



PUTTING PEOPLE FIRST

PART ONE

RECOMMENDATIONS FOR AN ALBERTA HEALTH ACT

September 2010



**LEGISLATIVE ASSEMBLY
ALBERTA**

FRED HORNE, MLA
EDMONTON-RUTHERFORD

September 15, 2010

The Honourable Gene Zwozdesky
Minister of Health and Wellness
Government of Alberta

Dear Minister:

Last September, I had the privilege of serving as co-chair of the Minister's Advisory Committee on Health (MACH). On January 20, 2010, our report, *A Foundation for Alberta's Health System*, was submitted to you. The Committee made four recommendations:

- articulate a set of principles that must be sustained and maintained throughout Alberta's health system;
- legislate an Alberta Health Act for the future;
- ensure ongoing citizen engagement in the development of legislation, regulation and policy including the development of a patient charter; and,
- develop clear directions to guide legislative, regulatory, policy and program delivery changes across the health system.

Government subsequently accepted the Committee's recommendations, and on February 5, 2010, you appointed me to lead a province-wide consultation process regarding the proposed Alberta Health Act, other MACH recommendations, and to recommend next steps based on the feedback received from Albertans. An Advisory Committee was appointed to assist with this process. At this time, I am pleased to submit my report, *Putting People First*.

The report is presented in two parts. Part One, *Recommendations for An Alberta Health Act*, offers 15 recommendations based on feedback received from Albertans. This report and recommendations were developed in consultation with, and are supported by the Advisory Committee. Recommendations address specific components of the proposed legislation, including principles, a health charter for Alberta, and public engagement with respect to future changes in legislation, regulation, and policy. In addition, a recommendation is included with regard to the development of an independent entity to support evidence-based decision-making. A possible framework for ongoing public engagement on broader health system issues is also included.

Part Two, *Summary of Views*, is devoted entirely to an overview of the diverse input received from Albertans through the consultation process. Input was gathered through 29 community workshops held in 23 communities across the province, with a combined total of over 1300 participants. We also conducted a public survey to which over 1500 Albertans responded, received over 85 written submissions, and held many meetings with stakeholder organizations.

I am indebted to the members of the Advisory Committee who assisted with the design of the consultation process, detailed review of Albertans' input, and development of this report and its recommendations. My thanks also to staff of Alberta Health and Wellness, Alberta Health Services, and so many others who assisted with the process.

But most of all, I am indebted to Albertans who devoted many hours and a great deal of effort to carefully thinking through the issues and presenting thoughtful, insightful feedback on questions critical to the health and health care of Albertans, now and for generations to follow.

On behalf of the Advisory Committee, thank you for the privilege of leading this important initiative.

Sincerely,

A handwritten signature in black ink that reads "Fred Horne." The signature is written in a cursive, slightly slanted style.

Fred Horne, MLA
Edmonton - Rutherford

DEDICATION

This report is dedicated to Gary McPherson, who pursued the goal of wellness with zest and incredible determination throughout his life.

The passion, wisdom and insight Gary brought to the Minister's Advisory Committee on Health was instrumental in development of the Committee's recommendations to improve the health of Albertans and build a stronger health care system for today and tomorrow.

"In our culture, responsibility for personal health has been abdicated to the professionals. For reform to take place, the individual must become the focal point of a "system of health"."

With Every Breath I Take. Gary McPherson. 2000

ACKNOWLEDGEMENTS

The valuable contributions made by the following individuals and organizations in shaping, informing and formulating this report are gratefully acknowledged:

- All participants in the consultation process, for their open, honest, frank and heartfelt views.
- Members of the Advisory Committee, who contributed their time, expertise and valuable insight:

Mr. Greer Black, Past President, Alberta Continuing Care Association

Dr. John Cowell, CEO, Health Quality Council of Alberta

Mr. Greg Eberhart, Registrar, Alberta College of Pharmacists

Dr. Tom Feasby, Dean, Faculty of Medicine University of Calgary

Mr. Dan MacLennan, Former President, Alberta Union of Provincial Employees

Ms. Deborah E. Prowse, Chair, provincial Patient and Family Safety Panel, HQCA, former co-chair, Minister's Advisory Committee on Health

Ms. Mary-Anne Robinson, Chief Executive Officer, College and Association of Registered Nurses of Alberta

Dr. Trevor Theman, Registrar, College of Physicians and Surgeons of Alberta

Members of Alberta's 12 Health Advisory Councils, for their tremendous efforts in promoting and hosting community workshops in their regions to gather Albertans' input for this report.

- The communities of Airdrie, Athabasca, Brooks, Calgary, Camrose, Delia, Edmonton, Fort McMurray, Fort Saskatchewan, Grande Prairie, High Level, High Prairie, Hinton, La Crete, Lethbridge, Medicine Hat, Nanton, Peace River, Red Deer, Slave Lake, Spruce Grove, St. Paul, and Vermilion, for their gracious hospitality and warm Alberta welcome.
- Employees of Alberta Health and Wellness and Alberta Health Services, who provided research and other support throughout the process.

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“There is a human story in the Health Act.”

Calgary

CHAIR’S LETTER TO ALBERTANS

In September 2009, the Government of Alberta through the Minister’s Advisory Committee on Health (MACH) began a new conversation with Albertans about the future of Alberta’s health system and how Alberta’s health legislation should support that system. This spring, we continued that conversation.

From May through August 2010, stakeholders and members of the public were asked to share their views on the Alberta Health Act, its proposed components and its implications for the health system. We travelled to 23 communities and conducted 29 workshops with a combined total of over 1,300 participants. We also had the benefit of over 85 written submissions from stakeholders and the participation of nearly 1,500 respondents to an Internet-based survey. An Advisory Committee of health professionals, stakeholders and members of the public assisted in these consultations and in the formulation of this report.

This report is based on those extensive conversations. We heard a lot about what people are experiencing in their health system and what they want to see happen in the future.

Overall, Albertans believe their health system works well for them when they need it. They supported creating an Alberta Health Act, which would set out clear principles as a framework for future decision-making. They provided a range of views on how to ensure the Act is effective and meaningful in promoting better health and better decision-making in the health system. They talked about how a health charter could contribute to better health experiences and how it needed to take into account the social, spiritual, health and economic realities faced by people.

Albertans want a system that puts patients and people first. The Alberta Health Act, as Albertans envisioned it, has the potential to be the cornerstone of Alberta’s health system. It will give our province a principle-based framework that drives greater assurance and accountability. It will provide Albertans with a clearer understanding of what they can expect from their health system and support them in taking an active role as health citizens – not just as patients, but as people actively engaged in their health and the future of the health system. And it will help us move from conflict to dialogue through meaningful, ongoing public engagement.

Albertans were also very clear with respect to changes to other existing legislation that governs our health system.

They told us to put the Alberta Health Act in place, then pause and reflect before opening up Alberta's health legislation further. They identified the need to make deliberate decisions about the health system, its future direction, and policies to support that direction before changing what is there now. And, they said, involve us in that decision-making, because we're proud of our publicly-funded health system and we want to work with government to ensure it is there for us in the future.

Albertans want to know they are being heard, and have a constructive conversation that leads to meaningful input about the health system. In short, Albertans told us they want dialogue.

They told us they want a health system that recognizes health as more than medical care and engages a multitude of community partners to support the physical, emotional, spiritual and social health of Albertans. They want a health system responsive to the needs of individuals, families and communities, rather than facilities, institutions and processes.

Albertans described the need for a system that promotes wellness, and anticipates the changing needs of Alberta's aging population. They talked about a system with stable, predictable funding that allows us to take a long-term view...a system that pursues innovation, continuously adapts and learns and ensures that Alberta has the health workforce it needs for the future.

Albertans told us a key role of their government is to provide assurance about the performance of the health system – in terms of quality, safety, and the achievement of desired health outcomes. They said the broader determinants of health need to be recognized across the Government of Alberta and that this should be clearly evident in how policy and decisions are made.

Their wisdom has been heard and this report represents the culmination of our conversation so far. The process that was undertaken built on the excellent work of the MACH last fall and has restarted the conversation about health between government and Albertans. It has involved a lot of listening and learning, and its results can help restore trust and confidence.

I would like to thank all Albertans who participated in helping set out this principled framework for Alberta's health system. It is stronger because of your input.

Thank you.

Fred Horne, MLA, Edmonton Rutherford



EXECUTIVE SUMMARY

This report makes recommendations regarding the key components that should be included in the Alberta Health Act based on input received from Albertans. The report also proposes measures that should be taken to ensure the Act operates as intended.

