



ALBERTA

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*Deputy Premier
Minister of Health
MLA, Edmonton - Glenora*

AR 149322

Scott Cyr
MLA, Bonnyville-Cold Lake
Chair, Standing Committee on Public Accounts
3 Floor, 9820 - 107 Street NW
Edmonton, Alberta T5K 1E7

Dear MLA Cyr:

I appreciate the opportunity to respond to the report of the Standing Committee on Public Accounts regarding *Better Healthcare for Albertans: A Report by the Office of the Auditor General of Alberta, May 2017* (OAG Report).

The Auditor General's report supports our government's commitment to a stable, sustainable system that is built around individuals and their communities and which connects people to needed care and services. I have also shared the OAG Report with my ministry staff for their review and consideration in the further development of initiatives and programs.

Alberta's health system is complex and made up of a series of systems; primary care, acute care, continuing care, public health, information technology, and the health workforce. The Ministry of Health has made substantive progress and continues to focus on integrating these systems to ensure Albertans have reasonable access to high quality healthcare services and are easily able to move across the system. While more work remains, integration within Alberta's health system is resulting in pathways and improvements in accessibility, quality and responsiveness of health care planning and delivery.

There are many partners and stakeholders that play an important role in how the system functions, delivers services and supports integration. These include health care providers such as nurses, mental health workers, community outreach workers, and pharmacists, other service delivery organizations such as Covenant Health, professional colleges and associations, and patients. The design of the province's health system requires a high degree of Ministerial oversight to ensure the quality of health care is high, resources are aligned with the priorities of the government, and public dollars are used appropriately.

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The Ministry of Health consists of the Department of Health (Alberta Health), Alberta Health Services (AHS), and the Health Quality Council of Alberta (HQCA). Alberta Health sets the policy direction for health and is responsible for overall policy, legislation, oversight and performance monitoring. AHS is the provincial health authority responsible for the delivery of a substantial portion of health care services across the province. The HQCA is mandated to promote and improve patient safety and health service quality on a province-wide basis.

Alberta physicians are part of the overall plan to deliver health services either as independent business owners or contractors. The College of Physicians and Surgeons of Alberta (CPSA) is the regulatory authority for physicians, ensuring competence and setting professional standards. The Alberta Medical Association (AMA) is the advocacy voice for the majority of Alberta's physicians, providing them a voice in negotiations and engaging physicians on key policy matters such as primary care reform and treatment for opioid dependency.

There are 29 other professional regulatory bodies in Alberta that oversee and establish standards for health professionals ranging from nurses to psychologists to social workers, and more. There are over 150,000 health providers in Alberta. There are also numerous associations, agencies, boards, commissions and stakeholder groups affiliated with Alberta's health system.

Alberta was the first Canadian province to move to a single health region, through the creation of AHS. This allowed widespread changes toward integration of services across the province. In addition, the consistent leadership of a single health minister since May 2015 and the reinstatement of the AHS Board of Directors signify our government's commitment to the vision of an integrated health system for the province and leadership stability for the health care system.

Our government has also focussed on the need for Alberta's healthcare system to be sustainable over the longer-term. To that end, we have been working with AHS, physicians, pharmacists and other health system partners to slow the rate of growth of health spending and the Ministry of Health budget.

Key to improving Albertan's health outcomes and ensuring integration is a shift to community-based health care. This is grounded in the principle that care begins and ends at home with Albertans being at the centre of their care. Community-based health care emphasizes continuity of care across the health system, along with enabling patients and their families to be partners in supporting and maintaining health and wellness. Its focus is on providers and patients having the right information at the right time, transitions being seamless between hospitals, family doctors, support needed in communities, and links to social supports such as housing or income supports. The emphasis on community-based health care supports a variety of ongoing initiatives, such as health information access and multidisciplinary team based care. It encompasses primary health care, continuing care and acute care and coordinates and integrates them.

We are working with our partners to develop innovative and transformational models of health delivery that are person-centred, population need-based, and facilitate access and coordination of comprehensive health services across the continuum of care. The Ministry is actively engaged with health providers, such as primary care physicians, pharmacists, and others as we work toward this vision of a fully integrated healthcare system.

The Ministry of Health's three-year business plan provides the strategic framework, desired outcomes, and key strategies that support moving to a more community-based, integrated health care system. Integrated planning is reflected in the annual accountability letters from Alberta Health to AHS where accountability expectations are clearly set out and then monitored throughout the fiscal year via reporting and performance measurement. AHS recognizes the need for increased integration within the health system and has undertaken efforts toward this goal. A key example is AHS' role as a partner with primary care networks to ensure increased integration between primary care and AHS programs and services as a means to improve patient access and safety as well as quality of care.

Over the past 12 months, we have tightened the alignment of planning processes between Alberta Health and AHS. The 2018-19 Accountability Letters from Alberta Health will be issued in advance of AHS' planning cycle completion and cascade through the development of the organization's annual action plan, as well as its corporate and zone operating plans. Central to the government's expectations of AHS is continued focus on enhancing integration between health services provided by AHS with those delivered by other health system partners and stakeholders.

