

Feedback received on the Health Advocate Regulation to February 7, 2014

Comment 1

Good Morning,

Thank you for providing an opportunity to engage in feedback regarding Health Advocate Regulation.

Points of Consideration:

5 c (i) What would constitute when a review is not necessary or practicable (criteria for this determination?)

5 c (iii) What factors supported/impacted the decision for the 6 month cut off?

6 Procedure

b) Reporting to the appropriate College – Is this reasonable before you have outcome of the review? Suggest another step for closing the feedback loop i.e. report back to the college on the outcome of the review.

c) Noted that Health Advocate is to make effort to notify involved individual if not the complainant. Would it be beneficial for the complainant to request the involved individual contact Health Advocate directly if interested in pursuing the complaint process.

I am excited to see how this role unfolds. Have a terrific day!

Comment 2

Simply setting up a Health Care Advocate responsible to a Minister in the Alberta Government is NOT GOOD enough. There needs to be some preparatory discussion and legislation to produce an integrated, informed Health Care System that publicly satisfies and seems to satisfy the conditions of the Canadian Health Act and other universal declarations of public health care and the Charter in Canada/Alberta at all:

1) A government that ensures that legislation is scrutinized so that it satisfies the Canadian Charter of Human Rights at all in a publicly informed manner - See: Edgar Schmidt recent appeal to the courts at the Federal level. Are similar problems happening in Alberta? What feedback (other than oral propaganda) do I as citizen have that they aren't? Who is a bona fide recipient of Health Care in Alberta and at what level (equality/equity?): consider refugees, First Nations peoples on reserves, temporary foreign workers, migrants who are agricultural workers, and workers from other parts of Canada working long stretches, year after year in the Oil Sands for example? Are safety concerns part of preventive health care but which can be costly to a health care system part of Health Care? What role does the ADVOCATE play in these situations?

2) Information/Electronic Data Collection agencies that are run and operated by someone/some group who has expertise in data collection and making that data available to the public in a reasonable fashion. This person/group should report to the Legislature as a whole and be reviewed (public input) periodically to ensure that it does what it is supposed to

do and gets updated. This might assist individuals, groups, and the government in better decision making (forecasting health needs, modelling, etc.) and keeping track of data once in the system. What access would an ADVOCATE have to this system and the currently implemented haphazard system?

3) An update of the Proprietorship Laws as related to public/private relationships. The public sphere has a different mandate than private companies (legally must make a profit, and have different disclosure laws when it affects making a profit). Why are so many public/private contracts secure (slanted to the private side)? How does this affect public scrutiny and decision making in the public interest? Loss of some 600,000 health care records where the Minister is unaware of the loss for several months is one possible problem. This suggests this company is neither very efficient nor effective either, doesn't it? Who ensures that private companies are operating in a responsible manner? Apparently the company's private interests took precedence over public interest. How often does this happen? Where do my health care records end up if the Alberta Government secretly contracts with large, private companies with multiple subsidiaries? How does an ADVOCATE with limited funds, expertise and resources track this information and ensure and advise the Government where breaches (IDENTITY THEFT) have occurred or is this DUMPED on the individual who may be very ill? Is the Minister in charge capable of doing this? Is this a reasonable expectation to dump on a minister? Apparently not if recent "mis-layings" and reporting's of insecure data is any indication.

4) Who does the Health Care Advocate report to: Legislature as a whole or just a Minister who is ill-informed about data collection/Information Systems and has NO ONE mandated to advise him/her before or after a problem arises other than haphazardly? How can the Health Care Advocate anticipate problems in the system before they become BIG PROBLEMS and make suggestions for improvements?

Comment 3

I want you make the Health Advocate completely independent of government urgently and permanently with no foot dragging.