Legislative Assembly of Alberta

The 29th Legislature
Third Session

Standing Committee
on
Public Accounts

Health

Tuesday, May 16, 2017
8:30 a.m.

Transcript No. 29-3-5

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Standing Committee on Public Accounts

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

Barnes, Drew, Cypress-Medicine Hat (W)
Fildebrandt, Derek Gerhard, Strathmore-Brooks (W)
Fraser, Rick, Calgary-South East (PC)
Goehring, Nicole, Edmonton-Castle Downs (ND)
Gotfried, Richard, Calgary-Fish Creek (PC)
Kazim, Anam, Calgary-Glenmore (ND)*
Littlewood, Jessica, Fort Saskatchewan-Vegreville (ND)
Loyola, Rod, Edmonton-Ellerslie (ND)**
Luff, Robyn, Calgary-East (ND)
Malkinson, Brian, Calgary-Currie (ND)
Miller, Barb, Red Deer-South (ND)
Panda, Prasad, Calgary-Foothills (W)
Renaud, Marie F., St. Albert (ND)
Turner, Dr. A. Robert, Edmonton-Whitemud (ND)
Westhead, Cameron, Banff-Cochrane (ND)

* substitution for Robyn Luff
** substitution for Nicole Goehring

Also in Attendance

Smith, Mark W., Drayton Valley-Devon (W)
Starke, Dr. Richard, Vermilion-Lloydminster (PC)
Swann, Dr. David, Calgary-Mountain View (AL)
Yao, Tany, Fort McMurray-Wood Buffalo (W)

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Transcript produced by *Alberta Hansard*

Standing Committee on Public Accounts

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Ministry of Health
- Wayne Campbell, Executive Director, Health and Facilities
- Kate Hamilton, Chief of Staff, Office of the Deputy Minister
- Scott McIntyre, Senior Financial Officer and Executive Director, Financial Reporting
- Kathy Ness, Assistant Deputy Minister, Health Service Delivery
- Andre Tremblay, Associate Deputy Minister
- Kim Wieringa, Assistant Deputy Minister, Health Information Systems
- Charlene Wong, Senior Executive Director, Financial Planning

8:30 a.m. Tuesday, May 16, 2017

[Mr. Cyr in the chair]

The Chair: Good morning, everyone. I would like to call this meeting of the Public Accounts Committee to order and welcome everyone in attendance. My name is Scott Cyr, the MLA for Bonnyville-Cold Lake, and I'm the chair of the committee.

I'd like to ask members, staff, and guests joining the committee at the table to introduce themselves for the record, starting with the member at my right.

Mr. Dach: Lorne Dach, MLA, Edmonton-McClung and deputy chair.

Loyola: Rod Loyola, MLA, Edmonton-Ellerslie.

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

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

Mr. Westhead: Cameron Westhead, MLA for Banff-Cochrane.

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

Ms Kazim: Good morning. Anam Kazim, MLA for Calgary-Glenmore, substituting for Member Robyn Luff, MLA for Calgary-East.

Dr. Turner: Bob Turner, Edmonton-Whitemud.

Ms Renaud: Marie Renaud, St. Albert.

Mr. Gotfried: Richard Gotfried, Calgary-Fish Creek.

Mr. Fraser: Rick Fraser, Calgary-South East.

Mr. McIntyre: Scott McIntyre, Alberta Health.

Ms Wong: Charlene Wong, Alberta Health.

Mr. Tremblay: Andre Tremblay, Alberta Health.

Ms Hamilton: Kate Hamilton, Alberta Health.

Mr. Wylie: Doug Wylie, Assistant Auditor General.

Mr. Saher: Merwan Saher, Auditor General.

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

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

Mr. Barnes: Drew Barnes, MLA, Cypress-Medicine Hat.

Mr. Fildebrandt: Derek Fildebrandt, Strathmore-Brooks.

Mr. Smith: Mark Smith, Drayton Valley-Devon.

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

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

Mrs. Sawchuk: Karen Sawchuk, committee clerk.

The Chair: Dr. Starke, would you introduce yourself for the record, please.

Dr. Starke: Yeah. Thank you, Chair. Richard Starke, MLA, Vermilion-Lloydminster.

The Chair: Okay. The following substitutions are noted for the record: Member Loyola for Ms Goehring and Ms Kazim for Ms Luff.

A few housekeeping items to address before we get to the business at hand. The microphone consoles are operated by *Hansard* staff, so there is no need to touch them. The committee proceedings are audio- and video streamed live on the Internet and recorded by *Hansard*. The audio- and video stream of the transcripts of meetings can be accessed via the Legislative Assembly website. Please set your cellphones and other devices to silent for the duration of the meeting.

Are there any changes or additions to the agenda? Seeing none, would a member move approval? Thank you, Member Loyola. All in favour? Any opposed? That's carried.

Do any members have any amendments to the May 9, 2017, minutes? If not, would a member move the minutes from the last meeting?

Loyola: I so move.

The Chair: Thank you, Member Loyola. All in favour? Any opposed? Carried.

I would like to welcome our guests, who are here on behalf of the Ministry of Health, to address the ministry's 2015-2016 annual report as well as the outstanding recommendations from the office of the Auditor General. Members should have the research report prepared by research services, the Auditor General briefing document, as well as the status of the Auditor General recommendations document submitted by the ministry.

I invite the associate deputy minister to provide opening remarks not exceeding 10 minutes. All right. Please proceed.

Mr. Tremblay: Thank you and good morning. I'm here today with several officials: Scott McIntyre, senior financial officer and chief internal auditor and executive director of financial reporting; Charlene Wong, senior executive director of financial planning; and Kate Hamilton, chief of staff in the deputy minister's office. I also have several other officials in the gallery.

I'm first going to touch on highlights from the '15-16 fiscal year. I know I only have 10 minutes, so I'll start jumping right into it. Regarding our ministry's financial picture for '15-16 our consolidated expenses were $20.5 billion, an increase of 4.2 per cent from the previous year. This is considerably less than the historical 6 per cent annual increases in health spending. Throughout '15-16 we made concerted efforts to bring Alberta's health spending more in line with national averages. We took reasonable, measured steps to slow the rate of growth that traditionally had put Alberta among the highest per capita health spenders across the country. We worked to find savings in the health system without negatively impacting front-line service or the important health services that Albertans expect every day. Our goal was and continues to be to deliver high-quality health care to all Albertans that is affordable and sustainable in the long term.

In terms of specific annual report highlights our accomplishments do address the growth in health spending, more evident in our 2015-16 annual report. Highlights in the report include appointing a new Alberta Health Services board, investing in a new Calgary cancer centre, earmarking funds for the Stollery children's hospital, initiating transformation work for a sustainable health system that's adequately funded for the future and also brings care closer to homes and communities, banning the sale of menthol tobacco products to help reduce tobacco use among

Alberta's youth, initiating a review of the mental health system, taking immediate action on six of the recommendations from the review itself, continuing to make progress on the commitment to build 2,000 new long-term care spaces and dementia beds across the province, expanding access to naloxone to reverse fentanyl overdoses, including allowing nurses to prescribe the drug, paramedics to distribute it, and emergency medical responders to administer and distribute naloxone.

We added 18 addiction treatment spaces to address fentanyl deaths in Alberta, and we developed a framework for medical assistance in dying where the rights of patients and health care professionals are protected while ensuring safeguards are in place for the vulnerable.

I'd like to spend the remainder of my time talking about the Auditor General's outstanding recommendations. All of the 20 recommendations have either been fully implemented or we have a plan in place that targets the key risk areas, identifies actions, and has a time frame for implementation. We are awaiting a follow-up audit from the Auditor General on seven of the 20 recommendations.

