

# *Creating Synergy*

HEALTH COALITION OF ALBERTA

## Invited Submission regarding Alberta Health Act & Related Recommendations

9 July 2010

Submitted by  
Creating Synergy Steering Committee & Members  
Katharina Kovacs Burns, Chair

## Introduction

The report of the Minister's Advisory Committee on Health on *A Foundation for Alberta's Health System* is very comprehensive and clearly written for a broad Alberta audience. We commend you for doing such a great job of compiling all the submissions and presentations you received and creating this report. It provides a strong "foundation" and context for the development of the new *Alberta Health Act* and making changes in legislation which are long overdue. Albertans will eagerly anticipate the next steps arising out of this report and the follow up consultations and written submissions. These latter consultations and written submissions should be more of a confirmation of the report and that groups and individual Albertans have been heard. Their quotes throughout are a testament that the voice and words of Albertans are important and respected.

There is very little to add to this comprehensive report, as the content more than reflects the ideas and perspectives of members of Creating Synergy. We support what has been reported and captured as the voice of patients and consumers from across Alberta. We are supportive of what is being proposed as some of the contents of the legislative framework for health in terms of principles, particularly the reaffirmation of the principles of the *Canada Health Act* and going further to provide for the health needs of Albertans through the formation of the *Alberta Health Act*.

As Albertans, however, we are still concerned about the processes and implementation of all of these components into one Alberta Health Act. Will some critical pieces currently in legislation get lost? Will this leave open more room for initiating privatization as reflected in the terms "public services" versus "publicly funded services". We want assurances that there will be transparency and openness with Albertans at all stages, about all the changes in the design of the proposed legislation (merging various Acts into one), resulting processes and implementation plans, particularly concerning public services and publicly funded services. Through this type of coordinated and participatory approach will the reform actions be owned and supported by Albertans, particularly if they continue to be engaged in the process of legislative and regulatory discussions and changes for Alberta's Health System

Our thoughts on the four questions posed in our letter follow:

- 1. What are your organization's views on the appropriateness of the overarching principles proposed for the Alberta Health Act (pp. 10-15 of the MACH report)? Are there additional principles you would propose?**

The principles proposed for the *Alberta Health Act* are appropriate and considerate of the priorities and ideals which Albertans have identified for a

provincial health system. The advantages of these principles are that they complement those within the *Canada Health Act*, and will therefore be remembered by Albertans as the foundation for a practical and supportive *Alberta Health Act*. Albertans will hold these principles in the highest regard, and use them as measures of how successful the components of the health system are.

The one principle which seems to be missing relates to the assurances of a public and publicly funded seamless continuum of care across the lifespan (prenatal to mature seniors) regardless of where people live in Alberta, and across all levels of care or the full spectrum of the health sector. The continuum should include preventive/health promoting services in public and community health, acute and tertiary care, primary health care and chronic care management, home care, long term or continuing care and palliative care, and everything in between these. The continuum should also include the shared responsibilities of appropriate health and social services to address the determinants of health for three levels of needs: (1) those who are healthy and without any illness or health problems, (2) those with acute situations needing urgent or prompt care and attention, and (3) those with chronic health diseases and/or conditions which need more consistent access to treatment, care and follow-up. This type of holistic people-centred wellness and care continuum would also fit with the vision, mandate and strategic direction of Alberta Health and Wellness as outlined in the *Vision 2020* (2008) document, including the five strategic goals.

At present the levels of care are distinctly separated and described and measured as such. There needs to be less segregation and more collaboration between/among levels of care and health care teams of various health and allied health disciplines and service providers.

**2. What are your organization's views about rights, responsibilities and other components that should be included in the Alberta patient charter (pp. 24-25 of the MACH report)?**

Creating Synergy supports the development of an Alberta patient charter as described. The elements to consider in developing a Patient Charter are similar to the principles with additional ones focusing on the patients' rights and responsibilities. These are all essential components of the Patient Charter which provide guidance for health services and health care providers as well as for patients. There is a mutual acceptance and understanding of the roles and responsibilities of all concerned in patient care.

The one concern we have is with how this Charter will be encouraged for implementation or use by all stakeholders, supported in practice as well as in

principle, and monitored for its outcomes. As mentioned in the report on page 24, there needs to be “full and transparent discussion around what it [Charter] can be used for, including issues of accountability and liability”. If it is a key component of the Alberta Health Act, then there must be some assurance that the Charter will be more than words on paper and will be enforceable in all contexts of health care settings providing patient care in Alberta. Charters are difficult to enforce and measure at the best of times – for example, the charters developed for Patient Safety through the World Health Alliance provide strong heart-felt statements in support of patient safety but are difficult to enforce.

