

## Standing Committee on Public Accounts

### Report Respecting *Better Healthcare for Albertans: A Report by the Office of the Auditor General of Alberta, May 2017*

Twenty-Ninth Legislature  
Third Session  
October 2017



Standing Committee on Public Accounts  
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**STANDING COMMITTEE ON PUBLIC ACCOUNTS**

October 2017

**To the Honourable Robert Wanner  
Speaker of the Legislative Assembly  
of the Province of Alberta**

I have the honour of submitting, on behalf of the Standing Committee on Public Accounts, a report on **the Committee's review of Better Healthcare for Albertans – a Report by the Office of the Auditor General, May 2017.**

Sincerely,

*[original signed by the Chair]*

Scott Cyr, MLA  
Chair, Standing Committee  
on Public Accounts

c. Mr. Robert Reynolds, Q.C.  
Clerk of the Legislative Assembly



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## MEMBERS OF THE STANDING COMMITTEE ON PUBLIC ACCOUNTS

### 29<sup>th</sup> Legislature

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Bonnyville-Cold Lake (UC)

Lorne Dach, MLA  
Deputy Chair  
Edmonton-McClung (ND)

Drew Barnes, MLA  
Cypress-Medicine Hat (UC)

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Fort Saskatchewan-Vegreville (ND)

Cameron Westhead, MLA  
Banff-Cochrane (ND)

Robyn Luff, MLA  
Calgary-East (ND)

### Substitutions pursuant to Standing Order 56(2.1-2.4) for the September 7, 2017, meeting:

Erin D. Babcock, MLA<sup>1</sup>  
Stony Plain (ND)

Jonathon Carson, MLA<sup>2</sup>  
Edmonton-Meadowlark (ND)

Grant R. Hunter, MLA<sup>3</sup>  
Cardston-Taber-Warner (UC)

### Members also in Attendance

Tany Yao, MLA  
Fort McMurray-Wood Buffalo (UC)

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<sup>1</sup> Substitute for Nicole Goehring

<sup>2</sup> Substitute for Cameron Westhead

<sup>3</sup> Substitute for Derek Fildebrandt

## 1.0 EXECUTIVE SUMMARY

During its meeting on September 7, 2017, and subsequent deliberations the Standing Committee on Public Accounts made the following recommendation:

That the Standing Committee on Public Accounts direct Research Services to draft a report pursuant to Standing Order 53(2) for circulation to committee members and that the Chair and Deputy Chair be authorized to approve the final report and further that the report endorse Better Healthcare for Albertans: A Report by the Office of the Auditor General of Alberta and urge the Ministry of Health to devise and table a master implementation plan for the integration of health care in Alberta.

## 2.0 INTRODUCTION

At its meeting on September 7, 2017, the Standing Committee on Public Accounts met with representatives from the Ministry of Health, Alberta Health Services, Alberta Medical Association, and the College of Physicians & Surgeons of Alberta to discuss Better Healthcare for Albertans: A Report by the Office of the Auditor General of Alberta, May 2017.

Following the advice of the Auditor General of Alberta, the Committee agreed to a different organizational structure for this meeting and chose to allocate time to the discussion of the following four topics, addressed in Better Healthcare for Albertans:

- The case for integrated health care
- The current structure of public health care in Alberta
- Integration of physician services
- Transforming care through information systems

The Auditor General guided the Committee's discussion by providing introductory comments and suggested questions at the beginning of each section of the meeting.

This report contains the recommendation that was agreed to by the Standing Committee on Public Accounts. For a complete record of the Committee's meeting please consult the transcript, which is available online at [assembly.ab.ca](http://assembly.ab.ca).



### 3.0 BETTER HEALTHCARE FOR ALBERTANS

In Better Healthcare for Albertans the Auditor General of Alberta calls for integrated care to change how health care “is organized, overseen and funded” in Alberta.<sup>1</sup> Instead of reissuing past recommendations to the Ministry of Health and Alberta Health Services, which have yet to be implemented, the Auditor General proposes integrated health care as a way to improve the health care system in Alberta. Better Healthcare for Albertans identifies the following three barriers to achieving integrated health care:

- Fragmentation in the health system structure
- Failure to integrate physician services with those of other care providers
- Inability to share and use clinical information effectively

The characteristics of an integrated care model include a clear sense of responsibility and purpose, evidence-based care and care pathways, a shift to community-centred care and away from a hospital-centred model, engaged patients, alignment of provider funding with patient needs, and an electronic health record for each patient.<sup>2</sup> According to Better Healthcare for Albertans,

In an integrated model, teams of providers in primary care, acute care and continuing care work on a single plan for each patient, designed to meet that patient’s care goals. Each patient’s health information flows to all of that person’s care providers. Decision support tools bring the latest medical knowledge to bear wherever the patient receives care. Care is delivered in the most appropriate location, in a community setting rather than in a hospital whenever possible. Patients are engaged in their own care, receiving information and taking part in decisions. Constant measurement and benchmarking of care quality and patient outcomes keeps care at a high level.<sup>3</sup>

