Legislative Assembly of Alberta

The 29th Legislature
Fourth Session

Standing Committee
on
Public Accounts

Health
Alberta Health Services

Tuesday, May 29, 2018
8:30 a.m.

Transcript No. 29-4-6

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Fourth Session

Standing Committee on Public Accounts

Cyr, Scott J., Bonnyville-Cold Lake (UCP), Chair
Dach, Lorne, Edmonton-McClung (NDP), Deputy Chair

Barnes, Drew, Cypress-Medicine Hat (UCP)
Carson, Jonathon, Edmonton-Meadowlark (NDP)
Clark, Greg, Calgary-Elbow (AP)
Gotfried, Richard, Calgary-Fish Creek (UCP)
Hunter, Grant R., Cardston-Taber-Warner (UCP)
Littlewood, Jessica, Fort Saskatchewan-Vegreville (NDP)
Luff, Robyn, Calgary-East (NDP)
Malkinson, Brian, Calgary-Currie (NDP)
McKitrick, Annie, Sherwood Park (NDP)*
Miller, Barb, Red Deer-South (NDP)
Nielsen, Christian E., Edmonton-Decore (NDP)
Panda, Prasad, Calgary-Foothills (UCP)
Renaud, Marie F., St. Albert (NDP)
Turner, Dr. A. Robert, Edmonton-Whitemud (NDP)

* substitution for Robyn Luff

Also in Attendance

Starke, Dr. Richard, Vermilion-Lloydminster (PC)
Swann, Dr. David, Calgary-Mountain View (AL)
Yao, Tany, Fort McMurray-Wood Buffalo (UCP)

Office of the Auditor General Participants

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Eric Leonty	Assistant Auditor General

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Standing Committee on Public Accounts

Participants

Ministry of Health
- Mary Persson, Assistant Deputy Minister, Financial and Corporate Services
- Milton Sussman, Deputy Minister
- Andre Tremblay, Associate Deputy Minister
- Kim Wieringa, Assistant Deputy Minister, Health Information Systems

Alberta Health Services
- Deb Gordon, Vice-president and Chief Health Operations Officer, Northern Alberta
- David O'Brien, Senior Program Officer, Primary and Community Care
- Verna Yiu, President and Chief Executive Officer

8:30 a.m. Tuesday, May 29, 2018

[Mr. Cyr in the chair]

The Chair: Good morning, everyone. It looks like we have a full house today, and that's great to see. I'd like to call this meeting of Public Accounts to order and welcome everyone that's in attendance.

My name is Scott Cyr, the MLA for Bonnyville-Cold Lake and the chair of the committee. I would ask the members, staff, guests at the table to introduce themselves for the record, starting on my right with Mr. Deputy Chair.

Mr. Dach: Lorne Dach, MLA for Edmonton-McClung, deputy chair. Good morning.

Mr. Yao: Tany Yao, Fort McMurray-Wood Buffalo.

Mr. Panda: Good morning. Prasad Panda, Calgary-Foothills.

Mr. Barnes: Good morning. Drew Barnes, Cypress-Medicine Hat.

Mr. Hunter: Grant Hunter, MLA, Cardston-Taber-Warner.

Mr. Gotfried: Good morning. Richard Gotfried, MLA, Calgary-Fish Creek.

Mr. Clark: Good morning, everyone. Greg Clark, MLA, Calgary-Elbow.

Dr. Swann: Good morning. David Swann, Calgary-Mountain View. Welcome.

Ms Gordon: Good morning. I'm Deb Gordon with Alberta Health Services.

Dr. Yiu: Verna Yiu, Alberta Health Services.

Mr. Sussman: Milton Sussman, Deputy Minister of Health.

Mr. Tremblay: Andre Tremblay, associate deputy minister.

Ms Persson: Mary Persson, assistant deputy minister, Health.

Mr. Leonty: Eric Leonty, Assistant Auditor General.

Mr. Wylie: Doug Wylie, Auditor General.

Ms Renaud: Marie Renaud, MLA for St. Albert.

Mr. Malkinson: Brian Malkinson, MLA for Calgary-Currie.

Mr. Carson: Good morning. Jon Carson, MLA for Edmonton-Meadowlark.

Ms McKitrick: Bonjour. Annie McKitrick, MLA for Sherwood Park, substituting for MLA Robyn Luff.

Dr. Turner: Bob Turner, MLA, Edmonton-Whitemud.

Ms Miller: Barb Miller, MLA, Red Deer-South.

Mr. Nielsen: Good morning, everyone. Chris Nielsen, MLA for Edmonton-Decore.

Dr. Massolin: Good morning. Philip Massolin, manager of research and committee services.

Mrs. Sawchuk: Karen Sawchuk, committee clerk.

The Chair: I would like to note the following substitution for the record: Ms McKitrick for Ms Luff.

A few housekeeping items to address as well. Please note that the microphones are operated by *Hansard*. Please set your cellphones and devices to silent for the duration of the meeting. Committee proceedings are being live streamed on the Internet and broadcast on Alberta Assembly TV. The audio and video stream and the transcripts of the meetings can be accessed via the Legislative Assembly website.

Let's move on to approval of the agenda. Are there any changes or additions to the agenda?

Seeing none, would a member like to move that the agenda for the May 29, 2018, meeting of the Standing Committee on Public Accounts be approved as distributed? Mr. Panda. All in favour? Any opposed? Thank you. That motion is carried.

Approval of the minutes. Do members have any amendments to the May 15, 2018, minutes?

If not, would a member move that the minutes of the May 15, 2018, meeting of the Standing Committee on Public Accounts be approved as distributed?

Mr. Nielsen: So moved.

The Chair: Any discussion on the motion? All in favour? Any opposed? That's carried.

I would like to welcome our guests who are here on behalf of the Ministry of Health and Alberta Health Services to discuss the outstanding recommendations from the Auditor General and the ministry's 2016-2017 annual report. Members should have the research report prepared by research services and the Auditor General's briefing document as well as the status of the Auditor General recommendations documents completed and submitted by the ministry and AHS.

I would like to invite our guests to provide opening remarks not exceeding 10 minutes. Mr. Sussman and Dr. Yiu, I understand that you both will be speaking. Would you like a timer set to five minutes initially so that you are aware of the time?

Mr. Sussman: Yes, please.

The Chair: Fair enough. Please go ahead.

Mr. Sussman: Thank you, MLA Cyr, and good morning, committee members. It's a real pleasure to be here this morning to discuss Alberta Health's 2016-17 annual report. With me at the table are Dr. Verna Yiu, president and CEO of AHS; Associate Deputy Minister Andre Tremblay; the assistant deputy minister of financial and corporate services, Mary Persson; and the vice-president and chief operations officer for Alberta Health Services in the northern area, Deb Gordon. Other officials from my department are in the public gallery.

I'd like to begin by congratulating Doug Wylie on being appointed the new Auditor General and wish him the best in his new role and then make our commitment as a department to work with the Auditor General on any of their reports and outstanding recommendations. We really appreciate the office of the Auditor General for its recommendations, that help improve the Alberta health system in so many ways.

