2:05 p.m. Wednesday, October 17, 1990

[Chairman: Mr. Ady]

MR. CHAIRMAN: We'd like to call the committee to order and welcome the Hon. Nancy Betkowski, Minister of Health, before the committee today. The minister tells me that she is expecting some department officials to join her shortly. At that time we'll ask that she introduce them to the committee and have them recorded in *Hansard* as being here.

We would invite the minister to express some opening remarks at her good pleasure, and then we'll move to the questioning portion of our committee today.

Madam Minister, we will turn the time to you.

MS BETKOWSKI: Thank you, Mr. Chairman. I'm happy to be back again before the Heritage Savings Trust Fund committee for the review of funding projects out of the capital projects division.

As you know, the only health item now within that budget is applied cancer research. We've had some pretty extensive conversation in the past about the whole issue of linkage of applied research and of the issues of how are we using the research and are we getting the best value on research out of our dollar. I think if you look to any of the research funding agencies today, certainly, as they are on the brink of the 21st century, funding for research in the decade between now and when the 21st century occurs is going to be, in my view, far more focused on what we expect its outcome to be than simply dedicating the dollars and letting others make some of those decisions. Certainly focusing that research is one of the things that we are trying to do, and I mentioned it briefly when I came to the committee last year, by looking at the research vehicles that we already have within government of Alberta funding and where we intend to go with those research funds as we look through the next 10 years and into the 21st century.

The three ministries of Technology, Research and Telecommunications, Advanced Education, and Health have just now completed a review of that research component and will be making some recommendations to the several ministers. It would be my intention and my hope that I could discuss some of that with this committee when the ministers have had a chance to go through it, because I think focusing that research really becomes a theme for the '90s.

Having said that, the work that's been done in applied cancer research through the dedication of the some $41.2 million that have been applied since the project was created in 1975 is research into both applied and clinical research and applying basic research technologies. I gave you the example last year where we have kind of said that this research will not be in basic, and in fact some of the very important things that are being discovered at a basic microbiology level are very applicable in cancer research at the clinical and applied levels.

I think, too, that the theme of prevention, of promotion of good health, is obviously one that we have to look at, and those are very big issues in cancer. The Cancer Board itself has put out an excellent document called Preventing Cancer in Alberta, and I will certainly make copies available for members of this committee. My only caution with respect to the research that's in that document and the conclusions with respect to incidence of cancer: I think we all have to be careful to know that incidence levels and incidence forecasts are just that. Whereas the level, for example, of prostate cancer in men has come down substantially over the last 10 years, if an individual male is diagnosed with prostate cancer before age 34, the results are far more likely that the cancer will not be able to be stopped. So there is a caution when you look at statistics and apply them to a different age-group, a different age cohort, or a different mix of individuals. Nonetheless, I think it's where we have to focus our energies in health; that is, towards looking at what things we can do to prevent the predicted outcome of high heart disease or high breast cancer incidence for the baby boom group. What are the kinds of things we can learn that can stop or slow down and retire the growth in that kind of forecast that is predicted? I think, frankly, that's where our energies should and must be directed, both on the research side and the clinical side, as we look to the 21st century.

I think I'll leave it at that, Mr. Chairman. This is certainly my third appearance before you as Minister of Health. I look forward to this discussion with a group that's quite informed on health issues in the province, and I will try and answer as best I can any of the questions you may have for me.

MR. CHAIRMAN: Thank you, hon. minister.

We'll recognize the Member for Edmonton-Centre, followed by the Member for Calgary-Fish Creek.

REV. ROBERTS: Thank you, Mr. Chairman, and welcome to the minister. I think since she was here last year, we've actually got another new woman Minister of Health in the country, Madame Gigantes in Ontario. I don't know if there's any room for men anymore in the administration of health care. Perhaps at the deputy minister level there's still a little.

MS BETKOWSKI: We lost a woman too, though, in Quebec.

REV. ROBERTS: Right. There was not a net gain or loss there.

MR. PAYNE: Don't forget Judy LaMarche.

REV. ROBERTS: Yes.

I do appreciate the minister's comments today, although I guess it still leaves a number of questions begging given this tridepartmental committee and its imminent report with some recommendations. It kind of leaves us all hanging. It's hard to know how to proceed unless and until we know what they're recommending and what direction they're going.

I don't want to make this too hypothetical, but could the minister give us some indication, in terms of the trust fund and these dollars for cancer research, whether or not in her view it would be wise to think of further trust fund funding for a combined or more comprehensive, co-ordinated health research program in the province? Would she want to advocate for funding out of the trust fund for that? If so, what are the implications of that and also the implications, then, for the heritage fund for medical research, which I take it is part of the TRT's mandate – it might well be in this committee's review and its recommendations – whether it's out of your budget or out of the medical research budget? We're sort of shooting in the dark here.

MS BETKOWSKI: It's a very important question though. I think one of the questions that's before us is: should we have specially dedicated cancer research? Should it be part of an overall consideration of where we're going on health promotion research, for example? As you know, the Rainbow Report recommended that the Heritage Foundation for Medical

Research dedicate some of its resources towards public health research. Put another way, running the health system better than we are today, getting better value out of the resources we have is a very legitimate research goal, and we're not really dedicating any of our research toward that end.

If we can't get to the point of having some of those decisions made before these funds run out at the end of March 31, '91, then I think that at the very least the same amount of resources should be dedicated into the fund so that at least in this period we're into, we don't stop those research projects. Nonetheless, I still think we need to look at what is the best vehicle for public health accountability of health research dollars, research that needs to go on within our mandate. Now, some of that is very directional. Some would say that that kind of directional research should be done through departments of health or departments of technology as opposed to a general research fund because you're being so specific about it. But those are some of the questions that I think are before this committee: where do we go on the dedicated research funds under the heritage fund?

2:15

REV. ROBERTS: Where do we go, indeed. I guess in my own view I'd like to see, once this comprehensive health funding umbrella is established, that funds not come from the trust fund dedicated for, say, cancer but that maybe some total amount could be accrued each year to supplement it also out of the General Revenue Fund. But I guess we'll have to wait and see what some of those recommendations are.

So instead of pursuing that sort of shot in the dark approach with that one, I thought maybe I could get some further clarification on the status – and this is for the benefit of our colleagues on committee – of the family life and drug abuse foundation, which we had been told is due to come, $200 million worth, out of these here coffers. I do have the report – and I've been going through it – that was tabled in the House last spring. Is it, in the minister's view, still on the books that there will be a $200 million draw out of the fund to establish the trust fund in this fiscal year?

MS BETKOWSKI: I don't have an answer for you in this fiscal year. Certainly we sent out the committee to talk to Albertans. They came back with some suggestions to government. Other suggestions beyond those made by the committee, I think that's fair to say, have been expressed to government, and really the decision on whether or not or when and how we proceed with a foundation is one that I can't answer for this fiscal year. It's really a decision of all of government, and I don't have an answer for you. We intend to look at it very carefully.

There are differing views, thank goodness; I mean, we're not all into groupthink on this. There were some excellent suggestions that came out of the report of the committee chaired by Doug Cherry and Pat Black. Where we go from there I don't have all the answers on right now. I think we're all very conscious of the very tight fiscal situation that we're under and the need to use as many of those heritage dollars for income into the General Revenue Fund as possible. Nonetheless, it's still out there, and I don't have a commitment for you today that it will be done in this fiscal year.

May I introduce to you my deputy minister, Mr. Rheal LeBlanc, who has been with me for two years.

MR. LeBLANC: September 8.

MS BETKOWSKI: Yeah, September 8, 1988. I've passed the two-year mark. I very much welcome his advice and counsel.

REV. ROBERTS: He's the Rheal thing.

MS BETKOWSKI: He's the Rheal thing.

REV. ROBERTS: Well, that's confusing, because I also thought there would be some legislation forthcoming on this, but I guess again we'll have to just wait and see how these things proceed.

MS BETKOWSKI: Well, as you know, legislation comes through the Legislature, and I can't commit to it at this point.

REV. ROBERTS: A final question. I guess it's actually more of a theoretical or philosophical question to do with the fund generally and how it's perceived. I know the minister has attended some meetings of other health ministers and, I think, some federal officials as well. Is there still a view out there that because of the trust fund and what it can supplement to our general revenue account, therefore the province of Alberta is in a very favourable economic position which therefore allows the federal government to do things like reduce transfer payments and other assistance, in a way to get out of the health business and not fulfill its commitments, particularly in the case of Alberta because of what it perceives to be the better fiscal strength of the government with the trust fund? I mean, they can see that we've got $400 million for the Walter C. Mackenzie, some of this money for cancer research, and other things. Aren't we in a sense being penalized by the feds because of the trust fund and how we're using it for health?

