

## Health care questions for UCP leadership candidates – Rajan-Sawhney

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?

First, I also share the worry of Albertans regarding the difficulties in finding a family doctor. I have spoken to many physicians who have said that having a consistent family doctor means less trips to the emergency room, less pressure on the acute care system, and much better health outcomes overall.

My vision to improve access to primary care begins with engagement with the health care sector, particularly with physicians. I have publicly indicated that if elected Leader, I will not undertake significant healthcare policy decisions without the specific input of health care professionals in our province. That is why, as it relates to enhancing primary care, I am committed to undertaking significant engagement with the sector to determine the logical and best steps to take to move forward.

I am particularly interested in discussing the challenges, opportunities and recommendations of the White Paper on Transforming Primary and Community-Based Care. I read this report with great interest as it touches on many elements that need to be addressed to improve access to primary care, whether it's more inclusive engagement, more innovation in delivery of services through primary care networks or improved methods for data collection.

I am already a firm believer in enhancing and expanding Primary Care Networks across the province, but through this engagement, would like to understand more about which models work best and how they could be customized for different regions in the province.

**Ultimately, I agree with the below statement, extracted from the White Paper, as a place to begin to improve primary and acute care.**

*“Finally, the health system needs a clear vision that is co-created and shared by all...We need representative governance and leadership that promotes partnerships among all stakeholders to achieve the health system's vision and goals. These partnerships have been fundamental to achieving truly transformed and high-performing health care systems elsewhere in the world.”*

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?

The attraction and retention of physicians in Alberta is going to require several immediate actions in the short term and a commitment to designing long term attraction and retention policies. I have heard from my discussions with physicians that Alberta's compensation models are outdated. More and more physicians, particularly new graduates, are choosing not to open clinics and pursue the business model, but rather would prefer more flexible and stable salaried positions. Healthcare worker burnout is also a deeply concerning issue and more mental health and wellness supports should be incorporated into these policies

**In the short term, as Premier, these are the actions I would take:**

- Undertake immediate steps to ensure a contract is signed with Physicians.
- B.C. recently provided funding to family physician practices to assist with stability and viability. I would consider similar supports to assist with retention.
- Expand the RESIDE program as a means of attracting more students to the profession
- Work with the AMA to promote and expand the Rural, Remote, Northern Program (RRNP) to make health care service more available to remote and rural regions.
- Accelerate the recognition of credentials of international medical graduates

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?

I am very concerned about this crisis in waiting times in emergency departments. As mentioned above, immediate investments in primary care will over time alleviate the pressure in the acute care system.

However, some urgent action needs to be taken. As Premier, I would immediately hire more staff, across all disciplines, to address the waitlines. Other strategies that I will consider are having emergency doctors lead, recommend, and implement changes that will improve emergency wait times and enhance access to emergency services. Systems do better when frontline workers are put in the driving seat of decision-making process and my government will be open to clear, reasonable, and evidenced based solutions to ensure Albertans have timely access to emergency services.

Finally, I would look towards other practical, immediate solutions to address this crisis situation. One suggestion that was proposed was to set up clinics during night time hours (e.g. 9 PM to 6 AM) adjacent to or across the parking lot from Emergency Wards. Arriving patients would be triaged, and those not needing emergency care would be sent to the clinic for care that could be provided by a broad range of health care professionals to take some pressure off of the emergency ward. This is already in operation in a few locations, but I would consider expanding and building on the successful concept of giving non-emergency patients a place to go for care.

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?

As the former Minister of Community and Social Services, I had the privilege of observing medical home models that also incorporated social services. This multi-disciplinary response meant better health and social outcomes for families served by these particular models. As a result, I also strongly support the medical home model and as mentioned earlier, through engagement, will investigate ways make it better and expand it to more Albertans. The desire for medical home models has also been expressed to me through my engagement with indigenous communities across the province.

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 do not envision corporations like Telus or Shoppers drug Mart having any kind of a significant role in the delivery of Health care for Albertans.

The delivery of health care for Albertans should come from qualified, competent healthcare professionals who are experts in their field. In addition, my focus would be on enhancing primary care and through the public inquiry into Covid-19, understanding more deeply the current gaps in the system to inform future investments. Having said this, I'm very open to innovation and new approaches in how services are delivered in our single-payer health care system.

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?