In support of the direction provided by the ministry business plan, we are leading on several key initiatives which demonstrate and advance integration of the health system and collaboration among health system partners. Some of these are outlined below:

- The ministry and its partners are focused on expanding home care to improve access for clients in rural and remote areas, support seniors to remain independent in their own homes longer, and help Albertans avoid premature admission to facilities. New investments in home and community care will support integration across community-based settings. Home care services are also increasingly linked to family physician offices and Primary Care Networks (PCNs), which builds an integrated pathway for patients between their family physician and home care services.
- Alberta Health is reviewing the regulatory environment to better support person- and community-centred care. The creation of the *Resident and Family Councils Act* ensures Albertans living in long-term licensed supportive care facilities have a voice in the delivery of quality continuing care services.
- In addition, the review and revision of regulations supporting health professions have contributed to expanded scope of some health professions, including paramedics, to enable greater integration along the continuum of care. Paramedics are supporting programs such as home care and primary care teams.

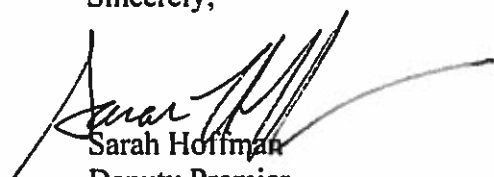
- We are moving ahead with the development of a common clinical information system, which will provide a platform for AHS to create a single electronic health record for every Albertan, ensuring all AHS health providers have access to, and contribute to, the same information. This will support team-based, integrated care and reduce duplication, overlaps, and delays.
- Alberta has the highest electronic health record adoption rate in Canada with more than 80% of community physicians using this tool. Access to Alberta Netcare, the province's electronic health record, has recently been expanded to chiropractors, optometrists and dentists, allowing more regulated health professionals to have electronic health information at their disposal. This enables better decision making at the point of care and ultimately supports improved health outcomes.
- The Personal Health Record will provide Albertans with information from across the health system including from AHS' Clinical Information System, empowering them with access to information and enabling them to make more informed decisions about their health.
- We are also committed to an integrated plan for laboratory services in the province that will establish a centralized, single system for medical testing. As part of the provincial laboratory plan, we are moving forward with planning the construction of a clinical hub lab that will service as a base facility for laboratory services in Edmonton and northern Alberta.
- The main model for primary health care in Alberta are PCNs. PCNs are a network of physicians and other health providers, such as nurses, dieticians and pharmacists that work together to provide team based primary care services in communities. PCNs provide continuity of care across teams of providers, help coordinate testing, referrals, and other parts of the health care system to support people having one central Health Home. A new PCN Governance framework was established in 2017 and will improve the delivery of integrated health and community care for Albertans. It will improve integration between PCN services, AHS programs, and services provided by community-based organizations. It will also increase alignment of services across communities with zone-wide service planning by providing services in the right places, at the right times, by the right providers across the zone, leading to better access and easier navigation for Albertans.
- The Valuing Mental Health: Next Steps report identifies 18 actions to help make our addiction and mental health system easier to access and navigate. We continue to work with community partners on implementation to create a more integrated addiction and mental health system, strengthen the role of primary care, prevention and early interventions, and enhance the system through legislation, standards, funding and infrastructure.

- The number of physicians in Alberta has grown over time, but this growth is disproportionate when comparing urban and rural areas as there are still rural and remote communities that do not have the physicians they need. The 2016 Amending Agreement signed by the Government of Alberta, AHS and the AMA recognizes the need for planned physician growth. Through the Physician Resource Planning Advisory Committee, Alberta Health, AHS and the AMA are working together to develop a needs-based physician resource plan to address the supply, distribution and cost of physician resources in Alberta. Bringing in physicians as a key partner to how the health system supports integration will improve quality and patient care.

Integration is critical, with each stakeholder working together with their partners to provide seamless health care for Albertans. Progress towards integration has not occurred as quickly as all organizations would have liked, due to the complexity of the systems and the cultural landscape that at times may resist change. Although, as we increasingly come together, the activities referenced herein demonstrate a comprehensive, coordinated and strategic vision for advancing integration across the health system. These activities, combined with improved robust and targeted planning processes within both Alberta Health and AHS that reinforce the need for integration, are fundamental to actions and performance in the health system. This is our master plan which is already enhancing planning processes and outcomes.

Please be assured that I will take the OAG Report into consideration as our government moves forward in collaboration with our partners and stakeholders to deliver the highest quality care to Albertans.

Sincerely,



Sarah Hoffman
Deputy Premier
Minister of Health

cc: Milton Sussman, Deputy Minister, Alberta Health
Dr. Verna Yiu, President and Chief Executive Officer, Alberta Health Services
Andre Tremblay, Associate Deputy Minister, Alberta Health
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