Title: Wednesday, April 6, 2005 Public Accounts Committee
Date: 05/04/06
Time: 8:30 a.m.
[Mr. MacDonald in the chair]

The Chair: Good morning, everyone. I would like to call this Standing Committee on Public Accounts meeting to order, please. I would like on behalf of the committee to welcome everyone in attendance this morning. To the members, note that the agenda packages were mailed out last week, including follow-up responses from the Auditor General dated March 22 and March 29.

Before we go any further, I would now like to ask the members to please introduce themselves, and perhaps we'll start with this hon. gentleman here.

[The following members introduced themselves: Rev. Abbott, Ms Blakeman, Mr. Bonko, Mr. Chase, Mr. Danyluk, Mr. Eggen, Mr. Lindsay, Mr. MacDonald, Mr. Oberle, Mr. Prins, Mr. Rogers, and Mr. VanderBurg]

Ms Evans: Iris Evans, Health and Wellness.

Mrs. Dacyshyn: Corinne Dacyshyn. I'm the committee clerk.

[The following staff of the Auditor General's office introduced themselves: Mr. Dunn, Mr. Ryan, and Ms Staples]

[The following departmental support staff introduced themselves: Mr. Finnerty, Mr. Hegholz, Ms Meade, and Mr. Perry]

The Chair: We have quite a gathering behind the hon. minister this morning. It is my pleasure to introduce Michael P. Eastman, Canadian Comprehensive Auditing Foundation, executive director since 2004, and Elizabeth MacRae, senior research associate with the Canadian Comprehensive Auditing Foundation. Elizabeth is the principal researcher for the accountability and audit program, which the research project on parliamentary oversight committees is a part of. She is also secretary to the program advisory group.

I would like to advise the committee that Elizabeth and Michael are in Edmonton to meet with representatives from Alberta Finance and the Auditor General's office as well as some members of the Public Accounts Committee. Due to the short notice a meeting with the whole committee was not able to be accommodated recently. However, the chair and the deputy chair and some other members met briefly with Elizabeth on Tuesday.

In concluding that introduction, all members, please feel free after 10 o'clock if you have any issues or any insights that you would like to bring to Elizabeth's attention in regard to public accounts and government oversight. She will stay behind at 10 o'clock for a brief period of time if any of you are interested in talking to her about her research project. There will be information packages handed out on this project as well.

Now, moving on to the second item on our agenda. Could I have approval of the agenda, please? Thank you. Moved by Mr. Bonko that the agenda for the April 6, 2005, meeting be approved as distributed. All in favour? Thank you. Opposed? Thank you.

At this time I would like to also welcome Dr. Ted Morton to the meeting. Good morning.

Now, we have, of course, with us this morning the Hon. Iris Evans, the Minister of Health and Wellness. I would like to ask her now to please give a brief overview of her department for the fiscal year 2003-04.

To all those that are gathered, there is no need to touch your microphone. The *Hansard* people at the back do an excellent job.

Hon. Ms Evans, please proceed. Thank you.

Ms Evans: Thank you, Mr. Chairman. I would also welcome all members of the committee, our guests, and our special guests that have joined us today, Elizabeth and Michael.

Not all of the remaining people in the back of the room relate to Health and Wellness, but I would like to draw your attention to the report on pages 10, 11, and 12, the contact list. Predominantly, the ADMs that are listed there are the ones that are present here today and not at the table: Wayne McKendrick, Janet Skinner, Richard Butler, Annette Trimbee, Todd Herron, and Martin Chamberlain, legal counsel. Mark Kastner, Lynn Stephens from human resources, my executive and special assistant Alyssa Haunholter, and Michael Debolt are with us.

I'm very pleased to see the Auditor General here today and his staff. I had the privilege of meeting with the Auditor General as soon as I assumed this portfolio to have a discussion about his audit report on the annual report that's before us today, 2003-04, and review his areas of concern, which we have considered most seriously. I trust that although we may not have accomplished all of the targets that he has outlined for us, we are making headway, in fact, to rectifying some of the circumstances that he found wanting in his report of 2003-04. So we are moving ahead with that, and I'll touch more on that later.

I want to make a few comments about 2003-04. If I may, the highlights for 2003-04 contained on pages 16, 17, 18, and 19 of the report very much profile in a little more detail what I would say here this morning, but I think it's worthy of note to make a few comments, Mr. Chairman.

This budget was $7.4 billion, an increase of 7.7 per cent over the year previous, or some $529 million.

The first goal of Health and Wellness is to deliver an accessible, effective system. In this particular year Alberta Mental Health Board services were assumed in responsibility by the regional health authorities, with the board retaining some responsibilities; for example, for forensic services. But the integration of health and wellness implied further integration of mental health services.

We had a number of particular successes in achieving this goal: some reduced wait times and some opportunities in our development of two web pages to enhance our information to the public; for example, the experts that you can access through the web page Your Health. The other web page added was InformAlberta, which documents the services that are contained in each regional health authority. So if you want to know what's available, it's very easily accessed, and although members of the community may not immediately take advantage of that, clearly health authorities and other health providers can access that.

The second goal of Health and Wellness is to protect, promote, and ultimately to prevent injury and illness. I think one of the best successes last year and the one that received a great deal of applause was the work on the West Nile virus. A very sophisticated surveillance system enabled us to track and anticipate and look for what virus may be carried by mosquitoes, through birds, or through others of the animal kingdom. The Fight the Bite program was applauded certainly by municipalities, and it was deemed to be a very important program.

Our diabetes strategy. I think a lot of the profile that's been achieved by the University of Alberta expanding their islets research has been the international profile, but right on the front lines there's a lot of success dealing with diabetes and the diabetes strategy, especially fighting the type 2 and making that knowledge more available. Even in the inner-city constituency of Edmonton-Centre there are a number of schools that are working on type 2 diabetes strategies, and I think that's positive. Particularly targeted are low-income people throughout Alberta, and I think we're making some success there.

The pandemic. You know that that's something that has been described as not an if but a when, so we always have to be prepared. We have to have our antivirals in place. We did a lot of work in this particular year of 2003-04 anticipating the needs at the local level, co-ordinating staff, training staff, and making sure we would be ready if anything happened. We had a chance with the SARS scare, really, to test some of our assumptions and processes on the pandemic.

Healthy U was launched. I think we saw a definite improvement in wellness and employee programs.

A greater than usual number of women accessed a mammogram. We actually had about 75 per cent having mammograms. I think I'll feel a great deal of satisfaction as we move forward and progress with our prostate exams so that we get a similar percentage there. It's less easy to talk about. People are more queasy about it apparently, but it's every bit as important and certainly more lethal if cancer strikes the prostate.

8:40

The third goal relates to an integrated, sustainable, and accountable system, and in this goal we talk about how health is supported. There was a very significant move to reduce the number of regions from 17 to nine regions and to hopefully provide a better system of communication and co-ordination of those systems.

The electronic health record was launched in October 2003 at a formal level, and according to Canada Health Infoway we're more advanced than anyplace else in Canada, so we do get a lot of support from Infoway for some of our initiatives. There's a lot of work that's been done on the health record, and as you know, that advancement we hope will help us not only with scheduling patients but help us in the reality of dealing with patient diagnostics. A great deal of work has been done there, some things that you don't even get a chance to hear. Physicians brag about, for example, the fact that all of the orthopedic surgeons in the province are on an electronic health record and are able as specialists to access one another's records on patients and obviously communicate with the family physicians as needed.