MS BETKOWSKI: Well, I think when the federal government made its reduction announcements back in February, the paranoia was certainly what caused British Columbia and other provinces like Alberta to join in on the legal challenge to the federal government, that in fact we were being discriminated against for whatever reason.

On the health side I think you'll find that they've done it pretty neutrally if you look at the EPF transfers. The impact on Alberta in this fiscal year has been about $80 million less in federal transfers than we had anticipated, and of course EPF is now in the process of being negotiated for the next round. I think, in fact, on the health side it's been somewhat more neutral than perhaps it was with the CAP funding.

REV. ROBERTS: That's interesting.

MR. CHAIRMAN: Okay. Thank you.

The Member for Calgary-Fish Creek, followed by the Member for Calgary-Foothills.

MR. PAYNE: Thank you, Mr. Chairman. My questions this afternoon are triggered by some self-congratulatory language in the Alberta children's hospital section on page 26 of the annual report, language that I feel is increasingly hard to accept. I refer specifically to the reference in the annual report to the mobile team project. We read on page 26 that "outpatient services make up an integral part in achieving specialized quality care," and that this quality care is provided through various ways including "the Mobile Team Project," – in capital letters, no less – "a program unique in North America that takes teams of therapists out of the hospital and into the community."

Mr. Chairman, in view of the hospital's recent budget-trimming decision to change the mobile team project to a demobilized team project, can the minister justify or explain the hospital's budgetary action in this regard?

MS BETKOWSKI: Well, I don't write the hospital's report.

MR. PAYNE: I'm referring to the heritage fund annual report, page 26.

MS BETKOWSKI: Oh, excuse me. Okay; I thought you were referring to the children's hospital.

No, I probably can't give you an answer that will satisfy you, but let me tell you what's at stake. I think all of us could probably unanimously agree that we should find more resources from somewhere to put into health. My point of view, however, is that we have to continue to fund health at an appropriate level but we also have to continue to ensure that we're doing things to contain costs in health. The reason why I think we are all working as hard as we are to do exactly that is so that we can ensure that we do continue to have a universal health system 20 years from now. Believe me, if you look at some of the economic analyses that are now coming out of the Canadian Institute for Advanced Research, for example, the projections are that if health as a funding component of government doesn't get some control over the rate of increases that are projected in its budget over the next 20 years, then we will basically bankrupt not only our province but our country as well. I don't think any of us want that. I think the value of a Canadian universal health system is one that we all accept and want to preserve. That doesn't mean the decisions are easy, nor does it mean that everyone gets want they want.

In a year when the general grant increase was 3 percent, the Alberta children's hospital in Calgary was given a 10 percent increase in their budget, and even with that they found they had to back out of some of the things they would have much more preferred to have continued to deliver as they were. But they were faced with the choice of do we reduce service or do we deliver the service in a different way? They chose the latter, I think rightly so, and as a result their mobile team that was going out is now doing far more in the hospital, not on an inpatient basis but simply using the site of the hospital to deliver the services. I know from talking to some of the parents down there and meeting with them and reading their letters that it's very unsettling. It's especially unsettling when you have a child who's in need of some outreach services, but I find some comfort in knowing that at least the services are still being delivered, albeit in a less than perfect way, that the hospital would have much preferred to do it.

I do think, though, that one of the problems in the health system right now is that you have the community acting unto itself and the institution acting unto itself. Looking into the future, I think we need to look at some ways to get the two of them to work together. That's not just lip service and rhetoric. That's actual incentives to get a hospital to look at early discharge, but to do that they have to have a community that can support that early discharge. I think you've got to get a hospital looking at an option of home care as opposed to even getting admitted into that hospital. That reform is going on. It's struggling to get there, but I believe there's a willingness in the system to get there.

2:25

MR. PAYNE: Well, Mr. Chairman, that's a helpful response.

MS BETKOWSKI: Recall that this is the fiscal year '89-90.

MR. PAYNE: Yes. It might be useful or helpful to the members of the committee, Mr. Chairman, for me to point out that what we're talking about, in fact, is something like two or two and a half positions. Given that comparatively small budgetary item in the very large ACH budget, the charge has been leveled in Calgary that the management of the hospital has a variety of other far less sensitive areas in which to economize, such as convention attendance or out of province travel, but this area, as it involved infants and small children with special needs, was picked as it would guarantee constituent complaints to MLAs. Would the minister care to respond to this charge, if indeed the chairman feels it's in order?

MS BETKOWSKI: Well, we have board-run institutions in this province for a reason. Although some might argue that we should get rid of those boards and that the province should run them or a regional board should run them as opposed to the single boards, I happen to believe there's a very important component of local people being involved in making some of those management decisions.

If the accusation is correct that those health decisions were made only in order to cause grief, it's an exceedingly serious accusation against that board. I think that should be put to that board as opposed to this minister, as to how they have made their decisions to redistribute an increase of 10 percent over what they received last year. I think it points as well to what is certainly a theme throughout the whole Rainbow Report, which is community involvement. Boards are no longer going to be able, in my view, to sit and make the decisions and impose them upon their publics. More and more boards are going to have to go out and have community meetings, lay their budget out, say, "This is what we've got, these are the kinds of decisions we've made, and we need some of your help in making those decisions." I think, frankly, it would be a far more healthy approach to budgeting, and I say that from the province right through to the hospital board. I think it's not just MLAs that should be holding town hall meetings; hospital boards should be doing the same thing.

MR. PAYNE: I think I'm entitled to a final supplementary, Mr. Chairman.

MR. CHAIRMAN: That's right. You have one supplementary left.

MR. PAYNE: I'm grappling with how to phrase it, because I do not wish to embarrass any existing members of senior management at that hospital. But one such individual, aware of my public concerns, did convey to me that an integral problem of this budgetary approach is the background of the principles involved in that approach, which background has been focused almost entirely on institutional, on-site health care delivery. The senior individuals in the budgetary process of that hospital, I am told, have little or no ambulatory experience on which to draw, and that colours their judgment. I'm perhaps even more concerned about that than I am the in-the-street allegations of political manoeuvring. That perhaps doesn't even merit a response, but I may never have another forum of this value to pass along what is a potentially useful observation.

MS BETKOWSKI: It's probably a very correct observation, because the way the acute care system is funded now is really on

a patient per bed per day basis. That means the more patients, the more beds, the more dollars, the more everything.

One of the moves that we made in long-term care in this province – which, interestingly, Ontario is now following, and British Columbia is moving to the Alberta funding model for long-term care – was to look at funding at the heaviest level of care more and at the less in need of care at a lesser level so that you build in an incentive to fund only the highest level of care. That model is now being applied across Canada. We are now doing the same thing on acute care, because acute care in the same way is bed per patient per day. We've built in incentives to have people in there as opposed to out of there; in fact, you're penalized if you don't have that high rate by getting people out. So we've built in this incentive to keep people in the hospital.

The acute care funding project, which I spoke about, actually, in the House in the springtime, made an adjustment in funding to 35 of the largest hospitals across the province on October 1. It was because when we looked at the severity of illness component as one of five components in that study, we found that some hospitals were being paid more for the same kind of severity of illness than others. There was an inequity amongst hospitals. We made an internal adjustment with respect to hospitals. We didn't find more money, which Ontario did, to correct that inequity. We actually took away from the rich and gave to the poor and started to equalize it out, albeit on 1 percent of their budget, but we did it.

Now, that's one component of the acute care funding. Another one is ambulatory care, because you're very right that there's no incentive to do outpatient what you're currently doing inpatient, particularly if you're dealing with an occupancy rate which is a little lower than right up there. We will continue to make adjustments to reward a hospital for doing more on the outpatient side, or the community side, than they would be if they did it inpatient. That's a whole rethinking of how we fund hospitals in this province. When you consider it's about $2.2 billion that we redistribute on acute care in the province, it could make a major difference in getting through this wall of institution versus community. So I think the question's very fair, and I'm glad you raised it.

MR. CHAIRMAN: Thank you.

The Member for Calgary-Foothills, followed by the Member for Three Hills.

MRS. BLACK: Thank you, Mr. Chairman. I'd also like to welcome the minister and her deputy today. It's always nice to have you here with us at heritage.

