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## Connect Care Physician Compensation

### Context

The Alberta Health Services (AHS) Connect Care initiative seeks to improve health outcomes through a continuum of care clinical information system (CIS) supporting health care decision-makers. To realize benefits, and avoid harms, physicians need to learn how to use the CIS for safe, efficient and effective care.

The CIS will require full clinical documentation, order entry, medication reconciliation and other clinical information flows to occur entirely in-system. For most clinicians, this represents radical change to how care is managed, recorded, communicated and understood. Even those with prior digital health record experience need to learn new skills.

Alberta's clinicians are permanently busy, even overstretched. Demands for Connect Care contributions raise questions about whether and how physician time is compensated. Some will see CIS demands as outside ordinary accountabilities; and so eligible for extraordinary compensation. In particular, training demands may raise expectation of financial compensation for missed clinical activity or professional billings.

### Scope

This backgrounder offers context and considerations for discussions of compensation for physician contributions to Connect Care readiness activities.

### Physician Roles

The AHS Chief Medical Information Office (CMIO) advocates for prescribers (physicians, physician assistants, prescribing pharmacists, clinical assistants, trainees, etc.), builds informatics capacity in stakeholder communities, and promotes engagement, empowerment and accountability.

Physician contributions are divided into those associated with “formal” leadership roles, and “informal” embedded roles. A [Connect Care Physician Roles](#) guide describes formal roles, including Associate CMIOs, physician design leads, medical informatics leads, provincial physician trainers, area physician trainers, physician builders and knowledge leads. All have job descriptions, explicit time expectations (% full time equivalent, FTE), contractual arrangements and compensation agreements.

Formal roles help build capacity in physician communities. In addition, many other engaged physicians are needed to promote meaningful use. These “informal” contributions are described in a [Connect Care Physician Contributions](#) guide, including subject-matter-experts, power-users, change agents and peer-supports. All are key to keeping Connect Care on course but do not have contracts, fixed FTE allocations or compensation agreements. Other rewards motivate contribution.

### Physician Capacity-Building Strategy

Connect Care provides resources to support physician engagement, adoption and change-management. This builds capacity in prescriber communities. Contracted contributions are resourced, and the costs of building training, development and up-skilling programs are covered.

Connect Care investments have yielded excellent results. Over 70 physician leaders are oriented, trained, supported and mobilized. A growing cadre of clinician-builders already empower clinical system design. Hundreds of physicians are positioned for power-user and super-user roles. And knowledge leads prove invaluable to clinical system design.

Capacity-building efforts partially compensated. However, ‘compensation’ is framed in terms of opportunity, career advancement, continuing professional development, gaining mandated e-health literacy, and mastering tools needed for clinical improvement, innovation or inquiry. A strategic decision to



invest in capacity-building means that resources have not been budgeted for per-user payment for time spent getting ready for CIS launch.

### Physician Readiness Burdens

Physician readiness activities include e-health literacy, building understanding of Connect Care goals, planning for operational impacts, acquiring CIS skills and learning new modes of communication, shared documentation and meaningful use.

The most tangible activity is CIS training. The most tangible demand is proof of competency. Lack of competency will mean lack of access, which will mean inability to use AHS facilities for clinical work. The stakes are high. Understandably, physicians perceive CIS training to be an AHS demand.

Connect Care has allocated significant funds to physician training support. These are prioritized for ensuring that physicians train physicians using efficient pathways specifically matched to specialty needs.

The physician training program supports different learning styles. However, a minimum of 4-6 hours will be needed for most physicians to attain basic competence and system access.

	Basic Training	Personalization	Optimization
e-learning	1h	0.5h*	0.5h*
In-person	4h	1.5h	1.5h
Reinforcement	1h	1h*	1h*
TOTALs:	6h	3h	3h

### Physician Compensation Expectations

The majority of Connect Care physicians are independent practitioners who relate to AHS is through privileging arrangements. Some argue that professional billings will be forfeited in order to attend training. Reduced encounter volumes post-launch may further decrease remuneration. Physicians with inpatient practices will need to find time for training outside of typical work hours. Some physicians may not regard information management to be part of what is compensated through their professional service billings. In this context, the AHS training demand can trigger financial compensation frustration.

### Physician Compensation Considerations

Investing scarce resources in physician capacity-building means that resources are not available for direct financial compensation for time spent on readiness. This reflects the following considerations:

- Political**  
 Alberta Health (AH) does not compensate physician time for participation in, or readiness for, health informatics initiatives. Committee time is not compensated. The physician office system program (POSP) do not include funding for physician or staff training. In general, information management is seen as essential to clinical service and so built-in to provincial physician funding agreements. It would be difficult for AHS to take a different direction. AHS aligns with AH handling of committee and other contributions through non-monitory recognition.
- Precedent**  
 AHS has not compensated physicians for mandated training in legacy health information system initiatives, with one exception. eCLINICIAN, Meditech, eCritical, Emergency and other digital health records have required physician training without direct compensation. In the case of the Calgary inpatient CIS (SCM), however, some physicians were paid for on-boarding training.
- Equity**  
 Connect Care is a provincial initiative. There are many physician compensation models in play. Alternate relationship plans, which fund care for populations, adhere to a provincial accountability framework that includes information management and clinical improvement deliverables.



Academic plans have accountability contracts that now include informatics deliverables. Fee-for-service arrangements may have different expectations. If fee-for-service compensation is offered, protests against differential treatment may escalate.

- **Parity**

Connect Care physicians are not expected to pay software license fees for use of the AHS provincial CIS. Their counterparts using Electronic Medical Records where Connect Care is not the record of care are expected to cover software, training and change-management costs.

- **Professional**

The College of Physicians and Surgeons of Alberta has published a roadmap that expects all physicians to demonstrate information management competency and use of a shared health information system where it is the record of care. This is a professional expectation. Indeed, practice audits increasingly require demonstration of outcomes using digital health records.

- **Credentialing**

Both the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada have adopted the “CanMEDS 2015” framework with expectation that physicians acquire and demonstrate key health informatics competencies. These competencies are included in what is expected of a physician for remunerated health services. Connect Care training qualifies for health informatics competency attainment, with many hours eligible for maintenance of competence continuing education credits.

### Physician Compensation Messaging

It is important to engage in discussions about physician compensation for time devoted to Connect Care readiness. However, it is also important to observe that while physicians are not paid for training, they are generously supported for learning to take advantage of what the CIS has to offer. Compensation takes the form of:

- access to a superlative CIS with state-of-the-science features,
- provision of extensive personalization powers,
- agency and control over optimization,
- no-fee access to wide-ranging CIS services that include secure communication, professional billing management, inquiry-support, research support and many other functions that would otherwise need to be individually resourced,
- no-fee training adapted to physician needs,
- satisfaction of professional and regulatory e-health competency requirements,
- continuing professional development credits,
- certification compatible with demands that must be met in order for physicians to earn a livelihood.

The hope is that the “Connect Care Advantage” will reframe readiness activities as a more-than-reasonable investment for personal and professional benefit.

- **Key Messages: Connect Care Physician Training**
- **Norm: Connect Care Physician Compensation**