

Alberta Health Restructuring Backgrounder

January 2024

On November 8, 2023, the Premier of Alberta and the Minister of Health announced a massive restructuring of the current healthcare system and emergency medical services (EMS) in Alberta. The restructuring of the health care system is meant to overcome challenges and deliver adequate care to all Albertans.

The changes will focus on four priority provincial sectors: primary care, acute care, continuing care, and mental health and addiction, with the goal of ensuring that all Albertans receive the best care within a single, fully integrated, high-functioning system.

What We Know

Acute Care

The acute care provincial organization will oversee the delivery of hospital care, urgent care, cancer care, clinical operations, surgeries, and EMS. This sector will work directly with AHS, Covenant Health, and surgical facilities with a goal of speeding up access to quality care and ensuring that services are efficient and effective.

Key outcomes for this new organization include:

- ◆ Shorter wait times for emergency departments and surgeries.
- ◆ Lowering EMS response times
- ◆ Higher quality care across the province and enhancing access to care in rural areas.

Primary Care

The primary care provincial organization will coordinate and provide provincewide oversight of primary health care services. Primary health care includes all the services Albertans access to support their day-to-day health needs through every stage of life. That includes visits with a family doctor or a nurse practitioner, visits to Primary Care Networks, consultation with a specialist, preventative care, and chronic disease management.

Key outcomes for this new organization include:

- ◆ Ensuring every Albertan will be attached to a family physician or a nurse practitioner.
- ◆ Providing timely access to high-quality primary care services, including after-hours, no matter where they live.
- ◆ Supporting an integrated team of health professionals to provide comprehensive primary care, including family physicians, nurse practitioners and pharmacists, that has appropriate access to patient health information.

Continuing Care

The continuing care provincial organization will provide Albertans with the health, personal care, and accommodation services that they need to support their independence and quality of life, including rehabilitative and restorative care. These services and supports may be provided in different settings, including individuals' homes, continuing care homes, supportive living accommodations and adult day programs. This will renew focus on residents and create equitable, consistent, and timely access to continuing care supports and services through a single, coordinated intake approach. All current contracted operators will continue to deliver services under contract with the new organization.

Key outcomes for this new organization include:

- ◆ Equitable, consistent, and timely access to continuing care services.
- ◆ An increased number and distribution of beds across the province to meet the needs of Albertans.
- ◆ Improved team-based cross-sector care leveraging other health and social services.

Mental Health and Addiction

As part of the restructuring, Alberta's Ministry of Mental Health and Addiction will begin to oversee the mental health and addiction system, including managing funding. The mental health and addiction provincial organization will be responsible for the services currently provided by AHS, including recovery-oriented care, prevention services, intervention, treatment, and recovery supports. The new oversight for this organization aims to ensure that Albertans receive high-quality, recovery-oriented care. This change will also allow for better coordination between services delivered by the public agency and non-profit sectors.

This organization will focus on:

- ◆ Supporting every Albertan struggling with the deadly disease of addiction and/or mental health challenges in their pursuit of recovery.
- ◆ Ensuring Albertans can access a full continuum of recovery-oriented supports that help them improve their overall well-being and sustain recovery.
- ◆ Improving mental health and addiction care for Albertans by further expanding access to treatment and recovery supports across Alberta.

Health Quality Council

In addition to these four organizations, the role of the Health Quality Council of Alberta will be expanded to support Alberta Health to set performance standards and performance indicators, and to support audit and compliance functions. This council will also collect insights from patients throughout the transition toward achieving a high-performing health system.

Integration Council

The four priority provincial sectors, as well as the Health Quality Council, will report to the Integration Council. This will be led by the Minister of Health and will be comprised of representatives from all four new organizations. It is currently unclear whether this will be a temporary or permanent council.

Advisory Councils

There will be 13 Advisory Councils that will provide advice and direction to leadership within Alberta Health and Alberta Mental Health and Addiction. Details on Advisory Council composition and roles are not yet known. It is RMA's understanding that these councils will be organized regionally.

New Alberta Health Board

To support this transition, the AHS Board made several changes to the leadership within the organization.

The following individuals are no longer in their roles:

- ◆ Mauro Chies, President and CEO
- ◆ Dr. Francois Belanger, Vice President of Quality and Chief Medical Officer
- ◆ Colleen Purdy, Vice President of Corporate Services and Chief Financial Officer
- ◆ Tina Giesbrecht, General Counsel and Corporate Secretary
- ◆ Geoffrey Pradella, Chief Strategy Officer

- ◆ Dean Olmstead, Chief Program Officer, Capital Management

The new AHS board members include:

- ◆ Dr. Lyle Oberg
- ◆ Sandy Edmonstone
- ◆ Paul George Haggis
- ◆ Andre Tremblay
- ◆ Evan Romanow
- ◆ Cynthia Farmer

The new AHS Board is comprised of three deputy ministers and a former Cabinet Minister. The seventh member has yet to be named.

Emergency Medical Services (EMS)

A large focus of this restructuring is ensuring that EMS operates as efficiently and effectively as possible. Alberta currently operates under a centralized dispatch model where an EMS communications officer, based at a central dispatch centre, sends the closest available ambulance when somebody calls 911. An [independent EMS review](#) concluded that this model is, from a provincewide perspective, effective, but that there are many opportunities for improvement, including recommendations to work more closely with EMS partners. The GOA accepted all of the recommendations from this review.

