Title: Estimates of Health and Wellness, Friday, March 17, 2000
Date: 00/03/17
8:02 a.m.
[Mrs. Tarchuk in the chair]

Designated Supply Subcommittee – Health and Wellness

Tarchuk, Janis, Chairman	Forsyth, Heather	Leibovici, Karen
Broda, Dave	Fritz, Yvonne	Pannu, Raj
Dickson, Gary	Herard, Denis	Pham, Hung
Doerksen, Victor	Jacques, Wayne	Sloan, Linda

THE CHAIRMAN: Good morning, everyone. I'd like to call the meeting of the subcommittee to order. There is a motion that I'd to read into the record.

> Be it resolved that pursuant to S tanding Orders 56 and 57 the designated supply subcommittee on Health and Wellness allocate the time for its consideration and debate of the 2000-2001 estimates of the Department of Health and Wellness as follows:
> (1) The time allocated for the subcommittee will be a maximum of three hours.
> (2) The minister responsible first addresses the subcommittee for a maximum of 20 minutes.
> (3) Official Opposition subcommittee members then have a maximum of two hours for questions and answers. Those members may allocate the time for questions among themselves as they see fit.
> (4) The ND Member for Edmonton-Strathcona then has a maximum of 15 minutes for questions and answers.
> (5) Government subcommittee members have the remainder.
> Be it further resolved that in the event government subcommittee members do not exercise their right to utilize the remaining time, the chair shall call for a motion to conclude discussion of the estimates and to rise and report.
> Be it further resolved that in order to conclude prior to four hours, as allocated under Standing Order 56(7), unanimous consent of this motion will be required.

I would like to invite someone to move the motion as read.

MR. BRODA: So moved.

THE CHAIRMAN: Okay. Thank you, Mr. Broda. All in favour?

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN: Opposed?

MS LEIBOVICI: No.

THE CHAIRMAN: What's that?

MS LEIBOVICI: We don't have to be unanimous, and I'll never be on record as supporting the process.

THE CHAIRMAN: Okay. The motion is carried. Thank you very much.
Mr. Minister.

MR. JONSON: Good morning everyone, and thank you, Madam Chairman. Before I get started, I'd like to introduce to you Alberta Health and Wellness staff members who I've asked to join me here this morning: Lynne Duncan, seated on my right, Deputy Minister of Alberta Health and Wellness; seated on my left, Aslam Bhatti, chief financial officer; seated in the gallery, Terry Chugg, assistant deputy minister of the health workforce services division; Chris Powell, who's with our finance planning department; and Jim McCutcheon, comptroller of AADAC. Also, I would like to note that of course very important to this overall presentation is the role of our Associate Deputy Minister of Health and W ellness, Gene Zwozdesky.

Madam Chairman, I'd like to thank you for the opportunity to speak to the Ministry of Health and Wellness estimates for 2000-2001. Prior to considering the questions the hon. members will raise, I'd like to comment on where we are in the health system today, what we are accomplishing, and how spending for the coming fiscal year will tie to current and new initiatives.

Madam Chairman, we all know that Albertans expect high standards for the Alberta health system. They expect to be able to obtain the health services they need when they need them. Toward that end, one of the core businesses of the Ministry of Health and Wellness is to "lead and support a system for the delivery of quality health services." Through systematic monitoring and action the ministry ensures that health services provided by health authorities to Albertans meet high standards, achieve positive health outcomes, and address the needs of Albertans.

One of the ways we measure progress towards this core business is through the annual health survey. In 1999 Albertans continued to be positive about the services they received in our health system. Seventy-four percent of the people surveyed rated the availability of services in their community as excellent or good, and 73 percent of responses rated the ease of access to the health system as excellent or good.

While access to health services is important, it is also important that the services are appropriate or that the right care is provided in the right place at the right time. Again, as with the measures regarding access, the most recent survey shows that Albertans are also positive about the quality of the health care services they receive. Seventy-five percent of respondents rated the quality of health services in the community as excellent or good, while 78 percent of the respondents rated the quality of health care personally received as excellent or good, and 83 percent of respondents reported that the result of the care they received was excellent or good. As in years past, there's still room for improvement in some areas, but I am confident that the significant increase in health spending for the 2000-2001 fiscal year will address many of these pressure points in the system.

Our government made a commitment to increasing resources when they were needed, and we have lived up to that commitment. Health spending over the past five years has increased from $3.9 billion in 1995-96 to over $5.6 billion in 2000-2001, an increase of $1.7 billion, or 43.5 percent, in 2000-2001. In comparison, the federal government's cash contribution via established program financing and the Canada health and social transfer over that same period of time decreased from 19.5 percent of health spending to 12.7 percent. In simpler terms, their cash contributions are still $66 million less than they were in 1995-96. Despite that fact, Madam Chairman, health spending is higher than it has ever been in the history of the province and is this government's single largest expenditure.

This year on an age-adjusted per capita basis Alberta is spending more on health than any other province in the country. By the year

2002-2003 spending will total $6.26 billion, or fully one-third of total government spending, compared to one-quarter in 1992-93. That means that health spending will rise from the current $15.5 million each day to more than $17 million each and every day.

Madam Chairman, as you know , in January Premier Klein announced a new plan for health in Alberta. It is a plan that has been built on what Albertans and key stakeholders in Alberta's health system have told us they need. Because our government sees the future of a health system as being built on decisions made in partnership with those who fund the system, those who work within the system, and those who use the system, our government made a commitment to such a future when we hosted last year's health summit. As you will remember , Madam Chairman, at the health summit key health stakeholders and randomly selected members of the public came together to take a serious look at our province's health system and to recommend where it should be directed in the future.

The new plan for the new century announced by Premier Klein has taken its lead from what health summit participants told us. Guided by their recommendations, our six-point plan was developed to protect and improve the publicly funded and publicly administered health system in this province, and the budget from the Ministry of Health and Wellness for 2000-2001 reflects the priorities identified in the six-point plan.

Madam Chairman, what I'd like to do is to go through each of these six directions and highlight the strategies that appear in the 2000-2001 budget for the Ministry of Health and Wellness. In doing so, I will also be sharing news on key strategies that helped form the foundation on which our future health system will be built. The six key directions of the plan demonstrate Alberta's commitment to Canada's single-payer, publicly funded style of health. They reveal a common thread, one of co-operation and partnership in decision-making among the health authorities, physicians, nurses, and other key health stakeholders and our government. They reveal hard evidences of our commitment to making Alberta's health system better able to meet the challenges of the new century.

The six key directions in our plan are to improve access to publicly funded services, to improve the management of the health system, to enhance the quality of health services, to increase our emphasis on health promotion and disease and injury prevention, to continue to foster new ideas to improve our health system, and to take the necessary steps to protect the publicly funded system from any potential negative external factors.

I'll begin with the first key direction, which is to improve the quality of the publicly funded health services in Alberta. Certainly one way to do that is to ensure adequate funding for the health system. Madam Chairman, I think it's important to note that health funding in Alberta has, as I've indicated, increased substantially: $1.7 billion, or 43.5 percent, over the past five years. It is also important to note that health funding will increase by more than $1 billion, or 21 percent, over the next three years to more than $6.25 billion a year. Spending in 2000-2001 will total $5.653 billion, an increase of 9.3 percent over the 1999-2000 base budget. Funding for health authorities will increase by $218 million, an increase of 7.7 percent, and by $497 million over three years, which is a 17.6 percent increase.

As the population continues to grow and age, there is an increased need for key lifesaving surgeries. T o improve access to these publicly funded services, an increase of $47 million, or 18.2 percent, is being provided for provincewide services, for those key procedures that are provided in Calgary and Edmonton to all Albertans.

The number of major surgeries such as angioplasties, coronary bypasses, bone marrow transplants, and kidney dialysis treatments will increase. It is important to note that the number of these procedures being done has rapidly increased over the past few years, and these increases will continue in this coming year. For example, in this year there are now more than 1,600 major heart surgeries and procedures done every year, there are 160 more major cancer surgeries done every year, there are 300 more major neurosurgeries being done every year than there were before, and there are more than 700 kidney dialysis treatments being provided every year.

8:12

The new funding provided in Budget 2000 will see these numbers continue to increase. Some of the specific increases in services that we'll see will be that the number of angioplasties will be boosted from 2,935 performed in the current year to 3,235 next year , a 10 percent increase. The number of people provided kidney dialysis services will be raised from 1,300 this year to more than 1,430 in the coming year. The number of low birth weight neonatal procedures is projected to increase from 189 to 985, and increased numbers of bone marrow, liver, kidney/heart, and kidney/pancreas transplants will be done. As the numbers of these procedures significantly increase, waiting times will decrease, thereby ensuring timely access to surgery. As the demand for health services increases and the population grows, it is essential to ensure that the province has adequate numbers of health professionals with the necessary skills located in the right parts of the province.

Madam Chairman, funding increases in the 2000-2001 budget will enable regional health authorities to hire up to 2,400 more nurses and other frontline staff, especially in the areas of emergency wards, long-term care, home care, and acute care, over the next three years. And, Madam Chairman, I'd like to note that it is in addition to the extra funding provided to RHAs last year to hire almost 1,200 new full-time equivalent positions, including more than 600 nurses.

This government recognizes the need to train additional health care workers. Alberta Learning has announced an additional 195 spaces in postsecondary institutions to train new nurses in 2000-2001. We will continue to work closely with health authorities, the Alberta Association of Registered Nurses, and Alberta Learning to identify requirements and to create learning opportunities. Madam Chairman, the nursing community has been a great asset as we've changed and reorganized the health system, and change is never easy. Our health authorities are working with nurses and Alberta Health and Wellness to improve working conditions for nurses. We want to retain and attract the best.

Our focus on providing for more health professionals also concentrates on more physicians, both family doctors and specialists, which will be supported through an increased medical services budget. The number of physicians practising in Alberta has been steadily increasing over the past few years, including an increase of 255 doctors from September 1998 to September 1999. A further increase is expected this year. The budget provides for an additional 90 physicians in 2000-2001, but we will be working with the Alberta Medical Association and with the medical faculties to attract even more. In co-operation with the Alberta Medical Association, the College of Physicians and Sur geons, Alberta medical schools, and the health authorities the government has completed a comprehensive physician resource plan for Alberta. This plan will provide further advice and direction to help ensure that Albertans have appropriate access to physicians' services in the years to come.

As a first step, Budget 2000 provides for the addition of 20 postgraduate residency positions to Alberta's medical schools in 2000-2001 and another 20 positions in 2001-2002. In the near term we will concentrate on retaining more medical school graduates and retraining specialists and immigrant doctors. For the longer run we will need to increase medical school enrollment. An action plan is being developed with key stakeholders as we speak.

Madam Chairman, Budget 2000 also targets home care and long-

term care, reflecting our government's ongoing priority in this area for the past number of years. Albertans generally prefer to remain as long as possible in their own homes and communities. Given the province's rising and aging population, there will be a need for a greater capacity in communities in the years to come. Therefore, Alberta is taking a leadership role in support for home care and assisted living; however, care will continue to be there for those who need it.

I think it's important to note that the number of Albertans receiving home care in Alberta has increased from 53,000 in '92-93 to over 70,000 this year. The total number of hours of home care has increased from 2.3 million to almost 6 million. This year $15 million was provided to the regional health authorities to address the increasing need, including expanded home care services, of continuing care services for Alberta's seniors. A further $5 million will be made available in the coming year.

Recognizing that there will also be some Albertans who will require a higher level of care than can be provided in their homes in 1999-2000, we provided $150 million to fund 1,090 new and upgraded continuing care beds over the next three years. This includes the replacement of 720 existing beds in older facilities and 370 additional new beds.

When combined with other projects currently under way, nearly 2,000 new or upgraded beds, including 650 additional beds, will be available to aging Albertans. As a result, waiting lists for continuing care will decrease. Fewer acute care beds will be occupied by patients who could be cared for more appropriately in continuing care facilities, and more Albertans will be able to remain in their own homes and communities with the support and assistance of home care.

High-cost medical equipment and new technology are also addressed in Budget 2000. Increased funding for health authorities includes an additional $58 million over three years to help replace essential medical equipment, starting with $38 million in 2000-2001. That, Madam Chairman, is in addition to the $10 million allocated for high-tech medical equipment that will serve a broad population base and be used in direct patient care areas.

Budget 2000 also provides $90 million for the growing need and cost of blood and blood products. As well, $270 million is being provided in the Blue Cross benefit program to assist lower income Albertans and seniors when purchasing prescription drugs.

Budget 2000 also provides for an increase of $5 million for community mental health. This is in direct response to the Laing report which recommended improved integration of community services and funding for mental health throughout the province. Funding for services for persons with developmental disabilities will increase by $68 million over three years, including $29 million in 2000-2001 to address projected growth in costs and caseloads and in response to the report provided to me recently by the associate minister. This is in addition to the $10 million that was provided in 1999-2000 for increased caseloads.

