



# The President's Letter

Dr. Darryl D. LaBuick



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Dear Member:

Alberta Health and Wellness Minister Ron Liepert's dramatic May 15 announcement about the new, single Alberta Health Services Board raises questions about the future of Alberta's health care system. Physicians and other Albertans are asking what the changes mean – and what other changes may be on the horizon.

The nine regional health authorities (RHAs) will continue in place until April 2009, at which point the government will officially dissolve them into the single Alberta Health Authority.

On another note, it is clear that the various programs and aspects of the trilateral agreement will continue – Schedule of Medical Benefits; alternate relationship plans; primary care networks; Physician Office System Program; Business Costs Program; Rural, Remote, Northern Program; Retention Benefit; continuing medical education; CMPA benefits; AMA Physician Locum Services and the Physician and Family Support Program.

## Health care system challenges

As I mentioned in my May 16 *President's Letter*, the Alberta Medical Association (AMA) supports the minister's emphasis on a health system that is focused on the patient.

Now as the minister moves ahead with his plan, physicians and other health professionals need to be directly engaged in identifying challenges and proposing solutions to health care challenges. We are at the coal face and daily see our patients bearing the shortcomings of the system. Some challenges include:

- **Keeping Patients First®** – Simply put, the health care system should make patients the focus and the measure for all health care activities and initiatives.
  - Alberta has lacked a province-wide policy framework to guide the health system. The new, single health board may improve provincial policy and standards across all locations.
  - Government must also invest in the long-run sustainability and quality of the health care system.

- **Health care human resources shortages** (specialists, family physicians and other health professionals). AMA has commended the government for increasing medical school enrollments. At the same time, Alberta needs to find ways to:
  - Make family practice and general specialty programs more attractive
  - Provide appropriate support for surgeons and facility-based physicians so they can perform surgeries and improve patient access. (One aspect of this support is the need to fill nursing shortages.)
  
- **Economic environments for physicians as small business owners**
  - If Alberta is to increase the number of physicians practising in Alberta, there must be support through remuneration that helps to keep their practices viable.

### **Alberta Health and Wellness (AHW) Business Plan**

The AHW business plan sets out strategic priorities and six goals. To read about the plan, link to: <http://www.finance.alberta.ca/publications/budget/budget2008/health.pdf>

The AMA is pleased to see the addition of performance measures to address a number of current challenges in the health care system. Some of these affect physicians and merit comment on how they will be accomplished.

### **AHW GOAL #2 - Health system sustainability**

1. **AHW performance measure:** Increase the physician to population ratio from 191.8 (2007-08) to 205 physicians - 102 family physicians and 103 specialists - for every 100,000 Albertans in 2010-11.

AMA comments and questions: AMA supports increasing physician numbers, but we believe the targets are low.

- The targets reflect recent history and expected levels of growth. They are not aggressive in terms of cutting further into identified shortages.

2. **AHW performance measure:** Increase public expenditures per capita on prescribed drugs from \$289 per Albertan in 2007-08 to \$380 per Albertan in 2010-11.

AMA comments and questions: This is a significant increase (almost 40% with population factored in) but the plan is short on specifics about what we are trying to achieve.

- What will the new funding cover?
  - Does it simply cover the expected increase in the price and use of drugs?
  - Is it for new drugs, which require a formulary review?
  - Is it for a new program (e.g., catastrophic drug costs)?

## **AHW GOAL #5 - Health service quality and innovation**

### **1. AHW performance measure:** Decreased wait times for:

- Heart surgery – coronary artery bypass
- Cataract surgery
- Hip fracture repair
- Hip replacement
- Knee replacement
- Children's mental health

AMA comments and questions: We support the targets and the selected procedures.

- We are concerned, however, that the list of procedures seems to remain the same year after year. Wait list initiatives appear to be aimed at areas where political pressure is applied.
- Will focusing on these targets take resources away from non-targeted procedures and other areas?
- We need to move beyond this small group of procedures. Other areas (general surgery, gastroenterology, others) are also struggling to provide essential procedures to patients.
- When will we see clear targets on the access to other services?

Wait list initiatives need to address either long-run improvement in the capacity to provide needed services or the systemic issues that underlie the demand in the first place.

### **Patients First®**

While we do not yet have all the details about the changes to Alberta's health care system, we are pleased to see the AHW business plan focus on patients. The AMA generally supports the approach and direction of the business plan and its clearly stated goals, strategies and performance measures outlined with the goals for health care. We applaud this approach and commend the minister for his focus on accountability.

The 2008-09 AHW business plan offers opportunities for continued leadership and contributions by physicians. We look forward to working with the health minister as he rolls out his plans for health care.

Yours truly,

Darryl D. LaBuick, MD, CCFP  
President