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# The President's Letter

*Dr. Noel W. Grisdale*



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August 28, 2009

Dear Member:

One goal of the Alberta Medical Association (AMA) is to keep you up to date on what is occurring in the system and the reaction of your association to those events. Today I want to share with you my initial reaction to this week's budget update by Alberta Health Services (AHS) and how it intends to deal with an over \$1 billion deficit.

### **Administrative and purchasing efficiencies**

Based on AHS' statements and media reports, it appears that a large amount of the deficit can be handled by a new strategy for purchasing supplies and administrative efficiencies such as combining payroll systems. The purported savings are in the hundreds of millions of dollars.

My first reaction to this is by all means these savings should be pursued. From what little information we have, these savings will not impact on patient care.

My second reaction is to marvel at the scale! I had no idea that former regional health authorities were so inefficient. Purported savings would seem to be, over Alberta's 15-year experiment with regionalization, more than enough to cover the Alberta Government's entire \$6.9 billion deficit projected for this year.

### **Buy-out packages for nurses and other staff**

AHS is also offering a buy-out retirement package to nurses and other providers. On a personal level, I can understand that someone may be nearing the end of her or his career and be interested in this. In that sense, it may work both for those individuals and for reducing health system costs. Voluntary is certainly preferable to mandatory.

I am concerned, however, about what will happen to patient access and quality of care. Just a few short months ago there was strong agreement that Alberta was suffering from shortages of physicians, nurses, technologists, technicians, etc.

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Retention initiatives were introduced; the training of health personnel increased. The AMA commended the government for significantly expanding enrollments in the medical schools at the University of Alberta and the University of Calgary.

What has happened between now and then? Where is the evidence that Alberta's health care system can reasonably handle a reduction in staff without harming patient care? Did we all – government, regions, associations, academic centres – get it so wrong?

In the short term, quality and access will, of course, be negatively affected. In the long term, how much will it cost to get these health care professionals back into the system once the impact proves to be unacceptable? How much success will Alberta have in wooing back new graduates who have moved to other provinces?

### **Investments that matter**

I also have a concern that Alberta may not invest in those areas that could bring about long-term and sustainable efficiencies. An important example: will the investment in health information systems continue?

I use e-health as an example because it is a case where long-term commitment and sustainability matter, similar to a coherent human-resource strategy. The real return from information systems is still to come, once more providers are engaged, once appropriate and confidential sharing of information is supported, once systems help providers, not administrators, do their jobs. Alberta has made a good start, but there is a long way to go. It would be a pity to give up now.

### **What is to come? Core services, access and quality of public programs**

Unspoken in all of this is the necessity of engaging Albertans in a discussion on the aims of the public health care system. Albertans expect and deserve a health care system that puts a priority on:

- Timely access
- Quality
- Patient safety

I am, however, highly skeptical with assertions and assurances that Alberta's health care system can meet these expectations and do so with fewer resources and, at the same time, continue to offer the current range and scope of services.

Albertans need to be engaged in discussions as to the future of their health care system, then decisions can be made as to what it will take to sustain the system. As the AMA noted in its 2006 document, *Access to Doctors. Access to Care.*:

“By ‘sustainability,’ governments mean the amount of money that they are prepared to spend on health care.”

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Or, as the time-honored axiom informs: "Health care can be fast, good and cheap. Pick two out of three."

The AMA has always recognized that it is up to Albertans to determine these matters: this is a debate that should now occur. We have made suggestions to several commissions (Mazankowski, Kirby, Romanow) as to how this should occur and the appropriate roles for different stakeholders.

Physicians and all other Albertans should be concerned with the conduct of decision-making in the province's health care system. How will decisions be made? Who will be involved in the decisions? Whom will they consult with? Will there be time for appropriate consultation?

The early evidence is not encouraging. One media report yesterday indicated that the Alberta Government has already decided on a task force to review this and other issues, and that it will report within 60 days on October 31.

Although matters directly related to our trilateral agreement with government and AHS are apparently included, the first the AMA heard of the task force was through the media.

The government's approach is eerily similar to Bill 52, the *Health Information Amendment Act, 2009*, when it introduced the legislation in the fall 2008 sitting of the Legislature without any consultation with us and without any forewarning.

As you will recall, the AMA was instrumental in lobbying for major changes to protect patient privacy, the doctor-patient relationship and professionalism.

As for the expected task force, I want to assure all physicians and all our patients that the Alberta Medical Association will be diligent in advocating for a health care system that puts Patients First®.

Yours truly,

Noel W. Grisdale, MD, CCFP  
President