In the past 10 years together Alberta Health and Alberta Health Services have addressed over 100 audit recommendations from the Auditor General. The actions on past recommendations demonstrate that we take the issues raised by the Auditor General very seriously and that we work hard to address them. Let me give you a few highlights. In the past year the Auditor General did a follow-up review of primary health care networks and noted a

number of improvements in the accountability mechanisms we now have in place for PCNs. I think that's a real sign of improvement in how we have worked together with the Auditor General to make positive changes.

Other good examples are changes made as a result of the food safety audit and the infection prevention and control review. In follow-up reviews the Auditor General's staff have noted significant improvements we have made in this area in response to past recommendations. There are a lot of other examples as well: good progress on recommendations related to electronic health records, chronic disease management, and mental health. These are all excellent examples of how we have worked to move the health system forward thanks to the recommendations of the Auditor General and our efforts to implement them in collaboration with our partners in the health system. Of course, the work isn't finished yet, but we are fully committed to addressing all the recommendations from past audits in the months and years ahead.

I'd like to talk about the 2016-17 annual report. I have to say that although I wasn't the Deputy Minister of Health at the time, it's very clear to me that the 2016-17 fiscal year featured some significant achievements and progress in improving health care delivery for Albertans. One of the key accomplishments was responding to the devastating Wood Buffalo wildfire. Working in Manitoba at the time, I remember being very impressed with Alberta's quick response to this disaster, that unfolded with shocking speed and devastation. The disaster involved multiple ministries responding quickly with our department and Alberta Health Services leading the health-related response. The hospital in Fort McMurray was evacuated in a safe and timely fashion, and words cannot accurately describe the outstanding work done by the HS staff to keep patients safe and out of harm's way.

The annual report of Alberta Health outlines a number of other impressive achievements that I think are worth highlighting. We strengthened our partnerships in primary health care and mental health systems through the valuing mental health collaborative process. We're supporting continuing care services and care closer to home. We're helping to improve childhood immunization rates through new legislation. We're making progress on the commitment to add 2,000 long-term care and dementia spaces. We're expanding the dementia advice service province-wide through Health Link. We're allowing more care providers to have access to the electronic health record information. An example is optometrists. We're developing a medical assistance in dying framework and working to address the opioid crisis through improved surveillance, data sharing, and the take-home naloxone program and are giving responders the ability to administer life-saving naloxone. These are all important milestones and achievements. In many cases they laid a strong foundation for the work that we continue today and will continue in the months ahead.

Another area worth highlighting in the annual report is the major success that we've achieved in slowing the growth of health care spending. This is no small feat. Previous years saw growth in health spending average nearly 6 per cent per year. The pressure and demands for health care are always growing, but in '16-17 we managed to limit that growth to just over 3 per cent, which allows us to meet it in a sustainable way.

In the interest of time, I'll forgo the rest of my remarks and answer the questions. I'll turn it over to Dr. Yiu.

Dr. Yiu: Thank you very much for inviting us to present to Public Accounts today. We're going to be presenting our '16-17 annual report and recommendations relating to the Auditor General's reports. I'd like to thank the OAG for its work over the many years to help AHS improve patient safety, care, and efficiency.

Prior to and since the creation of AHS in 2009, we've acted on all 67 OAG recommendations, with over 80 per cent implementation. As of April 2018 we have 13 outstanding OAG recommendations, of which four are deemed to be fully implemented, awaiting confirmation with the OAG, and nine are still in progress. We still have work to do in the areas of seniors' care, chronic disease management, and mental health but are very pleased with our progress to date.

8:40

Our work is aligned with the goals and direction of the government of Alberta and the goals outlined by Alberta Health. I've seen how far Alberta Health Services has come since the formation in 2009, and I know that we are on the right track. As our organization approaches our 10th anniversary next year, we have achievements and accomplishments that stack up favourably against any health system in Canada and in the world, and I just would like to mention a few of these. We're home to the biggest transplant program in western Canada, and this program was the first in the country to perform islet cell transplants, that free people with type 1 diabetes from insulin injections. We have the best tuberculosis program in the country, with the highest compliance and cure rates. We're international leaders in the treatment of the very difficult to treat C. difficile infections, that can wreak havoc on the gastrointestinal system but now can be treated very simply by just swallowing some tablets. Recently AHS reduced our time from stroke diagnosis to treatment from 70 minutes to 36 minutes in the province, an improvement that's never been achieved anywhere else in the world.

The Canadian Institute for Health Information ranks AHS best in the country in a number of performance indicators, including least total time spent in emergency departments for admitted patients, lowest use of antipsychotic medications to manage behaviours in long-term care residents with dementia, and lowest administrative costs.

No other health system has anything like what we've created in Alberta with our 15 strategic clinical networks, or what we call SCNs. Each network is comprised of front-line clinicians, researchers, policy-makers, and patient advisers who are focused on improving quality and standardization of care in a specific area across the province. In fact, every other jurisdiction in Canada is trying to duplicate what we have in Alberta. By working together as one health system, we've been able to improve patient outcomes, enhance experiences for our 130,000-plus hard-working staff, physicians, and volunteers.

In fact, this integration of health care was recognized at the 18th international congress on integrated care last week. This international congress recently signed an agreement with the World Health Organization to roll out an integrated framework of care. This congress brought together health care leaders from 43 countries and numerous health systems within those countries. Submissions on accomplishments related to health systems were requested from delegates, and I was proud to learn last week that out of more than 200 submissions from around the world, Alberta Health Services was identified as being one of the top five most integrated health care systems in the world. These international delegates were very impressed with what's happening in Alberta. Furthermore, during a real-time poll of delegates at the congress Alberta ranked second in the world, just behind the Netherlands, as the national health system which most can learn from. Representatives from Australia, New Zealand, the Netherlands, Belgium are wanting now to come to Alberta to learn from AHS and to see first-hand what we're doing in Alberta to integrate care.

I was pleased to hear all of this, but I was not surprised because I've encountered similar reactions when I've travelled elsewhere. We're unique in the world . . .

The Chair: Thank you, Dr. Yiu.

Dr. Yiu: Thank you.

The Chair: Dr. Starke, would you mind introducing yourself for the record, sir?

Dr. Starke: Happy to. Good morning. Richard Starke, MLA for Vermilion-Lloydminster.

The Chair: I will now call on the Auditor General for his comments. You have five minutes, sir.

Mr. Wylie: Thank you, Chair and members and officials. Since 1990 the office of the Auditor General has conducted many audits on various aspects of Alberta's health system. You just heard the deputy and the CEO refer to many of those audits. Also, as the deputy and the CEO noted, the Department of Health and Alberta Health Services have implemented many of our recommendations over the years.

In May 2017 our office issued a report titled Better Healthcare for Albertans. It was addressed to the Legislative Assembly on behalf of all Albertans. This was not an audit in the traditional sense but, rather, a report aimed at identifying and overcoming the barriers that were hindering the ministry from being able to act on our recommendations. We identified three barriers: fragmentation in the health system structure, lack of integration in physician services and the services of other care providers, and the lack of sharing and use of clinical information. Alberta has some of the best health care professionals in the world – there's no doubt about that – but the strength of the health care system does not rely solely on the competence of its health care providers. It depends on their ability to work together to manage results and the cost of care for their patients.

