

Evolving Healthcare in Alberta

The Alberta Rural Physician Action Plan (RPAP) Conference –
Feb 27, 2014

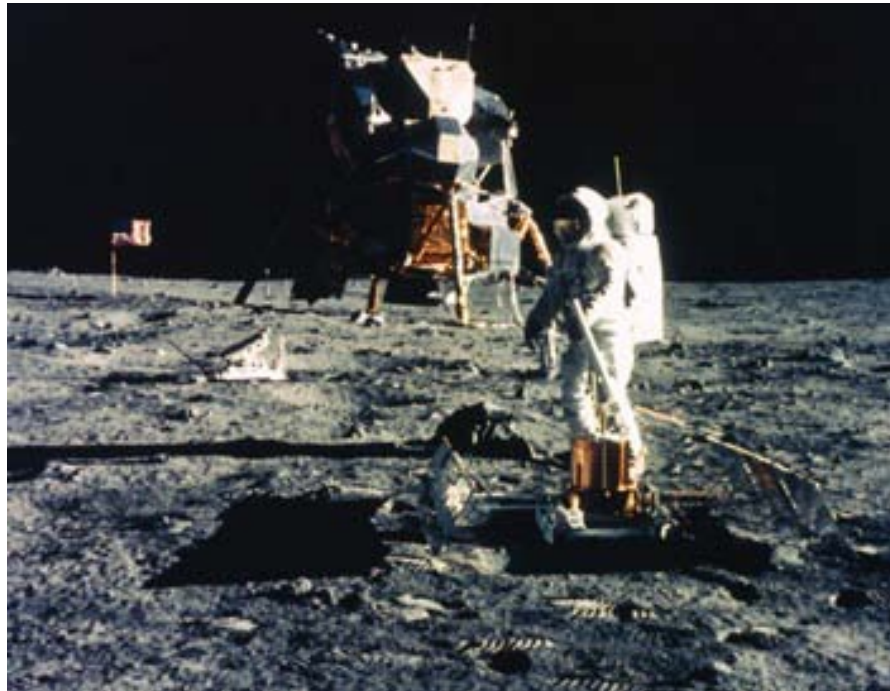
Guest Speaker: Dr. Evan Lundall
Central Zone Medical Director, AHS

Changing Landscapes of Healthcare in Alberta

Rapidly Changing

Where were you in July 1969?

Lunar Landing:A Giant Leap...



Alberta.....

- Then
- Current
- Future

Then:

- After 1900 Medicine and Nursing became well organized.
- 1919 Alberta's District Nursing Service was created.
- Services provided in Rural Areas included:
 - Prenatal and midwifery services
 - Minor Surgery
 - Medical Examinations of School Children
 - Immunization

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- Post-war Oil Discovery and Prosperity.
 - Expansion of Local Medical Services.
 - Hospitals and Doctors in Numerous Communities.

Tommy Douglas' Personal Reflection

“I made a pledge with myself long before I ever sat in this House...if I ever had anything to do with it, people would be able to get health services...”

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- By 1955 – Doctors prepaid insurance plans
 - April 1959 – Premier Douglas declared his government's plans to implement universal medical insurance
 - 1959 – 1962 Tommy Douglas' government worked on the plan

Principles of the Saskatchewan Agreement:

- Universal Public Coverage paid for by Taxes and Premiums
- Physician and Diagnostic Services
- Pharmaceuticals and Home Nursing
- Optical, Dental and Rehabilitation Services
- Preventative Health
- Government Responsibility and Accountability

Enter the Feds

1964 Royal Commission by Emmett Hall delivered recommendations that included:

- Comprehensive and Universal Health Services Paid for by Taxes and Premiums
- Freedom of Choice for Patients
- Improvements to Public Health
- The Development of Representative Health Agencies
- Fee for Service
- Dental services for children, expectant mothers and welfare recipients
- Full inclusion of Optometry
- Patient contribution for pharmaceutical prescriptions
- Home-Care Programs

- Spending on Health care was 5.4% of GDP
- Predictions by Commission:
 - 10 years – 6.4% (1971)
 - 25 years – 7.4% (1991)
 - Actual 9%
 - 2011 – 11.7%

SHOCK Treatment.....