An integrated system, the Auditor General suggests, avoids fragmented care based on isolated treatment episodes and builds continuous quality improvement into all functions. An integrated care model in turn results in “lower costs by preventing or quickly identifying avoidable health complications and reducing waste.”<sup>4</sup>

In contrast, according to the Auditor General in the current system “there is a poor link between funding and results. It is not clear who is responsible for the overall cost and quality of care that individuals receive over time.”<sup>5</sup>

The Auditor General notes that the Government, health care providers and medical professionals, Members of the Legislative Assembly, and individual Albertans each have a role to play in overcoming these barriers and improving Alberta’s health system.

As the funder of the system the Ministry of Health would play a direct role in the creation of an integrated health system.

The Government would lead by talking with Albertans about what is possible, as well as determining what services individuals need. The Government would make integrating care a priority and provide leadership in making integration happen. It would make difficult decisions on the funding and structure of the healthcare system.<sup>6</sup>

The Auditor General suggests that “Alberta Health Services would integrate its services and align its data and funding flows with the care needs of patients. All parties [including all health providers] would accept the need to trust each other’s intentions, and work to build mutual trust.”<sup>7</sup>

Physicians would “have a unique central role as stewards of the public healthcare system.” According to the report,

No major change or quality improvement initiative within or outside AHS can succeed without leadership and full commitment from the medical profession. Quality improvement is difficult in the

current model because physicians are organizationally outside the rest of the public healthcare system, even though they are paid by it.

Expectations for measurement and benchmarking of care quality and cost have largely been absent from service agreements between the Alberta Medical Association and the provincial government. The department relies on physicians as professionals to integrate themselves with the rest of the healthcare system, as well as to set and deliver on quality expectations. While establishing a meaningful framework for integrated service delivery is the department's job, physicians have not come forward with proposals to help design or establish such a framework. Their central role in the system makes them well placed to suggest new ideas and long-term solutions ... Physicians have a significant opportunity to expand on such action by suggesting methods to measure and benchmark care quality and costs.<sup>8</sup>

By “mak[ing] decisions for the long term”<sup>9</sup> and not for short-term political gain, Members of the Legislative Assembly would assist in the implementation of integrated care. Albertans have a role to play, too. In a situation of increasingly integrated care patients would work with their health care providers to meet their health needs. Patients “would focus on quality as the main element of good care, and would expect their care providers to measure and report their results. Albertans would also accept the need for open debate on their responsibilities and rights in our public healthcare system.”<sup>10</sup>

## 4.0 COMMITTEE RECOMMENDATION

### 4.1 Better Healthcare for Albertans

Following the information it received from Alberta Health, Alberta Health Services, the Alberta Medical Association, and the College of Physicians & Surgeons of Alberta, the Committee sought a way to further support the Auditor General's call to improve the health system as set out in Better Healthcare for Albertans. To this end, the Committee discussed the need for additional follow-up from the Ministry, including a strategy for implementing a system of integrated care. The Committee acknowledged that devising such a strategy would be a complicated and long-term endeavour. In order to encourage the development of this strategy and direct the Ministry of Health to lead the process, the Committee passed the following motion:

**That the Standing Committee on Public Accounts direct Research Services to draft a report pursuant to Standing Order 53(2) for circulation to committee members and that the Chair and Deputy Chair be authorized to approve the final report and further that the report endorse Better Healthcare for Albertans: A Report by the Auditor General of Alberta, and urge the Ministry of Health to devise and table a master implementation plan for the integration of healthcare in Alberta.**

## 5.0 NOTES

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<sup>1</sup> Auditor General of Alberta, *Better Healthcare for Albertans: A Report by the Office of the Auditor General of Alberta, May 2017*, [Edmonton: OAG, 2017], p. 4.

<sup>2</sup> *Ibid.*, pp. 6-7.

<sup>3</sup> *Ibid.*, p. 6.

<sup>4</sup> *Ibid.*

<sup>5</sup> *Ibid.*, p. 7.

<sup>6</sup> *Ibid.*, p. 10.

<sup>7</sup> *Ibid.*

<sup>8</sup> *Ibid.*, pp. 28-29.

<sup>9</sup> Auditor General of Alberta, *Better Healthcare for Albertans: At a Glance. A Report by the Office of the Auditor General of Alberta, May 2017*, [Edmonton: OAG, 2017], p. 7.

<sup>10</sup> Auditor General of Alberta, *Better Healthcare for Albertans: A Report by the Office of the Auditor General of Alberta, May 2017*, [Edmonton: OAG, 2017], p. 10.