Just following on the comments from the Member for Calgary-Fish Creek, there's a sense, or a feeling, in Calgary – possibly in Edmonton, I'm not quite as sure, but at least in Calgary – that there are games that are played with hospital funding. Almost weekly you see reports of a ward being closed and then being reopened, and it shifts back and forth.

I know the children's hospital in Calgary has been a pillar and an example of what children's hospitals should be. It provides just about everything you could imagine for children. Yet quite often the complaints that come out are with regard to the carpeting or the wallboard or the furnace as opposed to what can be handed to the children, and I think that's what they're there for. When you see a mobile team project basically immobilized, it affects the children, and I think that's the biggest concern that most Calgary MLAs would have. We're trying to deliver something for children, not for construction firms to go in and replace the carpeting or the wallboard.

Anyway, I'll leave that, but I wanted to add that: I really do feel there are some games that are played, very definitely, in the medical profession in Calgary. I would hope that some day we could move to possibly an elected hospital board, and there may be more accountability to the public if they were elected.

In any event, I'd like to go back to the cancer research project. I have a copy of the applied research/cancer research initiative program. It's a fascinating report. I don't pretend to understand what all of it means, or even half of it, because I don't know what the words mean, but I know we've made some tremendous inroads into cancer research. I hope we will have an emphasis from this committee and the minister will ask us to keep going on cancer research, because it's absolutely vital. We're seeing more and more cases of cancer being beaten because of the research. One of the things that we've done in this heritage trust fund is invest in cancer research, and I think the rewards have been there. I think we can look at the rewards that have come out over the past few years in treatment of cancer, and we can see that as a result of the cancer research that's come up from even our own research centres. I hope we continue on and actually expand that research.

2:35

Now, we have $41 million invested in applied cancer research, and I hope the minister can maybe tell us of some of the inroads that we've made in applied cancer research. It's listed now as an asset in the Heritage Savings Trust Fund. I personally believe it is an asset because it's been a benefit to all Albertans, in fact all Canadians, the research that's been done in Alberta. My question is: can you go through some of the new inroads that we have made in cancer research in the last year or so? Can you tell me some of the new projects, in layman's terms?

MS BETKOWSKI: First of all, I just want to make a comment because you dropped the comment about Calgary and the board should be elected and all those kinds of things. Don't forget that's a provincial general hospital board under a provincial Hospitals Act. It may well be that you want to make that suggestion about electing them. We elect a lot of boards around the province, but I think it still comes back to, whether they're elected or not, should we be giving boards more direction as to how we spend their money. We've traditionally said that there's a certain issue called local autonomy, and both of you mentioned the issue of carpet and travel as opposed to services for children. I think it's a question I'd like to put back to you. Should those kinds of directions be given to boards about making a reduction in their travel allocation? It's a question that I think is out there that you might want to think about as a committee or an individual MLA.

Inroads in cancer. I think some of the major inroads have been in areas like breast cancer, the new breast screening program that we're now going to be implementing around the province, focusing first on the over 50-year-old woman. I think it's going to start to get to the fact that early detection is so vital in cancer. However, the problem with that is that if every single woman goes to get a breast screening, there's probably not a need for that to occur unless there's been some indication by a physician that it should occur. So the challenge becomes: where is the target group that you want to have screened in order that you're using health resources in the best way? Really, some of the basic research that's gone on at the U of A, in concert with the U of A and the Cancer Board, is on mammography and

breast screening and basic propensity to breast cancer, which is being identified by cell identification. So right down to the basic biological research is what has been pioneered here at the Cross and the U of A.

We've actually had a study in terms of how we're doing on breast cancer. When we look at new research, when I talk about focusing them, I think we have to say that this is what we hope to be the health status five or 10 years from now. Can we make a target? Can we aim towards some certain thing? We've actually found that the one-, two-, and five-year survival rates have changed over the past 25 years of the study probably very little, but the five-year survival rates for breast cancer have increased from 62.9 percent to 70 percent. All that means is that we're getting better at earlier detection and longer life, because five years used to be deemed to be – that was it. Once you were past the five years, you were past the cancer. That percentage is now growing, so we're seeing some encouraging things there.

I think I'll stick to that one as an indicator of the kinds of things that are going on in Alberta, as one that I can understand from a lay point of view. We've very much focused on interdisciplinary research though. That's been the criterion that triggered these applied cancer research funds. In other words, you would get basic and clinical and applied persons working together to jointly look at a research project. It's been very, very much a focus. There may be a different focus that we want to look at down the road, and perhaps that focus is preventive strategies; perhaps it is some of the highest risk strategies like lung and breast cancer. Those kinds of directives, I think, are ones that the research team needs to know if they're going to be answering to getting the best value out of the research dollar.

MRS. BLACK: On my supplementary, Mr. Chairman, when needs are deemed to be required at hospitals like the Walter C. Mackenzie and children's hospital, because of my quasi-scepticism I was wondering: do we use an independent body to assess the needs for increases in beds and facilities at these hospitals, or do we rely upon the hospital board itself to make justification for expansion and additions to the hospitals?

MS BETKOWSKI: Are we talking about research, or are we talking about general hospital operating funds?

MRS. BLACK: Well, no, capital expansion of the hospital.

MR. CHAIRMAN: Well, hon. member . . .

MRS. BLACK: I'm sorry. Am I out of order on that?

MR. CHAIRMAN: Yeah, you're a little off base in that you're moving over into general revenue.

MRS. BLACK: I'm sorry.

MS BETKOWSKI: If you ask your question on research, I can answer it.

MRS. BLACK: Okay, on research. Do we have an independent body that reviews that?

MS BETKOWSKI: Yes. There is actually an expert committee – somewhere I've got the list – that's not just Albertans. It has researchers from across Canada and some from the United States that are part of that review of the research project before it goes ahead. It has to be acceptable, obviously, to one's peers as fellow researchers, and it has to fit into something else. There is, in fact, an independent body that's part of the research before these funds are let go.

MRS. BLACK: I guess I worded my question incorrectly. There's been a million dollar increase in the asset investment in the Walter C. Mackenzie Health Sciences Centre. Before that million dollars was invested, between last year and this year, what review process did we go through, or how did we arrive at that increase of a million dollars?

MS BETKOWSKI: I think it's a capital upgrade, is it not? I'm sorry; I don't have the answer to that.

MR. LeBLANC: That's what I think it is, yeah, a million bucks that was spent on the capital; you know, the building itself.

MS BETKOWSKI: That's not heritage fund, as I understand it. I think it's a Public Works allocation.

MRS. BLACK: Oh, it's under health care in here. Sorry.

MS BETKOWSKI: I think my only cost to the fund was the $2.8 million. What page are you on?

MRS. BLACK: Page 26 of this year's and 26 of last year's.

MR. CHAIRMAN: It's Health, but it comes from general revenue through Public Works. So does the member have any . . .

MRS. BLACK: No, that's all.

MS BETKOWSKI: It's under Public Works. I will get you an answer if it's my responsibility on that. I think it's a capital upgrade of the Minister of Public Works, Supply and Services, but I will double-check it for you.

MR. CHAIRMAN: The member could move that to Public Works when that minister appears before the committee.

The Member for Three Hills, followed by the Member for Lloydminster.

2:45

MRS. OSTERMAN: Thank you, Mr. Chairman, and greetings to the minister in this absolutely noncontroversial portfolio she has that expends very little money.

Mr. Chairman, I don't think there's any one area that I hear as much public discussion about as health care now that there is more awareness of the incredible amount of funding that it takes from various sources to keep our programs running and in a society where people seem to want to live forever and believe that there's a bottomless pit to provide whatever is necessary to help them accomplish that. I think we're in an interesting situation because nobody wants to pay the bill either. So I guess what I'm hearing the minister on all occasions talk about is getting the very best possible for the money that's expended. I wanted to focus particularly on the children's area. You've answered the questions that two of my colleagues have already raised. I have people who live in Airdrie who are very distressed about the situation that has been discussed, and we will now let that go because, to the best of your ability, you've been responding to it.

I wanted to look at the bigger picture, because obviously the expenditures that are being made out of the heritage fund in terms of the children's hospital program, if we're to look at them from the aspect of getting the best bang for the buck – I wonder, Mr. Chairman, if it's appropriate to ask the minister, given that the medical community is most concerned about the watering down of programs . . . That is, when you have extraordinary expertise and it has taken maybe 13 years of study and a number of years of practice to build this expertise, you're not wanting to practise unless you have literally a large book of business. In other words, if you're working in the children's area, it takes a lot of children coming through the system to keep that expertise up. Could the minister comment about the impact, potentially, of another children's hospital that will funnel off some of that expertise, given that we have not that many children in Alberta? I'm talking about X number of children and doctors who want to see huge numbers of children in order that they can use their talents and continue to build on them. Is it appropriate for me to ask, looking at another children's hospital, whether that impacts on the operation and the funding now of the one that we have?

