

8:30 a.m.

Wednesday, June 10, 1992

[Chairman: Mr. Pashak]

MR. CHAIRMAN: Well, we have a quorum. I don't know where the bulk of our members are at the moment. It's now 8:30, so I'd like to call the meeting to order. I'd like to welcome this morning the Minister of Health, the Hon. Nancy Betkowski. In a minute I'll turn to you and ask if you'd care to make a statement and introduce the person from your department that's with you. I'd like to also welcome the Auditor General, Mr. Salmon, to our meeting again, as well as Mr. Wingate, who's the senior assistant Auditor General.

We have a few items of business that we have to attend to before I turn to the minister. The first is approval of the May 27, 1992, committee meeting minutes. Do I have a motion to approve the minutes as circulated? Any errors, corrections, additions, omissions? Those in favour, then, of adopting the minutes as distributed? Those opposed? Motion carried.

I have an agenda that's been distributed. Do I have a motion to adopt the agenda as distributed?

Mr. Moore.

MR. MOORE: Mr. Chairman, on the agenda we have Other Business at the end, as you note. Under Other Business we have a very important motion coming up for debate, and we would all very much like to get into that as quickly as possible and find out the facts of the whole case. Now, it's a very important motion. I don't want to dwell on it, but we do have an in-depth review ongoing with the Auditor General in that area, so I don't think we should have it take priority, even though it's a very, very important motion, over a department such as the Department of Health or any major department. We have the Department of Health coming forth this morning, and we must realize it's one of the biggest in dollar amount in our budget and affects every citizen in Alberta. Because of that serious impact on every citizen, we must give full attention to this budget.

MR. CHAIRMAN: Is it your intention, Mr. Moore, to make a motion to amend the agenda?

MR. MOORE: I'm coming to that.

Because we have great difficulty in finding money to accommodate the huge demand of our medical system, I think we should spend the full time that is necessary to examine the spending of that department to make sure the money is being utilized. Therefore, I make this motion:

Moved that the West Yellowhead motion related to NovAtel be debated after all questions to a minister have been adequately dealt with.

MR. SEVERTSON: I'll second that.

MR. CHAIRMAN: We don't need seconders in committee. Mr. Moore has a motion to postpone debate, I guess, on the item under Other Business.

Mr. Gibeault?

MR. GIBEAULT: Mr. Chairman, I'm speaking against this motion. The reason is that clearly it's just a Tory tactic to avoid having this motion come up for debate in this committee today, having plenty of questions, I'm sure, for the Department of Health. It's an important department, but this motion has been given a week's notice and I think it's only fair that we deal with it today. It's a very important matter before the people of Alberta.

Therefore, I encourage all members of the committee to vote against this motion so we can deal with Mr. Doyle's motion today.

MR. CHAIRMAN: Mr. Lund.

MR. LUND: Thanks, Mr. Chairman. I'm reluctant to enter this debate because I wish we could get on with dealing with the Minister of Health's budget, being that it takes up about 30 percent of the total budget, and I think it's extremely important that we see if in fact we can get better value for our dollar.

Mr. Chairman, I think you made a comment that we're postponing the debate. Not necessarily. If the committee finds that in fact we do have time, then it would be debated, but we want to make sure it doesn't take precedence over the budget we're looking at this morning even though, yes, it's an extremely important motion. So I support the motion.

MR. CHAIRMAN: Ms Mjolsness.

MS MJOLSNESS: Thank you, Mr. Chairman. I'd like to speak against the motion to amend the agenda, simply because if you follow the logic of this particular motion, we would never deal with any other business in any of these sessions. So I would like to speak against the motion.

MR. CHAIRMAN: Mr. Moore.

MR. MOORE: No. I conclude debate anyway.

MR. CHAIRMAN: Well, there are no other speakers.

MR. MOORE: I realize what people are saying. However, this motion doesn't preclude ever bringing motions before other business. It just says "after all questions to a minister have been . . . dealt with." That's what we're here for, to deal with questions. It doesn't enter that. So the argument against it is not relevant at all. We all recognize the importance of other business and bringing this motion. Even though it's being examined by the Auditor General and we know there's an ongoing review, it's still an important thing that we feel should be at this table, and in due course it will get here. But today we have a very important minister, and I can't say to put it ahead of trying to find more dollars to treat our sick across Alberta.

MR. CHAIRMAN: Okay. Now, those in favour of the motion to modify the agenda? Those opposed? Motion carried.

Well, hon. minister, I'd like to welcome you to today's meeting of the Public Accounts Committee. I understand this is the first time the minister has been here as the Minister of Health, and I welcome any opening statement you might make. If you'd care to introduce the member of your department that's with you, feel free to do that.

MS BETKOWSKI: Thank you, Mr. Chairman. I would like to introduce Aslam Bhatti, who is the assistant deputy minister of finance and administration in the Department of Health and has been for the same time as me, which is three years and nine months. Anyway, Aslam was very much part of the reform that is under way in Health, and I'm very pleased and proud to have him with me today.

I would like to make a few brief opening remarks and then follow with questions from members. I'm very pleased to have an opportunity to discuss the '90-91 budget expenditures for Alberta Health. In fact, that budget and the subsequent events created by

that budget launched a very exciting and innovative period for health services in our province, which continues today. We face a great number of challenges in the provision of health services across Canada, but as Canadians and as Albertans especially, we can bring some creativity and resolve in facing those challenges.

When I spoke to the House on the 1990-91 budget on April 25, 1990, I noted that the budget was based on two innovative documents: firstly, the report of the Premier's Commission on Future Health Care for Albertans, and the report of the Premier's Council on the Status of Persons with Disabilities. I also said that those reports threw down the gauntlet of challenge to the health portfolio and served to provide an exciting base for future development in the health policy of this province. I'm certainly no oracle, Mr. Chairman, but those words of prophecy have proven to be quite accurate. In 1990-91 the foundation was laid for a process of health reform. Two years later the framework for implementing new reforms has been built upon that foundation, and we are working with our partners in health, health care providers, to complete the building of a health system that will meet the challenges of the 1990s and beyond and certainly sustain our health services into the 21st century.

Permit me to look for a moment, then, at the structure of the 1990-91 foundation. In that fiscal year Health spent \$3.2 billion, an increase of approximately 7.6 percent or \$234 million over the previous fiscal year. Recall that the budget also included at that time funding for the Alberta Alcohol and Drug Abuse Commission. A 7.6 percent increase sounds like a generous amount just two years later when we examine the fiscal realities that governments now confront across the country. However, that 7.6 percent increase covered only about half of the historic annual growth rate in health expenditures in the '80s. Even then the numbers pointed out the need for reform in the health system.

A key component of our '90-91 foundation was the acute care funding plan, a program that has brought us into a much closer relationship with health care providers and a program which is being watched by other provinces across Canada. The acute care funding plan is an innovative approach, developed by government and key hospital, physician, and nursing associations. It was a significant step toward the democratization of the health system, which we see continuing in fundamental reform today. It ensures that funding to acute care hospitals more accurately reflects variations in severity of patient illness, encourages developments in ambulatory care, addresses a wide range of funding issues, and encourages good management of our health care system. Under the plan funds are being reallocated among hospitals based on volume, severity of patient illness, and relative efficiency of hospitals, thus rewarding efficiency and penalizing inefficiency.