The province is also working on a provincial EMS performance framework that will set clear provincial performance indicators, operational standards, and mandatory reporting for EMS. The goal is to make sure Alberta has a high-performing EMS system that is reliable and accountable. Alberta Health will work closely with the new standing committee (outlined below) and the Health Quality Council of Alberta to ensure the standards follow international best practices while considering the Alberta context and local needs.

As part of the efforts to improve EMS coverage in rural communities, a new dispatch centre will be based in the Regional Municipality of Wood Buffalo. AHS will contract the municipality to staff and run the emergency call centre, using AHS technology to dispatch ambulances within the region, so it will be fully integrated with the EMS dispatch system and can provide surge support for the other dispatch centres. This new dispatch centre will ease the pressure on the three current centres in Calgary, Edmonton, and Peace River. It will be fully integrated with the EMS dispatch system and can provide support for other centres, as well. It will respond to the unique needs of northern Alberta and will build on the successes of the current EMS system in Alberta. It is expected to open by the end of 2024.

Engagement

The GOA has committed to engaging with health care workers and the public starting in January and running until mid-March 2024. There will be 30 in-person engagement sessions hosted throughout the province to allow the GOA to gather further insights into the successes, challenges, and strengths of the current health care system. Further information and details on how to register to attend an engagement session can be found [here](#).

Timelines

Following engagement and advisory panel creation for the restructuring, the continuing care and mental health and addictions organizations will be implemented in Spring 2024, and the acute care and primary care organizations will be implemented in Fall 2024.

RMA Questions and Considerations

It is important to note that the information laid out in this document is the only information that has been made available to the RMA about the restructuring of Alberta Health. The proposed structure lacks significant details related to governance, service delivery, transition planning, recruitment and retention, rural impacts, and many other areas. Although the commitments made to this point promise positive change, RMA has questions about many aspects of the new system, how it will function within the province, and how it will address service challenges and barriers to local input in rural communities. Some proposed baseline operational plans or details would facilitate more meaningful engagement.

While the lack of design details is concerning, it is also an opportunity for RMA to work collaboratively with members, stakeholders, and the GOA to enhance the structure's capacity to promote successful change for healthcare within rural communities in Alberta.

Structural Considerations

According to the Government of Alberta, the health care restructuring will place more managers and decision-making authority at the local level. This is intended to increase the level of accessibility and efficiency of services, especially in rural areas and smaller towns/cities. While these changes have the potential of leading to better care, many critics of this restructuring have also said that the focus must be on investing in front line staff and a massive recruitment and retention campaign, rather than focusing on the management of healthcare services in Alberta. At this point, it is unclear if or how shifting decision-makers to different organizational levels will enhance service delivery.

Service Delivery Concerns

There is a common consensus that the health care system in Alberta needs to be reformed, but not on how it should be done. One of the main concerns with this approach is that it may lead to increasing privatization of health care in Alberta, which may create service delivery risks, especially in rural areas. Although the current centralized healthcare system is not sustainable or reflective of many communities across the province, the dissolution of AHS may see residents having to seek services on their own. It is also fair to question whether shifting decision-making to a local level will improve rural healthcare access without changes to resourcing.

Recruitment Considerations

Recruitment and retention of frontline staff, especially in rural and remote areas, has proven to be very difficult. To this point, the redesign does not account for the challenges that have been faced and will continue to be faced regarding recruitment and retention of frontline staff. Reworking the healthcare system will not, on its own, address the shortage of frontline staff. As all different areas require unique approaches to recruitment and retention, it is important that all system changes are evaluated based on frontline staff impacts in each community. Not having an adequate plan for these recruitment concerns threatens the health and safety of all Albertans and undermines any benefits the restructuring may have in other areas.

Accountability Considerations

The redesign has proposed multiple levels of accountability, including ministers, managerial positions, councils, and boards. Although enhanced accountability within the health care system will be a welcomed change, it is unclear how the proposed system will be implemented efficiently. Having multiple forms of oversight can make it difficult for prompt decisions to be made, which can affect the efficiency of the health care system entirely.

Engagement Considerations

As mentioned, the Government of Alberta has committed to engaging with both healthcare workers and all Albertans to get a better sense of health care needs across the province. There will be up to 30 in-person engagement sessions hosted throughout the province starting in January 2024. These sessions will give Albertans the opportunity to give insights into the successes, challenges, and strengths of the current health care system.

Although there will be many in-person engagement sessions hosted, it is unclear what the format will be. For residents in rural and remote areas that likely will not have access to attend in-person engagement sessions, there is currently no virtual attendance option; and the online feedback form offers very general questions, with no room to provide written input. It is also unknown whether Alberta Health is planning targeted engagement with municipal stakeholders. The RMA is requesting that this take place and will inform members when any new information is available.

Timeline Considerations

A shake up of the health care system is necessary but must be done with careful consideration. The currently set timelines have placed a rush on changing the way the entire health care system works within the province. Adequate consideration of the engagement sessions must take place to ensure that healthcare workers and general public concerns are accounted for in any decisions going forward.