I think the newborn metabolic screening that we do there has been particularly effective, metabolic in that it describes when people have unique metabolic needs just as newborns, what they are faced with as challenges. Phenylketonuria, congenital hypothyroid, and biotinidase deficiency are three that if not caught early cause significant problems in later years, and I think that that newborn screening is something that Alberta can be proud of.

In this particular year the Health Quality Council of Alberta was initiated under the leadership of CEO Dr. Cowell. We are receiving arm's length from government a reporting on our effectiveness in service delivery. As you know, Canada has a health council, but this Health Quality Council has been very in depth in probing the various geographic regions and not only probing and illuminating strengths and weaknesses but helping the regions identify where they can make improvements. Their first report was released in December 2003, their second report in 2004, shortly after most of us were either elected or re-elected, and at that time they cited for us that 88 per cent of Albertans were engaged in the health care system last year. So it's a very significant number.

The fourth goal is optimizing the ministry's effectiveness, and I'll just touch briefly on our healthy population initiatives, the work that we've done to reduce injury. Recently Dr. Oberg through the Ministry of Infrastructure and Transportation and I talked about seat belt use in rural Alberta, which is an initiative that Health and Wellness partner on with Infrastructure and Transportation.

We've looked at our trilateral agreement with the physicians as opportunities to anticipate and contain medical costs in some circumstances, looked at improvement on a continual basis in government standards. The fact that we received the acknowledgement from the federal government to locate the Canadian Patient Safety Institute here I think was a tribute to the work we've done on patient safety, despite some of the adverse events that have occurred.

I want to touch briefly on things that the Auditor General has said, certainly relative to the registration of Albertans and the concerns that were expressed. As a follow-up to that Auditor General's report last September there was more aggressive work being done by the department, and by October 2004 we were already changing so that photo ID along with proof of residency and eligibility to receive services in Canada was being required. In January of this year residency identity for first-time people accessing and wanting a card was required.

I should clarify. In October we looked at those that were four- or five-time people; they'd asked for cards three or four times before. The department spent a lot of time with staff looking at this and found that in the top 20 of those that had received duplicate cards, in fact, most were homeless, none had been assumed to be guilty of fraud, and most were people who had simply lost their cards and were coming back to access the service. There was a great deal of investigative time done on that. In other words, in the top 20 of those people that accessed duplicate cards, none were found to be illegitimate.

We do agree that more adherence to contract procedures is necessary. I think the Auditor General quite properly identified that we had those procedures in place, but those procedures had not always been adhered to. If there are questions on that, I would certainly have my staff elaborate. Within the department there's a more rigorous sense of accountability in terms of the work that each director, each person signing off must do to make sure that it's correct. Particular contracts must have documents to follow up, and the executive committee reviews contracts more rigorously and more frequently than ever before with that requirement coming to each of the assistant deputy ministers so that there are no breaches in contract management. I think it's pretty clear that there's been a lot of work done in staff training as well. We have taken a great amount of time to do that.

The Auditor General also identified the assessment of risk in the IT area. While that predominantly deals with how we back up our systems, we initiated last September a review, and by the first of 2006-07 we assume that we will be in ready position to address every concern that the Auditor General identified relative to the IT risks. I think it's something that we believe is extremely important.

Finally, on the regional health authorities there were comments by the Auditor General about the three-year plans that have been filed but not signed. We in December initiated a greater accountability of the regional health authorities bringing forward their plans. It was identified that plans should be received before the outset of the fiscal year. While in 2003-04 there were some lapses on that, I can assure you that those lapses have not continued.

With that, I am prepared to answer any questions and look forward to the help of my staff in, hopefully, facilitating that.

Mr. Chair, if I can make one closing comment. If there are things that we have not got to your satisfaction a complete response to today, we will table those with Corinne or with your group later.

Thank you.

The Chair: Thank you. We appreciate that.

Now, it is a tradition here at this committee to also hear from the Auditor General in regard to his report on respective departments. So, Mr. Dunn, if you could give us a brief overview of your analysis of Health and Wellness, please.

Mr. Dunn: Thank you very much, Mr. Chairman. My comments will be brief, and they'll build on part of what the minister has just said. Our section on Health and Wellness starts on page 185 of our annual report. It contains three numbered recommendations, of which two have been identified as key recommendations, and two unnumbered recommendations. The government's official response, commented on by the minister, addressed to this committee that recommendation 21, concerning the health care registration, and recommendation 22, concerning the information technology control environment, were accepted. The response, as the minister has indicated, indicated immediate action plans to address both of these recommendations.

However, recommendation 23, starting on page 197, is a key recommendation that was only accepted in principle by the government with an indication that "a robust accountability process . . . will evolve over time" and also that "the Ministry and the health authorities are continuing to refine performance measures and targets, including ways to improve quarterly reporting." We've been reporting on this accountability matter since 1998. This year we've reported against five criteria taken from the department's accountability framework contained and defined in Achieving Accountability in Alberta's Health System, dated November 2001. We have concluded that only the first criterion was met and that we cannot conclude on the other four criteria until the performance expectations have been set and there is regular reporting against those performance expectations.

On page 189 of our annual report we have listed a number of prior-year recommendations that are still outstanding and which we intend to follow up and report on in our 2005 annual report to you.

Finally, we have also examined a large payroll outsourcing contract that was entered into by the Calgary health region and have reported our findings and recommendation regarding that contract on page 203 of our report.

I'll conclude with those opening comments, Mr. Chairman, and certainly I and my staff will be willing to answer any questions directed to us.

8:50

The Chair: Thank you very much. We appreciate that.

Now, before we proceed with questioning, I would like to remind all hon. members that we are dealing with the annual report for Health and Wellness, section I and section II, for the fiscal year 2003-04, the Auditor General's report, as well as the government of Alberta annual report 2003-2004. So I would remind all hon. members to restrict or limit your questions to this annual report. We're dealing not with government policy but with government oversight and spending.

Thank you.

Ms Blakeman, please proceed with the first question, followed by Mr. VanderBurg.

Ms Blakeman: Thank you very much. I'm going to start my question around recommendation 21 in the Auditor General's report, in which he follows with an almost four-page discussion on improving the control over the health care registration system; in other words, the cards. The minister has already talked about some of the action that was taken outside and following this fiscal year to address the issue. I'm sorry; it's appearing on pages 190 to 193 of the Auditor General's report. The Auditor General starts to lay out what the implications and risks of this situation were. He states that clearly on page 193, saying that there could be "increased costs, lost revenues and decreased health care service for eligible people," et cetera. My question is: what is the department's assessment of the specific risks that were created? What does the department think happened here, and what's the department's assessment of the specific risks?

Ms Evans: I think that on that I'm going to defer to my deputy to provide a response, please.

Ms Meade: Well, first of all, we have done a full review of it, and we've worked closely with the Auditor General's office as well to do that review. We have some outstanding pieces left. I think there are three areas for us to continue to look at how the data came up.

I'm going to turn it over to Janet Skinner for more detail specific to where we found some discrepancies for you.

Ms Skinner: Good morning. I believe the minister addressed some of the activities that we've already undertaken, but one of the pieces of work that is still under way is that we did contract with the office of the internal auditor to help us assess what the current level of risk is, and that work is going to be completed by the end of this month.

What we did find out in our work with the Auditor General and our own analysis of his findings was that the information provided to him was incomplete, so there were invalid conclusions reached about some of the levels of risk. In one of the statements I believe the Auditor General's report says that there are about 9,000 people with cards that, in fact, are not entitled to those cards. We did look at all of the pieces of data that would help further analyze that, and we found that there were about 400 files. We have been in contact with those people and have subsequently cancelled their accounts because they have confirmed that they've moved out of the province or they've not been responsive yet to our questions about their residency in Alberta.