8:40

Future developments of the plan will see outpatient services included in the hospital funding calculation. I believe the plan has been a great success over the last two years. Hospital funding now is geared to hospital efficiency.

Perhaps in the future we can integrate other factors into the plan, factors such as patient outcome. These are difficult concepts to quantify, and Alberta hospitals will be closely involved as we expand the scope of the plan.

Also in 1990-91, we restructured the funding system for long-term care facilities. This was done to encourage institutions to accommodate heavy care cases, while persons with less intensive needs are looked after by community-oriented programs. In fact, a bias has been built into our long-term care which says that first all community alternatives must be exhausted before institutionalization is contemplated. To do this, we have increased

our home care budgets and have responded in a major way as a government to the necessary changes. The increase in expenditures for home care in 1991 was a 13 percent increase, and we have consistently added to home care since that year. As you know, in our current year estimates, which will be before the House this afternoon, home care was increased by another 9.4 percent. Home care is an important component of any move to more community-based care, and our reform process recognizes it.

In the area of mental health, let me comment on what we set out to do in 1990-91. At that time I said, and I quote,

The objective of this program is to maintain and improve the mental health of Albertans through inpatient treatment and rehabilitation services. It's also done through various regional community health services provided to families as well as individuals.

I believe these objectives are being met. To confront new challenges, Alberta has set out a vision for mental health in the document Future Directions for Mental Health Services in Alberta. Future Directions is a cornerstone of the foundation of reform laid out in 1990-91. It sets out a vision incorporating a greater reliance on community care where appropriate and where resources are available, but importantly, it also speaks to a continuum of care for Albertans and a focus on their own independence. As a department and as a government, we think these ideas speak to our objectives outlined in 1990-91.

Coping with mental health issues and developing a continuum of care require that we as a government and we as a society examine the factors that affect an individual's mental health. These issues range from the stress of economic hardship to the bitter realities of family violence and abuse. As members of this committee well know, our government has set out to address those factors that can affect an individual's mental health.

The 1992-93 health budget includes \$450,000 for the provincial initiative on family violence, \$250,000 of which will be directed to the treatment of child victims of family violence. The framework was laid in 1990-91. In part, this initiative stems from that commitment to maintaining and improving mental health. If we can begin to address the roots of mental illness, then we can go a long way in preventing it. So I look back to 1990-91 and reflect that we as a department have responded to the challenge laid down that year.

Mr. Chairman, I don't want to take up too much of this committee's time reviewing the details of the budget. I'm sure members are anxious to ask questions. But please allow me to conclude by looking back at one other comment I made during the estimates address in 1990-91. I said then,

I strongly believe that accountability, fiscal responsibility, and efficiency need to be demanded all the time, particularly in the public sector. It is getting the best value for our resources which is essential.

This commitment to responsible fiscal management and maximum efficiency motivated us then and continues to. Since that time, these qualities have become even more central to our health system. The role statement process, which I've often spoken about recently, will help our health care system adjust to the new fiscal realities facing us as a province and as a nation and yet maintain a health system that is the envy of the world. This process, this comprehensive undertaking that involves all health care providers, is essential to achieving a goal of quality and efficiency. Foundations laid by the 1990-91 budget have proven over time to be a strong and versatile base on which to build this process. That budget made clear our government's commitment to a quality health care system. It spelt out the high priority our government places on the health of Albertans and pointed us in the proper direction, I would argue, for the future.

Thank you, Mr. Chairman. I would be more than happy to answer questions from hon. members.

MR. CHAIRMAN: Thank you very much, hon. minister.

I've got quite a list of people here. I have some people that weren't recognized last day because we ran out of time, so I'll begin with those names that were first on my list.

Mr. Severtson.

MR. SEVERTSON: Thank you, Mr. Chairman. To the minister. First of all, I'd like to welcome you to Public Accounts. It's nice to have you here, since you represent about 30 percent of the spending of the provincial government. My question, from page 3.77 of the Public Accounts, refers to the provincial contribution to the Health Care Insurance Fund. It shows a special warrant in the amount of \$51.6 million. Could you explain why this additional amount was requested?

MS BETKOWSKI: Can I just ask a procedural question? Do you normally do your first question and you don't list your supps? You just go through each of them? Everyone gets one question and two supps. Is that right?

MR. CHAIRMAN: Everybody is entitled to put one main question and two supps, although we do extend a certain degree of latitude and sometimes the supps don't necessarily follow from the main question. In fact, some members may not even ask three questions, perhaps just one or two questions. So usually ministers in the past have responded to each question in order. Is that . . .

MS BETKOWSKI: No, that's good.

The warrant in the amount of \$51.6 million that you point out was made in response to some projected overexpenditures for extended health benefits for seniors, basic health services for all Albertans, volume growth, Blue Cross benefits for those not associated with group plans, and out-of-province medical expenses. They were all costs borne within the Health Care Insurance Fund itself.

MR. SEVERTSON: Mr. Chairman, my supplementary follows up on that question. When you look across the page, there is \$20 million of that \$50 million that wasn't expended. Is that the policy? That seems like quite a few dollars for a special warrant that's not used.

MS BETKOWSKI: Yeah. It was a forecast and was based on projected growth, not actual, and on price increases for some of the disciplines and revenue trends that we had observed in the past. In the final analysis, the actual expenditures and the Blue Cross expenditures were less than we had anticipated. As well, the federal government's actual contributions under EPF were about \$4 million more than we had anticipated. Hence, we didn't use up all we had asked for in the warrant and thus it lapsed.

MR. CHAIRMAN: Final supplementary.

MR. SEVERTSON: Yes. My final supplementary follows various suggestions; it doesn't follow along that same line. It's on page 3.79 of the Public Accounts, line 2.2.3, Blue Cross Non-group Benefits. It shows a fairly large expenditure over what was budgeted for. Could you explain what happened there?

MS BETKOWSKI: Yeah. It was volume in the number of eligible seniors and widows who qualified under Blue Cross and also a volume factor of higher drug costs than anticipated.

MR. SEVERTSON: Thank you.

MR. CHAIRMAN: Mr. Cardinal.

8:50

MR. CARDINAL: Thank you, Mr. Chairman. On page 3.79, vote 2.2.3, under Blue Cross, I notice the increase in expenditure for nongroup benefits. Can the minister indicate the nature of these increases and if they reflect increases in drug or nondrug benefits?

MS BETKOWSKI: Just give me a moment till I get to the page in the book. The increases in the expenditures on 2.2.3 for Blue Cross nongroup are related, in fact, to the increase in the population, price, and utilization for both drug and nondrug benefits for seniors and regular registrants.

MR. CARDINAL: Okay. My first supplementary is: can the minister indicate what percentage of the expenditure, then, is related to the increase in the eligible number of non premium-paying registrants?

MS BETKOWSKI: We estimated about 3.7 percent of the increase is related to the increase in the eligible number of non premium-paying registrants.

MR. CARDINAL: Okay. My second supplementary. Can the minister also advise the committee on what is the total number currently in Alberta of non premium-paying registrants?

MS BETKOWSKI: The total number of non premium-paying registrants at that time was 187,848, which means that because they're paying registrants, there may be more people involved that are benefiting from the plan, and that second number is 273,000 persons registered as of March 31, '91.

