Creating Synergy

HEALTH COALITION OF ALBERTA

Invited Submission to the Minister's Advisory Committee on Health

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The document provided to us by the Minister's Advisory Committee on Health is very well thought out and provides the basis for our submission which follows, as the voice of patients and consumers from across Alberta. We are supportive of legislative reform only if it truly benefits all Albertans, particularly patients in terms of health care and treatment, and does not take away some of the publicly funded rights of Albertans. Our thoughts on the provided document and other considerations follow:

Introduction: Discussion about Wellness and Patient-Centred approach/system

Before commenting on the principles, we wanted to also comment on the introductory message from the Minister's Advisory Committee on Health. Although the intentions are good and supportive for patients and patient-centred care, there are some limitations and inconsistencies in using this language and focus if the intention is to also include wellness in a more general sense for the population of Alberta. The term 'patient' is often misused, and refers to an individual who has had an acute or chronic illness or condition which has required the services of hospitals or other health care facilities along with various health care professionals or teams of professionals within the health care system. By this generalized definition, everyone could potentially be considered a patient at some point in time, either with acute or chronic illness. For Creating Synergy, the term patient really denotes the individual who lives with an illness or chronic condition which requires hospital or institutional care and services, as well as community-based services including pharmaceuticals for prevention of illness or secondary complications as well as quality of life. Most references of patient-centred care are around chronic illnesses or conditions, which means that these individuals require more consistent access and use of various health care facilities, treatments and services as well as different health care professionals.

However, the opposite side of this continuum is the wellness of those who are not patients in the same sense but who may have the odd need for accessing and using the health care system. Otherwise, this latter group is generally healthy. It is this group which is eliminated in the use of the term patient-focused, particularly concerning wellness in the sense of prevention of disease or health promotion. Wellness, prevention and health promotion are guided by the social and other determinants of health which are part of our health policies and defined through the Ottawa Charter.[1] As our contribution to this discussion, we suggest that the current language change to a more practical or applicable approach – that we not focus only on patient-centredness or even the expanded version of patient and family centredness, but rather on people-centred care.[2] This latter terminology is inclusive of all Albertans and aligns with the concepts of prevention or health promotion as part of wellness, in addition to the concepts and practices associated with maintaining wellness of those who have chronic illnesses or conditions. This is the more holistic wellness approach. It also supports a wellness continuum model for which people-centred care and services are more appropriately aligned through the collaborative efforts of different sectors and across Ministries responsible for social services, children and families, seniors, and others. The continuum should include the appropriate health and social services for three levels of needs: (1) those who are healthy and wish to sustain their health, (2) those with acute situations

[1] World Health Organization. 1986. *Ottawa Charter for Health Promotion.* Geneva: WHO.
[2] World Health Organization. 2007. *People at the Centre of Health Care: Harmonizing mind and body, people and systems.* Geneva: WHO.

needing urgent or prompt care and attention, and (3) those with chronic health diseases and/or conditions which need more consistent and long-term access to treatment, care and follow-up. This type of holistic people-centred wellness 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.

Discussion about the Principles for Renewed Health Legislation
The two given principles with the following seven examples warrant some discussion.

> **First Current Principle:** *"the public health system will serve the interests of all Albertans regardless of their ability to pay".*
>
> **Suggested Principle:** Alberta's public health system will provide quality, safe and effective health care services for improving and maintaining the health of all Albertans.

The changes are recommended because the public health system does not serve the 'interests' of people, but rather all Albertans as human beings. The goal should be the improvement of health of all Albertans. The fact that only 'ability to pay' has been singled out is limiting as there are other considerations including age, gender, education, and so on. A person's ability to pay is a significant determinant of health receiving much more attention currently than do most of the other considerations. A Seniors' Health Program also seems to be targeted but again related to ability to pay rather than ensuring that seniors have access and coverage in place so that they can manage their health for as long as possible and without having to access the more expensive institutional services.

> **Second Current Principle:** "access to publicly funded health care services will be fair and effective."
>
> **Suggested Principle:** Access to publicly funded health care will be equitable and timely to meet the health needs of all Albertans.

The principle as originally stated suggests that only the access to services will be fair and effective but does not include other aspects which the care must entail including safety, equitability, and being balanced in its consideration of the determinants of health and the continuum of care. Focusing only on the fair and effective access to publicly funded health care will not address the issues which Canadians, including Albertans state they have with access, equity, safety or balanced care.[3]

We also suggest a third principle, as follows:

> Alberta's publicly funded health care system will provide Albertans with services, programs and incentives for health promotion and prevention practices to maintain their well-being.

[3] Health Council of Canada. July 2009. *Responses to "Value for Money: Making Canadian Health Care Stronger".* Toronto: Health Council. Available at www.CanadaValuesHealth.ca

This principle is suggested because there needs to be a focus on the wellness side of Alberta Health and Wellness. By focusing on this principle, outcomes in health and health care needs should balance the use or need for the acute and chronic disease management side of the care continuum.

