A FOUNDATION FOR ALBERTA’S HEALTH SYSTEM

REPORT OF THE MINISTER’S ADVISORY COMMITTEE ON HEALTH

A NEW LEGISLATIVE FRAMEWORK FOR HEALTH
"When we began to plan medicare, we pointed out that it would be in two phases. The first phase would be to remove the financial barrier between those giving the service and those receiving it. The second phase would be to reorganize and revamp the delivery system - and of course, that's the big item. It's the big thing we haven't done yet."

Tommy Douglas
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AN OPEN LETTER TO ALBERTANS

This report by the Minister’s Advisory Committee on Health presents a new focus and architecture for health care legislation in Alberta that will reframe the way Albertans, health policy makers and the health system view health and health care in the years ahead. The impact of this new legislation will be to move the system from an overemphasis on the needs of institutions and providers to one that better recognizes and responds to people and families needing health services.

Our report makes a number of significant recommendations that, if accepted, will shape a new, clearly defined understanding or “compact” with Albertans about their health and their health care - and we propose this understanding be written into law.

Our recommendations ensure that the principles in the Canada Health Act are reaffirmed – and then go further to provide for the health needs of Albertans. We recommend Alberta draft its own Health Act – new legislation grounded in principles which reflect the input of Albertans.

Our report defines a new context for Alberta’s health system. It will shape the system in ways that ensure the health needs of Albertans are served by using best available evidence and removing barriers to putting people and families at the centre of their health care.

Our Committee did its best to give justice to all the voices, ideas, and convictions that it heard and experienced. Committee members want to take this opportunity to thank the providers, health governing bodies, unions, health care associations and the many people who met with us, wrote submissions or filled out the survey. They told us candidly about their experiences, expectations and their fears for the health system. Their voices and input directly affected our deliberations and the framework for new health legislation in Alberta that we are recommending.

With this report, we are providing clear direction on how legislation can support a responsive, publicly funded health system that Albertans and health service providers can better understand, can see their values reflected in – and can trust to be there when it is needed.

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Alberta has been on a journey of health system transformation since the introduction of medicare. New approaches to health care delivery technologies, services and practices can be seen in a number of bold innovations in Alberta, such as:

- The province-wide delivery of 24-hour telephone health advice by registered nurses through Alberta Health Link.
- Canada’s first electronic health record.
- The beginning of multi-disciplinary health care teams to manage chronic diseases such as diabetes and asthma.
- Coordinated transfer of critically-ill new babies from across the province to highly-specialized centres of excellence in Edmonton and Calgary.
- The Alberta Bone and Joint Network which showed how wait times for surgery could be dramatically reduced by streamlining care paths.
- Patients in small communities linked to specialists through telehealth networks.
- 10 million hours of home care and support provided each year to keep patients in their own homes.

These and other advances are making a real difference to Albertans’ quality of life and have been made possible by technological innovation, adoption of best practices and advances in the skills of health providers. But health systems everywhere face challenges. Stakeholders identified a number of those that Alberta’s health system must acknowledge and address. These include:

- A rapidly aging population. By 2031 it is projected that 20% of Albertans will be age 65 or older. Seniors’ housing and health issues are going to be at the forefront in the coming years. At the same time, Alberta has the country’s highest birth rate and a growing younger population as well, which places its own burdens on the system.
- Alberta has had the largest year over year population growth rate in Canada. Our population is also increasingly diverse – including growing Aboriginal populations and people from many different ethnic groups, cultures and countries of origin.
- The increasing incidence of chronic diseases such as diabetes, cancer, mental health disorders and addictions. Chronic diseases currently account for 60% of health care utilization and expenditures.

1. Quotes throughout this report are from presentations and submissions to the Minister’s Advisory Committee on Health unless otherwise noted.
• High rates of preventable injuries and illness. The emotional and financial toll is high on people and families dealing with preventable illnesses or the aftermath of an injury. (The leading cause of death for Albertans ages 1 to 44 is injuries that are preventable.)

• Rising health costs and expenditures. It currently takes $35 million per day² to sustain Alberta’s health system. In addition, many Albertans are unaware of these growing expenditures and the factors that drive costs.

• Issues of access. There are currently limited access points into the health system. People must access most publicly funded services through physicians and hospitals, rather than through a variety of means and health providers.

• Gaps in care. Gaps occur and wait times remain too long in rural and remote parts of Alberta and elsewhere. This can be particularly difficult for seniors who wish to remain in or close to their communities and families.

• The rapid adoption of new health technologies. Without clear policies for selecting and managing new technologies, processes and procedures based on the best available evidence and best practices, the system is at risk of adopting new technologies (often at increased costs) or modifying how care is delivered, without necessarily providing better outcomes.

• The supply and diversity of Alberta’s skilled health workforce. Recruitment in all areas is an issue. By 2020, it is predicted that unless practice patterns and/or intakes change, Alberta will not have enough physicians and nurses, and will have difficulty meeting demand, even as other professions take on expanded roles in providing care.

Meeting these and other challenges will require a dramatic shift in the way things are done.³

Reducing the burden of disease, illness and injury is the best way to ensure that the health system has the capacity to deliver compassionate, safe and quality care to Albertans in their most vulnerable times of illness and disability. Albertans must embrace their role and responsibility in making choices that keep them living healthy, active lives; and the health system must support them through a strengthened emphasis on wellness and the prevention of illness and injury.

Meeting these challenges means a health system that places the best interests of people and their families at the core of decisions about how and where care is delivered, and about how health care resources are allocated. The voice of the patient and the broader public must be a part of that decision-making process. It also means a health system that is committed to making decisions based on best available evidence, with a respectful culture where health care providers are valued and empowered to deliver exceptional care within collaborative, supportive environments.

Fundamentally, it means Albertans, health administrators and providers embracing the possibility that exists in new ways of doing things when the old ways are no longer working. It means changes to the health system with Albertans becoming full and respected participants in the process.

³ For further discussion on health system challenges, see Appendix 3.
On September 1, Alberta’s Minister of Health and Wellness, the Honourable Ron Liepert established the Minister’s Advisory Committee on Health to provide input on the legislative reforms necessary to “update current health legislation in a manner that will facilitate current and future health system initiatives”.

The Minister of Health and Wellness asked this Committee to establish a new legislative framework that will enable Alberta’s health system to:

• Remove barriers to accessing health care.
• Promote wellness.
• Promote ambulatory and community-based care.
• Enable the public health system to respond to emerging issues on a timely basis.
• Encourage evidence-informed innovation.
• Establish clear lines of accountability.

It is important in reviewing and understanding this report to recognize that the Minister’s Advisory Committee was mandated to focus on a framework for legislation, not on the policies or practices of the Ministry of Alberta Health and Wellness (AHW) or of Alberta Health Services (AHS).
Alberta needs clarity of purpose and direction for the health system. We currently have 30 separate pieces of legislation and 100 regulations to guide the health system. This complex and cumbersome framework does little to support efforts to find the most effective solutions to issues around health service delivery and improving health outcomes. It encourages inefficiencies. It hinders ready access to care from the most appropriate provider as close to home as possible. It leads to confusion around roles and accountabilities across the system, thereby undermining transparency and trust. Its complexity can get in the way of ensuring skills are used appropriately and that Alberta derives the maximum value from its health expenditures in terms of both time and money.

Legislative frameworks set the tone and direction of regulations, policies and best practices. That is why the legislative framework outlined in the following pages makes specific recommendations to ensure the principles and intent of the new Alberta Health Act apply to all health legislation and regulation, and provides clear direction to policy makers and health governing bodies and regulators.