We presented the Better Healthcare report to MLAs, to the government, and to health care providers with the intention of positively contributing to the improvement of health systems. It is with that same objective that we are committed to continuing to work with the ministry as it works to implement the outstanding recommendations from our office.

Thank you, Chair.

The Chair: Thank you, sir.

The committee will follow the updated time allotment format for questions. The first and second rotations will be nine minutes each for the members of the Official Opposition and the government members, followed by four and a half minutes for the third-party member. The third rotation is five minutes each for the members of the Official Opposition and the government members. For any time remaining following those rotations, we will hear from any independent, Liberal, PC member in attendance wishing to participate. If none are in attendance, this time will be rotated equally amongst the Official Opposition, the government members, and the third-party member, with the final few minutes designated for any outstanding questions to be read into the record and for considering the other items of business.

We ask that officials at the table as well as those seated in the gallery provide their names before responding to questions. This is for the benefit of members who may be participating via teleconference, for those listening online, and for the *Hansard* recording.

I will now open the floor for questions from members. Mr. Yao, please proceed, sir.

Mr. Yao: Thank you very much. The Auditor General put out a report in 2017 titled Better Healthcare for Albertans, which laid out the key flaws in our health care system and what the government needs to do to address those issues. This committee and the ministry both issued responses to this report. My questions, you know, surround the basics of project management. My questions are to the Auditor General. When performing analysis, there are five qualities that we can identify to understand an implementation plan. The first quality, sir, is: does it set out the major work element stream or streams that show what should happen and by whom? In a succinct manner, due to time restraint, would the Auditor General be able to provide an answer to this question of whether the minister's response to Better Healthcare for Albertans sets out the major work elements that show what should happen and by whom?

Mr. Wylie: Chair, thank you for the question. You know, it depends on what criteria one is looking at on how you want to evaluate that. If you just look at the work of our office and then the work of this committee – and I think it's important to separate the two – then I'll come back and answer your question. This committee issued a recommendation to the government, and the government has replied to that recommendation. The committee itself may wish to answer that question, whether the reply of the government answers the request of this committee. I certainly wouldn't want to pre-empt any discussions or deliberations of this committee if they choose to do that.

Having said that, I will answer the question as it relates to work that we have done elsewhere, and I'll just cite our climate leadership plan audit that we did. In that audit we set out criteria on how we would evaluate an implementation plan. It included such things as setting out timelines showing what would happen and by when, the governance for the implementation of the plan as well as key resourcing that would be needed to execute and deliver on the plan, and risk and mitigation strategies that would be employed to ensure that the implementation plan is successfully delivered on.

So I answer your question in the context of work that we have done elsewhere and the criteria that we have used. Those would be some of the criteria that we would use. You yourself, Member, and the committee may wish to review the reply based on your own criteria, but I have given you mine.

Thank you.

Mr. Yao: All right. Does the Auditor General – I guess I'm asking you for your opinion, sir – believe that the minister's response to the analysis of our health care system sets out a timeline and critical path of when things are going to happen? Does it have timelines and measurables in there?

8:50

Mr. Wylie: Well, my read of the reply does not see timelines. But, again, there might be other reference documents that the overall reply is referring to that may include timelines. Again, I think it would require an analysis of the totality of that reply. I don't want to give a glib response, Member – I'm not trying to avoid your question – but I do believe that if this committee wishes to answer that question, it might be appropriate for itself to answer that question, whether it itself is satisfied with the reply based on the recommendation it made. We certainly follow up on all of our recommendations that we make and come back and conclude on those.

I'll leave my response there, Member.

Mr. Yao: I'll just ask you one last question here. Your report Better Healthcare for Albertans sets out next steps and responsibilities for all, including the government, MLAs, health care providers, and individuals. The government's role is laid out clearly in the report. The third quality is: does it solve the governance of the achievement? Does the Auditor General believe it does so?

Mr. Wylie: I'm sorry; you're referring to the letter again, the reply?

Mr. Yao: Yes.

Mr. Wylie: Again, Member, I haven't analyzed it through that lens, through that criteria. I didn't do a detailed evaluation, so I'm reluctant, quite frankly, to answer that. Again, I think it's an opportunity for this committee to go through each one of those and maybe establish your own criteria. I've given you the criteria that we have used set out in previous audit work. I certainly like to, to the extent that I can, reserve my opinion and issue opinions on where we have done work that enables me to know the extent of work, the scope of work, and to verify the reliability of the work that we've done, which enables me to issue an opinion that I feel comfortable doing.

I'll leave it at that, Member.

Mr. Yao: Certainly. Thank you very much.

Let's switch gears here. This is to the deputy minister and to Dr. Yiu with Alberta Health Services. In the Auditor General's report he talks about the duplication of the bureaucracy at the highest levels, certainly the administration that was there when we had multiple health regions and as it drifted into one. It appears there was no attempt at reducing the bureaucracy in the administration that oversees these agencies. Can you tell us what your agencies have been doing to reduce that bureaucracy, please?

Mr. Sussman: On a weekly basis the CEO of Alberta Health Services and the associate deputy and I meet, and on a quarterly basis the executives of Alberta Health and Alberta Health Services meet. Much of the function of those meetings is to actually co-ordinate and reduce duplication and ensure that the department is doing what the department's role is, which is, really, in setting policy, setting standards, being responsible for regulatory changes, funding, setting accountability standards, and working with the operators, AHS, to ensure that we each fulfill the proper role. That is a major focus of the discussion between the two organizations.

It's also been one of the key messages that I have been delivering to the department, that we have to be very clear on what our role in the health system is and, really, to keep to that kind of policy-setting and regulatory and funding and using the levers that a government department has. I've made this explicitly clear to our department: we are not the operators, and we can't get into operations.

Mr. Tremblay: In addition to that, we also have a very integrated annual planning process. As with any ministry in the Alberta government, Alberta Health has a three-year business plan, and many of the elements that were mentioned in the integration report from the OAG are addressed in that business plan. AHS also has a three-year health plan and business and operational action plan, so through those two planning processes we make sure that we're aligning our activities and clearly identifying the roles and responsibilities of each organization in addressing some of the challenges and capitalizing on the opportunities that exist within health care in the province.

The Chair: Thank you, Mr. Yao.

Dr. Turner.

Dr. Turner: Thank you very much, Chair, and thank you to the ministry and AHS staff for being here. I'm first going to ask questions about the diagnostic and laboratory services relocation in Edmonton, but I want to put it the context of how important world-class laboratory services are to the provision of medical care, whether it's primary care, whether it's continuing care, and, in my experience, particularly important for acute-care provision by specialists like hematologists, of which I am one. I'd really like to get comments on the potential impact on jobs as well as on the provision of world-class laboratory services with the relocation and consolidation of laboratory services across the province, including Calgary and the Provincial Lab as well as the Edmonton lab.