MR. CHAIRMAN: Mr. Doyle is also a member that didn't get questions in the last day, so I will recognize Mr. Doyle now. That then deals with the people who didn't get in the last day. Followed by Mrs. Black.

MR. DOYLE: Thank you, Mr. Chairman. On 3.77, grants for health care insurance, \$565,470,000, will the minister agree that had we not had this collapse in NovAtel, we would have covered this total amount of the grant for health care?

MS BETKOWSKI: No. I'm under . . .

MR. DOYLE: It's under Health Care Insurance, \$565,470,000.

MS BETKOWSKI: That's the province's contribution toward the health care insurance plan which has already been effected. It has nothing to do with the other matter.

MR. DOYLE: Mr. Chairman, I haven't quite located where the premiums for people who live outside the country and use our Alberta health care system are in the health care statements. Of course, many people come to Alberta, stay over six months, take out health care, and go back to the country of their origin or other and use our health care system. Could the minister tell us how many dollars are spent by people outside the country? Are they someplace in these expenditures?

MS BETKOWSKI: I don't think you'll find it specifically identified, but as you know, under the legislation which created the

Alberta Health Care Insurance Act, an individual must be a Canadian citizen, must have residence requirements in Alberta. If you're aware of any individuals who are doing as you describe, I hope you'll let us know.

MR. CHAIRMAN: In a sense that question is out of order. What we try to do in the committee is refer to actual items of expenditure or comments made by the Auditor General in his annual report.

MR. DOYLE: That's the summation of my questions today, Mr. Chairman.

MR. CHAIRMAN: All right. Mrs. Black.

MRS. BLACK: Thank you, Mr. Chairman. I'd also like to welcome the Minister of Health. She has an extremely awesome job, to deliver the best health care system in the country to Albertans, and I applaud her and her department for doing just that.

One of the questions I have relates to a comment in the Auditor General's report on page 78, where he talks about community mental health. He makes a comment on the link between mental health services that are provided by hospitals, extended health care, psychiatric, public health units, the Department of Family and Social Services, and the Alberta Alcohol and Drug Abuse Commission. It says,

The Department's objective relating to the co-ordination of services provided by its clinics with those of other agencies was not acted upon at the clinic level.

I'm wondering how it is we deal with determining needs within the community in the community health delivery program and how it is we attempt to make a co-ordinated effort. I'm wondering if the minister could comment on the relationship between the community delivery of service and the department insofar as responsibility and accountability go.

MR. CHAIRMAN: I think you're really asking a policy type of question instead of a question having to do with how public dollars were actually spent. Can you give it a little more focus?

MRS. BLACK: Mr. Chairman, when I look at the book that lists the elements, I think it's important, because under vote 5, Community Health Services, there is \$223 million that has been allocated to various elements within that, and I think this statement is an important one on the co-ordination. So I was going to lead in my supplementary to that.

MR. CHAIRMAN: Okay. I'll leave it up to the minister, then, to determine what . . .

MS BETKOWSKI: Okay. Well, first of all, vote 5 is public health, not mental health. That's what's confusing me. The Auditor General's comments on that recommendation on page 78 are about mental health, which is vote 6.

MRS. BLACK: But it talks about public health as well, the public health units.

MS BETKOWSKI: Okay. The public health clinics I'm assuming are the mental health clinics. Right?

First of all, the Department of Health is the budget under vote 6 for the community mental health clinics, of which there are 56 around the province. The Auditor has spent some time in his

reports talking about better co-ordination of services between the institution and the community, with good reason. We've set up in the year we're discussing the start of, at least, the mental health regional planning councils, which were really an attempt to look at a grouping of mental health clinics and the provision of services over an area for mental health. That's really been an important focus of getting a better sense of how we're dealing with community mental health. Freestanding, nongovernment agencies are also delivering community mental health services, and I think as a sector the government and nongovernment agencies are getting a much better sense of what each other does, although it's certainly not perfect at this point.

Moving on that, we're now into our role statement process, which includes mental health. You'll know that the role statements are more advanced for the acute sector, but we didn't want to just end up with the stovepipes of acute care, looking at its role, and public health, mental health, and long-term care in the vertical. We're looking at it horizontally, too, in order that we truly do create a matrix of service for delivering health services. I would argue mental health is a major area that needs to be looked at in a far more generic sense than isolated in the mental health area.

MRS. BLACK: As a supplementary, Mr. Chairman, dealing more specifically with the large dollars in Community Health Services, as I say, \$223 million was in vote 5 in 1991. Because of, shall we say, a potential conflict of objectives within the community, I'm wondering how a community determines the needs within the community and what checks and balances are in place to allocate these dollars to that community to deliver the community health services.

9:00

MS BETKOWSKI: Well, that's really a fundamental question that we're asking throughout the whole health system. Traditionally that funding model has been based on a base budget, a preservation of the status quo, and growth on that budget. What we are moving towards now is looking at: what do we need within this region or within this sector to meet the health needs of Albertans for the purpose of ensuring that Albertans are healthier in the end? That is the whole impetus, if you like, behind the reform. In other words, we can't just fund on the basis of the status quo. We have to be looking at new ways of funding, and I'll be elaborating on that, obviously, much more in the current year estimates, which are before the House this afternoon.

MRS. BLACK: Just as a final, in vote 5.5.3, called Extended Health Benefits Grants, \$35 million was expended, and budgeted was \$29 million. I'm wondering if the minister could explain the increase in the expenditure.

MS BETKOWSKI: Just a second; just double-checking. Aslam will do it, but I believe it's the cost of part of the nurses' settlement as it affected mental health in that year. As well, it was an unanticipated increase in utilization of the Aids to Daily Living program.

This is hard.

MR. CHAIRMAN: Mr. Payne.

MR. PAYNE: Thank you, Mr. Chairman. In order to simplify matters for the minister today, all my questions have to do with page 3.80 in the '90-91 public accounts. As a former bureaucrat in this government, I bring to these deliberations a very healthy skepticism about the magic words "general administration." In

vote 6.1.2 we discover that General Administration exceeded its budget by nearly 20 percent, and I'm sure the members of the committee share my curiosity as to how a General Administration item could be so poorly budgeted.

MS BETKOWSKI: Primarily because up until 1990-91 the position of the assistant deputy minister for mental health was a part-time, practising psychiatrist in the province, so he did a portion of his time in the department and a portion in private practice. We realized that if we wanted to provide the full integration of mental health into the health system, we needed a full-time deputy, so part of the increase was recruitment of a full-time assistant deputy minister. We also felt a need for a senior consulting psychiatrist. In other words, the deputy wasn't necessarily a practising psychiatrist and in fact turned out not to be, but we needed one on a consult basis for the division. Those were the two main reasons for the severe underpredicted expenditure in the vote.

MR. PAYNE: Thank you, and if we could just go down the page a bit to 6.3.2 and 6.3.3. Those are the two extended community care centres at Rosehaven and Claresholm. Their '90-91 budgets were of the order of \$15 million, yet at the end of that fiscal period, expenditures had exceeded that budget now by almost a million dollars. Now, I'm not intimately acquainted with those facilities, but a lot of their infrastructural costs are fairly fixed. They have a fixed number of beds. They're always filled. You have pretty well a fixed number of staff with modest wage adjustments periodically. The supplies and materials that such a centre would use are fairly fixed, so I'm just puzzled why a \$15 million consideration ends up a \$16 million consideration.