In addition, the report sets out priorities that Albertans have identified for action as Alberta proceeds to clarify outcomes, develop policies, revise legislation and make decisions for the future of its health system.

Finally, the report recommends next steps for the Government of Alberta in pursuing further work on Alberta's health legislation.

Key Recommendations

The Components of the Alberta Health Act

Include principles to guide the health system.

1. Set out the aspirations Albertans have for their health system. Legislative language in the preamble to the Act should recognize Alberta's commitment to the principles of the *Canada Health Act*.
2. Include overarching principles in the preamble that "put people first" and will guide policies, organization, operations and decisions throughout the health system. These principles should further define how our beliefs are to be reflected in the health system and guide our approach to health, including a view of health that gives greater focus to wellness.

Establish a responsive and transparent public engagement framework to gather input from Albertans on an ongoing basis, and legislate requirements for engagement on future legislative and regulatory changes.

3. Establish a requirement within the Act that public notice be provided when regulations under the Act are proposed, with a specific notice period to provide adequate time for public input.
4. Establish a requirement within the Act that any feedback received in an engagement process must be considered by the Minister prior to making proposed regulations.

"Have health professional people travel and be mobile – that's the way it used to be."
Slave Lake

Provide for a Health Charter.

5. Require the establishment of a Health Charter and make it explicit in the Act that the Health Charter will:

- Recognize that health is a partnership among individuals, families, communities, health professionals, organizations that deliver health care and services, and the Alberta government;
- Acknowledge the impact of a person's health status and other circumstances on their capacity to interact with the health system;
- Not be used to limit access to health services;
- Not be subject to or be the basis of litigation within the court system.

6. The Health Charter should specifically commit that all Albertans have access to primary care services through primary care teams.

7. Establish a requirement within the Act for a Health Advocate who reports to the Minister of Health and Wellness. The Health Advocate should be mandated to do the following:

- Provide education on the Health Charter and what it means for people and the health system;
- Help people determine the appropriate resolution mechanism through which they can have their concerns addressed and resolved;
- Provide assistance to Albertans in accessing appropriate resolution mechanisms in the health system through the use of education, guidance and referral;
- Advocate on behalf of citizens who bring forward concerns under the Health Charter;
- Review and report on individual Health Charter-related issues that are not addressed by current resolution mechanisms;
- Report annually to Albertans.

8. Stipulate within the Act a specific time frame for periodic review of the Health Charter.

9. Include a requirement that professional colleges and other entities regulated under key pieces of health legislation, such as the Health Professions Act and the Regional Health Authorities Act, ensure their bylaws, codes of conduct and operating guidelines are consistent with the Health Charter, as well as complying with the principles contained within the Act.

Wellness "should stand on its own" as a core value of the health system.

Edmonton

"Wellness and public health have to speak to prevention. Dealing with issues before they become a problem will save the system in the long run."

Vermillion

Realizing the Aims of the Alberta Health Act

Enhance the effectiveness of the Alberta Health Act through public transparency and accountability.

10. Establish processes of public engagement with respect to:

- The development, amendment or repeal of strategic government policies, statutes, or regulations relating to the health system; and
- Consultation on the health system generally, including local health priorities.

11. Mandate the Health Quality Council of Alberta to measure, monitor, assess and regularly report to Albertans through the Minister on whether the health system is performing in accordance with the principles in the Alberta Health Act and the Health Charter mandated by the Act.

12. Engage the general public and health stakeholders in validating a draft Health Charter.

13. Develop and pursue ways of building knowledge and understanding about the Health Charter throughout the health system and broadly among Albertans.

Establish measures for Alberta's health system.

14. Measures should be developed and monitored for each of three key areas: health status of Albertans; health care outcomes; and health system performance.

These measures should reflect the intent and purpose of the Alberta Health Act, be tied to performance indicators and be publicly reported by the Minister of Health and Wellness on an annual basis.

Proceed with establishing an independent entity to support evidence-based decision-making.

15. A Steering committee should be established to develop a model for an arm's-length entity (first recommended by the Minister's Advisory Committee on Health) that would support evidence-based decision-making, and to determine the role and function of that entity. This Steering committee should include public members.

"We believe (the public's) participation is an important step in building the trust and collaboration necessary to transform our health care system."

Covenant Health

Beyond the Alberta Health Act: Albertans' Priorities For Action

During the consultation, Albertans provided their views on where the health system should be headed. Their insights went beyond the scope of developing legislation to broad input on their priorities for action.

- Put people first and help Albertans navigate the health system;
- Shift the focus of the health system from illness to wellness;
- Align decisions and policies with principles-based legislation and monitor and report on how well the system is doing;
- Better integrate policy and decision-making across government;
- Ensure transparency in the health system;
- Reinforce Alberta's commitment to a publicly-funded health system;
- Sort out roles and accountabilities of major players in the health system and identify system outcomes;
- Support health literacy;
- Clarify the form and function of an arm's length entity to support evidence-based decision-making;
- Pursue policy opportunities in primary care, continuing care and mental health.

Proposed Actions for Implementing the Recommendations

- Introduce the Alberta Health Act. (Fall 2010) At this stage, the Alberta Health Act should not include consolidation of the five core health statutes as originally recommended by the MACH;
- Proceed with establishment of an independent entity to support evidence-based decision-making. (Steering committee established Fall 2010);
- Establish clear performance measures for Alberta's health system to 2020. (Fall 2010);
- Consult with Albertans on a draft Health Charter for our province. (Following proclamation of the Alberta Health Act.);
- Begin a systematic, detailed review of future legislative changes in consultation with Albertans.



ROLE OF LEGISLATION AND PURPOSE OF THE ALBERTA HEALTH ACT

Health legislation is what makes our publicly-funded health system possible. In a broad sense, it provides the underlying architecture for the system and sets out what we want to achieve. Health legislation also establishes who has the authority to provide health services and where and how services are delivered. It has the potential to fundamentally reform the culture of “health” in Alberta, by affecting the behaviour of individuals and organizations.

The Alberta Health Act will provide a principles-based framework that reflects this important role.

Right now, there are over 30 separate statutes and over 100 separate regulations that make up Alberta’s health legislation. Many of these are decades old, with roots going back to when the health system was first created and was primarily organized to provide access to physician and hospital services. As our health system evolved, new pieces of legislation and regulations were added to address the concerns of the day. Over time, Alberta’s health legislation has become a complicated patchwork. This doesn’t work as well as it should, with each statute or regulation now addressing a distinct piece of the health system (e.g., hospitals), without enough consideration for how it fits with other pieces of the system or how the system should work as a whole.

The following are examples of barriers to the efficient and effective delivery of health services that are supported by the current legislative framework:

- Current legislation does not include principles.

Alberta’s current health legislation has been created over time in response to various issues that have arisen. It is not grounded in a set of common principles or directions to guide legislation or the organization of the health system. As a result, issues in the health system are not addressed through legislation, regulation or policy in a consistent, comprehensive way.

- Legislation does not focus sufficiently on meeting the needs of individuals, families and communities.

Albertans have enormous respect for physicians and other health professionals in the health system and know these professionals act in their best interests. At the same time, Albertans take an active interest in their own health and want to directly access the types of care they choose to support their health goals. For many who participated in the consultations, this includes care provided by alternative care providers such as acupuncturists and naturopaths. Albertans want their choices to be respected and for all of their health providers to interact and collaborate in supporting their wellness. Albertans want their health services to be focused around their individual health needs. They want advice and support, and they want their chosen health providers to communicate with each other and share information.

“Provide feedback to every consultation, through emails, electronic means, paper documents, focus groups.”

Medicine Hat

Since it is focused on individual pieces of the health system, rather than the way people using the system experience it, Alberta's health legislation does little to encourage or facilitate this kind of individually-focused care. It also does little to support providers in changing the way they provide care to accommodate the individual.

- The system is overly focused on the treatment of illness, rather than overall wellness and population health.

The ultimate purpose of our public health care system is to improve the health of Albertans over time. However, the overwhelming focus of current legislation is on organizing and funding services that respond to illness. While this is and will always be important, it is also important to support better population health outcomes, such as reducing the rate of chronic diseases (e.g., diabetes, hypertension, and cancer). As a result, the bulk of funding in the health system goes to acute care and physician services, often leaving community care and wellness initiatives struggling to find resources because they aren't specifically mandated by law.