Mr. Sussman: Thank you for the question. Lab services are an integral factor in the majority of health care decisions. The Alberta government is creating a new public laboratory service entity to oversee the delivery of lab services in the province. An integral part of the lab model will be the public clinical laboratory facility built in Edmonton, that will provide laboratory services in Edmonton and northern Alberta. The Edmonton lab hub will be located close to the University of Alberta's south campus, and it's anticipated that it'll be operational in 2022. The new public lab hub will provide the most significant opportunity for consolidation of lab testing in Alberta. It will streamline in one place lab diagnostic activities, which are currently operating in multiple locations in the Edmonton zone due to current space restrictions.

There will be clear efficiencies gained, including transportation efficiencies, logistics as well as the opportunity to make more efficient use of new, expensive testing platforms. It will be a central facility providing accommodation and future growth space for the following: consolidated nonurgent diagnostic testing for the Edmonton region and northern Alberta; laboratory services currently located at the University of Alberta hospital site – the hospital will still have appropriate capacity for urgent testing services – a genetics laboratory, which is currently located at the University of Alberta's medical sciences building; and a provincial laboratory for public health, which is also currently located at the University of Alberta hospital site. The facility will feature dedicated research and innovation space for a translational research program that will support Alberta's access to innovative diagnostic tests.

AHS estimates that around 800 employees will work at the Edmonton lab hub facility during peak hours. DynaLife staff will transition to the AHS subsidiary once the current contract expires in March 2022. There will be no job loss for unionized employees. The AHS subsidiary will receive all in-scope staff in current collective agreements.

Dr. Turner: Thank you very much.

Moving on to information-sharing issues, what legislative or regulatory changes might be needed or contemplated to the Health Information Act and the Health Professions Act to allow a more integrative scope of practice and for complementary care teams so that they can share information in an effective way?

9:00

Mr. Sussman: Thank you. The Health Information Act was introduced to facilitate the sharing of health information. However, some health providers are unclear about who can share information, when information can be shared, how much can be shared and with whom as well as when consent is required. They're concerned about the possibility of sharing information in a way that's not permitted by the act, potentially violating a patient's privacy and facing sanctions. This has sometimes, I think, resulted in health care

providers not taking advantage of the authority to use and disclose information that already exists in the act.

These are concerns that have been long standing, and it's going to take some time to change. Steps are being taken to provide better clarity about information sharing and to help health providers provide greater clarity about information sharing so that they can actually assist in making appropriate information-sharing decisions while ensuring that privacy is protected. For example, online courses were created to increase knowledge and awareness in this area, and these courses are available to health care providers and to the public.

The Health Professions Act allows for expanded scope of practice so that professions can adapt to technological changes, consumer demand, and practice advances. Any change or update to a professional scope of practice generally involves an amendment to the professional regulation, which can take several years due to the time required for the college to develop the proposed amendment and for the college and Alberta Health to review and consult on the proposed changes.

Dr. Turner: Okay. I'd like now to turn to the personal health record or the patient portal. For about 20 years I have been as a professional agitating Alberta Health Services or its predecessors to get a patient portal going. I actually ran on it in a by-election four years ago. Every year at this meeting I ask about the progress on the patient portal. I have to say that I'm actually disappointed in the lack of progress that I've seen in the last three years. I'm hoping that you can tell me that we're going to get the patient portal up and running within the next short while.

Mr. Sussman: I'll let the associate deputy answer.

Mr. Tremblay: We're on target to introduce the first phase of the personal health record platform within this calendar year.

Dr. Turner: Good.

All right. The whole clinical information system overhaul is coming at a very significant expense. What oversights are in place regarding the awarding of contracts?

Mr. Sussman: Dr. Yiu will answer.

Dr. Yiu: Thanks very much for the question, Dr. Turner. There's a very rigorous process that's been used not only to select the vendor, which we announced last year, but the platform underpinning the larger AHS transformation initiative that we refer to as connect care. During the initial phase, when we launched the RFP, we had a team of 272 evaluators, 24 teams, that actually went into the selection process, including Alberta Health representatives from across the health care continuum, and evaluated responses to a two-part RFP. The procurement process also underwent several reviews by a neutral third-party fairness adviser to ensure an open and transparent and competitive process. Procurement of the third-party applications to integrate with the Epic system, to enable a comprehensive AHS electronic health record, is being managed and overseen by AHS through a rigorous process and robust connect care governance structure.

The Chair: Thank you for that. If you wouldn't mind finishing your response in writing, that would be great.

Okay. Mr. Clark.

Mr. Clark: Thank you, Mr. Chair. Thank you all for being here. I'm going to start with the Better Healthcare for Albertans report, issued by the Auditor General, as well as talk about both some of the comments I've heard today as well as part of the response letter that we received from government.

Without question, Albertans, I think, expect all parts of the health care system to work together, and as I asked about in estimates, Albertans have a very limited understanding of these sorts of silos that we've created: "What is AHS? What is my GP's role?" They think of themselves and their family and their own pathways to care. While I appreciate, Dr. Yiu, that you feel in your initial comments that you've made some progress in implementing an integrated health care system, I can't help but note that there is a significant disconnect between your definition of integrated health care and the ministry's definition as outlined in the response and the Auditor General's definition of integrated care. I think that probably the most noteworthy one would be – the electronic health record seems focused on system as opposed to focused on individuals.

The question I have is: what evidence can you provide that shows that the work towards a more closely integrated health care system will actually improve patient accessibility, experiences, and outcomes and actually move in a tangible way towards the Auditor General's definition of an integrated care system?

Dr. Yiu: I can give you a number of examples, but I have limited time, so maybe I'll start with a very recent one that really shows a very good continuity of care between primary care and specialty service. You're absolutely right. I think that when it comes to Albertans, what they really want to know is: who do they need to go to, and how do they get in to see their appointment? I'll give you an example. The gastroenterology group in Calgary actually worked with the primary care networks. They had a waiting list of about 2,700 patients. The wait time was too long, obviously, for most Albertans. In working with PCNs, streamlining the referral system, they developed a Health Link call, which allowed patients to be streamed through the process of the referral. They went down from a wait-list of 2,700 to 27 patients. That is an integration. I mean, that would not have happened if we didn't have primary care physicians working with specialists, using the AHS processes and systems around central intake to actually process that. That, for me, is a very recent example. It was actually in the media a few months ago. We can provide more information, but that's one example.

Another example that I can give you is, really, around the CIS piece. You're absolutely right. You know, the connect care clinical information system is a tool. That's all it is. It is an electronic system. But what it is going to allow us to do is to transform care. It is really about actually enabling our people to do work differently, that allows for better communication not only between themselves but also between patients and Albertans with their care teams. That's going to be the power of the tool. As I said, it's really going to change the way that we work things. Those are just two examples.

Mr. Clark: Thank you. I appreciate that.

One of the other major recommendations from Better Healthcare for Albertans was linking funding to results. Can you give us any specific examples of either where that has been done or specific plans to do that?

