Alberta Health Services

SPEAKING NOTES

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REMARKS TO
THE ROTARY CLUB OF CALGARY

"LIFE IN A COLD CLIMATE: MANAGING CANADA'S BIGGEST MERGER"

FAIRMONT PALLISER HOTEL
113-9TH AVENUE SW
CALGARY, AB

TUESDAY, AUGUST 25, 2009
12:00 PM

- Thank you for inviting me to join you today.

- As you've heard, I'm not from around here, so it's important for me to get out and get to know the community, to let you know what Alberta Health Services is doing and planning, and to make sure you have the information you need to be involved in the health care transformation underway in Alberta today.

- I hope to leave you with a sense of both the magnitude of the task before us and the opportunity for Alberta to be an international leader in health innovation.

- In the next few weeks you will hear a great deal about the scale of this transformational change. We will talk about what is necessary to ensure that Alberta's health system is sustainable, but more importantly we will talk about what this transformation means to you and your families in terms of reducing wait times for surgeries and in our emergency departments, for example.
  About providing protection for our seniors from influenza, and about what we all must do to ready ourselves for the H1N1 pandemic.

- The transformation is driven by the new economic reality we are all coming to terms with, and the reality of an aging population making greater and greater demands on our health resources.

- It has been called a demographic time bomb and it is unprecedented in human history. By the end of 2011 there will be more people over the age of 65 than under the age of 15.

- There will be 30 per cent more people aged 65 to 69 than there was in 2001. There will be 43 per cent more people over the age of 80.

- Age isn’t the only or even the most critical factor. The burden of chronic illness is unlike anything our health system has ever had to, or was designed to, withstand.

- More than two thirds of the cost of operating our system goes to one-third of the population with chronic illness, such as heart disease and diabetes.

- What does that mean in real dollars? The cost of providing health care to the average healthy person is about $390 per year.

- The cost for a person with three or more chronic illnesses – and this is not a small portion of the population – is about $11,000 per year, and the numbers are growing.

- According to the World Health Organization, it’s not age that will light the fuse on that time bomb, it is chronic illness and disability.

- What does that mean in terms of patient care?

- Many patients in our hospitals are there because of a dangerous episode in a long-standing chronic illness. We can and must meet their immediate needs, but a hospital is not the best or most effective place to provide their longer-term health care needs.

- They need recovery and rehabilitation. They need the medications and help to make lifestyle changes that will prevent another acute attack that will result in another hospital stay.

- The health care system as it has evolved and existed over the past several decades cannot carry a person through those crucial steps in a

coherent, reliable and effective way, to help them to stay well, or to get well and prevent a return to hospital.

- For that reason the most significant transformation in the creation of tomorrow's health care system will be a shift in the balance of hospital and community-based care, focused on providing the right care in the right place.

- Even while improving wait times for emergency departments and surgeries, we must accelerate the growth of community-based care – including home care, supportive living, and long-term care and improvements in primary health care.

- This will mean fewer patients in hospital beds, and more patients in community-based care.

- There has been a good deal of speculation about what that means for our patients, so let me be absolutely clear: No hospital spaces will be closed unless and until community-based beds and services are in place. Full stop, Period.

- We can and will balance our budget. We can and will be international leaders in the transformation of health. But most importantly, we can and will put the needs and interests of our patients first.

- The model we have today is neither sustainable nor in the best interests of our patients and we have precious little time to transform it.

- Our health workforce is shrinking – another unavoidable reminder of that demographic time bomb.

- The average age of a Canadian physician is 46. The average age of a Canadian nurse is 45. Even as the population they serve is getting older, our health professionals will be moving into retirement by the thousands. We will have fewer people to provide care even as the cost of providing care rises.

- Over the past decade, health spending in Alberta has increased about 10 per cent a year. Today, our system spends about a million and a half dollars every hour, $30 million a day. Even BEFORE that age-and-illness bomb explodes, the system is under immense pressure.

