

**Golden Ruler Award for Excellence in Public Relations Measurement**  
**“Negotiations 2003 and Implementing the Agreement”**  
**Alberta Medical Association and twisurveys**

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**EXECUTIVE SUMMARY**

For physicians, research is key to improving the delivery of care to their patients. For the Alberta Medical Association (AMA), which represents physicians, research is key to fulfilling its mission statement and evaluating its activities. This is particularly so in the very important, but highly sensitive activity of negotiations with the Provincial Government and the nine regional health authorities, that operate hospitals. AMA Public Affairs is responsible for the research used not only for internal and external communications, but also for developing strategy at the negotiating table and for off-table initiatives in support of the negotiators.

Prior to Negotiations 2003 beginning in the fall 2002, twisurveys was contracted to conduct focus groups and a Benchmark Survey of members' aspirations, attitudes and priorities. Throughout 2003, Public Affairs and twisurveys conducted six Tracker surveys. With an agreement ratified December 12, 2003, the Tracker surveys continued in 2004 to assess priority issues and attitudes in implementing the landmark, eight-year, trilateral agreement.

In the 2003 Tracker surveys, members highly rated communications with 83.5% reporting the AMA keeps them informed about AMA activities and 77.6% reporting the AMA keeps them informed about major health system issues. Communication during implementation has been complicated by the trilateral nature of the agreement, which impacts factors such as frequency and tone. Even though 71.2% still feel informed about AMA activities, communications continue to be among the AMA's highest rated activities; and strategies are underway to return to previous levels, or higher.

**Overview**

The Alberta Medical Association (AMA) stands as an advocate for its physician members, providing leadership and support for their role in the provision of quality health care. Representing 7,700 physicians, medical residents and medical students, the AMA is the official voice of the medical profession in Alberta with government, the public, other health providers and the media.

In Canada's government-run health care system, physicians negotiate with provincial and territorial governments to establish medical service budgets and physician payment schedules. In 2002 the AMA began negotiations for a new master agreement that would define not only compensation, but would also chart a new role for physicians/AMA and a new direction for the delivery of health care in Alberta. Negotiations began in the fall of 2002 and were completed November 2003. For the first time, the province's nine regional health authorities, that operate hospitals, were present at the negotiating table along with AMA and the ministry of Alberta Health and Wellness.

This master agreement would determine the future of the medical profession in this province for years to come by addressing relationships, benefits, funding and remuneration, health care reform, information technology in medical practice and much more.

Going into Negotiations 2003, the AMA was in a very different position than before its last negotiations. Less than two years earlier, physicians had negotiated a 22% fee increase. As a result, in the mind of government (and the public), fees could not be the major issue for these discussions.

Additionally, baseline survey research for Negotiations 2003 and focus group testing told us that physicians had no appetite for confrontation with government this time. Compared to three years ago, they felt they were working fewer hours, and not working as hard. Therefore, resolution in these negotiations would be reached at the bargaining table, not through job action. And, since large fee increases would not be part of the picture, it would be necessary to move physicians to a new definition of success in negotiations.

This new definition would necessarily include giving physicians an appetite for change – specifically, for health care reform. The need to revitalize and reform Canada’s burgeoning health system was setting the political agenda for all the provinces. Two federal and one Alberta-specific report in the previous year had trumpeted the need for change and called for specific reforms in Alberta and across the country. These political considerations would have a huge impact on Negotiations 2003.

Once the ratification vote (mail-in ballot) was announced December 12, 2003, the AMA’s next formidable challenge was to implement the agreement in a new, unique trilateral working relationship. Members’ support would be earned through results and communication. The on-line Tracker Survey was used to monitor members’ perceptions and attitudes and to help assess the AMA’s effectiveness, during and after negotiations (see September 2004 reporting, Tabs 2 and 3)

### **Intended Audiences**

Although there were external stakeholders during and after the negotiations, this communication plan focuses on the physician members of the AMA. Research and programming were targeted according to results of a 2002 Benchmark Survey (Tab 4).