Ms Meade: If I could just add to that too. We also realize that some of the data being provided to the Auditor General was incomplete from our end, so we have again spoken to the Auditor General and looked internally at how we're going to make sure that the data that we provide is the most current data. We had some internal problems in how we access the data for the Auditor General. So, yes, the data was probably not current or up to date, but the systemic issue was ours, and we're fixing that.

The Chair: Thank you.

Before you proceed with your second question, Ms Blakeman. Janet Skinner, could you please clarify? You stated that the internal auditor was looking into this matter. Is that the internal auditor of Health and Wellness, or is that the chief internal auditor of the province?

Ms Skinner: It's the chief internal auditor.

The Chair: Thank you very much.

Ms Blakeman, proceed, please.

Ms Blakeman: Thank you. My second question connected to this is: what is the department's estimate of the cost savings that would or should or will be realized if all of these noneligible-user costs were eliminated? In other words, if there were cards out there that were being used by people that should not have been used or were ineligible, what was the cost to the system in this fiscal year?

Ms Skinner: Until we complete that analysis and we receive the information back from the office of the chief internal auditor, it's a little early to say.

Ms Blakeman: Can it be provided through the Public Accounts Committee, then, when you have it?

Ms Evans: We would commit to that. We're also looking at other ways for advancement to a more highly technologically opportune type of card. There have been a number of things that have been suggested, and it would be premature to suggest what they could be, but we have been looking with the personnel in registries and other ministries who have need for cards to see if there are other opportunities so that we could implement a system that would be user friendly to Albertans, would be accountable, and would also help us with health care identity.

The Chair: Thank you.
Mr. VanderBurg, followed by Mr. Eggen.

Mr. VanderBurg: Good morning, Madam Minister. I'm truly amazed at how well in the few short months that you've been minister you've taken on this job and how well you understand it. Your comments this morning really summed that up for me. So congratulations.

I want to build on the points that Ms Blakeman brought up with regard to the Auditor General's comments on the health care registration system. You know, with 9,000 duplicate or replacement health care cards to non-Albertans and all these cards that were identified as duplicates, surely from the investigation there must have been some fraudulent use. I'm wondering if that was identified during your investigations, fraudulent use either by the provider or by the user. Has that been identified?

Ms Evans: At this stage I have not been made aware of any fraudulent use. Let me tell you what we have thought we should provide this Public Accounts Committee with, the legitimate reasons for request for replacement cards, and then I'll get the deputy or assistant deputy to comment further on the other response on fraud.

The present paper card is not especially robust. Is that an understatement? It can be easily destroyed if you're someone like me who frequently leaves things in their pocket and then washes them or puts them through normal wear and tear. Some cards are lost. Often wallets are stolen. Some cards are left at the doctors' offices and are not returned. Individuals who change their name as a result of marriage, divorce, remarriage often ask for a replacement card. Newborns are often issued an initial card at birth, but then that does not include their first name, so there are problems that occur with that.

Now, relative to your comment about fraud, Deputy, please.

Ms Meade: Certainly. Thank you. The other thing that we're working on with the Auditor General is that last group. When you cancel out the numbers that were actually not removed because of delayed data, the numbers that looked like they had not been taken off the system, cancelled cards, et cetera – so we're looking with the Auditor General now to just compare the data for that last piece. Again, in some of the areas, for example those that we thought lived in Montana who have been using the health care system, those numbers are probably in reality smaller. That's the last piece we're looking at. There were some where there were large name groups. They were probably aboriginal communities. A few things like that we're finding.

So we have reduced this number quite significantly. The last little piece, again, through both our final work with the Auditor General and also through the chief internal auditor should be able to identify those last few. Where we have them, again, we're looking for alternative solutions; for example, in the future some sort of electronic health record fix that will solve having paper cards that don't handle washing machines.

9:00

Mr. VanderBurg: Good. A supplement. You know, when this investigation is completed and fraud is identified, will these people be charged?

Ms Evans: Absolutely.

Mr. VanderBurg: Thank you.

Ms Evans: Absolutely.

Mr. VanderBurg: That's all I need to know.

The Chair: Thank you.
Mr. Eggen, followed by Reverend Abbott.

Mr. Eggen: Thanks. My question is in regard to health care premiums. I was wondering if the minister has considered either scrapping or phasing out health care premiums given the hardship that they pose to many citizens in this province as well as the difficulty in collection. We've had to write off tens of millions of dollars in uncollectible accounts every year, so it seems problematic that we have to have a collection procedure for this. It takes a lot of person power as well as pose a hardship to individuals. Would you consider scrapping or phasing out the premiums?

Ms Evans: Oh, Mr. Chairman, stop me if I go on too long.

The Chair: I certainly will.

Ms Blakeman: Sorry. How does this question relate to the fiscal year under examination?

The Chair: We will allow the hon. member to continue, but please restrict your questions to the fiscal year. That is, in the future please restrict your questions to the fiscal year 2003-04, the annual report, the Auditor General's report, and the government of Alberta report. I'm afraid we're under very limited conditions here. The mandate of this committee is, to say the least, narrow.

Please, hon. minister, if you have any comments in this regard.

Ms Evans: Thank you, Mr. Chair. Perhaps the way I could approach the question of the hon. member is to say that the hon. member is absolutely right about the number of uncollectibles that we pursue through collection agencies. Of course, you know that about $900 million is the rough figure for the Alberta health care premium amounts. I don't expect that to grow with some 300,000 people that currently do not pay Alberta health care premiums. Seniors have been removed and exempted from that as well as low-income people. Predominantly, I believe the reason that I don't receive more correspondence or more questions about this is really because the people that pay health care premiums today may have them as deductions on their paycheques or employers make that contribution on their behalf.

The hon. member makes an important statement here because in an examination of the revenues that we receive for the support of health care, there are revenues that are transfers from the federal government; there's roughly, then, slightly less than a billion from health care premiums, income tax, corporate income tax. The

general revenue fund of Alberta supports health care. So in the examination that I mentioned, following my assumption of this portfolio, of wellness initiatives, perhaps tax credits and other things, I will be looking to the future with an idea that our caucus, our government, and in fact the Legislative Assembly could look at some of the other options for how we pay for health care.

Mr. Chairman, the reality is this. If you asked anybody who had a hip replacement or a liver transplant or a kidney transplant, they wouldn't be able to tell you how much it costs. We have found that there is no associated accountability between people accessing the system, the 88 per cent that accessed it, and the amount it cost when they accessed it. So in looking at how we identify health and wellness in the future, the fact that in most countries currently, in France and England and Canada, it's over 2 per cent more than the GDP, it behooves us to examine not only the health care premiums but how we're supporting health care.

The Chair: Thank you.

Mr. Eggen: A supplemental to that then. Are you suggesting that we have some sort of health care account or a way by which we would itemize the access that an individual would have to the health care system?

Ms Evans: Well, I don't think I'm talking so much about controlling access. To the hon. member, what we're really looking at is how we're most cost accountable to Albertans and how we can ensure that patients access the system when they need it and that there isn't undue hardship for anybody relative to that. I think that the thresholds that have supports for low-income families, hopefully, address that in part, but I think we can always make improvements, and we are committed to continuing to look at all of the options here.

The Chair: Thank you.

Reverend Abbot, followed by Mr. Chase.

