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Thursday, May 05, 2005

Thursday morning's session began with a recap from each of the speakers, then moved into group discussions of the key question: **What do you think are Alberta's best opportunities to create a high performing health system?**

Highlights from the speakers

Richard Alvarez

- Quality and patient centred care through the use of IT is the way forward.
- It's not about money, it's about leadership and technology.
- People are key and we pay far too little attention to them.
- Design and develop IT systems where data is a by-product of care.
- Alberta is well on its way and can be a leader in the world.

Egon Jonsson

- Wait times will be reduced if technology, for example MRIs, are used appropriately.
- In Sweden, they deal with waiting times through an agreement that no patient should wait more than three months for any procedure.
- A national database of waiting times for every hospital, every clinic, and every doctor is in place so patients can see how long waiting times are.

Steven Morgan

- The fundamental pillars of medicare are solid and stable, and there's a good foundation for building an excellent system.
- We need to change how we pay providers, reward providers and use technology to improve quality and efficiency.
- The third way is about quality.
- The organization of the system and how it is financed and funds are allocated affects the next generation's capacity to be healthy.

Wayne McNee

- You need to apply what you learned at this symposium in your own way. Some of it may be applicable and some of it may be more challenging.
- Careful evolution may be most appropriate but sometimes revolution is the best way if you're prepared for it.

Richard Wootten

- Telehealth is a good opportunity for Alberta and you've already got a good track record.
- Implementing telehealth isn't a technical matter – it's about organization and implementation.
- No one has the answers on how this can be done, but Alberta has an opportunity to lead the way.



Ricky Richardson

- There are a series of options being explored around the world.
- The way we are delivering health care services today around the world is leading to bankruptcy.
- The health system has to shift to a new citizen-friendly model.
- Alberta must decide which way it's going to go, and it should own the journey.

Archie Galbraith

- Address the imbalance between acute care and the community.
- Get services reconfigured to offer the best access.
- Alberta's values have to be reflected in the health system.
- High performance in health care in Alberta will come from the creation of a joined-together system, linking what you have with what you need to do to get to the destination.
- There is no big bang. Know where you're going. Take the steps, don't focus just on your day job, and move forward.

Janice MacKinnon

- We need to focus on the big picture. Measure what you do against this question: is the population healthier than it was in the past?
- We need to focus on what is covered and the implications – the CHA focuses on doctors and hospitals.
- We need to move forward on primary health care reform.
- Politicians typically only look at a four year horizon. It's time to take a longer term perspective and invest in prevention and promoting long term care.
- The successes achieved in Alberta will be successes in the rest of Canada.

Richard Saltman

- The central issue in Alberta is to build on existing strengths and values.
- Build on the current tax-based system and find ways to reinforce it, not abandon it.
- Just because the system is publicly run doesn't mean it has to be bureaucratic. In Europe, the publicly operated systems have shown that they can be innovative and cost effective.
- Increase entrepreneurial capacity in the public sector and find ways for the public sector to draw on the capacity of the private sector.
- Don't consider privatizing hospitals or funding. If you want to look at what needs to be done here, visit Norway! They've restructured the way hospitals are organized and developed a more innovative and entrepreneurial structure.

Martin Pfaff

- A cautious evolutionary strategy is the best course because one can do a lot of harm.
- Whatever Alberta does, it will be a mixed system. When Alberta was poor, you could afford a social insurance system. Now that you are rich, why are you considering a private model?
- Private approaches do not necessarily control costs. Market measures may work better on the demand side, but it means user fees or co-payments have to be high and that may lead to concerns about access.
- Reforms which are the most durable have always been achieved through bipartisan or multi-partisan approaches.



Rudolf Klein

- Be careful about “unleashing innovation.” You may want to design some pretty sophisticated “leashes” and be careful to ensure that innovation focuses on things that make a difference – not just innovation for the sake of innovation.
- Do what we all know needs to be done. There are no big miracles, just the need for drive and determination in implementing them.
- Make sure that extra money that goes into the health system actually buys more service and doesn't just go into higher salaries.
- There is an enormous public challenge in getting across to people what they can and cannot expect. Waiting lists are an example. You need to learn how to engineer expectations.