- Legislation does not provide a clear role for citizens to be involved in decisions about their health system.

While Albertans have been consulted many times about health and the health system, these processes have been episodic in nature and usually undertaken in reaction to new or emerging challenges. Albertans should be provided with an opportunity to provide input on proposed changes to health legislation and regulations. Providing such opportunities is important for ensuring the system reflects the views of Albertans and for building and maintaining public trust and confidence.

- The full continuum of care is not recognized or well supported by current legislation.

The scope of today's health system goes well beyond services delivered by doctors and provided in hospitals. It now includes many different types of highly qualified health providers delivering a broad range of health services in many different settings. Our health legislation does not easily recognize this broader scope of care in terms of organizing and funding health services. This has the effect of making transitions between care settings and providers difficult for patients, and in some cases restricts Albertans' access to health services. For example, Albertans expressed concern about having to pay for drug therapies which can be safely delivered at home but are currently covered only during a hospital stay (under the terms of the Hospitals Act). This creates a greater cost to the health system as a whole, and fails to support people recovering in non-hospital settings.

“They talk about sustainability, but we need stability. It’s not just about the bottom line. We need to look at the social benefits of sustainability. Closing small town hospitals won’t make a system more sustainable.”

Red Deer

MAJOR MILESTONES

Fall 2009:

- The Alberta government establishes the Minister’s Advisory Committee on Health (MACH) to examine Alberta’s health legislation.
- Membership of the MACH includes health professionals and researchers, health stakeholders and members of the public.
- The MACH consults with stakeholders and members of the public.

January 2010:

- The MACH presents its report, A Foundation for Alberta’s Health System, which receives broad support from health professional organizations and other key stakeholders.
- In its report, the MACH determines that Alberta’s current health legislation is creating barriers to the efficient and effective delivery of health services to Albertans.
- The MACH recommends the creation of a principles-based Alberta Health Act that would guide policies and decisions throughout the health system and serve as the focal point for modernization of Alberta’s legislative framework for health.

- Legislation focuses on programs and institutions, rather than the health needs of individuals, families and communities.

Current legislation tends to fund services based on where they are delivered, rather than the services themselves.

Community-based care, such as home care, is cost-effective, supports individual choice, can lead to better social and health outcomes, and is in demand from Albertans. Since Alberta’s health legislation is currently focused on institutions and ties funding to certain locations, it creates disincentives to delivering more community-based care. For example, the Nursing Homes Act funds medical services only when they are delivered in a nursing home, even though Albertans in other settings could stay in their home or residence if they were able to receive the same publicly-funded services where they live. People pointed out that if there was more flexibility, they could stay at home and enjoy a better quality of life in their community and with their family, often at a much lower cost to the health system.

- Current legislation and practices do not recognize or support today’s team-based approach to care delivery.

Better quality and access are being achieved today through the shift to team-based approaches to care. For example, many Albertans said that team-based primary care in their communities has improved their ability to access care from a range of health professionals. Our health legislation does not adequately recognize and enable this positive shift, making it difficult to build further on that success.

- Health professionals are often not able to work to full scopes of practice.

Legislation gives health professionals the authority to deliver certain kinds of health services to Albertans, but in many cases their levels of authority to practise do not reflect their levels of training. While care must be taken to ensure appropriate clinical leadership and quality and safety, updated legislation can maximize the skills and competencies of health professionals, contributing more effectively to achieving patient outcomes and improve access to care. Recent examples include licensing and funding for midwives as lead providers of obstetrical services, and changes to regulations allowing pharmacists to prescribe drug therapies under specific circumstances.

- The broad array of current health legislation is disjointed and creates confusion.

Diverse definitions, mandates, accountabilities and processes add unnecessary complexity as the health system attempts to continuously evolve and improve. For example, facilities providing care to seniors may or may not fall under the Nursing Homes Act. They might also be regulated under the Hospitals Act if the nursing home is contained in the same facility as a hospital. Alberta Seniors and Community Supports monitors accommodations for compliance with the Supportive Living and Long-Term Care Accommodation Standards; and Alberta Health and Wellness audits compliance with Continuing Care Health Standards and Infection Prevention and Control Standards. Alberta Health Services (AHS) is established under the provisions of the Regional Health Authorities Act, but has responsibility for ambulance services under the Emergency Health Services Act.

- Legislation does not sufficiently provide for right of access to one's own health information, nor ensure information is portable to enable smooth transitions within the system.

Albertans have expressed a clear expectation that they should enjoy a right of access to their health information. They also expect that, in the 21st century, Alberta's health system should facilitate a high degree of portability of health information. Ongoing initiatives such as the electronic health record are aiming to provide this portability and enable smooth transitions across the continuum of care. However, Alberta's health legislation does not speak sufficiently to the portability or accessibility of health information. In addition, both providers and patients see gaps in information sharing that get in the way of seamless care.

These fundamental structural challenges in Alberta's health legislation need to be addressed. They lie at the heart of how health services are organized and provided in the province. If we want a modern and effective health system, Alberta needs modern and effective health legislation.

MAJOR MILESTONES

February 2010:

- The Government of Alberta accepts all of the recommendations made by the MACH, and indicates its intention to introduce an Alberta Health Act in the Alberta Legislature.
- MLA Fred Horne is asked to discuss the proposed Act with Albertans.

May – August 2010:

- Workshops are held in 23 communities with over 1,300 people participating, 1,500 Internet-based surveys are completed and Albertans and stakeholder groups make written submissions.



“There are good areas of healthcare, but it is “like the lottery” – some get great care, others do not, let’s try to make it consistent across the board.”

La Crete

BUILDING THE ALBERTA HEALTH ACT, TOGETHER WITH ALBERTANS

Albertans were consulted on the Alberta Health Act during the months of May through August 2010, building on the work done by the MACH in fall 2009. These consultations were led by MLA Fred Horne, who also served as co-chair of the MACH.

The Advisory Committee assisted Mr. Horne throughout the consultation and deliberation process. Committee members developed recommendations for components of the report and assisted with the preparation of this report. The Advisory Committee included health professionals, members of the public, and representatives of health regulatory bodies and stakeholder groups.

During the consultation, input was gathered a number of ways:

- A website and Internet-based survey, which provided background information on the MACH and the Alberta Health Act. There were nearly 1,500 responses to the survey.
- Over 100 health stakeholders and community organizations were invited to make written submissions about their perspectives on an Alberta Health Act and potential implications for their members or clients. These included self-governing regulatory colleges of Alberta’s health professionals; health associations; labour unions; and non-profit/voluntary organizations with an interest in health.
- Twenty-nine community consultation workshops were held in 23 communities across Alberta. Community workshops were held in: Medicine Hat, Brooks, Lethbridge, Calgary, Edmonton, Airdrie, Nanton, Fort Saskatchewan, La Crete, High Prairie, Fort McMurray, Vermilion, Camrose, Spruce Grove, Hinton, St. Paul, Athabasca, Peace River, Grande Prairie, High Prairie, Slave Lake, Delia and Red Deer.
- Each workshop was hosted by the Health Advisory Council representing the community, and the workshops were open to any Albertans who wished to attend. Over 1,200 people came to the workshops, reflecting a broad cross-section of citizens including local residents, health professionals and representatives of various governments and community organizations.
- In addition to these community workshops, a similar session was held with members of Alberta’s 12 Health Advisory Councils on June 5, 2010. Input was also gathered through a Health Stakeholders Forum held on June 29, 2010, attended by health professionals and representatives of the regulatory colleges, professional associations, and unions organized by the colleges and associations representing Alberta’s physicians, nurses and pharmacists. In total, over 1,300 Albertans attended workshops.

All of the consultation workshops were attended by Mr. Horne, and members of the Advisory Committee attended most workshops.

WORKSHOP QUESTIONS

What do you think is working in the health system today?

What is not working and should be a priority to be addressed?

Principles – Are these the right principles? Are there others?

Charter – Is it a good idea? What should be included in Alberta’s patient charter?

Engagement – How should you be consulted on key health system policy and decision-making in the future?

What priorities for change are you open to? What are you not open to?

FRAMING THE DISCUSSION

Albertans participating in the consultation were invited to share their views about the proposed components of the Alberta Health Act. They were asked to comment on the content and approach of these components, as well as potential implications for the delivery of health services.

In addition, participants were asked to comment on the current state of the health system. This included their thoughts about current strengths and weaknesses in the system and their perspectives on the kinds of changes they would like to see, or not like to see, as Alberta's health legislation is modernized.

