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**REMARKS TO THE ALBERTA MEDICAL ASSOCIATION  
REPRESENTATIVE FORUM  
SESSION OVERVIEW - HEALTH CARE TRANSFORMATION**

**THE WESTIN CALGARY**

**FRIDAY SEPTEMBER 25, 2009**

**10:30 – 11:30 A.M.**

Thank you for the invitation to present some remarks to this Forum as part of a session on health care transformation. My task on this panel is to identify any links between the CMA's blueprint and Alberta Health Services' policy and strategic direction.

But first it is interesting to reflect on the use of the word transformation. The CMA report identifies that transformational change takes place in two areas: pace and scale. In terms of pace, the CMA report identifies that transformational change is "radical and fast paced. It is an abrupt change to the status quo." There are many here who agree that what is happening in Alberta is certainly transformational in terms of pace. It is also transformational in terms of scale. To use the CMA words, we are "trying to change the nature of an organization, its culture and values".

This Representative Forum is timely because over the last few weeks, Alberta Health Services has announced both major changes to health services in Alberta and also outlined specific goals that we are

trying to achieve. But to return to the CMA's document, it identifies five directions for Canada, and I will highlight what we here in Alberta are doing in terms of each of those.

First, it emphasizes building a culture of patient focused care and identifies that the first step in “creating a system that is timely and appropriate for patients and care givers alike”, is to “build a culture of service, respect and inclusion”. Alberta Health Services has also identified respect as one of our core values. Whether we have done enough to show that we will be living by that is still a matter of debate.

In terms of what the CMA sees government's role, it identified that as to “make commitments to ensure timely access”. This is certainly what we have done in our published strategic directions and Alberta Health Services actively pursues a focus on access alongside its focus on quality and sustainability. The changes we announced last week, for example, include specific actions to address waiting in emergency

departments by opening 60 dedicated beds. Here in Calgary we also announced expansion of elective surgery capability.

The second direction identified by the CMA is “incentives for enhancing access and improving quality of care.” Here, mention is made of the concept of pay for performance and this is certainly something that is already incorporated into the tripartite agreement with the Alberta Medical Association. It is my hope that this will be strengthened in the future, particularly through a focus on rewards for improving markers of good clinical care in terms of patient outcomes.

The third component is enhancing patient access along the continuum of care. Amongst other things, the CMA report identifies a “lack of long term and continuing care options leaving people who require long term care taking up hospital beds.” This is absolutely one of the issues that Alberta faces and we currently have hundreds of people in acute beds classified as alternate level of care who could better be accommodated in continuing care facilities. As you are aware, last

week's announcement included a major initiative to expand the provision of continuing care in this province over the next couple of years. At the same time I also announced expanded home care support, consistent with the CMA proposals.

The fourth CMA objective is helping providers help patients. Here the CMA focused on IT policy and funding directed at the "patient provider level". Alberta has already gone further than most other provinces in terms of e-health, but a transformational change is still required here. We need to think about quite different ways of empowering patients to access their own information and to give them the tools to help manage their own health better. This is an area where I think Alberta could be quite innovative, building on the progress we have already made and the strengths of a province wide health system.

The CMA document also identifies the need to ensure an adequate supply of health and human resources. In particular it identifies that "many Canadians do not have a family physician" and this is certainly of

great concern to us. There has been significant expansion of medical education in this province over the last few years and hopefully this will work through, over time, to increased availability of family physicians. In the meantime of course, we will still need to rely on internationally trained medical graduates, especially in rural Alberta. Alberta's two medical schools are already strengthening their role in providing rural training, to give students an exposure to rural practice and this is indeed a very positive development.

Coming from Australia, I am acutely aware of the large number of Canadians who undertake medical education in that country. Indeed, colleagues at the University of Queensland claim that it is one of the larger Canadian medical schools. One option for us might be to explore mechanisms by which we can partner with some of those Australian medical schools to attract to rural Alberta, Canadians from all provinces who are studying in Australia. This would speed up improvements in access in those areas.

Whether these initiatives will be enough to ensure all Albertans have good access to a family physician (or indeed a specialist) is a moot point. Providing adequate access to health care to Albertans in the future will require us to think quite differently from how we did in the past. We will need to extend the effective capacity of physicians by using other professions to their full scope of practice. Why should we have waiting lists for foot surgery when we have podiatric surgeon standing idle? Are we using nurse practitioners enough when we have long waits in emergency departments or in primary care? Can pharmacists play a greater role? Have we the right incentives in place in the tripartite agreement to facilitate the changes necessary in the future and to promote good quality care?

The CMA document assumes that there is a nursing shortage in Canada. This comment is more contentious than some of the other ones. Certainly if we continue to do things the way we always have there is no prospect of staffing our health services with the requisite number of nurses. In Alberta alone for example, if we continue to staff and

recruit the way we always have, there would be a shortage of around 6000 registered nurses. Perhaps it would be more powerful, and transformational, to move away from the idea that we will, or that it is even possible, to do things the way we have always done. What we in Alberta need to do is to think very differently on how we staff our services so that they are going to be viable and sustainable into the future.

The fifth area of transformation identified by the CMA is to build accountability at all levels. Transparency is one of the espoused values of Alberta Health Services and I think we are now demonstrating through our publication of performance results that our commitment in this area is more than words.

It is not my expectation that all in this room will agree with everything that we have done since Alberta Health Services was formed eighteen months ago. Some of you have complained to me that the pace of change in the first twelve months was too slow, others have

complained that the pace of change in the last six months has been too fast. I hope we will be moving towards the “Goldilocks” position in the near future.

By definition, the task of strategic planning is setting priorities. We have set priorities and again, not all of you will welcome the choices we have made. All I can plead is that you will accept that Alberta Health Services shares the vision enunciated by the CMA that “care must be delivered in a sustainable manner in terms of financial resources and appropriate supply of health human resources and healthy work environments.” I believe this is what we’re working toward, and I would welcome working with the AMA to achieve that goal.

Thank you.