MR. CHAIRMAN: If I could just interject, I don't think there's been any commitment at this point, first of all, that if there is a northern children's hospital built, it would be built from the heritage fund. Based on that, I'm not sure, unless the minister sees fit to respond to it, that it's an appropriate question to put here. It would probably be better put either in estimates or some other forum in the Legislature, question period perhaps. The Chair has trouble following through the question to the heritage fund. If I'm missing something, I'll be glad to hear it.

MRS. OSTERMAN: Only that I'm looking at the delivery of services from the present hospital, where funding occurs from the heritage fund. This concern has been raised, because people are basically developing far more expertise. They're trying to look very critically and objectively at how we do things and trying to be of assistance. I must confess to some bias. I have in my own family some expertise, and I'm not talking about 13 years of study, when we're talking about specialties. I'm concerned about that kind of question.

MR. CHAIRMAN: Does the minister have any response in view of the more or less elongated issue that we're dealing with here? It's stretching the point, and I suppose to be concise with the question, you want to deal with the impact on expertise that might be brought about.

MRS. OSTERMAN: Yes, that's available from the present hospital, and the service that can be delivered.

MR. CHAIRMAN: Just to keep it very narrowly focused.

MS BETKOWSKI: Well, I'm struggling to know how to answer it. Number one, there's no commitment to build the Northern Alberta Children's hospital through the heritage fund as the Alberta children's hospital was. The operations of the Alberta children's hospital are through general revenue – they're not through the heritage fund – so that's flowing through the estimates side of the budget.

But perhaps I can answer the question in this way. I spoke about the research being done, finally coming to Canada, where Canada is looking at health from both the economic and the health point of view. We've really traditionally set ourselves off as health researchers as opposed to economic. As I said, the Canadian Institute for Advanced Research, which is headed by a physician, interestingly enough, is doing some terrific work with respect to the sustainability of our health system, which I think all of us would argue that we should make every effort to do.

There are basically three drivers, in the conclusion of that institute, on cost escalation. I don't for one minute think we will spend less than we're spending now on health in Alberta five years from now; that's pipe dreaming. In fact, the Rainbow Report said that we were spending an appropriate amount. Are we spending it in the right places was the question they asked. But the research institute has come up with the three drivers of costs in health as you look to the projections that we're facing in the next little while.

The first driver is technology. It's more expensive; we're doing more of it; it's driving our system. The second is physician supply. In Alberta, for example, the rate of growth of our physician supply is three times that the rate of growth of the population, and it's driving costs. The third thing is capital. It is driving costs as well because you not only have a capital impact; you have an operating impact. When you've got tight budgeting and you're holding tight on operating budgets for the existing facilities, you know what bringing on more does. Nonetheless, I think it's fair to say that we have worked hard in this province, and rightly so, to establish a very fine infrastructure of facilities. I think the challenge now is to make sure that those facilities are working together as best they can to have a health network as opposed to single facilities.

The Northern Alberta Children's hospital falls into a category of another 35 health facilities in this province that are on hold this year, really because of the fiscal climate that we're in. The question is: where do we go with them? As a government we have said clearly that we don't want to break commitments that have been made to communities around our province. We also have some very tight fiscal restraints that are not going to be just this year, but I can see them out in the future. The conclusion of the Institute of Advanced Research about the first and most important job of a health minister, and he said it to all 10 of us that were there, was to contain costs. That's really a theme in health. We're doing it in order that we can ensure the sustainability of our health system 20 years from now.

So without having answered your question, I hope I've touched on some of the issues that you raised.

MR. CHAIRMAN: Okay. Supplementary.

MRS. OSTERMAN: Yeah, and I appreciate the minister's outline of some information that I wasn't aware of.

I wonder, just getting back to the research area, if the minister might comment. Does the department follow the heritage medical research to the extent that we would be aware of linkages with other research that is going on in North America and the kind of job that they do? Again this is arm's length, but I think we are asked, because the fund has been established by government, if we are happy and content with the lack of duplication and so on and the kind of linkages that are there so that they are aware of what's going on in North America and beyond.

MS BETKOWSKI: That's really the job of our advisory council that looks at all the projects. Part of that is linked into the Alberta Heritage Foundation for Medical Research. It also links in with research and researchers in other parts of Canada and North America to make sure that our research is part of that

information base being used worldwide and that we're using that base in the decisions on our research. The system is better now, I think we can say, than it was before. The whole push towards interdisciplinary research that I spoke of earlier is one that has really been caused by all of these different interests coming together and trying to look at projects as to how this fits into the pie as opposed to a single piece in the pie. Research is a somewhat nebulous thing. It's hard to say to a researcher, "This is what I want you to accomplish by your research." Nonetheless, I think we have to be looking at that. What do we expect our $2.8 million to do? Can we be a little more prescriptive in what we as a government ask of those research funds? I think just talking to representatives of the federal government and others who are looking, any manager of a big research fund is now saying: "We've got to be more focused in what we expect the outcome to be. Otherwise, while we may take away a little bit of academic freedom, we will be using the resources we have from a public point of view better."

2:55

MRS. OSTERMAN: Those are my questions, Mr. Chairman. Thank you.

MR. CHAIRMAN: Thank you.
The Member for Lloydminster, followed by Ponoka-Rimbey.

MR. CHERRY: Thanks, Mr. Chairman and minister. I hope you'll give me a little bit of latitude on my question . . .

MR. CHAIRMAN: A little bit.

MR. CHERRY: Thank you very much. I want to go back to the Alberta family life and drug abuse foundation, Madam Minister. I heard you say – and I don't know whether I heard you correctly or not – that it would go ahead in one form or another. As a member of the committee that prepared the report, I hope we can eventually have it on stream down the road whether all of our recommendations are taken or not. My question, I guess, would be: do you feel that the foundation will go ahead given that the Premier indicated that in 1989, or do you think there's been a change since that time?

MS BETKOWSKI: The question that was given to me was: would it go ahead in this fiscal year; would it be part of the legislative planning for the spring session? I had earlier said in response to that question that the earliest it would go would be the spring of '91. I can't tell you today whether that will be the case. Certainly it was a commitment that was made. You've headed up the committee that's done the study on it. It's now before government to decide: which way are we going to proceed? I can't tell you that it will be in this year or next year, but certainly the commitment is there to proceed.

MR. CHERRY: My next question would be: when I look at . . .

MS BETKOWSKI: But it's not very fair, because it's not on the heritage fund books. Who said it was going to be fair?

MR. CHERRY: When I look at page 26 and add up the investment, it comes to $524 million. This is more of a general question than anything else. Health care is a very expensive project today. I believe that some of these projects were put into effect when we were rolling in money. In other words, we thought the balloon would never break, and all of a sudden now it's broken. I just wanted to hear your views, Madam Minister, on what you think, given today's economic viability or into the near future. Have we got long-term planning into the future now as to where we're going basically, or are we going to be trimming and trimming and trimming or going to have to keep trimming?

MR. CHAIRMAN: Hon. member, you really are outside the . . .

MR. CHERRY: I'm just looking at this, Mr. Chairman, on page 26, that's all, and wondering from those stats.

MR. CHAIRMAN: On page 26 of this year's annual report?

MR. CHERRY: It's a general question, like I said. Maybe we haven't got any definite answer on it.

MR. CHAIRMAN: I hate to have the minister take the time of the committee to go into a long dissertation on the overall direction of health costs in the province when they are far more focused within the draw from the heritage fund, yet your question really does have to do with the direction of health care costs in the province.

MR. CHERRY: May I interject, Mr. Chairman?

MR. CHAIRMAN: Yes, you may.

MR. CHERRY: If the minister would just say yes or no, then I'll quit.

MR. CHAIRMAN: Then let me say this: I'd ask the minister to be concise with her response to that very general question.

MS BETKOWSKI: I can't say yes or no.

SOME HON. MEMBERS: Say maybe then.

MS BETKOWSKI: If we are to continue spending as we are today in health costs and you look at the projection of that into the future, you begin to see the proportion dedicated to health growing and growing and growing as its share of the provincial budget. The question is: should it, and are there things we can do now as health ministers – this isn't just on Alberta's plate; every single province in Canada is facing this – to not grow at the rate that we're projected to grow? That's why we had a Rainbow Report. That's why we're trying to look at some ways to encourage more community than simply institutional response. It's a whole reform in health, and it's under way.

