



The President's Letter

Dr. Noel W. Grisdale



Patients First® Patients First® is a registered trademark of the Alberta Medical Association.

September 17, 2009

Dear Member:

Alberta Health Services' (AHS') announcement yesterday is promising – the promise of 775 new community living spaces in Calgary and Edmonton, and the commitment of more acute care beds for ER.

It is also most disconcerting – the closing of acute care beds in the province's two major cities, the assumption that community space for mental health care can replace so many acute care beds, and AHS' failure to engage health care professionals in making its decisions.

Nor do we know how these decisions will move Alberta forward to creating a publicly funded health care system that is not only sustainable but also provides timely access and quality care.

The decision-making process for publicly funded health care in Alberta is suffering from a number of deficiencies. Specifically, the Alberta Medical Association (AMA) is concerned about:

- Transparency is lacking. Albertans deserve to know the information and rationale for these decisions and how they align with the Alberta Government's vision for health care. Evidence on which the decisions are based should be released.
- Health care professionals such as physicians and nurses have the clinical and technical expertise, but they were not truly consulted and, in too many instances, their input was not even sought.
- A lack of independent monitoring of the implementation of these changes and their impact needs to be rectified, especially given the lack of public and provider involvement to date.

It is understandable that Albertans may be skeptical that their health care can be improved with fewer acute care beds. In addition, with its voluntary retirement program, the expectation is that AHS will have fewer staff. (The AHS news release can be accessed at <http://www.albertadoctors.org/PresLetter/Index>.)

...2

Of particular concern is the future of mental health patients who will be affected by the closure of beds in Alberta Hospital Edmonton and the opening of community spaces. AHS has pledged that the beds will not be closed until the community spaces are available, and has previously indicated some acute care beds will be added in other locations.

Psychiatrists and mental health advocates would challenge the assumption that acute care beds and community spaces are replacements for one another. They are complementary; they cannot completely replace each other.

Given the vulnerability of mental health patients and the lack of expert input from physicians and other health care providers, this is the time for an independent, third party to monitor the impact on patient care.

The Health Quality Council of Alberta (HQCA) has established itself as a third-party assessor of the health care system. It could lead the monitoring of this AHS initiative by involving physicians, other health care professionals, mental health advocates and the general public.

They should review the decision to close so many acute care mental-health beds, assess what constitutes the optimal mix of acute care and community-based services, and monitor the transfer of acute care patients into community care. Their findings and recommendations should be made public.

But Alberta Health Services is to be applauded for planning to move so-called "bed blockers" from acute care beds into community spaces. The nine former regional health authorities often complained about this problem but did not follow through. Finally, some action!

In closing these beds, however, AHS, as with its mental health decision-making, has:

- Not been transparent
- Not utilized the clinical and technical expertise of physicians and other health care professionals
- Not provided the rationale and information to demonstrate that the "bed blocker" beds are redundant and should be closed
- Not make public its plans to monitor and assess the changes

According to the Institute of Health Economics, in 2005-06 the Canadian average was 3.4 beds per 1,000 population. Alberta was slightly below at 3.3. Yesterday's decisions, plus the pending reductions in staff, will move Alberta even lower below the Canadian average.

How will such a reduction in acute care resources translate into better access and better care? Has AHS really solved the Gordian knot of health care and now is able to be faster, cheaper and better (the answer up to now has been, "Pick two out of three").

The President's Letter
September 17, 2009
Page 3

The decision to reassign 60 of the 350 beds to ER use – 40 in Calgary and 20 in Edmonton – reflects one of AHS' priorities. The assumption apparently is that having these additional beds available will help patients move out of the ER sooner. But how does this align with or enhance the proposals several years ago from the AMA's Section of Emergency Medicine?

So-called "unintended consequences" always accompany change – especially major changes as promised by the Provincial Government and Alberta Health Services. Fallout from these unintended consequences can be mitigated and minimized with transparency, real involvement of those on the front lines, and monitoring.

The Provincial Physician Liaison Forum, where physician leaders and AHS officials meet, provides one venue for this transparency, involvement and monitoring. It remains to be seen what role, if any, the recently announced Minister's Advisory Committee on Health may play.

Of course, the challenge for those of us on the outside is to try and make sense of the various announcements from the Provincial Government and from Alberta Health Services. How are they related? How are they aligned?

Albertans deserve a health care system that puts Patients First®. The Alberta Medical Association will continue its advocacy for such a system.

Yours truly,

Noel W. Grisdale, MD, CCFP
President