- As I mentioned, wait times in Emergency and for some surgeries are not acceptable and in the next few weeks will publish both the targets we have established for reduction of wait times, and a quarterly report on current wait times in key areas.

- To give an example of what we have committed to we aim to reduce wait times for complex cases in our emergency department by half over the next three years.

- It can be done, but only if we move quickly and decisively. We cannot and should not be intimidated by the size of the challenge. The course for transformation has already been set with the creation of a single provincial health system that is unique in Canada.
- In May of 2008, Minister of Health and Wellness Ron Liepert announced the merger of the 12 organizations which previously delivered health care in Alberta.

- It was quickly followed by the creation of a new governance model and the appointment of key leaders, a clear organizational structure and Strategic

Direction we announced earlier this year with clear targets to improve performance.

- And while we make fundamental changes to the system we need to ensure the whole operation continues to run: That’s 102 acute care hospitals, with 6,800 beds, receiving 1.9 million emergency department visits per year, doing 247,000 surgeries and delivering 50,000 babies.
- That’s 80-plus community health centers, delivering hundreds of thousands of immunizations; nurses at HealthLink taking 900,000 calls; and home health care workers spending 10 million hours in the homes of people needing support to recover from illness or injury, or to be able to live as independently as possible.

- We don’t have the luxury of a year of navel gazing and consultation. Our work must balance the transformation and the continuation of life-or-death frontline operations.

- At times it seems to be an almost overwhelming task, and yet it was not a difficult decision for me and my family to move halfway across the world last winter – which I’ll admit coming from the Australian summer was a bit of shock – for the opportunity to help lead this change.

- It is a big job, but we already have the single most important element of success: the 90,000 staff and physicians who work in health care across this province and who have keep the system operating under immense pressure.

- People choose a career in health care because they want to make a difference. They’re passionate about what they do, and about doing it the best way possible, with their sights set on the most important person in the system: the patient.

- They deserve our thanks and appreciation if for no other reason than that have been remarkably successful. By national and international standards health care in Alberta is good, often excellent and in some areas world-leading.

- You are more likely to survive a heart attack in Alberta than anywhere else in the country. People survive strokes in Alberta at a rate well above the national rate.

- Our researchers and clinicians develop approaches and protocols that are picked up internationally as the best practices available anywhere.

- More than in any other province in the country, Albertans rate their own perceived health as excellent or very good.

- But not everyone in Alberta has had access to the best possible care. Artificial boundaries and inter-regional rivalries created unacceptable barriers to equitable care.

- Financially, I think it is fair to say that the system was on the verge of collapse and we have a long way to go to stabilize it.

- We are well above the Canadian average in per capita spending on health care in Alberta and yet we still have long wait times and no better life expectancy than other provinces.

- The old model left us with a huge accumulated deficit, which cannot be ignored by responsible health care leaders.

- Too often, best practices weren't shared across the province. And to put it bluntly, there was unnecessary duplication and waste in the system.

- Today, by purchasing as a single system, we can save $2 million on the products we need for arthroplasties – the replacement of those hips, knees and shoulders giving out among the aging population.

- By moving to a single vendor for cardiac supplies, along with a backup vendor, we can save about $3.5 million dollars.

- Maintaining 12 payroll systems across the province just didn't make sense. In addition we are expecting and are beginning to realize millions in savings from consolidating back office functions in areas such as payroll, human resources, health records, and information management.

- We will tackle this budget deficit by focusing on efficiencies and minimizing the impact on patient care and making progress on access and quality. We cannot do it all at once, but we will make progress on both fronts.

- Every dollar spent on unnecessary duplication, or paying too much for the supplies we need, or failing to connect the parts of the system so that time and money aren't wasting – is a dollar has not been directed to patient care and improved access.

- Our three goals are access, quality and sustainability, but let me put that more simply:

- You need to be able to get into the system;

- You need us to take good care of you while you're in it;

- And you need the system to be there for you – and your children – in the future.