MS BETKOWSKI: Again, that was as a result of the cost of the nurses' settlement, that affected both of those institutions. You'll recall that it was a rather large settlement.

MR. PAYNE: Yes.

MS BETKOWSKI: I think 21 percent over two years. So we did provide extraordinary funding in the first year of the settlement.

MR. PAYNE: That leads very nicely into my third and final question, and it has to do with the nurses at the mental health clinics. I'm assuming that many of the members of the staff in the mental health clinics are nurses and they received the same salary increase as nurses elsewhere in the department and in other institutions. Now, since public accounts don't indicate any special warrant funding allocated here, I'm wondering, Mr. Chairman, if the minister can explain why surplus funds were still available for transfer from the community mental health program after presumably absorbing this major salary increase for the nurses to which the minister referred in her answer to my first supp.

MS BETKOWSKI: Well, first in a general way, when we know there's a high cost settlement coming in, we can redirect funds within our administration of mental health clinics more, I would say, than the clinics themselves or the agencies that we fund can do. What happened in that year was, yes, we funded the nurses at the amount that the settlement required, but we were able to achieve it by reducing costs in other parts of the administration of the clinics. As well, the mental health advisory committee, which we had budgeted for in that year, didn't get started as quickly in that year as we had hoped, so we were able to use those funds to fund the nurses' settlement.

MR. PAYNE: Those are very helpful responses, Mr. Chairman.

MR. CHAIRMAN: Thank you.

Mr. Thurber, followed by Ms Mjolsness.

MR. THURBER: Thank you, Mr. Chairman. Good morning, Madam Minister. I, too, would like to congratulate you on a job which at times must be very frustrating when you're trying to maintain not only the status quo but, because of modern technology, trying to improve the health care delivery in this province with less dollars all the time.

On page 3.75 in vote 3.2, the Major Urban Medical and Referral Centres received \$25 million in special warrant funding, of which \$1.8 million appears to have been transferred out to section 3.3, Other Referral Centres. Vote 3.2 still showed a surplus of \$1.8 million. Can the minister explain this complicated bit of money transfer?

MS BETKOWSKI: Primarily because implementation of some programs was delayed or postponed. This goes on all the time in Health. When we're into the budget planning process, we have to look at certain volumes or changes that may be coming through in the subsequent year. Not all of those are carried out, or there may be delays or whatever. That's the primary reason. So the full amount of funding identified for those programs wasn't needed in '90-91.

MR. THURBER: Thank you. To follow on, in vote 3.1.6, on page 3.79, this reflects a sizable overexpenditure. As this falls under the heading of Program Support, would this overexpenditure be in administration?

MS BETKOWSKI: No. In fact it's the budget for Human Tissue and Blood Services and not administration. The overexpenditure of the \$1.6 million that you identify was our share of the additional costs incurred for testing donated blood for the presence of the HIV virus, which is done through the Red Cross and now the Canadian Blood Agency, thus ensuring the integrity of the blood before its use.

Just going back to your previous question, Aslam reminds me that we basically budget ahead 18 months. We're not wizards. We're pretty good, but we're not wizards, so sometimes we make mistakes in the 18-month forecast.

9:10

MR. THURBER: A final supplementary. In vote 3.1.1, covering General Administration, there appears to have been an overexpenditure by about 20 percent, by over 20 percent, in fact. Could you explain this to me, or is this part of your extended budget process?

MS BETKOWSKI: Yeah, it was 20 percent, which is large, but in fact it was only \$68,000. It was really our start-up, the beginnings of our initiative on the acute care funding plan and the new hospital funding plan, which I referred to in my opening remarks. It required some additional manpower from the Department of Health's point of view, and it was not originally provided for in the budget.

MR. THURBER: Thank you.

MR. CHAIRMAN: Ms Mjolsness.

MS MJOLSNESS: Good morning. Under vote 5 on page 3.75 I see under 5.4 that money is listed here under Provincial Labora-

tories of Public Health, and I'm wondering if that also includes the money that goes to the private laboratories, or is that purely public laboratories?

MS BETKOWSKI: No, just the public labs. The private labs would be funded through the Health Care Insurance Fund for the pathologist, who bills the fund for his lab work.

MS MJOLSNESS: Okay; thank you. Under 5.6, Health Unit and Community Agency Services, I'm aware of a program working out of the Lethbridge health unit that's an excellent program dealing with preschoolers that aren't developing normally. I do believe that program was operating in this fiscal year of 1990-91. I'm wondering if out of the money allocated for the health units under 5.6, any money was targeted at the government level to go to programs such as this, or is that decision made at the regional level?

MS BETKOWSKI: Well, I'll answer it, and then Aslam. That's called the early intervention program, I think, which is where you try and get kids that are developmentally delayed and help them be ready for school, basically. It is in this budget. Now, whether it's specifically budgeted by us or set by them - I think it's specifically budgeted by us, isn't it?

MR. BHATTI: Yes. We do provide funds to the health units and community agencies directly to deliver that service. There are various municipalities that receive money from us directly or through the health units in their area to deliver the early intervention program.

MS MJOLSNESS: Okay. My final question, Mr. Chairman. Under Independent Living Benefits, I'm wondering if that includes home care. I'm not too familiar with these titles. If in fact it does, the money that was estimated was a little over \$45 million, and the money that was actually expended was almost \$53 million. I'm wondering if that included all people that were in need of that service in this particular fiscal year.

MS BETKOWSKI: Yeah, it was both volume and services. It's the Aids to Daily Living program.

MR. BHATTI: But it does not include home care.

MS BETKOWSKI: Home care is a separate thing. This is just the Aids to Daily Living program. We had a price increase of 4.5 percent, a volume increase of 9.5 percent, and a couple of other adjustments, which was the \$10.345 million additional funds that we needed. You'll recall that we've made in subsequent years some changes with respect to the running of the Aids to Daily Living program which will hopefully bring it into a more predictable expenditure pattern than it had traditionally seen.

MS MJOLSNESS: Thank you.

MR. CHAIRMAN: Mrs. Laing.

MRS. B. LAING: Thank you, Mr. Chairman. I also would like to congratulate the minister for the initiatives she's undertaken to reform the health system and also for the collaborative model that's being used with all the stakeholder groups to reshape the delivery of health services to Albertans. It's a big job, and you do an excellent job at it, I think.

I'd like to look at vote 3 on page 3.75. Vote 3, Financial Assistance for Active Care, also shows the use of a special warrant

of \$41.2 million. Can the minister explain the needs for these additional funds and why these needs weren't budgeted for originally?

MS BETKOWSKI: This is the warrant for the nurses' settlement, the big one for all of the acute sector. At the time that the budget was finalized, the negotiations were still under way.

MRS. B. LAING: My supplemental question. In addition to receiving the special warrant funding, vote 3.3, Other Referral Centres, in statement 3.16.1, is shown as receiving a further \$2 million from votes 3.2 and 3.4. Can the minister explain the rationale behind this transfer?