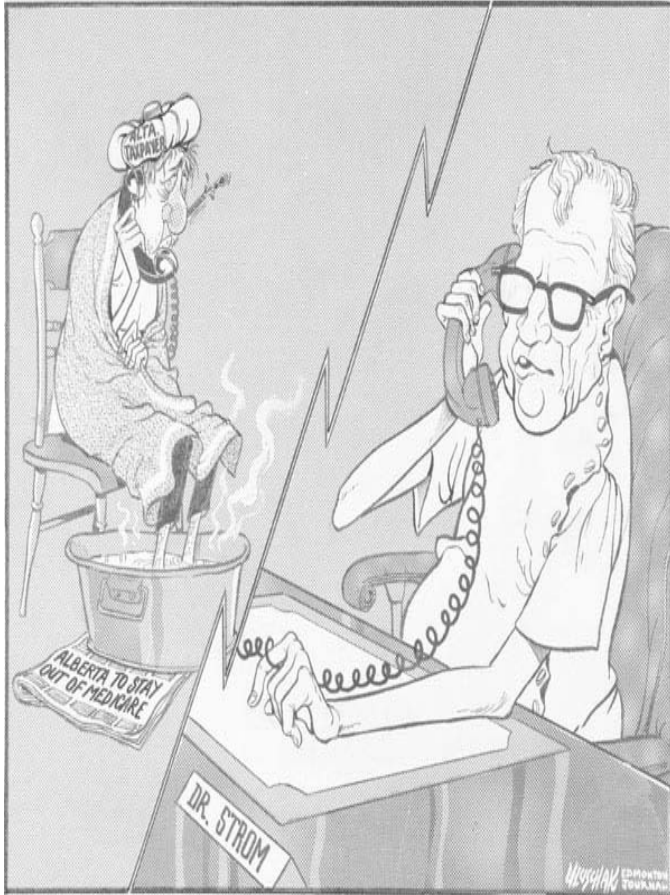
When he became Minister of National Health and Welfare, John Munro, Dr. Munro in John Collins' cartoon, had the difficult task of introducing the national medicare plan at a time when health costs were rising faster than inflation.

Library and Archives Canada, ACC. No. 1986-9-2500, e008440957, Artist: John Collins.



Alberta's Entry.....A Giant Leap...

- Alberta joined the scheme – July 1, 1969 as did other provinces and territories
- A time of great anticipation for a great social scheme
- A time of turmoil.....A giant leap
- Minister of Health resigns
- Premier retires



Just go to bed, take two aspirins, and send Ottawa \$35,000,000 a year!

In Alberta, public demand and the loss of revenue combined to force Harry Strom's Social Credit government to join the federal medicare plan on July 1, 1969. Edd Ulschak published this cartoon just before July.

Library and Archives Canada, C-138656. Edd Ulschak

Canada Health Act:

An act relating to cash contributions by Canada in respect of health services.....

A defining character of Canadian identity.....

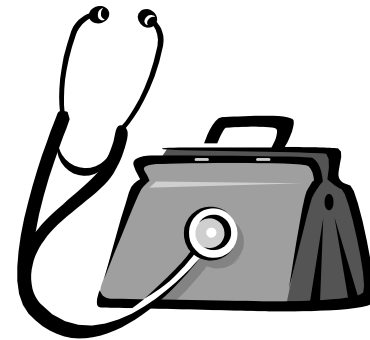
5 Principles:

- Public administration
- Comprehensiveness
- Universality
- Portability
- Accessibility

CURRENT:

ALBERTA

- 1986 – Came to work as a locum
- 3 Hospitals within 25 minutes providing similar services
- 3 Boards
- Observed waste in the system.



1. Organization of Healthcare

- 1990's Regionalization – 17 Regions
- 1990 / 1991 - Physicians Developed a Collaborative Service Model
- 1994 – Ralph Klein's Approach to balancing the Budget
- 2003 More Regionalization – 9 Regions

Organization of Healthcare (cont.)

- 2008 – AHS was Born

The Largest Merger in Canadian History!