Madam Chairman, each of these targeted funding allocations support clearly identified strategies in our six-point plan. Before going on any further, I think it is important to emphasize that the plan is about more than increased funding for more health professionals and more procedures and services, because while significant new funding is being provided over the next three years, we know that money alone will not solve all of the pressures on health.

As we proceed with planning and implementing each of the initiatives I have shared with you this morning – and, Madam Chairman, there are many, many more that I could speak to this morning – an important point needs to be made, and if the hon. members take home with them only one point today, I hope it is this. The foundation of our future health system will be built on strengthening the working relationships among all players within the health system, including government, health authorities, health providers, professional associations, voluntary associations, consumer associations, and the list goes on. Our future is something that can be achieved only with everyone's contribution. The future health system is not something that our government alone can achieve nor is it something that the regional health authorities alone can bring about nor is it the sole role of the community or ganizations and associations.

Certainly the health authorities and the physicians and nurses and other key stakeholders have consistently striven to meet patient needs even during challenging times, and for that we thank them for their continuing commitments. In fact, in this complex world of ours success depends on more than co-operation within the health service. In fact, all sectors must work together if we're going to promote health and well-being, prevent illness, and ensure access to needed health services.

8:22

To influence the social, economic, and environmental conditions that affect the health and well-being of Canadians, action must occur within and between sectors at the local, regional, provincial, and national levels. Therefore, it's important to work not only with those in the health system but also with people outside the system – in education, social services, children's services, the police, and a whole host of community agencies – to build the commitment of continuous improvement of health. Only by taking a multidisciplinary approach and by involving a broader range of departments, professionals, and community agencies will we be able to begin to adequately address the range of health determinants and the improvement of the health system on a steady and sustainable basis.

Madam Chairman, as we move forward into the 21st century, we will be required to continue to change and adapt if our success is to continue. We need to be able to adapt to new situations as they arise and address them effectively. In other words, we need to see the process of reforming the health system in Alberta as a means to an end, not an end in itself.

Madam Chairman, we are ready to meet that challenge. W e are committed to meeting the challenges of a growing and aging population. The opportunity is arising through improved technology and drug therapy. Albertans' expectations of quality health service are there, and this government is very much committed to a single payer, publicly funded health system which will serve the population of Alberta.

Thank you, Madam Chairman.

THE CHAIRMAN: Just so you know, that was perfect timing. You had two more seconds. Anyway, thank you very much.

Karen.

MS LEIBOVICI: Okay. Thank you. Good morning, everyone. Thank you to the representatives from the department of health for joining us at this early stage and also to *Hansard*. We haven't been getting a lot of sleep lately; have we?

It's always interesting to listen to the overview provided by the minister. My questions will be more detailed, because I believe the purpose of this budget overview is to find out exactly where the dollars are being spent. Unfortunately, when we look at the budget documents, there's not a lot of information with regards to line by line and the reasons for certain expenditures being made.

At the outset I would like to also make the request that I made last year, which was very helpful, Mr. Minister, to provide the answers and the responses in a booklet as opposed to each individual, and then we can get a complete recording of what was asked and responded to by not only the Official Opposition but also by the members of the government.

My first comment relates to the initial introduction the minister made with regards to the increase in health care spending that has in fact been quite dramatic over the last seven years, as the minister indicated. Health care spending now has increased from one-quarter of the provincial budget to one-third of the budget. I'm going to put forward a hypothesis that I would put out to the department of health to prove that hypothesis wrong.

The hypothesis is that the reason for the increase in expenditures is because of the increased privatization and contracting out that is occurring not only on the surgical services side but also with other issues. In order to answer that hypothesis, I believe you are going to have to be able to respond to these questions. One, what was the cost of labs prior to regionalization and for each year since? The projected cost savings that were to be provided as a result of the integration and contracting out of the lab services and the current cost of those labs by RHA would be helpful. The cost of laundry services: again the categories will be the same. Prior to regionalization for each year since, what were the projected cost savings and what in fact are we saving right now? The cost of food services and any other services, of which there are a number, that are currently being contracted out with regards to hard services that are being provided. I would also like to know , especially with regard to the food services, what the results have been with regards to . . .

MR. HERARD: Point of order, Madam Chairman. I don't know if I'm confused or not, but it seems to me that if we want to know these kinds of things, we can go to public accounts and get those things. We're here to debate the budget and not the past, and I'm wondering if these questions are really appropriate for this kind of a session.

MS LEIBOVICI: Well, if I can quote, it's under vote 1.0.5, policy and planning services; vote 1.0.6, health information and accountability; 1.0.8, health strategies. I can go on as to where in fact those would be direct links to the budget. It's also in the Health and Wellness business plan and in the regional and provincial health authorities document as well. So there are a number of areas where in fact these issues do crop up, as well as under the expenditure item of regional health authorities.

What I would also like to get further information on is the tracking of admissions to hospitals as a result of procedures completed or performed within the private health care sector . What are the admission rates, if any, that occur as a result of procedures happening in the private health care system? Are there any standards and performance levels, expectations for private, for-profit hospitals that are providing care based on public dollars? Also, with respect to the long-term care private operators is there any breakdown of what the profits of those long-term private operators are? What are the salaries of the individuals who are providing care as caregivers and as rehab professionals within the private long-term care sector, and how do those salaries compare to those in the nonprofit sector?

In past responses from the minister the minister indicated that the contracts are the responsibility of the health authority and are therefore not monitored by Alberta Health. Given the current promise that the minister and the Premier have made with regards to contracts being open, I would like to know when in fact those particular contracts are going to be viewed by the public.

I would also like to know what policies the department has in place with regards to the directions to the regional health authorities where there are implicit or explicit policies to encourage, promote privatization and/or contracting out of services. An example I can provide is that when a facility, a hospital is being planned, the regional health authorities are informed that laundry services are not to be considered as part of the facility. The expectation is to contract out the laundry services whether in fact there are available contractors in that region or not. That's what I mean by implicit policies to promote privatization.

Another issue that has been brought forward by the Auditor General in actual fact with regards to planning is the whole issue of business plans and the timely implementation of business plans. I must admit that I was quite surprised when I saw that it took until April of 1999 for there to be a basic definition of a balanced budget that could be agreed to across this province by regional health authorities. Well, is there any question as to perhaps why we keep spending money in health and not knowing exactly where that money is going?

The other issue around the strategic work plan with regards to health facility planning. Given the push again for privatization, what is happening with regards to the development of a publicly funded health facility planning process to ensure that there is an overall strategic work plan for public institutions, or have you already factored it in? If you have, it would be good for the public to see what portion of the facility planning process is now allocated to the private sector.

A question that I have is: do you now finally have an up-to-date inventory of the provincial health facilities that shows the bed capacity that is now available and in service? Later on I have some specific questions with regards to that. It's my understanding, again in the recent Auditor General's report, that there is a "lack of benchmarks or standards to understand what should be in place."

> Having goals and information to assess the costs and benefit of changing the allocation of facility resources in relation to service requirements would be an important feature of a planning system.

Seven years into restructuring and there is no information as to how our facilities are being allocated. Also, 40 percent of the designed capacity is not used for its original purpose. In other words, those empty beds, operating rooms, wards are not being used. What, in fact, are 40 percent of our hospital facilities now being used for, and can those not be utilized as opposed to private surgical facilities?

8:32

The other questions that I have around this particular theme are more general questions that would be useful in determining the direction of the policy that is being put forward. They could be under, actually, the regional health authority budget vote, but I'll put them here, if that's okay . If not, I can do that in a few minutes. Actually, one that I'd like to know is: what is the definition of profit that the department of health is using when it talks about profit in health care?

These are more general questions. With regards to the MRIs that are being done in the province right now, what is the cost of the scan in the public system and in the private system? What is the cost of the dye, and what is the cost of the anesthetic, public and private? What is the cost of performing hip sur gery, the cost of the hips themselves, the dif ferent kinds of hips that are available, and the length of stay? Just to back up to the MRIs, what is the exact number of private and public facilities, and where are they located?

Ontario had a recent study that showed that 186 of 1,000 inspected private facilities needed to have their licences suspended or restricted, that in fact 10 percent were not up to standard. I'd like to know what inspections are currently being done by the department of health to ensure that the private facilities that are in operation right now in this province are up to standard. When were those inspections done, and how frequently are they done? Are the facilities informed beforehand that they are going to be inspected? I'd like to also know what kind of monitoring systems the minister has in place right now either through the department of health or through the College of Physicians and Sur geons with regards to monitoring the standard of work and the quality that is occurring within the private clinics, clinics such as the private MRIs.

Performance targets. This is always a favourite. There are at least 14 performance measures that have been dropped by the department of health. Those were performance measures like the hospital beds per thousand population, continuing care beds per thousand population, medical practitioners per thousand population, total health expenditure per capita. The list goes on. I think you know what they are. My question is: how do you determine what your outcomes are if your performance measures keep shifting, and what are the performance measures that you have right now, Mr. Minister? Will they be the same next year? What in fact are they with regards to the private clinics? You indicate in the bill that you will have performance measures. You don't have them for the public sector. They keep shifting. Do we have any guarantees that they will be of any use for the private sector? How in fact do you conduct any longitudinal studies if your performance measures keep shifting? Again, if you had standard measurements, in fact would you not then know why the budget keeps increasing?

The list of visits and review of health facilities. How are those inspections – and by those I mean the hospitals – actually conducted? How often have they been conducted between 1993 and 1999? Can the minister also tell us how many private medical diagnostic and testing services, if there are any, are using public facilities at this point in time? How many leases with the private services were in place prior to 1993 and are in place now? What was the revenue generated for the public health care system as opposed to these leases?

The minister, I believe, has also indicated that there is a cost-benefit analysis that exists to compare the cost of services offered by the public and the voluntary private sector in long-term care. I would like to see what that cost-benefit analysis is.

Basically that moves me into the regional health authorities and some questions that I have around there. What's my time like? Does anyone know? [interjection]

THE CHAIRMAN: You've got two hours.

MS LEIBOVICI: Well, 20 minutes. Ten?

AN HON. MEMBER: Ten.

MS LEIBOVICI: Okay.

There's a health costing in Alberta document, 1999 annual report, and the purpose of that document, my understanding is, was to do a review of the costs and groups utilizing statistical measures. What I'd like to know is: what is the cost comparison of procedures and facility costs done in public facilities and contracted sur gical facilities, specifically with regards to cataracts, ophthalmology, restorative dentistry, oral surgery, podiatry, and some other services that are currently contracted out mostly in the Calgary and the capital area.

Now, I know that the minister in the past has referred me to the RHAs. I must admit, Mr . Minister , that it's dif ficult to obtain information from the regional health authorities, and I would assume that you as the minister must have that information. That's why I am asking you to provide that information to the Legislative Assembly through this request.

What is the minister doing as the minister of health? What are the recommendations to ensure that in fact we have a seamless delivery of service between one regional health authority and another? Our regional health authorities have become balkanized. There are many difficulties with regards to a seamless delivery of service, and it would be useful to know what recommendations the minister's department has to ensure that that does not occur.

As we are one year away from an election with regards to the regional health authorities, I will ask this question again: is there any intention on the part of the minister to change the boundaries of those regional health authorities? As the minister realizes, there are some difficulties with some of the boundaries, but the reality is that if there is an election in the offing, then the changes, if they're going to made, need to be made now. There has been much disruption within the regional health authorities as their different policies seem to emanate on a year-by-year basis, and I think that in order to try to ensure some stability within our regional health authorities, it would be useful if they had that information as quickly as possible.

When I was looking through the regulations, it was interesting to note that there is a regulation that deals with health services utilization and that each regional health authority must have a committee with regards to health services utilization. My question is: what are those particular committees doing? Why do we need a provincially mandated committee led by government MLAs when in fact each regional health authority has a utilization committee? What in fact have they been doing?

The hiring policy for CEOs. Once in a while I get calls as to what is happening. What are the standards with regards to the hiring policy for CEOs? It is interesting to note, I believe it was in the Auditor General's report, that he indicated that there should be some consistency and standards from the department of health with regards to the hiring of CEOs. We saw a recent example in regional health authority No. 5 where not all of the board was informed as to the CEO that was hired.

8:42

The equipment needs for the regional health authorities. The Auditor General indicated that in fact they were lax with regards to the equipment needs, that there had to be the development and implementation of "an information system to report on the condition of facilities and the cost to keep them functional." So to date, unless that's happened since last year , we don't have that. Also, the equipment that is currently within our regional health authorities on average will be, well, as it's put: the average useful life of capital equipment this month will be 2.8 years. That's what's left in our regional health authorities for capital equipment. The department has provided $10 million, but that's spread over three years, I believe.

So what plans does the minister actually have in place to ensure that the capital equipment in our regional health authorities is functional and safe? What is your replacement policy in the next two years to address all of the equipment needs of the regional health authorities? This is a huge, huge issue, and quite frankly I don't think $10 million over three years will address that particular issue. You have to have some kind of a strategic plan with regards to renewing the equipment that is in our RHAs right now.

