

## For Our Patients

Albertans are facing very difficult times right now. We are fighting a global pandemic and an economic crisis. We know you are worried, and so are we.

The Cold Lake family physicians are concerned about the United Conservative Party (UCP) government changes and how they affect service provision in our area. The UCP government unilaterally terminated the contract they had with our representative body, the Alberta Medical Association (AMA). This translated to unprecedented cuts across the board for physicians and has a direct impact on patient care and services offered to the community. Although the UCP retracted some of the proposals, a number of important changes went ahead on March 31, 2020. The changes disproportionately affect marginalized and vulnerable populations in Alberta. Good faith claims, which paid for patients who didn't have valid Alberta Health Care (AHC) coverage, were removed. Seniors are now responsible for paying for their mandatory driver's medicals. Cutbacks on Blue Cross coverage will primarily impact our population suffering with chronic disease. The inability to afford expensive medications on top of lack of family physician access will undoubtedly result in worse patient outcomes.

In terms of health care delivery, the UCP changes disproportionately effect rural family physicians. Family physicians may be incentivized to work in rural and remote settings with the help of the Rural Remote Northern Program (RRNP) flat and variable fee premiums. The UCP removed the flat fee payable to family physicians who reside in a rural community. A variable fee premium percentage is added to each billable service in rural Alberta communities. The percentage is said to be determined by "isolation points", i.e. the degree to which a community is medically isolated. Cold Lake's variable fee premium is set at 9%. Bonnyville's fee is 9.4%. Distance from a major centre doesn't appear to impact the score, as Sundre is set at 11.9% despite only being 115 km from Calgary. Even communities with a plethora of diagnostics, specialists and inpatient beds have a higher variable fee than Cold Lake. Fort McMurray is set at almost 20%, and Grande Prairie's fee is 16.36%. The discrepancy between variable fee premiums greatly harms Cold Lake's ability to competitively recruit permanent family physicians and locums.

We strive to deliver safe, high-quality and comprehensive primary health care to you. Our catchment area services over 40000 people, including residents of Cold Lake, Ardmore, Cold Lake First Nation, Elizabeth Settlement and Big Island Lake. Geographically, Cold Lake is in a unique situation of drawing a large number of patients from the underserved northwestern region of Saskatchewan. We are a dedicated stroke centre, run a tremendously busy ER, perform elective and emergency general and obstetrical surgeries, deliver babies, manage long term care, care for our inpatients, cover dedicated centralized walk-in clinics, partake in outreach clinics to our aboriginal communities, and all after hour Department of National Defense (DND) members. Beyond all of this, we are trying to juggle managing our private clinics as viable small businesses, employing people from our community and serving it with due diligence.

Historically, Cold Lake has struggled with recruitment and retention of physicians. The majority of physicians currently practicing in Cold Lake have been recruited out of personal connections with the existing physician cohort. Alberta Health Services (AHS) took over recruitment, which

left us with us no initiative in driving recruitment, or finding physicians as we had done successfully in the past. Unfortunately, we continue to struggle to increase our work force. With the UCP government disincentivizing work in a rural community, it may be impossible to fill our vacant positions.

With not enough doctors in town, a large majority of patients visit the ER instead of the local clinics. This dramatically increases our annual ER visit numbers – Cold Lake Healthcare Centre averages 32000 ER visits per year. As a direct result, in November 2018, Alberta Health converted our hospital to a “rotational” ER department (like the University of Alberta ER), and all of our rural ER benefits were removed. We dealt with this quietly and with little change in service provision. But it is costing us more than just a loss of funds; we are losing morale. Burnt out and unable to practice medicine as we trained, we have been stretched beyond belief.

Rural medicine is a unique and challenging field. We knew that when we signed up. But we will not compromise on patient safety. We are losing 3 physicians, and will be down to 7 full time family physicians by the end of this year. Continuing our current workload will not be sustainable nor, more importantly, safe for our patients. We still want to be able to give the best high-quality care to our patients, but unfortunately something will have to be sacrificed.

We are looking at the stark reality of not being able to continue to cover our ER fulltime with our expected cohort of physicians. We want to reassure our community and surrounding communities that we will continue to provide full time obstetrical, anesthesia, general surgery and inpatient services without question. We are expecting our AHS colleagues to assist in covering the gaps that we are unable to fill, but more importantly, understand that we are needing to expand our primary care services in town. We do not just need a physician to fill a vacant ER shift, we need to fill the vacant full scope rural family practitioner positions that have remained empty for years.

The family physician group of Cold Lake would like to thank our patients for their understanding and support during these difficult times.