Regarding the recommendations that remained outstanding, the recommendation about user access management for electronic health records is being addressed. The final infrastructure and software upgrades will be in place by June, and we expect changes to be fully implemented by the end of this year. The changes will provide an electronic process to remove access privileges when authorized users leave their employment rather than relying on a paper process, as has traditionally been the case in the past.

Work is under way on the recommendation to provide centralized department support for primary care networks. We have developed a data-sharing framework with Alberta Health Services. The PCN objectives policy was revised to better align with our strategic directions for primary health care. Two new information systems projects have been initiated to support our PCN objectives to establish a patient's medical home and to address health care needs of the community and the population.

The next five outstanding recommendations relate to chronic disease management. A lot of work has been done on the recommendations to improve the delivery of chronic disease management services. Our actions include creating a vision, definitions, and goal statements document for chronic condition and disease prevention management, including chronic disease related performance measures in the 14 of 17 PCN grant agreements; conducting an internal review of sample PCNs, including an assessment of complex and chronic care and prevention. Findings have been integrated into a plan for policy review. We will fully implement the recommendation by March 2018. Action on the recommendation to support patient-physician relationships in relation to chronic disease management is also well under way. Work is wide ranging, including providing guidance to PCNs on strengthening team-based care through a patient-centred medical home model and creating a resource for PCNs on physicians' roles and sharing patient data.

By March 2018 we will revise the attachment policy to achieve goals in the primary health care strategy, improve panel identification and management through the concept of patient health home using a team-based approach, and PCNs working with Alberta Health to implement IT, primary, and secondary data solutions to enable the secure sharing of patient information among health care providers.

8:40

The recommendation to improve delivery of pharmacist care plans for chronic disease management is also under way. We met with the Alberta College of Pharmacists to discuss collaborative practices, approaches in the primary health care space. At our request Alberta Blue Cross, as a program administrator, has implemented a pharmacy services audit process. The process includes comprehensive annual care plan claims to ensure pharmacies are complying with program payment criteria. To fully implement this recommendation, we'll work with the Alberta College of Pharmacists and other stakeholders to evaluate and measure the effectiveness and quality of pharmacist involvement in comprehensive annual care plans. An evaluation plan and proposal is currently under way, with implementation of the recommendation anticipated by March 31, 2018.

The recommendation to strengthen electronic medical records for chronic disease management is under way. AHS is developing systems to streamline the care journey of patients and better support patients with chronic diseases or conditions in their community. This is being done by standardizing referrals from primary health care providers to specialists, expediting advice requests by primary health care providers to specialists, and improving discharge processes. We are working with Alberta Blue Cross to develop an attachment registry to track patient-physician relationships.

We're also working with the College of Physicians & Surgeons of Alberta and other stakeholders to develop a policy on the medical profession's responsibility to document and share patient information. The goal is to improve care conditions and health outcomes for Albertans. We anticipate this being fully implemented by March 31, 2018.

The chronic disease management recommendation related to providing individuals with access to their personal health information is also being addressed. The personal health record was piloted in 2014 and is currently being improved and updated based on feedback from several pilot projects. When launched, it will allow Albertans to collect and manage personal health information and access portions of their individual provincial electronic health records. This started on a limited basis in October 2016 with medication information. We will continue enhancing the personal health record information and test it with further patient groups moving forward. Information these test groups will have access to includes medication information and results from approximately 50 of the most common lab results. Over time other results will be made available according to priority and technical feasibility. The vision is for the personal health record to eventually be enhanced so that Albertans with chronic disease have online access to the health system and health care providers, including online appointment booking and secure messaging with members of their care team.

Regarding the two recommendations related to recovering health care costs from motor vehicle accidents, we are currently working to update the motor vehicle accident study that determines the amount to be recovered. Under the revised study the department intends to recover the full amount of health care costs arising from motor vehicle accidents. The study is expected to be completed December 31, 2017, and will be used going forward to establish the amount of annual aggregate assessment.

Work is under way on the recommendation to provide provincial oversight for seniors in long-term care. Three of the four recommended actions have been completed, including those related to roles and responsibilities, reviewing standards, and accommodation cost data. We have established a continuing care quality committee that has defined the roles for our ministry and AHS in adhering to the continuing care health service standards during audits. A continuing care accountability matrix has also been developed. We've . . .

The Chair: Thank you, Mr. Tremblay.

I would like to turn it over to the Auditor General for his comments. Mr. Saher, you have five minutes.

Mr. Saher: Thank you, Mr. Chairman. I'd just like to summarize the outstanding recommendations that the associate deputy minister has talked to in detail. From the audit office's point of view there are 41 outstanding recommendations in the health sector: 21 of those recommendations are to Alberta Health Services, 17 of the recommendations are to the Department of Health, and three relate to food safety. Those are recommendations to Health, Agriculture and Forestry, and Alberta Health Services, in some cases jointly. Nineteen of the 41 recommendations have been outstanding for more than three years. All of the recommendations are listed starting at page 114 through to page 122 of the office's annual report to Albertans. That's the October 2016 report.

Thank you.

The Chair: I'd like to thank the Auditor General for his comments.

We will now follow the usual time allotment for an hour-and-a-half meeting for questions from the committee members. The first rotation will be two rounds of questions for eight minutes each for the opposition and the government members, followed by five minutes for the third-party opposition. The second rotation will be five minutes for each of these parties and five minutes for Dr. Swann for the Liberal Party. The final one to two minutes will be designated for outstanding questions to be read into the record.

We will ask that officials provide their name before responding to questions. This is for the benefit of those listening online and for those instances where the committee members may be participating via teleconference. If an attendee in the gallery is called upon to respond to a question, please identify yourself for the record before responding.

I will now open the floor to questions from the members. Mr. Yao.

Mr. Yao: Thank you very much. Let's just get right to it. On page 8 of your annual report it says:

> • provide reasonable assurance that transactions are properly authorized, executed in accordance with prescribed legislation and regulations, and properly recorded so as to maintain accountability of public money.

Do your departments strive to adhere to this? Yes or no?

Mr. Tremblay: Absolutely. There are a number of different Treasury Board directives around reporting financial transactions and the accounting behind how our budget is framed. We also have a series of directives around contracting, hiring processes and practices. There are a series of requirements that every ministry is subject to.

Mr. Yao: Thank you very much. My apologies for cutting you off. Just understand that we have a limited amount of time.

This is a quote:

> The people of Alberta have a right to a public service which is conducted with impartiality and integrity. It is this special obligation to Albertans that demands that there not be, nor seem to be, any conflict between the private interests of employees and their duty to the public.

Do you agree with this statement? Yes or no?

Mr. Tremblay: Absolutely.

Mr. Yao: Thank you. That is from the Code of Conduct and Ethics for the Public Service of Alberta.

Does someone lobbying for funding for an organization which they have personal ties and interests in contravene that statement? Yes or no?

Mr. Tremblay: Could you repeat that, please?

Mr. Yao: Does someone lobbying for funding for an organization which they have personal ties and interests in contravene that statement? Yes or no?

Mr. Tremblay: It would as per the code of conduct for the government of Alberta.

Mr. Yao: Alberta Health has previously raised concerns regarding the lack of science supporting the claims made by an organization called Pure North for their alternative health program, that received $10 million in funding in 2013. This funding was approved by the former Health minister against the advice of ministry staff. Will you ask the Auditor General to perform an audit on how this funding was allocated? Yes or no?

