

Final Report

Mission to Beijing, China

Date: 13-18 April, 2014



Overview:

Alberta, as the Provincial/Territorial Chair of the Health Ministers attended the biennial Canada-China Health Ministers dialogue in Beijing with Federal Health Minister Honourable Rona Ambrose. Every meeting of the health leaders of the two countries are organized around a number of themes for which there are both formal and informal dialogues at both the political and the officials level. The key themes of this event were as follows:

1. Infectious Diseases
2. Healthy Aging
3. Health Systems
4. Hospital Management

Alberta Health has a Memorandum of Understanding with Zhejiang Province with respect to a number of public health initiatives. The Alberta Minister of Health wanted to connect with key officials from this province to explore progress to date as well as what additional activities may be of value for both jurisdictions.

In addition, there was a dinner meeting where a group of key Chinese officials and one business leader met to discuss innovations in health care.

The mission was successful in meeting its objectives as outlined below.

Mission Objectives:

The official mission objectives for the trip, from an Alberta perspective were as follows:

1. Gain a better understanding of the Chinese approach to managing infectious diseases, with particular focus on influenzas.
2. Gain a better understanding of how the Chinese health care system is organized from a primary care, acute care and continuing care perspective and to gain insight as to how well they are managing their system.
3. Gain a better appreciation of how the Chinese are managing an aging population, the challenges as potential solutions to those challenges.
4. Identify key learnings from the Chinese experience on how improvements may be made in the Alberta/Canadian health care system.
5. Identify key areas of common interest whereby future collaborative work between Alberta and Zhejiang may be explored.

Results:

As part of the trip, Alberta had both a plenary session with key Chinese officials on collaborative efforts to better identify, coordinate and respond to infectious disease management between the two countries as well as a tour of the Chinese Centre for Disease Control (CDC). Please see attached booklet for the agenda and list of Participants for April 16. The Chinese, since SARS and H1N1 have made major strides to monitor and report on a broad list of influenzas as well as other diseases. In fact, they have put in place a process whereby any disease that is on the list must be reported within two hours. The head of the CDC showed the Acting CMOH for PHAC that their new system can show where the resident having the disease is from, where they were diagnosed, who they are and who is treating them as current as one day after reporting. We also had a tour of the WHO lab located within the CDC, where all flus found in China are identified and reported. This lab is the primary source of information that vaccine manufacturers rely on to know what the components of the flu vaccine need to be for the following year. Of note, Canada is one of only seven countries with whom China shares detailed data. As well, China does not currently have a Level 4 laboratory but they are working with France to develop one.

The Chinese health system essentially has no community-based primary care. One 700-bed facility that we toured has 10,000 Out Patient Delivery (OPD) visits a day. The three university hospitals at Beijing University have 2.6 million OPD visits per year. In addition, a significant challenge, is the fact that there exists a 15 percent co-pay on every service, meaning that those with less means are less likely to seek care earlier and therefore be sicker once they actually encounter the healthcare system. There are virtually no family physicians in China; every physician has specialized and is hospital based. Furthermore, the hospitals compete for the physicians making it extremely difficult to staff smaller and rural facilities. China is in the process of introducing a family medicine training program and signed a MOU with the University of Toronto Department Of Family Medicine. The program will be five years of medical training (note: medical students enter directly from secondary school) followed by a three-year family medicine residency. The Chinese are not sure how best to develop a primary care, non-hospital system and there are numerous opportunities to work with them on this important area of the system. We heard that there were discussions with the University of Alberta's Department of Family Medicine but they appear to be more interested in work they are involved with in parts of Africa.

With respect to the aging population China has many challenges including cultural, policy, infrastructure and human resource challenges. China has no history of elder care, beyond what the family has provided. As a result they have little or no infrastructure for elder care, such as housing options to build upon. By law, children of older people must look after their needs. However, China's one-child policy has skewed the ratio of adult children to seniors, so that in many cases it is one child responsible for four seniors. As well, while the country is still approximately 50:50 urban rural, there has been an accelerating trend for younger people going to the large cities seeking better economic opportunities. This has added to the growing crisis. This is an area where there can be some significant collaboration between Canada and China.