Mr. Tremblay: I think there are a couple of places where we're focusing our attention on funding to drive better health care outcomes, and Verna talked about primary care networks. We're very fortunate in the province to have 42 PCNs, with approximately 5,000 primary care physicians attached to them across the province. As Verna mentioned, the integration between AHS and these primary care networks will provide and already does provide better continuity of care between acute and primary health care systems

in the province. As it currently stands, we fund primary care networks at around $250 million a year, so a significant investment.

Mr. Clark: Thank you. If you don't mind – I apologize – just one quick question here. How do you track health outcomes specifically? How do those outcomes result in overall lower costs and wait times, and if so, how do we know? Where is that reported?

The Chair: Thank you for that. If you wouldn't mind answering that in writing, I would appreciate that.

Mr. Clark: Perfect.

The Chair: Moving on to Mr. Panda.

Mr. Panda: Thank you, Chair. My question is to the deputy minister. When the government announced in 2017 the $1.6 billion health data system, which is connect care, they rolled that out, and I understand that it will be implemented in 10 years, but they excluded the bulk of primary care services in the province. The Auditor General said that the benefits are undermined due to the exclusion of family physicians. So what's the plan for including family care physicians in this clinical data system, which is already at $1.6 billion?

9:10

Mr. Sussman: I'd like to ask Kim Wieringa, our assistant deputy minister, to answer that question.

Ms Wieringa: Good morning, Chair. Kim Wieringa, assistant deputy minister, health information systems. The connect care program was approved by Treasury Board – we have $400 million in capital over four years – to support Alberta Health Services in implementing that product across their entire organization. The footprint of AHS is quite significant, as many of you know. It's over a hundred thousand strong and quite a significant transformation and overhaul. AHS will be spending the next five to six years implementing the system border to border in all of their facilities and with all of their care providers. That scope is quite significant and is important for AHS to be successful in.

General practitioners have their own businesses. They are responsible for their own IT and their own scope of practice, their legal record of care. At some point, when AHS has concluded their implementation, there may be opportunity for GPs to transfer their record of care to AHS, and we will consider that at that time.

Mr. Panda: Thank you.

The clinical data system is only able to cover the costs by boosting efficiencies. Currently there is an inability to share and use the clinical information systems effectively across all the fields, and the Auditor General has said, "The experiences of other healthcare systems show that these benefits come only when primary care data is linked to hospital data." Why doesn't such a costly plan, a $1.6 billion plan, include key stakeholders of our health care system?

Mr. Sussman: Our assistant deputy minister will answer that as well.

Ms Wieringa: Thank you, Chair. We do have a provincial health information environment, which includes both primary care, AHS, and other care providers in the health systems. As the deputy mentioned previously, we've introduced optometrists to that environment, dentists and chiropractors in recent years. So we do have an integrated health information environment. AHS content will become much more robust and stronger, and their technology will be much more modernized. We are working with primary care physicians as we speak, right now, bringing information out of their EMRs into Alberta Netcare, so it will be visible provincially for care providers as patients present themselves. So we are looking at an integrated environment, but it isn't all one system, not at this point, and we will look to streamline that as we go forward.

Mr. Panda: Thank you.

In January 2018 Epic, the provider of connect care, implemented a similar project in Brooklyn but for a much lower cost. In Brooklyn it cost only $265.45 per capita in implementation costs annually, and they'll pay $121.35 per capita annually in maintenance and upkeep costs. This also includes 1,100 private physicians, which will ultimately boost efficiency. But in Alberta the government is projected to spend $385.91 per capita in the implementation costs and $139.89 per capita in maintenance and upkeep annually. This is without private physicians and just covers the unified IT system. Why is Alberta getting such a poor deal from the same company that was able to do it at a much lower cost in Brooklyn?

Mr. Tremblay: We'll provide a written response on that one if that's okay.

Mr. Panda: Yeah. Okay. Thank you.

In the future, when you proceed to the next step to link primary care with the rest of the clinical data system, how much in additional costs are expected to be incurred on top of the $1.6 billion, and why was it not done all at one time?

Mr. Tremblay: We'll have to provide that additional information as well in writing if that's acceptable.

Mr. Panda: Okay. Epic is a large American company. Why was a Canadian company with similar capabilities not selected for this project?

Dr. Yiu: You know, we have to follow procurement guidelines and processes around that. Everybody could apply, and we chose the best recipient to provide the best process for Alberta.

Mr. Panda: Okay.

Thank you, Chair. I'll share my time with my colleague.

The Chair: Mr. Barnes, please.

Mr. Barnes: Okay. Thank you. Thanks to everyone for being here and for your service to Albertans. The Auditor General in his report Better Healthcare for Albertans discussed structural issues in health care; namely, the relationship between the Department of Health, Alberta Health Services, and members of the medical profession. The question is: why has the duplication of governance not been consolidated at every level, flagged as redundant, and cost efficiencies looked for?

Mr. Tremblay: I think we actually have a number of mechanisms in place that bring those three entities together within the health care system. Frankly, I'm not sure if it's a fair assessment to say that there's duplication within that context.

You know, I'll use a really important example that we've launched over the last year that brings the three players together with other system players as well around physician resource planning. One of the key elements of the health care system, in any health care system, quite frankly, is mobilization of physician resources. In May of last year the minister, through an MO, established a physician resource planning committee to do better workforce planning and resource deployment of physicians in the province, both acute and primary. That committee is comprised of

individuals from AHS, which does a lot of the hiring of physicians in the province; the department, which, obviously, sets policy around spending and mobilization of physicians in the province; and it actually has a very strong presence from the AMA as well.

Mr. Barnes: Okay. Thank you for that.

I guess my two examples – I looked at some information that the Auditor General has provided about ministry expenses in 2016-2017. Administration and support services are up 4 per cent while diagnostic, therapeutic, and other patient services are flat. Obviously, it's commendable if you can provide the same level of services with the same cost in therapeutic and other patient services, but clearly administration and support services were up 4 per cent. You know, I got talking to an Albertan who works in our health system a short time ago, and the quote I got was that the sunshine list is a distraction. The feeling was that they were reporting to four times as many people as they were three or four years ago.

The Chair: Thank you, Mr. Barnes.

We'll move on to Mr. Malkinson.

Mr. Malkinson: Thank you very much, Chair. You know, with this question I think of my grandfather, who is about to turn 88 and is still living at home, but of course, as many of our seniors do, they tend to age and need more care. I think about how there might be a time when he might need more extensive care that can't be provided in his home. With that, I think of dementia care in particular because it's very difficult for both patients and their caregivers to navigate. Given the ministry's other work on care in the community how does your work enhance the care for persons with dementia, support these people, and does it mean only more secure facility spaces, or are there other options?

9:20

Mr. Sussman: The Alberta Dementia Strategy and Action Plan was released in December 2017 and addresses dementia as a larger societal issue and one that government, communities, and Albertans must work together to address.

Expected outcomes of the strategy include improved understanding of the impacts of dementia, support for Albertans who are living with dementia and their caregivers, timely diagnosis and treatment, and management throughout the whole continuum. Key actions that are identified in the strategy include reducing inappropriate use of antipsychotics in long-term care and supportive living residences, supporting the development of a provincial dementia research framework, provincial expansion of the Alzheimer Society of Alberta and Northwest Territories' first link program, and supporting community-led projects through community innovation grants. We're developing a performance measurement framework that guides the monitoring of progress towards the strategy and action plan vision and outcomes and will publicly report on the first year of progress by the end of 2019.