Mr. Tremblay: My comment on Pure North is: is it correct that we're talking about the '15-16 fiscal year for the Health annual report and OAG recommendations? I believe that's the scope of this discussion. Is that correct? No Pure North funding was provided during this period.

Mr. Yao: Fair enough.

Recently there have been a series of news articles that are detailing some of the allegedly unethical lobbying by Alberta Health's deputy minister. These articles indicate that Dr. Amrhein personally lobbied for funding for Pure North S'Energy. Multiple sources from the article point out that they believe that Dr. Amrhein was breaching conflict of interest . . .

The Chair: Mr. Yao, can you please move on from Pure North?

Mr. Yao: Well, a lot of this happened just within this funding year, no?

The Chair: I agree with Mr. Tremblay that this is outside of the scope. Can you please move on?

Mr. Yao: All right.

The Chair: Thank you.

Mr. Yao: On oversight and accountability for infection prevention and control, I'm a little concerned that these recommendations are almost four years old and still have not been addressed. We're talking about something fairly basic within the health profession, infection prevention and handwashing. Why has this not been addressed?

Mr. Tremblay: I'll talk about some actions taken. This recommendation is fully implemented, so I will summarize actions taken in this space. We advised the Auditor General that we were ready for a follow-up audit on October 16, 2015. The follow-up audit commenced with the entry meeting on August 9. According to the follow-up audit the audit would conclude by issuing a management letter on December 9. However, because of the field audit, Alberta Health Services took longer than projected. However, we are in a fully implemented mode.

8:50

The 2008 IPC strategy was refreshed under the guidance of an IPC Advisory Committee, with representation from all groups

within the system. The refreshed strategy clearly sets out implementation roles and responsibilities of each partner identified in the strategy. Implementation progress is monitored by the provincial IPC Leadership Committee, and an evaluation metric has been developed to ensure that activities are being appropriately evaluated in this space. Web content to publicly report on the progress is available. Overall, we have advanced this to a point where we're in compliance with this recommendation.

Mr. Yao: Thank you.

You have subdepartments within Alberta Health Services. Hygiene has 23 positions. You also have infection control, with 157 positions. This does not include directors. Are they part of the issue in dealing with this issue?

Mr. Tremblay: Are you referring to Alberta Health Services or the Department of Alberta Health?

Mr. Yao: Alberta Health Services.

Mr. Tremblay: Okay. On Alberta Health Services, yeah, that is correct. Those FTEs are deployed to this particular strategy. However, I don't believe Alberta Health Services FTEs are in the scope of this discussion as we're discussing Alberta Health's annual report and OAG recommendations. I understand Alberta Health Services historically appears before this committee as an individual agency to answer any specific questions you may have around that particular organization.

Mr. Yao: Thank you.

The capital project monitoring systems: this appears to be, like, a fairly basic recommendation. Why has that not been completed?

Mr. Tremblay: If you could just give us one second, please.

Mr. Yao: I think it's page 119.

Mr. Tremblay: Is that an AHS OAG recommendation? Apologies. We're just validating that.

Mr. Yao: Yes. Yes, it is.

Mr. Tremblay: A recommendation would be to address that with AHS when they appear before this committee.

Mr. Yao: So if I were to ask you about uncollected fees from AHS, that is, again, something that would also go towards AHS and that you're unable to answer?

Mr. Tremblay: Again, our understanding of this engagement is to address Alberta Health's annual report and outstanding OAG recommendations, the 21 of them. That's our understanding of the scope of this discussion.

Mr. Yao: All right. How about with First Nations life expectancy, the monitoring measures? We've seen increases in overall life expectancy in Alberta since 2011. In First Nations life expectancy there have been year-over-year decreases since 2012. What is Alberta Health doing to address that issue?

Mr. Tremblay: We are working on a number of different First Nation initiatives, and we're working specifically with partners on- and off-reserve with the intention of providing stronger supports in health care delivery as well as other areas to contribute to help their communities such as housing and education. Specific examples include . . . [A timer sounded] Do you want me to continue with this answer?

The Chair: If you could complete that in writing.

Mr. Tremblay: Absolutely. We'll submit that in writing.

Mr. Yao: Thank you.

The Chair: Thank you.

Ms Renaud.

Ms Renaud: Thank you, Mr. Chair. Thank you, Mr. Tremblay. In the Auditor General's 2014 report recommendation 13 focused on seniors' care in long-term facilities and, specifically, the need for oversight at the provincial level. Just driving in this morning, I was listening to CBC, naturally, and they were discussing some of the concerns around the use of restrictive procedures or restraints in, I believe, long-term care in Lacombe, so I think this fits quite well. Going back, at the time the Auditor General recommended that the department finish the review of the province's continuing care health standards. I noted that in January 2016 continuing care health service standards were updated. Can you tell me what changes were made?

Mr. Tremblay: Sure. As a result of stakeholder feedback, the continuing care health services standards were updated to increase applicability to home care and supportive living streams of continuing care; to address gaps and reduce duplication in legislation and related standards; to enhance health outcomes by the inclusion of new standards, including those related to oral care, staff training, palliative and end-of-life care, and an increased role for nurse practitioners; to support the involvement of clients in their health care decisions; and to enhance safety by the addition of standards in identified areas of risk such as restraint and medication management, safe bath and shower water temperatures, staff training, continuity of health care during emergencies, and overall risk management.

Ms Renaud: Okay. Thank you.

Staying on that same outstanding recommendation, I understand that part of the department's implementation plan focuses on improving public reporting information and that information on quality indicators has been added to the Alberta Health continuing care website. Can you update the committee on what indicators were added and why, and how do the added indicators improve outcomes?

Mr. Tremblay: Thank you. In 2015 the Canadian Institute for Health Information began publicly reporting information collected from long-term care facilities across the country. The CIHI reporting for long-term care is based on measures of health processes and outcomes called quality indicators that are derived from assessments of long-term care residents. The organization posts the results of nine quality indicators, including falls in the last 30 days in long-term care facilities, worsened pressure ulcers in LTCs, potentially inappropriate use of antipsychotics, restraint use, improved physical functioning, worsened physical functioning, worsened depressive moods, experiencing pain, experiencing worsened pain. To facilitate the understanding and interpretation of the nine publicly reported quality indicators for long-term care facilities, Alberta Health developed and publicly posted an interpretation guide to provide information on each quality indicator, including annual provincial results.

Ms Renaud: Great. Thank you.

In October 2015 the Auditor General recommended enhancing processes to check for receipt of services that physicians billed for.

Specifically, it was recommended that patients receive the medical services for which physicians billed the departments and that payments are being made in accordance with the provisions of the Alberta Health Care Insurance Act. In relation to the Auditor General's October 2015 report on physician billing auditing, what plan of action is the department taking regarding the potential for extra billing and user charges, which are in violation of the Alberta Health Care Insurance Act?

Mr. Tremblay: Thank you for the question. The Alberta Health Care Insurance Act bans extra billing of patients by physicians for providing insured services or compelling patients to pay a physician or a third party as a condition of receiving an insured service. These provisions are found in sections 9 and 11 of the act. Alberta Health monitors health care providers' claims on the Alberta health care insurance plan through regular reviews that assess compliance within the legislative authority granted under the act. As part of any compliance reviews, statistical and risk assessment methodologies are used to identify errors or issues in the claims that were paid under the insurance program. Subsequently compliance reviews may be triggered for individual providers and/or facilities such as a private clinic specific to legislation, a legislative program, and/or contractual requirements.

