  
**Active**

### Registration Information

<b>Registration number</b>	OL-11780-04
<b>Type of registration</b>	Semi-Annual Renewal
<b>Initial Filing Date</b>	26-Jun-2020
<b>Official filing date</b>	24-Jan-2022

### Designated Filer Information

<b>Organization name</b>	Alberta College of Family Physicians
<b>Designated filer name</b>	Sudha Koppula
<b>Position title</b>	President
<b>Business Address:</b>	
<b>Street or PO Box</b>	Suite 370, 10403 172 St
<b>City</b>	Edmonton
<b>Province / State</b>	Alberta
<b>Postal / ZIP code</b>	T5S 1K9

## Lobbyist Information

### Current Lobbyist Information

**Input the first and last names of each individual organization lobbyist who is or will be engaged in lobbying activities on behalf of the organization. Inputting the title(s) of each individual organization lobbyist is optional.**

<b>Name</b>	<b>Title</b>
Sudha Koppula	President
Cathy Scrimshaw	Medical Advisor, ACFP Collaborative Mentorship Networks
Terri Potter	Executive Director
Vishal Bhella	Past President

### Former Lobbyist Information

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**Input the first and last names of any individual who was listed as a current organization lobbyist in the organization's most recent active registration preceding this current filing but who since has ceased to be engaged in lobbying on behalf of the organization.**

**Only if you are filing a Semi-Annual Renewal Return, then also update this section by deleting any names that already were listed in this section in the organization's most recent active registration preceding the Semi-Annual Renewal Return.**

Name

Title

### Former Public Office Holders

**Has any organization lobbyist named in this registration 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 this registration 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 this registration 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, all 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 organization lobbyist named in this registration hold a contract for providing paid advice to a Government department or a prescribed Provincial entity?**

No

**Does any person associated with an organization lobbyist named in this registration hold a contract for providing paid advice to a Government department or a prescribed Provincial entity?**

No

## Organization Information

Organization Information

## Organization Lobbyist Registration - Semi-Annual Renewal

### Does your organization have members?

Yes

### 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.

### Input the first and last names of each current director of the organization (if any).

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

### Input the first and last names of each current officer of the organization (if any).

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

### Provide a description of 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 and Subsidiary Corporations

### If your organization is a corporation, does it have any subsidiary corporations that have a direct interest in the outcome of the lobbying activities?

No

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

Yes

**Full name of parent corporation**

College of Family Physicians of Canada

**Business address**

2630 Skymark Avenue, Mississauga, ON L4W 5A4

### Funding of Lobbying Activities

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

No

### Government Funding

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

No

**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)**

Health Canada (from July-Dec 2020)

**Enter amount (numbers only)**

\$152,675.36

## Lobbying Activity - Previous 6 Months

### Description of Lobbying Activities

Subject Matter	Who is Being Lobbied?	Subject Matter Details
Health	Alberta Health Alberta Legislative Assembly	<b>Decision: Virtual Care in the Context of the Patient Medical Home</b> The ACFP lobbied for the protection of virtual care as a function of the Patient's Medical Home (PMH) and not something that is offered through corporate models with anonymous family physicians providing their care. Virtual care, funded by Alberta Health, but provided TELUS Babylon, Maple, and other private, for-profit

providers do not deliver comprehensive continuous care the public. Episodic and uncoordinated care costs the Alberta Health System as patients often seek in-person care following their virtual visit and utilize emergency departments that eventually increase hospital admissions. Corporations that provide virtual care can not provide comprehensive complex care for people living with chronic diseases, these conditions are best managed in the community with a consistent care provider. Corporations that promote their provision of care as “access to the health care system” or “primary care providers” are a threat to a sustainable, accessible, and appropriate Primary Care System in Alberta.

### **Decision: Recommendations for Managing Care Deficit and Respiratory Illnesses Including COVID-19 in Alberta**

The Alberta College of Family Physicians (ACFP) provided a list of concrete recommendations on managing the care deficit and respiratory illness, including COVID-19, to Chief Medical Officer of Health, Dr. Deena Hinshaw, and Deputy Minister of Health, Paul Wynnyk. The Recommendations included, (1) public health actions, (2) supports for immediate clinic-based actions, (3) considerations for implementation, and (4) planning required for moderate-term system actions. The Alberta College of Family Physicians discussed these recommendations with Alberta Health senior leadership continue to collaborate with the established and emerging planning tables between Alberta Health and Alberta’s Health Professions.