What is the role of the community health councils? These councils are mandated through legislation. W e rarely hear about them. I don't know if all regions have them, so I'd like to know which ones are active. Where in fact are there community health councils? What is their purpose? What is the cost to a regional health authority for those particular community health councils? They are supposed to have business plans and an annual report as well. Can we get copies of the community health councils' business reports and business plans and annual reports? That is, I believe, a requirement.

The funding formula. I've brought that up before. The minister insists that the funding formula in actual fact addresses what the needs are of all the regions. The Auditor General in fact had a comment about it, and if I can't find it right now, then I will provide it to you later. It indicated that the funding formula needed to be reviewed. W e know that in the northern regions – Mistahia,

Northern Lights, Peace – a report was presented to the minister two to three years ago indicating that the funding formula was not functional. It was a report that one of the major accounting firms in this country produced.

We have seen the turmoil in the Mistahia region, particularly with regards to the Queen Elizabeth II and the troubles that they are having in meeting the needs of the residents in that particular area. Still we have no movement on that particular formula. So I guess my question to the minister is: what is the holdup? When can the people in the northern regions of this province expect to see that their needs will be met? They're having difficulty being met because of the formula, that the minister refuses to address.

The performance measures for the individual regional health authorities. In particular, what are the mechanisms that the regional health authorities have now with regards to private providers meeting performance measures? Is there any policy in place right now either through the department of health or with each of the regional health authorities that he can gather that indicates what the system is for monitoring those private providers? What happens when there is a complaint with a private provider? What is the appeal mechanism? How are those complaints tracked, and what is the outcome of those particular complaints? Also, as an adjunct to that question and broader as well, can the minister outline how many lawsuits have been filed against either a regional health authority or a public hospital within the regional health authority or a combined lawsuit that involves a private operator and a regional health authority? I know that specifics cannot be provided in terms of names, but the circumstances probably can be provided without violating confidentiality, as well as the amounts of what those lawsuits would be.

The whole issue of contracting out with regional health authorities. There seem to be individual processes for contracting out. Unless I'm mistaken, the contracting-out guidelines for surgical services are actually contracting- out guidelines for construction. Now, we know that when we're bidding on construction projects, it's a lot different than when we're bidding on surgical services. So does in fact the minister have for nonsurgical services a policy that he provides to the regional health authorities with regards to contracting out right now surgical and nonsurgical services? Not for the building of those facilities but the provision of. And what are the conflict of interest guidelines that are provincially mandated to ensure that there is no conflict for an individual who is in a position of authority in a regional health authority and has an interest in a private facility as well?

This goes back to my earlier comments about having contracts with private providers and not knowing where the money is going and maybe that's why we have an increase. That was the hypothesis I put forward. This will be my last, since I'm past my 20 minutes. The Auditor General's report of '98-99 indicated that 10 regional health authorities did not disclose expense categories "associated with $517 million" – this is not small change – "of payments to voluntary and private sector operators." Can the minister tell us if in fact those regional health authorities have now disclosed what those payments were for? And how do you track the money that's flowing out of the public pockets to the private-sector operators in this province?

Thank you.

THE CHAIRMAN: If I could just make a comment at this point on the point of order that Denis had made. If it is in the business plan, a member is free to comment or ask questions, and you did rightfully tie your questions to the business plan.

Mr. Minister, would you like to respond at this point?

MR. JONSON: No. I expect that the opposition will want to use their time fully, so I would not want to interfere right now.

THE CHAIRMAN: Great. Thank you.

Linda.

MRS. SLOAN: Thank you. Good morning, everyone. There were a number of questions raised in the '98 estimates that the department did not respond to. I'd like to just touch briefly on those particular areas, and primarily they related to the demographics of illness and the lack of research being conducted in this province relative to that.

We're aware that there has been some work done over the course of the last couple of years on the social problem index. There is apparently a report that has been under way. No mention is made in the business plan of this undertaking. I'm wondering where the social problem index report is, why it's not incorporated in the business plan, and why there is not a greater reflection of the social and environmental and income demographics of illness in the provincial business plan report.

We talked about those issues last year with respect to mortality and morbidity relative to occupational class, age, and cause of death. We continue to have in this province a high rate of infant mortality, yet there does not appear to be any studies being conducted as to what gives rise to that high statistic and what can be done.

Now, in last year's estimates the government actually said that they were leading a children's health study which would examine factors in infant mortality. No report was provided on that last year, and I see nothing in the business plan this year, so I'm seeking some tangible information and the report for the public in that regard.

8:52

Further, the province last year said that they were exploring the development of a strategy to address low birth weights in the province, and again this is an area where we have continued to have an increasingly high incidence despite our economic growth and wealth. While that was referenced and the government committed that they were undertaking a strategy, again we see very little in terms of tangible progress in that area.

A further issue is teenage pregnancies. I noted last year that there were no provincial initiatives identified. In fact, the province said that for the most part that was a responsibility that was rooted in the family or perhaps the community. We continue to have a high incidence of teenage pregnancies in this province. I would suggest that is also related to the high incidence of low birth weight and infant mortality that we continue to have, yet the government is not taking action in this regard, and I would ask why.

Further, there were questions raised last year about breast cancer and cervical cancer. Your focus continues to be on screening. I would respectfully submit that that is not good enough. Our incidence of death relative to these two diseases continues to rise. The province must take a greater leadership role in these two areas.

We had the privilege last year of receiving the health surveillance branch Health Trends report, and there have been no updates provided in regards to the indicators in that report this year. Our contact with the health surveillance branch office has indicated that updates won't be available until May, and I would ask why in fact that is the case. The updates relative to health trends in child and infant health, health-related behaviours, chronic disease, communicable diseases, mental health environment, health status: why are all of those indicators for the '98-99 fiscal year and for '99-2000 not available, Mr. Minister? Could we see those updates attached as an appendage to the response to this budget process?

I'd like to turn now to questions relative to the general provision of service in our system, which the minister focused on in his comments at the onset. A key theme you talked about was spending,

and I would note that age-adjusted spending is somewhat of a new twist. It's of interest that the province doesn't continue to track or publish their spending as a percentage of GDP, which is a standard indicator of spending in the country.

There was a large degree of focus on high-tech medical procedures – angioplasties, transplants, bone marrows, et cetera – yet we do not see in the business plan and I don't believe have ever seen any statistics on the survival rate or quality of life for the recipients of those procedures.

It was of interest to me that there was no mention made at all in your preliminary remarks relative to mental health of either the adult or child population in this province, and again I would ask why . Similarly, minimal mention was made of home care, no mention made of palliative care. These are areas, with due respect, that our population has as much need for as glitzy transplant-type procedures. In fact, I would indicate that there is a much higher degree of our population that has either relied or will in the future rely on those particular services, and they do not garner sufficient attention from this government.

I will come back to the area of mental health. I'm extremely troubled by the lack of priority that mental health receives in this province despite the continued identification of high waiting lists in the area of children's mental health. I believe in Edmonton alone we have 400 children at high risk of injuring themselves or others, and they are waiting somewhere in excess of four to six months for initial assessment. That is an appalling statistic, yet the budget didn't provide any degree of priority to the addressment of mental health issues. Y our preliminary remarks this morning, sir, completely omitted reference to that area. If we want to in a meaningful way understand and perhaps better priorize our spending in health care, then we are going to have to look at and examine in more detail these areas.

I'd like to move now to some general questions. I would like to request that the minister provide some response with respect to the current inaccessibility of our public health care system, and I would ask whether the provincial government has by conscious decision or through omission chosen to underfund the provision of services in the public health care system. Was this decision or omission in any way intended to create such delays and thereby justify the introduction of private health care policy in legislation?

Has the provincial government made a conscious decision to allow waiting lists to grow despite what personal pain, suf fering, or hardship this may cause to citizens and their families? Is it reasonable for the government to withhold the necessary funding that could alleviate waiting lists in all surgical areas, particularly in the face of documented human suffering, when the province is in a position of holding a huge fiscal surplus? Is it fair to make arbitrary funding allocations to address waiting lists rather than budgeting such allocations annually on the basis of need? Does the arbitrary approach not prolong patient suffering and compound system backlog? How has the government determined that a fiscal surplus takes precedence over the alleviation of surgical waiting lists and the accompanying human suffering they cause? And where, Mr . Minister, does an Albertan appeal when they are unable to access surgery they require and neither the province nor the appointed authorities are willing to offer any relief or support?

I had a meeting recently with the government affairs officer of an urban authority, and I asked him questions about specifically what his role entailed. Despite the fact that the majority of letters he receives are relative to the inability to access the public health care system and he deals with all of the MLAs in that particular region when they have concerns or their constituents have concerns, it was perhaps of no surprise that his office did not have any input or any formal process of providing to that regional health authority board any statistics nor did they have any formal mechanism to make any concerted decision or difference to that constituent's or MLA's concerns.

It's a complete facade. It's window dressing. If this is the type of commitment our government is prepared to make to people when they are waiting six months, 12 months for procedures and the quality of their lives is deteriorating by the day, we're in a sad state of affairs. I'm quite happy to provide further details to that, but this is an area where I believe the provincial government has abdicated its responsibility. We see things put in place that really are misleading to the public, particularly when people are in a state of suffering and have very little energy to live, let alone to lobby. We can do better in this particular area.

In conjunction with those questions, I would like to know what exactly is the total number of Albertans waiting for surgical consult and/or surgery in Alberta. In addition, I would like to know what the specific number of Albertans waiting for surgery is by type. I'm sure most are aware that there are in fact two levels to our waiting lists now. There is an extensive wait to see a specialist, and you are not even put on the list for sur gery until you have had that specialist consult. So people are waiting now up to six months, 10 months to see a specialist, and they have no hope of getting on a sur gical waiting list until that consult occurs. These are questions and statistics which the government chooses not to publish on a consistent basis in their business plans or in their performance measures. I think it would be particularly important for you to assess the change in these areas and the waits over time, particularly for the fiscal years 1993 to current, when the funding cuts and underfunding have primarily occurred.

9:02

Relative to the same particular area, I would like to ask questions about the provincial Ombudsman's role in the health care system and particularly his role with respect to the implementation of Bill 11. There is no mention made that if a private facility does not offer safe or standard-compliant services, Albertans will have the right to appeal to either the Health Facilities Review Committee or the provincial Ombudsman. How are we going to be in a position to reassure Albertans or to monitor or enforce that it is safe to use such facilities when the legislation, sir, makes absolutely no mechanisms available to them when problems arise? It is, in my opinion, a huge inequity that the public health care system must comply with and be responsive to those mechanisms, both the Health Facilities Review Committee and the provincial Ombudsman, when the private health care facilities will not.

Relative to the debates again last year, it was indicated that there were some undertakings or work being done with the ministry of health and the Ministry of Justice, and we're wondering if we could have an update on those discussions.

Continuing on Bill 11, I would like to ask the minister: is it not true that findings of your own department and studies initiated and conducted by your own department have indicated to you that there is no published study of the efficiency, cost, or quality of the purchase of surgical services from private facilities by public funders, i.e. RHAs? Is it not true that your studies have also told you that within the current system the only way extra revenue-raising activities could be undertaken by private facilities would be to offer enhanced services? Is it not true that your studies have also told you that if such outcomes are interpreted as forms of two-tierism, a policy dilemma would arise if the only way private facilities can survive financially is to act against the stated government policy to avoid a two-tiered system or queue-jumping?

Is it not true that your own research has told you that the provision of private-sector beds seems to be associated with longer waits for care? Is it not true that your studies have told you that there are very few studies of the public purchase of private services for nonsurgical

procedures? Is it not true, Mr Minister, that you have been told that the for-profit versus not-for-profit literature is largely inconclusive? The broad conclusion is that for-profit hospitals are not more cost-effective than not-for-profit and that the costs to purchasers are higher. That is also substantiated by the report conducted by the Consumers' Association of Alberta that has been released publicly.

I would also just like to emphasize – and this has been an issue of debate and discrepancy in question period – that in examining particular studies by Yates and Armstrong, your research has told you that orthopedic waiting times are up to 10 times longer in private hospitals, that regions with the most private beds are those with the longest waiting lists, that specialties with the longest waiting times are those with the highest earnings from private practice, that patients experience longer waiting lists for surgery in public hospitals only if their doctors are offering both a public and private surgical practice. I believe that all of those things have been made clear to you, sir, yet your business plan seems to be hinged, your agenda and priorities seem to be hinged on steamrolling Bill 11 through when there is no validity and no empirical evidence to suggest that it will make our system more efficient or cost-effective.

I would like to also just make mention of the lack of any comprehensive or long-term health workforce focus or plan within your business plan. In your preliminary remarks you made mention about specific strategies being undertaken to increase the practising physician population in the province. I would respectfully submit, sir, that there is a huge component of our health workforce that is comprised of disciplines other than physicians. One of the most critical at this particular point in time and that will continue to be is the profession of registered nurses. You did not offer any report on the progress made by the AARN's nursing workforce planning group. There are really no commitments made within your business plan this year to not only the shortage that exists in nursing now but the growing shortage that will occur over the next five to 10 years as registered nurses retire.