Alberta Health's compliance reviews typically consist of assessing compliance to the analysis of claims data and/or patient charts, education, and potential recoveries of overpayment. The compliance review is an interactive process through which providers have the opportunity to provide documentation and comments. The focus of Alberta Health's audit work is on assessing compliance, recoveries of inappropriately paid funds, and physician education.

Ms Renaud: Thank you.

What are, specifically, Alberta's obligations under the Canada Health Act to prevent extra billing and user charges?

9:00

Mr. Tremblay: Alberta Health is required to comply with the Canada Health Act and the Canada health transfer program and is required on an annual basis to report any extra billing or user charges to Health Canada. Sections 18 to 21 of the act describe the province's obligations to prevent extra-billing and user charges and the financial penalties for failing to do so. Since 2008 Health Canada has raised concerns with Alberta Health related to private health clinics charging membership fees and the potential for noncompliance with federal and provincial legislation on access and extra-billing. If Health Canada determines that extra-billings have occurred, this may result in deductions from the federal transfer payment. The amount of the deduction could be equivalent to an extra fee billed as it will be considered to be in contravention of the act.

Ms Renaud: Okay. Thank you.

I'm going to turn my time over to Dr. Turner.

Dr. Turner: Thank you, Mr. Chair, and thank you to the ministry for being here. Basically, I'll just make some introductory comments because my time is almost up. I was really pleased to hear about the progress made on the electronic medical record and, particularly, the patient portal. As well, there's been recent news on co-operation between your department and the Alberta Medical Association on PCNs, so when my time comes back, I'll be asking questions on that.

The Chair: You have 50 more seconds.

Dr. Turner: That's fine. I'll give them up.

The Chair: Okay. Thank you, Dr. Turner.

Mr. Fraser.

Mr. Fraser: Thank you, Mr. Chair. Thanks so much for all the work you do. Health is a complex issue, and there's lots to get done. I want to point to one of your outcomes, outcome 3, Albertans receive care from highly skilled health care providers and teams, working to their full scope of practice. I was wondering if you could identify for me any legislation that is preventing practitioners to date – so it's duplicate legislation.

I'll give you an example. Paramedics and emergency medical services were brought under the Health Professions Act just recently, but there is the emergency health services interim regulation that is preventing them through medical direction or medical oversight, so if you have that answer, and then specifically what do you intend to do with the emergency health services interim regulation so that paramedics can work to their full practice, particularly when it comes to chronic disease management and those types of things?

Mr. Tremblay: Very good question. I'm going to ask one of my ADMs, Kathy Ness, to respond.

Ms Ness: Thank you. I'm pleased to report that we have been working under the new Health Professions Act to look at the increased scope of practice. We're working with the paramedic groups and Alberta Health Services to look at all of the legislation and are putting together policies. We actually have a number of programs right now that are expanding the community paramedics. We have palliative programs, for example, and as we're working with our primary care groups, we hope to see a bigger expansion within that group.

Mr. Fraser: Very good.

To that, I look at community programs and healthy living. It's about 2 per cent of the ministry expenses. Now, those community programs – community care, paramedics, palliative care, and those sorts of things – how much of that is coming out of this particular budget, and/or is it coming out of an AHS budget?

Ms Ness: The community paramedic program is run out of Alberta Health Services' budget.

Mr. Fraser: Okay. Thank you.

I was just wondering if you could also, when it comes to EMS, update mental health delivery and services and how much those groups are being utilized in terms of education, particularly with mental health being on the rise. Further to that, when we speak of the scope of practice, ultimately when we're talking about these groups, it's about getting patients to the appropriate care versus the emergency department. Can you update us on that?

Ms Ness: Right. First responders and our paramedics are often the first line of sight as they go into the homes or into various settings. We have a number of programs through Alberta Health Services to educate and train both paramedic groups but also to help them in terms of their own posttraumatic stress disorders and things as they're encountering most of the, I would say, very severe, traumatic kinds of interfaces. We're also working with the primary care physicians. We're working with the hospital emergency physicians and groups. As we roll out some of our mental health programs, we will be embedding all professions within that scope

of being able to assess, determine, treat, and get people to the right place.

Mr. Fraser: Very good.

On that line can you also update where the conversation is with emergency medical services on the CIS program? How soon will we see that wrapped into emergency medical services when we're talking about mental health, chronic disease prevention? We could save probably billions of dollars over time, getting patients to see the right physician versus an emergency physician and, you know, stopping repetitive assessments.

Ms Ness: Right. Under clinical information systems, that are being put forward for all of Alberta, there is an effort to include a number of professions, a number of groups. That will be expanded as we move forward to not just the emergency medical groups but our primary care providers as well.

Mr. Fraser: Would you be able to give us a timeline around that? If I don't get to my second group of questions – we talked a little bit about EMS – would you be able also in writing to report to this committee again around duplicate legislation that may prevent other health care practitioners from practising their full scope and, you know, spreading, I guess, that continuum of care across the spectrum of practitioners?

Ms Ness: Sure. I'm going to turn that back over to the deputy.

Mr. Tremblay: We assess our legislation on a regular basis to ensure that it's enabling and allowing practitioners across the system to deliver high-quality co-ordinated care. We also do that within the context of regulations.

Mr. Fraser: Thank you.

The Chair: Would you like to re-ask that question or have him respond in writing?

Mr. Fraser: He can just respond in writing, please.

The Chair: That's fine.

Okay. Mr. Smith.

Mr. Smith: Thank you very much. Thank you for being here this morning. I want to focus in on mental health for a second here. You've got two recommendations: use an action plan to implement the strategy for mental health and addictions, and monitor and regularly report on implementation progress. Those are two of the recommendations from the AG. I guess, just a real quick, broad question: who developed this action plan? Who were the stakeholders in developing this action plan?

Mr. Tremblay: Are you talking about the report that was developed or the action plan that was developed within the context of the ministry? I just want to make sure I'm clear.

Mr. Smith: Yeah. The action plan within the context of the ministry.

Mr. Tremblay: The report itself: the department has established an implementation structure to engage crossministerially Alberta Health Services and community stakeholders to develop and move forward projects to address the mental health review panel. There are already six actions that have come out of that process, and we're anticipating doing more in the future. The . . .

Mr. Smith: I'm sorry. Would the mental health advisory committee be a part of that?

Mr. Tremblay: Yes.

Mr. Smith: Okay. I guess one of the questions that I've got, then, is this. We've had conversations with individuals from the mental health advisory committee who are worried because the meetings that they're supposed to be a part of are arbitrarily being cancelled. I guess the question I've got is: how can you develop an action plan when one of the key stakeholders on the mental health advisory committee – when their meetings are being cancelled, how can they have input on that action plan?

Mr. Tremblay: I'll have Kathy respond, but I do know that this group has been heavily engaged through this process, so I'm not sure about the information around continuous cancellation. It is an important part of how we're developing future steps in this space.

I will have Kathy respond with a higher level of detail.

Ms. Ness: Thank you. The advisory committee that was established is open to anyone. We have a large number of members. We started with 60. We now have 250. The last meeting, that was scheduled for February, was postponed until June for several reasons. One is that we've had fairly active engagement with that group, and we felt that to bring people together, we must have our next steps, something that's meaningful to bring them together. We instead have had e-mails out and newsletters. The next meeting is scheduled for, I believe, June 25 or 27, I want to say, and we hope to have a very robust meeting at that point to work towards actions.

Mr. Smith: Thank you.

I just wanted to bring it to your attention that we've heard through the grapevine that this is an issue in their minds and that you need to be aware of that, okay?

Mr. Tremblay: Thanks for conveying that.

Mr. Smith: Yeah.