### **Program or Policy: Integration of Health and Social Systems**

The ACFP continued to lobby for the following: the socioeconomic factors in a person’s life affects the resources and tools that they will have to support their health and wellbeing. It is important that the two sectors, both provided by government, should be integrated operationally and strategically. There needs to be work done in community to develop ideas and innovations that can be spread and scaled in the province. Primary Care is positioned to support the local embodiment of this integration however, it should

be led by provincial policy and supported by research and innovation programs.

### **Program or Policy: Delivery of Support for People Suffering from Substance Use Disorder or Chronic Pain**

The opioid crisis remains an active and escalating public health issue, however, progress was stalled as the province responded to the pandemic. Primary Care is comprehensive and can support the health of a population with a wide range of chronic conditions including substance use disorder. ACFP continues to support capacity and advocacy efforts to create better health outcomes for those who struggle with substance use or who are at risk of developing addiction. Patients with chronic pain or substance use disorder can be managed in primary care when there are adequate supports available. The ACFP Chronic Pain and Substance Use Task Force continues to bring forward recommendations that will support capacity building, access to supports and services, and a focus on the spread and scale of comprehensive programs that support the care of patients with complex health and social challenges in their communities.

### **Decision: Transparency and Collaboration on COVID-19 Response in Alberta**

The ACFP continues to lobby for transparent, collaborative, and integrated system response to COVID-19 patient care, vaccinations, and boosters, testing, patient and workforce safety, and emerging treatment options. Policy and resource distribution decisions that impact patient care in the community must involve all community partners including family physicians, pharmacy, AHS community services, and primary care leaders. During consultations, ACFP insists that rural and urban community-based family physicians are present at all planning tables to identify challenges and solutions. Family Physicians and teams working in primary care are the best point in the system for equitable access to information and care from providers who know them.

### **Decision: Provision of Harm Reduction Services in Community**

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We sent a letter to Minister Copping to offer our help to implement emergency actions to combat the opioid poisoning crisis. It is a critical time to proceed with increased harm reduction for patients, ensure they have an opportunity for recovery, and ultimately reduce the impact of substance use issues on our health care system. ACFP lobbied for two things: 1) Return harm reduction capacity to community settings to ensure a timely drug poisoning response. This includes reinstating recently closed in-person supervised consumption services and fast-tracking expanded access to emergency overdose prevention sites in at least Alberta's seven major cities. 2) Provide emergency access to alternatives to the circulating illegal drug supply by expanding access to injectable opioid agonist treatment (iOAT) programs.

**Program or Policy: Alberta's Care Plan for Chronic Pain Patients on Long-Term Opioid Therapy**

The ACFP's Collaborative Mentorship Network for Chronic Pain and Addiction (CMN), funded by Health Canada, exists to support family physicians, pharmacists, nurses, and social workers to provide comprehensive care to patients living with chronic pain and addiction. Our goal is to provide compassionate, evidence-based care, prevent accidental death, and demonstrate the importance of supporting providers in the medical home and medical neighbourhood as a cost-effective strategy in managing these complex and challenging conditions. The ACFP seeks opportunities to meet with decision-makers to optimize the time-limited funding from Health Canada and discuss ways to collaboratively act through the provision of integrated programs and supports.

Health

Premier's Office  
Alberta Health  
Alberta Legislative  
Assembly  
Executive Council

**Program or Policy: Public Health Act**

ACFP Board members were invited to participate in the Alberta Government's Public Health Act Consultation and submit direct input or connect with their MLA regarding their concerns and questions.

**Program or Policy: Health Professions Act**

The ACFP Board provided a detailed response on behalf of family physicians to inform the development of amendments to the Health Professions Act to

Improve Regulatory Effectiveness and Efficiency. For each of the 17 proposals, the ACFP stated its support or non-support for each, reasons for its position, other concerns, comments, and qualifications, and ended with a set of general comments.

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

Presented a proposal to Alberta Health re Alberta College of Family Physicians (ACFP) hosted THINK TANK on the Implementation of the Patient's Medical Home (PMH). The PMH model is seen as the desired model for primary care practices in Alberta. ACFP members support this vision. Alberta has made great strides to advance the pillars of the Medical Home becoming one of Canada's leaders in building a high functioning primary care system. Other provinces have looked to us as an example to follow. There remain barriers and challenges to reaching the goal of continuous, comprehensive, team based, equitable, and integrated care in Alberta's communities. We believe that it is possible, but change is needed.

### **Decision: Health Reform Focusing on Quality and Sustainability on Alberta**

The Alberta College of Family Physicians (ACFP) sent a letter to all Members of the Legislative Assembly of Alberta which included a copy of the ACFP's "Where We Stand" (<https://acfp.ca/wp-content/uploads/2020/07/Where-We-Stand-ACFPPositionStatement.pdf>) position statement regarding the overall primary care system. The ACFP offered its willingness to work together to advance aligned priorities. It also encouraged all MLAs to reach out to their family physicians and clinic teams in their constituencies to let them know they are supported.