Facility spaces are only one way in which the government is supporting individuals requiring higher levels of care such as those living with dementia. In line with this, the government is committing to build 2,000 new designated supportive living spaces for dementia and long-term care. That's a commitment we're on track with.

Mr. Malkinson: Thank you, Mr. Sussman.

A follow-up to that, actually. I know the Fort Mac Willow Square facility is coming forward. How does that fit into the goal you just mentioned there about having 2,000 long-term care beds?

Mr. Sussman: The construction is under way on the Willow Square continuing care spaces. The project is on schedule to create 144 spaces, with room to expand as the community grows. It's expected to open in the spring of 2020 and will offer various levels of supportive living, long-term care, and palliative care. It continues to be a high priority for the government and for the citizens of Fort McMurray and the regional municipality of Wood Buffalo.

The facility's design supports residents by creating a community that includes a café, a library, a chapel, an auditorium. A series of pathways will also ensure that it has barrier-free access to local transit and other amenities. Alberta Health Services is going to operate the new facility and deliver a number of programs and services, including resident spaces, home care, support services, and the Northern Lights bridges program, which is a day respite care program for the elderly, disabled, or people with dementia or cognitive impairment.

Mr. Malkinson: Perfect. Thank you very much.

I'm going to hand the rest of my time over to Mr. Carson.

Mr. Carson: Thank you very much. Thank you for joining us today. One of your desired outcomes for this year, listed on page 15 of your annual report, broadly addresses the need for team-based care in the delivery of primary care. I'm hoping that you can explain how PCNs are being used to support this model of care.

Mr. Tremblay: Primary care networks receive funding from Alberta Health to support improved primary health care. In June 2017 the minister announced the creation of the provincial PCN governance committee. The intent is to ensure that integration that we've been talking about today between health system operators and, in this case, AHS and primary care networks and clinics.

[Mr. Dach in the chair]

PCN governance has introduced indicators that will be monitored to ensure this integration is happening: per cent of physicians and PCNs are measured, the time to third next available appointment, as patient attachment is seen as a key area for improving health care outcomes; percentage compliance with screening as recommended by the Alberta screening and prevention initiative; per cent of patients who rate their care received in a visit as excellent or very good. Additional measures regarding chronic disease management are being developed by the provincial committee. The department is improving the use of measurements and quality improvement activities in clinics and PCNs through ongoing communication of success stories from leading PCNs and using measurement for improvement purposes. Around team-based care the focus is on measuring team effectiveness in the development of performance improvement plans to improve health care outcomes.

Overall, the aim of the new government structure is to provide advice to the minister with regard to PCN-related issues and to work towards that key objective of integration across the system and across multiple service zones to create a shared service model that will build from our existing strength within primary care.

Mr. Carson: Thank you very much.

Chair, how much time do I have left?

The Deputy Chair: A couple of minutes.

Mr. Carson: Okay. Thank you.

Can you describe how the PCN model also works on outcomes like reducing the overall growth of spending in the system?

Mr. Tremblay: Sure. Alberta Health aims for all Albertans to have a health home. This is their home base within the health care system, where Albertans can access primary care and be connected on a consistent basis to the critical health and social services that they need for their own personal health outcomes.

[Mr. Cyr in the chair]

Albertans are attached to an interdisciplinary team that provides a core set of comprehensive primary health care services. In a health home individuals have access to these core primary care services delivered by a primary care health team. The health home is where people get primary health care services from a team and are connected to other services. What this does is that it just provides more efficiency within the system so individuals aren't going to multiple points of presence and accessing the health care system through multiple windows. Providing a team that has a dedicated relationship with this individual increases the way in which an individual Albertan will access health care services from a primary care point of view, which impacts cost, obviously.

Mr. Carson: Thank you.

I'm going to try and get through this one, but I might have to ask it twice. Given the Auditor General's assertion that the Alberta health care system is largely fragmented, can the ministry or AHS provide the committee with some examples of widespread changes towards the integration of health care services that have occurred since the creation of a single health authority here in the province?

Dr. Yiu: Thank you. I'll give you an example of medical assistance in dying. That was an initiative where, as people are aware, we're legislated to provide a service for those who would like to actually be, as we said, medically assisted in death. The program that was developed was a partnership between Alberta Health, Alberta Health Services, the clinicians, the Alberta Medical Association, the college. It's just an example that's leading the nation right now.

The Chair: Thank you for that answer.

Mr. Clark.

Mr. Clark: Thank you, Mr. Chair. I really want to dig into what I think is a cornerstone of the integrated care model that the Auditor General has talked about, and that is the electronic health record. I note that it was ADM Wieringa, I believe – apologies if I mispronounced your name – in an earlier response today who said, quote: there may be an opportunity in the future to roll primary care providers into connect care. This is quite different from what the Auditor General intends with integrated care, I think what most Albertans would think of as integrated care. It's also different from what the minister herself said in estimates.

When I talk with primary care providers, they don't, I believe, have a line of sight into that overall plan. You've referenced the variety of different systems. Yes, the general practitioners and primary care providers are their own independent contractors, and I understand that there are structural challenges to this. But I guess what I'd like to know is: when will all primary care providers be part of connect care, how much will that cost, and when will all Albertans be able to access their own electronic health information, including laboratory results? When will the system be completely integrated?

Mr. Tremblay: We'll have to submit that to you.

Mr. Clark: Thank you. I would very much appreciate you doing that.

I'm going to move, then, to mental health care. Mental health is very much, I think, an important focus. It is not, I think, by many people viewed as an integrated part of the health care system. What specifically has been done to connect mental health care systems and processes into all other aspects of care, moving from that acute-care focus to more of a preventative, proactive instead of reactive model?

Dr. Yiu: Thank you for that. I'm going to actually ask Dave O'Brien to step up to speak on behalf of this, but I just want to preface it by saying that, in fact, addictions and mental health are very much a part of our health care system within Alberta Health Services. We actually do pride ourselves on providing a lot of supports for that and working collaboratively with stakeholders in order to do so.

9:30

Mr. O'Brien: Good morning. David O'Brien, Alberta Health Services. Thanks for the question. I mean, beginning with the formation of Alberta Health Services, the integration of the Alberta Mental Health Board and, at that time, AADAC within AHS has delivered many, many positive outcomes in terms of integration. There continues to be work that needs to be done in terms of better integrating, but the work is well under way.

In addition, I think a lot of other examples of integration are not just within the health care system but beyond the health care system as well. Many individuals who suffer from addictions and mental illness also experience the homeless-serving system. They have issues with housing. They have issues with police injustice. We've done a great deal of work around integrating all of these ministries and agencies in the provision of better care and supports to individuals in the community.

Mr. Clark: Thank you. If you could table, perhaps, any metrics or measures for how we know that's actually happening, I'd very much appreciate that. Thank you.