Okay. Let's talk about the action plan. What are the top three deliverables, the timelines for those deliverables? How are you going to measure success? How will you report on that impact?

9:10

Mr. Tremblay: You're looking from a future-facing point of view?

Mr. Smith: Yes.

Mr. Tremblay: This is regarding the '15-16 annual report results and OAG recommendations, correct?

Mr. Smith: Have you got three deliverables for the action plan? What are you going to do with this action plan? What does it look like?

Mr. Tremblay: Are you talking about the past actions that have been announced by government, or are you asking for future-facing . . .

Mr. Smith: Well, it says here, "Use an action plan to implement the strategy for mental health and addictions." So have you got an action plan, and if so, what are the top three deliverables? Have you worked on it?

Mr. Tremblay: We anticipate continuing to implement recommendations that have been articulated in that report. We have implemented some already.

Mr. Smith: What are they?

Mr. Tremblay: We can read off the summary of what we've done.

Kathy, do you want to touch on the six that we've already articulated?

Ms Ness: Yes, thank you. The six were to put together the governance structure, which included an executive committee of deputy ministers from about seven or eight ministries; we had an advisory committee, that I referenced previously; and then we had four what I would call integration committees, that would deal with specific actions. That structure was put in place.

The second was to focus on youth and children. In that regard we have launched the Help4Me website in working with Children's Services. There were a number of detox beds in Calgary, Edmonton, Red Deer that were added as part of the expansion.

The other initiative was around indigenous. We have a very large indigenous group looking at opioids. It initially started looking at all kinds of addictions, but we have expanded that to look at other kinds of services for indigenous groups.

The last one was actually putting together an entire evaluation team, with large representation from groups, to look at: what would be the best metrics to measure? How would we do this over time and make sure that we have a broad enough scope?

Those were sort of the first initial measures of the six that we moved forward on.

Mr. Smith: My understanding, then, is that you have put together working groups, but you have yet to actually push forward on implementing any actions to address those issues.

Ms Ness: The '15-16 plan was moving forward and getting the report and the review done and getting that released in February 2016. Subsequent to that, those groups were put together to start actions, yes.

Mr. Smith: Okay. Thank you.

Mr. Tremblay: And then maybe I'll just augment that. Please view '15-16 as initial steps. This is a continuous effort to improve the co-ordination and delivery of mental health services in the province. Lots of challenges in that space but lots of opportunities as well. It takes time to actually develop those strategies within the context of our budget and spending pressures.

Mr. Smith: Thank you.

I'm beginning to understand now that this is about laying the foundation.

Mr. Tremblay: That's a very well said comment on that.

Mr. Smith: Okay. Let's focus on senior and long-term care for a second here. You've got four recommendations coming out of October 2014. Clearly define and separate the roles and responsibilities of the department from AHS's. I guess the question I've got is: have you done that? What are the respective roles of AHS and the Department of Health personnel when it comes to long-term care, and who takes the lead on what?

Mr. Tremblay: Okay. This is a completed recommendation. A provincial Continuing Care Quality Committee was established, that meets regularly and includes representatives from Alberta Health, Alberta Health Services, continuing care providers as well as four members of the public. This group has completed work on defining the roles of Alberta Health and AHS in auditing adherence to the continuing care health service standards that exist. It has also developed an accountability matrix for continuing care that clearly delineates the lines of responsibility and accountability for quality and safety management from Alberta Health to AHS and from AHS to contracted services. The matrix is reviewed and updated annually. Those roles and responsibilities have been defined within that framework. Are you looking for more detail on that?

Mr. Smith: Well – okay – let's start with this. You say that you finished the review of the continuing care health service standards. That's completed. Is that what you just said?

Mr. Tremblay: I didn't hear that.

Mr. Smith: I'm sorry. Has the committee . . . [Mr. Smith's speaking time expired] Okay. Thank you.

The Chair: You'll have an opportunity to read that into the record at the end.

If we could move on to Dr. Turner, please.

Dr. Turner: Thank you, Mr. Chair. I'll carry on from my preliminary statements. Recommendation 8 from the Auditor General's September 2014 report dealt with strengthening the electronic medical record systems.

Just to give a bit of background to this, since 2002 the Netcare system has been available to physicians in Alberta as long as they have access to the patient's personal health number, and I can tell you from personal experience as a physician that this is a very valuable system, saving a lot of money in the provision of medical care. I'm also very proud of this system because it was actually developed here in Edmonton, and there were significant investments made then by the Capital health region in developing this. It's actually a model for other systems across the country. In fact, Alberta is seen as the leader in this area.

I am concerned, though, actually following up on your comments, Mr. Tremblay, initially, that it's taking a very, very long time to get a patient portal, for instance. The patient portal was promised more than five years ago by Alberta Health, and I'm just wondering and also I'm concerned about other things you mentioned in terms of the lack of integration with other electronic medical records throughout the province. I'll mention another information management system that's very valuable and should be piggybacked with Netcare – and it is practically – and that's the pharmaceutical information network.

Can you give us a more fulsome update on what the limitations are with getting that patient portal going? By the way, that patient information actually belongs to the patient, and I have many constituents who are basically asking me why they can't get at it.

Mr. Tremblay: Sure. I'm going to ask our ADM responsible for that to address the status on these multiple initiatives.

Ms Wieringa: Thank you for the acknowledgement of Alberta Netcare and the EHR. It is a phenomenal tool that we are also very proud of. The complexity of the system reflects on how Alberta Health systems actually evolve, which is by facility and by health care provider environment. Over the last 15 or so years we've been collecting information and standardizing it and bringing it into Alberta Netcare.

Today we have the pharmaceutical information network. We're doing real-time integration with pharmacies now. We're starting to do real time. We've just implemented the pharmaceutical care plan into Alberta Netcare as well as best medication reconciliation, which is a key tool for ERs and physicians in AHS as they receive people from communities. We also have added the three e-referral

processes: breast cancer, lung, and hip and knee joint. So we are continually adding to the robustness of Alberta Netcare.

When we talk about EMRs, we also recognize the need that – you know, approximately 64 per cent of physicians' transactions occur outside AHS, and that's a big gap in history as far as what physicians are doing and what that patient is receiving in their care plan. We're working very closely with physicians in communities, PCNs, the Alberta Medical Association, and the College of Physicians & Surgeons to start to bring that EMR data into Alberta Netcare. Now, the medical practice is very complex, as you know, and the standardization of information and the transition from paper tools to electronic tools is quite a significant change for that profession.

9:20

We're starting small. We're working with EMR clinics to bring that information in. We're having the HQCA do an evaluation of this activity, and we expect that as we start to expose the summary of episodic information into Alberta Netcare, we'll start to evolve our understanding of what it needs to be in the future. We're very excited about this. We've got endorsement from the AMA and a real transformational discussion happening with communities. I think that's going to come, but it will take time because, again, we do have some work to do with our professionals as far as support in their IT recording.

As far as the PHR, personal health record, is concerned, you're right; it has taken us a while. In 2008 we put in MyHealth.Alberta, and after that we started to work on the personal health record. MyHealth.Alberta has all the content needed to actually interpret medical and clinical information and other activities. That's very robust. We get about 4 million hits a year on that. The personal health record, though, is a secure box of information that an Albertan can store their personal information in, and it has functionality for uploading of blood pressure, diagnostics, diabetes, blood monitoring, et cetera. It also has the dispensed drugs, and 53 of the common lab test results will be available in it at the end of May, early June. We are also looking at advancing some of the robustness of that.