“Moving to one provincial governance board will ensure a more streamlined system for patients and health professionals across the province.” – Ron Liepert

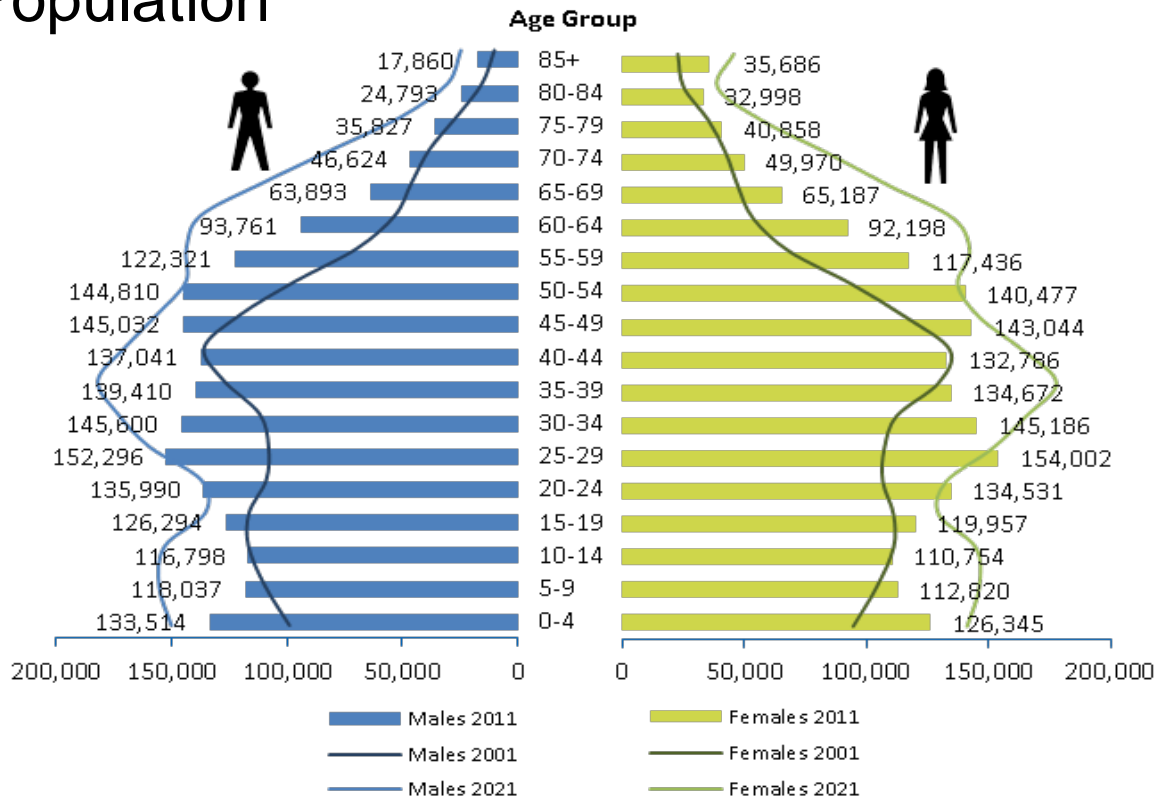
- 2008 to 2014 – Further Evolution

2. Demographic Shifts

- 1901 Alberta Population = 73,022
 - 25% Lived in Urban Areas
 - 75% Lived in Rural Areas

- 2011 Alberta Population = 3,654,257
 - 81% Live in Urban Areas
 - 19% Live in Rural Areas
 - Two Thirds of the Population Lives in Edmonton or Calgary

Alberta Population



In 2012 425,000 Albertans Age 65+

Projections:

- 642,100 by 2021
- 20% (1 in 5) by 2031

3. Healthcare Work Force

In 1986.....Alberta had 3,549 Physicians

In 2001.....Alberta had 5,428 Physicians

In 2011.....Alberta had 8,528 Physicians

In the last 10 years, the number of physicians practicing
in Alberta increased by 3104!!

Alberta's 2011 Population = 3,645,257

Stats Canada predicted **4 million in 2013**

- Translates to:

1 Physician for every 427 People

Or

214 Physicians per 100,000 People

81% Practice in Calgary and Edmonton

19% Practice in Rural Areas

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- Family Physicians grew by 56.8% since 2001
 - 28.6% increase in Female Physicians between 2007 and 2011
 - Physicians in Alberta are an average age of 48.