Through this report, the Committee has addressed its mandate to develop a new health legislation framework. We have also made specific recommendations to ensure alignment with the directions this important new legislation sets for the future – and to ensure Albertans are engaged in how this happens.4

4. See recommendations 3 and 4
Alberta's Framework for Health Legislation is the responsibility of the Minister of Health and Wellness. The framework includes the new Alberta Health Act, which:

- Establishes principles with which the system and other health legislation must align
- Provides direction for health policies, programs and services
- Is enabled by regulations developed through consultative processes

Health Policies are the responsibility of the Minister and Ministry of Alberta Health and Wellness. Includes setting policy directions, policies and performance targets for the health system, the continuum of health services and health research.

The delivery of programs, initiatives and practices are the responsibility of health authorities including Alberta Health Services, health providers, professional regulatory colleges and other regulatory bodies.
In setting the parameters for its review, the Committee prepared a workbook to frame its discussions with stakeholders and the public (visit www.ministersadvisorycommitteeonhealth.ca/index.html). The workbook included possible principles that could guide the legislation. It also contained themes describing key transformations that could be enabled by a new legislative framework – themes included a focus on people and their families and on wellness to help build resilience in Albertans, their families and communities.

The Committee heard presentations from 34 key stakeholders and received another 29 written submissions out of a broader call for input. Its website received 3,191 visits from Albertans and a total of 1,756 surveys were completed.5

5. See Appendix 2 for an overview of the survey findings and Appendix 5 for a listing of stakeholders who submitted or made presentations.
In reflecting on what it heard during its consultations, the Committee has come to believe that a new framework on health is required – one that supports our health system in:

- Ensuring that the system is there for people should they become ill, infirm or otherwise vulnerable.
- Shifting from a system built around institutions and health professionals to one that is organized around the lives and realities of the people needing health services.
- Providing increased quality and safety throughout the system.
- Fostering a shift in mindset and culture from a focus on illness and treatment to one that recognizes that health is determined as much or more by social and economic factors than by the health system alone.
- Ensuring that the treatment and care received by Albertans is appropriate for the nature and complexity of their needs and is delivered in a safe, efficient and accessible way by appropriately trained and remunerated providers.
- Ensuring public policy and service delivery decisions are made based on the best available evidence.
- Providing options on how the individual health needs of Albertans are met in a wider range of service and care settings, including in their home and at pharmacies, clinics, supportive living residences and hospitals.
- Delineating clearer roles and lines of accountability between government, health delivery systems, providers and the public.
- Ensuring transparency so that Albertans better understand what they can expect from their publicly funded health system.
- Reinforcing accountability so that Albertans can be assured that their tax dollars are used wisely and institutions and providers are achieving the best health outcomes.
- Building a shared commitment and robust ways to align health policies among all levels of government, service deliverers and health governance bodies.
- Strengthening trust between people, providers, administrators and policy makers.
The Committee Therefore Makes the Following Recommendations:

1. **ARTICULATE A SET OF PRINCIPLES THAT MUST BE SUSTAINED AND MAINTAINED THROUGHOUT ALBERTA’S HEALTH SYSTEM**

Alberta’s health system needs a set of clearly articulated and understood principles that can be sustained and maintained across all legislation, system changes, regulation, policy, and service delivery. The principles should exemplify the qualities of compassion, trustworthiness, equity, transparency and accountability.

Together, these principles will be the basis for a clear commitment to Albertans regarding their health system, whether they are fortunate enough to enjoy good health and have limited contact with the system, or are patients, clients or caregivers. Each principle is a commitment that must be acknowledged and balanced as decisions and choices are made across the full spectrum of the health sector.

In its Terms of Reference, the Committee was given two principles as a starting point for its deliberations:

- The public health system will serve the interests of all Albertans regardless of their ability to pay.
- Access to publicly funded health care services will be fair and effective.

The Committee considered these and other principles in consultation with the public and stakeholders, including draft principles put forward for discussion which received strong support from participants. Stakeholders also expressed caution that principles need to be clear, and their impact within the system carefully considered. Some suggested other principles such as accountability, transparency and sustainability.

There was also a strong degree of support for ensuring that Alberta’s own principles are consistent with principles contained within the Canada Health Act - public administration, comprehensiveness, universality, portability and accessibility and what these principles have come to mean to Canadians – a publicly funded health system that is accessible to all regardless of ability to pay.

The Committee agrees and has worked to ensure that Alberta’s own principles speak to its own aspirations for its health system, while aligning with the *Canada Health Act* principles.
Alberta’s health system principles should be as follows:

Put people and their families at the centre of their health care.

The concept of person- and family-centred care was addressed by many stakeholders who spoke about the importance of enabling a system that better responds to people and their families, rather than one organized around disease states and the needs of providers and institutions. This holistic perspective would take into account all of an individual’s physical, mental and social conditions and involve people in decision-making around their care. The Committee heard that the term people or person-centred was more appropriate than patient-centred as people are not always “patients”. It also heard that a person-focused principle should encompass the family because its role is also critical in health and health care.

Care centred on people and their families means organizing the system in ways that best support people throughout their care path and in achieving their optimal health outcomes. It recognizes people might live within a geographical, social structure and cultural context that impacts their health. This includes barriers to care faced by rural and remote communities and those unique to Aboriginal and immigrant communities. It also recognizes the need for, and the right of, Albertans to be partners in plans and decisions about their care, whether managing illness, health, chronic disease or rehabilitation. People and family centred care speaks to a health system in which greater integration closes gaps in care, better supports people and enables better assessments, options and outcomes.

This is not easy to accomplish. A system-wide culture centred on people and their families will involve shifting the traditions of post-secondary education, the way that health services are provided, and the expectations and responsibilities of individuals and their families. However, it is a necessary step to achieving better health outcomes and ensuring that people can participate in and make informed decisions about their care, including choosing the most appropriate provider.

“Principles become a yardstick and a guidepost.”

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11
Be committed to quality and safety.

A commitment to quality and recognition of the critical importance of patient safety were fundamental to stakeholders and the public. The Committee also heard strong support for the work done by the Health Quality Council of Alberta and its quality matrix. The matrix with its six quality dimensions - acceptability, accessibility, appropriateness, effectiveness, efficiency and safety - is a valued tool for planning, delivering and evaluating quality in services and care.

A system focused on quality and safety is based on the use of best available evidence and a culture that fosters trust, mutual respect and ongoing learning by both providers and citizens who access the system. It supports the engagement of people and families in decisions about their health care and services, and recognizes their right to full disclosure about care, treatment, providers’ skills and medical errors.

ALBERTA QUALITY MATRIX FOR HEALTH

<table>
<thead>
<tr>
<th>Dimensions of Quality*</th>
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<tbody>
<tr>
<td><strong>Acceptability</strong></td>
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<tr>
<td>Health services are respectful and responsive to user needs, preferences and expectations.</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
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<tr>
<td>Health services are obtained in the most suitable setting in a reasonable time and distance.</td>
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<tr>
<td>** Appropriateness**</td>
</tr>
<tr>
<td>Health services are relevant to user needs and are based on accepted or evidence-based practice.</td>
</tr>
<tr>
<td><strong>Effectiveness</strong></td>
</tr>
<tr>
<td>Health services are provided based on scientific knowledge to achieve desired outcomes.</td>
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<tr>
<td><strong>Efficiency</strong></td>
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<tr>
<td>Resources are optimally used in achieving desired outcomes.</td>
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<tr>
<td><strong>Safety</strong></td>
</tr>
<tr>
<td>Mitigate risks to avoid unintended or harmful results.</td>
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*Developed by the Health Quality Council of Alberta (HQCA) collaborative, available at www.hqca.ca

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Ensure equitable access to timely and appropriate care.