While these discussions took the consultation beyond the specific parameters of the Alberta Health Act, it was important for a number of reasons.

- First, the Alberta Health Act will not replace all existing legislation. It will serve as a foundation for ongoing work, and will guide the renewal of other health legislation.
- Second, the Alberta Health Act is envisioned as principles-based legislation. All policies and decisions made throughout the health system will need to be consistent with these principles. It makes sense to identify how Albertans think our health system should be strengthened, so that we can ensure the principles have their intended impact and encourage system-wide improvement.
- Finally, having an open and frank dialogue was very important. It set the tone for the process of introducing an Alberta Health Act and restarted the conversation between government and Albertans about their health system and, as it turned out, about a 21st century view of health.

The views and perspectives gathered from Albertans have been synthesized in a companion publication, *The Alberta Health Act: A Summary of Views*. A full read of this publication is encouraged, since the views and perspectives of Albertans have directly shaped the recommendations and advice in this report.

Components of the Alberta Health Act

The Alberta Health Act will establish mechanisms that enhance assurance and accountability for Albertans. It will lay a principled foundation to update Alberta's overall legislative framework for health including:

- **Principles** – The Act will articulate Alberta's vision for the health system and set out the principles that will guide the development of legislation, policies and decisions throughout Alberta's health system.
- **Charter** – The Act will include provision for a charter that sets out what Albertans can expect from their health system and their responsibilities when interacting with the system.
- **Engagement** – To support the Act, Alberta Health and Wellness should develop processes for public engagement in regards to the development of future legislation, regulations and strategic policies.



ALBERTA'S HEALTH ACT PRINCIPLES (PROPOSED)

Albertans believe that the policies, organization, operations and decisions about Alberta's health system should be guided, measured and sustained consistent with a set of principles, specifically that:

- The quality and safety of health services received by individuals, families and communities is assured.
- All Albertans have access to timely and appropriate care.
- Accessibility is based on need, not on an Albertan's ability to pay.
- The system recognizes that health encompasses a person's physical, spiritual and mental health, from birth to the end of life.
- Health services are delivered in ways that understand the experiences, recognize the perspectives, and respond to the health needs of individuals, families and communities.
- Health professionals are encouraged and empowered to work collaboratively, ethically, efficiently, and in ways that maximize their skills, training and competencies.
- Alberta's health system is built on long-term planning, innovation, adaptation and continuous improvement.
- Health decisions and the allocation and use of health resources are done in such a way that they are transparent to Albertans and ensure the publicly-funded system is sustained for the future.
- Decisions made across the health system are based on the best available evidence, a holistic view of health and wellness, and the principles articulated within the preamble to an Alberta Health Act.

A FRAMEWORK FOR OUR HEALTH FUTURE

The primary focus of the consultation was on the proposed components of the Alberta Health Act – principles, charter and engagement. While there were differences of opinion about the Act's purpose and how useful it would be, most Albertans expressed support for the idea of an Alberta Health Act and its three major components.

However, the discussion with Albertans went a lot further than the Alberta Health Act. The conversation was widened to include Albertans' thoughts and ideas about the kind of health system they want overall. Participants used the discussions to deliver a broader message to the Alberta government on the current state of the health system.

Their message was clear: Albertans want deliberate, transparent decisions made about the health system, its future direction, and policies to support that direction. They want a clear picture about where the system is headed - and what it is expected to achieve - before legislation is put in place that goes beyond the Alberta Health Act.

Without this clear picture, they said, Alberta runs the risk of replacing current legislative barriers with new ones, and giving up the safeguards we have – however out-of-date or flawed – for new legislation with implications that are not fully understood.

This report honours these views by including comments on the priorities for policy direction voiced by Albertans. This policy direction is offered as guidance that can help the Government of Alberta establish clear directions for the health system.

Recommended Components of the Alberta Health Act

The shape and content of the components of an Alberta Health Act have evolved as a result of the rich input of Albertans. Albertans' input deepened our appreciation of the implications of what was being proposed and the following recommendations reflect what we heard.

There is no question that Albertans' input will result in a more functional Alberta Health Act and implementation approach. Albertans are worried about the future of their health system. Seeing their thoughts reflected should help reassure Albertans that the Act is meant to work in their best interests and serve as a strong foundation for our health system.

Include principles to guide the health system.

Health is fundamentally about people. Describing and assessing our health system in terms of principles will reflect this human dimension.

Albertans expressed strong support for medicare in Canada and for the principles in the Canada Health Act. Those principles have influenced publicly-funded health care across Canada. As principles-based legislation, the Alberta Health Act stands to have a similarly powerful influence within our province.

Because of their potential impact, the principles within an Alberta Health Act must embody and reflect the kind of health system Albertans want for themselves and their families - a modern, efficient and collaborative system that is focused around individual needs, recognizes a broader continuum of health and works to support their overall wellness. Albertans said the principles laid out in the MACH report had merit, but many wanted to see transparency, accountability and sustainability added to the principles in the Act.

Albertans also want to know where the system is headed. They know the health system is continuously evolving and will never reach a “final” static point, but they want reference to desired outcomes clearly spelled out.

The following is therefore recommended for inclusion in the Alberta Health Act:

1. Set out the aspirations Albertans have for their health system. Legislative language in the preamble to the Act should acknowledge the following:

- Alberta is committed to the principles of the Canada Health Act, specifically: universality, comprehensiveness, accessibility, portability, and public administration of our health system;
- Individuals, families, communities, health professionals and the Alberta government all share in supporting and enhancing the health and wellness organizations that deliver health care and services to Albertans;
- The health, wellness and quality of life of Albertans are influenced by their economic, social, cultural, physical and spiritual context;
- The health system should strengthen the overall health and wellness of Albertans through effective prevention of illness and injury, promotion of public health, the provision of health services that respond to their health needs, and healthy public policy;
- The modern continuum of health requires collaborative, integrated, efficient and high-quality services delivered by many types of health professionals across many different settings;
- Proactive, aligned and collaborative decision-making among Alberta government ministries and the health sector is necessary to effectively plan and deliver health care and services across this continuum. “Healthy policy” across ministries should recognize the social determinants of health;
- Alberta’s health system should enable and encourage collaboration among its research, academic and clinical communities of practice.

2. Include overarching principles in the preamble that “put people first” and will guide policies, organization, operations and decisions throughout the health system. These principles should further define how our beliefs are to be reflected in the health system and guide our approach to health, including a view of health that gives greater focus to wellness. Based on the input of Albertans, a proposed set of health act principles is provided in this report.

PRINCIPLES TO GUIDE PUBLIC ENGAGEMENT (PROPOSED)

The Government of Alberta would endeavour to conduct appropriate engagement processes that reflect the following principles:

- Decision-making related to legislation, regulation and policy should require the input of those directly affected and the public;
- Engagement will be an ongoing, long-term commitment based on two-way communication and shared responsibility;
- Engagement includes a commitment to ensuring engagement is acted upon, and that the ways in which engagement has influenced policy and care is communicated to participants and the public;
- Public and stakeholder engagement on health legislation and policy will be:

Timely

Involving Albertans at a point in the process where their input management can be most effective.

Meaningful

Important issues are identified and discussed. Outcomes of engagement are used in meaningful ways.

Appropriate

Engagement is designed to suit the issue and the audience. Engagement is managed responsibly.

Transparent

The intent and objectives will be clearly communicated, objectives will be realistic, and how the public’s input will be incorporated into health care policy-making will be clearly stated and reported.

“We need an ongoing dialogue-keep us in the loop.”

Delia

The principles will articulate the value system that underlies Alberta's approach to health. They stand to have a significant influence on Alberta's health system – from how policies are made by government, to how services are delivered on the front lines of care. Future work on modernizing Alberta's health legislation should also be guided by these principles.

Establish a responsive and transparent public engagement framework to gather input from Albertans on an ongoing basis, and legislate requirements for engagement on future legislative and regulatory changes.

It is clear that Albertans want to be engaged in an ongoing dialogue on decisions about health. They expect to have the opportunity to provide input on specific changes to statutes and regulations as Alberta's legislative framework for health is modernized. They are also seeking regular dialogue as the health system evolves.

Many Albertans expressed satisfaction with the engagement process employed to gather their views about the Alberta Health Act. Participants liked the community-based nature of the process and its use of small discussion groups, which allowed them to speak fully and frankly about proposed ideas.