More information available on these websites:

- Alberta Urban Municipalities Association (AUMA)
- Canadian Institute for Health Information (CIHI)

Central Zone Work Force Breakdown

229 Female Physicians
– Average age of 43

717 Male Physicians
– Average age of 49.5

Includes Locums

Age Range Summary				
Age Range	Range Total	Female	Male	N/A
25-29	13	6	7	0
30-39	205	40	128	1
40-49	220	58	162	0
50-59	202	43	157	2
60-69	146	15	131	0
70-79	30	1	29	0
80-89	2	0	2	0
90-99	1	0	1	0
No Date	136	30	100	6

Other Work Force Resources

- Registered Nurses (RNs)
- Licensed Practical Nurses (LPNs)
- Health Care Assistant (HCA)
- Allied Providers
- Nurse Practitioners (NPs)
- Clinical Assistants (CAs)
- Physician Assistants (PAs)
- Midwives etc.
- Out of scope of this presentation

4. Patient Expectations

Healthcare Partnerships vs. Passivity

- People want to be involved in their personal health plans
- Satisfactory experiences
- Satisfactory outcomes
- Accessible healthcare when needed.

5. Demands on the System

Advances in Technology

- Diagnostics
- Surgical : micro-invasive and robotic
- Genomics and Personalized Medicine

Cost of Drugs : drugs for almost everything and designer drugs

Laboratory and Diagnostic Imaging Utilization

6. Fiscal Realities

- \$17.1 Billion on Healthcare
- \$1.9 Million spent per hour (\$47 Million per day)
- Total Health Spending = 45% of Alberta Government Operational Spending in 2013 / 2014
- AHS gets \$10.5 Billion
- \$3.4 Billion spent on physician services
- \$1.1 Billion spent on drugs and supplemental health benefits

For Every Dollar *

- \$0.62	—	AHS
- \$0.02	—	Calgary South Health Campus and Edmonton Kaye Centre
- \$0.20	—	Physician Services
- \$0.07	—	Drugs and Supplemental Health Benefits
- \$0.09	—	Other

*Source: <http://www.health.alberta.ca/about/health-funding.html>

How is Alberta Positioned Overall?

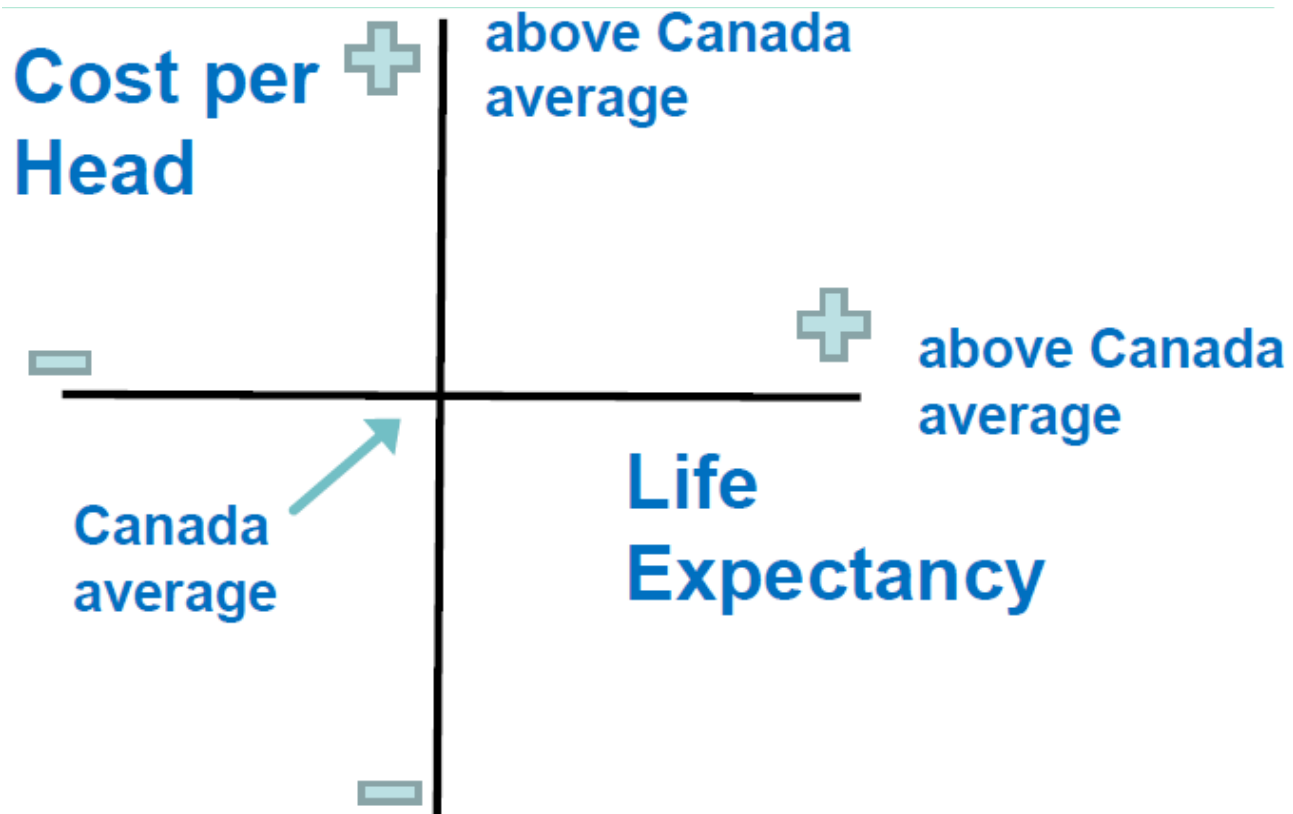
Alberta spends more per capita than the Canadian average*