The examples of the guiding principles identified should align with each of the three proposed principles, especially if they are being used for discussion of a new legislative framework. For example:

- Example 1, p.2 would support all three principles.
- However, example 2 is not very clear – quality is difficult to often define and measure but there are certain reference terms which associate with quality. These terms are mentioned as acceptability, accessibility, appropriateness, effectiveness, efficiency and safety. It is worth emphasizing that "a quality system is a sustainable system." Perhaps this emphasis can be best accomplished by rewriting the example as "Assurance of safety and quality in all aspects of care and treatment".
- Example 3 does not mean much unless the 'how' component is considered, such as: address the determinants of health and work with other ministries regarding the social and other determinants of health which are foundational for keeping people healthy and well.
- Example 4 should be 'people-centred' across a full and integrated continuum of health services, from health to end of life.
- Example 5 is needed and would be supported but the term 'infirm' is awkward as it could mean being quite ill or just physically weak for other reasons such as related to aging.
- Example 6 – if Albertans believe that need and not ability to pay is of primary importance, then this example needs to be reworded to include that the health care system needs to be equitable, safe and timely as well as accessible.
- Example 7 is okay as is, but questions can be asked about what constitutes "best medicine". What types of evidence does this include? Are patient experiences considered? Will scientific evidence be available for decisions, or will it need to be gathered through additional studies?

A Discussion about Themes for Renewed Health Legislation

- **Optimizing the competencies and capacity of all health service providers.**
  We agree with this first theme and support the explanation and needs identified with it. Under 'Why is this important'? We suggest including a few key words into the statement to read - "An optimized health workforce will increase timely access, improve quality and safety, and lead to greater satisfaction amongst Albertans and providers." The latter reflects the previous note on moving towards 'people-centred' care. Under 'What are the legislative issues'? where the range of settings includes continuing care, pharmacies, physician offices and hospitals, we would ask why not include consideration for rural settings which probably have access to pharmacies, Primary Care Networks in some places and Telehealth, but also lack many of the needed services by people in rural communities? Health cares providers will need to work differently in rural versus urban settings and will therefore require different skill sets as well. This should also be identified as another need, such as 'an integrated approach to providing care and services across rural as well as urban centres and which include interdisciplinary and interprofessional or team-based practices'. This links with the

health sciences faculties and health professional schools where training will need to focus more on interdisciplinary and interprofessional practice. It also links with the Primary Care Networks and Telehealth.

- **Ensuring access to care and services – and providing them in the most appropriate setting**
  We agree with this them and its contents. We have nothing to add at this time.

- **Integrating care across the full continuum of health services**
  The continuum needs to include the range of services which focus on wellness, health promotion and prevention as well as the other types of patient-focused treatment and care. We would like to see the people-centred focus here as previously mentioned. The integration of health services should include the full spectrum of wellness services as well as care/treatment services. Another bullet should be added to the list of identified needs, such as: 'The full continuum of health services must incorporate public health and wellness services to support health promotion and prevention as well as all the patient-centred acute and chronic care and treatment'.

- **Ensuring decisions based on the best available evidence and the appropriate adoption of technology**
  One of the future needs which should be included is the 'development of databases which can be ethically used for research which would support health care decisions and policies more appropriately.' These databases would include patient data gathered through electronic health and medical records, and although controversial regarding privacy of information, these approaches are the most effective ways to do this.

- **Providing support for change and improving outcomes**
  The only question we have concerns the last two words in the first and second bullets under needs – "provide for greater engagement and responsibility of health providers/patients and the public in change". This is not totally clear as to what is meant by "…and the public in change". Is this change reflective of different levels within the health care system undergoing change or transformation? Is the change related to health care reform or only patients'/Albertan's behavior and attitudes towards change in the health care system?

There is one additional theme we would like to put forward:

- **Engaging Albertans in the dialogue and decisions about all health care reform that impacts their health and well-being.**
  Although patient engagement has been mentioned in the document it needs to be stressed as the process of legislative reform needs to have meaningful input and discussion with Albertans. The reforms and legislation proposed will need to reflect the needs and concerns of Albertans who ultimately want to be part of the solution for developing a health care system that works efficiently to provide for people's needs while not increasing the costs. Albertans want to have their experiences and concerns heard about a publicly funded system that needs to be more accommodating than it currently is with regards to effectiveness or

improved health outcomes, equity, safety, quality, accessibility, availability and timeliness. Engaging Albertans in these discussions and processes have minimal costs for government but are rich in value, ideas and information.

Alberta's health system of the future needs:

- A public engagement framework which would provide Albertans with an understanding of how, when and to what extent they will be engaged in discussions and decisions regarding health care
- Public awareness and transparency of the various health care issues and legislative changes proposed
- A strategic plan that clearly identifies Albertans as key users and investors in Alberta's health system
- Evaluation of the public engagement process to assist with improvements in health care reform processes.

Conclusions and Suggestions for Renewed Health Legislation

Albertans are supportive of updating legislation to meet the health needs of Albertans in the future. The concern is that not all Acts are necessarily out-of-date but if opened for reform, may be lost entirely along with the protection of Albertans' rights to publicly funded health care. All proposed changes to legislation should follow the same format used within Health Canada's Health Products and Food Branch which includes extensive public and stakeholder discussions, submissions, round tables and legislative drafting. This model or framework seems to work quite well, and Canadians appreciate it, particularly patients. For Alberta's healthcare reform and legislative change, Albertans would want to be part of the processes as well, meaningfully engaged and owners of a system that they feel will meet their needs across the continuum of care from wellness to acute and chronic disease management.

The suggestions put forward by the Minister's Advisory Committee on Health are a very good start and should stimulate further discussions with Albertans including health and allied health professionals and their educators/mentors, patients and patient organizations, consumer groups, families, rural and urban communities, and researchers/academics. The engagement of Albertans in the discussion of this very important and impacting legislative framework proposal is absolutely critical to getting it right for a health care system which Albertans can say is effective, equitable, safe, and accessible. Albertans want to trust their health care system to be there in health as well as in illness, whether acute care or community-based care. The determinants of health are important in all aspects of health and wellness and cannot be separated from the discussion. Collaboration of health and other services are critical to the legislative considerations.