

Dr. Stephen Duckett
AAMDC Annual Convention
Nov. 17, 2009
Check against delivery

- **Thank you Ken.**
- **To echo Ken's sentiments, thank you for inviting us to be here today.**
- **I've been on the job for just over six months now, and have spent a great deal of time pursuing my very own "Travel Alberta" program. I've been spending, on average, a day a week visiting communities and health care facilities across the province.**
- **It's been a really important part of getting to know the people, the health care programs and services in place, and the province.**
- **I have some familiarity with the challenges of delivering health services over a large geographic area.**
- **And I can tell you, really innovative work has been done here in Alberta to connect people with quality health care as broadly as possible.**

- **TeleHealth is used in an incredible array of clinical programs. TeleStroke, for example, connects patients and their caregivers with neurologists for quick assessment and treatment decision making that is saving lives.**
- **Mobile services such as dialysis and mammograms operate in several different communities. Nurse practitioners play a pivotal role in some communities, meeting primary care needs that might otherwise be left unattended – and lead to otherwise preventable health crises.**
- **This work was already going on in communities across the province. But there was too little opportunity to share innovative ideas and practices.**
- **There was needless duplication and, frankly, waste.**
- **Through integration work on procurement, for example, we've already found relatively simple ways to save money that can better be used for patient care.**

- **Like the trade division you've had in place for so many years in this association, we've found efficiencies in bulk buying – for things like eggs and milk, and for surgical and medical supplies.**
- **H1N1 is front of mind for all of us right now – very much the primary focus for us as an organization – and it's another example of that kind of efficiency.**
- **Through a targeted purchasing approach, we've made sure the supplies are in place to deal with the demands on the health system created by pandemic H1N1 influenza, in as cost-efficient a manner as possible.**
- **The integration of clinical work has also been key to coordinated emergency planning across the province, and the provision of reliable, consistent information to health professionals.**
- **It's been a significant clinical challenge for our new organization that has been met with incredible professionalism and dedication by our frontline health care providers.**

- **The integration that is key to coordinating this emergency response will also be key to ensuring all Albertans have equitable access to health care, regardless of where they choose to live.**
- **These savings are important. But what is more important is meeting the health needs of Albertans.**
- **The rural health strategy currently in development has to ensure that our goals of access, quality and sustainability are met throughout the province.**
- **Quality health care is, by definition, safe and effective, so it has to be delivered with the right support services and staffing models in place.**
- **To be accessible, services have to meet local needs appropriately, and be effectively linked to specialized care through a province-wide network.**
- **And to be sustainable, service delivery decisions must be made based on clinical evidence and population health data, and provided through the right mix of care providers.**

- **Every community is unique, and will have unique health needs. These are shaped by the demographics, by local economies, by geographic location and by culture.**
- **But while respecting that uniqueness, every community needs to be assured of equitable access and consistent quality of health care, and support in maintaining the workforce necessary to meet those needs.**
- **Through our new rural health strategy, we will make commitments to rural communities in terms of access standards – to the full spectrum of care, including primary care, emergency services, and continuing care, and to help you face the risks of the future.**
- **This is our opportunity in integration: to make the connections and service changes necessary to set provincial standards and make sure they're met so the best of Alberta health care is available to all Albertans.**
- **We will also make commitments in terms of the technological supports, such as Telehealth, that are integral to access. We've already made improvements to the IT infrastructure in some of our rural programs, and this work will continue.**

- **Where it comes to facilities, I can be unequivocal: there are no plans to close rural hospitals. As we work to improve on all three of our goals of access, quality and sustainability, rural facilities have integral roles to play.**
- **Yes, there will be changes. Ken alluded to this: the old assumptions and models of service delivery are not sustainable.**
- **In better connecting acute care to community and home care, in better meeting the primary care needs of communities, there will be changes.**
- **But I can be unequivocal here, too: no changes will take place without community consultation.**
- **The engagement work for the rural health strategy, for example, has already begun.**
- **Focus groups for staff, physicians and community members are already taking place across the province. There will be focus groups for elected officials, too. I understand that requests for representation have also gone to this association, and to AUMA.**

- **Service delivery decisions will be made based on strong data: about the community makeup and culture; about the health status of its residents; about where patients go for care now; and about transportation and access issues.**
- **The services have to fit the need.**
- **The need for access to basic care, like regular checkups. The need for access to care in a crisis. And the need for continuing care services that ensure every Albertan can enjoy the best possible independence and quality of life.**
- **But outmoded, ineffective, or inefficient practices are not going to continue just because ‘that’s the way it’s always been.’**
- **The challenge is before all of us – to employ the resourcefulness and knack for innovation that, in my own experience, are hallmarks of rural communities.**
- **You will be part of the process, if you choose to be – and we sincerely hope you do. The focus groups I described are just one aspect of our community engagement framework.**

- **Health Advisory Councils will be another key aspect.**
- **The response to our call for council members has been enthusiastic. Every person who applied was interviewed, and the membership of the first three of the councils approved by the Alberta Health Services Board last month. We've been getting in contact with everyone who was appointed to let them know first.**
- **The interview process for the remaining councils is underway.**
- **These councils will be a critical link to communities, providing a mechanism for engagement, service review, and collaboration.**
- **We're also developing the frameworks for engagement of our clinicians, and of patients.**
- **With each of these groups, and with all Albertans, we will continue to share our strategies and challenges at the earliest stage possible.**

- **This is met with resistance by some. We're criticized for not releasing fully formed, detailed plans that are ready for rollout.**
- **But doing that would eliminate the opportunity for the engagement - the sharing of ideas, insights and experience - that will shape the health system to truly respond to the needs of the people it serves.**
- **We're not willing to lose that opportunity.**
- **We hope you'll agree, that you'll engage, and that you'll be part of the transformation to come.**
- **Ken and I are happy to take your questions.**