Too often, conflict has been a hallmark of discussions about health. We found during the community sessions that the process allowed the discussion to move from conflict to dialogue. Ideally, this conversation with Albertans will be the beginning of a renewed dialogue about health.

Perhaps most importantly, there is a clear need to build in opportunities for local input into health decisions. We heard that organizational changes have left communities feeling forgotten and detached. Strengthening local connections and listening and responding to local perspectives are essential elements for building trust, respect and confidence.

The Government of Alberta should, through policy, establish a public engagement framework that sets guidelines for how public engagement processes regarding health should be structured and conducted. A proposed public engagement framework is provided in Appendix I. The framework recommends engagement principles around what decisions should require public input; the nature of engagement; and the need for engagement to be timely, meaningful, appropriate and transparent.

To ensure transparency and accountability, there is also a need for legislation that ensures public engagement must be conducted. The following is therefore recommended for inclusion in the Alberta Health Act:

3. Establish a requirement within the Act that public notice be provided when regulations under the Act are proposed, with a specific notice period to provide adequate time for public input.
4. Establish a requirement within the Act that any feedback received in an engagement process must be considered by the Minister prior to making proposed regulations.

Provide for a Health Charter.

A charter is a series of statements that should clearly spell out responsibilities and expectations.

While Albertans supported the general concept of a patient charter, they said that health is about more than a patient receiving health care services. Health is ultimately about the overall wellness of individuals and involves all key partners in the health system – Albertans, health professionals, organizations that deliver health care and services, and the Government of Alberta.

Albertans said they expect a charter to reflect this broader outlook and recommended that it be described as a health charter, rather than a patient charter as had been proposed by the MACH.

They also said a charter should not be interpreted or applied in ways that penalize patients or download too much responsibility onto patients or their families.

Based on this feedback, it is recommended that the charter be framed as a Health Charter for Albertans and reflect what all individuals, not just patients, can expect from the health system. It should describe how the principles are “lived” within the health system.

The Health Charter should also describe the responsibilities shared by individuals, families, communities, health professionals, organizations that deliver health care and services, and the Government of Alberta.

Albertans also said that, for a charter to be meaningful, there must be ways for people to raise concerns about their experience in the health system, depending on the nature of their concern.

Current resolution mechanisms include the 28 colleges of health professionals; the Health Facilities Review Committee; the Mental Health Patient Advocate; the Public Health Appeal Board; Alberta Health Service’s Patient Concerns Officer; and Alberta’s Ombudsman.

However, many Albertans may not know how to access these mechanisms, or which mechanism would be most appropriate for their concern. Albertans would benefit from a resource to help them navigate the resolution system and assist them in advocating their concerns as they work through existing mechanisms.

This “Health Advocate” would not supersede the roles of the professional colleges and others under current legislation in terms of resolving concerns, nor would it be responsible for assessing system-level issues. Its core role would be to raise awareness about the Health Charter and to help Albertans better understand and access appropriate resolution mechanisms through the use of education, guidance and referral.

In further developing the role of the Health Advocate, the Alberta government should work in consultation with the colleges of health professionals, health associations and the Health Quality Council of Alberta. This will help ensure a co-operative relationship among the Health Advocate and these other entities and avoid duplication and conflict of roles. The result will be a resolution system that is easier to navigate and provides greater assurance for Albertans.

“Wellness and public health have to speak to prevention. Dealing with issues before they become a problem will save the system in the long run.”

Vermillion

“It’s one thing to have a charter. But how will we enforce it?”

Red Deer

ALBERTA'S HEALTH CHARTER (PROPOSED)

Albertans acknowledge that health is a partnership among individuals, families, communities, health professionals, organizations that deliver health care and services and the government. My health status is impacted by my family and social circumstances, my education, my community, housing, and broad economic and social policy. As a citizen, I am involved with my health and wellbeing.

When I interact with the health system, I expect that I will:

- Have my health status, social and economic circumstances and personal beliefs and values acknowledged;
- Be treated with respect and dignity;
- Have access to team-based primary care services;
- Have the confidentiality and privacy of my health information respected;
- Be informed in ways that I understand so that I may make informed decisions about my health, health care and treatment;
- Be able to participate fully in my health and health care;
- Be supported through my care journey and helped to find and access the health services and care that I require;
- Receive information on the health system and education about healthy living and wellness;
- Have timely and reasonable access to safe, high quality health services and care;
- Have timely and reasonable access to my personal health information;
- Have the opportunity to raise concerns and receive a timely response to my concerns, without fear of retribution or an impact on my health services and care.

The following is therefore recommended for inclusion in the Alberta Health Act:

5. Require the establishment of a Health Charter and make it explicit in the Act that the Health Charter will:

- Recognize that health is a partnership among individuals, families, communities, health professionals, organizations that deliver health care and services, and the Alberta government;
- Acknowledge the impact of a person's health status and other circumstances on their capacity to interact with the health system;
- Not be used to limit access to health services;
- Not be subject to or be the basis of litigation within the court system.

6. The Health Charter should specifically commit that all Albertans have access to primary care services through primary care teams.

7. Establish a requirement within the Act for a Health Advocate that reports to the Minister of Health and Wellness. The Health Advocate should be mandated to do the following:

- Provide education on the Health Charter and what it means for people and the health system;
- Help people determine the appropriate resolution mechanism through which they can have their concerns addressed and resolved;
- Provide assistance to Albertans in accessing appropriate resolution mechanisms in the health system through the use of education, guidance and referral;
- Advocate on behalf of citizens who bring forward concerns under the Health Charter;
- Review and report on individual Health Charter-related issues that are not addressed by current resolution mechanisms;
- Report annually to Albertans.

8. Stipulate within the Act a specific timeframe for periodic review of the Health Charter. (For example, that the Health Charter must be reviewed every five years following its introduction.) This will help ensure the Health Charter remains relevant to changing times and continues to meet the needs and expectations of Albertans.

9. Include a requirement that professional colleges and other entities regulated under key pieces of health legislation, such as the Health Professions Act and the Regional Health Authorities Act, ensure their bylaws, codes of conduct and operating guidelines are consistent with the Health Charter, as well as complying with the principles contained in the Act.

Realizing the Aims of the Alberta Health Act

Enhance the effectiveness of the Alberta Health Act through public transparency and accountability.

A frequent concern among Albertans was whether the Alberta Health Act would make a meaningful difference for the health system or people's interactions with it. They said there must be public transparency and accountability in order for Albertans to determine if the Alberta Health Act has been effective in bringing about change and continuous improvement across the system.

For instance, the Act will establish principles to guide policies and decisions throughout the health system. Albertans should know if and how the health system is living up to those principles, and whether policies and decisions made are consistent with those principles. Only with this kind of accountability will Albertans have assurance that the principles of the Act are being respected and lived.

The Health Quality Council of Alberta (HQCA) currently measures, monitors and assesses patient safety and health services quality throughout the system. The role of the HQCA could include measuring, monitoring, assessing and regularly reporting on whether the health system is living up to the established principles and Health Charter. Having this analysis at a system-wide level will help decision-makers identify and address systems issues and challenges, and proactively use information to continuously improve the system and the delivery of services. Albertans were clear that the system should be viewed as the full spectrum of health services and include wellness and holistic health, along with the more traditional focus on services provided in hospitals and by physicians.

Similarly, Albertans expect accountability relative to the Health Charter in order for it to be meaningful. Albertans said there must be ways for them to raise concerns if they feel the health system isn't living up to a charter. However, people were also clear they didn't want the charter to inadvertently tie up the health system in bureaucracy or in the courts.

Albertans also emphasized the importance of transparency regarding the contents of a charter. They noted the effectiveness of a charter depends on public buy-in, education and awareness. People need to know and understand what is in a charter, the purpose of the charter, and what the charter means for their interaction with the health system.

The following is therefore recommended to enhance the effectiveness of the Alberta Health Act. These recommendations are not about the content of the Act, but additional steps that should be taken to support the Act:

ALBERTA'S HEALTH CHARTER (PROPOSED)

Taking my circumstances into account and to the best of my abilities, when I interact with the health system, I understand that I will be asked to:

- Respect the rights of other patients and health providers;
- Ask questions and work with providers to understand the information I am being provided;
- Demonstrate that I, or my guardian and/or caregivers, understand the care plan we have developed together and that steps are being taken to follow the plan;
- Treat health services as a valuable public resource;
- Learn how to better access health services;
- Make healthy choices in my life.

