

Health care questions for UCP leadership candidates – Danielle Smith

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?

I want to follow the advice of the 2017 Auditor General report which suggests more alternative payments for GPs. I understand physicians would like a blended payment model that allows them to have a panel of patients as well as admittance privileges at hospitals. This model works well in High River. The goal should be to develop a per patient funding model (with an enhanced amount for complex patients) so every Albertan is assigned to a GP and every GP has hospital admittance privileges. If we continue to have patients without a medical home, I would like to licence nurse practitioners to open private practices and be paid under a similar per patient model. I hope physicians and NPs will work collaboratively to present an approach to the government that will ensure 100 per cent patient assignment.

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?

I think the biggest problem we have is not attraction, people want to come and work in Alberta. We have too many barriers to entering a medical program, getting a residency position, and getting hired after graduation. We have additional barriers in retaining staff - if we create a chaotic and unappealing work environment people will leave the profession.

For rural Alberta?

The High River model of private practice with hospital admittance privileges and the ability to perform general surgery and deliver babies seems to be key in attracting physicians to rural communities. We have stripped rural hospitals of their capacity to do these basic functions and it needs to be restored. People don't want to locate to communities that don't have good local schools and good local hospitals and long term care for aging parents. This is as key to attracting workers in all fields to rural Alberta, not just doctors.

For our small and large cities?

I understand High Prairie had the opportunity to attract 4 GPs and all they needed was hospital admittance privileges and AHS said no. Also Cochrane wanted to open a clinic with 6 physicians and AHS said there was no need. AHS is the problem. We need decentralized decision making and local decision makers making decisions in the best interests of their local communities. AHS is acting as a gatekeeper and it has to stop.

To attract and retain medical students and resident physicians?

We need to expand seats so every qualified Alberta student is able to enter a medical program. I am hearing of arbitrary caps. Then when students get trained abroad we do not offer residency positions. We also do a poor job recognizing foreign credentials for highly trained professionals. These are bureaucratic barriers that must be removed.

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?

We need to create hospital capacity by moving patients awaiting placement in long term care into appropriate transition facilities to free up acute care beds. I understand as many as 60 per cent of patients are those awaiting long term care placement. Once we have freed up hundreds of beds in Calgary and Edmonton, we can tackle the EMS issue. Hospitals need to have sufficiently trained staff to receive patients and onboard patients at hospitals so paramedics can get back out on the road. We should not use emergency vehicles for facility transfers and patient appointments. And we need to empower more paramedics to provide treatment onsite with the direction of an on call doctor to avoid unnecessary trips.

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?

Every patient should have a medical home. As described above, we need to have GPs and NPs work together on an alternative payment model to ensure 100 per cent patient assignment.

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?

I understand we have 11,000 doctors in the province. I have been told each GP should be able to have a patient panel of 1500 patients. This is clearly not occurring. For whatever reason, it appears that GPs are not wanting to have this patient load otherwise we wouldn't have the problem we have. I'd like to give doctors the first opportunity to establish the "patient home" approach with a new blended payment model. If there are still gaps, NPs and pharmacists will be the obvious practitioners to provide an alternative medical home. These other options are only popping up because people can't find a family doctor. I hope we can work together on addressing that as a first option.

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?

I'd like to better understand if academic medicine is taking a priority over clinical care. My first priority is ensuring we have enough doctors to meet patient demand. I think we can support both but we have to address the gaps in patient care first. We should also consider having teaching hospitals in rural communities if this will help expand the number of residency spots.

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?

I have proposed a \$300 Health Spending Account to ensure patients have the resources they need to fund all services not covered by Alberta Health Care, including mental health therapists.

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?

I believe in competition, choice and multiple service providers. I'd like to see how we can get more providers in this space with an approach of funding following the patient and our Health Spending Accounts so patients have more options for tests. For instance, there is a Mayo clinic bio marker test for cancer that costs \$1300. We need a system that allows high risk patients to access more tests like this using their HSAs. As we develop more providers we will have more innovation.

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?

We need to create internal markets, where public funding follows patients to the doctor, specialist and facility of patient choice. That puts decisions in the hands of 4.5 million Albertans rather than at the whims of central planners and politicians. That will provide more stability in decision making.

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 understand we now have a tentative agreement that includes a commitment to have more doctors on a new per patient funding model. I'm looking forward to working with you to meet the targets in the agreement as quickly as possible. Doctors are the essential access point into the system. Everyone needs a family doctor for peace of mind and good health.