### **Decision: Ceased negotiations between Alberta Health and the Alberta Medical Association (AMA)**

The College of Family Physicians of Canada and the Alberta College of Family Physicians jointly wrote a letter to Minister Shandro (<https://www.cfpc.ca/en/news-and-events/news-events/news-events/news-releases/2020/cfpc-letter-to-alberta-health-minister-shandro>) about the continued and sustained attack on family physicians and other specialists,

and unprecedented unilateral cuts that will reduce the quality and accessibility of health care for the people of Alberta. The letter also stated how family physicians feel devalued, attacked, and concerned for their patients and for the future of their practices, and the essential need for the Government of Alberta to return to the negotiating table with the AMA in good faith and a spirit of collaboration. The link to the letter was also posted on social media.

### **Financial Benefit or Grant: Implementation of the Patient's Medical Home (PMH)**

Met with the Minister to discuss the advancement and implementation of the PMH and Alberta College of Family Physician's (CFPC) continued work in the Province and nationally and asked for the government's support and how funding might work for team-based care. The importance of family physicians as leaders at the clinical level and Primary Care Network (PCN) level was re-stated. The Alberta College of Family Physicians' (ACFP) "Where We Stand" position statement was also shared with the Minister. As changes within the health care system evolve through policy and structure, the ACFP asked for clarification of the government's vision for primary care. The ACFP asked the Minister how it could help to support members to adapt to change through education, research, and professional development. The ACFP also asked if it could provide feedback on Dr. Lee Green's Clinical ARP Design and Promotion Consultation which reported on support of new models of care, delivery of primary care, etc. before it is released publicly. The Minister agreed and ACFP was provided an opportunity to provide confidential feedback to Alberta Health.

### **Program or Policy: Building Physician Leadership in Alberta**

During two meetings with ADM Leann Wagner, discussed the need for investment in physician leadership in Alberta, that all high performing systems require high performing leaders. We also discussed the urgent need to share a clear, compelling vision for the future of the health care system in order to build collective action for better care for Albertans.

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We proposed that we could facilitate that discussion as an honest broker. Discussed the Alberta College of Family Physician's potential role in building physician leadership through professional development and medical education approaches. Conversation suggested private entities like Walmart and other large corporations running clinics.

### **Decision: Health Reform in Alberta**

We 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 a physicians' services agreement with the Alberta Medical Association (AMA). Will lobby for government support, through collaboration with all stakeholders, including family physicians, to advance practice workforce planning and community-based longitudinal patient care. Will lobby for increased effort to build primary care stability and interdisciplinary teams for all communities through the right funding model for rural and urban communities. Will lobby for the integration of health and social systems to optimize resources available and support health and well-being of Albertans with complex and chronic conditions.

### **Decision: Community-based physicians not engaged and supported by the health care system**

We 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 Alberta Health Services (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. We will lobby for engagement and involvement in the vaccine rollout and build awareness of the willingness of family physicians to educate all patients regarding

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the safety and efficacy of the vaccines, to administer as vaccines become universally available, and to provide compassionate and comprehensive care and follow-up through the pandemic and beyond.

**Decision: Ceased negotiations between Alberta Health and the Alberta Medical Association (AMA)**

We continue to lobby 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.

We continue to lobby that immediate steps be taken towards repairing the damaged relationship between the government and family physicians. Trust between government and the AMA, particularly with family physicians has been crushed to the point that it may take significant time to regain what has been lost. Trust is the foundation of all successful relationships and the lack of it in contract negotiations will have a devastating effect on the ability to effectively move forward. The recent loss of service and access to high quality primary and urgent care due to recent budget cuts, many disproportionately targeting primary care has caused clinics to let go of essential employees and resources due to insufficient support for the service levels required. Family physician are deflated and overwhelmed by recent government decisions.