So if you're asking me whether I'm going to be giving away money freely in the next decade, I would doubt it; I would doubt that any ministry of health is going to be doing that. But yes, we can find better ways to dedicate the resources that we now have to deliver, I would say, an equal health outcome.

MR. CHERRY: Thank you for that.

MR. CHAIRMAN: Is that your final supplementary, or is that the end of your series of questions?

MR. CHERRY: I don't want to take any more of your time, Mr. Chairman. Go ahead.

MR. CHAIRMAN: The Member for Ponoka-Rimbey, followed by Athabasca-Lac La Biche.

MR. JONSON: Good afternoon, Madam Minister. I just have a couple of questions with respect to the mandate of a couple of the boards that are dealt with under the Heritage Savings Trust Fund. First of all, with respect to the Alberta Children's Provincial General hospital, which has been quite popular this afternoon as a focus of questions. Does the mandate of that particular hospital, number one, clearly indicate that it has responsibility for the province from border to border? Secondly, is there anything in the mandate that would indicate that they should be looking at programs for native Albertans as an area of priority or need? How does that fit into their mandate? I'll tell you, Mr. Chairman, that the reason I ask the question is that quite often, rightly or wrongly, people refer to it as the southern Alberta children's hospital, and I know there is a group in Edmonton that says, "Well, certain needs of northern Alberta would be better met out of Edmonton because Calgary isn't doing it." I just ask the question here; I know the limitations of discussion here. But is the mandate broad enough to make sure that the board of that hospital are aware of their responsibilities?

MS BETKOWSKI: Well, it's the only tertiary care dedicated children's facility in the province, and as such it's going to be doing things that no other facility does. That's not to say there aren't acute pediatric tertiary wards in other parts of the province. It must serve Alberta, but how we deliver children's services – there may well be some services going on in Edmonton, for example, that are also going on in Calgary, but it's certainly not, at this point at any rate, dedicated to only serve southern Alberta, because we will have needs beyond that.

But I think when you talk about regionalization – and maybe a better example is something like the Foothills hospital and the University of Alberta hospital. Regionalization does not just occur within your own close geographic area. The province is a region for some purposes. In this past year we've started to do more work with the two university hospitals to try and not duplicate the services they should be doing in the areas of – cardiology is one; transplant is another. There shouldn't be those kinds of duplications.

So regionalization as a concept is one that can involve anything from the three facilities in a 10 square mile geographic area to the whole province, and I think looking to ensure that we're not duplicating services is part of the whole role of regionalization.

3:05

MR. CHAIRMAN: A supplementary.

MR. JONSON: Well, along the same theme but on another topic. With respect to applied cancer research and the Alberta Cancer Board, according to the report the board is responsible for, I guess, an overall look at cancer research in the province. We have the Cross Cancer Institute here in Edmonton, which clearly has a treatment and research purpose. I don't quite understand the role of the Baker Cancer Centre in Calgary. Does it have that same dual purpose, or is it looked at as a treatment centre only?

MS BETKOWSKI: No. The Alberta Cancer Board has the Tom Baker and the Cross as both treatment and clinical research, so the applied cancer research would be taking place in both those facilities. There are other partners in that as well: the universities. Oncologists at the University of Calgary and the University of Alberta would be working with the Cancer Board in that delivery of cancer research and cancer treatment. The Heritage Foundation for Medical Research would be part of it. So the Alberta Cancer Board really is delivering treatment and doing research on both of their sites: the Tom Baker and the Cross.

MR. JONSON: Okay, Mr. Chairman.

MR. CHAIRMAN: Okay.

The Member for Athabasca-Lac La Biche, followed by the Member for Wainwright.

MR. CARDINAL: Thank you. In the annual report I notice that the Walter C. Mackenzie Health Sciences Centre provides a service to northern Albertans and the Northwest Territories also. Our investment in '89-90 was $2 million; as of March 31, 1990, it was $391 million. Being that it's a service that's regional, what percentage of users would be Alberta users of that facility?

MS BETKOWSKI: Would be Alberta users?

MR. CARDINAL: Yeah. People from Alberta. Because it is a regional facility. It indicates that in this report, at least.

MS BETKOWSKI: Virtually everyone would be from Alberta and the Northwest Territories.

MR. CARDINAL: I'm just wondering what percentage of the users would be from Alberta and what percentage would be from outside Alberta.

MS BETKOWSKI: My guess would be virtually all from Alberta and a very small percentage from outside of Alberta, but I would be happy to get that from the University hospital for you.

MR. CARDINAL: I'd be interested.

My supplement, then, would be: are we paying all the costs from Alberta, or is the federal government paying a portion of the operation of this?

MS BETKOWSKI: When we cover someone in our health care plan from the Northwest Territories, there is a reciprocal agreement that reimburses the hospital directly for that coverage.

MR. CHAIRMAN: Thank you.

The Member for Wainwright, followed by the Member for Edmonton-Meadowlark.

MR. FISCHER: Thank you. I'm going to try hard not to duplicate what has been asked here. It's really difficult to evaluate research. It seems that for every dollar of investment you get $2 or $5 or $20 out. It's hard to evaluate that, yet we know we have to have it. We have a need now for more research dollars. It almost makes you think that it contributes to more health care costs. The more research we do, it should be lowering our health care costs. Could you comment on that just a bit?

MS BETKOWSKI: Well, although it's difficult to evaluate research, I think we have to do a better job of it. I think, as any funder of research is finding, we have to be focusing more on it. Interestingly, we now have an actual budgeted amount on the component of the total $2.8 million which is evaluation of the research. It's .8 percent of the total dollars; it's about $22,000. At any rate, .8 percent of that total $2.8 million is going to evaluation of that research. Is it getting us what we expect it to; are there certain benchmarks that it's meeting as it goes through the research program? That evaluation component, I think, is essential to any research funding that we do. Does that answer your question?

MR. FISCHER: Yes; it gives me a little bit of comfort that we are evaluating the co-ordination of our research, and in answer to Connie's question, you did make note of some of the ways we were co-ordinating it.

In discussion with our Dr. Rajotte at the university over here – and he was doing the islet transplant – he told me of going over to England to do some work with some research people over there, and he explained some of the things they were doing and so on. I came to the conclusion that we are doing a lot of the same kinds of research around the world that maybe we should be able to co-ordinate better. Like, if he's doing that kind of research, why can't we focus on that and put more of our dollars towards that and let somebody else award more dollars towards heart disease or different ones like that?

Now, maybe I haven't got a good enough handle on that kind of thing, but certainly there is a lot of research going on around the world. We're hopefully doing our share, or likely more than our share from what I understand, and I think we could stress and priorize our research in a better way. I'd just like you to comment on that, on whether or not you think we can, and if we should, how would we go about that without spending more dollars again?

MS BETKOWSKI: Well, this province set out as a very clear research goal that we would do more applied research in cancer. That's not being duplicated by the Heritage Foundation for Medical Research, which is a very different kind of research. What this is is the applied in the clinical research, which basically is funding actual clinical research. In other words, a patient with cancer is being treated in a certain way at the Cross as part of a research program. That information is then spread out to other cancer research endeavours around the world, and we are, in fact, doing world-level research over there.

You asked the question: isn't it just adding to health costs? I believe that a certain portion of resources must go to research whether it's in health or in other areas, in fact. I think it's important to ensure that we are using the high level of educational achievement of Albertans in the best possible way by doing some of that research.

I think the question of the '90s is, however: isn't the sustainability of our health care system a legitimate research goal? I think we're seeing more and more that the Heritage Foundation for Medical Research is certainly of the view that they could do more in that area. The Rainbow Report is pointing us more in that area, and that's why we prompted the study to look at the research funds that are in the government of Alberta and whether we're getting the best value out of those in 1990 versus 1975, when they were set up. That report is one that I would like to bring back to this committee and look at with you because it really affects your decision-making. It's really the first question that came to me; it affects your decision-making for the '91-92 fiscal year.

MR. CHAIRMAN: The Member for Edmonton-Meadowlark, followed by the Member for Edmonton-Centre.