Rev. Abbott: Thank you, Mr. Chairman, and thanks, Madam Minister. I guess my questions could be more for Mr. Finnerty. I notice on page 187 of the AG report that you talk about the Alberta Alcohol and Drug Abuse Commission. I'm wondering, of course being from Drayton Valley and very interested in the workings of the commission, about some of the financial accountability and, I guess, just the performance measurements. I'm also very interested in how AADAC uses research and evaluation to support program planning and performance measurement. Perhaps you could just comment on that. How does AADAC sort of fit in with the department, and how are the dollars accounted for with regards to performance measurement and planning?

Ms Evans: Prior to asking for a response from our CEO, Murray Finnerty, I'd like to just advise that one of the pieces that the Alberta government is using in a cross-ministry fashion relative to research – and I had the pleasure of working with Drayton Valley on this – was the newly formed Alberta centre for child and family research, of which AADAC is a member, a contributor in terms of policy advice, in terms of making sure that we do better both in addictions and in issues like fetal alcohol spectrum disorder, in which we are both a financial partner, Health and Wellness, as well as a contributor.

More on the performance measures, Mr. Finnerty.

Mr. Finnerty: Thank you, Madam Minister. Certainly, I think you had two parts in that question. The contribution that AADAC makes to the health care delivery system: we provide a nonmedical addiction service which is highly cost-effective. The cost, according to the latest estimates of alcohol and drug abuse, to the Alberta economy is $1.2 billion a year in terms of health care costs and lost productivity.

To your question in particular, AADAC is very much an evidence-based organization, and I think you will have found sometimes that the response from AADAC from a technical point of view doesn't quite fit the public perception, and sometimes we get into a little bit of conflict because of our requirement or desire to be truly evidence based.

In the fiscal year under review I think a couple of examples, perhaps, are particularly relevant to situations in Drayton Valley. We undertook last year the Alberta youth experience survey, which gave us very up-to-date trend data in terms of what kids are using out there in terms of one-time use or sustained use of various substances in the province. Also completed last year were two other significant research evaluations in terms of adult prevalence use of drugs, tobacco, and alcohol in the province and also a major study on the workplace. So we very much have a sustained research agenda to make sure that what we're trying to provide services for have a good empirical background.

Rev. Abbott: Thank you. I guess a supplemental, if I may. You also are aware, Murray, that there have been some articles recently in the paper about some of the gaming addictions and whatnot. I guess I'm wondering: do you work with other departments to incorporate some of that research? I guess my key question is: how is performance assessed? How do we know that we're getting value for those dollars that are being spent through AADAC? Is the problem getting better, or is it getting worse?

Mr. Finnerty: That's a very large question. In terms of performance measures, certainly, we have the six public performance measures in our business plan that we try to measure. Our information services, for instance: we measure the degree to which the adult population is aware that if you ingest alcohol during pregnancy, it's going to cause fetal alcohol syndrome. That's one of our key measures. The degree that youth continue to smoke in this province and whether that number is going down is another key measure for us. Persistent heavy drinking amongst the adult population. So we have a number of key performance measures that I think are outcome based.

In terms of our cross-ministry involvement we're very heavily involved in a number of initiatives: the health sustainability initiative, children and youth, and the aboriginal initiative, et cetera.

I think in particular you mentioned gaming. We have a very strong partnership with the Alberta Gaming and Liquor Commission in terms of social mitigation of the problems that are caused. In fact, just one comment with regard to gambling. We don't see an increase in the prevalence of problem gambling in the province. Eighty per cent of Albertans gamble, but those that experience some problem with gambling have consistently been in the 4 to 5 per cent of the adult population range. So we monitor that very closely.

9:10

Rev. Abbott: Thank you.

The Chair: Thank you.

Mr. Chase, followed by Mr. Danyluk

Mr. Chase: Thank you very much, Mr. Chair. Last year a figure of approximately $35 million was provided for land acquisition and

planning of Calgary's much-needed southeast hospital. Will the construction process take place? Has the planning reached the point where the construction can now be undertaken?

Ms Evans: Mr. Chairman, I'm going to try and be very careful to address it in the context of last year and provide some hopeful remarks because the budget has not been released yet for this coming year. So to identify much more about it – I would just say that I am anticipating that the southeast hospital, as the planning dollars identified, will proceed. It's done with that anticipation, and there are also other capital projects that were worked on during the period of time of the 2003-04 budget to try an alleviate some of the pressures.

I believe in the House yesterday, Mr. Chairman, I answered some questions to the hon. Member for Calgary-East relative to the deficiencies in acute care beds in Calgary, the numbers of physicians that are still needed.

So the hon. member asks a worthy question, but to identify what dollars would be anticipated will go forward to further expand on that initial planning, I hesitate.

Mr. Chase: Thank you, and I very much appreciate from a Calgary-Varsity point of view the $125 million provided for increased beds. I very much recognize that need.

Again this refers to discussion in last year's budget and the planning process. Various alternatives were considered for the construction of the southeast hospital. Can you comment at all on the planning process? David Tuer talked about possibly P3s. There was talk of sharing the $500 million, approximately half of which would come through some form of bond issue. Are you able at this time to provide how that planning and payment for that hospital might progress? Has the planning continued from that process? I'm trying to relate it to last year's budget but anxious to hear where we're at.

Ms Evans: If I may, Mr. Chairman, I have had discussions with Mr. Tuer and Jack Davis of the Calgary health region and have spent a day with them listening to what their hopes and dreams are and what they've been doing in 2003-04.

I think during the period that the courthouse was contemplated and constructed in Calgary, a review of how government plans for and accounts for the construction of facilities and records assets and liabilities of something like a P3 was under a lot of discussion. The move now in the '05-06 year to consolidated financial statements that will illustrate clearly the debts of the postsecondary institutions and regional health authorities in the context of the overall provincial statement will also have an impact.

In terms of payment for the facility or any other type of unique design or payment, I think it's safe to say that the Calgary health region examined a number of initiatives, examined a number of the possible partnerships. For example, I think there are still ongoing discussions with the Alberta Cancer Board relative to siting a Cancer Board facility to add to the services already provided in Calgary by the Tom Baker, and I think at this stage it would be safe to say that although those discussions have taken place, there has been no concrete evidence to this minister yet that there is a finite capacity that they've determined for how they move forward on this project. There were additional discussions with Infrastructure and Transportation about the servicing to that site and considerable dialogue has taken place there. But relative to the furtherance of this capital project with any other partners at this time, I think that that environment is still fairly fluid. To the deputy: is that your impression?

Ms Meade: Yes.

Mr. Chase: Thank you very much.

Ms Evans: Could I just make a commitment to the hon. member and to the caucus in Calgary as well to make sure that you're informed when and if there are movements that are going to change that scene?

Mr. Chase: Thank you.

The Chair: We appreciate that.

Mr. Danyluk, followed by Mr. Bonko.

Mr. Danyluk: Thank you very much, Mr. Chairman. Madam Minister, I guess my question relates to problem gambling, and you tweaked some of my interest with some of the responses. I need to maybe further delve into the aspect of problem gambling. First of all, there was a mention of $1.2 billion in costs for gambling. I would like you to expand on that and just tell me what you believe that that $1.2 billion entails. You also made a comment that problem gambling is not increasing. So if it isn't increasing and it's at $1.2 billion, then how did it get there, and what is the division? And then I have a supplemental, Mr. Chair.

Ms Evans: Thank you. If I may, the $1.2 billion figure is for all addictions. That would be smoking, drinking, and gambling, all of those sins in one basket. It also is accounted for in the amount of time assumed to be lost time at work. I think we can get a little more definitive. I'm going to ask the CEO to be a little more specific on that.