My campaign platform focuses on the need to attract and retain knowledge-based workers in a wide range of fields, which obviously includes medicine and medical research. Those strategies include retaining and building on all of the reasons why people who can work anywhere in the world would choose to live and work in Alberta - basic advantages like lower taxes, affordable mix of housing, education and health care for their families, access to recreation. It also includes the quality of life features that make Alberta a "livable" place (see the recent livability index that ranked Calgary as #3 in the world) - elements that include entertainment, culture and environmental sustainability. These are particularly important to younger people in deciding where to make their careers and raise their families. The economy is important, to be sure, but livability is also important in attracting and retaining younger, knowledge workers.

I offer a balanced approach to government priorities that will have the benefit of making Alberta an attractive place to live and work. I believe that research and research institutes will be a natural outcome of a world-leading health care when we persist in providing primary care networks and medical home models.

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?

Mental health is a particular concern of mine and features prominently in my platform. We know that the Covid-19 pandemic has brought on an 'echo pandemic' of significant mental health and addictions challenges.

My discussions across the province, especially with health care professionals, are echoes of deep concern for the mental health of Albertans and demonstrate a undeniable link to overall health. I am also cognizant that health care providers are amongst those most in need of mental health support after a few very difficult years. We have an opportunity in government to support Albertans and help identify the causes of lack of access, particularly for mental health resources.

Having said that, as leader, I will also immediately invest in additional access to Mental Health and Addictions and community support. While there is significant investment undertaken in mental health and addictions supports already, it is fragmented and a province wide strategy needs to be put in place. I'm also aware that the work to continue to de-stigmatize mental health and addictions continues and requires a more concerted focus.

I also 100% agree with doctors who have told me that mental health must be linked to primary care, community supports and included in medical home models. I believe that by expanding the medical home model in Alberta, we can include community supports particularly as they align with improved outcomes through supports in Mental Health. When I was Minister of Community and Social Services (CSS), I began investigating ways to link the ministries of Mental Health and Addictions and CSS, their information and resources to combine the efforts of community and health. This work needs to continue.

Finally, I am also aware, through my work in CSS, that there is a particular deficit of mental health supports for children and youth. There are a number of government programs, like FSCD, Family Supports for Children with Disabilities, that are geared towards creating resiliency in families, that require specific investments for 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?

I think this question points to a broader problem in our health care system where, especially in some areas, we have politicized health. The ideal would be to take politics out of healthcare and ensure the best delivery of services to Albertans.

One key opportunity government has, in collaboration with AMA, AHS, the College and all providers of health care, is to prioritize health outcomes for Albertans, and this includes addressing this particular issue with the medical laboratory system. I agree with the assertion that we need more stability with our laboratory system. Every sector of the economy depends on predictability, certainty, stability and sufficient infrastructure investment. When it comes to healthcare, however, these attributes are non-negotiable and must be further entrenched in policy and practice.

The entire system needs to be consistently and rigorously focused on patient-first health care. I will provide that kind of support to stabilize health as we move Alberta forward.

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?

While we cannot avoid the cyclical and short term nature of the political process, the approach that I support, as described above, is to first and foremost take "the politics" out of health care planning. I would rely on health professionals and stakeholders and focus on principals of sound management and healthcare.

We all recognize that healthcare planning is critical as is having an overarching strategy and policy. I do think the AHS four foundational strategies are sound. These strategies will ensure consistent policies that will improve access and quality of our health care, while enhancing consistency and sustainability.

<https://www.albertahealthservices.ca/about/Page12951.aspx>

10. As many Albertans are aware, physicians have not had a contract with government for over two years. Do you see this as a problem and what is your plan to reach an agreement? If an agreement is reached, what priority would you place on building a solid working relationship with physicians?

I value the input of our doctors in Alberta and have met with many of you over my term in government. Further I commit to continuing to repair the relationship between government and physicians as leader of the UCP. In particular, let's get the contract done. I will not presuppose what that looks like - it starts with talking and listening. I will point out that my health care platform includes ideas I have heard directly from physicians, such as a centralized referral system for specialists. That isn't my idea. It came from the doctors I have spoken to. I would encourage you to review my health care priorities on my website at: <https://rajan-sawhney-07fd05.webflow.io/policies/health-care-policy>

Immediately, as Premier, I will negotiate and finalize a fair agreement. This is essential and will include regular semi-annual meetings with the AMA.