The Committee heard many times that the health and well being of Albertans is being affected by a lack of access and disconnects between different parts of the system, particularly for people with a mental illness, for the homeless, poor, or aged, those with other special needs or those who are living with a chronic condition. People are worried that they will not be able to get care when and where they need it and that they will have difficulty finding their way through a complicated care delivery system.

Albertans want to know that everyone has access to health services that is fair and based on their needs, regardless of their ability to pay or their health, social or cultural status. For Albertans living in rural and remote areas, this means that barriers created by distance from larger population centres are balanced with access to appropriate services closer to home. For Albertans everywhere, it means being certain that they will receive care when they are ill, infirm or otherwise vulnerable.

The Committee believes the assurance that access to the system will be equitable, timely and appropriate is a principle that must form the backdrop for the health system. Equity (fairness) must be an essential guidepost in making decisions and setting priorities for the allocation of resources. Equity is not the same thing as equality. Some individuals or groups will require extra resources to ensure they receive appropriate care.

In making this recommendation, the Committee understands there will always be reasonable limits to what can be provided by a society in order to ensure sustainability of the health system in the long term. Limited public resources need to be distributed among many areas of ‘the common good’, such as education, social services, housing, transportation and the environment. The Committee recognizes the vital role of the citizens of Alberta in helping to establish priorities for the use of public resources within their health system. These discussions must be open, inclusive and transparent.
Enable decision-making using the best available evidence.
There was overwhelming support for a principle focused on decision-making using the best available evidence. This support came both from stakeholders and from Albertans responding to the survey, in particular Albertans working within the health system.

The Committee heard that using best available evidence in decision-making is fundamental to building a health system which is able to adapt to the evolving needs of Albertans and health system innovations. Use of best available evidence drives improvements to quality and safety. It is critical to ensuring that the health system remains accessible and makes the best use of available resources, both human and financial. Without clear and effective processes to ensure decisions based on the best available evidence, Alberta will not have the efficient, responsive and well-managed system it requires and can sustain.

Be focused on wellness and public health.
The health system is not currently designed to place wellness, good health and the prevention of avoidable illness and injury in the forefront. Yet support for wellness and the prevention of illness and injury has the potential to reduce stress on the health system and help people avoid the effects of accidents or illness.

Wellness is an outcome driven by more than the delivery of health services; it is supported as much or more by measures and policy around social supports, healthy families, the environment and education. Improvements in wellness require healthy public policy and a focus on supporting the social determinants of health. It means that disconnects between income supports, housing and health services need to be bridged.

It also means that Alberta ensures it has a strong system for provincial disease surveillance and the capacity to plan for and respond to public health threats including disasters and pandemics.

“Policies, preventive activities and other health interventions and services that are not part of the traditional delivery of diagnostic and therapeutic services need to be addressed.”

“There are populations who are using enormous amounts of health services when they could be supported through housing and poverty relief, thereby reducing their health consumption.”
Foster a culture of trust and respect.
The Committee heard many times that there is a climate of mistrust within the health system today, yet a trusting and respectful culture is a critical element within a complex and dynamic environment such as health care.

Trust is essential between people receiving care and those providing it. It is essential among health providers of various disciplines. It is essential amongst policy makers, health administrators, providers, regulatory bodies, unions and professional associations. Without trust, change will always be seen as a threat, joint problem solving will be approached from a win-lose perspective versus mutual gain, and a people and family-centred system will not take hold.

Establishing a culture of trust and respect within the health system and with people using the system will take concerted efforts beyond a new legislative framework, including specific efforts to:

• Engage people and providers in decision-making.
• Be transparent.
• Demonstrate accountability.
• Ensure appropriate care for those who are ill, infirm or otherwise vulnerable.

New mechanisms and processes will be needed to embed this principle within the system, including measures that support health system employees and professionals as they make the shift from the way things have always been done, to the ways in which services need to be provided for the future.

Alberta’s Drug Program Act illustrates some aspects of framework legislation. It creates broad regulation making authority that permits the expansion or contraction of a drug program. It enables funding of benefits through a variety of mechanisms. It also provides broad inspection and enforcement mechanisms so that program requirements and standards can be monitored and enforced as appropriate.
While Alberta’s health system manages to function under the myriad of current Acts, the inconsistencies, gaps and misalignment with new models of care create persistent roadblocks to innovative ways of delivering care and optimizing outcomes.⁶

Therefore, the Committee is recommending that a new Alberta Health Act be legislated to set the overall direction for Alberta’s publicly funded health system.

The Alberta Health Act would provide an enabling framework for the health system. It would establish the fundamental principles on which the system operates and provide the flexibility and scope necessary to deal with the demands in health today and the future. This Act would be the lens through which other health legislation, regulation and policy would be viewed in order to ensure clarity, consistency and alignment.

The preamble to the Act should clearly affirm that Alberta’s health care system will operate within the parameters of the Canada Health Act and its principles of public administration, comprehensiveness, universality, portability and accessibility. However, the Canada Health Act is a funding statute - one that focuses on medically necessary physician and hospital services. The Alberta Health Act should address the much broader range of health services within the province, both those that receive public funding and others within the overall continuum of services that enable healthy people and communities.

The Alberta Health Act should have the following key components:

• Principles for health care and services in Alberta
• Identification of roles, responsibilities and accountabilities for key players in the health system
• Clear and consistent definitions that apply across all health legislation
• Provision for an arm’s-length entity to ensure use of best available evidence in decision-making
• Provision for an Alberta patient charter – a declaration of citizens’ rights and responsibilities in health care and services
• Consolidation of core health acts that deal with publicly funded services

⁶ See Appendix 4: Current Health Legislation, for a listing of Acts.
Embed principles into the *Alberta Health Act*.

The Committee believes that the principles outlined in its first recommendation must be embedded into the *Alberta Health Act* to ensure that they form a strong foundation for Alberta’s health system. These principles should be considered collectively – there is no hierarchy of importance. Rather, each principle should become a legislated commitment that must be acknowledged and balanced as decisions and choices are made across the health sector.

**Identify key roles, responsibilities and accountabilities within the health sector.**

If the recommendations of this report are accepted, the roles and responsibilities of the public would be outlined within the Alberta patient charter. At the same time, a clear understanding of the roles and responsibilities of key governance organizations in the health system is fundamental to ensure accountability and support a culture of trust and respect. These governance bodies include Alberta Health and Wellness, Alberta Health Services, the Health Quality Council of Alberta and professional regulatory colleges, which together form a system of checks and balances for the public health system. Their roles and responsibilities should be broadly defined within the Act and include clarity around where responsibility lies for system-level policy versus operational policy for the delivery of services and programs.