I'm going to move on to a different question. That is around the blended capitation model for physician compensation. I understand there are pilots under way. Five were to begin at family physician clinics in February 2017. Ten more were to be added by the spring of 2018. Where are we on those pilots? How many out of those 15 projected pilots are under way?

Mr. Tremblay: We have one pilot project under way in Sylvan Lake, at the Sylvan Lake family health centre. We're in the process of working with AHS to secure additional pilots, still very much in the evaluation and pilot identification stage. That's kind of where we are at the moment.

Mr. Clark: So of those five projects that were to begin in February 2017, we're at one.

Mr. Tremblay: Yeah.

Mr. Clark: And we have not seen any more added by the spring of 2018 even though that was the . . .

Mr. Tremblay: Yeah. We are working with AHS and the AMA to look at pilot criteria to determine if there's a way in which we can facilitate more pilots being introduced in this system.

Mr. Clark: Thank you.

The Chair: Thank you very much.

Mrs. Littlewood, would you mind introducing yourself for the record?

Mrs. Littlewood: Jessica Littlewood, Fort Saskatchewan-Vegreville.

The Chair: Thank you very much.
Mr. Barnes, you have five minutes, sir.

Mr. Barnes: Thank you again, Mr. Chair. In my last question I highlighted how the Auditor General had pointed out that administration and support service expenses are up 4 per cent.

I also want to talk about what is also up, unfortunately, and that's wait times. We've seen the percentage of children receiving mental health appointments within 30 days fall 51 per cent at this time compared to last year, down to a low of 18 per cent.

Also, as highlighted by the Auditor General, the 30-days access to continuing care has fallen from 69 per cent to 56 per cent. That, for me, is especially interesting and frustrating because getting access to continuing care for Albertans that need and deserve it has been talked about continually for the six years I've been here.

I also feel the need to remind you that in Cypress-Medicine Hat easily the biggest advertisers on our radio stations are the Montana private clinics asking Albertans to come down and receive services.

My first question is, again, about the duplication between Alberta Health Services and Alberta Health and ensuring that we get our tax dollars to the front lines. My question is simple. Isn't a duplication of governance at the highest levels taking away from front-line services that Albertans depend on and deserve?

Dr. Yiu: Maybe I'll just start, and if Deputy Minister Sussman wants to pipe in about the duplication. I just want to start off by saying that, you know, I think that we're actually better aligned now, between Alberta Health and Alberta Health Services, than we've ever been. I think the duplication piece has not been as prevalent now as it was in the past. I absolutely agree with you that there was more duplication, but right now I think we're working quite well together. We're very aligned. We have clarity around what each does in terms of roles and responsibilities. I actually don't think there's that same degree of duplication as there would have been maybe five years ago.

In terms of administration expenses, as you had pointed out, you know, I just want to highlight again – it was highlighted in previous OAG reports – that Alberta Health Services has the lowest administration cost anywhere in the country. We're number one. We are actually 30 per cent lower in terms of administration cost than the national average across Canada. We have an efficiency that every other jurisdiction is trying to achieve. In fact, with Saskatchewan recently amalgamating into one regional health authority, that's another example of where people are trying to emulate Alberta.

Wait times, for sure, are an issue. There's no question about that. It's a challenge that I think every jurisdiction across the world is struggling with but especially so in Canada. We've actually been doing a lot of work, and we appreciate the support that we've received from the current government about providing additional funding for wait times to specifically address the issues that you've raised.

Mr. Barnes: Excuse me, Doctor. We're the second-highest per capita health system in all of Canada. Do you see that changing?

Dr. Yiu: Well, we do like to stick to the '16-17 annual report, but if you do look at the expense growth, even based on '16-17 data, it is actually lower than what it was prior, in '14-15, as an example.

Mr. Barnes: Thank you very much.
I'll turn my time over to my colleague.

Mr. Yao: Dr. Yiu, pre-2015 a lot of reporting provided by AHS identifies that it grew from 90,000 to 100,000 employees. In questions to the Minister of Health, she couldn't identify what those positions were about. We're talking about 10,000 positions. Would you be able to table a breakdown of those employees?

Dr. Yiu: Yeah. We're happy to actually provide you with the details of that. When you look at our FTE count for '16-17, we actually only increased by about 760, more or less. We can get you the accurate numbers, but that's actually less than 1 per cent of our total number of staff. We're very, very cognizant of the fact that we are needing to maintain our budget, so our growth is actually quite minimal. But we can provide you the details of that.

Mr. Yao: Then after 2015 some documentation you provided shows that you have more than 108,000 employees. Again, that's an increase of 8,000 employees. Would you be able to table a breakdown of those positions as well?

Dr. Yiu: Yeah. Absolutely. We actually have done breakdowns, and we do know that in general any growth is primarily front-line clinicians.

The Chair: Thank you.
Mr. Carson.

Mr. Carson: Thank you very much. Just one final question before I hand it off. With respect to reviewing the regulatory and legislative environment to better support community-based care, in what way does the existence of resident councils in long-term care facilities improve the integration of the health care system?

[Mr. Dach in the chair]

Mr. Tremblay: We'll have to provide you that in writing.

Mr. Carson: Okay. Thank you very much.
I think that's all for me. Thank you, Chair.

The Deputy Chair: All right. Mrs. Littlewood.

Mrs. Littlewood: Thank you very much, Chair. I have a couple of questions that are centred around rural health care. I notice that there are a number of strategies in the annual report that work to ensure that rural Albertans have better access to health care, specifically talking about strategies that are being developed to ensure that there is equal access to primary care, to bring care to rural and remote areas, and also on that issue of having better access outside of large urban centres. I was hearing about an investment that happened in Sylvan Lake, where there is better access to health care, that had just been recently implemented. It was something that apparently had been advocated for since 2011 but was just recently built. Could you give us a few details about that?

[Mr. Cyr in the chair]

Mr. Tremblay: Can you repeat that last part of the question, please?

Mrs. Littlewood: In Sylvan Lake there was recently an investment that had been advocated for by the community for the last seven years but just recently had been built. It's a $2 million investment.

Mr. Tremblay: Are you talking about the urgent care facility that was introduced in Sylvan Lake?

Mrs. Littlewood: That's right.

9:40

Mr. Tremblay: What was your question?

Mrs. Littlewood: Could you give us some details on that?

Mr. Tremblay: Yeah. Sure. I can refer that to Milton.

Mr. Sussman: On January 6, 2017, the Minister of Health announced a $2 million expansion for the Sylvan Lake community health centre to include lab/diagnostic imaging services, including X-ray services. After the renovation in spring 2018 the facility will operate seven days a week, 16 hours a day. The service expansion at Sylvan Lake community health centre will enhance health services, including supporting laboratory and diagnostic imaging services. Additional medical care will include treatment for injuries such as stitches and basic fractures up to 16 hours a day, seven days a week.