MS BETKOWSKI: This is subprogram 3.3, which provides the global operating funds for the regional hospitals and the two regional labs. It's sometimes necessary to reallocate funds between the subprograms to meet the highest priority needs, especially in the case of regional programs and shared services. An example would include the increased funding to the Lethbridge regional hospital and the regional lab services where activity may have been concentrated in a major lab like Lethbridge or Red Deer.

I should also correct an impression I may be leaving that we funded in full the nurses' settlement. In fact we did not. We gave what we felt was an appropriate amount, but we left it to the hospitals to find some of it as well.

MRS. B. LAING: Thank you. My last question, Mr. Chairman. Obviously, in order to make the transfer possible, funds originally budgeted for other hospitals were not given. Can the minister advise the committee as to which facilities did not receive these funds and why?

MS BETKOWSKI: While initially funds are budgeted within a specific subprogram like 3.2, Major Urban Medical and Referral Centres, changing priorities in the needs for certain hospitals, increasing activity, which we experience quite often, will necessitate virtually a constant process of reassigning the resources we have dedicated to Health.

MR. CHAIRMAN: Mr. Clegg.

MR. CLEGG: Thank you, Mr. Chairman, and good morning, Madam Minister. As everybody in this room and most of the people in Alberta know, we have the best health care system in Canada and probably in the world, for that matter. But being an older gentleman, I look back at the budgets of 20 and 22 years ago and see that our health care system is probably three times the total budget of the province 22 years ago. It really worries me, and special warrants always worry me too. Being in business for many years, I had a special warrant to my banker, and then he'd say no.

My first question is under Community Health Services, again a special warrant funding, on vote 5, I may add. Were these funds used for nurses' salary settlements, or were they used for other purposes?

MS BETKOWSKI: Of the \$14.5 million, \$4 million was to address the nurses' settlement in both the health unit and the departmental staff. Aids to Daily Living and extended health benefits required an additional \$10 million, which was the Member for Edmonton-Calder's earlier question, due to price increases and benefits under the program and an increase in the clients accessing it, and particularly the extended health benefits which are provided

to clients over 65. In addition, \$200,000 was provided to the Provincial Lab of Public Health, of which there are two, one in Edmonton and one in Calgary, to help defray operating costs and ensure the continuation of essential lab services.

The labs are an interesting phenomenon. We have the Provincial Lab in both Edmonton and Calgary, we have hospital labs, and we have private labs all operating in Alberta. We've also noted a major escalation in the amount of lab work, and the utilization committee has been pointing that out to us. Part of the process that started in this fiscal year was to look at the role for the various labs, because if you're not doing the work you need to do in your hospital labs, it can shear off into your fee-for-service billing in the Alberta health care insurance plan. So there's no real saving. What we've attempted to do is put an envelope around each of those sectors and say, "This is your job." That is the management that we're attempting to now put in place in a much stronger way than perhaps existed back in the times that you refer to, when the budget was a good deal smaller than it is now.

9:20

MR. CLEGG: Well, thank you, Madam Minister. My supplementary question would be under vote 5.5, Independent Living Benefits. What's the nature of the year's prior liabilities of \$496,000?

MS BETKOWSKI: Aids to Daily Living is the program, and it's a demand-driven program. The liability of \$496,000 refers to charges for AADL benefits in 1989-90, the previous year. As the entire budget allocation for AADL and extended health benefits had been spent in that year, these basically became a liability on the subsequent fiscal year.

MR. CLEGG: My final supplementary, then, Madam Minister would be: can the minister explain why the same program was able to lapse \$2.7 million?

MS BETKOWSKI: Well, based on the trends in the activities of the previous two years plus the known price indicators that we were dealing with and the numbers of clients accessing and the seven out of 12 months of actual data, we forecast an overexpenditure. When the final numbers came in on actuals, we had an overstatement of our expected utilization on AADL, which translated into a surplus of \$2.7 million. So it's basically the difference between forecast and actual.

MR. CHAIRMAN: Mr. Lund, did you have a question?

MR. LUND: Yeah, thank you, Mr. Chairman. I, too, want to compliment the minister on the work that she is doing. This tremendous health system that we have and the way the technology is moving and the cost of that - I find it very scary, certainly, as we're dealing with suffering and pain, and we've got to be very careful that we are getting the best value for the dollar.

One of the things that has always concerned me when I look at any of the accounts are the special warrants. Of course, this year I see a total of nearly \$114 million, but I want to zero in on one that in checking these I find a little bit confusing. On page 3.77 in vote 4 we notice that there was a total of \$6,025,000 in special warrants, yet when I look over under the unexpended portion, we see where there's \$6,320,130. Could I get an explanation of why the special warrants when in fact there was then that underexpenditure?

MS BETKOWSKI: Well, you're right. It is puzzling. The special warrant funding requested was solely related to the nurses'

salary settlements. The timing of the settlements and the retroactive pay necessitated an infusion of funds before the completion of the third quarter expenditure forecast. In preparing the third quarter expenditure forecast, it became apparent that delays in the implementation of programs like adult day care, single point of entry, and long-term care and the mentally dysfunctioning elderly would result in some surpluses, which could have been used to offset the special warrant requirement. So we had to basically apply for it before we knew what was going to happen for the rest of the fiscal year. The end result, however, is the same. We asked for some \$6 million, and we lapsed the same amount. It was coincidence. There was no additional cost to Albertans in this case.

Generally, on your comment with respect to warrants, I agree with you, which is why we're trying so hard in the Department of Health now to get a predictable and, therefore, a disciplined spending as opposed to falling back on warrants. When I come before the committee next year, you'll find there were no warrants in '91-92.

MR. LUND: Thanks. That's really good news. We like to see that.

Turning back to page 3.75 and under vote 4, I notice that in the transfers from long-term care we had a transfer of \$1.6 million into Voluntary Nursing Homes, but even so, the Long-term Care Program Support ended up with slightly over \$3 million unexpended. Could you explain how it happened that we had \$3 million left over in the Long-term Care Program Support?

MS BETKOWSKI: Yeah. First of all, the lapsed funds relate primarily to delays in the implementation of adult day care and single point, as I indicated earlier, and the review of the mentally dysfunctioning elderly resulted in funding adjustments and overall savings.

MR. LUND: My final supplementary then. What would the \$1.6 million be used for in the Voluntary Nursing Homes?

MS BETKOWSKI: That was related to case mix index, which you'll recall is where we attempt to grade people by severity of illness. Funding to institutions is then determined on the number of higher acuity patients you have as opposed to lower, really creating an incentive to get the most ill in and the less ill out into the community with home care support. Funds available under case mix were redistributed based on the new case mix index that we developed in that year. So we did the up/down, and it becomes necessary to reallocate funds in cases where CMI calculated for the current year is different from that estimated for budget purposes. That was the adjustment, and the 18-month lag, again, where we're trying to predict ahead 18 months.

MR. CHAIRMAN: Ms Calahasen.

MS CALAHASEN: Thank you, Mr. Chairman.

MS BETKOWSKI: Oh, if I could just interrupt again. Interestingly, on case mix, which was long-term care, we have and did in this fiscal year add extra dollars to deal with the higher acuity in a case mix; in other words, you had highs and lows. We provided extra dollars to bring some of the lows up. Very different from the acute care, you'll recall, where you had highs and lows and you did this: you took away from the inefficient and gave it to the efficient, self-contained as opposed to adding more, as we did with long-term care.