The following represents a starting point for discussions on defining key roles and responsibilities:

- Alberta Health and Wellness is accountable to the public for the performance of the health system, including wait times and access. It funds the public system, establishes overarching health policy, sets standards and performance targets, and in turn, holds the elements of the system accountable for their performance.
- Alberta Health Services’ is mandated by and accountable to Alberta Health and Wellness to provide health services across the province, determine how resources are allocated, deliver or contract for services and meet performance targets.
- The Health Quality Council of Alberta is a health authority that acts as a monitoring and inquiring agency and measures, assesses, reports and makes inquiries into health system quality and patient safety.
- Delegated regulatory authorities such as the colleges that regulate professions have been established to protect the public and ensure that members of the legislated health professions are appropriately educated and meet the requirements to practice. (Alberta has over 30 delegated regulatory authorities including the College of Physicians and Surgeons, Alberta College of Pharmacists and the College and Association of Registered Nurses of Alberta.)

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7. As named under the Regional Health Authorities Act. Currently, Alberta Health Services is the primary service delivery Authority in Alberta, but other authorities include the Health Quality Council of Alberta, for example.
Establish clear and consistent definitions.
Confusion and complexity within the health system is partly the result of inconsistent and conflicting definitions. Therefore, the Alberta Health Act should establish clear and consistent definitions for terms used within all health legislation and across the system. For example, publicly funded services currently are defined through various terms, including insured services which has different meanings in different statutes, medically necessary services, basic services, basic care services, basic health services, hospitalization benefits and insured surgical services.

Consolidate core health acts that deal with publicly funded health services.
Creating the Alberta Health Act will bring a focus to the provision of health services and establish a common framework, definitions and principles. However, Alberta will still have other health legislation, some of which is outdated and, when taken as a body of legislation, can be confusing and contradictory. Much of this legislation should be consolidated into the Alberta Health Act.

Certain legislation should be given priority in the process of consolidation, particularly those Acts that currently establish, define and regulate how publicly funded health services are provided. Components of these Acts inhibit the system's ability to work out effective ways to access care from the right provider, in the right place, at the right time and at the right cost. This legislation includes:

• Alberta Health Care Insurance Act
• Hospitals Act
• Nursing Homes Act
• Health Care Protection Act
• Health Insurance Premium Act
Consolidating these statutes into a new legislative framework will:

• Streamline the framework under which the continuum of care is provided.

• Support greater flexibility in funding and delivering health services by helping the system move more readily from a provider and facility focus (hospitals and nursing homes) to a stronger patient focus.

• Accommodate the changing role of hospitals, primary care clinics, ambulatory and urgent care centres and assist in creating new emerging delivery models.

• Improve patient access by making it easier to provide services through a broader range of health providers at appropriate facilities, community centres and at home.

• Clarify accountability.

• Encourage efficiency.

As these core Acts are being consolidated, consideration should be given to aligning the Public Health Act (particularly those elements dealing with home care and public health threats), the Emergency Health Services Act (which covers ambulance services and paramedics) and the Mental Health Act in the initial consolidation.
Funding Health Services in Alberta

In Alberta, as in most of Canada, approximately 70% of health services are paid for publicly. The remaining 30% of health services are paid for privately.

Alberta’s publicly funded health system is concentrated on hospital, physician and certain oral surgical costs – the medical side of the system. These three categories of services are generally considered to be the “medically necessary”, “medically required” or “insured services” addressed under the Canada Health Act and transfer payments from Ottawa to the provinces depend on them being publicly funded.

Apart from these “medically necessary”, “medically required” and “insured services”, the public system in Alberta provides a portion of the funding going to nursing homes, home care, medical devices and equipment, long-term care, ambulances, vision care, podiatric and physical therapy services. This funding is not necessarily universal and may be provided to categories of residents, such as seniors, or based on income testing.

Services that are largely paid for by Alberta residents privately, either directly out-of-pocket or through insurance plans (such as Blue Cross) include:

- prescription drugs that are needed outside of hospital systems or nursing homes,
- some nursing and other medical services needed in the home,
- rates for long-term care accommodation,
- some medical devices and equipment used outside hospitals,
- ambulance services,
- dental care,
- vision care for non-senior adults,
- psychological, chiropractic, physiotherapy services, and
- elective cosmetic surgery.

Source: Alberta Health and Wellness
Establish an arm's-length entity to support evidence-based decision-making throughout the health system.

While much research and analysis has been done in Alberta and elsewhere on leading and best practices, the health system needs to do more to ensure that evidence is appropriately applied in order to better inform decisions about services, practices and policies and improve health outcomes in Alberta.

Stakeholders talked about how to best ensure that evidence is gathered, analyzed and disseminated throughout the system relative to publicly funded services, technologies, structures, processes and procedures and incentives. Some suggested a “clearinghouse function” be identified or established, while others recommended other structures to ensure greater coordination and application in the use of evidence.

The Committee therefore recommends that the Alberta Health Act contain provisions to establish an objective, independent entity with the resources to assess and analyze health research and other relevant evidence in order to inform decisions on health services throughout the system.

The Committee believes that as this recommendation is implemented, all necessary steps should be taken to optimize the use of existing expertise and resources, such as those residing in the health system, Alberta universities, institutes and other health agencies, as well as national research organizations.
The entity will help ensure that key healthcare decisions are based upon best evidence and are focused on the health needs of Albertans and their health system by:

• Making recommendations to government, regulatory bodies and other stakeholders.

• Acting as a clearing house for findings from research and studies and for the input of other agencies providing assessment and accreditation services nationally and internationally.

• Reviewing and responding to specific research questions referred by the Minister and health stakeholders.

• Assembling or analyzing research and evidence on an ongoing basis with respect to identified priorities, including:
  - drugs
  - devices
  - health technologies
  - structures and processes
  - health workforce decisions
  - performance incentives
  - clinical procedures
  - funding models

• Engaging citizens in its assessment processes and value-based decisions about health policy and delivery to ensure the public’s priorities are identified and their experiences using the system are reflected. Potential mechanisms for involving people include citizen juries, public consultation and board and committee membership.
The entity would be governed by an independent board and operate at arm’s-length from government and other authorities, agencies, boards and commissions.

The role of this entity would be distinct from the role of the Health Quality Council of Alberta (HCQA). The role of the HQCA is to monitor, measure, assess and report on health service quality and safety at a systems level and from a user perspective. The new entity would assess the evidence about what technologies, clinical services, practices and processes are to be adopted and/or publicly funded. However, the new entity would work closely with the HQCA to ensure appropriate and effective monitoring and measurement of system performance against specific health or health system outcomes.

It is also recommended that the current legislation governing the HQCA, the Regional Health Authorities Act, be reviewed to ensure it sufficiently enables the Council to fulfill its role.
Develop a patient charter for Alberta.

Patient charters can be effective tools for building trust between citizens and their health system. They can also be important ways to build a shared understanding about the rights and responsibilities of those receiving health services and how they balance with those of health care providers and funders.

The Committee recommends that an Alberta patient charter be developed that sets out what Albertans can expect from the health system and from health professionals, as well as their own responsibilities.

The charter must be developed through a process of broad consultation with members of the public and stakeholders. This public engagement is critically necessary. In order for a patient charter to be effective, it needs to encompass the values and input of those who will be guided by it, and it needs to be widely understood and accepted. In order to minimize misunderstandings as the charter comes into effect, there also needs to have been full and transparent discussion around what it can be used for, including issues of accountability and liability.