Mason Durie

- Very rarely do we get the opportunity to look at the system as a whole. That's been the most significant part of this symposium.
- A good health system is only good if it leads to gains in the health of its population. It means we need to focus much more on health outcomes. It's not just the absence of symptoms.
- Although all sectors of health system are important, the gains from primary health care have yet to be realized. We have the potential to transform how we deliver services. For Aboriginal health care, it gives them an opportunity to design and deliver their own health care.
- All of the great ideas we've heard in the past two days will amount to nothing unless there is a legislative framework in place. Thanks to the Minister for being here for the two days.

Ian Anderson

- Think backwards. We often begin health reform with a passion for certain types of approaches. And it can get in the way of our thinking. Start with values and what kinds of outcomes you want to achieve.
- Focus on need. If you get it right for the people most in need, you'll actually achieve a high performing health system.
- There is no fix. But there is a commitment to ongoing improvement. You need to think about the information, people, structures and processes you need to achieve that.
- Be wary of experts and parachutes. This is your health system. Tap our insights. But be confident in your own ability to create your health system.

Jennifer Zelmer

- While there are many good things happening, there is much left to do.
- It's up to each of us to decide on one innovation that you would like to take forward, then act on it immediately.

Alan Maynard

- Focus on things that improve health the most.
- We all have a terminally sexually transmitted disease called life and the health system should be focused on giving people a maximum quality of life for as long as they live.
- It's the evidence, stupid. We know what things work. But for a lot of other things, we don't know the efficacy. In terms of private hospitals, investor owned hospitals are more expensive and less safe. In spite of that evidence, in UK they are moving to privatize more hospitals. Use the evidence. Make the right decisions.



Orvill Adams

- There is no shortage of technical solutions. There are skilled and knowledgeable people who have done assessments of the system. But there's a lack of understanding of how to work together to achieve the goals we want. There's a lack of political consensus on the model for health care we want.
- Look at the evidence and screen out the ideology.
- Build coalitions with the patient as the focus
- Use the wealth of Alberta not to build monuments but to build the capacity of the system.

John Cowell

- In Alberta, we have spent time finding our lens for quality. Now we need to adopt key measures for key health outcomes
- We know what the health outcomes are that we want to achieve and track – now we're ready for action
- Have faith. The more I scratch the surface of Alberta Health, it is not hard to be impressed. We can't help but win. If we take the best of what we learned and avoid the pitfalls others have experienced, we've got an opportunity that's second to none.

John Perry

- The ace is that no one is opposed to quality.
- The primary interest is in implementation. The challenge is to make it happen.
- What's needed is a strategic focus on quality that cuts across the organization.
- Be totally committed to a strategic quality focus.
- Technology is fantastic as is measurement. But it will never replace the need to have quality and dignity in the workplace. Have a careful look at workplace health.
- Build on the good things in place already.

Peter Davis

- Stick with your core Canadian model and experiment within it.
- There are no technological quick fixes. But there should be more emphasis on public health and primary health care. If we're not careful, we'll spend more and more money on fewer and fewer people.
- Build from where you are. Look close to home and some of the models that are working here.
- Need to look at the evidence – practice informed skepticism. In health care, we should be scrutinized much more than we are and there should be regular, open reports to the public.
- Listen to the patients. Complaint systems are an aggravation but they give insight into the system.

Glen Roberts

- Most of the conversation was confirming and reassuring. We have the essential building blocks in place.
- Create and maintain a satisfied workforce. Create a learning culture with the patient as the focus of the universe.
- Focus more on prevention and promotion as a strategy to control costs over the longer term. Pay special attention to children and Aboriginal peoples.
- Invest in technology and skills development.
- Plan for unintended consequences.
- Need purpose, need a clear vision, articulate your core values, and align your purpose with your resources.