Excuse me.

MS CALAHASEN: That's fine.

MS BETKOWSKI: This is exciting stuff. I'm getting going.

MS CALAHASEN: First of all, I'd like to welcome yourself and your assistant deputy minister, Mr. Bhatti, and I'd like to personally thank the minister for all the hard work she has done in terms of making sure that health is delivered to those in need.

MR. CHAIRMAN: I'm going to have to just intervene for a moment here and make a comment. I think it's really nice to make positive remarks, but . . .

MS BETKOWSKI: Aw, come on, Mr. Chairman.

MS CALAHASEN: They don't get that, so we might as well do it.

MR. CHAIRMAN: What it does, though: it invites members of the opposition to make critical remarks.

MS BETKOWSKI: Oh, they wouldn't do that.

MR. CHAIRMAN: Be careful. Be cautious.

MS CALAHASEN: I think when people deserve praise, they should get praise, and in times when you have to be critical, you can be.

Actually, my question is on page 5.13 of the public accounts, on note 2 regarding accounts receivable. It refers to an amount allowed for uncollectible amounts there.

MS BETKOWSKI: Yeah.

MS CALAHASEN: The 1991 figure of \$41.4 million seems unaccountably large, and I would like to know if the minister can elaborate if these outstanding accounts are individual or corporate in nature.

MS BETKOWSKI: Virtually all, in fact 98 percent of them, are uncollectible premiums with respect to individuals.

MS CALAHASEN: They're individual, most of them. Oh. That's interesting. Can you also indicate if there are any means or hope of recovering these accounts or at least portions of them?

MS BETKOWSKI: We actively pursue the collection of delinquent accounts. Our past collection results suggest that about 10 to 15 percent of the delinquent accounts are paid. We have a certain period of time whereby we try to collect them, and then we do hand them over to a private collection agency to attempt to recover them on our behalf, the argument being, certainly, that no Albertan goes without health care but at the same time we believe it's very important for all of us to contribute an appropriate amount to support the health system.

9:30

MS CALAHASEN: Are there any possible steps to be able to prevent these outstanding accounts from occurring? What else can you do to make collection less of a problem?

MS BETKOWSKI: Well, I would hope that they don't continue to increase by 10 percent. There are maybe many reasons for that. We're certainly attempting to manage our collectible accounts

better. Whether there are more things we can do, how hard you work at it, and whether you're allocating resources there that should in fact be going to make Albertans "healthier" - I think awareness of the health system and, frankly, how grateful we can all be as citizens of a country that supports a health system like that is, in fact, the best incentive.

MS CALAHASEN: Thank you.

MR. CHAIRMAN: Mr. Taylor.

MR. TAYLOR: Thank you, Mr. Chairman. Good morning, Madam Minister and your deputy and also the independent investigator for NovAtel and his deputy.

MR. CHAIRMAN: Order. We're dealing with the Health expenditures.

MR. TAYLOR: I see. Well, NovAtel could have looked after a lot of health.

MS BETKOWSKI: Oh, Nick, give it a rest.

MR. TAYLOR: However, I want to give a posy to the minister. Coming from the opposition, it's a real posy: I won't be asking the question about the Westlock hospital.

MS BETKOWSKI: Oh.

MR. TAYLOR: Isn't that nice?

I'm on to the Auditor General's recommendations on pages 78 and 79 in his report. He lists quite a little on 78 on the fact that the community mental health services seem to be a bit in disarray. We have a number of different organizations, and the co-ordination of services isn't there. Clinics are not checking with other agencies what's going on, and also many of them have not followed up on the objective that "clinics should provide specific training." In other words, there's a great deal of duplication of services and some loopholes, resulting in a very mild recommendation, as this Auditor is often doing. They recommend that "information necessary to ensure" that they be done in the most cost-effective manner. Could the minister state what she's done to try to correct this? I won't call it a mess, just sort of a misconnection.

MS BETKOWSKI: Well, first of all, I'm assuming that your question is really going through the comments but then coming finally to recommendation 24, where it's recommended that we acquire the information necessary to ensure that its community mental health services are managed in the most cost-effective manner. As I indicated, since this time we have created the mental health planning committees in each region of the province to attempt to co-ordinate mental health services better, review some of our existing services, recommend some future directions, and develop some comprehensive plans for the region.

Mental health is one of the areas that I think, frankly, has been kind of left in the dark for too long. The issues in mental health are identical to the issues in acute care between the institutional side and the community side. If you're going to be getting people into the community support networks, your institution has to be linked to the community, because if they go out in the community and they can't cope or the agency working with them can't cope, they need to have the backdrop of the institution. It really is a symbiotic relationship as opposed to isolated relationships.



What was traditionally happening in the Department of Hospitals and Medical Care and the old Department of Community and Occupational Health was that you had two solitudes, in fact. When the Premier made the move in the fall of '88 to bring both departments together, you have a far better means by which we can create the continuum that is so necessary to efficiently operate our health system and have a balance between the institution and the community.

With respect to the program outcomes which the Auditor spoke to in his remarks, objectively measuring the results of mental health programs is relatively complex, as you can well imagine. Not impossible, but we need to have better qualitative measurement systems, which I believe are coming, as we then bring the mental health sector into the entire health sector through the role statement process which is under way.

MR. CHAIRMAN: Before I recognize the member for his first supplementary, I'd just like to caution the member that comments about the Auditor General and his performance of his duties are really inappropriate. If you had questions that you wanted to put to the Auditor General, you could have done that on the two occasions that he was before the committee.

MR. TAYLOR: What's he doing here then, if we're not allowed to comment or ask him any questions?

MR. CHAIRMAN: He's monitoring any questions that the ministers provide.

MR. TAYLOR: You could put a dummy there then.

MR. CHAIRMAN: No. He's here to monitor the questions that you put to the . . .

MR. TAYLOR: Well, he's going to monitor the questions. What's he going to say, Mr. Chairman?

MR. CHAIRMAN: He has the right to be here. Any member of the public has the . . .

MR. TAYLOR: He can monitor and answer.

MR. CHAIRMAN: I don't intend to get into a debate with you. Ask your second supplementary, would you please.

MR. TAYLOR: I'm just saying that I think if he's here, he's available for questioning, that's what.

MR. CHAIRMAN: He's not here to take abuse.

MR. TAYLOR: I'll check that up later on. We won't get into the argument now, because I believe you even want to ask a question, don't you?

MR. CHAIRMAN: Your supplementary.

MR. TAYLOR: The second question is not to do with the Auditor General, if this will make you feel any better. Auditor General, you can slide out of sight if you like.

The whole thing has to do with the Alberta Alcohol and Drug Abuse Commission, also in the Auditor General's report, on 82. I assume I'm allowed to ask that, am I? The question is that the Alcohol and Drug Abuse Commission, Madam Minister, is, as it says, Alcohol and Drug Abuse Commission. You were talking earlier about mental health. One of the problems we have coming

upon us now that we haven't had for some years - and I see no mention in this report or in your report - is addictive gambling. Where will addictive gambling be handled? Or where is it being handled? There was a problem then, and I think it's increasing. Where is it being handled?