If I may, one of the things that AADAC provides is free-of-charge services to the people that have addictions in gambling. Something that is not provided by AADAC but is provided by the government of Alberta is Alberta Credit Counselling Services, which helps problem gamblers recover and retain some kind of credit viability as well. Many, obviously, that do have addictions in gambling have had to turn to this type of service. We have a toll-free help line, 1-866-33AADAC for individuals concerned about their gambling or somebody else's addiction.

To get quite specific about how that figure is arrived at, I'll ask Murray to expand on that, please.

Mr. Finnerty: Well, you're quite correct, Minister. The $1.2 billion figure that I used was for the cost of substance abuse and gambling to the Alberta economy in general, not just the gambling portion.

Right now in terms of problem gambling help that's provided through AADAC, it's about 10 per cent of our budget, around $6 million directly for problem gambling services in the province. We provide a great deal of information and prevention and direct intervention services along with the Alberta Gaming and Liquor Commission on-site in casinos and through social marketing.

In terms of treatment facilities, we have dedicated beds in our three line treatment operations, plus we fund a number of agencies. Close to your area would be the "Slim" Thorpe facility in Lloydminster, that provides intensive treatment for problem gamblers.

The phenomenon of problem gambling is like alcoholism was 30, 40 years ago. People are not self-identifying. People are not coming forward and identifying themselves as having an issue with problem gambling until it's far gone: their wife has left them, or they've devastated their bank account, et cetera. So it's a social phenomenon that I think over time more people will realize and identify

themselves with much more rapidly. Right now of the clients that we treat on a yearly basis, the 30,000 folks we see, 4 per cent come to us for gambling problems, but we know that as a percentage of the population it's probably higher than that. That trend has been fairly stable over the last five, six, seven years. Of course, that's 4 per cent of an increasing Alberta population, so the numbers go up, but the actual prevalence, the 4 per cent, is relatively the same. It's not increasing.

Mr. Danyluk: That just about answers my supplemental. When you said that the numbers weren't increasing, in actuality I believe what you're saying is that the percentages aren't increasing. My supplemental was going to be: if we have young problem gamblers that are coming on stream, does that mean that the numbers that are coming on stream are the ones that we're curing at the other end?

Mr. Finnerty: Well, I'll tell you one of the major disturbing parts in the Alberta school experience survey that we did a year ago, in this fiscal year. The prevalence of problem gambling in the adult population is about 4.6 per cent, 5 per cent. In the youth population at the high school level we've identified significant problems at 9 per cent. Things like Texas Hold 'Em, the kids gambling at recess, and what's going on in some of the schools now are very much of concern.

The youth rate is going up, although the adult rate seems to be stabilized, so down the road we've got double the potential problems in the youth population in Alberta relative to gambling.

Mr. Danyluk: A supplemental question?

The Chair: Sure. Just a brief one.

Mr. Danyluk: Just very brief, and maybe this is more of a comment than a question. Is some of what we see happening – and I'm not sure exactly what the name of it is – this poker game that people are playing?

Mr. Finnerty: Yeah. Texas Hold 'Em.

Mr. Danyluk: That's what it is?

Mr. Finnerty: It's on TV. It's on the Internet. It's prevalent.

Mr. Danyluk: Okay. Yeah. We see it in the high school. Kids are comparing notes.

Mr. Finnerty: Yes. Absolutely.

The Chair: Thank you.

Please proceed, hon. Member for Edmonton-Decore, followed by Mr. Prins.

Mr. Bonko: Thank you, Mr. Chairman. My questions are on page 193, section 1.3, with regard to contracting for consulting services. I think the public wants to know, I want to know, and a lot of my constituents want to know. Given that there isn't so much as a memo to show the work for the $400,000, how does the taxpayer know – and I'm referring to Charlebois – that the $400,000 wasn't spent illegally? Did the office of this ministry ever attempt to find out what the money was actually spent on? Were there specific receipts for expenses? What proof does the taxpayer have? I mean, this is just . . .

Mr. Chase: Accountability.

Mr. Bonko: Yes.

Ms Evans: May I just take a couple of moments here. I think that right from the time I assumed this ministry, this contract had been very highly profiled in discussions after the release of the Auditor General's report. I made a commitment when I came to this ministry that we would certainly follow procedures and that staff would have my support in following those procedures, and I'm going to ask if Bruce Perry wants to comment on proper receipts and how that contract was managed. It's my understanding, sir, that there were not deliverables of a paper nature relative to this, but that doesn't mean that there weren't receipts for travel.

Bruce Perry, please.

Mr. Perry: Right. Thank you, Minister. In terms of documented receipts for travel there is a standard for all government departments that they have to be receipted. There were issues, as the Auditor pointed out, of travel in lieu, of time in travel. Again, it is receipted. It is documented.

In terms of the next steps following this, it's recognized that there has to be a contract completion. For example, in our policies now it's mandatory that there be sort of an exit conference with the contractor that the deliverables have all been met, and this is also used to decide if you're going to continue with the services of a contractor, that in fact the services are rendered. But as the minister in the opening comments mentioned, we now have a much more vigorous approach.

In the Auditor's comment it was clear that the policies were there. It's just that they weren't being all observed, and in this particular case there were some issues around that. Since then, on a go forward all contracts are scrutinized. There is closure. But in no case was there ever evidence of not having receipts. The quantity, the quality of the receipts is probably the best comment.

Mr. Bonko: So just for clarification on that.

9:20

The Chair: Does Mr. Dunn have anything to add at this time?

Mr. Dunn: Yes, and then I'm going to turn it over to Jane Staples, who carried out this work. Part of the concern that we had was that you may have a receipt, but how do you know that that receipt has not been used in another location and another location, a multitude of times?

Jane.

Ms Staples: Yes. What we found with the receipts was that there was no indication of exactly what had occurred. For example, if we go to dinner, we indicate who we go with and what the purpose of that is. There were receipts for travel, but there was no indication of what actual work was done in connection with that. So that was what we found in all of the receipting.

Ms Evans: Could I just pose, through to the Auditor General, one question? Was this the only contract that the Auditor General had difficulty with relative to your audit of 2003-04?

Mr. Dunn: This was the only contract that we looked under, the personal consulting contract. I've been asked: have you looked at that type of contract in other locations? Yes, but we are not in a position yet to report on it. We have looked at that very same type

of contract in the Calgary health region, and we'll be reporting to this committee in our 2005 annual report on our findings there.

The Chair: Thank you.
Please continue, Mr. Bonko.

Mr. Bonko: Mr. Chairman, I would ask then: how do we know, in fact, if the work that he was allegedly contracted to do was ever carried out if we don't have an idea as to what the receipts are for? There's absolutely nothing to show for it. I can show that I'm going from A to B, but it doesn't tell me what I do. It tells me that I went from A to B.

Mr. Dunn: Maybe I'll respond here, and, Jane, you can supplement. Indeed, it wasn't just the expenses; it was also the time, the work. So there was the fee for the hours incurred together with the expenses that accompanied it. We were concerned on that.

As the minister indicated and certainly at the top of our page 194 we indicated, the ministry does have a robust contract policy. It was brought in relatively recently, March 1, 2002, and we have no comment to make about it. In fact, we're fully supportive of the process and the systems that this ministry follows. It's just that these were overridden or not complied with.

Mr. Bonko: Can Albertans be confident that these measures will actually work?

The Chair: Excuse me, Mr. Bonko. That's three questions.

Mr. Bonko: Well, no harm in trying.

Mr. Prins: You know, I was going to ask the exact same question that was just asked, so I will just pass. My question has just been answered.

The Chair: Okay. Mr. Lindsay.