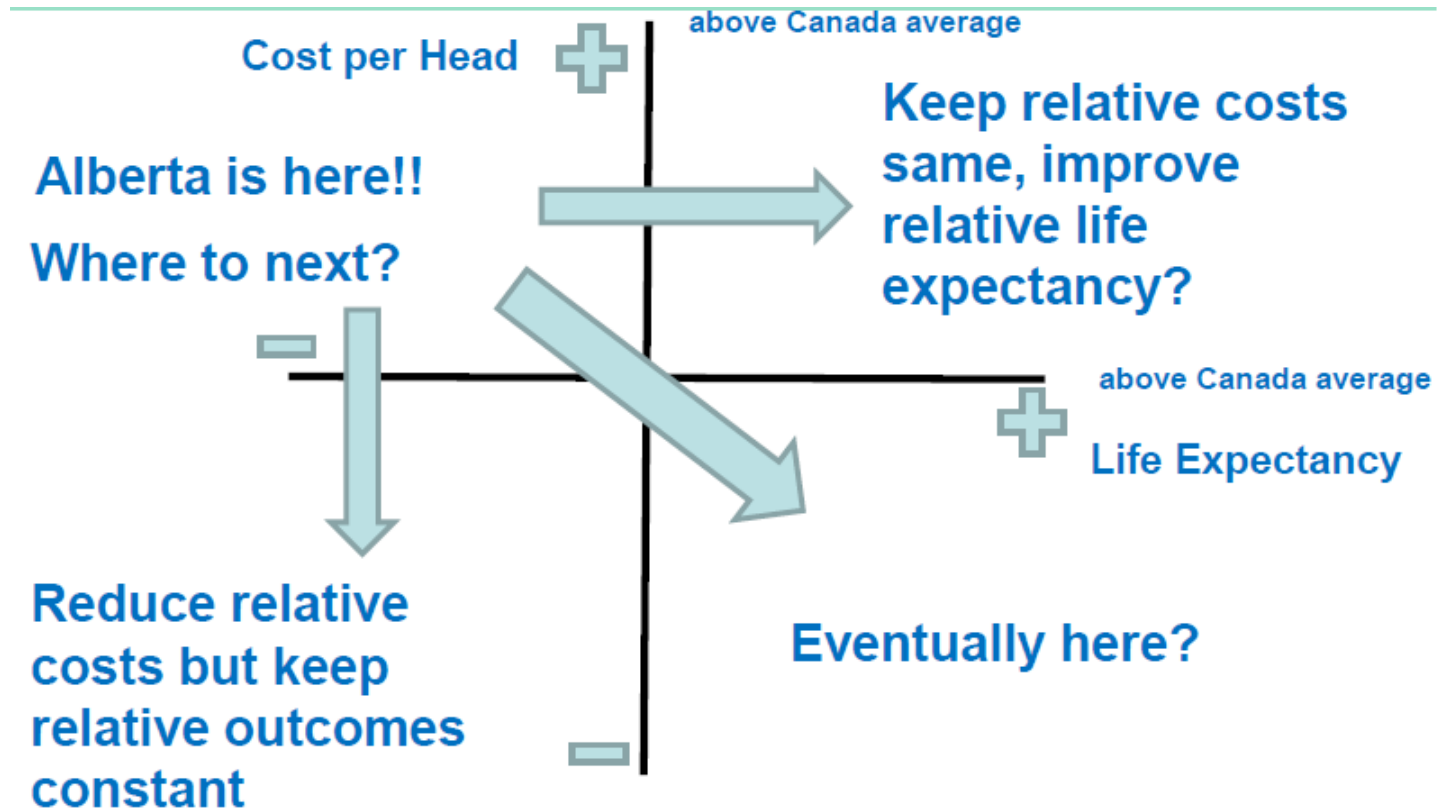
* What should be the way we compare costs between provinces: take account of GDP or not?