MS BETKOWSKI: First of all, it's not identified in this report. It's not under my ministry now in terms of what's happening with the area. Maybe you want to raise it with the other minister. It wasn't part of this specifically.

MR. CHAIRMAN: The question is out of order. It's not related to the duties of the minister.

MS BETKOWSKI: At that time.

MR. TAYLOR: Addictive gambling is not related to the minister? Did I get that clear?

MS BETKOWSKI: At that time.

MR. CHAIRMAN: At that time.

MR. TAYLOR: At that time? Okay, that's all. That's all I want. I want that on the record. She's not aware, and it wasn't related to her. Okay.

MS BETKOWSKI: I didn't say I wasn't . . .

MR. TAYLOR: The next thing, then, I'd like ask about . . .

MS BETKOWSKI: I didn't say I wasn't aware. I said that it wasn't part of the mandate of the Alberta Alcohol and Drug Abuse Commission at the time of this report.

MR. TAYLOR: I know, but I asked you: if it wasn't, where is it? [interjection] That's for me to find out?

MR. CHAIRMAN: That's not a legitimate question to put to the minister in terms of the rules that this committee has laid on me to enforce. The rules that have been laid on me to enforce in this committee are that we deal with either recommendations that are contained in the Auditor General's report or line-by-line items in the public accounts as they're tabled by the Provincial Treasurer.

MR. TAYLOR: A point of clarification. I'm just asking where it is.

MR. CHAIRMAN: Well, put it on the Order Paper.

MR. TAYLOR: All right. We'll put it on the Order Paper. All I know is that the minister said she wasn't in it at that time.

Okay; I have another one then, here again with the Auditor General's report. He mentions and lists on page 87 that his department did not audit various foundations because of different private donations, one of which is the Northern Alberta Children's Hospital Foundation. Then we flip the page, and it says that financial audits were made of the northern Alberta children's hospital. Well, just what are we talking about here? There isn't a physical structure by that name. What is that, if I'm permitted to ask, of course?

9:40

MR. CHAIRMAN: Would you restate your question? Perhaps it should be better directed towards the Auditor General.

MR. TAYLOR: The question is that the Northern Alberta Children's Hospital Foundation is mentioned on page 87, as are other foundations. That's quite reasonable. Then we move over to the next page, page 88. Financial audits were "completed for the year ended March 31, 1991" for the Northern Alberta Children's Hospital as well as the Glenrose, Camsell, the Calgary hospital, Ponoka, the children's hospital, and the Cancer Board. All those others are physical structures. What is the northern Alberta children's hospital? [interjections]

MR. SALMON: Mr. Chairman, I can answer that.

MR. TAYLOR: Well, you're going to allow him to actually speak, Mr. Chairman? My God, this must be something.

MR. CHAIRMAN: Order. The Auditor General is free to answer questions if he chooses to do that.

MR. TAYLOR: I hope his report on something else we've asked him about won't be as difficult, but let's go.

MR. SALMON: The northern Alberta children's hospital has been audited for several years. There has been a fund-raising process in place. I believe that there's now a change in name, but the actual financial statements have been completed every year. There's also a foundation that has been trying to base ways in which to raise additional funds, and that's also been audited by this office. So although those statements are not in public accounts, that's because no hospitals are included within the public accounts themselves.

MR. TAYLOR: There's an error here. I'm not talking about the foundation. I'm talking the entity on page 88. What is it?

MR. SALMON: It's an organization that's been established to eventually, I suppose, have a hospital. It's now been changed. If I could remember the name under the audit of the current year - it's a different name now, but we still are required to audit it because it's an organization involved with the government.

MR. CHAIRMAN: The minister may care to make a comment. [interjection] Mr. Doyle, through the Chair, please.  
Hon. minister.

MS BETKOWSKI: The northern Alberta children's hospital is in fact a provincial hospital board appointed by the province. It doesn't have a facility at this point, but it was certainly receiving money towards the planning of a facility, which is in fact audited by the Auditor General. It has changed to the Children's health centre of northern Alberta and will be entrusted with operating the pediatric services that currently exist in five hospitals in the Edmonton metro area. In fact, it will be given an operating budget at July 1 of this year.

The Northern Alberta Children's Hospital Foundation, which is also audited, is the fund-raising arm, if you like, for private donations to the northern Alberta children's hospital, which they have been raising primarily for research funds.

MR. TAYLOR: Am I allowed to ask how much money?

SOME HON. MEMBERS: No.

MR. CHAIRMAN: Mr. Severtson.

MR. SEVERTSON: Thank you, Mr. Chairman. My question to the minister is in the Auditor General's report on page 82, recommendation 27, which states "that the Department of Health improve its systems for determining the equipment priorities of hospitals and how they can be funded." It then further states on the page earlier that "the Department lacks sufficient information to determine priority," such as the impact of programs on equipment, the condition and age of the existing equipment, and the potential for cost sharing equipment. My question to the Minister of Health is: do you support the idea that funding be authorized to provide an in-depth study of equipment, priorities, and conditions for Alberta hospitals on a yearly basis, and how quickly could a program like that be implemented?

MS BETKOWSKI: Well, I certainly do support a better sense and a better accountability with respect to equipment and acquisition of that equipment. The Department of Health in conjunction with the Alberta Healthcare Association and the Council of Teaching Hospitals of Alberta is reviewing the issues related to equipment funding. This along with other initiatives like the hospital role statement process and the sharing of equipment on a regional basis, which in fact we are doing, will result, I believe, in the department improving our systems to manage equipment and the priorities for its funding.

MR. CHAIRMAN: I have at least six other people that would like to ask further questions of the minister, so I'd ask each member to consider just asking one question rather than one question and two supps. You have the right to ask all three questions if you'd like.  
Mr. Severtson.

MR. SEVERTSON: I wouldn't mind, Mr. Chairman, asking a supplementary. It follows up on this first question.

Right now I understand that you're funding based on a rated-bed capacity, and it seems to be an outdated way of funding equipment. What possible appropriate measures to determine priorities do you feel you can do in the immediate future? This recommendation has been in the Auditor General's report not just this year but prior years.

MS BETKOWSKI: I think this is really the essence, if you like, of our funding reforms that we're now doing. We're moving very much away from simply looking at beds per hospital and funding them accordingly and looking more at why we need them, what their purposes are, the severity of illness within the use of those beds. The acute care funding, if you like, is the first step on that. The role statement process is certainly going to be reviewing the several issues including the issue of the needs as a means of determining priorities.

Finally, our health goals project, which is under way in Alberta, is the vehicle we will use to determine overall health priorities in terms of what we want to achieve, define it, and then back up and say, "This is what we need to do with respect to Health in order to achieve it." It's a very different model than just simply taking the historic add-on to a base model; rather, looking at what do we want to achieve in Health and what we are going to do and not do in order to achieve that.

MR. SEVERTSON: Mr. Chairman, my final supplementary. I agree with what you're saying, but can you see a problem of a competitive atmosphere where the larger hospitals could fit in and compete better than smaller hospitals for equipment?

MS BETKOWSKI: I don't think it's an either/or between big and little. I certainly think we're really pushing hospitals to be more efficient. It's no longer if you have a surplus in one area, you can keep it. If you have a surplus in an area, you're going to be needing it somewhere else; otherwise, your entire health performance index is going to show up a surplus, and you're going to be penalized for it. The role statement process is really intended to foster collaboration as opposed to competition and attempt to make sure that we're using the equipment at its most high use that we can rather than the duplication of equipment, which I think we've tolerated because we had the fiscal capacity to do it in the past.