The Alberta patient charter should support the principle of putting people and their families at the centre of their health care and be a cornerstone in building a culture of trust and respect. The charter should clearly delineate people and patients’ rights and responsibilities, and provide guidance and direction to other health regulators, service providers and governing bodies as they develop their own patient or client charters.
Elements to Consider When Developing a Patient Charter

Patient charters generally include elements that deal with:

• Being treated with respect and dignity
• Having access to appropriate health care services and related supports
• Having all patients’ circumstances taken into account in plans for their care or wellness
• Having access to publicly funded health services based on need
• Ensuring an equitable allocation of resources
• Being ensured of privacy of information
• Having timely and reasonable access to information
• Having the right to complain and receive a timely response to their concerns
• Having the right to be fully informed (about treatment and services)

The responsibilities of the patient can include elements such as:

• Learning how to better access health services
• Using services appropriately and wisely
• Following an agreed-upon care plan
• Making healthy choices
• Asking questions, following instructions, understanding their care plan and requesting information

Source: Alberta Health and Wellness
ENSURE ONGOING CITIZEN ENGAGEMENT IN THE DEVELOPMENT OF LEGISLATION, REGULATION AND POLICY.

In listening to stakeholders and Albertans and examining their issues, the Committee was struck by the consistent message that people and organizations feel that they are not adequately engaged in, or consulted about, their health services or directions taken by the health system.

Trust and respect are built on solid foundation of engagement and transparency. The Committee is therefore recommending that the public and stakeholders be meaningfully engaged in decision-making throughout the health system. This includes:

• Public involvement in setting priorities for health services and developing the Alberta patient charter.

• Developing a transparent process to ensure the alignment of existing and new legislation, regulation and policy with the principles and intent of the *Alberta Health Act*.

• Public representation in the ongoing process of ensuring evidence-based decision-making.

• Validating the proposed framework to guide future directions for the health system.8

This scope of engagement is a critical check and balance mechanism for the Committee’s recommendation that the *Alberta Health Act* be enabling, framework legislation.

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8. See recommendation four for proposed Framework
Much of the input provided to the Committee spoke to issues at levels other than legislation. Participants pointed out that, as regulations and policy decisions are made and programs designed, the intent of the legislative framework can be diluted or redirected. They raised specific concerns and generated ideas to enable the alignment of programs and system practices with health system policies.

When stakeholders made presentations, they expressed their belief that it is imperative that changes made to Alberta’s health system align with best practices, be consistent with policy and regulation and ultimately benefit patients, their families and the overall quality of the system.

The Committee heard specifically that a direct link should be drawn between the new legislation and the more detailed regulations, policies and practices that would follow from it.

The Committee therefore recommends:

The *Alberta Health Act* should ensure that health governance bodies are aligned with its principles and intent.

A transparent process should be written into the *Alberta Health Act* to ensure health governing bodies are setting directions and making decisions within their mandates that reflect the principles and values outlined in the *Alberta Health Act* and the direction it sets out for the system.

All other health legislation in Alberta should be aligned with the intent and principles contained within the *Alberta Health Act*.

All other health legislation should be reviewed and amended to ensure that it is aligned with the principles and intent laid out in the *Alberta Health Act*. 

“We should be involved in the changes to our health system – because we care what happens – whether as patients, families or employees.”
Other provincial legislation that impacts the health of Albertans should be aligned with the *Alberta Health Act*.

As stated under the principle of a focus on wellness and prevention, the health status of Albertans is affected by more than what occurs within the health system. This includes income, gender, social status, education, physical environment, social support networks, genetics and access to and use of health services.9

It is important, therefore, that a review of “non-health legislation” that has an impact on the health of Albertans be conducted, and where necessary, steps taken to ensure that it aligns with the intent and principles of the *Alberta Health Act*. This would include legislation in areas such as housing, employment, education, children and youth, environment and social services.

Establish a clear guide to align decision-making on legislative, regulatory, policy and program delivery changes throughout the health system.

In order to give voice to the program and policy detail it received, the Committee has developed an initial guide to align decision-making within the system. It includes further details around the intent of the directions being recommended within the report, including those around people-centred care, evidence-based decision-making, optimizing the contributions of the health workforce, supporting integration and change processes.

This proposed guide should be validated or adapted as a tool through discussions with stakeholders and the public and then be used to further inform decisions as regulations are developed under the new *Alberta Health Act*. It should also be used to inform and guide policy and program decisions being made as other initiatives are implemented, including Vision 20/20, released by Alberta Health and Wellness in 2009 as phase one of the province’s plan for developing the health system.

Maximizing access to services is critical to patient and provider satisfaction and can improve the
efficiency and effectiveness of care, as well as health outcomes. Access – the ability to get needed
services – has several dimensions. These include determining what services are required to meet a
patient’s specific needs; ensuring patient needs are appropriately assessed; and making decisions on
the most appropriate setting for the provision of those services, whether at home, in a clinic, at a local
health facility or at a larger health centre or hospital. Access also has dimensions of time and distance:
If someone can’t get to a service in a timely basis, their access is impaired.

Alberta’s health legislation, regulation and policy should:
• Be people-centred, enabling people to access services in a variety of ways and through a variety of
  health providers.
• Link health care services and resource allocation to the level of complexity of the patient’s needs,
  not to the institution.
• Provide Albertans with access to the full continuum of care regardless of ability to pay.
• Provide consistent evaluation standards for patients across different service settings.
• Provide collaborative, adequately-resourced community-based care.
• Provide a greater range of opportunities to access primary care and a commitment to making
  primary care accessible to all Albertans.
• Use all available facilities and capacities to improve access to publicly funded health services.
• Provide services that reduce the likelihood of community-based patients returning to acute care.
• Provide options to support aging in place and full and proper assessment as to the level
  of care required.
• Enable optimal portability of services across Alberta.
• Provide better linkages between health care providers.

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<thead>
<tr>
<th>Direction in Alberta Health Act</th>
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Research, technology, new therapies and innovation have undoubtedly improved the quality of life for many people and reduced mortality. However, the system can be slow to spread the adoption of more effective care paths and practices and, at times, technology and drugs have been adopted without ensuring that they are an improvement over previous therapies. The adoption of appropriate practices and the right technology and therapies can lead to better health outcomes and better use of health resources. Academic medicine and academic hospitals are critical partners in a transition to a higher quality health system and knowledge-based economy.

Alberta’s health legislation, regulation and policy should:

- Enable decisions based on the best available information and evidence.
- Be strongly linked with well-resourced academic health centres.
- Consider the short and long-term implications of decisions, including potential costs and the relative benefits.
- Measure and manage performance of the health system against outcomes.
- Reflect the health issues and priorities of the population when adopting new ways of doing things (e.g. aging demographic, frequency and type of chronic diseases, level of injuries).
- Use a formal process to assess current and new technologies as to their effectiveness, redundancy and relative benefits.
- Make informed decisions based on formal assessments.
## PROPOSED GUIDE FOR ALIGNING DECISION-MAKING

<table>
<thead>
<tr>
<th>Direction in Alberta Health Act</th>
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<tr>
<td><strong>Optimize the competencies and capacity of all health service providers.</strong></td>
<td>Health services are people-intensive and require the interaction of thousands of health providers who have a broad range of training, education and areas of specialization. There are many providers, including over 30 regulated professions – physicians and surgeons, registered nurses, dentists and related dental professions, pharmacists, physiotherapists, licensed practical nurses and many more. In addition, unregulated health providers play an important role in the delivery of care and can have a significant impact on the effective use of everyone’s skills and knowledge. Ensuring that all providers are able to work together while maximizing their contributions is critical. This is a complex task and requires new ways of looking at what people do, where they do it and with whom they collaborate. However, an optimized health workforce will increase access, improve quality and lead to greater patient and provider satisfaction.</td>
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Alberta’s health legislation, regulation and policy should enable:

- A system-wide team approach to providing care and services, where the skills and competencies of multiple care providers are respected and supported.
- Appropriately trained people providing appropriate care.
- Ways of ensuring provider competencies are used and managed across the health system and their careers.
- Ensuring scopes of practice and the ability to use health providers’ competencies to meet future service demands.
- The inclusion of the task of ensuring that registered individuals remain competent throughout their careers within the mandates of regulatory bodies.
- Aligning the education of health care workers to meet the changing needs of Alberta’s society over time.
- A collaborative system where people can access services in a variety of ways and through a variety of providers.
The patient experience is often characterized by fragmentation, duplication of services and gaps in care. Integration is about better supporting people and families in their care journey. Integration also is about building connections and programs between sites and services in new ways. Integrated care is critical to ensuring consistent standards of care, people-centred care and the effective use of health resources, including provider time and expertise.

