

January 11, 2005

****Revised****

Health care evolution gains speed in Alberta

New plan will move beyond studies and debate to implement real and meaningful change

"We are moving ahead with a package of solid, good ideas that will transform Alberta's health care system one step at a time, to give Albertans the best, most responsive, sustainable health care system in Canada." - Ralph Klein

Calgary... Alberta will revamp public health care by charting a "Third Way" that follows neither the American system nor the purely Canadian version of health care but that respects the *Canada Health Act*, said Premier Ralph Klein.

Klein said Alberta's Third Way will include drawing on the experiences and best ideas from other health care systems, both elsewhere in Canada and around the world.

"The Third Way is about being open to new ideas to meet the needs of patients within the context of the Canada Health Act. It has to get us beyond the endless, pointless debates about private versus public health care and recognize that privately delivered health care is just one more option for delivering health care services," said Klein.

"Albertans can be confident we will take any questions about whether our innovations are within the Canada Health Act to the new federal-provincial dispute panel for resolution."

In developing the Third Way, government will act immediately to implement the remaining recommendations of the Premier's Advisory Council on Health (the "Mazankowski Report"). First steps will include the following:

- Encouraging regional health authorities to be more innovative.
- Expanding Alberta's Electronic Health Record to make more patient information available to health professionals across regional health authority boundaries by 2008.
- Creating an expert panel to review new and emerging health services for possible public funding.
- Introducing a school curriculum on wellness next year to begin making Albertans the healthiest people in Canada.

Klein also reiterated his commitment to hold an international health symposium this spring. The Alberta government will invite representatives from countries whose health care systems outperform Canada's.

In addition, Klein said government will make significant new investments in medical research and mental health services. The Alberta Heritage Foundation for Medical Research will receive an additional endowment of \$500 million over three years, beginning in the 2005/2006 budget.

"The Alberta Heritage Foundation for Medical Research has already put Alberta on the map in medical research, and a provincial mental health plan is now a reality. It is time to take both of these to the next

level."

Klein added that any new initiatives will come with an emphasis on fiscal responsibility.

"Our innovations are about ensuring Alberta's health care system will be sustainable and available to Albertans in the future, at a price taxpayers can afford. Any innovations we make will have fiscal responsibility as their cornerstone. If we have to spend more to make the system sustainable, we will."

Klein reaffirmed the province's commitment to public health care, and to keeping Albertans informed without going through the repetitive procedure of public consultation.

"In Alberta, a person's ability to pay will never determine their ability to access health care. We're prepared to try any solutions that work. And we'll listen to Albertans every step of the way. But don't expect another one of the traditional stop and start consultations. We know what needs to be done. It is time to get on with it."

Klein outlined the new health care plan in a speech to the Canadian Club today in Calgary. The speech was the first in a series that will highlight the Alberta government's 2005 agenda. Klein's next stop is Toronto, where he will speak about Alberta's role in Confederation on January 12, 2005.

REVISED:

This news release was amended on January 28, 2005. Backgrounder "Report from the Premier's Advisory Council on Health (Mazankowski Report)", last bullet "Six initiatives requiring further attention", deleted reference to creation of a Health Professions Act Implementation Task Force. The task force's report was completed in May 2002.

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Backgrounder

January 11, 2005

Alberta's Health Care System - The Third Way

Alberta Heritage Foundation for Medical Research

The Alberta Heritage Foundation for Medical Research (AHFMR) was established 25 years ago, through a \$300 million endowment from the Alberta government. AHFMR supports biomedical and

health research at Alberta universities, affiliated institutions, and other medical and technology-related institutions.

- The province will invest an additional \$500 million in the foundation. Income from the endowment will continue to support medical research projects addressing priorities outlined in the province's life sciences strategy.
- AHFMR currently awards more than \$40 million in grants and awards annually. Since 1980, AHFMR has contributed more than \$750 million directly to the scientific community.
 - In addition, for every AHFMR dollar invested, researchers attract at least two dollars in external funding from public and industry sources to our province.
- The foundation supports more than 200 senior researchers recruited from Alberta and around the world, and approximately 350 researchers-in-training.
- AHFMR funds research across the health spectrum including cancer treatment and rehabilitation, chronic pain management, stroke and heart disease and mental health issues such as depression. AHFMR success stories include:
 - The Edmonton Protocol Islet transplant treatment for diabetes. AHFMR began funding islet transplant research in the early 1980s. Today, islet transplants are helping many diabetics live without insulin.
 - Sleep apnea diagnosis and treatment. Sleep apnea can be fatal to those suffering from the disorder. AHFMR funding brought Dr. John Remmers from Texas to Calgary; where his research on sleep disorders has led to new technologies that improve diagnostic testing for sleep apnea and helps patients breathe normally during sleep.
- Project funding from AHFMR is determined through a peer review system. Applications are sent to outside reviewers with expertise in the relevant fields to assess the qualifications of the applicant and the feasibility, importance and originality of the proposed projects and forward recommendations to AHFMR's Board of Trustees.