Alberta has a lower 'health adjusted life expectancy' than the Canadian average*

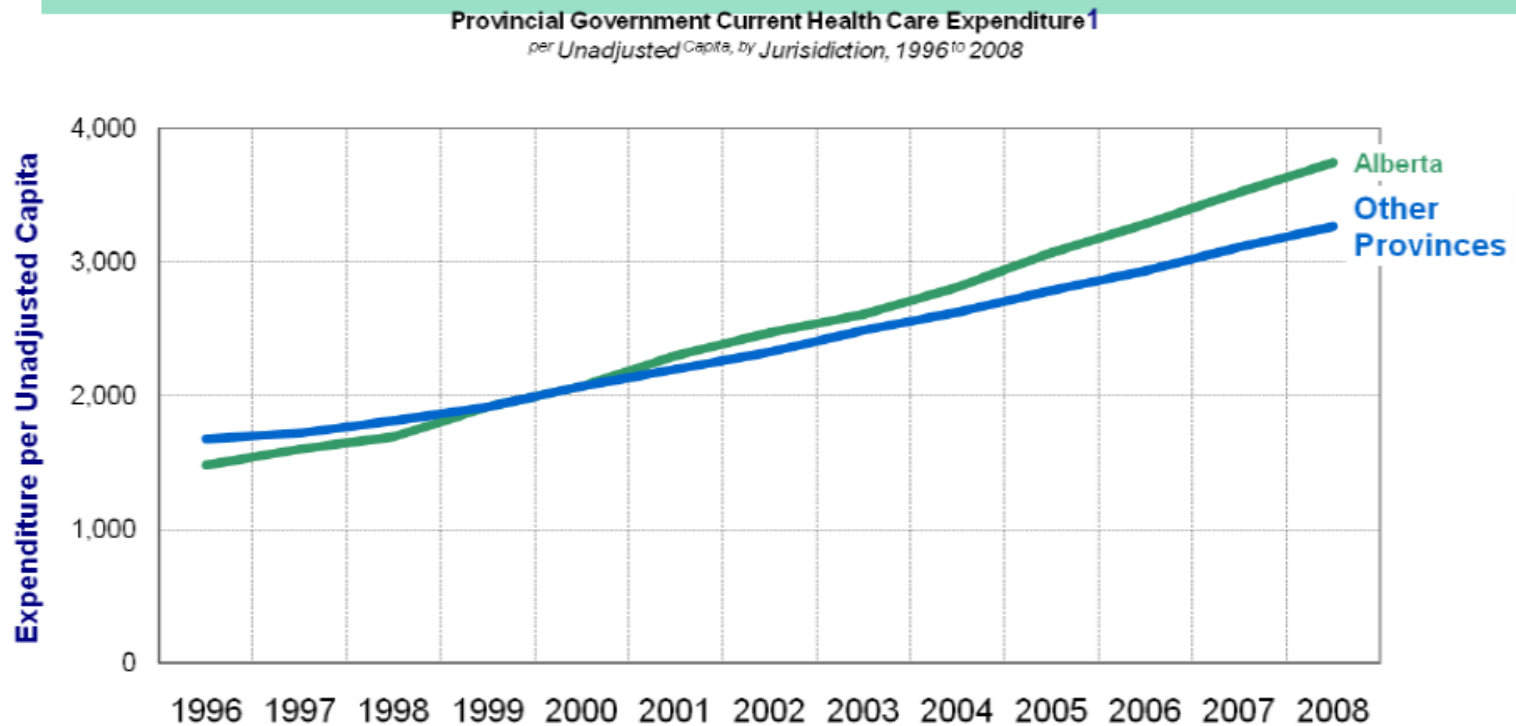
* Is this the right metric for comparisons?