- Health systems are incredibly complex, but the broad principles are not. Each of its parts – primary care, community care and hospital care – affects the other, and you can't improve performance in one without improving performance in another.

- If we want to treat people in Emergency Departments more quickly, we have to be able to admit patients into hospital beds more quickly. If we want those beds to be available for critical care, we must ensure that community-based supports are in place.

- Every day, we have patients in about 400 or so hospital beds who are medically stable and ready for community-based care, but do not have a place for continuing care, whether it's home care, lodge settings, designated assisted living or long- term care.

- Providing the right care in the right place is fundamental to the sustainability of the system. The needs of the patients are paramount, and not meeting the needs of the patient in the right place at the right time has proven to be tremendously costly.

- Lodge settings and Designated Assisted Living programs can be provided for between $13,000 and $32,000 a year.

- Continuing care in a nursing home requires about $57,000 a year.

- Supporting an acute care medical or surgical bed requires $150,000 to $200,000 a year.

- To ensure we can provide those acute care beds when they are needed, we must make sure community care is greater part of the overall, balanced system.

- No health care system in the world can deliver every service in every community. Providing specialized services in too many different places is not practical, is not sustainable and will not provide the level of quality patients need and expect.
- Coming from Australia, I have some familiarity with the challenges of delivering health care over large distances. It takes teamwork and innovation, and Alberta's reputation for ingenuity is already at work.

- The use of Telehealth, for example, has improved access to specialized services for many people in rural areas. Mental health, speech therapy, geriatrics – the breadth of uses of this remote person-to-person communication is remarkable.

- With TeleStroke, for example, a person in Wainwright who is having a stroke can be assessed on-camera by a neurologist in Edmonton. The attending physician there can consult with the neurologist about the best treatment, and the neurologist can view a scan of the patient's brain simultaneously.
- Time is critical in treating strokes. Already, stroke patients being treated remotely through TeleStroke are receiving the appropriate clot-busting therapy at a rate much higher than the national average.

- The integration of ground Emergency Medical Services is another key part of serving all Albertans, but especially in rural Alberta. In the first week of the recent changes in EMS support, Olds ambulance service transported a patient to the Red Deer Hospital.

- And instead of returning to Olds empty, they picked up a patient waiting at the Red Deer hospital for transport home to Olds.

- One ambulance was used for both trips. Common sense, but that wouldn't have happened in the old system.

- Highly trained paramedics, in some cases in consultation with a physician, will be able to diagnose and in some cases even treat on site. An unnecessary trip to an already crowded emergency room won't be their only option, as it has been.

- We must also improve the connection between family physicians and the rest of the health system.

- In the past, practicing alone, without support, the family physician was supposed to be an independent businessperson, abreast of the latest evidence and best practices in the incredibly complex medical world.

- There was no incentive to change the way care was provided – in other words, they did not get paid – for comprehensively caring for multiple needs at a single visit, or taking the time to provide education on health promotion, disease prevention, or chronic disease management.

- Primary care reform is critical to the transformation of the system as a whole. We have to keep people healthier in the first place – not wait and react after they're in crisis.

- The preventive and early care provided by a family physician and supporting health care team – including nurses, dietitians, mental health

professionals, pharmacists and others – must be the foundation of the health care system.

- Primary care networks are a key strategy in moving forward. They've taken hold well here in Calgary, and are growing across the province. They're a great example of the idea of planning provincially but delivering services locally.

- The team might include a physician, a pharmacist, a physiotherapist and home care, mental health and palliative care health professionals.

- Other PCNs focus on targeted management of chronic diseases. Nurse practitioners follow up with patients to answer questions and offer ongoing help prevent a chronic condition from worsening into an acute episode.

- PCNs also provide support to family physicians in dealing with mental health. Many provide consultation with psychiatrist or psychologists, offering backup to the family doc in providing comprehensive patient care – or a consultation if that's what's needed.

