

Health care questions for UCP leadership candidates – Brian Jean

The Alberta Medical Association is seeking to understand each UCP leadership candidate's vision and plan for addressing the challenges in our health care system. We asked our 14,000 members what health care related questions they have for the candidates. We also asked our online patient community – made up of over 40,000 Albertans – at PatientsFirst.ca.

The following 10 questions will be posed to each UCP leadership candidate on behalf of member physicians and Alberta patients:

1. Every Albertan needs a family doctor (supported by a team of health professionals to look after their comprehensive, life-long needs), but many Albertans either cannot find a family doctor, or cannot get in to see theirs. Albertans are worried and want to know what your vision is to improve access to primary care in Alberta?

Like many Albertans I have first hand experience with the medical system at its worst. I have also lived in a small rural community for most of my life and have heard many stories of the shortage of health professionals. The problems have developed over 20 years and there is no instant fix, but that does not mean we shouldn't immediately move to reduce red tape rules, show our appreciation for front line workers, and make sure that we are supporting efforts to train, hire, and develop professionals in all health fields and making sure that rural communities are an attractive option.

2. Alberta is facing a shortage of all kinds of health care professionals. What would you do as premier to increase our ability to attract and retain the physicians that Albertans need? What do you think will be required:
 - For rural Alberta?
 - For our small and large cities?
 - To attract and retain medical students and resident physicians?

We need reform in the credentialing system so that experienced newcomers are not met with expensive gatekeeping. The government can do more to work with professional associations to fast track approvals. It is also a fact that Albertan students who leave the province for their medical education are unlikely to return after developing roots in a new jurisdiction. We can and must ensure that any local student who wishes to be trained in Alberta and stay in Alberta has a slot at our universities and colleges.

One of the biggest barriers for new doctors is the cost of setting up a new practice, particularly in rural communities. There are plenty of opportunities to work with interested doctors either through government or through the ATB to ensure that local practices are attractive to new entrants in all of our cities and towns across the province.

3. Patients are experiencing extremely long wait times in emergency departments and hallways are lined with emergency responders who are unable to hand-off their patients. How will you address this crisis to reduce the waiting time for patients and improve the care they receive?

It is very clear that the government has made a mistake in changing the way ambulance dispatch is handled. This has been an evolution that predates the current government and it just does not work. I have spoken to many EMS professionals who have shared their lived experience and it is shocking. We can and must ensure that when a rural ambulance transports a patient to a larger area, they are not captured by dispatch requirements there and unable to return to the community where they might be the only emergency service available.

4. Physicians support the medical home model, where many health professions work together (to their full scope of practice) to care for patients. How would you increase this team-based approach so that patients can avoid delays, avoid duplicate testing and receive the care they need, at the right time, from the right provider?

Where this model is feasible, it should be pursued. There are many areas where it is unrealistic, even when using online consultations, as there are still communities with poor broadband and cell coverage. The solution is more front line professionals wherever we can get them into the system and that is my primary focus.

5. With respect to private contractors providing public health care services, how will you ensure all patients receive the same quality of care regardless of where they receive it or from whom? How will corporations like Telus or Shoppers Drug Mart fit into the delivery of health care for Albertans?

There is no system or law that can guarantee equal quality of care. As someone personally affected by failures in the system, I want to do all I can to improve outcomes. The reality is that our system is full of private contractors, as most family doctors operating out of clinics fit that description. I support the professional bodies who examine failures in quality of care, but I am open to any new ideas or new entrants who can demonstrate their own dedication to being patient focused. My son deserved better and so do other families with tragic stories.

6. Academic medicine plays a unique role in delivering clinical care but also in research, teaching and leadership/administration. Academic doctors in Alberta want to know what you would do to sustain academic medicine and ensure that we attract the best and brightest to Alberta?

The research that has been ongoing at the UofA into diabetes is just one example of something that we have been doing right. Where government support can be an amplifier in cooperation with the private sector and the academy, I will continue down the path that has demonstrated such positive results. Beyond that I want to ensure that Albertans know their government wants them to be the happiest, healthiest, and most free citizens in the world. That is what is needed to ensure we attract new researchers to live and work in Alberta.

7. Albertans were having difficulties accessing mental health services before the pandemic and now it is much worse. What would you do to provide increased access for Albertans and particularly for children and youth?

This is a central concern of mine. It has been shockingly under-appreciated how much our mental health has been affected by COVID, and by the restrictions that were put in place. I will invest more money and make mental health a key part of any plan to raise health outcomes because the strain on patients and their families is enormous. The first step is recognizing the problem, and the second is having the will to make decisions to prioritize mental health supports.

8. The medical laboratory system in Alberta exists to help Albertans diagnose, treat and monitor disease. That system has been in constant flux over the past decade with changing directives of various governments. Significant infrastructure and equipment issues plague urban and rural communities alike. Given the history of conflicting directions with lab services in Alberta over the past decade, what is your plan to provide certainty and stability when it comes to this crucial medical service?

One big, centralized depository of all lab work is not a model that works for Alberta as a whole. Centralized decision making leads to mistakes like with ambulance dispatching. I am in favour of the system that features multiple service providers that are conveniently located around the province including in smaller and more remote areas. Stability will come when health outcomes raise significantly and that is what my overall plan is focused on.

9. Patients expect government and system leaders to think about long-term quality, sustainability and better integration in health care. Sometimes the four-year election cycle of governments can complicate long-term decision making. How will you ensure that solutions and improvements in health care are truly in the best interest of patients over the long term?

Democracy may not always be efficient but anything else is not seen as legitimate by the people who pay the bills through their tax dollars. But my platform is based on raising health outcomes to match our expenditures. Any success in that regard will obviously be in the best interests of patients and future governments will be hard-pressed to change course in the face of those results.

10. Physicians have been without a contract for two years and negotiations continue for a new agreement. What are your thoughts about the kind of relationship your government would have with physicians?

I have been a vocal critic of the approach the government has taken to dealing with health care professionals. Rhetoric about appreciation has been at odds with the actions taken and that reduces trust. I have a long track record of successful negotiations in my businesses and I believe that a sensible approach to this contract will result in a settlement that will not please all parties but which will be appreciated for a respectful process.