3:15

MR. MITCHELL: Thank you, Mr. Chairman. To the minister. I know I raised this last year, and I'd like to raise it again. That's the question of how research priorities are established. It seems to me that it was a government decision to emphasize cancer research under the heritage trust fund; it was a government decision to emphasize heart disease research under the heritage trust fund. I am very interested in sudden infant death syndrome research, yet every time the question of setting that priority in the research agenda is raised, it's no longer a government decision. This is a decision made by the Alberta foundation for medical research. I'm wondering how it is that if government decides that there is an important priority – in light of what the Member for Wainwright is saying, yeah, lots of heart research is done all over the world, lots of cancer research is done all over the world; not very much SIDS research is done all over the world – how could government establish that priority and see that some research funds are directed towards SIDS?

MS BETKOWSKI: I guess one of the answers would be, yes, we did look at applied cancer research as a very specific end, but it's also a killer of one out of three Canadians; it's a huge issue as a disease and as one that takes over. It's not the only criterion for looking at directed research, but I think it's an important one and the reason why, in addition to the heritage fund for medical research, the government made the decision to look at applied cancer research as a separate component from that.

However, there is nothing to stop the Alberta foundation for medical research looking at SIDS as something they want to look at a research project on. I think we have to be very careful about how much we interfere in that decision process beyond the general thing of, yes, we think applied cancer research should be going on here. But it may well be a recommendation that this committee wants to put forward, in which case the foundation would have to respond to that recommendation, and they may be able to give a more comprehensive medical response to your question than simply my general government one.

MR. MITCHELL: Okay.

My second question concerns the plight, now resolved due to a decision on your part, of Mr. and Mrs. Porter. It was a decision that was applauded. In fact it had a logical basis, and that was that it cost more to keep Mr. Porter, a victim of MS, in the Misericordia hospital per day than it would to provide him with home care. That specific decision I applaud and congratulate you on, and I'm sure the Porters are extremely grateful.

However, I would like to underline, one, that that's just one individual's problem and that there are many people who find themselves in this category. They find themselves in this category of problem of wanting to stay at home but being put into a more expensive long-term care facility because there is no provision for people between the ages of 19 and 65 for this kind of home care support, as I understand it, or at least not enough. Is there a role for the Heritage Savings Trust Fund to play in providing a comprehensive service for all people who find themselves in the predicament that Mr. Porter did?

MS BETKOWSKI: Well, first of all, there is provision for home care for the under-65 if they're discharged from an institution and it's medically directed. While it's fine to say that we can save a lot of resources if we move an individual out of an institution and into the community, we will only save those resources if that institutional bed isn't filled accordingly. Now, that, you know, is not what's happening.

MR. MITCHELL: I know.

MS BETKOWSKI: The Rainbow Report really got into this, and I think the underlying theme throughout that report is one of reallocation. I spoke about it earlier when I talked about the community being isolated from the institution and vice versa. I think what is needed are some innovative ways of getting the community and the institution to work together better. I don't think it's more one's responsibility than the other, but if a hospital had to consider a community option like a home care option as part of their overall planning for a patient's care, we might break down a bit of the wall that's between the two of them now. That kind of incentive is one that I'm trying to look at within the whole funding mechanism. It's part of the acute care funding study, but it's got a specific goal, too, and that's to get them to be looking outward, because as you know, a hospital is such an intense work environment that it tends to look inward, and I'm not convinced that just adding to the health care costs by simply opening up this access for the under-65s on home care is the whole solution. I think we need to look at ways to get the two of them working together to find community supports for an individual. I will say that my first priority on budget – and I know this is couched as a heritage fund question – is looking at the community and how we can get more of an incentive into the system to look at community supports.

MR. MITCHELL: My third question – and I ask the minister's patience in this – is more aggressive than I would choose to be normally, but it's the only way I can bring it . . . [interjections]

MS BETKOWSKI: Oh, Grant, you're such a pussycat.

MR. MITCHELL: It's the only way I can bring it into this particular context.

Earlier in response to the question from the Member for Calgary-Fish Creek, the minister said that it would be important for boards to begin consulting the public much more and that, in fact, not only MLAs but boards should be doing town hall meetings. How can the minister maintain her credibility in taking that position and conveying that position to boards like the Alberta children's hospital board when she herself made without public consultation, without town hall meetings, the decision to transfer the ownership of St. John's from . . . [interjections]

MR. CHAIRMAN: Hon. member, you're really out of order.

MR. MITCHELL: It's an important question.

MR. CHAIRMAN: You're out of order.

MRS. BLACK: Save it for estimates.

MR. MITCHELL: I'll never get an answer there either.

Would the minister like to address that?

MR. CHAIRMAN: Hon. member, that was your final supplementary.

I'll recognize the Member for Edmonton-Centre.

MR. MITCHELL: You can put me at the bottom.

MR. CHAIRMAN: You're way at the bottom.

REV. ROBERTS: Well, Mr. Chairman, a number of interesting points this afternoon. I'm trying to assess some of them, and I guess from what Edmonton-Meadowlark was saying in terms of some of the things the minister has said this afternoon, it sounds like there should be more ministerial or more governmental direction and more hands-on.

MS BETKOWSKI: That was a question to you.

REV. ROBERTS: Oh, I see. Well, it certainly was raised by the minister as a way to go, so I'm going to in a sense throw the question back, not with respect to hospital funding but with respect to research funding. I guess that again we're sort of going around the same circle here, and I do want that report soon and those recommendations and these answers, but just to what degree does the minister think she or government or the trust fund should be able to make decisions about what research projects proceed and which ones don't? I mean, she's already mentioned today that the whole area of research into health management and controlling health care costs poses very interesting research questions. But, you know, we have a whole wish list of everything from schizophrenia to SIDS to cancer, which is a favourite here in this province too, a whole range of things which some of the public out there would like to see proceed.

The researchers and those in the community are saying, "Well, we have to hold a certain threshold before we can actually proceed on certain projects, so it's not as easy as all that." So when this report comes and this recommendation comes out, how much of a hand should the piper have in calling the tune, I guess, in terms of what research projects are determined by the dollars we give out of the trust fund or anything else?

MR. CHAIRMAN: If I could just ask you to rephrase that just a little. Could you just say from "the trust fund," not "anything else"?

REV. ROBERTS: Okay. That's a good point, because certainly . . .

MR. CHAIRMAN: The General Revenue Fund is not the issue here today.

3:25

REV. ROBERTS: Right. Insofar as both cancer research and Heritage Foundation for Medical Research dollars would come out of these coffers, how much of the tune should we be calling about what we want to have researched?

MS BETKOWSKI: Well, I don't have an answer for the hon. member, because I don't believe I'm the only one to make that decision. I think it's a question that's before Albertans, and I think that's part of the reason why this committee exists.

We are at a threshold, I believe, on looking at our research funds. We're talking here about applied cancer research, mental health research, and other ones he's discussed. Some of that is

being done through general revenue. The question is: are we getting the best value for our research funds? I would like to see some public health research. I would like to see some research into accountability in the health system, the general "how do we run the system better" research. Right now we're not doing that. Does that mean we have to do less of the others in order to achieve that, if we're going to have a zero sum base? Or do we look at creating another research vehicle or piggybacking, as the Rainbow Report suggested, on the foundation for medical research in doing some of that research? I don't have those answers, but I think they are questions before Albertans, and I've certainly expressed to you some of my preferences.

REV. ROBERTS: I guess I'd like to get at the mechanisms that can be in place. I mean, it just seems there are two sides going here.

Okay, let's maybe get a more specific example. The minister may or may not be aware that three years ago in the Legislature I asked questions about these funds and the degree to which cancer research was also spilling over into AIDS research. Generally there is through the immune system and through the way in which AIDS proceeds within the body – with people with full-blown AIDS, it's very similar to a cancerous growth. So given the desperate need for research into this area, can the minister give an account of how these trust fund dollars, through the applied cancer research, have gone to assist and enhance the desperate area of AIDS research?

MS BETKOWSKI: It hasn't been, as I understand it, through applied cancer research, but there are in fact several projects under the Alberta foundation for medical research which are directly into AIDS research, blood specifically. That may be a question you wish to put to Mr. Stewart when he's before the committee. It hasn't been under applied cancer; it's been under the heritage foundation. There are several projects that are aimed at AIDS.

MR. CHAIRMAN: Your final supplementary.

REV. ROBERTS: It might bear some collaboration here, because people who are working in cancer research can have some things to say about AIDS.

MS BETKOWSKI: Yeah. But that's why you get the council, which is overlooking the projects in both. There are linkages there. I'm not that council, and I don't pretend to be a research expert. I think it's important to leave some of those decisions to that researching body.