MR. BHATTI: Technology changes so fast.

MS BETKOWSKI: Technology changes. That's another important point that Aslam raises. Technology changes so quickly that we can't just buy a whole bunch of one thing. We've got to keep the stream moving and maybe regionalize the access to machinery. A good example in this year was lithotripsy. We have two, one in Edmonton, one in Calgary, for the entire province's use. We're going to be seeing more and more of that as we attempt to regionalize services and not duplicate equipment.

MR. CHAIRMAN: Mr. Cardinal.

MR. CARDINAL: Thank you, Mr. Chairman. I just have a quick question again in relation to recommendation 24 of the Auditor General's report, but this is a different area. He implies there are duplicate mental health services being provided by hospitals, extended care centres, public health units, and mental health clinics. Can the minister advise this committee whether these clinics are achieving program objectives, and if not, to what extent is the problem?

MS BETKOWSKI: I think in this year the Auditor rightly pointed out, as I attempted to respond to the Member for Westlock-Sturgeon earlier, the solitudes between the two areas: institution and community. I think we can do a far better job. I think in the two years since this report we're getting a much better handle on the complementarity between institution and community, but we still have a ways to go.

MR. CHAIRMAN: We have a number of visitors with us at the moment. I thought I just might explain that this is a meeting of the Public Accounts Committee of Alberta. We have with us the Hon. Nancy Betkowski, the Minister of Health, and members are asking her questions about expenditures for the fiscal year that ended March 31, 1991.

Mrs. Black.

9:50

MRS. BLACK: Thank you, Mr. Chairman. I'd like to refer to vote 1, the Alberta family life and drug abuse foundation. In vote 1.0.9 it shows a budgeted amount of \$250,000 for planning for the foundation, yet only \$29,000 was expended. I'm wondering if the minister could explain why the planning was not proceeded with, as it appears in this document? Was this shifted over to the subsequent year as a result of it not being proceeded with?

MS BETKOWSKI: Two reasons: we were later getting it going than we had anticipated in the budget planning process, and secondly, we used resources within the Department of Health a good deal to do the planning towards the foundation rather than

expend this specific element for the foundation. We basically used some of the existing staff in the department in the planning.

MRS. BLACK: As a supplementary, Mr. Chairman, if I might, could the minister advise us as to the time frame as to when the foundation was actually established, and was it completed within this year that we're reviewing?

MS BETKOWSKI: No. In fact, the board wasn't established until the current fiscal year.

MRS. BLACK: Could I then, Mr. Chairman, if I might, go over to the AADAC vote? We're spending a tremendous amount of money in AADAC, which I applaud completely. I think it's a very worthwhile area on our wellness and development and prevention programs, and I'm wondering if the minister could comment. There was \$32 million spent on AADAC in this budget year. With that \$32 million are we able to meet some of the needs that we've identified through the family life and drug abuse foundation as critical within the community, or are we having to rely upon the community to identify those needs and to provide the services for those needs?

MS BETKOWSKI: Well, first of all, the delineation that was placed on the foundation was that it would be the innovative, the research arm, if you like. It would not be operating funding. The only program it might fund might be a pilot program for testing or research of a new initiative. That was really the demarcation that was defined with the foundation Act.

What was your second question?

MR. CHAIRMAN: I think she's used her final supplementary. Right?

MS BETKOWSKI: I had something else I wanted to say, and I forgot what it was.

MR. CHAIRMAN: No problem.  
Mr. Doyle.

MR. DOYLE: Thank you, Mr. Chairman. On rural health care, rural community-based hospitals, vote 3.6, could the minister indicate: is that the area that deals with extended care hospitals; i.e., Hinton and Edson extended care for seniors? Or is that another area? What is the scheduled program for those two units, especially the Hinton extended care? Is there a priority?

MS BETKOWSKI: Yeah. Rural community hospitals are 40-bed active treatment hospitals and less. Long-term care in the various hospitals would be under vote 4, for operating funds for long-term care in those facilities.

MR. DOYLE: Is there a schedule as to when those facilities would be built?

MS BETKOWSKI: From a capital point of view?

MR. DOYLE: From a capital point of view.

MS BETKOWSKI: This is just operating. The capital is under another fund. A schedule hasn't been developed yet. Certainly Hinton is one that has a need for long-term beds.

MR. DOYLE: Mr. Chairman, a further question is on your air ambulance.

I forgot to compliment the minister on the great handle she has on health care, as other members have.

MS BETKOWSKI: Thank you.

MR. DOYLE: On the air ambulance, Mr. Chairman, there was an overexpenditure of \$2 million. Of course, it's a very good service, and it's hard, I'm sure, to judge what the actual expenditure would be. Where are these actual aircraft located? Are they all located in the cities or are there some in rural Alberta? Indeed, the expense must be mainly for rural Alberta for air ambulance. Is there a better way of locating those aircraft for quicker delivery of patients to the cities?

MS BETKOWSKI: Yes. In this fiscal year that we're dealing with, it was basically a contract. We went as needed and contracted with a single carrier to do the ambulance trip that was needed. There is a better way to do it. It's, I believe, what we're doing now where we've identified the high-volume regions around the province. We've got contracts with a set amount of dollars to operate within to provide air ambulance as needed, and I think it's a far better way than the rather unpredictable nature of strictly volume, where you spent \$2 million more on air ambulance than you had planned to at the beginning of the year.

MR. CHAIRMAN: May I recognize Mr. Payne, or did you . . .

MR. DOYLE: I have one further question, Mr. Chairman. That was to do with vote 4, financial assistance, long-term care facilities. How much of that money is actually expended on long-term care facilities in the city of Fort McMurray?

MS BETKOWSKI: I don't know. I'd have to find that out. We can give you that. Actuals for this fiscal year for Fort McMurray on long-term care?

MR. DOYLE: Yes, on long-term care.

MS BETKOWSKI: We can get that for you.

MR. DOYLE: Okay. Thank you.

MR. PAYNE: Mr. Chairman, my one question has to do with the Auditor General's déjà vu observation that our hospitals still are not recovering Workers' Compensation Board employers' hospitalization charges that quite properly should be paid by the WCB. My sole question is: when and how are the minister and the department going to deal with the problem?

MS BETKOWSKI: We have issued a directive to all facilities to improve their admission procedures and to recover WCB patients, and we will be monitoring the changes. The issue of WCB recoveries has been ad nauseam in the Auditor General's report, with good cause, and is currently being reviewed in depth with an attempt, as this is first step, to do it better.

MR. CHAIRMAN: I'd like to thank the hon. minister for appearing before the committee today. We're sure all members appreciated her brief but very informative opening statement, and I think they also appreciated the knowledge that you provided in answering their questions.

Our next meeting will be June 17 at the usual time. Present will be the Attorney General, the Hon. Ken Rostad.

I now call upon Mr. Moore to make his usual motion.

MR. MOORE: I move that we adjourn.

MR. CHAIRMAN: Those in favour? Anyone opposed? We stand adjourned.

[The committee adjourned at 9:58 p.m.]