We do have a pilot project going on with early testers. We've got about 1,200 testers. We plan to extend that over a period of time. Our PIA for the most recent upgrade is with the Privacy Commissioner, and we're using the Service Alberta digital identity program to verify people. One of the critical pieces about exposing health information to individuals is that we don't want to conduct a breach ourselves. We want to make sure that you are who you say you are before we give you Netcare information.

We've partnered with Service Alberta to do that. They work pan-Canadian to get some standards and some validation, and they currently have a service that has a privacy impact assessment with the Privacy Commissioner. We expect that that will be approved. We just spoke to the Privacy Commissioner last week, and we expect that there will probably be approval of both of our PIAs in late June. From there we will still continue to test. There's still lots we can learn, but we absolutely want to have information at the fingertips of the patients. They're coming in to their care providers informed and sharing decisions.

There's a lot going on, but we have every confidence that when we do release it to the general public, it will be of value.

Dr. Turner: Thank you for that answer. As I said, the public has been waiting a long time.

Ms Wieringa: I agree.

The Chair: Thank you, Dr. Turner.

Dr. Starke, you have five minutes.

Dr. Starke: Well, thank you, Chair, and thank you to the officials from Alberta Health that are here today. I appreciate the work that you do.

I'm going to sort of cut to the heart of the matter here. This is Public Accounts. We are reviewing the Auditor General's report. We have 41 recommendations that are outstanding. You talked a little bit, Mr. Trembley, in your opening remarks about progress being made. Forgive me for saying that the objective observer would say that you guys are just kicking the can down the road. How many of those 41 recommendations do you feel you'll have taken care of and resolved by this time next year?

Mr. Tremblay: Let me provide you with some specific detail on each of these. I'll actually deal with them by kind of aggregate category.

Dr. Starke: Okay. But quickly if you could, please. We've got five minutes.

Mr. Tremblay: Sure. On the food safety side of things we have two recommendations; two are implemented.

In electronic health records we have one recommendation, and as our ADM just mentioned, we are making progress in many of those spaces.

On the primary care network side of things we have four recommendations; one is in progress, and three are implemented.

In infection prevention and control we have one recommendation; one is implemented.

In chronic disease management – I did talk about this in my opening remarks – we have six in that space; progress has been made on five, and one is implemented.

Dr. Starke: Okay. Sorry. I don't mean to be rude. But a year from now how many of those 41 recommendations would you anticipate will be resolved and will no longer be outstanding?

Mr. Tremblay: I can only speak to the 20 recommendations that exist within Alberta Health's discussion today. We have 20. Seven of them are implemented, and 13 are in progress. So we will see progress on those remaining 13 over the next year.

Dr. Starke: So you expect that they will be down from 20 to 13 by this time next year, or fewer?

Mr. Tremblay: That's fair. As I mentioned, we have 20 recommendations. Seven are implemented, and 13 are outstanding. We'll continue to draw down on that 13.

Dr. Starke: Okay. You know, I have a question. This may be outside of the scope of our discussion, but it's one that's bothered me for some time. It's come up again this morning, and that is: Alberta Health and AHS. We ask questions, and you say: well, that's AHS. The same thing came up at estimates, as you'll recall. What value are Albertans getting for the fact that we have these two somewhat stand-alone entities yet sometimes limited communication between these two entities? I really have to ask that question because, quite frankly, I don't know whether Albertans are getting value. I would love to hear what the Auditor General has to say about that.

Mr. Tremblay: Are you talking about governance, or are you talking about service delivery, or are you talking about the interrelationship between the two, or all of those things?

Dr. Starke: Well, a little bit of all of those things, but the thing that Albertans care about – Albertans could give a hoot about governance.

Albertans care about service delivery. The question I get asked regularly is: are we getting proper service delivery, and are we getting good value?

Mr. Tremblay: Likely outside of the scope of this as it relates to AHS, but what I can say is that the two organizations work very closely together on a day-to-day basis. Alberta Health is responsible for setting policy, monitoring progress, trying to advance the system and strike the balance between appropriate care and cost. AHS is our primary service deliverer in that space. So that relationship is well defined. It is a partnership.

Getting into the context of specific value between the two, you know, I think that would be a much broader policy discussion than we probably can accommodate in this discussion.

Dr. Starke: It's certainly nothing we're going to get done in five minutes.

Let's move on to chronic disease management. Going back to the September 2014 report, 10 per cent of health care users account for 75 per cent of direct patient costs, and the healthiest 50 per cent of the population is responsible for only 2 per cent of the costs. Now, what specific measures have been undertaken to reduce the 75 per cent direct patient costs that are incurred by that top 10 per cent of users?

Mr. Tremblay: Good question. Thank you.

Did you want to respond?

Ms Ness: Thank you. Chronic disease is a big part of the work that we're doing. As you know, for many years we looked at individual body parts. Our chronic diseases have been set up and organized as such, so our services are such. What we've been doing over the last while is bringing together large groups of those . . . [Ms Ness's speaking time expired]

The Chair: Would you accept an answer in writing?

Dr. Starke: I'd love to see a written answer. That would be great.

The Chair: Okay. If you could provide the reply in writing, I would appreciate it.

Then we've got Mr. Panda.

Mr. Panda: Thank you, Mr. Chair. I only have five minutes to share between three of us, so please be really brief. My questions are about the Calgary cancer hospital. I understand the RFP process ended and that you have two proponents. How close are you to evaluating those RFP processes and awarding the contracts? When will you make an announcement about the successful proposal?

Mr. Tremblay: That particular project would be outside of the context of the 2015-16 annual report and OAG recommendations. That's a current project with current planning under way.

Mr. Panda: Right. Mr. Chair, I'm referring to page 42, and it was mentioned there, so if you can send me a written response, that would be great.

Mr. Tremblay: Sure. Yeah.

Mr. Panda: Also, you know, the schedule for the groundbreaking and the construction start and finish: is it on track?

Mr. Tremblay: In terms of the project?

Mr. Panda: Yeah.

Mr. Tremblay: We have our capital person here that can provide a very quick update on that if you'd like, or we could submit that in writing. What would you prefer?

Mr. Panda: If they can give me an answer in 15 seconds, that will be great. The start and finish of the project.

9:30

Mr. Campbell: Just to clarify, we're talking about the Calgary cancer project?

Mr. Panda: Right.

Mr. Campbell: What you said is true, I mean, but . . .

Mr. Panda: When will it start, and when will it finish, the construction?

Mr. Campbell: That's a better Infrastructure question, but the information I have is that it's going to start late this fall. It's still on schedule for 2020 to 2021.

Mr. Panda: Thank you.

The budget for the new centre was $1.2 billion. Recognizing that we're still at the RFP stage, are you still on track for that?

Mr. Campbell: There will be an update after we know the full value of the RFP that's been issued.

Mr. Panda: Thank you.

Mr. Fildebrandt: A very quick question about a project in my constituency, the Bassano project to integrate a P3 seniors' care project with the Bassano hospital. The Department of Health recently notified the Newell Foundation that that would not go forward, and they provided no explanation. Could you explain why Health is not willing to go forward with integration of the hospital with the Bassano project?

Mr. Tremblay: Yeah, we can answer that, but again that's not within the scope of this discussion. I just want to make sure I'm clear on the scope of this discussion, which is the '15-16 annual report and 20 outstanding audit recommendations.

Mr. Fildebrandt: If you could respond in writing, that would be great.

Mr. Tremblay: Thank you.

Mr. Fildebrandt: Thank you.

Mr. Barnes: Thank you, Mr. Chair. Thanks to all of you for being here today. My first question. The Deputy Minister of Health: any idea why he's absent today?

Mr. Tremblay: He had other business to attend to today. There was a conflict in the schedule.