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Background

January 11, 2005

Alberta's Health Care System - The Third Way

Dispute Resolution Mechanism for the *Canada Health Act*

- In April 2002 all provincial and territorial governments (with the exception of Quebec) reached an

agreement with the federal government on a process to resolve disputes under the *Canada Health Act*.

- The dispute resolution process takes place before any action is taken under the non-compliance provisions of the *Canada Health Act*.
- First step in the process is a letter from either the provincial or federal Minister of Health to his or her counterpart describing the issue in dispute.
- Within 60 days of the date of this first letter, the governments involved collect and share facts, prepare a fact-finding report, negotiate to resolve the issue, and prepare a report on how the issue was resolved.
- If there is no agreement on the facts or if negotiations fail, any Minister of Health involved in the dispute may write his or her counterpart to refer the issue to a third-party panel. This panel is struck within 30 days of the date on the minister's letter.
- The panel is composed of one provincial/territorial appointee and one federal appointee. Together these appointees select a chairperson.
- The panel assesses the issue according to the provisions of the *Canada Health Act*. It then reports to the governments involved within 60 days of the panel being struck. The panel's report includes advice and recommendations.
- Because the *Canada Health Act* is federal legislation, all governments agreed the federal Minister of Health has the final authority over how to interpret and enforce the act. Under the dispute resolution process, the federal minister must take a panel's report into consideration when deciding whether to invoke the act's non-compliance provisions.
- All governments (with the exception of Quebec) agreed that dispute resolution activities, including any panel report, will be reported publicly. To date, this dispute resolution process has not yet been enacted.

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Background

January 11, 2005

Alberta's Health Care System - The Third Way

Report from the Premier's Advisory Council on Health (Mazankowski Report)

- In January 2000 Premier Klein announced he would form an advisory committee to review Alberta's health care system and make recommendations on how to help ensure the system would be financially sustainable.

- The committee was formally announced on August 18, 2000, and was composed of health care professionals and experts from across North America and chaired by the Right Honourable Don Mazankowski, former Deputy Prime Minister.
- The committee's report was accepted by government on January 8, 2002. The report made 44 recommendations. Government formally responded to the report on January 23, 2002, accepting all the recommendations.
- In response to the recommendations, the Alberta government formed a number of new committees and panels. These included the Committee on Collaboration and Innovation (chaired by MLA Drew Hutton), the Task Force on Health Care Funding and Revenue Generation (chaired by MLA Gordon Graydon), the Expert Advisory Panel to Review Publicly Funded Health Services (chaired by Dr. Bob Westbury), and the Health Reform Implementation Team (chaired by Dr. Larry Ohlhauser).
- The Hutton report was delivered to government in September 2002. Government accepted 49 of its 50 recommendations but declined the recommendation to establish a collaboration fund.
- The Westbury panel delivered its recommendations to government in March 2002. Government formally responded to the recommendations in July 2003, making no changes to existing service categories, as recommended, and rejecting proposed changes to funding for a number of services outside the Canada Health Act.
- Government accepted in principle the panel's recommendation on a process to review which new and emerging health services should be funded publicly.
- The Graydon Report was delivered to government in October 2002. Government reviewed but did not accept the report's recommendations. The report was publicly released in June 2004.
- To improve the efficiency of reporting on progress on the recommendations, the Ohlhauser committee consolidated the Mazankowski report's 44 recommendations into 22 initiatives.
- 16 of the 22 initiatives are complete or integrated into ongoing operations, including the Alberta Waitlist Registry, integration of mental health services with the regional health authorities, and developing alternate ways of paying physicians.
- *Five initiatives require further attention: primary health care reform, the development of access standards for select procedures, centralized booking of patients, drug cost containment and long-term funding for information technology.*

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