You made no mention of the increased incidence of patient safety concerns that the AARN has reported to you, an approximately 400 percent increase since 1994. I question why that is. Those statistics are being made available to you, are being conducted by a legislated body, a statutory body, and there is no reply. So I would like to respectfully request some type of formal response relative to the area of the health workforce: what the department's long-term plan is and what progress is being made at both the AARN level and the nursing workforce level.

You did not indicate or have not indicated that there will be substantial increases in program seats for registered nurses, despite the fact that your department has committed to do that very thing for physicians. Having had I guess the misfortune, to a degree, to have spent some time in the last month at the very heart of the health care system, this system has always been and will always be about the people that work in it.

You concluded your remarks by indicating that really our future rests in the working relationships of people in our health care system. That's always been the case. It is a huge about-face for the department to acknowledge that that relationship is a primary underpinning of the proper functioning of the health care system when in the '93 to '96 period, sir, when I was a frontline member of the nursing workforce, we made consecutive presentations, provided statistics, and there was not a working respect in place at that particular time to ensure that the safety and the quality of the system was preserved.

Just a couple of brief questions, to conclude, on NAFTA and the WTO. I'd like to ask the minister to provide to us what submissions or input he has provided to the WTO negotiations. We are aware that a primary focus in that particular area is the harmonization of the service providers or the service workforce. We know that those submissions are being prepared by intergovernmental affairs at this point in time, and we would like to know what the input of Health and Wellness has been to that.

There's no mention of the progress made relative to the implementation of the social union in your report. Consecutive meetings continue to occur with ministers across the country. That is not an area that's been provided for in the business report, and I would ask for a comprehensive update on the progress of those meetings.

Finally, I would point out a discrepancy to you, sir, with respect to the interpretation of NAFTA. The minister of intergovernmental affairs has stood in the House on a couple of occasions now and talked about NAFTA's lack of application to Bill 11. Minister McClellan is quite correct in quoting the federal government's position relative to the exemptions for public services. However, she neglects to point out that the U.S. trade representative's office has a completely different interpretation.

9:12

I think you are aware that there has been correspondence between the U.S. trade representative's office and Oregon relative to these very areas. They specifically point out in that communication that they do not believe – and I can read to you excerpts of the letter that was sent to Oregon by the U.S. trade representative's office. This specifically says: your draft guidelines dated September 27 indicate this reservation does not include government services if the state allows private providers to offer similar services on a commercial basis. Exactly what Bill 11 will do. If those services are supplied by a private firm on a profit or not-for-profit basis, chapter 11 and chapter 12 of NAFTA apply. If social services are supplied by a private firm on a profit or not-for-profit basis, chapter 11 and chapter 12 apply.

Repeatedly, different sections are cited. I believe that your office is completely apprised and aware of that discrepancy between the federal government and the U.S. trade representative's office, and you are also acutely aware that this legislation will in fact allow for the application of chapter 11 and chapter 12 of NAFTA, thereby allowing American firms to establish themselves in this province with the same entitlements that are being provided by this government to facilities like HRG.

With those comments, Mr. Minister, I look forward to receiving your responses and will pass the floor over to my colleague from Edmonton-Gold Bar.

MR. JONSON: Madam Chairman, if it's possible, I'd just like to respond on three points to the members that have spoken. In following the time rules of the committee, I was not able to complete my extensive opening remarks. I'm just acknowledging that.

I would just like to bring forth three points. First of all, we have an overall policy framework with respect to dealing with concerns, complaints that arise in the regional health authority system. It's based on a study and policy document provided by the Alberta Provincial Health Council, and it's entitled: conflict resolution policy and process. That policy clearly outlines the steps and the avenues of appeal and resolution in the system, and it does reference those complaints and how they can be brought to the attention of the Ombudsman.

Also, there is another avenue, depending on the type of complaint, that can go forward to the College of Physicians and Surgeons and the other appeal bodies that we have. We have of course the Health Facilities Review Committee, and I can go on. It maps out quite clearly the routes for the different types of concerns that people want to appeal and have dealt with.

Secondly, Madam Chairman, with respect to the overall matter of health workforce planning, we do have an overall health workforce

planning initiative. It has a large number of stakeholder participants. Because they were referenced, I would like to indicate that the AARN and the UNA, the major nursing organizations, are part of this overall workforce planning initiative. Further, our budget does provide for additional funds for the hiring of frontline staff, of which the major component of course is nurses.

This is parallel to what has been the case with physicians; that is, we have an overall supply planning initiative there. The recent money that was announced was for the AMA physician pool and was simply to recognize additional doctors being attracted to this system just as we have for other members of the workforce recognized their cost and their addition to the system in our overall budget.

Finally, Madam Chairman, I'd like to just reference children's mental health. First of all, overall mental health spending in this budget is increased $16 million, or 9.5 percent. We have also added another $5 million particularly in the area of children's mental health in addition to the $5 million previously announced. We have a number of very significant initiatives across the province dealing with children's health, and I will speak specifically about mental health. We have just recently announced a $4 million program – and this is in addition to the mental health budget that is there – for an expanded program in the area of treating anorexia and bulimia, a very, very severe condition that affects certainly young people, particularly young ladies.

We have also added services in Edmonton and Calgary with respect to children's mental health. We have instituted crisis lines for mental health overall, including children's mental health. We have a number of expansions of children's mental health services in other parts of the province, such as Lethbridge, planned for and covered in this budget. We have worked on the children's health initiative with Alberta Learning and other partners to provide additional services in the mental health field to schools. So it is certainly an area which is receiving significant attention in this budget, Madam Chairman, and it is certainly a priority area in this business plan.

Thank you.

THE CHAIRMAN: Thank you.

Hugh.

MR. MacDONALD: Thank you, and good morning, everyone. I have a number of questions for the minister this morning regarding the health workforce. I note with interest that there is money being provided to hire health care professionals. Unfortunately, before Christmas, particularly in the Calgary regional health authority, there was money made available but the personnel just weren't there. I'm very concerned about this. I would urge the minister to get together with his counterparts across this country, the provincial health ministers. I would strongly urge him to do this. I think we need a national strategy to deal with the shortages of health care professionals not only in this province but across the country. If we wind up working one province against another to attract health care professionals, I don't think it's in the best interests of the medical system across the country. I think a co-ordinated strategy is the best way to deal with this problem.

It is not, as has been reported, a problem of the federal government. Manpower training is a provincial responsibility I would just like to say that I would strongly encourage and urge the hon. minister, if he could. I think this is an issue that is almost a standalone reason, if I could use that term, for a meeting between him and his provincial colleagues to iron out how they're going to deal with this, because from what I can see, it's a national problem.

9:22

Now, what is the current situation regarding approval of regulations for the health professions? How many will be approved each year in this province, and how many have been submitted to date? The minister spoke with us earlier on the number of nurses each regional health authority will hire. How does the department make these decisions? Last year the department said that there was no standard of nursing care per patient population.

For the hon. minister: how many nurses took the 14-week advanced critical care nursing program at Mount Royal College in 1999? What has been implemented as a result of the action plan developed by the Alberta Association of Registered Nurses nursing resource planning group? They, along with their counterparts in other provinces, have done a very comprehensive study on the shortage of nursing professionals across this country. I would urge all hon. members, if they have not seen this report – it's from December '99 – if they have the time, to have a look at it. It's a good report. Could the minister or his officials also provide the baseline count for positions of each regional health authority?

The hours of direct care given patients. This is an issue that always comes up for discussion. Is there a way of comparing this before and after the cutbacks? Why can we not take data that was provided before 1992-93 and compare it? I'm sure the regional health authorities have data. Why couldn't this be compared?

Also, if I could have an answer to this in due time: the breakdown of the $15 million transition fund that was part of the health workforce restructuring between 1995 and 1998. Everyone's concerned about the shortage of registered nurses and LPNs and other health occupations. I find it odd that we're putting 35 percent back into the health care budget, yet the number of health occupations in the province – we're spending this money, and I understand it's going to frontline staff, but according to the government's own statistics, there are 4,000 less people working in health occupations than there were two years ago. If the minister could answer that for me in due time, I would be very grateful. This is something I've been following. I don't know where this money is going. Other people say that it's going to administration, but surely there is an answer for this.

Now, the physician workforce. I understand that the Physician Resource Planning Committee is working very hard and has presented options. What is the department doing to make more of this information available? We realize that there is training and that there has to be expansion of programs. What were the recommendations of the psychiatric working group and the Rural Physician Action Plan Co-ordinating Committee? There could be a solution here to our shortage of doctors. There are initiatives that have taken place in other provinces, and I'm wondering if the department has compared the situation here in Alberta to, say, what the Ontario government has done.

Could the minister or his officials answer: how many foreign doctors are currently delivering pizzas instead of babies? How long will it take to accurately determine the equivalencies and competencies of these foreign doctors? Could we get an explanation of what the Physician Resource Planning Committee means when it states that "in rural Alberta, recruitment is already directed more toward skill sets than formal certification"?

Now, as there is a shortage of psychiatrists and one of the leading costs to the health care system is emergencies in illness such as depression, what is happening, for instance, with re-entry positions in this specialty and others? What's being done to make psychiatry more attractive to graduating medical students?

What studies are occurring to find out why certain specialties are not attractive? I was almost horrified to read last year in the Alberta Health report, quite an extensive report on nurses and health occupation shortages across the province – this was in the Legislature Library – that so many people see a career in the health

professions as not attractive. This was something that was identified by the minister's own study. I'm wondering how we can make this profession more attractive to young people. I don't know whether it's because there's just part-time or casual work. It's something that we really have to address.

Why will only 18 percent of graduates in radiology practise in this province? Why are there no resources identified by the psychiatry section of the AMA?

The cost savings of increased usage of residents versus doctors. This is not the time to get into a debate on Bill 11, but I have some concern about who is going to train the doctors. Are they going to be trained in the public sector and wind up in private clinics/hospitals?

Now, with the doctors, some have complained about the billing process. Why not process billings for Christmas over the Christmas and New Year period?

That takes care of that series of questions, but I have a few more regarding the business plan, one in particular, Madam Chairman, before I forget. I've been watching with interest – and I think it's a very good idea – the CHOICE program, which has been developed in the last four years by the Capital health authority. Is this going to become, if it has not already, a provincewide initiative? One of the solutions to an effective delivery system for health care is an increase in adequate home care, and this CHOICE program is certainly going to allow seniors who have some difficulty to remain independently in their own homes. It's a day program. I would like to know from the department exactly how much money this CHOICE program costs. There are three sites set up in the region that I'm aware of and one more that is in the planning stages, and if the minister could share that with me, I would be very grateful.

The goals and objectives of the business plan. One here that I note with interest is a goal "to sustain and improve the delivery of accessible, effective, quality health services to Albertans who need them." The hon. Member for Edmonton-Meadowlark was talking earlier of the wait list for MRI, joint replacements, heart surgery, and long-term care. I understand that $10 million will be allocated for specialized high-tech equipment. What measures are in place to ensure that this funding will go towards improving access to MRIs in public facilities?

9:32

A key objective is "to ensure sustainability of health services," and the first strategy to meet this objective is to "prohibit two-tiered health care, while permitting health authorities to contract for surgical services." This statement, I think, is a clear contradiction to the proposed Bill 11. Why is this government intent on contracting out surgical services in a manner that will clearly contradict its own stated goals and objectives in the business plan?

Another goal is "to improve the health and well-being of Albertans through provincial strategies for protection, promotion and prevention." The 2000-2003 business plan lists mortality rates for injury and suicide as a key performance measure, but of a total funding increase for the Alberta Mental Health Board of $16 million, I believe, over the previous fiscal year, only $5 million will be earmarked for community mental health programs. Now, my question would be this: does the government believe that this is a sufficient measure for addressing the problem of suicide?

The business plan also lists child and immunization rates as another key performance measure. What immunization strategies has the Department of Health and Wellness developed? I noted somewhere in the estimates that there is, I believe, a $5 million increase in money being set aside for vaccines. Is this as a result of the immunization campaign that was just conducted here successfully by the regional health authority? Also, the chicken pox vaccine: is there planning going on? I would commend the minister and his officials if there is long-term planning going on. Do they know about any other outbreaks that perhaps the public should be aware of? I did notice that, and I'm not sure if it's a $5 million increase from last year, but I think it was close. Will the immunization strategy address recent concerns from aboriginal communities for access to immunization against meningitis?

Now, in the business plan another goal is "to support and promote a system for health." The business plan cites "public ratings of the quality of the health system" as a key performance measure. It sets a target rate for the year 2003 of 70 percent of Albertans who rate the system as excellent or good. I don't know what the current target would be, but a recent poll said that 36 percent of Albertans were satisfied with the health care delivery system. Why is this target rate so low? The Premier has recently labeled Albertans who wish to contribute to the current debate on private surgical facilities as left-wing nuts. What are the ministry's plans for full and meaningful consultation with the public on current and proposed health care plans and actions? If he could share that with us, I would be delighted, because the recent public debate on the proposed Bill 11 reveals that this government has, I believe, not properly consulted with the key health care system stakeholders such as doctors, nurses, and the other health care professionals.