Mr. Lindsay: Yeah. I have a question. Thank you, Mr. Chairman. To the hon. minister. On page 109 of the ministry's annual report, schedule 5, there was almost $10 million spent on the Alberta wellness initiative. Can you provide more detail on what is included in that initiative?

Ms Evans: Thank you very much. I think Albertans were well served by the wellness initiative. If I may, the partnership here is also extremely important because the deliverables have been accommodated with other ministries.

The initiative was divided in two parts. First of all, we have the early child development initiative, where 7 and a half million was provided to the health authorities to expand on the services for early child delivery, for the healthy development of expectant parents, infants, and young children. The young family wellness is a public health initiative which we believe supports healthy development. It includes everything from partnerships and regional delivery systems that help us work on breast-feeding education, work on supports for moms that may be inclined towards addictions and keep them in a situation of positive parenting and prenatal care. It deals with postpartum mood disorder, which is prevalent sometimes, and it provides home visitations for high-risk families.

The other part of that initiative, the mental health services for families initiative, expended some $500,000. It enhances the support for the people who have mental health concerns – pregnant, raising young children, depressed – especially in high-risk populations. There was a focus on the Northern Lights, Palliser, and Chinook health regions. Sometimes when people move to Alberta to take advantage of the Alberta advantage, they come without their support systems, so mental health initiatives have been broadly supported there. There was the enhanced services for women initiative through AADAC, some $500,000 to provide a spectrum of services for information and prevention.

The second component of the wellness initiative was Action for Health, the child health initiative, separate and apart from the early child development initiative, where we spent $1.85 million. That was to the regions to improve the health of children from zero to 18, supporting the collaboration and partnerships and supporting a number of the healthy child initiatives like the Head Start program, the child and family services authorities – and this is where the partnership with Children's Services comes into play – school health initiatives for the Safe and Caring Schools project, and, again, working on adolescent risk taking behaviour. So this is really the basket of expenditure that supported a number of the health initiatives.

9:30

One more thing I'll just provide the members. As an MLA you can go into your community and you'll find that FCSS, Alberta Health and Wellness, AADAC, the regional health services, and child and family services authorities will all be providing some amounts of money to provide supports for these initiatives. So you're not ever going to say that there's one funder; there can be a combination of funders. But these were the things that we attributed our funding to in this part.

Mr. Lindsay: Thank you. A supplemental: could you give a little more detail on the outcome of the initiatives?

Ms Evans: Absolutely. When we have an opportunity to talk in the new budget year, I'll be able to illustrate the performance measures as we're extending and expanding them. But the outcomes show improvements in prenatal care, parenting education and support, breast-feeding education and support, postpartum mood disorder support, home visitation supports, and the outcomes for Action for Health have been documented through the schools, municipalities, and AADAC, showing significant reduction as we get more impact to each of the service area deliverables.

You'll see under the regional health authorities' reporting their focus on priority areas that they believe have been impacted by the monies that are spent there. They can be different, as I identified. For example, in Chinook it's quite different from what they have been doing in Palliser, and again it's quite different from what they've been doing in Northern Lights. You'd see that probably in section 2 of the annual report relative to the deliverables there as it pertains to each health region.

Mr. Lindsay: Thank you.

The Chair: Ms Blakeman.

Ms Blakeman: Thanks very much. I'm referring to the issues that are raised by recommendation 23 in the Auditor General's report, the discussion following on pages 197 to 200. Essentially what's being outlined here is the processes between the department and the health regions over a period of time – there were three different processes in three years, essentially – and how the department and the health regions work with each other keeps changing. I'm wondering if the minister could discuss the risks that were established by this unstable planning process and especially how that affected the wait lists in this fiscal year that we're looking at.

Ms Evans: I'm going to try and help tie it to your last point on the wait list. But if I may talk to you a bit about the health plans, I think if you go back to the mid-90s and look at the health care costs and then look at the acceleration of budgets, for example, to a 7.7 per cent increase, what the minister of health was hearing from the Finance minister and from Treasury Board was: how can you ensure that regional health authorities are accountable for the dollars that are spent? What sort of relationship and role do you have in accountability, particularly when there are mid-year transfers or have had some record of mid-year transfers to health authorities? I think the Auditor General has cited that relative to performance measures as well.

In the development of the three-year health plans one of the barriers that the ministry encountered was that the CEOs and chairs of the health authorities identified that unless they could be guaranteed that the dollars that would be extended over a three-year period might be forthcoming, it was difficult to account that those measures could be sustained over that three-year period and, with the exception of the Mental Health Board and the Cancer Board, expressed reluctance to sign off on those performance measures not knowing the outcome of the dollars.

So what I think we're challenged with, especially in Alberta with the advantage being a highly volatile economy dependent on world oil prices and so on, is developing sustainable budgets that have targets that can be consistent over a period of time and give that kind of assurance to people out in the regions that they will have those dollars and will be able to make corresponding reductions.

What you see with wait lists, however, and what really challenges us with our future determinants for health and health performance standards is that no matter how many dollars have been added and services have increased, there may not be the expected or anticipated corresponding reduction in the wait lists. That's an international phenomenon. It doesn't appear that you can build more acute-care beds and get a corresponding reduction in wait lists, which leads us to looking forward now, as we are, at the third way, at how we do our deliverables in health care to make sure that we can reduce wait lists in a different configuration.

The 11 primary care initiative centres that will be developed in this coming year will help us have health teams to do the admissions. I'm getting a little bit away, but you opened the door on the wait list to say: how are we accounting for those performance measures? Our real challenge is that the dollars, the plans, the performance measures: none are seemingly making the difference we hoped for in the wait list.

Do you want to expand on this question of the hon. member, please?

Ms Meade: Certainly. On the wait lists, of course, we're also working at a national level, federally and provincially, to address this. We have targeted five key areas. We're also looking at how we can use electronic bookings, the ability for the specialist to manipulate at a broader level the pool of those on wait lists to move them up. We've had some success this year that we'll be able to show, some demonstrated success. Again, though, to emphasize, as the minister has stated, they are really two separate animals at this point, and we have to attack the wait lists in a broader area than just more funding. There's got to be technical and systemic solutions, as well, to address those.

Ms Blakeman: Well, I'm more concerned that I see a continuation of that disconnect between the department and the health regions with being able to get those plans in place and – whatever you want to call it – their business plan/delivery plan/multiperformance agreements, whatever you're asking them for now. You cannot seem to get that happening at the beginning of the year. I'm very concerned when I hear that you've accepted this recommendation but with reservation. Have I used the correct terminology?

Mr. Dunn: Accepted in principle.

Ms Blakeman: Accepted in principle.

That's always a flag to me that all is not well here. So I want some discussion about where the department is going with this disconnect, especially around the beginning of the fiscal year. We're in the fiscal year for 2005-06 right now, and I don't think what's being brought up in this fiscal year has been addressed. This is April 6. I'll betcha there hasn't been a signing that's happened with the health authorities prior to this fiscal year. So here's where the problem started. Why are you not accepting what's being proposed?

Ms Evans: Mr. Chairman, when we as a government and the Legislature accepted the delegation to regional health authorities, no doubt we were opening the doors to wide, new opportunities for integration of service delivery, which, if you listen to Dr. Fraser Mustard, is the best in Canada because we are more fully integrated than other places. But, similarly, it brings challenges working with the regional health authorities to be a true partner in fiscal accountability.