The continuum of care in Alberta also has to shift from a traditional focus on acute care to the full spectrum of wellness, population health, public health and health promotion and injury and disease prevention. It needs to recognize people’s experiences of health and illness from birth to death and focus on optimizing health for all, regardless of whether or not they have a chronic condition or disability.

Alberta’s health legislation, regulation and policy should:

- Make transitions between providers and sites seamless for patients and families.
- Address the gaps in care that can occur between rural, urban and remote parts of Alberta.
- Coordinate information and approaches.
- Apply consistent service standards across different health care settings and locations.
- Provide access to health information while protecting patient privacy.
- Better align services related to health care that are provided by related ministries including those provided to children, families and seniors as well as the training of health professionals.
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<tr>
<th>Direction in Alberta Health Act</th>
<th>Alignment with Intent of the Act</th>
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<tr>
<td>Provide support for change and improve outcomes.</td>
<td>Providers, the public, patients and their families, communities and community leaders all need to be engaged and help shape the system. An engaged workforce will have the capacity to streamline and direct health resources in more effective ways and healthy workplaces improve quality and safety. An informed public will be able to choose services appropriate for their own and their family’s needs and that means better health outcomes. Engaged communities can help organize health services in ways that optimize community health. Engagement will require giving Albertans the information and tools they need in order to make informed choices about appropriate health services and lifestyles. This is sometimes described as health literacy - the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings. While health literacy is an essential step in managing and advocating for one’s health, it needs to be accompanied by more than information. The system needs to think about programs which support people in making choices that work for them, whether it’s local exercise options for people with chronic diseases or prenatal support that includes coupons for milk and not just the dictum to include calcium in the diet, for example. Incentives for healthy behaviors (e.g. employee wellness programs and tax deductions for physical activities) and disincentives for unhealthy behaviors (e.g. seat belt legislation) also can improve health outcomes and lower costs. Providers also need to be supported through change. Changing the way workplaces are structured and what people are asked to do when delivering services needs to be supported with education, training, coaching and sufficient time within the workday to learn and apply new skills and techniques. Alberta’s health legislation, regulation and policy should:</td>
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<td>• Provide for greater engagement and responsibility of health providers in change.</td>
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<td>• Provide for greater engagement and responsibility of patients, families and the public in change.</td>
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<tr>
<td>• Enable ways of incenting care that focuses on wellness and the right provider providing the right care in the right place.</td>
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<tr>
<td>• Ensure Albertans have adequate information to maintain and improve their health and ability to access the health system.</td>
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<tr>
<td>• Provide incentives for healthy behaviors and disincentives for unhealthy behaviors.</td>
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<tr>
<td>• Provide greater transparency about costs within the system.</td>
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IN CLOSING

“IT’S TIME TO SHIFT THE FOCUS FROM HOSPITALS AND HEALTH CARE PROVIDERS TO INDIVIDUAL ALBERTANS WHO USE AND COUNT ON THE HEALTH SYSTEM.”

A FRAMEWORK FOR REFORM (MAZANKOWSKI REPORT)

Addressing the challenges required to move to a principles-based health system - one that is centred on the individual and families, committed to quality and safety, provides equitable access, uses evidence, focuses on wellness and public health and is truly respectful - requires a tremendous shift in thinking, education and practice. This will not be an easy task. The difficulties involved must be acknowledged and resources put in place to help providers, as well as the public, in making these necessary changes.

At the same time, the Minister’s Advisory Committee on Health believes that this shift is both timely and possible. In pursuing this possibility, we believe we must work with those who have traditionally experienced barriers to care, including Albertans living in rural and remote communities, Aboriginal peoples and immigrant populations. We must ensure those who are elderly, ill, infirm or otherwise vulnerable receive both care and compassion. People with complex chronic needs must be able to access care in ways that support them, whether living in their community, in institutional settings for specific needs, or returning home from institutional stays for specific needs.

We also must ensure that we have a system that is as efficient as possible so that health resources can benefit as many people as possible, and that barriers to providing the appropriate care by the appropriate provider are removed.

We believe it is possible to establish a new understanding with all Albertans, including providers, patients, taxpayers, funders and families. As we said in the beginning of this report, we believe that this new understanding, built on a strong, new legislative foundation, will reinforce and sustain a public health system that is responsive, innovative and relied upon by this generation – as well as those to follow.
ARTICULATE A SET OF PRINCIPLES THAT MUST BE SUSTAINED AND MAINTAINED THROUGHOUT ALBERTA’S HEALTH SYSTEM.

Alberta’s health system needs a set of clearly articulated and understood principles that can be sustained and maintained across all legislation, system changes, regulation, policy, and service delivery. The principles should be consistent with principles contained within the Canada Health Act – public administration, comprehensiveness, universality, portability and accessibility – and what these principles have come to mean to Canadians – a publicly funded health system that is accessible to all regardless of ability to pay.

Alberta’s health system principles should be as follows:

• Put people and their families at the centre of their health care.
• Be committed to quality and safety.
• Ensure equitable access to timely and appropriate care.
• Enable decision-making using the best available evidence.
• Be focused on wellness and public health.
• Foster a culture of trust and respect.
Legislate an Alberta Health Act for the Future.

Legislate an Alberta Health Act to set the overall direction and provide an enabling framework for the health system. The Alberta Health Act would establish the fundamental principles on which the system operates and provide the flexibility and scope necessary to deal with the demands in health today and the future. This Act would be the lens through which other health legislation, regulation and policy would be viewed in order to ensure clarity, consistency and alignment.

The Alberta Health Act should have the following key components:

- The principles for health care and services in Alberta outlined in recommendation one.
- Identification of roles, responsibilities and accountabilities for key players in the health system.
- Clear and consistent definitions that apply across all health legislation.
- Provision for an arm’s-length entity to ensure use of best available evidence in decision-making.
- Provision for an Alberta patient charter to be developed in consultation with Albertans.
- Consolidation of core health acts that deal with publicly funded services.

Ensure Ongoing Citizen Engagement in the Development of Legislation, Regulation and Policy.

The public and stakeholders must be meaningfully engaged in decision-making throughout the health system. This includes:

- Public involvement in setting priorities for health services and developing the Alberta patient charter.
- Developing a transparent process to ensure the alignment of existing and new legislation, regulation and policy with the principles and intent of the Alberta Health Act.
- Public representation in the ongoing process of ensuring evidence-based decision-making.
- Validating the proposed framework to guide future directions for the health system.