### Communication Techniques

**Select all communication techniques that have been or are expected to be used in the lobbying (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

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### Description of Lobbying Activities

Subject Matter	Who is Being Lobbied?	Subject Matter Details
Health	Alberta Health Alberta Health Services Alberta Legislative Assembly Provincial Primary Care Network Committee	<p><b>Program or Policy: The Integrated Health Neighbourhood of the Future</b></p> <p>As a member of the Primary Care Alliance (PCA), the Alberta College of Family Physicians will lobby regarding a collaborative vision describing the necessary transformation of primary and community-based care. Rather than having primary care policy being led by an unstable committee that has been struck by Ministerial Order, the vision describes a possible future that will organize and invest in large-scale transformational change. The vision addresses fundamental challenges within Alberta’s healthcare system, such as: system fragmentation, compensation models, accountability, coordination of health and social systems, access and continuity of care, allocation of scarce resources, an evolving workforce, and most importantly, lack of a clear vision. This would require a community-based health authority that the PCA suggests could be called “Alberta Community Health Care Services (ACHCS)” that works through a joint commission with Alberta Health Services to plan and deliver health and social services to Albertans.</p> <p><b>Program or Policy: Virtual Care in the Context of the Patient Medical Home</b></p> <p>As decisions have been made to enable the use of virtual care in the community through more viable compensation, however, more work can be done to establish how to use virtual care programs can address the current and future challenges of equitable and timely access to care. Policy and programs are needed that support effective accessible virtual care. Innovative programs need to be enabled such as group sessions for chronic disease and mental health management, distributed and integrated care with the Patient’s Medical Home and health neighbourhood teams utilizing phone and video appointments and ensuring equity through the provision of accessible technology for patients and carers to facilitate virtual</p>

care. Family physicians have long used virtual care to support their patients and ACFP's input on policy and programs will ensure that they are developed to be patient-centered and informed by evidence and experience.

**Program or Policy: Alberta's Care Plan for Chronic Pain Patients on Long-Term Opioid Therapy**

The ACFP's Collaborative Mentorship Network for Chronic Pain and Addiction (CMN), funded by Health Canada, exists to support family physicians, pharmacists, nurses, and social workers to provide comprehensive care to patients living with chronic pain and addiction. Our CMN program goal is to reduce unnecessary deaths and demonstrate the importance of investing in prevention and continuity of care. As a result, there will be a reduction in costs associated with unmanaged chronic pain and substance use in Alberta. The ACFP seeks opportunities to meet with decision-makers to optimize the time-limited funding from Health Canada and discuss ways to collaboratively move the Agreement in Principle into action through the provision of integrated programs and supports. In addition, we will seek funding from Alberta Health to sustain the successful CMN as a mechanism to build system capacity after the Health Canada contribution is no longer available.

**Decision: Transparency and Collaboration on COVID-19 Response in Alberta**

The ACFP insists on transparent, collaborative, and integrated system response planning rather than a consultation for ongoing COVID-19 patient care, vaccinations and boosters, testing, interpretation of modelling, resource impacts, patient and workforce safety, and emerging treatment options. Planning for policy and resource distribution that impact patient care in the community must involve representation by all community partners including family physicians, pharmacists, AHS provincial programs and community-based services, and primary care network leaders. During consultations, ACFP insists that rural and urban community-based family physicians are present at all planning tables to identify challenges and determine viable solutions. Family practice is the best point in

Health

Alberta Legislative  
Assembly  
Alberta Health

the system to ensure Albertans' equitable access to information and comprehensive care from providers who know them and their context.

**Decision: Provision of Harm Reduction Services in Community**

Deaths due to drug poisoning continue to rise in Alberta and everyday family physicians bear witness to tragedies that affect patients, their families, and our communities due to drug poisoning deaths superimposed on the ongoing pandemic. ACFP will continue to lobby for decisions to take action on reducing barriers to safe consumption services, consideration of safe supply, and the decriminalization of small amounts of substances that are currently illegal, for personal use.

**Decision: Virtual Care in the Context of the Patient Medical Home**

The ACFP will advocate and lobby for the protection of virtual care as a function of the PMH and not something that is offered through corporate models with anonymous family physicians providing their care. Virtual care being offered to Albertans, funded by Alberta Health to support access to care during the COVID-19 pandemic. The government has directly promoted TELUS Babylon, Maple, and other providers who are now promoting their provision of care as “access to the health care system” or “primary care providers”. Funding is currently coming from the physician services budget to ensure that Albertans have access without charge.

**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 will continue to lobby for government support, through collaboration with all stakeholders, including family physicians, to advance practice workforce planning and community-based longitudinal patient care. We will continue

to lobby for increased effort to build primary care stability and interdisciplinary teams for all communities through the right funding model for rural and urban communities. We will continue to lobby for the integration of health and social systems to optimize resources available and support health and well-being of Albertans with complex and chronic conditions.

### **Decision: Negotiations Between Alberta Health and the Alberta Medical Association**

We will continue to lobby that Alberta Health and the Alberta Medical Association (AMA) continue their negotiations 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: COVID Vaccine Rollout**

The ACFP will advocate for the potential variability of capacity and willingness for family physicians to be involved through Alberta's COVID-19 vaccine rollout and future health care crises. Family physicians are on the frontlines of our health care system. They are often the first point of contact for a patient seeking care. The trusting relationships between family physicians and patients as well as the infrastructure of clinical operations throughout the province can be an important contributor to the current vaccination campaign.