I can only say this. In the period that's been reported here, 2003-04, where business plans were sometimes as late as July, I think we have made great strides to increase that accountability. Right from the time I first started a detailed review of this budget for the coming year with the staff, we asked for and received from the regional health authorities more data, in my understanding, than they had ever supplied to the ministry. So the regional health authorities are learning that the mid-year or later sign-offs on plans is not the way that this minister operates.

9:40

The Chair: Mr. Rodney, please.

Mr. Rodney: Thank you very much, Mr. Chair. I think this is an appropriate follow-up to the question that was just asked, perhaps more pointed. I know other speakers have mentioned AADAC and the regional health authorities. As the chair of AADAC I'm tempted for personal, professional, and political reasons to inquire about the upcoming Health budget, but I know that we're dealing with 2003-2004, so I will limit my question to specifically regional health authorities.

In section 1 of the report on page 109 – it's schedule 5, which is the Department of Health and Wellness schedule to financial statements – item 2.4.1 is indeed regional health services, and I do see a $22.5 million problem there. My question for the fine minister: the $22.5 million, is that a result of the regions themselves not achieving balanced budgets, or is that something more provincial? If you don't mind commenting on the $22.5 million, I'd appreciate that.

Ms Evans: In the context of my comments I'd identified that at the time that all of the government departments examined the impact of higher utility costs throughout Alberta, there was an allocation of $94 million to address those underbudgeted amounts throughout the various deliverables, whether it was schools or lodges, and so on. The share for the regional health authorities for utility costs, both

higher gas and electrical, was exactly what was covered with this $22 million amount. It was overcoming some of the increased expenditure necessitated by the rising costs of the energy products that impacted all of the gas and electrical prices. In fact, they would have balanced had they not had those unanticipated increases. This was part of the allocation of the $94 million that was given to all externals.

It's a good question from the member. I asked the same question because it sort of stuck out: why $22 million from all of the health authorities? This is why.

Mr. Rodney: Well, that's very reassuring.

As my one and only supplemental to that, I'm wondering what steps the ministry has in place to make sure that the health regions are accountable to the minister. I do appreciate that you were the minister of another department previously, and I have to say that I've been blown away by the amazing job that you've done not just with me and AADAC but the entire ministry. I'm just hoping for the best for the future.

Again, can you tell us what accountability measures are in place so that the RHAs will be reporting in an accountable fashion to you and your department?

Ms Evans: It's a good question about the deficits because, as you know, for example, children's authorities cannot have operating deficits, but health authorities were permitted operating deficits with plans of overcoming that deficiency. After the conclusion of 2003–04 last summer there was a cleanup, if you will, of the operating deficits.

If a health authority incurs a deficit, it must use any accumulated surplus to offset the deficit. Some of the health authorities have fairly remarkable amounts, and some have almost nothing at all for surpluses, but if they have a deficit, they must use that. If there's no accumulated surplus or if the accumulated surplus is insufficient, the authority is obligated to provide the minister with a plan in writing relative to how it can eliminate that deficit within three years. So there is some capacity for them to make some independent decisions relative to how they manage their dollars, but we are really working to try and make sure that they live within budgets.

We are really working on setting a tone so that there will not be deficits. We are having the health authorities disclose notes to financial statements. For example, in the year following 2003-04, for '04-05, we're asking them to identify quite clearly. If there's no accumulated surplus or if it's insufficient, they have to provide us the accountability, as I've said, for the three years, how they are going to eliminate it. The audit statements must be reviewed and supported by the chief financial officer and executive officer prior to a recommendation to the board chair and the board for approval by the authority. It has to be done by motion – it has to be transparent to the public – and only then will the Auditor sign off on financial statements.

Mr. Chairman, I think what we really hope is that we will be able to encourage and provide sufficient incentive to health authorities not to engage in operating deficiencies because it is a black hole in terms of the way they can manage the ever-expanding costs with a high-growth population in Alberta.

The question is an excellent one. It's one that we will continue to maintain our due diligence on.

Mr. Rodney: That's the accountability and efficiency I was looking forward to hearing about. Thank you, and congratulations on a wonderful job.

Ms Evans: Thank you.

The Chair: Thank you.

Please proceed, Mr. Eggen.

Mr. Eggen: Thank you. My question has to do with the Auditor General's report on page 195, and it's to do with IT risk assessment and a disaster recovery plan. Now, the Auditor General specifically identifies this as an area in which unsatisfactory progress has been made in regard to IT security and, again, a disaster recovery plan. I was just curious to ask how this might have progressed, or what plans do you have to rectify this?

Ms Evans: In the event, hon. member, that I didn't cite in my opening remarks how we're progressing with this, there has been action taken in terms of a group that's been put together within the department and connecting to the authorities. They commenced last September with work that was done to further their planning and take up the challenge to make sure that if a disaster occurred, they would have hopefully mitigated against a disaster, and that there was a process in place to complete it. There's an inventory and an assessment done. We have three separate systems, the most recent being the rural electronic health record system that has been added. Of course, Capital health started. So we know that this inventory and the work that we're doing with the system and protection of the information that we gather is significant and important.

We expect to complete the work by the latter part of this year. January 1 of 2006-07 is the target date for completion in adherence with the issues raised by the Auditor General.

I'd ask Todd Herron if he wants to expand on any particular of how he's approaching that task, please.

Mr. Herron: We have completed the disaster recovery plan as of March 31. We're continuing with a more broad-ranging threat and risk assessment, at which point we'll revisit the disaster recovery plan and update it with any new risks that we've identified.

Mr. Eggen: Okay. Well, just supplemental to that. The information, as you say, that you collect is of a very sensitive nature. My concern and, I guess, a question a lot of Albertans have is, you know, the security of that. Do you have a plan as to what happens if that information does in fact get out into the public, either the health care numbers or, say, a person's health file?

Ms Evans: Certainly, I don't blame the hon. member for the temptation to ask a question of this nature given more recent events, but I'd have to say that the type of system that's used – I could just give you a visit in my office to actually give you some assurance. One of the things that you would find if you were health minister is that your computer has many more layers of security than you would find if you were an MLA in any other capacity. So right off the top there are different kinds of encryptions and different barriers that are built so that you can't even access the system in the same fashion. There's a special encryption that goes with the maintenance of health information records.

You would of course be aware that the current tape that's missing is not personal health information, but it is numbers and names, and Health and Wellness is doing an examination of that along with the Privacy Commissioner.

9:50

I should add a new piece of information that I haven't divulged. There has been consultation with the Solicitor General and other ministers, and at this time anything that has been missing has been

assumed to be lost. If there was evidence otherwise from any of the other investigations, we would look in a different way with, obviously, more legal support from the Solicitor General and the Justice minister. There is significant protection to those files.

Perhaps further to that, Todd, did you want to expand on that?

Mr. Herron: We've been working with the regional health authorities over the last three years, too, to bring them up to ISO standards for security. When we designed the electronic health record, privacy and security were absolute top-shelf requirements in the design of the system.

With respect to the missing tape and as part of the threat and risk assessment, we're looking at all of the information holdings of personal information within the ministry but also broadly across the health sector to make sure that we understand where the information is and what securities there are around them.

The Chair: Thank you.

That concludes this portion of the meeting.

Yes, Dr. Morton.

Dr. Morton: You didn't have me on your list?

The Chair: I certainly do have you on the list. I had eight hon. members ahead of you on the list. This is one of the problems when we have a meeting that only lasts for an hour and 30 minutes and such a large department: sometimes not everyone gets an opportunity to get on the record with their questions. I'm disappointed that today there are eight members who have indicated to the chair that they would like to ask questions, and they have not had the opportunity.