This leads to another question for the hon. minister. How does his ministry intend to involve key health care industry stakeholders in its present and future health care plans and actions? Is this advisory committee or council, as it's referred to in Bill 11, part of that?

Another goal from the business plan is "to optimize the effectiveness of the Ministry." The business plan states that one of its objectives is "to effectively manage available resources, including information and technology." How will the hon. minister ensure that the public's confidential medical records remain confidential?

Now, I have a few general questions before I wrap up. Many Health and Wellness programs will now be funded exclusively through lottery revenues. Is this the trend for health care financing? Is this method of financing sustainable? A key concern of this government is the affordability and sustainability of the health care system. My next question is: how does this province compare to other provinces or countries in terms of percentage of GDP versus health status indicators? What progress has the government made in convincing physicians to adopt alternative payment mechanisms which would offer the potential for cost savings and quality of care?

In this year's budget I notice that it provides for the Premier's Advisory Council on Health and the health service utilization commission. Can I get an explanation of what the rationale is for establishing these bodies? Do not regional health authorities already monitor their health services utilization? Does the creation of the Premier's Advisory Council on Health anticipate the acceptance of Bill 11?

In closing, what plans does the ministry have for health advisory and appeals services?

Thank you. I will cede the microphone to my colleague from Edmonton-Meadowlark.

THE CHAIRMAN: Did you want to say something first, Mr. Minister?

MR. JONSON: If I might, Madam Chairman, I would like to respond to a few of the issues raised by the previous questioner.

First of all, there was the first question, about overall national health workforce planning. There is at the national level a committee that involves the national stakeholders, involves the provincial governments, and that overall activity is expected to provide an overall report in May of this year. I just want to emphasize that there is such an activity that's been recognized by health ministers nationally. It is under way, and there will be the report.

A second item that I would like to respond to, Madam Chairman, is in terms of the number of physicians in the province. I can give you the actual number of doctors, but the important thing is that we have today almost exactly the same number of doctors per capita as we had in 1992-93. There has been a slight increase, of course, because our overall population has been increasing.

With respect to the health workforce as well, there has been over that same period of time, '92-93 to the present, an 1 1 percent increase in the total health workforce in the province. Right here I have 33,680 in 1995-96, and today, from the most recent statistics at least, 1998-99, I have 37,290. There are those stats that I just wanted to refer to.

9:42

I've referenced the physician resource planning activities. There was a reference to foreign doctors resident in Alberta. Although it's been a modest shift, we have for the first time in the province specifically recognized in a funding initiative for internships that a certain number of spaces should be reserved for those doctors who are resident here to qualify for practice.

The other two areas I'd like to touch on very quickly are the areas of mental health and particularly children's mental health. I've answered this question in the House, and that is that the overall proportion of the mental health budget for community mental health has doubled in the past period of time from 1992-93 to the present. The portion of the budget for hospital care and acute care has remained constant, I think, gone up about 2 or 3 percent, so there certainly has been a shift of resources there.

We are, as I've indicated, increasing our commitment to children's mental health. The amount of money that we're spending on children's mental health is not confined to the $5 million last year and $10 million this year recommended by the Bonnie Laing committee. Those funds are in addition to money that is internal to the mental health care budget that goes to children's mental health, and I've mentioned some of the initiatives there.

Finally, there was a question in reference to immunization. Alberta Health and Wellness has an overall five-year immunization plan. We are putting resources into that, and that is reflected in this budget. It's in the "protection, promotion and prevention" area of the budget, and that overall section is increasing significantly next year from $143.5 million to $168.6 million, approximately an 18 percent increase.

Finally, Madam Chairman, there was a reference earlier in the discussion this morning questioning rising administrative costs as a proportion of overall expenditure. I just want to indicate that with our health authorities, administration expenses have come down from, I think, running about 6 percent when they were established to an average across the system of 4.1 percent of their total expenditures.

Thank you.

THE CHAIRMAN: Thank you.

Hugh, you had another question?

MR. MacDONALD: Yes. Thank you. If you don't mind, I have one question for the hon. minister at this time, and that is regarding the teaching hospitals. We have to ensure, of course, that we educate future health care professionals and conduct research and provide clinical services. I was curious what initiatives have been taken – now, with all due respect, the Auditor General mentions this under advanced education and career development – regarding the teaching hospitals and the maintaining and recruitment of doctors for the medical schools, the teaching doctors to teach the next generation. There was some concern about compensation levels for these individuals, and I was wondering if the minister had any initiatives to ensure that there is a stable and satisfied staff at our teaching hospitals. The Auditor General had some concern about this.

Thank you.

THE CHAIRMAN: Thank you.

MR. JONSON: I'll just answer that. W e have in this budget, as I recall, completed the implementation of the Bonnie Laing funding report recommendations with respect to teaching hospitals. We will add in this business plan the $12 million, which was phased in in steps, but we'll have raised our contribution by $12 million in terms of our support for the faculties. Specifically we're not supporting the academic side, but we're supporting the practicum side and the expenses the faculty incurs there.

Also, if you're referring to the agreement for reimbursement for residents, we have, as I understand it, reached an agreement there with them in terms of their salaries or reimbursement. There are also funds in the budget for that. So we certainly have a commitment here to our teaching hospitals.

MR. MacDONALD: Okay. Thank you.

THE CHAIRMAN: Go ahead, Linda.

MRS. SLOAN: Thank you, Madam Chairman. Just for the record I would like to make note of the significant change in the reporting format and the fact that this business plan means less and less in terms of relevant actual statistical measures. The fact that the ministry is now putting in key performance measures but only identifying targets and omitting to provide past years' statistics and current year statistics is significant. I have been a critic of the performance measures utilized by this government since my election in '97, but this is a further reduction in accountable reporting, and I think it's of merit to report that on the public record.

[Mr. Broda in the chair]

There are numerous omissions in this report that are not mentioned. One of the huge areas relates to the issue of poverty and we have had consecutive initiatives and organizations, including the government's own children's summit, raise the increasing impact that poverty has on the health of Albertans, particularly our younger populations. I do not see mention made in your report, sir , of that particular issue. It's also surprising given the fact that the municipalities in this province recently formally published their own report on the concentration of poverty levels in our communities. I would like to ask just who might be the leader in this province in addressing that particular issue if not the department of health.

Further, we have seen on a national level Alberta cited in the report by Armine Yalnizyan, Canada's Great Divide: The Politics of the Growing Gap between Rich and Poor in the 1990s. Specifically, this report says:

> In Alberta, income disparities spiked up in 1991 . . .
>
> In 1993, policy changes started to exclude some people's eligibility for financial help . . . significantly reducing outlays for social assistance. . . . In less than three years [as we're all aware] welfare caseloads were cut in half . . .
>
> After 1993, market incomes of the poorest 10 percent of families raising children rose more rapidly in Alberta than anywhere else . . . Y et after-tax incomes of this group, which includes families without market incomes and receiving social assistance, eroded throughout the period.
>
> Between l993 and l996, Alberta saw the sharpest sustained rise in income disparities in this country. But in 1997, an election year, the province introduced a tax credit for working-poor families.

That single contribution aside, Alberta has remained in the top three provinces with the largest income gap between rich and poor, and it is an enormous omission, sir, that your report does not acknowledge those types of realities that are in existence in this province.

I would like to also just briefly comment on the recent PDD report that was released this week and the fact that in my opinion this report did nothing more than regurgitate, recycle, and review the issues. There are no hard and fast commitments in this document relative to the critical issues that exist: the fact that the sector of disabilities has been consecutively underfunded by this province, that we have huge issues about the recruitment of professionals to work in this area and have huge issues about disparities in working conditions and in wages.

While the government talked at length about reviewing those particular areas, we really see no hard-and-fast commitments that would come into play before the next provincial election. I think that the tactic of announcing funding commitments for three years – it's not lost on us that there's going to be a provincial election in the next year. So to make a funding commitment over a three-year period is completely bogus, and the public realizes that. The next government is under absolutely no commitment to uphold the funding commitments that you made, sir. In fact, you may not be in this post six months from now. That reality is not lost, and regrettably, despite the criticalness of that particular area and the need for focus and priority, we do not see much in the Building Better Bridges report that is going to make a substantive difference on the frontline level in the disability sector or on the front line for the population living with disabilities.

9:52

I would like to also briefly raise issues relative to aboriginal health and the lack of specific data in the report relative to the health status of our aboriginal population, both in terms of physical, mental, and income-related issues. We intend to bring more specific questions relative to that issue at a later time, but if the government is undertaking initiatives in any of those areas that I've spoken about – poverty, PDD, aboriginal health – then I would be most interested in receiving them.

In the 1998 estimates both in Environment and in Health there was discussion about partnerships and projects relative to the departments' working. One particular citation related to correlating data on oil and gas wells and solution gas flaring and venting with data for pollutants, environmental receptors, and human and animal health. Further, Alberta Health committed that they would improve the collection of human health data respecting the impacts of solution gas flaring. They also committed that they would increase their collection of data relative to intensive livestock operations. Those, again, are not things that we see mentioned substantively, if at all, in this budgetary process or report.

My thanks. I'll pass the microphone over to my colleague from Edmonton-Meadowlark.

MR. ZWOZDESKY: I wonder, just before we go there, Mr. Chairman, if I could just comment briefly on the PDD aspect.

THE ACTING CHAIRMAN: Is that all right? Any objections?

MS LEIBOVICI: It's just that there's 25, 27 minutes left. If the associate minister can promise me he'd do it two minutes, then that would be a yes, okay, but the reality is that he can put it in writing as well.

MR. ZWOZDESKY: Well, I think it might take a couple of minutes more.

MS LEIBOVICI: Okay. That's what I thought.

THE ACTING CHAIRMAN: Could we proceed, and then could you maybe answer that later?

MR. ZWOZDESKY: Yes.

MR. JACQUES: Does it make any difference? I mean, aren't we just tracking their time in total?

MS LEIBOVICI: No, it's not. It's two hours from the onset.

THE ACTING CHAIRMAN: Yes, it's two hours. So if he answers, then it'll be just added on.

MS LEIBOVICI: It takes off our time.

THE ACTING CHAIRMAN: Is it taken off? It's taken off. Okay.

MS LEIBOVICI: If it were added on, it would be a different story.

MR. ZWOZDESKY: In fairness to the Official Opposition, I will make my comments later.

MS LEIBOVICI: Thank you. I appreciate that.

Just to continue on, I have a long list of questions. I doubt that I'll get through them, and what I will commit to do is to put them in writing this year and to table them as well. I know that we have one more opportunity to address the health budget, but that opportunity will be limited, and I believe these are questions that are important in determining how the $5 billion budget of Health and Wellness is being spent in this province.

Just to backtrack, though, to vaccines and the chicken pox vaccine, which wasn't answered by the minister, it's my understanding that the number of deaths of children from chicken pox is higher than from meningitis in this province. That is why I'm asking whether or not the chicken pox vaccine will be a vaccine that's available without cost to children in the province. Also, as part of the $5 million – it's under one of the votes; I don't have it in front of me right now – in terms of vaccines, does that $5 million provide dollars back to the regional health authorities for the cost of actually administrating that vaccine through the workforce that's utilized in the administration of that vaccine, as well as for the supplies?

To go back to the votes that have to do with the regional health authorities at the point where I left off, one of the issues the minister keeps announcing is that there will be more major surgeries done within the regional health authorities, and what I find interesting is that there's an actual figure put on the number of people that will be able to access these procedures. I'm wondering how those numbers are derived and whether in fact those are hard-and-fast caps. If you happen to be number 3,452 and the number of heart operations that are done is 3,451, do you then not get your heart operation? I would doubt that very much, but I just find it interesting that there is an actual figure put on the number of operations for major surgeries that are provided on a yearly basis within this province. I'd like to know how that happens.

[Mrs. Tarchuk in the chair]

The minister may not be able to tell us this, but I would hope that with the contracts being up for negotiations I believe this year, there has been a percentage put into the budget to address those contracts and the increases within those contracts. I would hope that that is a realistic figure that has been put into the regional health authority budgets, because if not, we know that the budgets will therefore be

diminished and less dollars be available for care. It would be interesting to know what, in fact, the minister did provide. In the past that has been available in the budgets as a workforce adjustment; I think that's what the line item was called. I'd like to know if that's available this year as well.

There are some other questions that I have with regards to the direction of the minister of health to the regional health authorities. A working group that the minister of health is part of, that all provincial ministers are part of as well as the federal minister of health, came to some decisions and recommendations around how to identify and how to ensure that services would be delivered in a timely manner to citizens. One of those requirements or requests was that hospitals be able to "identify provision of inappropriate care, and work to reduce inappropriateness by implementing tools of utilization review and utilization management." I'm wondering where we are in this province with regards to implementing that particular recommendation.

Another recommendation was that

> every hospital implement concurrent review of admission, continued stay and discharge processes using well validated protocols and criteria, and that this be implemented with a sense of immediacy.

I'm wondering where we are in this province in implementing that.