REV. ROBERTS: Okay. A final question. It's a bit technical, but I'm sure the minister will understand, because it has to do with this whole business of investigating various funding methods for health care dollars. She's already referred to the need to look for a better accounting for the health research dollar. We've had trouble in this trust fund committee determining just what an asset's worth, what a deemed asset's worth, trying to get the value, this question of how you assess and determine value, hence come up with measures of accountability. I guess my question to her: with respect to this area of applied cancer research, has there been some investigation, some conclusions drawn – even by this international committee which adjudicates it, I understand – for what might be some better funding mechanisms to give a sense of value and sense of accountability and it just isn't "Oh, we've got a good project; here's the money" and it goes into a sort of sinking fund? Is there acute care funding or DRG, some other kind of funding mechanism which can give us some better clues for how that returns to us?

MS BETKOWSKI: Rheal may wish to expand on this a wee bit, but there are different funding models for different projects. Some projects will have a year-to-year check on them for exactly the reason you express; that is, there is some concern about whether this is heading in the direction they want it to, so they'll do a yearly funding step. Some are funded differently; they're funded on a longer term basis with short-term checks, which is part of those evaluations that I spoke of earlier, the .8 percent of the $2.8 million that's used for evaluation. I think the Member for Wainwright was the one that said it best: it's difficult to evaluate research; in fact, some would say it's heresy even to do it, because research should be a pure science and you shouldn't be meddling there. I don't think we have the luxury of enough research funds to simply have a hands-off approach.

The question that I have – and I know members of the committee, certainly Edmonton-Meadowlark, raised it – is: what is the role of government in defining what that goal of those research funds should be? It's something that we are struggling with as a government, and I think it's an important struggle, because it's the same kind of issue when you get into health care generally, hospital care. Are we improving the quality of life or are we simply delaying death? Those kinds of issues move right into the ethical issues of: what are we doing in health? When we look at one of the drivers being technology, what is that technology doing to the health of Albertans, which I think should be a bottom line in an evaluation.

But that's a whole new field for the Canadian health care system, which has traditionally thought that we would simply be bound by a medical decision and we'd pay for it. We're now seeing there are some limitations to that too, and we have to look at more of, I'd say, an interdisciplinary approach to who makes those decisions.

The way it was explained to me best was that you've got a triangle now with the physician at the top and other care givers at the bottom making a decision. It has to be made into a circle with the physician very much a participant, but there are other interests being involved in the driving of that system. Technology assessment, I think, is one of the areas we have to look at, not only on a cost basis but on an ethical basis too.

REV. ROBERTS: Would the deputy have any more in terms of funding models for . . .

MR. LeBLANC: No. I think there are tight protocols in terms of what qualifies, and there's regular review by the group of experts. The other form of evaluation that goes in as part of the accreditation process of every hospital: there must be a committee that looks at every surgical intervention, like operations, for example, and they determine whether the procedure has been correct, properly applied, and so on. That's ongoing in every facility in Alberta. So there is a check on those kinds of procedures as well.

But in this specific instance, the protocols are such that you must qualify based on the protocols which are scientific, and there's ongoing evaluation of results of these studies. Indeed, some of these projects are terminated if the committee feels that the results are not satisfactory or haven't been achieved. That's really a professional judgment call that they make.

MR. CHAIRMAN: The Member for West Yellowhead.

MR. DOYLE: Thank you, Mr. Chairman. With only 58 lines and four paragraphs in the heritage trust fund on health care, it's quite difficult after all the questions have been asked to pertain strictly to the heritage trust fund. But some $2 million has been put into research in the Walter C. Mackenzie Health Sciences Centre this year. Indeed, it's a great facility and a great expenditure for the illnesses that are facing us today. But, Mr. Chairman, as important as the Walter C. Mackenzie Health Sciences Centre is, 110 rural hospitals in Alberta have deficits over $18 million.

MR. CHAIRMAN: Hon. member . . .

MR. DOYLE: They receive only 17.5 percent of the funds, and I would like to ask the minister if funds will have to be taken from the heritage trust fund to help these rural hospitals.

MR. CHAIRMAN: Hon. member, the Chair recognizes that you did some really fast footwork in an effort to get the point of your hospital deficit across, but in reality that's not the issue from this report. I really don't believe the minister's obligated to respond to that question. Do you have another one you could phrase that would be more focused on the heritage fund?

MR. DOYLE: Mr. Chairman, will there be funds coming from the heritage trust fund in the near future to assist these rural hospitals?

MS BETKOWSKI: It's going there now, Mr. Chairman. There is $1.5 billion out of the heritage fund flowing into general revenues in order that we can keep the services in this province there. We would have a far higher deficit in this province if we weren't using the heritage fund in that way. We can look at the funds flowing to rural hospitals. And it's not rural versus urban; I don't believe in that kind of distinction. Nor are rural hospitals extinct, from looking at some of the transitions we've been talking about earlier on new health from institution to community. Certainly they are being called on to look at those options as well. But the heritage fund is being used in fact to shore up general revenue right now.

3:35

MR. CHAIRMAN: Thank you.

MR. MITCHELL: Point of order, Mr. Chairman. Does that mean that then we can ask any question about any government program we would like, since it's being funded by the Heritage Savings Trust Fund?

MR. CHAIRMAN: No, it doesn't mean that.

MR. DOYLE: Mr. Chairman, I didn't dig as low as to bring up St. John's hospital.

MR. CHAIRMAN: Thank you. This is your final supplementary.

MR. DOYLE: Thank you. Mr. Chairman, out of that $1.5 million that goes to the rural hospital systems . . .

MS BETKOWSKI: To general revenue.

MR. DOYLE: . . . into general revenue to the rural hospitals . . .

MS BETKOWSKI: General revenue of the province.

MR. DOYLE: . . . is there any of that money available to train new hospital administrators, as there are 33 hospital administrators that will be . . .

MR. CHAIRMAN: Hon. member, you've stretched it too far. I really can't allow the question, because it just doesn't relate.

MR. DOYLE: Thank you, Mr. Chairman. I found it quite difficult with the questioners before me and the 58 lines.

MR. CHAIRMAN: I appreciate that.

MR. DOYLE: And I didn't want to be repetitious.

MR. CHAIRMAN: I'd like to acknowledge the Member for Edmonton-Meadowlark's next question.

MR. MITCHELL: I should make a point, Mr. Chairman, that it's interesting the Member for West Yellowhead would consider that raising St. John's was . . .

MR. CHAIRMAN: Hon. member, please. Whatever goes on between you and West Yellowhead, I'd like you to deal with it in some other forum.

MR. MITCHELL: My first question concerns the family life and drug abuse foundation. One of the concerns I and my caucus have, and I know some members of your caucus have, is that such a foundation would be a duplication of a bureaucracy already established out of AADAC, which many of us have a great deal of respect for and feel could do much more work given that money. I wonder whether the minister could indicate how she feels about that concern specifically raised by Stan Nelson, who's the chairman of AADAC.

MS BETKOWSKI: I appreciate receiving the views of the . . .

MR. CHAIRMAN: Hon. member, I'm not sure that it's fair to ask the minister to comment on some other person's comment that another person commented on.

MR. MITCHELL: Okay. I can rephrase the question.

MR. CHAIRMAN: No. I really think . . .

MR. MITCHELL: Does the minister think we need a duplicate bureaucracy funded by the Heritage Savings Trust Fund in this area?

MR. CHAIRMAN: I think the question would more fairly be . . .

MS BETKOWSKI: You're asking me to give a response?

MR. CHAIRMAN: . . . if the minister is in favour of the foundation. But for her to try to respond to the question as you phrased it – I really wish you'd work it over a little.

MR. MITCHELL: All right. I'll do it again. Is the minister in favour of the foundation given there'd be a duplication of the AADAC bureaucracy?

MR. JONSON: Mr. Chairman. Order, Mr. Chairman.

MR. CHAIRMAN: Yes.

MR. JONSON: The legislation dealing with the foundation has been passed, as I understand it.

SOME HON. MEMBERS: No.

MR. JONSON: It hasn't?

REV. ROBERTS: It hasn't even been tabled. For which foundation? This is the report.

MS BETKOWSKI: I think as far as I'm able to go with respect to the foundation is that we do have the report of the committee, we have the statement of intent by the government, and when the province is ready to bring it forward, at that time it will be delightful to talk about the points of view being expressed by various members who pound the table. I'm not going to give a personal view, because that would not be fair.

MR. MITCHELL: Recently – in fact, this week – the Solicitor General brought out a program that addresses at least in part the issue of abuse of women in the home and elsewhere.