G rard De Pouvourville

- You have two kinds of monopoly power – by physicians and by public system – you could have the bad aspects of both
- You need to achieve a strong national consensus on what should be covered by public insurance.
- I'm a strong defender of public provision of care, and there is potential for improving their effectiveness.
- If you have competition, it has to be regulated/organized competition.
- Considering incentives for influencing demand – flat co-payments can deter utilization of certain services, but they have consequences for those who are economically disadvantaged and they will not raise significant revenues.

Hearing from participants

After spending an hour in roundtables of discussion, participants came up with a variety of solutions to the question: what does Alberta need to do to become a high performing system? Here's a sample of what people said.

- Patients need to be the centre of the universe and everything we do should be focused on improving the health of Albertans.
- The key message is to get on with it. Continue this good work and continue to the dialogue. But above all else, it's imperative that we get going. We hope, we expect, we demand that this will be the start of fundamental change for all the world to see.
- Implement multidisciplinary education for health providers
- Put resources into providing people with time to learn and share their experiences
- Develop interdisciplinary work and include it in performance evaluation and rewards
- Define a vision of health care
- There should be more emphasis on the actual determinants of health – and that means addressing poverty, housing, and education. That requires a long term commitment and long term measurement.
- There should be greater focus on the unique needs of sub populations – especially the Aboriginal population. We didn't hear enough about our own Aboriginal populations' needs.
- Three principles should guide decisions and actions: patient centred, integrated, and evidence based.
- On electronic health records – forget development, let's complete the record and get it done. We can't have a high performing health system without it. We need secure and foolproof electronic health records. We need a universal smart card or PIN number to track data and information over the longer term.
- Utilization, cost control and appropriate use of technology have to be looked at. If technology doesn't contribute to quality, don't do it.
- Province must agree on common set of provincial measures on outcomes and performance – a lot of data is available now, need to pull it together and use it.
- Develop a pilot to allow us to look at what the service delivery model should be used based on values of community, then measure organizational outcomes as well as clinical outcomes.
- On the importance of health promotion – it's great to hear everyone talk about it but it's time to begin to look at what that would look like; what infrastructure is needed, and get on with it.
- We have lots of resources at the community level but we need to do a better job of connecting the dots. Collaboration is imperative at the local level.



- Evidence is critical
- We really want the system to begin to focus on outcomes and stop counting widgets.
- Quality has to be ingrained in all aspects of the health system.
- On evolution vs. revolution – there isn't one fix; good things happening and we need to support and advance them; but some areas need revolution – identify what they are, plan and move forward.
- Connect quality, research, evidence and sustainability. Quality = sustainability. Alberta has wonderful capacity for research. The world is watching Alberta and we need to be proud of that.

Matt Spence wraps up the day

Matt took on the difficult challenge of trying to tie the past two days together, and some of the themes he highlighted were these:

- It's all about people, you and I, in our roles as healthy well and anxious sick. Value your health and health of others.
- No subject is taboo, but let the debate be informed.
- It's about leadership and vision at all levels of the system.
- Strive to see the broader goals and be prepared to give up some of your turf for the good of all.
- There are no right answers.
- We should support our political leaders and provide them with evidence.
- It's about recognizing what we have already – creating incentives and removing barriers to build on what we have.

Minister Evans brings the Symposium to a close

Minister Evans thanked all those who had played a part in the Symposium whether that was in organizing, speaking, or participating in the discussions. She highlighted key things she would take away from the Symposium and signaled her intention to focus on four key areas: wellness and achieving better health for Albertans, especially Alberta's children and Aboriginal populations; primary health care, and extending that model to all Albertans; electronic health records to be in place by January 2008; and mental health to achieve significant gains in improving access to treatment and addressing children's mental health.

The text of the Minister's remarks is available on the Symposium website.

Words to think about

"Health reform is like reengineering a jet plan while you're in flight."

"One of our biggest challenges is to get Albertans to take more ownership of their own health."

"We've brought the world to Alberta."

"You need to be cautious, but you also have to have the will to make changes. You need politicians who will take risks and move forward with the evidence."

"It's about us. It's about Alberta. As green as other pastures are, they are not Alberta. We can learn from others. We live in a global world. But in the end it's our bootstraps that will pull us up. Let's all pull together."