As I work to be a healthy citizen within Alberta, I expect that:

- When economic, fiscal and social policies are being developed by the Alberta government the impact of those policies on public health, wellness and prevention will be considered and steps taken to ensure that public policy is healthy policy.

All health professionals, their professional colleges, and organizations providing health care or services must acknowledge and respect the expectations expressed within this health charter.

"It's easy to get lost in the health system today. Especially for seniors and those who find it hard to cope anyway."

Camrose

“It takes a community to keep a child healthy, not just health. It’s education, literacy and recreation.”

Fort McMurray

“But what do we do about the fact current government “silos” don’t take a holistic approach?”

Vermillion

10. Establish processes of public engagement in regards to:

- The development, amendment or repeal of strategic government policies, statutes or regulations relating to the health system; and
- Consultation on the health system generally, including local health priorities.

11. Mandate the Health Quality Council of Alberta to measure, monitor, assess and regularly report to Albertans through the Minister on whether the health system is performing in accordance with the principles in the Alberta Health Act and the Health Charter mandated by the Act.

12. Engage the general public and health stakeholders in validating a draft Health Charter. While the proposed health charter reflects what Albertans said during the consultation, there should be a further opportunity to provide input before the Health Charter is finalized.

13. Develop and pursue ways of building knowledge and understanding about the Health Charter throughout the health system and broadly among Albertans.

Establish measures for the full continuum of Alberta’s health system.

14. Measures should be developed and monitored for each of three key areas: health status of Albertans; health care outcomes; and health system performance.

These measures should reflect the intent and purpose of the Alberta Health Act, be tied to performance indicators, and be publicly reported by the Minister of Health and Wellness on an annual basis.

Proceed with establishing an independent entity to support evidence-based decision-making

15. A Steering committee should be established to develop a model for an arm’s-length entity (first recommended by the Minister’s Advisory Committee on Health) that would support evidence-based decision-making, and to determine the role and function of that entity. This Steering committee should include public members.

Beyond the Alberta Health Act: Albertans’ Priorities for Action

While discussing the Alberta Health Act with Albertans and associations and organizations involved with the health system, it became apparent that Albertans are looking for clarification about government’s intended outcomes for our health system, and a set of performance measures that will allow us to track our performance and provide for continuous improvement.

Once these key elements have been established and Albertans have been consulted on them, health legislation can then be examined and decisions made on how it should be updated. The result will be a more effective and more sensible legislative framework to support the health and wellness of Albertans.

Albertans told us in great detail what they want and expect from their health system. They said the Alberta government should move forward on three distinct fronts: address what is not working now; set clear directions for the future; and align future policies and decisions with the principles and intent of the Alberta Health Act.

The following priorities for action were expressed by Albertans during the consultation process. They are summarized in this report to inform the development of a policy context and provide the clarification Albertans are seeking about long-term performance of the health system.

a) Put people first and help Albertans navigate the health system

Today's health system is very broad and complex. It extends beyond the facilities and professionals employed by AHS. It also includes physicians' offices and clinics; independently-managed diagnostic and treatment facilities; pharmacies; continuing care facilities; home care and non-profit/voluntary organizations providing health-related services. It encompasses both publicly and privately funded health professionals. Albertans do not always know where and how to access services amid this array of players.

Albertans clearly want their health system to be organized and focused around their individual needs. This parallels a trend within governments to increasingly move towards client-centered service delivery. A common feature of client-centered service delivery is recognizing each person as an individual. Rather than trying to make the person fit the system, the system instead looks at the individual's unique needs and circumstances and responds accordingly. This involves connecting the individual with appropriate services that will address his or her needs, and effectively navigating the person through the system. An example might be using telehealth to deliver mental health services to a person living in northern Alberta, rather than having the person travel to a major centre to see a psychiatrist. It could mean having a team of professionals under one roof so that the person needing services doesn't have to make multiple appointments in different locations. The Alberta Bone and Joint Project is a good example of how the system has effectively reorganized to provide patient-centred care – saving time and money and delivering better care at the same time.

AHS is working to improve patient navigation through developing clear "care pathways" to better connect its services and make it easier for patients and providers. However, many Albertans said they would benefit from having a single point of contact that could help them navigate the broader health system. Such a resource could provide individuals with information on where to go for certain services, which services are available in their community, and who they should contact if they have concerns about their experience in the system.

"We need to be able to work with housing and health to help families support their loved ones, so they can stay in their own homes."

Athabasca

"Sustainability is key. The system still needs to work when my children are 90."

La Crete

b) Shift the focus of the health system from illness to wellness

Alberta's health system should work to promote and support the overall wellness of Albertans. It is in the social and economic interests of all Albertans to have a healthier population. Moreover, proactively supporting wellness and preventing illness and injury can reduce future pressures on the health system, helping it remain affordable and viable over the long-term.

Shifting to a wellness model requires a holistic view of health and a broader view of the health continuum. Albertans told us the health system needs to look beyond the medical realm, and actively collaborate with other health professionals who can play meaningful roles in supporting wellness. This includes professionals and organizations working in disciplines such as social work, education and recreation. It also includes alternative health practitioners in independent practice, such as acupuncturists, chiropractors, massage therapists, or psychologists.

The goal should be a system focused around the individual that integrates this broader spectrum of services to prevent, recognize and address health issues efficiently and effectively.

c) Align decisions and policies with principles-based legislation and monitor and report on how well the system is doing

As many Albertans said, the "devil is in the details" – actual programming and service delivery decisions - when it comes to the impact of health legislation. Other health statutes and regulations will need to be consistent with the framework and principles established by the Alberta Health Act, as will policies established by the Alberta government.

It will also be important for the Act to be consistently applied throughout the health system. Decisions on how publicly funded health services are delivered will need to be in keeping with the letter and spirit of the Act, as will codes of conduct and by-laws guiding the work of Alberta's health professionals.

Ongoing monitoring and measurement will be key in helping ensure consistent implementation of the Act. Albertans expressed a clear desire for more information about the performance of their health system in terms of quality, safety, efficiency and value. Regular reporting to Albertans will help build trust, respect and understanding around the health system.

d) Better integrate policy and decision-making across government

Alberta's health system and the overall health of Albertans are impacted by policy choices made by the Government of Alberta. Input received through the consultations made it very clear that Albertans understand this impact goes beyond decisions in health policy. They realize that decisions around education, the environment, housing, social services, employment and other policy areas influence the social determinants of health. Albertans want decisions made across the government to be aligned with each other and support the achievement of desired health outcomes. Public policy should be healthy policy.

"Talking about the system being publicly-funded isn't enough. We need a clear, long-standing commitment."

Edmonton

"Who makes decisions about our health system? We don't have a local voice anymore."

Lethbridge

e) Ensure transparency in the health system

Albertans' trust and confidence in their health system depends on transparency and clear communication. There is a clear public desire for greater action on both of these fronts.

The Alberta government plays an important role in ensuring transparency throughout the health system. This means providing clear and understandable information about decisions that are made, the rationale for those decisions, the costs associated with those decisions, and results of those decisions. It also means providing clarity around the roles, responsibilities and accountabilities of those involved in directing, funding and managing the health system and delivering health services.

Albertans told us they want to play a constructive role as informed health citizens, not simply health consumers. They want to play an active role in their health and to be supported in achieving their health goals. An important part of supporting Albertans in this shift is access to health information and better communication throughout the health system. This includes providing easy access to their personal health records and information, and more efficient and effective connections among health providers.

f) Reinforce Alberta's commitment to a publicly-funded health system

Throughout the consultation process, Albertans expressed a range of views about which health services are, could or should be covered by the publicly-funded health system. Most shared an understanding that these questions are linked to issues around access, affordability and the long-term sustainability of the system.

It was clear in the community consultations that issues around publicly-funded versus privately-provided health services are difficult ones to discuss, and they generate passionate responses. Some people expressed a desire for greater choice to improve their access to services, including the right to purchase private health insurance or pay directly for certain health services now only available through the publicly-funded system. Others were open to private sector involvement in health if there were clear benefits from such involvement in terms of access or affordability. Their voices were countered by many Albertans who were very strongly opposed to the presence of for-profit elements in health care, and who argued that such elements introduce additional costs in the health system and undermine access, standards and quality.

Despite these disparate views, it came through very clearly that the majority of Albertans in all communities want to see the publicly-funded health system sustained for future generations. The Alberta government has the opportunity to provide greater reassurance with regard to the future by reiterating its strong commitment to Alberta's publicly-funded health system and continuing a constructive conversation with Albertans as that system evolves. The Alberta Health Act will support efforts in this regard, through the principles it entrenches throughout the system, and the ongoing public engagement that it mandates. There is a need to move from conflict to dialogue around these issues, building on the success of this consultation process in raising the issues and furthering the discussion among Albertans with diverse views.