3. ***Please provide your views as desired on the other components of the Alberta Health Act proposed by the MACH (pp 16-23 of MACH report). These include embedding principles into the Act, indentifying key roles, responsibilities and accountabilities in the health system; clear and consistent definitions to apply to all health legislation; consolidating core health acts that deal with publicly funded health services, and establishing an arms-length entity to support evidence-based decision-making.***

Creating Synergy supports all the key components described in the report as ones which will be embedded into the Alberta Health Act. These components are briefly but clearly described and present some of the processes for transparency and accountability needed for the new Act. This aligns with what we previously mentioned - Albertans and particularly members of Creating Synergy want assurances of being engaged in discussions concerning changes in public services and publicly funded services as well as any impacts coming out of merging all the Acts into one. The experiences and evidence to support changes will be a critical component for supporting changes proposed.

This latter is one component which Creating Synergy is particularly interested in, which is to “establish an arm’s-length entity to support evidence-based decision-making throughout the health system”. There are two aspects of this component we wish to comment on:

- (i) From our perspective there are two types of research to consider and strive for when ensuring that the ‘best’ evidence has been used to inform decision making. The first type of research is knowledge generation, as in conducting research to generate findings or evidence which address relevant research questions asked by policy/decision makers in health or combined health/social sectors. The second type is synthesis research which is a process involving several steps – first, selecting research studies based on key criteria of population in the study, approach used, and findings, and second, analyzing these studies for key concepts relevant to a research question posed by decision makers or stakeholders. Both types of evidence

are important to consider for use in informing policy or program decisions in health care. Both types of research are important to conduct. They can be conducted in-house with researchers or through academic institutions or contracts locally or nationally as desired.

A clearinghouse for information is also a good idea which relates to the dissemination and knowledge translation and utilization of research. These are follow-up processes once the evidence is generated. This entire process is known in research terms as the Knowledge-to-Action cycle. The research which is still missing is that which assesses or evaluates the effectiveness or outcomes on patients and practices of the research evidence used in making the informed decisions for health services or programs. Cost-benefit or cost effectiveness research can complete the Knowledge-to-Action cycle through ensuring that decisions and their impacts are creating the best outcomes for patients and providers. We hope this latter type of research is also included in this component of the Alberta Health Act and is part of the accountability consideration as well.

- (ii) “Engaging citizens in assessment processes and value-based decisions about health policy and delivery to ensure the public’s priorities are identified and their experiences using the system are reflected.” There are potential mechanisms mentioned as well. Creating Synergy feels that this aspect requires some dedicated attention if the outcomes of engaging citizens is to be meaningful for all concerned. Engagement is more than consultation and requires dedicated resources and commitment to ensuring a quality process. There are different mechanisms to address different questions or issues or to incorporate as part of planning and decision making. Some issues are value based and others are service outcome based.

Creating Synergy has undertaken an exercise with its members to develop a *Guide for Successful Stakeholder Engagement in Decision-Making Processes*. Formal input has been obtained from members of Creating Synergy in aligning purpose, vision, guiding principles, anticipated outcomes, benefits, goals and objectives, roles and responsibilities, methods of/for involvement of Creating Synergy and other stakeholders, capacity building, strategy for implementation and evaluation of the process. A copy of the guide is attached with this letter.

**4. Going forward, how should the public, health professionals and other stakeholders be consulted in the development and review of future legislation, regulation and policy (p. 26 of the report)? Please suggest specific processes or mechanisms you feel would be appropriate for ongoing consultation.**

Our comments to this item are reflected in 3. (ii) above, and more specifically in our *Guide for Successful Stakeholder Engagement in Decision-Making Processes* which is attached. Creating Synergy believes that the right mechanism or approach must be used with the public, health professionals and other stakeholders if meaningful engagement is to occur and outcomes or results are useful or beneficial. The guide suggests that most stakeholders prefer to be meaningfully engaged as opposed to merely consulted for appearances. The engagement process places people’s input at a higher level of use – that is, inputs from stakeholders are not only heard but also reflected and applied in documents and decisions. Engagement comes in different approaches for different purposes. As proposed on page 26 of the Report, Creating Synergy supports this premise of ensuring “ongoing citizen or stakeholder engagement in the development of legislation, regulation and policy”.

### **In Closing**

On behalf of Creating Synergy Health Coalition of Alberta, we wish to thank you again for this opportunity to comment on the MACH report and to provide some additional suggestions. We hope that you will find our guide useful. If you wish to talk with us further about our perspectives as presented above or about our guide, please do not hesitate to contact us. We are grateful to be part of this ongoing process and to contribute anyway we can.