- These are relatively recent innovations, so I'd underscore the need to work with physicians to identify what is and isn't working, how we can get more patients in these networks. What's important is that we are moving, and moving in the right direction.

- Just last week I visited Pincher Creek to speak first hand to physicians and staff about the benefits of a close relationship between the hospital and the doctors and what PCN funding has been able to achieve.

- Another of the strategies already hitting the ground running so to speak is a best-practice approach to hip and knee replacements.

- We want to reduce the waiting time for these surgeries, improve the efficiency of the system, and improve the patient's experience in the system.

- I described earlier the old way of doing things - having the patient travel from one appointment to appointment, on their own in trying to keep track of everything that needed to happen.

- Over the past couple of years, the Alberta Hip and Knee Replacement Project was piloted in three of the former health regions. Patients with hip and knee problems received all the care they needed in one place.

- The clinics brought together a multi-disciplinary team of health care providers, including orthopaedic specialists, case managers, nurses, physiotherapists, educators, dieticians and nutritionists.

- If surgery is required, the patient worked with a case manager, who put together the right combination of health care professionals and resources.

- It might include physiotherapy to strengthen muscles, a weight-loss program, or a stop-smoking program.

- The treatment plan is a contract, agreed to by the care providers and the patient, covering the time up to surgery, and after, during rehabilitation and recovery as well.

- The results of the pilot were extremely positive. Wait times were drastically reduced, hospital stays were reduced.

- The patients came into surgery in better health, experienced less pain after the surgery, and nine out of 10 were up and mobile the day of their surgery.

- This program is being rolled out across the province, making sure that kind of high-quality, best practice care is accessible no matter where patients live. This is a tremendous for a $25M-plus investment – first and foremost in terms of patient care and second in terms of cost-effectiveness.

- Our teams within hospitals, too, need to learn to work together differently, drawing more effectively on the skills and training of everyone on the team.

- For example, it's estimated that registered nurses spend less than half of their time providing the kind of care they have the specialized training to provide.

- The rest of the time? It's spent doing things like providing the kinds of personal care that could be well provided by a licensed practical nurse or health care aide.

- One of the ways we're going to be trying to improve care in Emergency Departments – and reduce wait times - will be the help of nurses who will provide discharge counseling.

- If you're an Emergency patient who has been seen and treated by a physician, you may be OK to go home if you have Home Care assistance. You might need a prescription, and detailed instructions about how to take care of yourself during recovery.

- The nurses in Emergency will make the connections with Home Care, talk to you about your medications or other instructions, answer questions, and make sure you know where to call if more questions come up. And if you do not require care in an Emergency Department, you will not need to wait in the waiting room.

- A cornerstone of the plan to reduce the seasonal impact on our Emergency Departments this winter is our pandemic and seasonal influenza vaccination campaigns.

- Every Albertan is eligible for free H1N1 and seasonal influenza vaccine this year. We'll be running immunization clinics in mass venues as well as at Community Health Centres across the province.

- The mass vaccination clinics also illustrate the interdisciplinary team approach.

- Every step in the process, from greeting the public to pre-screening, form completion, immunization and supervision after the shot has been broken down to make sure the right person is doing the right job at the right time.

- I'll be frank, there are many tough decisions to come and we accept the responsibility of making those decisions as necessary steps toward a sustainable, accessible health system. In turn I would ask you to please stay informed, and be part of the dialogue on health care.

- And if you do nothing else to be part of Alberta's new, emerging health system, make sure you get your 'flu shot so that we don't wind up seeing you in emergency.

- I would invite you to visit the Alberta Health Services website. The Strategic Direction document and our performance targets are posted there and in the weeks ahead you will see new information and regular updates on H1N1 and other timely information. Our first commitment is to your good health.

- Thank you for your kind attention, and for inviting me to be here with you today.