Also, "that hospitals encourage physicians in the implementation of evidence-based clinical practice guidelines." I know that actually a member of the government, I believe it was, asked a question with regards to why it is taking so long to implement and to come to conclusions on clinical practice guidelines. I'd like to know where we are in that process right now and what the implications are of not having CPGs in this province.

Another recommendation:

> That hospitals apply utilization review and utilization management principles and protocols to all service departments, not just patient care areas, and that laboratory and diagnostic imaging services be specifically identified as high priority areas.

Again I refer back to my comments that in the regs it indicates that every hospital or every regional health authority has to have a utilization committee. What in fact has been occurring? Are those utilization committees the vehicle for ensuring that each hospital within an RHA does have the ability to implement these recommendations?

Another recommendation was that "timely access to services in either the hospital or the community must be guaranteed, and information about waiting times be made public," and that "waiting lists, where they exist, be prioritized by [CPGs] based on clinical need."

Now, I thought that one was interesting in that we have all this information about waiting lists, yet there doesn't seem to be any standardization with regards to how waiting lists are addressed in this province and across the country.

10:02

I know that we're all anxiously awaiting Tom Noseworthy's study, but the reality is that we seem to be heading down a path of privatization based on waiting lists that are not standardized. I guess the question is: are those figures accurate? What are the figures the department is using when they talk about waiting lists? Can those waiting lists be made public, and when will those waiting lists be made public?

Regionalization is a whole issue in and of itself. I understand there was a presentation made by Donna W ilson to the standing policy committee with regards to regionalization, and I would like to know what the recommendations were of that standing policy committee with regards to the analysis she brought up. One of the interesting shifts in our health care system over the last seven years has been a shift of responsibility, it seems, from the department of health to the regional health authorities, yet the department of health is footing the bill. It's quite a large bill as well.

The question is: how effective has this regionalization process been? Does the department have the answers as they're sending over the dollars to the RHAs? I'm going to provide a list of questions that I'm sure the department has answers to quite readily with regards to the costs of regionalization. They are as follows: what were the costs of setting up corporate offices and related corporate support services in each of the 19 health regions, including the Cancer Board and the Mental Health Board, for each year since 1993? What was the total cost of layoffs and other personnel changes resulting from merger, downsizing, and other changes as well? What happened to all the equipment that used to be in the hospitals, and what was the amount realized back to the department of health if that particular equipment was sold? Hospital beds, X-ray machines: the list goes on.

What was the cost of capital construction to develop of fices, administrative offices and others, for the regional health authorities and their staff and the administration of the regional health authorities as well as the consolidation that occurred within the regional health authorities? What was the cost of hospital and health facility renovations for each year since 1993 as a direct result of regionalization? What was the total cost of Alberta Health and regional health authority personnel time to plan, host, attend, and develop reports for health roundtables, workshops, and summits since 1993, including rentals, travel, communications, personnel, and consulting fees? What was the cost of the government committees to address issues in health system redevelopment such as the Provincial Health Council of Alberta, the long-term care advisory committee, the MLA committee on the review of health boundaries, and the Health System Funding Review Committee, just to name a few?

MR. ZWOZDESKY: I think there should be a point of order raised here. I appreciate where the hon. member is going with these questions, but they seem much more of an historical nature, of things in the past. My impression is that we're here today dealing with Budget 2000-2001. While those are very valid questions, hon. member, I would submit to you, Madam Chairman, that those are the types of questions that frequently come up in another forum called Public Accounts, where we are reviewing historical actions and accounting for historical expenditures. I would ask the chair to please make a ruling on this point of order at this time.

MS LEIBOVICI: In actual fact, Madam Chairman, the reality is that in order to know what the costs are of this current budget and whether the dollars within this current budget are being allocated appropriately, you need to have the historical facts. There has to be an analysis that the department of health has at its fingertips in order to ascertain what the costs are that are being provided to each RHA at this point in time – it only makes sense – in order to be able to evaluate what the department's budget is, which is what this process is about. W e're not rubber-stamping a budget. W e're asking questions in order to be able to evaluate whether taxpayers' dollars are being appropriately allocated. It's as simple as that. In order to do that, we need the historical background. I hope this isn't eating into my time.

THE CHAIRMAN: Hung, on this point.

MR. PHAM: On this point of order I agree with the hon. member about the need to know statistical and historical data, but that is part of the research process you do before you come to this committee meeting. I hope you are not doing the research on the spot. If you want to look for this information, you should have asked for the public accounts before you came here. That's what I'm suggesting.

MS LEIBOVICI: The reality is that I have tried to obtain this information, and it's not in the public accounts, so I assume it is within the department of health under a number of areas where they have research analysis capabilities. We are voting millions of dollars to deal with those particular areas. In particular, if you want to look at what they are, those services are under ministry support services. They are probably within the associate minister's office. It has to do with vote 1.0.5, policy and planning services. It has to do with vote 1.0.6, health information and accountability. The list goes on. So this is information that these branches of the department are providing and should provide. It should be available to the public in determining whether or not we should be paying $3,838,000 for the policy and planning services of the department of health.

THE CHAIRMAN: Okay. Could I get some clarification, maybe some confirmation here? There are other mechanisms by which this information could be requested. Is that right?

MS LEIBOVICI: No. The reality is that in determining this budget which is in front of us, the only mechanism is the process we have right now. Public accounts is historical and is a year behind in terms of overviewing what the expenses were of the department.

I'm not asking for an auditing of the expenses of the department. I'm asking: what is the research and the information that has led the department this year to spend $5.3 billion on health? As part of that $5.3 billion expenditure a huge amount goes to the regional health authorities which were established by this province. There has to be an analysis somewhere as to the efficiency of the regional health authorities.

MR. JACQUES: Well, it's an interesting take, but if you go back to the substance of the hon. member's questions, they're specifically asking for information relative to regional health authorities and, more particularly, financial information. I would submit, Madam Chairman, that if you look at the regional health authority audited financial statements, which are indeed a public document . . .

MS LEIBOVICI: And I have looked at them.

MR. JACQUES: . . . and if the member or the researcher spent a little time on that, they can provide the answer. I think the point of the point of order is very valid. Either we're here for the public accounts or we're here for the business plan, but we can't be here for both.

MR. MacDONALD: Madam Chairman, 63 percent of the total budget of the department of health goes to the regional health authorities.

MS LEIBOVICI: The reality is that the business plan talks about improving the continuity of health services. It talks about improving the quality of health services. It talks about ensuring the accessibility to quality health services. My questions directly relate to those particular issues that are outlined in the business plan to see whether in fact we are improving the quality of health services in this province by the expenditure of dollars under the regional health authority vote, whether we are improving the continuity of health services. How do you judge that unless in fact you know what the expenditures, what the effectiveness has been over the years? It is a logical question to put forward: where have we gone in the last while with regard to expenditures in the regional health authority budgets?

THE CHAIRMAN: Okay. I wonder if I could ask the minister if he'd like to comment on this matter. Is this information that's readily available?

MR. JONSON: In my view the information is available. There are the annual reports of the regional health authorities. There is the avenue of the public accounts. There's also the avenue of motions for returns with respect to addressing this information. But I'm not the one to rule on a point of order. I would suggest, Madam Chairman, that we just proceed.

10:12

THE CHAIRMAN: And leave the questions as is. Okay. Let's just do that. Continue on.

MS LEIBOVICI: Okay. Thank you. I will then continue.

The other questions in terms of the analysis of the effectiveness of regionalization deal with the costs of duplication of services in health regions, for instance with regard to data analysis, computer systems, and communications; an analysis of why there's a threefold increase in medical procedures in the last three years given that the population has not increased by that amount; the total annual contracted-out services by for-profit and not-for-profit and the percentage of funding per regional health authority by classification; the contracts and the costs of all consultants who have been hired by the government to research, promote, and otherwise provide advice to the government relative to the contracting-out proposal; the number of empty beds and closed facilities by regional health authority; the cost of inpatient stay procedures by regional health authority, and – and I did touch on this earlier, as did the Member for Edmonton-Riverview – reports on the analysis of the capacity of the regional health authority relative to surgery, wait lists, and in-and-out patient services.

Another question that I have with regards to out-of-province costs is: how many people within this province are sent out of province, if any, to the United States or to other provinces for treatment? What was the cost, and what kind of treatments are being provided? That basically is the list of questions there.

Another question with regards to the regional health authorities is not an analysis of their efficiency but is with regards to their medical bylaws. Do all regional health authorities have staff medical bylaws approved, and if not, why not? Who determines what those standards are?

There are reports that are supposed to be available to the minister with regards to the number of people waiting for long-term care beds in acute hospitals. I believe the first report was due on August 31, 1999. Can the minister indicate what is the current number of people who are occupying acute care beds that should really be in long-term care facilities? Can the minister explain the rising costs of administration? You could do it over the last three years, or you could do it for this year, with regards to the administration within the regional health authority structures.

What is the percentage of admissions to hospital emergency departments that requires nonsurgical intervention? We know that the minister has often said that the hospital structure is perhaps not the most efficient structure for dealing with procedures. It would be interesting to know what is the actual percentage of admissions to emergency departments that require nonsurgical interventions.

Now, I have some specific questions with regards to some of the regional health authorities. There are questions with regards to the Calgary regional health authority to start with. Can the minister indicate what the situation is with regards to the hospital inventory system in the Calgary region at this point in time? Last year I was told by the minister that the Calgary regional health authority property management group would be able to identify the properties, the individual lease agreements, that the Calgary regional health

authority has with providers. However, I was also told that there was difficulty in providing this information regarding ownership, cost of services, and number of contractors. Given the new willingness to open contracts that are provided with private companies, I am again asking this year regarding who owns these buildings – there were 22 leased facilities last year in the Calgary region – which real estate companies were utilized, what the lease dates are, and that the access to the contracts be maintained.

Also, with regards to the inventory of contracted clinical services, last year there were 169. It would be good in this spirit of openness that we would have not only the names but also the cost of the contracts and the ownership of the clinics.

The minister has indicated recently that the Consumers' Association study with regards to cataracts in Calgary is not accurate. It would be helpful if the department of health study that indicates that that is not accurate was released to the public and an explanation as to why younger individuals in Calgary are now requiring more cataract surgery to be done. Studies indicate that cataracts do not occur, on average, unless you are older. So the question is: why in Calgary are there so many younger individuals who require cataract surgery? [interjection] It might be all that sunshine. It would be nice to know.

The department of health has been involved with the Crowfoot Village Family Practice pilot project. Can the minister provide information as to the quote, unquote, rigorous monitoring and auditing system that's in place with regards to that pilot project? Can you provide a copy of the funding agreement? Who actually provides the funding for the evening nursing staff? It is my information that it's the regional health authority that provides the funding for the Crowfoot clinic and that it comes out of the 8th and 8th clinic. I'm asking for confirmation whether it's the family practice group that is paying for that or the regional health authority.

How does the Crowfoot Village Family Practice group interrelate with the Calgary regional health authority home care unit? As the program is now at least six months old, what analysis has been completed with regards to that particular program? The pilot project is, I think, a worthwhile one. I would just like to know what the monitoring and auditing one is, because I do agree that we have to look at different formats of providing care.

There has been a lot of discrepancy from the Calgary regional health authority with regards to the active beds that are available in the Calgary region, and I'm sure the department of health can clear up those discrepancies as to what the number of acute care beds was prior to restructuring, both active and inactive, what the numbers are now, and the ratio of active beds per population prior to restructuring in 1993 and now. We seem to be getting differing figures from the regional health authority itself with regards to that.

The Calgary regional health authority recently undertook to have a physician task force. I have asked them for the information as to who specifically was on that. I have not to date received that information, and I'm wondering if the minister can provide that information, because it was that task force that, it seems, has now led to the contracting out of the MRI services in the Calgary region, the recommendations of that task force.

The satellite emergency departments that are being planned in the Calgary regional health authority: is there money allocated in this year's budget for those satellite departments? The community health centres that the Calgary regional health authority was planning at a cost of $47 million: are those actually line items – which we don't get – that are in the regional health authority budget? Those were community health centres in the south, north, west, and northeast, and they were part of the primary care initiative.

10:22

Another issue that I've had brought up to me, that is a cross-provincial issue, is: what happens when provincial land is utilized in a public/private partnership? What are the tax laws that actually operate for those partnerships? Are they considered to be operating under public tax laws, the tax laws that would govern public health facilities, or are they tax laws that are for private health facilities?

The Palliser regional health authority. Can you explain the decision that was made, unless it's been reversed fairly recently, about South Country Village with regards to their capital funding request? If they have not received any, why not? It's a nonprofit, voluntary organization, to my understanding, and it's a model for aging in place.

There are some issues around the Northern Lights region, whether or not they are able to provide adequate coverage because of a lack of physicians. Does the minister of health see that there is any role for his involvement when there are citizens in this province who are unable to access health because of decisions made by regional health authorities?

The Lakeland regional health authority. I don't know that there was anything in the budget specifically, though the Minister of Infrastructure had indicated that there would be, with regards to retrofitting the Fort Saskatchewan health centre to bring it up to code because it is not up to code. Where does Fort Saskatchewan rank in terms of priority for a new facility? If the minister could also provide where the majority of Lakeland surgeries are performed and what the percentage is of surgeries performed at Fort Saskatchewan.