Mr. Barnes: Thank you.

On page 71 of the annual report the Health Quality Council noted an annual deficit of $705,000, due in part to the lab review that was recently made public, of course. Any idea what the total cost spent on the lab review was, please?

Mr. Tremblay: Can we submit that to you in writing, please?

Mr. Barnes: Yes, you can. Thank you.

What is the current budget for a new, centralized lab, and are you still on budget?

Mr. Tremblay: The current budget? Again, I believe we're talking about the '15-16 annual report and the 20 audit recommendations that AH is responsible for.

Mr. Barnes: Okay. In the past have you compared the efficiencies of the various lab services providers? How did the Medicine Hat Diagnostic Lab compare with Calgary Lab Services and with DynaLife? Have we compared cost versus number of tests, cost versus timely feedback to patients, those kinds of matrices?

Mr. Tremblay: We'll also submit that in writing if that's okay with you.

Mr. Barnes: Yeah, that is fine.

I was also concerned about long-term care facilities and the four recommendations that the Auditor General had outstanding around that. I hear time and time again about some of the different levels where beds are open and not being used by Albertans. But at the same time, of course, the beds in long-term care have been a real problem in getting people into acute care in the hospitals. What are your thoughts on 2015 and how meeting these outstanding recommendations from the Auditor General would help us do a better job of that?

The Chair: Would you mind responding to that in writing? We've got to move on.

We've got Mr. Malkinson.

Mr. Malkinson: Thank you very much, Mr. Chair. On page 19 of the 2015-2016 annual report desired outcome 1 reads, "Improved health outcomes for all Albertans." Given that Alberta Health's continuing care system continues to move towards community-based care, can the department comment on the strategies it utilizes to facilitate this shift?

Ms Ness: Okay. Thanks. I would be pleased to respond. The shift involves a number of things and a number of enablers. Some of it is actually putting in place, again, the linkages and integration between our acute-care system, our primary care system, and that includes mental health and includes our long-term care systems. Over the last couple of years we've been working – as my colleague on the information systems side indicated, part of this is making sure that we have the right information and the right person in the right place being able to share that information.

Some of the things that we're doing with our primary care world, for example, are working on an integration of information and using about 72 indicators that are well recognized by the Canadian Institute for Health Information. That information allows us to be able to know where people are and how we can connect them through the system.

The shifts that we're working on include moving towards more home care, more respite care, better care for those that are needing some of the assistance for caregivers as they are caregivers themselves. That's the work that we're working on right now to make those shifts.

Mr. Malkinson: Page 19 of the annual report also highlights the ministry's commitment to create 2,000 public long-term care spaces over four years to improve seniors' care and take pressure off the acute-care system. As someone who has many seniors' care facilities in my riding, I can see the good that these do. How is that coming?

Mr. Campbell: In 2015-2016 there were 1,138 beds delivered, a mix of long-term care and supportive living.

Mr. Tremblay: I'll give you some more detail on that. The 11 projects provided 840 spaces. In addition, the ASLI, affordable supportive living initiative, projects which were announced in October 2015 will result in over 2,200 new continuing care spaces being added into the system, all of which will be for long-term care and dementia. Note that the 2,200 spaces cannot be defined as net new, but overall the capacity will be increased by 2,200 within the system.

Mr. Malkinson: Thank you.

Key strategy 4.1 on page 41 of the annual report notes the need to create a stable budget for health care services to help people and their families receive the right care at the right time from the right provider in the right place. I'm sure we've all heard the minister say that many times. Given that this government has made a commitment to protect critical public services while remaining fiscally prudent, which I think is something that we can all agree on, and to gradually reduce the deficit over time, can the deputy minister discuss whether the department slowed the rate of growth of health spending in 2015-2016?

Mr. Tremblay: Thank you for the question. Health spending in '15-16 amounted to $4,862 per capita, no increase from '14-15. This compares to an increase of 5.3 per cent in '14-15. Work continued in '15-16 to help slow the growth of health spending. The Alberta Medical Association amending agreement is one example of that. Another example is the work Alberta did as part of the Pan-Canadian Pharmaceutical Alliance to help achieve lower, more sustainable drug costs here and across the country. [Mr. Tremblay's speaking time expired]

The Chair: Would you like the response in writing?

Mr. Malkinson: I think I'm good. Thank you.

The Chair: All right.

Mr. Gotfried.

Mr. Gotfried: Thank you, Mr. Chair, and thank you again to our department representatives here today for all your hard work. I'm going to go back to some questions related to the information technology and information management systems.

We've heard a lot of talk about progress, and I've looked at a couple of documents. Your 2015-20 strategic plan: a lot of talk around delivery of chronic care systems and services and management, terms like rationalize, best value, collaboration, optimize. In the business plan one quote is: "outlines how Alberta Health Services will invest in IMIT over the next five years to support better quality health care." In neither of those documents do I see any dollars referenced although they're very detailed and very in-depth analyses of what is needed.

9:40

I recall from estimates that there was an estimate of about $400 million in costs to implement a proper management system. It said that there's about $400 million in savings over 10 years, so it seems like we're going to save as much as we're going to spend, if we do this right, over a 10-year period, which I think is a reasonable payback.

Can you tell me: is there a comprehensive plan in place? Have professionals across the spectrum of Alberta Health and Alberta Health Services been consulted? Are you on track to bid this out competitively with an RFP process so that Albertans get good

value? Do we have a timeline for implementation of this? We've been talking about this for a long time. It seems like it's going to save us a lot of money through the ability to manage that top 10 per cent, who are costing us a lot of money, and also give a better care opportunity to us. Where are we at with this? What are the specifics on us actually achieving this and delivering an information management and information technology system which is both care based and client based?

Mr. Tremblay: Yeah. Thanks for the question. I'm going to ask our ADM to come back up and to provide some detail for you on progress around our IT strategy for the health system.

Ms Wieringa: Thank you for your questions. Alberta Health Services just in the last budget received funding from Treasury Board of $400 million to purchase an Alberta Health Services clinical information system. That prompted a very elaborate and very objective procurement for the CIS. So that's started. The RFP went out last August, I believe, or maybe June, and there has been an evaluation process under way since then. They're at the final stages of their evaluation of the shortlisted vendors, which are three. We expect a recommendation of a preferred vendor by July, which will be public after the Alberta Health Services Board approves it. So a lot of work.

Alberta Health Services has engaged many of their clinicians right across the entire organization to evaluate these products and to make sure that they're going to serve. They've also been investing a lot of time on . . .

Mr. Gotfried: I apologize for cutting you off. May I ask just another question related to this?

Ms Wieringa: Okay. Sure.

Mr. Gotfried: Have we benchmarked the cost of the system that we need here in Alberta for 4.2 million people with any other similar systems available across North America and around the world to understand whether $400 million is the right number? Is that the kind of money – that's a lot of money that we're spending on an IT system. I'm sorry. I was in the hospitality and airline business for many years, and I can, you know, get the newspaper I want and the type of pillow I want and the type of seat and the kinds of services I want. Those products are out there. Are we sourcing this competitively, and do we have benchmarks to put this against?

Ms Wieringa: Yes. There was a considerable amount of research that was conducted in advance of the procurement. The fact that it is a public procurement does incite competitiveness across the vendor community. It is for the Alberta Health Services organization, and it is to serve all of their facilities and all of their 25 business streams as best they can.

Mr. Gotfried: Okay. Thank you. That's encouraging. I look forward to better information on that in the future.