"Health is a service. It's not intended to make a profit."
Millwoods, Edmonton

"Participants overwhelmingly agreed that the Alberta government should continue to provide a universal, publicly-funded health system that is accessible to all Albertans regardless of their ability to pay."
Vermillion

g) Sort out the roles and accountabilities of major players in the health system and identify system outcomes

Albertans said that it isn't easy to understand leadership and accountability in the health sector, a policy area accounting for 40 per cent of the Alberta budget. They find this perplexing and frustrating.

Albertans made it clear they want to see the roles and relationships of major players in the health system clarified. At the top of their list is the relationship between the Government of Alberta (as represented by Alberta Health and Wellness) and Alberta Health Services (AHS).

In examining this relationship, it helps to look at the distribution of roles within the current system. (See Appendix II)

Key roles of the Government of Alberta include establishing policy direction and providing assurance. The government is ultimately accountable to Albertans, through the Premier and the elected members of the Alberta Legislature. The government has the authority to levy taxes and to spend those tax dollars. Through its annual budget, the government decides how much funding to provide the health system, including how much to provide AHS. In its 2010 Budget, the government established a five-year funding plan that commits over \$50 billion to AHS over the next five years.

AHS is accountable to its Board, which is appointed by the Minister of Health and Wellness. The Board is responsible for decisions on how to allocate and administer the funding provided to AHS by the government to deliver health services.

To ensure a consistent chain of accountability, the Board of AHS is accountable to the Minister of Health and Wellness.

Albertans appreciate steps taken by the Alberta government to provide stable, predictable funding to AHS for the delivery of health services. However, Albertans expect the government to establish and communicate clear policy direction and outcomes that guide how that money is spent.

Albertans want to know that there is sufficient oversight to ensure that AHS is administering public resources in ways that are consistent with established policy directions and which achieve desired outcomes.

Albertans told us that, at the present time, they do not see clearly established policy directions and outcomes. To effectively provide oversight, the Alberta government needs to set out broad policy direction and establish health outcomes in ways that Albertans, AHS and other providers can all understand.

h) Support health literacy

Consistent with the shift to an overall focus on wellness, there is a critical need to improve health literacy among Albertans. Health literacy is about having greater knowledge about health – including healthy living, preventing illness and injury, and knowing how to access the health system efficiently. Higher levels of health literacy will help Albertans take care of their health and effectively use the health system when they need services.

"Once you get in, the care is great."

Medicine Hat

"We have to come to grips with what our aging population means to our health care system today – and tomorrow."

Camrose

Community partners, such as the education system and non-profit/voluntary organizations, can play key roles in promoting and building health literacy. The Alberta government should examine ways of working with these partners to reach Albertans of all ages and from all backgrounds.

Importantly, efforts to increase health literacy must be consistent and ongoing. While better health literacy will ultimately contribute to better health outcomes, this kind of change happens over many years.

i) Clarify the form and function of an arm's length entity to support evidence-based decision-making

While Albertans support the concept of making decisions based on best available evidence, they have legitimate questions about how this would be done and what the implications might be for the delivery of health services.

We were told that it was important to develop the right approach for Alberta.

Therefore, in follow-up to the specific recommendation by the MACH, it is recommended that the Government of Alberta establish a steering committee to develop a model for an arm's-length entity that would support evidence-based decision-making, and to determine the role and function of that entity. The committee should include representation from health stakeholders and members of the public.

In developing a model, the committee should consider:

- The need for evidence to be considered broadly – including technical information, the patient experience, social determinants, and other information that would assist in making a decision;
- The need to respect the relationships between individual Albertans and health professionals;
- The need to recognize and provide flexibility for unique cases that deviate from evidence;
- The importance of building health evidence within Alberta, and the role publicly-supported health research should play in building that evidence.

j) Pursue policy opportunities in primary care, continuing care and mental health

As we listened to Albertans in communities across the province, three key policy areas were frequently and consistently identified as needing clear direction and early action – primary care, continuing care and mental health. Albertans believe that making real headway in these areas offers the opportunity to improve access to care and to transform the system in ways that can have a meaningful impact on the health of individuals, families and communities.

The inter-related nature of these areas also means that improvements in one area can have positive impacts in the other. For example, using primary care services to effectively manage chronic diseases in the community can help alleviate pressures in continuing care; and better integrating mental health services into primary care and community settings can help people access the services they need and maintain their support networks.

"Literacy and education need to be considered in every decision."

Hinton

"Primary care can ease access issues virtually everywhere."

Athabasca

Primary Care and Team-based Care

Primary care is of particular interest to Albertans, as it is the first point of contact they have with the health system and where they receive care for most of their everyday health needs. Primary care also involves a broad scope of services delivered right in communities, giving it added significance in supporting Albertans' overall wellness.

Over two-thirds of Albertans now have access to primary care in or near their communities and we heard there are opportunities to build from this foundation and innovate further.

We heard that the Alberta government should ensure every Albertan has access to a primary care team, including a family physician.

We also heard a desire for more and extended formal partnerships across the health system; for example, providing primary care services to residents in long-term care facilities.

The Alberta government should also continue to pursue and support team-based delivery approaches. Primary care can be more effective when providers work as a team. Health professionals can then provide their unique expertise in ways that complement each other's skills and practice areas. The result can be more co-ordinated, continuous and comprehensive care.

Albertans can benefit from expanded primary care teams that include professionals from a wide range of disciplines, including but not limited to, social workers, psychologists, nutritionists, and counsellors. This would enable integrated delivery of services across the broader health continuum, with a focus on the overall wellness of the individual.

This is important to remember when considering the expansion of scopes of practice for health professionals. The object of a primary care team is not to assemble a group of health professionals where every member can perform more and more functions. That would undermine the co-ordinated nature of care, and defeat the purpose of inter-professional, inter-disciplinary teams.

For team-based delivery to be most effective, it will be crucial to clearly define the roles played by each type of health professional. This includes defining those roles which are unique and should only be provided by a particular profession; and those roles which can be shared.

At the same time, Albertans told us that not all services must be delivered or directly managed by a physician. They said that funding models should free up doctors to do what they do best and allow nurse practitioners and other health professionals to deliver care they are trained to provide.

Expanding the roles of health professionals and removing artificial barriers to better co-ordination of care can provide greater flexibility in using the services of all health professionals.



Continuing Care

Albertans recognize that the importance of providing quality continuing care will increase as demographics shift in the years ahead. Alberta's health system will need to meet the changing needs of an aging population, but many Albertans think the system is not adequately prepared.

In 2008, the Alberta government developed a strategy for continuing care, entitled *Aging in the Right Place*. However, many Albertans are expressing concern about gaps and inconsistencies in the strategy's implementation. The lack of availability of home care services, assisted living and long-term care spaces are top-of-mind concerns.

Across the province, Albertans are worried that a lack of continuing care options in their communities will force them to be separated from family and friends. While for-profit services will meet the demands of some Albertans, there will be seniors who cannot afford these services and for whom government will need to play a role.

Albertans want reassurance about the future of continuing care through clear outcomes and policy directions in this area.

Responsibility for continuing care is shared by Alberta Seniors and Community Supports and Alberta Health and Wellness. However, the inter-related policy issues around continuing care – such as transportation, finance, municipal planning and public safety – demand that its implementation be co-ordinated across Alberta government ministries.

There is an opportunity for the Alberta government to push forward in implementing the continuing care strategy. Albertans continue to support the strategy, especially its central theme of enabling individuals to age in the right place. However, Albertans want to see concrete action and “facts on the ground” reflect the strategy.

Mental Health

Across Alberta, people spoke about the burden of mental illness on individuals, families and communities. They spoke about the need for more resources in the community and for better integration between service providers. They said that supporting mental health is tied in with wellness. In discussing the charter, many people cautioned that people with a mental illness may not recognize what they need to do to support their own health and take responsibility.

They also said that mental health is linked with issues around poverty, education and homelessness, and that Alberta needs a more holistic approach to mental health - one that is better tied to the social determinants of health. Promoting mental health is an important part of overall promotion of wellness.