MR. CHAIRMAN: Hon. member, I hope you're going to be able to bring this to . . .

MR. MITCHELL: It is. It will be specific to the Heritage Savings Trust Fund.

MR. CHAIRMAN: Specific to the fund?

MR. MITCHELL: Yes, it will, and it will be relevant too. And I've sat through many preambles.

MR. CHAIRMAN: Okay, I'll hear your question, and then we'll make a decision.

MR. MITCHELL: Clearly, what that addresses is one of the most important health care issues facing women today, which is injury from physical abuse in their own homes and elsewhere. I wonder whether the minister feels there might be a role for the Heritage Savings Trust Fund to establish programs, shelters for women, and other such measures that would address this problem head on.

MR. FISCHER: Mr. Chairman, a point of order.

MR. CHAIRMAN: Hon. member, could I just deal with this first and then I'll hear your point of order? I'm sorry; that's not proper procedure. I have to hear your point of order. You can make it.

MR. FISCHER: Yes. I think that in view of the quality and repetition of our questions, we should adjourn this meeting.

REV. ROBERTS: No. I've just got three simple housecleaning ones.

MR. CHAIRMAN: I believe in fairness that we should give the members an opportunity to focus their questions. Hon. member, please focus your question on an issue having to do with funding from the Heritage Savings Trust Fund. Battered women really is . . .

MR. MITCHELL: I thought that's what I did.

Has the minister given any consideration to recommending utilization of Heritage Savings Trust Fund money to address this important health care issue for women?

MS BETKOWSKI: I've actually got lots of ideas on how to use the heritage fund for health. I think there are many worthy health initiatives. I guess what we have to deal with is which are the most worthy. I would take it much more broadly than just injury and accidents to women. I would take injury and accidents as one of the big causes of hospitalization in our province, but always you're going to be struggling with a piece of health within the whole. I'm not going to judge whether that project for women is more worthy than another at this point, but I think we need to be looking at: what are the areas that are most worthy of health funding, and are there things that we could be doing better that might prevent some of those accidents from occurring in the first place? I think the Solicitor General has gone a long way to deal with some of those issues to date. When you look at the level of accident and injury in terms of children, the whole issue of public education becomes where we should be dedicating any new or reallocated resources in health, and that's really part of the community care component.

So I won't give you a specific answer to your question except to say that it's certainly one part of a broader question that I think we need to address as a Legislature and as a government.

MR. CHAIRMAN: Okay. Your final supplementary.

MR. MITCHELL: My final supplementary is a response to your response to my question earlier about the Porter circumstance. You answered that before in a letter to me, which I appreciated, which was that it's only a cost saving if that bed isn't filled. I know this is a difficult issue, but is there not an inherent logical problem to that argument? If that bed is now filled by Mr. Porter and when emptied somebody else would fill it, then do we not have a problem with that person who would fill it when emptied by Mr. Porter, who is now out there needing a bed and doesn't have one? Is that not the case?

MR. CHAIRMAN: Hon. member, you're really off into dealing with general health issues as opposed to something that's funded by the Heritage Savings Trust Fund.

MR. MITCHELL: Honestly, I didn't even think of that. I will drop my question.

MR. CHAIRMAN: Thank you.

MR. MITCHELL: Thank you for pointing that out to me.

MS BETKOWSKI: We'll talk about it, because I think it's a good question.

MR. CHAIRMAN: The Chair would like to recognize the Member for Edmonton-Centre.

REV. ROBERTS: I just have a few sort of detailed questions about the interdepartmental report on health research as it's

going to impact on these cancer moneys. When is that report due?

MS BETKOWSKI: The ministers will be dealing with it in this year, to my understanding.

REV. ROBERTS: I guess that prepares for my next question. What is the process for dealing with it so it's going to be a public document that will be available for people to review and look at together with the review of the Hyndman response? I mean, there are a lot of interdepartmental reviews of reviews going on. When are we going to get something that we the trust fund committee can act on in terms of where dollars are going?

MS BETKOWSKI: I think the issue was brought out again by the Rainbow Report, which certainly will be a public discussion. With respect to government's response on the recommendations?

REV. ROBERTS: Yes.

MS BETKOWSKI: Rainbow recommended that the heritage fund broaden its research capability and that we bring in the Alberta Research Council and look at a new mandate there. So that will be very much part of the public domain. I won't commit to you that that report that comes to the three ministries will be public, but certainly as we look to developing research policy in the '90s, it will have to be a discussion that is more publicly based, I think.

3:45

MR. CHAIRMAN: Final supplementary.

REV. ROBERTS: The minister did mention earlier that a certain proportion or percentage of the overall health spending should go to research. I'm just wondering what she sees that figure, that proportion, to be and whether these new recommendations will mean it's going to cost more money than it does already.

MS BETKOWSKI: I don't have a figure in my hip pocket. I do know that Alberta funds more research per capita than its sister provinces do, and I think we can take some comfort in that as a priority of government. The question is now: where should we be directing our research funds to? I haven't got a magic answer for that. I'm working on that with a number of different interests, as are other Albertans, as evidenced by the heritage fund. I mean, that issue came up in many parts of the province when it was discussed by the Rainbow Report committee, and it's one that I think needs a comprehensive and not just a piecemeal response.

MR. CHAIRMAN: Thank you.
The Member for Edmonton-Meadowlark.

MR. MITCHELL: Increasingly we're becoming aware, I think all of us, of the importance of the relationship between the environment's health and our own health. Certainly that's being raised by the Alberta Medical Association more and more. Back on the issue of how do you establish research priorities, do you believe that there is a role for the Alberta Heritage Foundation for Medical Research to play in focusing research funds on the question of environmental health?

MS BETKOWSKI: Well, there are some very important collaborative efforts taking place around the province right now with respect to environmental health. We are setting up with the Department of the Environment and others an environment health strategy. Health units are looking at some baseline health data that they could use not for its pure value today but rather for setting a benchmark for results of environmental impact down the road. I think all of us are conscious of the fact that it's one thing to measure a component in a water supply; it's another thing to know the impact of that component on health. It may well be that part of the research initiatives that we look at are going to be looking at how we might get a better handle on monitoring our environment and knowing its impact on health, because that linkage hasn't really occurred. I think it's the reason why, however, people are so concerned about the environment. It's because of its potential impact on one's health and their children's health. So it's a natural marriage, and it's one that I think we don't have the luxury of a lot of research funds to go into it. That's a very good area to look at where we are targeting and what we hope to be our outcome. Hopefully, our outcome is: what is the impact of this environmental endeavour on the health of Albertans? That link hasn't yet been scientifically established.

Could I raise something that hasn't been raised here today if there's no objection?

MR. CHAIRMAN: Yes. If the minister has some supplementary information for the committee, we'd hear it.

MS BETKOWSKI: You will have heard the commentary about cancer protocols and that patients being cared for at the Cross and the Tom Baker Cancer Centre are perhaps using more patient days than is necessary. That's a report that's recently been released. We are looking at it very carefully from the Health department; as well, the Cancer Board is looking at it carefully, and we are in fact implementing some of the case protocol directives, which are part of that already, into the health system. I thought the members of the committee might want to be aware of that.

MR. CHAIRMAN: Good. Thank you.

REV. ROBERTS: Just a point of clarification.

MR. CHAIRMAN: I'll acknowledge the member for a question.

REV. ROBERTS: Did I hear the minister say that that study had been released? First of all, who did the study? This is the Robert Walker story.

MS BETKOWSKI: The Cancer Board still has the report, and they're working through it. It's not a public document at this point.

REV. ROBERTS: But you're using it to implement strategies within the . . .

MS BETKOWSKI: We're looking at the use of patient day per cancer patient and new protocols of care that are being identified. Physicians are looking at those protocols now and looking at things like outreach, for example, of how we might deal with chemotherapy, radiography more on an outpatient than an inpatient basis. Some of those new kinds of protocols are

already coming into our health system.

MR. CHAIRMAN: Thank you, hon. minister, for appearing before the committee today. We also appreciate the attendance of your deputy here with us today and the information that has passed from the minister to the committee and the forthright manner that you have endeavoured to respond to the questions.

By way of announcement I'd like to remind the committee that we next convene next Tuesday, October 23, at 2 p.m. with the hon. Dr. West, Minister of Recreation and Parks, in Room 512.

MRS. OSTERMAN: Back here again?

MR. CHAIRMAN: Yes.

I would entertain a motion from the Member for Wainwright to adjourn. Thank you.

[The committee adjourned at 3:52 p.m.]