### **Decision: Community-based Physicians not Engaged and Supported by the Healthcare 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. We will continue to lobby for engagement and involvement in the vaccine rollout

and build awareness of the willingness of family physicians to educate all patients regarding the safety and efficacy of the vaccines, to administer as vaccines become universally available, and to provide compassionate and comprehensive care and follow-up through the pandemic and beyond.

### **Decision: Negotiations Between Alberta Health and the Alberta Medical Association**

We will continue to lobby for steps to be taken towards repairing the damaged relationship between the government and family physicians. Trust between government and the AMA, particularly with family physicians has been crushed to the point that it may take significant time to regain what has been lost. Trust is the foundation of all successful relationships and the lack of it in contract negotiations will have a devastating effect on the ability to effectively move forward. The recent loss of service and access to high quality primary and urgent care due to recent budget cuts, many disproportionately targeting primary care continue to cause clinics to let go of essential employees and resources due to insufficient support for the service levels required. Family physicians continue to be deflated and overwhelmed by recent government decisions. Many family physicians have closed their practices.

### **Decision: Health Reform Focusing on Quality and Sustainability in Alberta**

Regarding the overall primary care system, the ACFP will continue to offer to work together to advance aligned priorities and encourage all MLAs to reach out to their family physicians and clinic teams in their constituencies to let them know they are supported and to seek to understand the challenges and barriers that patients in their constituencies have to access equitable comprehensive and compassionate care.

### **Program or Policy: Delivery of Support for People Suffering from Substance Use Disorders or Chronic Pain**

The opioid crisis remains an active and escalating public health issue that has been shelved in favour of the response to the pandemic. Primary Care is comprehensive and can support the health of a

population with a wide range of chronic conditions including substance use disorder. ACFP continues to support capacity and advocacy efforts to create better health outcomes for those who struggle with substance use or who are at risk of developing addiction. Chronic pain patients can be managed in primary care when there are adequate supports available. An ACFP task force continues to work on building a set of recommendations that will build on the opioid response recommendations published in 2017.

### **Program or Policy: Building Physicians Leadership in Alberta**

We will continue to lobby for the need for investment in physician leadership in Alberta, that all high performing systems require high performing leaders. We will continue to lobby for the urgent need to share a clear, compelling vision for the future of the health care system to build collective action for better care for Albertans.

### **Decision: Health Reform in Alberta**

The ACFP lobbied for an integrated system response plan for COVID-19 patient care and vaccine rollout and the need for collaboration between public health, primary care, and other community providers; a plan to be in place for mass vaccine rollout that includes the whole health system; and communication regarding the integrated system response plan to all the partners in the health system.

### **Program or Policy: Alberta's Care Plan for Chronic Pain Patients on Long-Term Opioid Therapy**

Committed to the Collaborative Mentorship Network for Chronic Pain and Addiction (CMN) created in effort to support family physicians to provide comprehensive care to patients living with chronic pain and addiction. Our goal is to reduce unnecessary deaths and demonstrate the importance of investing in prevention and continuity of care with the purpose of reducing costs associated with unmanaged chronic pain and substance use in Alberta. The Alberta College of Family Physicians is seeking an opportunity to meet with the Honourable Jason Luan to discuss ways to collaboratively move this Agreement in Principle into action.

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### **Decision: Community-based Physicians not Engaged and Supported by the Healthcare 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 there is a truly collaborative approach to responding to the immediate health care crises and that we learn from the COVID experience so the Alberta health care system is ready for any and all crises to come in the future, and family physicians are equipped to provide compassionate and comprehensive care and follow-up through each crisis and beyond.

### **Program or Policy: Integration of Health and Social Systems**

The ACFP will continue to lobby for the following: the socioeconomic factors in a person's life affects the resources and tools that they will have to support their health and wellbeing. It is important that the two sectors, both provided by government, should be integrated operationally and strategically. There needs to be work done in community to develop ideas and innovations that can be spread and scaled in the province. Primary Care is positioned to support the local embodiment of this integration however, it should be led by provincial policy and supported by research and innovation programs.

### Communication Techniques

**Select all communication techniques that have been or are expected to be used in the lobbying (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)

**Input any other relevant information that you wish to include in this public registration.**

## Declaration

### Declaration and Certification

**I declare that (select only one)**

- No lobbyist named in this registration 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 this registration, 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 this registration, 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**

Sudha Koppula