THE CHAIRMAN: If I could just interrupt for a second. The time is up, but we are adding another four minutes for the time I took for that point of order. So you have another four minutes left.

MS LEIBOVICI: I appreciate that. Great. Thank you.

Congratulations on finally appointing a board to the Lakeland region. It's been a long haul. I have had one request as to finding out what the recommendations actually were from the committee that was chaired by Terry Cavanagh, with a footnote that there was no representation on the board from the county of Two Hills.

Health region No. 5. We did talk about that. I know that the Didsbury hospital is a thorny issue, that I will be watching with interest as to what the minister will do in that particular area.

Mistahia, with regards to the funding formulas, we have talked about as well. As I indicated earlier, it has been recommended in the past to the department of health that the quality and time lines of the information used in the population-based funding formula be improved and that the consistency and predictability within that funding formula be improved as well. There were recommendations that were provided by the AG's department.

I've had some disturbing calls – and I think this is a provincial function to oversee – from areas throughout the region that some of the hospitals do not have adequate supplies on hand, that they run out of basics like syringes, salve, dressings. I'm wondering whether in fact that has ever been brought to the minister's attention, because it would appear that with the amounts being provided to each regional health authority, that should not be occurring, that the health professionals cannot perform their duties because of a lack of basic supplies within the hospitals.

The Chinook regional health authority: another interesting area to look at in this province as to the status of the plan. Can the minister explain – and this would be in conjunction with the long-term care review that was provided as well – how seniors will be guaranteed better care if they are moved from the nursing home environment to an assisted-living environment, if that is the case? We know that there are certain services that are not provided, that in fact the standards of care are less because of the different requirements for a nursing home versus an assisted-living environment, and that the

out-of-pocket costs are increased to individuals who move into assisted-living environments. So can the minister explain some of those conditions that are made?

In particular, I have had a complaint with regards to the post acute rehab program being closed down, combined with the geriatrics assessment rehab unit. The facility that these individuals are being placed into, the auxiliary building, has inadequate heating, plumbing, and air conditioning. If the minister , as he's reviewing that whole area, could explain the decisions that have been made.

Also, there is an increasing concern that I'm hearing from across the province with regards to long-term care, home care, and other areas, that I won't be able to address but will send to the minister , with regards to the ratio of staff to residents, that those are unacceptable.

THE CHAIRMAN: Okay . W e are at the end of the Of ficial Opposition portion of the meeting. W e can move forward to the next, which is specifically allocated to the Member for Edmonton-Strathcona. Hearing no questions from that member, we can move on to government members.

We'll start with Dave, please.

MR. BRODA: Thank you, Madam Chairman. Are we going to go for two hours or an hour just questioning, or can we go question by question with an answer back?

THE CHAIRMAN: You can go question by question. Whatever you want.

MR. BRODA: Okay. I have several questions, and I would like them addressed. I guess my first question would be to . . .

THE CHAIRMAN: Can I just interrupt for a second?

MR. BRODA: Sure.

THE CHAIRMAN: Mr . Minister , what is your preference with regards to his question?

MR. JONSON: I would suggest that government members perhaps give me their particular questions, and I'll try to respond. Madam Chairman, I wonder if I could request – and this is the government side's time for questioning. I think it is important to have, if it's acceptable, the associate minister respond on the questions that were raised with respect to the PDD area and also AADAC, if he wishes to comment.

THE CHAIRMAN: I think that would be fine.

Gene.

MR. ZWOZDESKY: Thank you. I want to respond to questions that were posed by the Member for Edmonton-Riverview with respect to the recently released PDD report, Building Better Bridges, the final report regarding programs and services in support of persons with developmental disabilities. She made some comments this morning that are not factual, and I would like to correct those for the record.

I believe she started by saying that there were no commitments made in the report or no commitments made by the government to this important area. In fact, that's not true. Commitments have been made, and I want to start by apprising that member of a couple of them. For example, in the area of current deficit forecasts, which is issue 1 under official recommendations, there was a recommendation that I made in the report that says that the province of Alberta should "eliminate the current PDD deficit by providing a further $5 million" for the PDD program. That commitment was made and demonstrated by the government of Alberta, and that $5 million deficit will be accounted for and eliminated in the new budget. So that's already been done.

Another important aspect and commitment that has been made and is also reflected and recommended in the report is with regard to issue 2, which is the future funding forecasts, wherein the recommendation states

> that the 2000/2001 Provincial budget for the PDD system incorporate:
> - the $10 million infused in July, 1999; and,
> - the additional $5 million recommended [for deficit elimination]
>
> as part of the base budget for PDD.

Surely she must know what base budgets are. That, too, has been done, and it's reflected in the report.

In fact, there are additional items within issue 2 on future funding that take into account issues like PDD recipient growth and the need for additional funds to deal with that as well as getting on with improving information gathering, information tracking, and accounting systems for PDD, all of which have been provided for , hon. member, in the budget. In fact, the total budget over this past year or so has gone from $283 million to this important area up to $293 million in July of 1999, and now a further $5 million is being added to eradicate the remainder of the deficit. On top of that we have a grand total expenditure over the next year projected at $321 million approximately, which is a very significant increase.

10:32

I might point out to that particular hon. member that that is one of the largest increases to any government program. The government of Alberta seriously, seriously recognizes how important this area is and how vulnerable many of the recipients of this program funding are. Therefore, we are committed to assisting them in a way that will arrive at what everyone wants: a more stable, a more predictable but also a sustainable level of program support and service support for persons with developmental disabilities.

I want to just mention a couple of other areas. Before I do, I would just say that in a general sense the recommendations that are presented in this particular report have come about as a result of a very extensive and a very thorough review process that involved literally hundreds and hundreds of PDD recipients, parents and guardians of PDD recipients, service providers, community agencies, board members who serve at the community level, and board members who serve at other levels within the PDD structure in their local areas. A couple of things were extremely extremely, emphatically, clearly pointed out to me and others who were listening to those various inputs.

One of them, Madam Chairman, was the fact that because of the extremely sensitive issues that affect persons with development disabilities the community, broadly speaking, wanted government to move cautiously and to move carefully with respect to any changes that might be made to this important PDD program. Equally important, that same constituent community also said: please, involve us in the process. That is why the balance of the recommendations are out there for additional feedback from the constituent community that we are helping and have traditionally done a very good job helping. Having said that, I would direct you, for example, to the issue with respect to support for acquired brain injury individuals, which is issue 5 on page 35 of the report.

I'll just end here by saying that there are various partnerships spelled out, Madam Chairman, and there are dates within which those particular recommendations have to be acted upon if the recommendations are absorbed. Suf fice it to say that one of our more interested groups in this whole process, the Alberta Associa-

tion for Community Living, for example, gave the report a very resounding two thumbs up by stating that they commend the government on ending the PDD funding crisis.

Now, I could go on with a lot of other stuff, but I just wanted to correct some of misimpressions the Member for Edmonton-Riverview read into the record.

Thank you.

THE CHAIRMAN: Okay. Thank you.

I've got Dave, Hung, Yvonne, and then Denis.

MR. BRODA: Thank you, Madam Chairman. Over the past few months considerable public concern has been expressed across the province about the future of the publicly funded health care system. There have been a lot of innuendoes out there and some misinformation provided by the opposition and the Friends of Medicare and whoever else.

MRS. SLOAN: Would those be left-wing nuts?

MR. BRODA: They could very well be, yes.

My question is: what can I point to in this business plan that will assure Albertans about its sustainability with all of its founding principles intact? That is one question. The minister can respond, or he can give it to me in writing.

The next question that I have is: what are some of the strategies that the department hopes to investigate to ensure that the public system can be sustained within current levels of expenditure without compromising quality of service or people's health in the long run?

The next question. The allocation to Health and W ellness of 33 percent of the provincial expenditure I believe is the highest it's ever been. Is there enough to do what we need to do in the future, especially in light of all the CUPE demands right now for salary increases?

The next question that I would have. There's been mention of immunization, and I'd like to know what this government is doing to improve the prevention and control of influenza in long-term care facilities and similar institutions. W ill the government make immunization of health care workers mandatory, as has been recommended in Ontario?

The next question: will Alberta Health and Wellness provide the drugs needed for long-term care to manage an outbreak should there ever be one?

I know that we had also brought up in the business plan here as well – there were some questions or comments on AADAC in there. What is AADAC really doing to maintain the priority of youth? We're finding a lot of problems with youth right now, whether it be alcohol or drugs. What plan is there on that? Again, maybe the associate minister could respond either orally or in writing. What are AADAC's long-term plans for the prevention that we're talking about? I know that there have been a lot of good things, positive things that have happened in AADAC, and I certainly encourage what's been happening, but there's more to be done. Maybe you could address the long-term plan we're looking at for prevention.

What partnering activities are established or planned to focus on this prevention? Are there public/private partnerships even within the communities themselves, within industry? Is there anything that we can see happening there?

Again to the minister. We've looked at the initiative for a $2.2 million increase in the budget for physicians in rural Alberta, the on-call physician program. I'd like to know how that is working. How successful is the physician plan regarding the recruitment and retention of physicians in rural and remote Alberta? We find that we've brought in some new physicians from South Africa or wherever. Once they've been established in rural Alberta for two or three years, do we see a migration into urban centres from rural Alberta? If that could be answered.

Also, does the minister foresee the need to continue recruitment of physicians from countries outside Canada in light of the comment made from the report that there were 255 physicians between September '98 and '99? I think that's very positive, and we do have to compliment the physicians that are out there. I know in my own constituency the physicians that have come from South Africa are well received within the community, and I don't see them moving into larger centres. I think they have some very viable businesses in the communities. I just wanted to see what's happening in general throughout the province.

Thank you, Mr. Minister.

THE CHAIRMAN: Did you want to make any comments on those questions at this point, Mr. Minister?

MR. JONSON: No, Madam Chairman. I think there are other government members that would like to pose their questions.

THE CHAIRMAN: Sure.

Okay. Hung.

MR. JONSON: We will, of course, respond as we will to the opposition.

MR. PHAM: Thank you, Madam Chairman. I would like to thank the minister and the associate minister and his staff for an excellent presentation. Before I begin, I would like to pass on my congratulations and special thanks to the Associate Minister of Health and Wellness on behalf of the PDD people. I have received many phone calls and letters in the last few weeks expressing their great satisfaction with the work you have done to address their concerns. So on behalf of those people I would like to thank you for an outstanding job.

10:42

I would like to focus my questions today on one particular area that I briefly raised in last year's budget debate. That is goal 1 of the department: "to sustain and improve the delivery of accessible, effective, quality health services to Albertans who need them." There is one area that is very troubling for me, and I have seen this happening and getting worse for the last year. That is the problem of access for new Canadians. I hope that the deputy minister and the staff that are here today take note of this, because I am going to follow up and ask for a detailed answer to this question.

We have in Alberta an average ratio of patient to doctor of about 580 patients per doctor. In some of the new-Canadian communities, some of the ethnic communities, that ratio is sometimes as high as 5,000 patients per doctor, and that poses tremendous problems for many of these new Canadians when they go and see their physician, because of the language barriers they have. Sometimes they have to wait two to three hours to get in to see a doctor.

Because of the high patient to doctor ratio, these ethnic doctors end up with a higher billing rate than average. Alberta Health has an investigation unit that goes after these people who have higher than average billing rates, and it gets to a point where these doctors are upset and they don't want to have the trouble, so they cut down on hours of operation. That compounds the problem. When they reduce operating hours, the number of patients does not get reduced; they just have to wait longer and longer.

Many of those doctors don't even bother to take appointments any more. They cannot afford to keep an appointment. So people just have to walk into the office and wait, two to three hours sometimes,

to get in to see a physician, especially during flu season. Last year I had the flu and had to wait four hours, and I saw many people in that room. It was very, very unacceptable. I think that, you know, it gets to a point where they feel that they're being treated as second-class citizens and that we have two classes of treatment.

My colleague talked earlier about the program we have to recruit physicians from other countries, South Africa for example. We have many qualified physicians here in Canada, but because of the way we do things, those people are being barred from practising medicine. For every person who received medical training overseas, when they come to Canada, if they want to become doctors again, they have to take a qualifying examination. That examination will prove that they have the qualifications to practise medicine in Alberta, and most of the physicians pass that exam easily.

But a second requirement is that they take a two-year internship program, and these internship positions are created in exactly the same number as the number of people who graduate from our undergraduate medical programs. Because of that, these people have no chance at all of practising medicine again. We have many, many people whose talents are being wasted. When we spend money going outside Canada trying to recruit other people, that situation is unacceptable and is not logically making sense. I don't know how long it will take for the department to realize that and find solutions to address that issue.

Last week I had a meeting with many stakeholders from my Human Rights, Citizenship and Multiculturalism Education Fund Advisory Committee. There were people at that meeting raising that issue. They are thinking of taking this to the Human Rights Commission, their challenge being on employment and discrimination on their country of origin. When they have all this training and all those qualifications and the system systematically locks them out by not providing the opportunity for them to take internship positions, it's not fair to those people or to the taxpayers of Alberta.