With respect to healthy aging and health systems, there was a robust dialogue involving politicians and officials. China has acknowledged that the one-child policy has created an enormous set of challenges for them as an aging population. The history (and legal requirements) is for the children to look after their parents. However, with the one child policy, coupled with the significant migration of younger Chinese to the large urban centres, there is emerging a tremendous pressure for more state-run and funded supportive living and housing programs. Even for those Chinese who are still in the same location as their parents, one person responsible for four seniors was never contemplated or expected. Therefore, hardships for family members will be a growing problem unless appropriate resources are put in place.

With respect to health system/hospital management, Minister Horne co-led a great discussion at Beijing University Hospital. The President of Beijing University People's Hospital made a presentation on the seven year journey they made on implementing a very powerful and sophisticated EMR system for the hospital (note there are three facilities). The system operates in real time, has state of the art decision support tools and has made the hospital significantly more effective and efficient. He stated that Accenture was the group who worked with them. Minister Horne expressed an interest in finding out more about what the system was and the process pursued to implement. The areas discussed in the session included improved medical service quality and patient safety, both from an operational perspective at the hospital but as well from a Ministry perspective, because of the comprehensive high quality information received. As well, there was a session on creating and maintaining a patient-centred hospital culture by the Vice President of the West China Hospital at Sichuan University and a discussion led by Accreditation Canada International.

There was a tour of a community hospital where Traditional Chinese Medicine (TCM) is also used, largely as complimentary medicine to mainstream western medicine.

Of note, Chinese National Health Minister Li Bin, spoke at length about the need to remove their co-payment system and undertake significant health system funding reform. She had numerous questions for Minister Horne as to how the Canadian healthcare system is financed.

Finally, Minister Horne met with Zhu Yaochuan of the Zhejiang Health and Family Planning Commission (Ministry) to discuss the Alberta Zhejiang MOU. Both agreed that it has been beneficial but that there are other important areas of cooperation, especially in the area of chronic disease management. Of particular interest to Mr. Yaochuan is diabetes. He has been to Edmonton already to learn about the care of diabetes and will be in Edmonton later this year for a diabetes conference. Both expressed an interest in having a more robust conversation about what additional opportunities the two provinces could collaborate on.

Delegation:

Honourable Fred Horne
Minister of Health

International Travel Final Expenses

Expenditures by Participants	Amount
Travel (includes airfare, airport service fees, ground transportation costs, including taxis, car rentals, parking, trains, buses as well as mileage to/from airport or taxis to/from airport in Alberta, including any cancellation fees)	\$ 7,569.11
Accommodation (room charges and related taxes, including any cancellation fees)	\$ 705.28
Meals (includes restaurant bills and tips, meals on hotel bills, per diem meal claims, share of group meals or working sessions)	\$ 124.75
Incidental and Miscellaneous (includes cell phone rental charges, incremental costs for all electronic devices such as roaming charges for cell phones, iPads and costs associated with communications such as the costs incurred for media call-backs, conference/registration fees, including cancellation fees, fax and internet charges, passport and visa fees, medical and inoculation fees, laundry and dry cleaning, baggage handling, out-of-country per diems, and other sundry expenditures)	\$ 263.55
Sub-Total	\$ 8,662.69
General Mission Expenditures	Amount
Receptions and Hosting (receptions, luncheons, dinners, and events that are hosted by the GoA that are specific to the mission and include meeting related costs for room rental, room rental for hosted events, food, beverages, catering staff, service charges, entertainment, flowers)	\$ 0.00
Incidental and Miscellaneous (includes translation of documents fees, publications, shipping charges, gifts purchased specifically for mission, Canadian Embassy/High Commission/Consulate charges for services provided to the GoA)	\$ 0.00
Sub-Total	\$ 0.00
Total Costs	\$ 8,662.69

News release:

[Health minister to participate in Canada-China Policy Dialogue](#) (April 9, 2014)