This scope of engagement is a critical check and balance mechanism for the Committee’s recommendation that the Alberta Health Act be enabling, framework legislation.
DEVELOP CLEAR DIRECTIONS TO GUIDE LEGISLATIVE, REGULATORY, POLICY AND PROGRAM DELIVERY CHANGES ACROSS THE HEALTH SYSTEM.

Direct links should be drawn between the new legislative framework and the more detailed regulations, policies and practices that would follow from it.

The Committee therefore recommends that:

• The Alberta Health Act ensures that health governance bodies are aligned with its principles and intent.

• All other health legislation in Alberta is aligned with the intent and principles contained within the Alberta Health Act.

• Other provincial legislation that impacts the health of Albertans is aligned with the Alberta Health Act.

• A clear guide is developed to align decision-making on legislative, regulatory, policy and program delivery changes throughout the health system.
SUMMARY OF PUBLIC INPUT

The Committee posted a public survey to collect feedback on potential principles and themes for a new legislative framework. The input gathered represents the views of those Albertans most interested in sharing their thoughts.\(^{10}\)

Survey Respondents* – October 9, 2009 to November 30, 2009

<table>
<thead>
<tr>
<th>Category</th>
<th>Respondents</th>
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<tbody>
<tr>
<td>People - no occupation identified</td>
<td>1,801</td>
</tr>
<tr>
<td>Nurses</td>
<td>924</td>
</tr>
<tr>
<td>Non-health care providers</td>
<td>236</td>
</tr>
<tr>
<td>Health care administrators and other health care providers</td>
<td>213</td>
</tr>
<tr>
<td>Physicians</td>
<td>10</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,191</strong></td>
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*Not all respondents completed the entire survey. All responses were included in results.

Of the people responding, support for the principles within the survey went from a high of 96% agreement with a commitment to quality to 82% support for wellness and public health. Within that range was strong support for a publicly funded health system (87%), patient-centred care across a full care continuum (88%), protective of the infirm and otherwise vulnerable (90%), accessible regardless of ability to pay (90%), and evidence-based decision-making (90%). Additional principles offered by people included rural access, keeping the system public, a patient’s right to choice, support for patient safety and interdisciplinary care.

\(^{10}\) Note: The on-line survey does not represent a statistically valid sample of the Alberta population. The results of the survey reflect the views of those who responded.
The themes within the survey received similar high levels of support including:

- Team approaches to care (87%)
- Collaborative care in the community (83%) and linking services to need (86%)
- Coordinated service delivery (85%) and health records that move with the patient (88%)
- Evidence-based decision-making (90%)
- Greater engagement of patients (73%) and providers (76%) in decision-making
- Greater transparency on costs (75%)

Among the suggestions offered by people included recognition that a number of different providers can lead interdisciplinary care teams; creating a portal where people can access their own health information; and increased focus on health promotion, primary care; and patient rights and responsibilities. People also expressed the most confidence in determining when they should see a family physician about a health concern (80%), with confidence also high for pharmacists (59%) and public health nurses (52%).
THE CHALLENGES OF HEALTH CARE TODAY

The challenges facing health care are not unique to Alberta or even Canada. They are found across health systems and the world. The following is provided as additional context to this report and its overall direction.

Albertans clearly value a strong public health system. They want to know that they can access health services when they need them, regardless of income. They want a health system that delivers services in better ways and uses technology to improve outcomes. However, today’s system has legislative and regulatory barriers that sometimes limit choice and prevent change. This arises because historically, provincial health systems across Canada have been organized primarily by specific facilities or settings such as hospitals, nursing homes, etc. or providers such as physicians – and focused more on the treatment of disease and injury than on wellness and prevention.

Today, Albertans and other Canadians see health in a broader social context, more in line with the determinants of health as laid out by the World Health Organization, namely, that the things that make people healthy or not include their income, gender, social status, education, physical environment, social support networks, genetics, access and use of health services.11

Health legislation for the future must support this broader perspective, together with key transformations underway in health and health care. It should also encourage innovation and allow for the adoption of new technology and practices as they emerge.

Our future health legislation needs to help us address the challenges before us. These include:

• Limited responsiveness to people and families. Care has traditionally been organized with a focus on what works best for providers and on acute care. It tends to overlook the context within which the person lives, including the role of their family or support network. People are often assessed with regards to how they might fit into existing programs, rather than their needs driving the care provided. This can be especially true for people with more complex needs, including people with disabilities, chronic conditions and seniors.

• An aging population. Today’s boomers are tomorrow’s seniors and will bring profound and enduring economic, social and political implications. The first baby boomers will reach age 65 in 2011. By 2031, it is projected that one in five Albertans, or 20% of the population, will be seniors.

• Population growth and diversity. As of June 2009, Alberta continues to have the highest year-over-year growth rate in Canada as a result of its high birth rate and continued interprovincial and international migration.\textsuperscript{12} Alberta’s aboriginal communities are also growing and experience higher than average rates of certain chronic diseases, particularly diabetes, renal disease, heart disease and mental illness. Furthermore, these and other communities experience access barriers to the health system due to geographic, cultural, social and financial factors.

• Impact of chronic disease and injury. The incidence of chronic diseases, such as cardiovascular disease, cancer, respiratory illness, mental health disorders and diabetes, are rising and account for 60\% of the health system’s medical costs\textsuperscript{13} and injuries are the leading cause of death for Albertans aged one to 44. In Canada, the current cost of illness, disabilities and death due to chronic disease is $80 billion annually.\textsuperscript{14}

People are able to live longer with chronic conditions that formerly would have been considered terminal like cancer or heart disease, shifting care from hospitals to the community. This is due in large part to drug therapies that while costly, make new approaches to disease management possible. Managing chronic disease and injury prevention is not solely a health system issue and requires collaboration across governments and all sectors of society.

• Dependency on facility-based care. People’s health care needs aren’t well matched with the services and facilities provided by the system. The majority of Alberta’s hospitals and long term care centres are operating above capacity and are not always the appropriate setting for the patients for which they are caring. However, the system is unable to readily transition patients out of these facilities and into community-based care alternatives where appropriate because there is limited capacity available.

• Increased utilization of health technologies. Technologies generally are developed to solve a problem and improve quality of life. They are an indispensable component of the health system in prevention, diagnosis and treatment of disease and disability. They also have the potential to be effective in avoiding health system costs, but only if used appropriately. Policies for the selection and management of new technologies must be based on scientific evidence and best practice; otherwise, health technologies can quickly become a significant cost driver while not necessarily providing for better health outcomes.

• Supply and diversity of a skilled health workforce. Health is labour intensive; in fact, Alberta Health Services spends over 70% of its budget on staff salaries. By the year 2020, it is projected that Alberta’s health system will not have enough nurses or family physicians to meet the needs of the population. Recruiting and retaining unregulated health workers has also been a challenge. Strategies are needed to manage and increase supply in these areas and consideration needs to be given to the expanded role of other health providers. Over the past two decades, Alberta has seen a significant increase in the diversity of health professionals, such as respiratory therapists, nurse practitioners, paramedics and mental health workers. These highly educated professionals potentially could take on a larger role in the provision and coordination of health services through expanded scopes of practice.

• Insufficient emphasis on public health and on wellness. Public health is the collection of programs, services, policies and regulations that together focus on keeping the whole of the population healthy. Currently, more emphasis is placed on improving the health care or healing system rather than focusing on activities that keep us from becoming sick or getting sicker.