We have all this wealth of knowledge and experience that we can tap into. We don't have to spend a lot of money. All we have to do is look at the system and try to change it. I hope that the department staff and the deputy minister and the minister take these concerns into account and try to address them. This problem is not going to go away. It is getting worse and worse. I know that there are doctors who actually moved to B.C. because they could not stand the workload. They could not stand the demand. There are many, many things that are going right with our health care system, and I would like to have some attention paid to this area.

Thank you.

MRS. FRITZ: I am going to be very brief because I know Denis has a question as well. I wasn't going to make a comment, Mr. Minister, but I'm going to simply because the Member for Edmonton-Riverview commented that she believed that you are spending far too much on the area of prevention and screening programs in particular. I quite frankly was very pleased to see on page 217 that you have allocated $2.3 million for the breast cancer screening program. I happen to think that far too often it's treatment that gets our attention.

THE CHAIRMAN: Yvonne, just one second. I think Linda has a point of order, a clarification maybe.

MRS. SLOAN: I think the hon. member didn't clearly hear what I said. I didn't condemn the province for screening. I said that the incidence of breast cancer and cervical cancer is on the increase and that all they appear to be focused on doing is screening, not looking at the root causes or perhaps the contributing causes of those diseases. So to suggest that I was condemning them for screening is incorrect.

THE CHAIRMAN: Okay. Thank you for that clarification.

Yvonne.

MRS. FRITZ: Thank you, Madam Chairman. I can look at *Hansard* later, but I was quite surprised at what was said, so I wrote it down verbatim.

I'll just make my comments. I really think it's important to have screening programs, and I think that far too often it's treatment that gets our attention. I know that there are those who believe that a disease care system is really what keeps us healthy, and I think that needs to be balanced with promotion and prevention.

My question to the minister once again – and I've asked it previously for a number of years. I really believe that this is the way in which you are going with this when I see it here in the budget. I know that you're a strong advocate for screening, especially in the area of women's issues, but I'm wondering whether or not this funding is going to be utilized for a desperately needed provincewide breast cancer screening program, which I think should have a holistic women's centered approach and should be targeted at the 50- to 69-year-old age group.

Having said that, as well I notice that just above that you've allocated $4.7 million to the implementation of the cervical cancer screening program. I was really pleased to see that in the budget as well, because I happen to believe it's long overdue. We know that the pap smear is the single most cost-effective screening test that there is in modern medicine. I will be following it closely, because this approach to cervical screening is fairly new this year in that it will be an organized approach. What I would ask in that regard is: how are Alberta women going to be accessing the program? I'm really pleased to see it in place.

Also, just a brief question – I asked you about it in the last estimates – about anorexia and bulimia, you know, the whole area of eating disorders, especially for our young women. I'll write you my questions in that regard, because I wanted to be brief here today.

Also, I did want to ask the associate minister about an area in AADAC, and I know that you are familiar with this issue. It's about the Oxford House Foundation proposal for AADAC funding. I really think it's important that you ask your officials to relook at their mandate for AADAC funding. It's behind the times. They should be looking at community-based, cost-effective approaches such as Oxford House, and they've neglected to do that and should be just far more sensitive to that type of programming. I know that you are as a minister, because we've had that discussion, and I appreciate it very much.

Also, as the previous member said as well, I really, really appreciate what you've done with the whole area of the PDD issue. You've worked very hard on that issue and have been very passionate about it, and your recommendations are outstanding. They are really going to help the community. So thank you and thank you, Mr. Minister.

THE CHAIRMAN: Thank you, Yvonne.

Denis.

MR. HERARD: Thank you, Madam Chairman. I, too, believe that this was a very good presentation. In fact, I've asked for copies of your notes, because it'll certainly help me with questions that I'm having with respect to constituents.

I just want to briefly touch on Bill 11 because it was brought up here so much this morning. I think one of the things that needs to be done is that we need to have some specific examples of the potential benefit, because there is so much falsehood. I won't call it lies because that attacks the people, but it's false information being distributed out there by those who don't want to see the health care system improve with time, improve with the technology changes that

are occurring daily, all of those things. I think we need some very specific examples of potentials. Part of it, as I see it – and correct me if I'm wrong – is that there are roughly 130,000 WCB cases a year. I know that there are also other groups of people who are exempt from the Canada Health Act. I think RCMP, military . . .

10:52

MRS. SLOAN: It's a minority.

MR. HERARD: Pardon me?

MRS. SLOAN: It's a minority of people.

MR. HERARD: Excuse me. I'm asking the questions. You had your chance.

MR. JACQUES: A point of order. I thought the Member for Calgary-Egmont had the floor.

THE CHAIRMAN: He did.

MR. JACQUES: Would you please interject then?
We had the courtesy of extending to you in your deliberations . . .

MRS. SLOAN: There were several points of order.

MR. JACQUES: Okay. Here we go again. Can you not extend the simple courtesy to our members that we extended to each of yours? It would be most appreciated.

THE CHAIRMAN: Okay. You've made your point.
Denis, can you continue, please?

MR. HERARD: Thank you, Madam Chairman. You see, I don't know and I don't have the information to be able to determine just what potential there might be. Out of, say, the tens of thousands of cases, hundreds of thousands of cases perhaps, I don't know how many of those actually require surgery. I don't know how many of those could be safely done in an approved facility, given that the College of Physicians and Surgeons would provide an accreditation to a particular facility to do certain surgeries. I don't know what potential is there, but I think we need to know those kinds of potentials.

If you really look at the situation and see that currently our system provides services for people that are not covered under the Canada Health Act, you know, for reasons of having been exempted at the time that it was created, surely any clear-thinking Albertan would realize that if there are a number of these procedures that can be safely done, not because politicians say so but because the college says so in terms of accreditation and so on, then for every one of those that is done in one of those facilities, that opens up a spot in the public health care system. I think we need to know more details about the potentials that in fact exist in reality with respect to that. So those were a few comments with respect to Bill 11.

My first question deals with parents of graduate nurses and dietitians and so on that ask me why there are no full-time nursing positions available when we seem to have literally hundreds of postings and we can't seem to hire nurses. These people are telling me that they can't get jobs. I need to have a detailed explanation of how this whole thing works to provide to my constituents. It seems to me that we've got a number of nurses and other qualified practitioners that are graduating from our facilities, yet they don't seem to be able to find full-time jobs. We're crying for them. We need them. So I need to know what's wrong with this picture. What's the process? Are these perhaps contractual things that are preventing the hiring of these nurses on a full-time basis? I mean, do you have to bump up the whole line of nurses? Just how does this work? I can't explain to my constituents why that is, and I'd really like to hear a detailed explanation on that.

My second question deals with, again, constituents who ask me why it is that virtually any time of the day or night in the city of Calgary when you go to an emergency room you have a room full of people sitting there in various stages of discomfort and pain waiting to get in. I'm just wondering what's happened to this system when about 50 percent of our family physicians in the city of Calgary operate out of walk-in clinics. They no longer take any kind of hospital work whatsoever. They don't admit sick patients. They send them to emergency. So here we are duplicating the work, plus we have to hire doctors now to look after the cases that they won't look after but inside the hospital at a tremendously higher cost again. We have all these people waiting to get in, yet nobody points to where the problem is.

Why can't we get doctors to be doctors anymore? I just don't understand why we can't call a spade a spade. We have to find a solution to this. You know, if a doctor decides that they don't want to do any kind of hospital work, well, maybe there should be a different fee schedule for those folks because they're not doing the whole job. They're only doing part of the job. So if they want to be an up-front screener rather than a doctor, then maybe we should recognize that and pay them differently.

The bottom line is that it really upsets me, as you can probably tell, that we hear all these words from associations like the AMA, yet they've known of this problem for years. I know, because I brought it up many times when they used to sit at the SPCs here, yet nothing gets done. So, excuse me, you can't speak out of both sides of your mouth. We have to hold them accountable. They're professionals. We revere them – we look up to them; we trust them – yet they're the cause of the major problem here in this case, in my view. So when are we going to deal with that?

The last question, which is not going to be so emotionally charged, deals with Wellnet and where we're at with respect to that. You know, we've been working on this, I know, going all the way back to '94-95 and probably longer than that. Some of the people in this room have probably worked on it longer than that. So I'd sort of like to know: what has Wellnet achieved so far, and in the next budget year can we look forward to the potential, the possibility that we can improve the delivery of health care in this province at a lower cost without cutting another thing?

I've believed for all these years that if you put visibility into the system plus the potential of clinical practice guidelines affecting care throughout the province so that everybody solves the problem in the most cost-efficient way and the way that is best for the patient, then misuse, abuse, all of those kinds of factors – you can in fact do more with less without cutting another thing. Of course, we haven't been cutting since 1995. It's gone up by – I can't remember the number; I'm making it up – $1.8 billion or something. I mean, that's a huge, huge increase in spending. I'd like to know if Wellnet is going to in my lifetime produce the kinds of benefits that I know it could produce if we got on with respect to being able to put visibility into the system, because if you can't measure it, you can't control it.

Those are my questions. Thank you.

THE CHAIRMAN: All right. Thank you.
Are there any other questions from government members?
Mr. Minister, would you like to have any final comments?

11:02

MR. JONSON: First of all, I thank members for their questions. They're, of course, fairly large in number and will require work to answer them in detail. We will provide our written booklet, although

I will not promise it immediately. It will take some time.

With respect to questions from government members – and I'm working backwards here very quickly – we can provide an overall update on Wellnet, but I think it's worth noting that we do have an actual on the ground and running program under what's titled the seniors' drug profile. It is possible in 22 hospital sites, which include the Misericordia and the University of Alberta hospitals, to access the drug profile of a patient who, for instance, in an emergency situation comes into one of those hospitals. This is particularly important with seniors so that you don't have to redo all the testing and so forth to decide what drug therapies they're getting before you decide on their treatment. It's often a very big problem with emergency situations.

The physician office systems are in the northeast part of Edmonton. They're working on a pilot project there to link up their information. We have a pharmaceutical information network under development. We're using Alberta Wellnet to develop our records and tracking for the Alberta breast cancer screening program. We're using the vehicle of Wellnet to look at the exchange of information on lab test results, pharmaceutical, telehealth, and telepsychiatry. Those are programs, particularly telehealth and telepsychiatry, that are actually up and running, serving patients on a daily basis. There's more to the program there. Metabolic screening for infants is another one where the information is being improved upon, and certainly efficiency is being improved there.

The other comment I'd just like to respond to – and I will respond to the Member for Redwater's questions, which were quite detailed. With respect to foreign-trained doctors, one of our initiatives this year is the expansion of the internship program. In that expansion there are places reserved for foreign-trained doctors: four in the coming year and then eight in the following year. It's perhaps modest, but it's in proportion to, say, what Ontario is doing. In Manitoba I think they've got two spaces. We do hope to expand that.

I think we also have to be sensitive to the long history of this area. It's being recognized and is something that I think is fair and needs to be done, but we have a long history here of the position of the physicians, particularly when there's been the domination of the College of Physicians and Surgeons and all the standards that they seem to feel had to be exactly the same as those of the Royal College of Physicians and Surgeons. It had a connection to the Commonwealth and so on as far as Canada is concerned. We're evolving and changing from that now, and I think that's good. That's a bit of the history of it. We are doing something there.

Finally, Madam Chairman, I thank members for their questions and attention. We are in Alberta Health and Wellness certainly committed to moving forward to strengthen our publicly administered, publicly funded health care system, to adhere to the principles of the Canada Health Act, and also I think it's very important to look at new and better ways of doing things. Whether we are referring to the utilization of technology through Alberta Wellnet or looking at new models of physician deployment or new models for workforce utilization, whether we're looking at new concepts in terms of caring for and providing housing for the aged, as outlined in the Broda report, I think we are in our business plan being responsible.

We're responding in a major way on the fiscal side in terms of actual resources, and we are not accepting the status quo in terms of our effort to change and to look for improvements and to be I think in some areas quite innovative. Some people in other provinces think we're kind of courageous in some of the very new things that we are piloting and looking to provide the basis for improvement on in the future.

Thank you, Madam Chairman.

THE CHAIRMAN: Okay. Thank you, Mr. Minister.

If there are no other questions from government members, I'd like to call for a motion to conclude discussion of the estimates and to rise and report.

Dave.

MR. BRODA: Yes. I move that

> pursuant to Standing Orders 56 and 57 the designated supply subcommittee on Health and Wellness now conclude its consideration and debate on the 2000-2001 estimates of the Department of Health and Wellness prior to the conclusion of the four-hour period allocated and rise and report.

THE CHAIRMAN: Thank you, Dave. All in favour?

SOME HON. MEMBERS: Agreed.

THE CHAIRMAN: Any opposed?

SOME HON. MEMBERS: No.

THE CHAIRMAN: Carried. Thank you very much.

[The subcommittee adjourned at 11:09 a.m.]