Practice location	Practice type	Gender	AMA membership	Age
Urban centre 70%	Family physician 45%	Female 26%	< 2 yrs. 8%	< 30 yrs. 4%
Regional centre 13%	Specialist 53%	Male 72%	2-5 yrs. 18%	31-40 yrs. 26%
Rural 16%			6-10 yrs. 16%	41-50 yrs. 36%
			11-20 yrs. 32%	51-60 yrs. 24%
			> 20 yrs. 25%	> 61 yrs. 9%

These figures show that most of our members are mid-career and working in hectic urban centres where we know there is a huge shortage of family physicians and long wait lists for specialists. The promise of primary care reform – where multidisciplinary teams and integration of services mean physicians no longer have to “do it all” – would be a key incentive to dispose members positively toward the agreement. 92% of members said that improved quality of work life was a very important component for any agreement to be reached.

Other results of the 2003 and 2004 Tracker Surveys link to outcomes of the agreement:

- 82% of members felt it was important to define the relationship between AMA and Alberta Health and Wellness
- 80% felt it was important to define the relationship between AMA and the regional health authorities
- 79% felt recruitment and retention features would be very important within the agreement (e.g., new methods of delivering care, benefits, etc.)

### **Strategy**

Members typically see negotiations as one-dimensional (i.e., fees and income) and judge success accordingly. This mindset had the potential to undermine Negotiations 2003 and a broader definition of success was needed. The breadth and depth of issues at hand (see Executive Summary, Tab 5) all needed to be communicated, along with the opportunity for leadership, the seismic cultural shift underway and the high stakes involved. This agreement would affect the future of the profession for the foreseeable future.

Formal research through **twi**surveys was to seek members’ input and views: the Benchmark Survey; focus groups, and the ongoing two-year Tracker Survey. Qualitative measurement included members’ responses to the President’s Letter; reports and debate at the semi-annual meetings of the main governing body, the 100-delegate Representative Forum; relationships with speciality sections and regional medical organizations; members’ discussion forum on the AMA website; and membership meetings.

Principal modes for communicating were: email (66%); fax (14%); snail-mail (20%); telephone calls; personal contact; meetings; special publications; regular AMA publications. (Percentages indicate members choosing this method as their primary channel of communication in AMA database statistics.) (See selected communication Tabs 6 – 9)

### **Challenges**

- Shift the focus from remuneration to the other priorities identified by the research.
- The sheer scope of negotiations.
- Trilateral ownership and implementation of the agreement – all three parties must agree!
- Many physicians continue to regard the regional health authorities and government with suspicion.

### **Measurement/Evaluation of Outcomes**

#### **Goal**

To communicate the scope and importance of these negotiations so that physicians would not consider remuneration the most important marker for success; and to inform members about the progress and success in implementing the unique, trilateral agreement.

#### **Objectives**

1. The tentative agreement reached by the joint AMA/Alberta Health and Wellness/Regional Health Authorities Negotiating Committee is ratified by greater than 50% of voting AMA members.
  - Result: The agreement was resoundingly accepted by 85% of voting members on December 12, 2003.
  
2. 75% of AMA members feel well informed by AMA communications.
  - Results (September 2004 Tracker Survey):
    - 76.3% of physicians say AMA keeps them informed about AMA activities
    - 71.2% of physicians say AMA keeps them informed about major health system issues
  - To measure success and enhance our understanding of member attitudes as we moved forward, the AMA began to survey physicians at two-month intervals in 2003 with the Tracker Survey; this was changed to quarterly surveys in 2004. Promising trends identified in the tracking research include:
    - Physicians indicating they understand the AMA's vision for primary care shifted from 15.2% to 29.1% from March to September 2004. (Not asked in 2003)
    - Physicians who want to participate in the unique primary care project and know how to begin increased 12 percentage points at 26.6%, up from 14.6% in March. And, among family physicians, who are the key audience, understanding now is 46.5% compared with 28.2% in March!
  - The Tracker Surveys have also identified areas where the AMA and the two partners have significant challenges for which communication strategies are being developed.