This according to:
Institute of Public Economics and University of Alberta





Trends:



¹ Source: Canadian Institute for Health Information, National Health Expenditure Trends, 1975 – 2008 (Ottawa, Ont.: CIHI, 2008).

FUTURE:

“More than any time in history mankind faces a crossroads. One path leads to despair and utter hopelessness, the other to extinction. Let us pray that we have the wisdom to choose correctly.”

Woody Allen

Crossing the Rubicon ?.....

- Minister of Health: indicated the province expects AHS to squeeze more value out of its operations
- “We're looking for better value, we're looking for more efficiency”
- "Those are things that don't just come from putting more money into the system. They actually come from doing things differently."
- Minister Fred Horne (News article Feb '14, referring to budget expected 6 Mar '14)

NASA's Tough Choices

What About Healthcare in Alberta?

- 45% of Government Budget goes to Healthcare
- Traditionally operating budgets were uplifted 6-10%
- AHS this year – 2% uplifts
- Negotiations with physicians completed 2013
- Union negotiations ongoing

TOUGH CHOICES NEED TO BE MADE TO ENSURE SUSTAINABILITY

-
- These are some of the changes though not exhaustive
 - We continue to have a good system but significant challenges with:
 - Access
 - attachment to Primary care providers
 - referral primary to secondary providers
 - time to surgery

Thoughts and Trends

1. Triple Aim

- Better Care
- Better Outcomes
- Better Value

2. Primary Care Foundation

- Move care away from paradigm of “Hospitals” back to Community (PCNs, FCCs, home care; care in the home)
- Medical home
- Addiction and Mental Health

3. Patient Centred Care

- CMA proposes Charter
- Echoes I.O.M's Six Dimensions of Care
 - (Safe; Effective; Patient Centred; Timely; Efficient; Equitable)
- Alberta Minister of Health
- Federal Minister of Health

4. Evidence Informed Care

- SCNs (16)
- Guidelines and Best Practices
- Advancing Care as Technology and Knowledge Advance

5. Evolving Models of Care

- PCNs
- FCCs
- Team Based Primary Care
- Facilitated Primary to Secondary Care

6. Resources

- Human Resources
- Physician Workforce
 - Increased Feminization
 - Generational Approaches
 - Training and Supply (more local supply)
 - Creation/Enhancement of Communities of Practice

7. Review of Funding Arrangements

- ? Compensation tied to
 - Outcomes/Measurements
 - Accountability
- Shifting funding for more Community Care
 - This should form basis for treating Chronic conditions
- ? Activity Based Funding vs Global budgets

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8. Government setting policy, standards, performance targets and expectations and allowing the Healthcare system to be managed with a limited amount of politicization

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- Jeffrey Simpson in his Book: *Chronic Condition* states:
 - Politicians need to place unpalatable truths in front of people
 - And alert people to the looming problems

Fostering a debate that brings the sustainability question into the public arena and work to resolving the issues...

Opportunities for sustainability

- Cy Frank (Alberta Innovates Health Solutions):
 - “We are on the verge of realizing the benefits of a single system”
- What are the people of this province prepared to do to achieve a system that is sustainable?