Expanding health services at Sylvan Lake health centre is a result of collaboration between the government of Alberta, AHS, the town of Sylvan Lake, the Sylvan Lake joint task force, and the Wolf Creek primary care network. Extensive community consultation identified improving access to more health services under expanded hours as the community's top priority. The reasons for this included community members' concerns for health services to address a large influx of seasonal visitors in the summer and physician and patient safety during after-hours and on-call services. The Sylvan Lake community expressed concern about meeting the community's growing population needs, especially for after-hours health care demands.

Renovations to support new treatment spaces and an expanded waiting area, installation of a nurse call system as well as some improvements to the laboratory service and diagnostic imaging at the Sylvan Lake community health centre began in January 2018.

Sylvan Lake residents rely on the Red Deer hospital, the Red Deer regional health centre for their ambulatory care services. In 2015-16 residents received all ambulatory care visits at facilities located outside of Sylvan Lake, and this was an attempt to address that.

Mrs. Littlewood: That's great. Thank you very much.

On the issue of rural health care also, I was wondering if . . . [A timer sounded] Oh. Thanks.

The Chair: Thank you for that.

We will move on to the rotation for the independents, Liberals, and PCs. Right now we have four minutes to split between the two, Dr. Swann and Dr. Starke.

If you could start, Dr. Swann, that would be great.

Dr. Swann: Sure. Thanks very much, and thanks for being here today. I'm just going to ask the questions and read them into the record so that, hopefully, we can get some responses back. I have four basic questions. One is about prevention. We don't hear much about prevention, or at least we hear a lot of talk about prevention but don't see much investment in prevention. Population health needs to be a priority if we're going to get reduced ER visits and reduced hospital stays. I don't see a population health plan over the last 10 years. I looked through the data, and there's no strategic plan for public health – I wonder when we will see one – which would help us to identify how we're going to expand our prevention programs in this province and reduce the demand on the acute- and chronic care systems. That includes dental health, public dental health services, which I'd really appreciate knowing more about.

To jump to the other extreme, I've raised the issue of 650,000 hours each year, or at least in 2016, for two EMS staff waiting in emergency for a transfer from their ambulance stretcher to the hospital stretcher. That 650,000 hours is about $22 million of staff time. That increases the red alerts. It means that there is much more overtime and more stress on the system and more complications for patients. What are you doing in the ER to reduce that transition? The U.K. has said that 15 minutes is the target now for transition. We should be shooting for that.

The last staff survey I saw was from 2014, where it was a 31 per cent response and 53 per cent had positive comments to say about AHS. Have we done a staff survey since 2014, and are the staff attitudes, work conditions, environments improved?

Finally, mental health. Without indicators for mental health workload, it's hard to know where we should be putting our resources. Can we find a dashboard set of indicators for mental health and addictions that will help us understand whether we're improving or not in mental health and addiction services?

Thank you.

Dr. Starke: Thank you, Chair. I'd like to also read questions into the record. Thank you to the 30 of you that are here today. I notice 30 people, seven ADMs, four VPs, and three executive directors.

First, on PCN accountability, there was mention of the PCN governance committee. While over 80 per cent of Albertans are rostered, I would like to know how many Albertans know that they are rostered. I would suggest that PCN accountability would be improved by having an increased number of Albertans actually know that they're rostered and know that their doctors are being paid $62 a year for being rostered in PCNs, because I think that's a big part of PCN accountability that is missing right now. I ask the Health minister this question every year, and every year I don't get an answer.

Secondly, with regard to physician compensation I'm alarmed here that only one of the 15 pilot projects is, in fact, under way. When the new compensation model was brought in, there was supposed to be $100 million in savings. Where are those savings? How can they be accounted for? Do we know, in fact, that those savings are happening, or was this just an estimate at the time of the signing of the agreement?

Third, Dr. Yiu, you mentioned the Willow Square site: 144 beds at $110 million, $764,000 per bed, more than 10 times the cost of the ASLI beds that were recently provided through the 2014-15 ASLI build-out. Combined with Norwood and the project in Calgary, we're building 489 beds at $587 million. Why are these beds so expensive?

Finally, on medical assistance in dying, this is an initiative that, as Dr. Yiu said, we were required to bring in. How many people have requested it? How many doctors who initially said that they would perform this procedure have now opted out, and what is the level of mental health stress on those doctors?

Thank you.

The Chair: Thank you to those members for the questions.

We're going to go into two minutes of reading questions into the record. Mr. Yao, if you could start the rotation, please.

Mr. Yao: This group referred to a crossjurisdictional comparison regarding the administrative costs with all the health jurisdictions across the nation. Can we see that data and those comparisons, please?

The Chair: Thank you, sir.

Ms McKitrick.

Ms McKitrick: Thank you. I noted on page 22 of your annual report that you're working on an expanded model for home and

community care. That's really important to my constituency and, I'm sure, to most of the MLAs. This is possible because of the 10-year health accord funding agreement with the federal government. I'm kind of interested to know exactly what is included in community care and how the support for community and home care will align with the ministry's effort to shift out of acute- and long-term care facilities.

The Chair: Thank you for that question.

I would ask, though, that we keep our preambles down to nothing.

Mr. Clark.

Mr. Clark: Thank you. My constituents are lucky to have access to a variety of health care services in a major population centre, but many Albertans in rural and remote communities still face physical access barriers due to distance. How have rural access to health and health outcomes in rural communities measurably improved in the period covered by this report?

Mr. Yao: Cost overruns in infrastructure for the centralized lab services building you wish to build here in Edmonton, which is double the cost of the Willow Square facility in Fort McMurray: can you please provide the rationale for the increase in costs for all these buildings?

The Chair: Thank you.

Dr. Starke, if you've got a quick question.

Dr. Starke: How many of the 54 recommendations of the rural health services review that was released in 2015 have been implemented?

The Chair: Thank you.

Ms Miller: What is the ministry doing to alleviate the pressures on our hospitals, particularly the Red Deer regional, and the resulting wait times for surgical procedures like hip and knee surgeries?

The Chair: Mr. Clark, if you've got a final question.

Mr. Clark: Thank you. In addition to the capitation pilot, there are other examples of successes. Gastroenterology is one that Dr. Yiu mentioned. I'd like to know how the approach to learning from these pilots has improved and what evidence there is that there is systematic improvement and learnings from pilots.

9:50

The Chair: Okay. Thank you, Mr. Clark.

I would like to thank all the officials who attended today for the responses to the members' questions. We ask that the responses for any outstanding questions from today's meeting be provided in writing and forwarded to the committee clerk within 30 days.

Moving on to other business, I wish to note for the record receipt of a response from the Ministry of Culture and Tourism with respect to the questions outstanding from the March 13, 2018, committee meeting. The response has been posted on the internal website for committee members' information and will also be posted on the external website.

Are there are any other items for discussion under other business?

Seeing none, the committee meets next on Tuesday, June 5, with the Ministry of Agriculture and Forestry and the Farmers' Advocate. The committee meeting is scheduled from 8:30 a.m. to 10 a.m., and the committee premeeting briefing will begin at 8 a.m.

Would a member move to adjourn the meeting? Mr. Barnes. All in favour? Anybody against? No. All right. Carried.

Thank you very much.

[The committee adjourned at 9:51 a.m.]

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of the Legislative Assembly of Alberta