On behalf of the committee I would like to thank the hon. minister and her staff and the Auditor General and his staff for their participation in the meeting this morning. That concludes this portion of the meeting, and you are free to exit if you wish. Good luck with all your endeavours.

Ms Evans: Thank you very much. We will be heading immediately to the AAMD and C. I'm to be on a panel there at 10. I would offer that if there is something further that people want to put to us, we would be pleased to respond.

Thank you for your courtesy.

The Chair: Thank you.

Now, we have other items of business on the agenda. It is the chair's personal view, and it is not reflective of this committee, that the chair does not travel to public accounts committees because I personally would like to see the money used to have meetings outside session. That's my personal view, not reflective of the committee.

I think now we should select a delegate to attend the Canadian Council of Public Accounts Committees conference to be held in Niagara-on-the-Lake from August 21 to 23, 2005. Corinne Dacyshyn will certainly be attending, as will the vice-chair, Mr. VanderBurg. We need an additional member of the committee to attend. Corinne has everything organized. Some members have indicated that they do not want to be considered. They are Ms Blakeman, Mr. Bonko, Mr. Chase, Dr. Morton, Mr. Prins, and the chair. So the chair is going to draw the name from a bowl, if that's okay, and an alternate as well. Is that fair with everyone? Okay.

I should note the part about the alternate now . . .

Dr. Morton: I have a question.

The Chair: Yes.

Dr. Morton: Are we still being recorded, or is this unofficial?

The Chair: We are certainly being recorded, yes.

Dr. Morton: Then I won't ask my question.

The Chair: Okay.

In the past we have had difficulty scheduling someone to go, so we have now decided that it is in our best interest to have an alternate as well so that in case one of the people who was to go cannot attend, then we can ask the alternate if they can.

Dr. Morton: I might change my mind and ask the question, then, since you're being so generous. Would those of us who had indicated that we're not interested in going still be able to put our name in the hat and possibly, if we're drawn, sell our option to other members?

The Chair: No.

Dr. Morton: You're not feeling so generous on that.

The Chair: No. Would you like your name added?

Dr. Morton: I'll stay out of the hat. Thank you.

The Chair: Okay. Thank you.

So we're going to proceed with the draw. Mr. Webber. He will be going. We're going to get an alternate. Mr. Lindsay is the alternate.

Okay. I need a motion now, please.

Dr. Morton: I have a serious question as well. If I have questions that I want to ask the health minister but didn't get to, how do I go about submitting those and getting answers? Do I submit them through you?

The Chair: Yes. Through the clerk. She indicated that if we had any other questions . . .

Mrs. Dacyshyn: I can look after it.

Dr. Morton: Thank you.

Mr. Lindsay: I just have a comment, Mr. Chairman. In view of your wishes to extend this committee outside of when the House is sitting, I think these annual conventions are very important. The fact that you're our chairman, I think that in the future you should consider going to these conventions even though I understand your wishes to do otherwise. But I think you should at least reconsider your position there.

The Chair: Okay. Thank you. I appreciate that.

Mr. VanderBurg: Just for clarification on when others that haven't had their opportunity to speak get it recorded. How do we record the questions and the answers in *Hansard*?

The Chair: Well, we can have a discussion. If you remember, going back to the meeting that we held on March 9, it was suggested, I believe by Reverend Abbott, that in three or four weeks – and that

comes up next week – at the conclusion of our meeting if there are any changes that we would like to make to the procedure here, that would give us an ideal time to discuss those changes. Reverend Abbott suggested that perhaps if we have time limitations here, two ministries on a given Wednesday, and then we could review more of them during the session in the time that we have. I believe it was Mr. Rogers who also gave this a strong endorsement, according to *Hansard*.

It was agreed that in three weeks or so the committee, if they would like, could have a short discussion at the end of our meeting in regard to how we would like to proceed and perhaps allow more time for questioning. If you would like the chair to speed up the process and have a strict time limit on preambles and questions or responses from the minister, let me know and let George know. That way, perhaps there would not be at the end of the day eight members left without time to have their questions addressed. So we could have a look at this next week if you would like.

Mrs. Dacyshyn: Just to add to that, when I receive follow-up responses in writing from the minister, I do attach them to the minutes for the next meeting, so they do form part of the official record. Although they aren't ever read into *Hansard*, they are part of the official record which people can access in the Legislature Library or through me.

Mr. VanderBurg: You know, I realize that it doesn't matter how much time. If you have a ministry like the department of health, I mean, we could talk all day on questions. But as long as there is a forum or an avenue for the members to have their questions recorded and the answers recorded, I'm satisfied with that. We all have time constraints. Really, the format, Mr. Chair, of how you've conducted the meetings and let members speak freely and ministers respond freely I'm quite satisfied with. At least we're getting good questions and good answers, so I'm quite happy with the way you've been doing it.

10:00

The Chair: Yes, but if we want to speed it up, we could certainly – let me know.

Mr. Prins: Well, that's why when my question came up and the question just prior to that was very similar, in the interest of time I wasn't going to ask the same question. I was satisfied with the answer, just want to move things along.

The Chair: Okay.

Now, we have, if you don't mind, please, a motion.

Ms Blakeman: Sorry. Just continuing this discussion, and you can tell my frustration when we ask questions that are outside of the parameters of the year that we're examining. You saw me frowning at my own colleagues on that one. I think that's important. We have parameters that we work within in this committee, and it is in effect wasting all of our time to get outside of those parameters because there are other venues to ask those questions in. There's budget debate. There's question period. There's written questions. There are lots of other opportunities.

What we can do in here is very narrowly defined, and I hate to lose a question to talk about something that's outside of those parameters. So if I could encourage the chairperson to be more ruthless in enforcing that, then we'll all get better at it because it is a very difficult concept to get hold of, and it's hard for new members.

The Chair: Ms Blakeman, we're going to have to conclude this meeting quite quickly because other people have calendars booked. We will discuss, hopefully, next week how we can improve this, and the chair is at the direction of the committee.

Corinne has a motion that she would like somebody to read into the record now. I can do it. I would like this motion to be read into the record and then voted on by the members. I would like to move that

> Mr. VanderBurg and Mr. Webber and the committee clerk attend the Canadian Council of Public Accounts Committees conference at Niagara-on-the-Lake, Ontario, from August 21 to 23, 2005. Mr. Lindsay would be the alternate delegate from the committee.

Ms Blakeman, did you have any questions?

Ms Blakeman: I'm sorry. Discussion on the motion. There's no representative from the opposition, from any of the opposition parties that is going. Traditionally, there's been a designate that replaces each of the original members. The Public Accounts Committee is chaired by a member of the Official Opposition for a reason. There should be a member from the opposition that's on that list. So I just put that forward for discussion. I know that I'm going to lose the vote. You can go ahead and call it.

The Chair: I'm sorry, Ms Blakeman. In your absence there was a list circulated, and the only member of the opposition who expressed an interest in attending was Mr. Eggen. We had a draw. We've had a draw, I believe, in the past. All members who were present agreed to have a draw, and the names that came out of the hat were Mr. Webber and then as the alternate Mr. Lindsay.

Ms Blakeman: I'm corrected by the chair. I still disagree.

The Chair: Okay. That's fine.

Some Hon. Members: Question.

The Chair: On the motion, moved by Mr. Danyluk, all those in favour?

Some Hon. Members: Agreed.

The Chair: Opposed?

Ms Blakeman: Opposed.

The Chair: Thank you. That settles that.

The next meeting is April 13, 2005, with the Hon. Greg Melchin, the Minister of Energy.

Now, could I have a motion for adjournment, please? Thank you.

[The committee adjourned at 10:04 a.m.]