• Limited health literacy. Health literacy is the ability to access, understand, evaluate and communicate information as a way to inform as well as to promote, maintain and improve health in a variety of settings. It is an essential step in managing and advocating for one’s health. Research\textsuperscript{15} indicates that persons with limited health literacy skills are more likely to skip preventative measures, making them more susceptible to illness, higher rates of hospitalization and ultimately, higher health care costs. Strategies such as engaging health providers to assist in educating patients and early health emphasis in schools have increased health literacy. This results in improved maintenance of one’s health, lower rates of hospitalization and ultimately, lower health care costs.

CURRENT HEALTH LEGISLATION

In Alberta, health legislation consists of over 30 statutes and 100 regulations. This legislation can generally be summarized as follows.

CORE HEALTH CARE FRAMEWORK

These Acts include statutes that establish, define and regulate the provision of publicly funded health services. The following Acts are part of this group:

• Alberta Health Care Insurance Act
• Hospitals Act
• Nursing Homes Act
• Health Care Protection Act
• Health Insurance Premium Act

Together these Acts:

• Establish a public health care plan that assures Albertans they will receive benefits for physician and hospital services.
• Provide for the operation of “approved” hospitals.
• Require physicians or dentists who receive public payment for the insured services to be opted into the public plan.
• Prohibit private hospitals, queue jumping, extra billing and user fees.
• Make limited provision for private surgical facilities.
• Provide “basic care services” to residents of nursing homes.
• Commit to preserve the principles of the Canada Health Act (CHA), which are: universality, comprehensiveness, accessibility, portability and public administration.
HEALTH POLICY AND PROGRAMMING INITIATIVES

These statutes establish major, discrete health policy and programming initiatives, including:

• Government Organization Act (Schedule 7.1)*
• Health Disciplines Act*
• Health Professions Act*
• Opticians Act*
• Pharmacy and Drug Act*
• Physical Therapy Profession Act*
• Podiatry Act*
• Public Health Act
• Health Information Act
• Emergency Health Services Act
• ABC Benefits Corporation Act
• Regional Health Authorities Act
• Crown’s Right of Recovery Act (unproclaimed)

Many of these are primarily administered by arm’s-length organizations.

Acts marked by an asterisk address the issue of health profession self-governance and focus on what health activities make up the practice areas for the various professions. At present, approximately 73% of health professions are under the Health Professions Act (HPA) and it is projected that within the next 12 to 18 months an estimated 93% of health professions will have been brought under the HPA.

Consolidation of health professions’ matters under the HPA will not include the restricted activity provisions of the Government Organization Act or the Pharmacy and Drug Act. This is because these two Acts address matters that go beyond the core health professions regulatory environment.

The Health Information Act (HIA) sets up one of the privacy regime for the health system and is under the oversight of the Office of the Information and Privacy Commissioner.

The Public Health Act is a central part of the health system. This legislation is key to the management of public health emergencies, to provision of home care and to the regulation of communicable diseases and public facilities, such as restaurants and swimming pools. This legislation interacts at all points along the continuum of care and is scheduled for a discrete review over the next three years.
Emergency Health Services Act came into effect on April 1, 2009 and sets the stage for emergency health services to be delivered on a more flexible and responsive basis and using paramedical services more fully in the provision of health services.

Finally, the Regional Health Authorities Act provides authority for Alberta Health Services and the Health Quality Council of Alberta.

**LEGISLATION FOR SPECIFIC PROGRAMS**

Statutes that establish specific programs make up the third category and include:

- *Alberta Cancer Prevention Legacy Act*
- *Alberta Evidence Act*
- *Charitable Donation of Food Act*
- *Drug Program Act (unproclaimed)*
- *Emergency Medical Aid Act*
- *Health Facilities Review Committee Act*
- *Health Professions Amendment Act, 2008 (unproclaimed sections)*
- *Human Tissue and Organ Donation Act*
- *Mandatory Testing and Disclosure Act*
- *Mental Health Act*
- *M.S.I. Foundation Act*
- *Prevention of Youth Tobacco Use Act*
- *Protection of Children Abusing Drugs Act*
- *Tobacco Reduction Act*

Some or all of these programs may be well suited to become regulations under a consolidated Alberta Health Act.
MISCELLANEOUS ACTS

This is a small category that is made up of miscellaneous Acts that generally serve various short term purposes or are in the process of being phased-out and include:

• Health Governance Transition Act
• Health Facilities Accountability Amendment Act (unproclaimed)
• Health Information Amendment Act (unproclaimed)
• Provincial Health Authorities of Alberta Act

Source: Alberta Health and Wellness
STAKEHOLDER PRESENTATIONS

Canadian Union of Public Employees (Alberta)
Alberta Alliance on Mental Illness and Mental Health
Alberta Union of Provincial Employees (AUPE)
College of Licensed Practical Nurses of Alberta
Alberta Nursing Education Administrators
Alberta Senior Citizens’ Housing Association
Alberta Urban Municipalities Association
Alberta Association of Optometrists
Alberta Bone and Joint Health Institute
Alberta College of Family Physicians
Alberta College of Pharmacists
Alberta Continuing Care Association
Alberta Disabilities Forum
Alberta Health Services
Alberta Home Care and Support Association
Alberta Medical Association
Alberta Association of Municipal Districts and Counties
Calgary Chamber of Commerce

Canada Diagnostic Centres
Canadian Mental Health Association (Alberta)
College and Association of Registered Nurses of Alberta
College of Physicians & Surgeons of Alberta (CPSA)
Consumers’ Association of Canada, Alberta
Covenant Health
Faculty of Medicine, University of Calgary (Dr. James Silvius)
Faculty of Medicine and Dentistry, University of Alberta
Faculty of Medicine, University of Calgary (Dr. Tom Noseworthy)
Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta
Friends of Medicare
Health Quality Council of Alberta (HQCA)
School of Public Health, University of Alberta
School of Public Policy, University of Calgary
United Nurses of Alberta (UNA)
WRITTEN SUBMISSIONS

Alberta College of Optometrists (ACO) and Alberta Association of Optometrists (AAO)
Alberta Dental Association and College
Alberta Association of Gerontology
Alberta Podiatry Association
Southern Alberta Institute of Technology (SAIT) Polytechnic - School of Health and Public Safety
Alberta Council on Aging
Primary Care Nurse Practitioners Collaborative
Federal Superannuates National Association of Alberta
Institute of Health Economics
Alberta College of Occupational Therapists
College of Dieticians of Alberta
Alberta Opticians Association
Canadian Society of Hospital Pharmacists (Alberta Branch)
CASA - Child, Adolescent and Family Mental Health
Genesis Medi Shuttle Inc.
Psychologists’ Association of Alberta
Professional Association of Residents of Alberta (PARA)
University of Alberta

School of Public Health - Alberta Centre for Injury Control & Research
Creating Synergy: Health Coalition of Alberta
Alberta Hospice Palliative Care Association
Group of Non-Hospital Surgical Facilities - (Submitted by Dr. Carol T. Demong)
Alberta College and Association of Chiropractors
GS1 Canada
University of Alberta - Health Sciences Council
College of Physical Therapists of Alberta
Calgary Leadership Forum
Alberta Health Services (Submitted by Dr. Duckett)
Premier’s Council on the Status of Persons with Disabilities
Alberta Society of Radiologists
Trans Equality Society of Alberta
Seniors Community Health Council
The Whitemud Citizens for Public Health
Dr. Stan Kolber & Associates
Alberta Health Services (Submitted by Michael King)
Alberta Health Services (Northeast Community Health Center Seniors’ Clinic)
Former Calgary Health Region, Patient/Family Safety Council