I just want to shift very quickly to some long-term care issues. We know that between now and 2031 we're going to almost double the seniors population in Alberta, which we all know will put a lot of baby boomer pressure on the system in terms of long-term care beds. What specifically are you doing over the next five years so that we're on track? Fourteen years from now is not a long time away. Of course, this isn't going to hit us all at once; it's going to build with the baby boomer shift. What are you specifically doing in terms of delivering those numbers as quickly and efficiently and cost-effectively as possible? In writing would be fine for that.

Thank you, Chair.

Mr. Tremblay: I will likely provide a similar answer to what we just provided on the 2,200 long-term care spaces that were . . .

The Chair: Sorry. I don't mean to cut you off, but we have limited time.

Dr. Swann.

Dr. Swann: Thank you very much, Mr. Chair, and thank you to the folks here today from Alberta Health. I want to congratulate you on the work on the primary care network initiative. It looks like it's moving forward. I look forward to seeing some real reform there in the next year. It sounds like you're making some progress.

Physician billings: what percentage of physician billings are in error or fraudulent? How successful do you think your program is in identifying billing errors or fraudulence? You can get back with that.

Mr. Tremblay: Can we submit that to you in writing, please, around the specific statistics you've asked for?

Dr. Swann: Yeah. I'm particularly interested in how you rate your effectiveness in identifying that.

Mr. Tremblay: That's a fair question. Thank you for that.

Dr. Swann: With respect to mental health and addictions services we're spending many millions of dollars. When will we see some public reporting on outcomes for our mental health and addictions services?

Ms Ness: Thank you for that question. Over the next very short while, as I mentioned, as one of the releases of the six recommendations we have put together an evaluation group and a framework, and from that, then, the measures and metrics – we want to make sure they are aligned properly and that we're measuring the right things – are going to be coming forward.

The other is also very much tied up in making sure we have the right information, so some of the work that we're doing under our information systems, and my ADM colleague will also help us get the right information so we can begin to report.

Dr. Swann: Can you tell us when we'll start getting outcomes reports for mental health and addictions services?

Ms Ness: Again, I think that we have indicators, and they are reported in various different streams and forms. We have a number of indicators around our addictions and our opioids. Under the chief medical officer of health we have a very extensive amount of information now being reported. That will continue to be reported.

Dr. Swann: Thank you.

In October 2016 Alberta Health approved $4.2 million to Pure North for a nurse practitioner led primary care clinic. How does the program fit into the primary care strategy, what processes are in place to track the effectiveness of the program, and is Alberta Health not concerned by warnings from both ministry officials and other experts across the country that vitamin supplements at these levels have potential negative health impacts?

Mr. Tremblay: Are you referring to the practitioner agreement, or are you referring to the supplements agreement? I feel like there were two questions in there.

Dr. Swann: I'm referring to the $4.2 million granted to Pure North for the nurse practitioner led primary care clinic.

Mr. Tremblay: With any contract that we enter into with a service provider within Alberta Health, there are specific contract outcomes and objectives that are outlined, with very specific evaluation criteria as well. That's not specific to Pure North; that's kind of basic contracting and procurement of services. There are Treasury Board directives around how we evaluate a vendor preprocurement and how that contract is actually evaluated postprocurement and specifics around measuring the effectiveness of that contract in terms of delivering impacts to the health care system.

Dr. Swann: Are you concerned about some of the contradictory reports from both medical officials within your department and from experts across the country that you may be contributing to illness and injury with this program?

Mr. Tremblay: Are you talking about the supplements program or the practitioner program?

Dr. Swann: Yes. The supplements program.

Mr. Tremblay: Your first question was around the practitioner program, and that's why I just provided an answer around practitioner programming.

The supplements programming. I don't get the impression you were just asking a question about outcomes with regard to that. I feel like we're kind of oscillating back and forth between the practitioner program and the supplements program.

Dr. Swann: You don't see a connection there?

Mr. Tremblay: No.

Dr. Swann: You don't believe the nurse practitioners are involved in supplements?

Mr. Tremblay: Those two particular grant agreements are totally separate.

Dr. Swann: It's the same organization.

Mr. Tremblay: There's no relationship in terms of the nurse practitioner program and the supplements program. There's no relationship between the two.

Dr. Swann: So people receiving supplements are not actually attending at the nurse practitioners. Is that what you're telling us?

Mr. Tremblay: What I'm saying is that the two agreements that have been in place are for two totally different programs.

Dr. Swann: So you're not concerned about a conflict there with relation to your promotion of health and the impacts of that program on people's health?

Mr. Tremblay: Those two agreements were for two totally different series of activities by Pure North.

Dr. Swann: But you're quite aware that they're both connected. The same patients are going to the same practitioners.

Mr. Tremblay: Again, those two agreements are for two totally different activities.

Dr. Swann: Okay.

Mr. Tremblay: Thank you.

The Chair: Thank you, Dr. Swann.

We'll go to the one-minute rotation, where we can read questions into the record for a written response. We'll start with Mr. Smith.

9:50

Mr. Smith: Thank you very much. I'd like you to answer the following questions. We're talking about the Continuing Care Quality Committee. Has the committee finished the review on the continuing care service standards? Are these standards the same for home-care, supportive living, and long-term care operators? Do the standards apply to public and private facilities? Do these standards apply to caregivers contracted under self-managed care? Are these health care standards communicated to all continuing care operators, and how are they monitored and enforced? Are you providing compliance reports to the operators if they are or are not meeting the standards, and are you seeing any trends of noncompliance or concerns common to the province as a whole?

I'd like to get some answers on cost data analysis. How is the cost data collected, analyzed, and used to set standards? Generally are the accommodation charges sufficient to cover accommodation costs? Are you finding differences across the province or by specific long-term care operators? How will shortfalls be covered when found in the cost data analysis?

The Chair: Thank you, Mr. Smith.

Mrs. Littlewood: Key strategy 2.2 on page 27 of the annual report commits to modernizing Alberta's food safety inspection system. Did the department take any action to modernize or improve the food safety inspection system so that there are no other issues with corporations selling unsafe food such as after the Fort McMurray wildfire, for example?

Second question, related to key strategy 3.1, page 37: what did you do in 2015-16 to ensure that there were enough health care providers across the province, particularly in rural areas?

Loyola: Given that key strategy 2.6 outlines the need to develop initiatives with indigenous partners and the federal government to improve health services, what actions were taken to improve health services for indigenous people in Alberta in 2015-2016?

The Chair: Okay. Thank you.

Mr. Gotfried.

Mr. Gotfried: Thank you. Will the removal of coal-fired electricity have a measurable impact on the prevalence of chronic diseases? Will this same policy change result in a measurable reduction in chronic disease management costs for Alberta's health care system? How will this impact specifically be measured in terms of health outcomes?

Can you please tell us how Alberta Health and/or AHS is helping long-term care facilities to mitigate or offset unbudgeted costs related to the carbon levy to ensure this does not negatively impact the care, nutrition, and services delivered to Alberta seniors in long-term care?

Thank you.

Mr. Tremblay: Thank you.

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

I would like to thank the officials from the Ministry of Health for attending today and responding to the committee members' questions. We ask that the responses to outstanding questions from today's meeting be provided in writing and forwarded to the committee clerk within 30 days.

Are there any other items under other business?

If not, the committee meets next Tuesday, May 23, 2017, to hear the Ministry of Labour. The committee meeting is scheduled from 8:30 a.m. to 10 a.m., and the premeeting briefing is at 8 a.m.

Would a member move that the meeting be adjourned?

Loyola: I so move, Chair.

The Chair: Okay. All in favour? Any opposed? Carried.

Thank you very much.

[The committee adjourned at 9:53 a.m.]

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