

Refocusing Alberta's Health System



Current Health System

- Currently, one single organization - *Alberta Health Services (AHS)* - is responsible for the **planning** and **delivery** of health services in Alberta
- The model **does not have clear accountabilities** for primary health care, continuing care, and mental health care, and **lacks coordination**
- This has resulted in increasing **pressure and a lack of focus on acute care**

Current Health System

- Even though Alberta spends a large amount on health, outcomes are **not where they should be**
- Patients face challenges accessing the **right healthcare**, especially in rural, remote, and Indigenous communities
- There is a **lack of community input** and **confusion** around how decisions are made
- Health care workers can be better supported and leadership can be **improved** to create better outcomes for workers and patients

Reason for Change

- The government knows the **health care system isn't working for Albertans**, which is why it needs to change
- We want to meet the health **needs of Albertans** and **empower health care workers** to deliver better care
- We must reduce **pressure on acute care** and increase focus in other areas to create a more sustainable system
- These changes will strengthen the role of **local decision-making**
- We need to prioritize the **wellbeing** of health care workers
- Finally, we want the **right care** when and where Albertans **need it**

Future Health System

- **Significant changes** are required to address these challenges
- The future system will have **four provincial health agencies dedicated** to each major health care sector, instead of one organization being spread too thin
- The **future system** is focused on:
 - Having a seamless patient journey
 - Valuing the workforce
 - Being cost-effective
 - Promoting health prevention and well-being

Structures

Role: Minister of Health

- The Minister of Health, together with the Minister of Mental Health and Addiction, and Minister of Seniors, Community, and Social Services is responsible for making sure the four provincial health agencies work together and achieve their goals
- The Minister of Health sets policies and direction to protect and promote the health of Albertans
- The Minister of Health oversees health care services (e.g., AHS, Covenant Health, etc.)

Supporting Indigenous Health

Ongoing efforts to build meaningful connections with Indigenous leaders and communities to identify improvements

- Establishment of **Indigenous Health Division** within Alberta Health
- Initial investments supporting implementation of **Indigenous MAPS** recommendations (more to come):
 - \$20 million for Indigenous communities to design and deliver innovative primary care services
 - Investment in Indigenous communities to recruit and retain indigenous patient navigators
 - Indigenous patient complaints investigator, Elders roster, patient complaint process
- New **Indigenous Advisory Council**/ Regional Advisory Councils as part of refocusing work
- Indigenous considerations as part of planning for new **Continuing Care provincial health agency**

Role: Four Provincial Health Agencies

The four provincial health agencies will provide oversight and coordination of service delivery to:

- Meet the **needs of patients** by improving outcomes and access
- Provide **seamless care** between different health care providers
- Improve **local decision-making**
- Prioritize the **wellbeing** and **expertise** of health care workers
- The refocused system will **divide the funding** across the four provincial health agencies to prioritize health outcomes

Acute Care Overview

Oversees delivery of hospital care, urgent care, cancer care, clinical operations, surgeries, and emergency medical services

AHS will continue to deliver acute care and will report to the Acute Care provincial health agency; if you work for AHS today, you will work for AHS tomorrow

Goals:

1. Shorter wait times for emergency departments and surgeries
2. Improve EMS response time
3. Higher quality care and better access to care in rural, remote and Indigenous communities

Continuing Care Overview

Oversees and coordinates continuing care, including long-term care services, home care services, supportive living accommodations

Goals:

1. Fair, timely, and consistent access
2. More beds in the places where Albertans need them most
3. Better long-term care for patients improved access to other health and social service supports

Close collaboration with the Ministry of **Seniors, Community and Social Services** (SCSS) to ensure services and programs meet Albertans' needs

Primary Care Overview

Oversees and coordinates primary care services and providers, such as family doctors and primary care networks

Goals:

1. Every Albertan will have a primary care provider
2. Timely access to high-quality primary care services
3. Strong teams of health care professionals, including family doctors, nurse practitioners, and other primary care providers

Mental Health and Addiction Overview

Responsible for the delivery of mental health and addiction care in both in-patient and out-patient settings for children and adults

Goals:

1. Support Albertans struggling with addiction and/or mental health challenges
2. Ensure Albertans can access recovery-oriented supports
3. Improve mental health and addiction care for Albertans by expanding access to treatment and recovery supports

Role: Advisory Councils

The Regional Advisory Councils and Indigenous Advisory Council will:

- Represent and empower regional perspectives
- Advise the four new provincial health agencies
- Provide input on local priorities, capital, and system plans
- Bring forward proposals for local initiatives and innovative solutions

Indigenous council members may be **co-appointed** to regional councils. Nomination process for membership will run from April – August 2024

Continued Health Service Delivery

The ways Albertans access health services will not change

- If you have a health emergency, a surgery or are getting treatment for a serious illness, you will **still go to a hospital or acute care facility**
- Patients will **still go to a family doctor, walk-in clinic or other primary care provider** for checkups or help with a general health concern
- Patients with mental health or addiction concerns will **still access usual treatment services and can call AHS helplines or 2-1-1** to get connected with resources
- Albertans who require continuing care services will **still get the support they need** in continuing care homes or from home care

Timeline



Fall 2023–Spring 2024

- Engagement
- Establish Integration Council



Spring 2024

- Indigenous information gathering sessions
- Establish:
 - Regional Advisory Councils
 - Indigenous Advisory Council
 - Mental Health and Addiction provincial health agency



Fall 2024

- Establish provincial health agencies for:
- Primary Care
 - Acute Care
 - Continuing Care



Late Fall 2024 / Winter 2025

- Follow-up Engagement: Our Commitment to Albertans

Questions for Indigenous Communities

- What **cultural practices** are you looking to embed in the health care system to improve health outcomes of your communities? (this could include smudging, family rooms, etc.)
- What **partnerships** with local organizations, both Indigenous and non-Indigenous, can we build upon to **enhance** healthcare **access**?
- What practices of **recruitment and retention** or access to services are succeeding in your community?
- How can the new provincial health agencies be held **accountable** for upholding **Indigenous Health priorities**?
- How would you like to be **informed** and provide **feedback** as refocusing continues?
- To enhance local decision making and ensure equitable access to resources, how can **existing governance structures** within your community be **leveraged**?
- What recommendations are you able to provide, to ensure the new **Indigenous Advisory Council** is effective to support **real and concrete change**?

Group Discussions

What We Heard

Summary of today's learnings

Thank you