As with continuing care, the lack of local resources to support people with mental illness in their communities can lead to isolation and separation from families and friends. Albertans called for more funding for grassroots initiatives and better support for mental health services within primary care. This could include funding for social workers and psychologists to become fully functioning members of primary care teams. Integrate mental health, they said, into the health continuum. Better support for mental health will reduce the burden of illness on all of society.

“What we want is action from
this discussion.”

Calgary

PROPOSED ACTIONS FOR IMPLEMENTING THE RECOMMENDATIONS

In the course of our conversation with Albertans, it has become clear that the Government of Alberta needs to take a logical, phased approach to modernizing Alberta’s health legislation. The Alberta Health Act will provide enhanced assurance and accountability to Albertans regarding their health system. Before going beyond the Alberta Health Act, however, Albertans want some key decisions made about the health system, and they want to be involved in those decisions.

Based on the input of Albertans, the following next steps are recommended:

- **Introduce the Alberta Health Act. (Fall 2010)**

The Alberta Health Act should include the three major components identified and discussed in this report. These three components - principles, engagement and a Health Charter - will provide a frame for future decisions and a clear process for ongoing engagement of Albertans.

At this stage, the Alberta Health Act should not include consolidation of the five core health statutes as originally recommended by the MACH.

- **Proceed with establishment of an independent entity to support evidence-based decision-making. (Fall 2010)**

Consistent with the advice in this report, a Steering committee should be established to develop a model for an arm’s-length entity that would support evidence-based decision-making, and to determine the role and function of that entity. This Steering committee should include public members.

- **Establish clear performance measures for Alberta’s health system to 2020. (Fall 2010)**

Prior to consolidation of the five core health statutes recommended by the MACH, the Government of Alberta should establish clear measures for the health system until 2020 and commit the province to the achievement of these measures. This should be done in consultation with Albertans.

Measures should be developed for each of three key areas:

- Health status of Albertans (i.e., the overall health of our population);
- Health care outcomes (i.e., regarding Albertans’ interaction with the health system); and
- Health system performance (i.e., indicators of the system’s efficiency and effectiveness as compared to those of other jurisdictions).

Performance of the health system based on these measures should be publicly reported by the Minister of Alberta Health and Wellness on an annual basis.

Engaging Albertans about these outcomes will provide the opportunity for Albertans and the Alberta government to develop a shared understanding of the objectives we have for the health of our population and the operation of our health system.

- **Consult with Albertans on the draft Health Charter for our province. (Following proclamation of the Alberta Health Act.)**

As identified in this report, Albertans should be engaged further on a draft Health Charter. This process should consider their views on: the content of the charter, and the timeframe and process for regular review of the charter.

The input of Albertans should inform the final draft of the Health Charter for Albertans. This finalized version should be introduced within the time period specified in the Alberta Health Act.

- **Begin a systematic, detailed review of future legislative changes**

Following completion of the above steps, the Government of Alberta will have the information required to pursue further modernization of Alberta's health legislation.

Any proposed legislative or regulatory changes should demonstrate alignment with the statement of outcomes recommended in this report and the principles in the Alberta Health Act. Proposed changes should also comply with the notice and public engagement provisions of the Alberta Health Act, and should be consistent with the Health Charter for Albertans under the Alberta Health Act. Public engagement on the proposed changes should be conducted consistent with the public engagement framework proposed in this report.



FINAL THOUGHTS

Albertans deserve a legislative framework that supports a focus on people, families and communities.

The Alberta Health Act is the essential first step in providing this framework. There are many other legislative steps ahead, and Albertans want to be engaged as meaningful participants along that journey.

Albertans also clearly want those steps to lead their health system into the 21st century. They want a sophisticated and proactive health system that prevents health issues before they start.

They would like to see a system that has strong connections with communities and works collaboratively with local partners to holistically support the health of Albertans.

They believe in a system that aims for improving quality of life over the long-term as it works to meet health needs in the short term...one that shifts from a narrow focus on treating illness, to a comprehensive and integrated approach that supports overall wellness.

The Alberta Health Act will establish a strong foundation to support a 21st century health system. It has been enriched by the input of Albertans and, as a result, the Act will contain the essential ingredients for creating a more efficient, effective, innovative, responsive and transparent publicly-funded health system...One that is prepared to meet the needs of future generations and is there to support our future health.

APPENDIX I – PROPOSED PUBLIC ENGAGEMENT FRAMEWORK

Engagement helps evolve the relationship that the public has with health care from being health care consumers to health citizens. This includes:

- Acknowledging that sustained change in a community occurs only when citizens are involved, committed and accountable for that change;
- Health citizens being accountable for and committed to the well-being of the whole community;
- Health citizens choosing to own and exercise their power to engage and make a difference.

DRAFT PRINCIPLES TO GUIDE PUBLIC ENGAGEMENT

The Government of Alberta would endeavour to conduct appropriate engagement processes that reflect the following principles:

- Decision-making related to legislation, regulation and policy should require the input of those directly affected and the public;
- Engagement will be an ongoing, long-term commitment based on two-way communication and shared responsibility;
- Engagement includes a commitment to ensuring engagement is acted upon, and that the ways in which engagement has influenced policy and care is communicated to participants and the public;
- Public and stakeholder engagement on health legislation and policy will be:

Timely

Involving Albertans at a point in the process where their input management can be most effective.

Meaningful

Important issues are identified and discussed. Outcomes of engagement are used in meaningful ways.

Appropriate

Engagement is designed to suit the issue and the audience. Engagement is managed responsibly.

Transparent

The intent and objectives will be clearly communicated, objectives will be realistic, and how the public's input will be incorporated into health care policy-making will be clearly stated and reported.

APPENDIX II – ROLES AND RESPONSIBILITIES WITHIN ALBERTA'S HEALTH SYSTEM

Government of Alberta

- Determines funding legislation and policy for the health system, including determining who may deliver services and how those services are to be delivered. The Government is accountable for the overall safety, quality and operations of the system.

Alberta Health Services

- Established under the Regional Health Authorities Act, Alberta Health Services is accountable to its Board, which in turn is accountable to the Minister of Health and Wellness. Under the Act, the broad responsibilities of AHS include health promotion and protection, disease and injury prevention, health needs assessment, and ensuring access to quality health services.

Health Quality Council of Alberta

- Reporting to a Board which in turn is accountable to the Minister of Health and Wellness, the Council measures, monitors and assesses patient safety and health service quality, identifies effective practices and makes recommendations for improving patient safety and health service quality, helps implement strategies, and surveys Albertans on their experiences and satisfaction with safety and quality in Alberta's health system.

Health Professions – Professional Colleges

- Under Alberta's Health Professions Act, specific health professions are given the authority to regulate themselves through a College. They each must have a Council with a president, members of the profession and public representatives. The Colleges are accountable to the public for the professional conduct of their members and investigate concerns and complaints about their members, in addition to ensuring competency and registering members of the profession.

Professional Associations

- Over time, professions have separated out the role of promoting the contributions of their profession from the regulatory responsibilities of being a profession. These include the Alberta Medical Association and the Alberta Pharmacists Association.

Unions

- The financial and workplace interests of the majority of professions and health care workers are largely represented by four unions within the province, including the Alberta Union of Provincial Employees, Health Sciences Association of Alberta, United Nurses of Alberta, and the Canadian Union of Public Employees.

Alberta's Ombudsman

- Alberta's Ombudsman is responsible for determining administrative fairness and responds to complaints about how concerns have been dealt with by Alberta Health Services, health professional organizations including colleges, and other health organizations receiving public funding.

Mental Health Patient Advocate

- Provides information about patient and client rights under the Mental Health Act, listens to concerns, and helps to resolve complaints for youths, adults or seniors receiving care in hospital under admission certificates or renewal certificates or in the community under a community treatment order. The Advocate also provides education about the rights, detention, treatment, and care of patients under the Mental Health Act.

Health Facilities Review Committee

- The Committee has the mandate to investigate the care, treatment and standards of accommodation received by a patient making a complaint or any patient in a hospital or nursing home. The Minister may also request that the Committee visit hospitals for the purpose of reporting to the Minister.

Private and Not-for-Profit Health Insurance Companies

- Private health insurance companies provide coverage for services not insured by the Government of Alberta, including but not limited to most dental services, drug benefits, allied health services such as psychology and physiotherapy, and ambulance fees. Many employers provide part or wholly funded coverage for their workforce, including public sector employees of the Government of Alberta and Alberta Health Services. Alberta Blue Cross operates in the province as a not-for-profit corporation as set out in the ABC Benefits Corporation Act of Alberta.