Better Way Alberta:

HEALTHCARE

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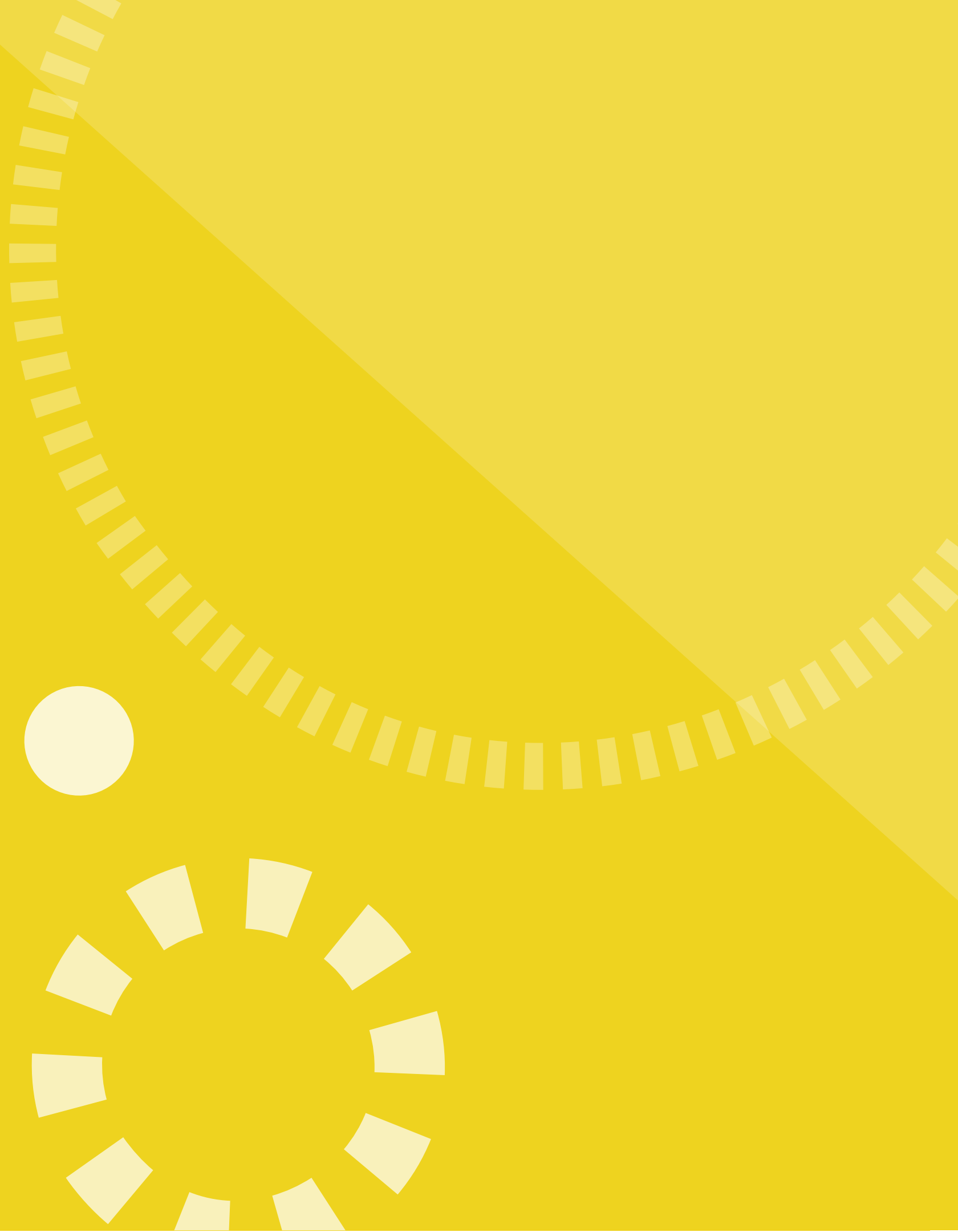


Context

A vicious circle is playing out in healthcare services across Canada: as Canadians seek treatment for health needs delayed by the Covid-19 pandemic (or for complications arising from Covid itself), they are finding that the health care they have long relied upon is now afflicted by obstacle after obstacle. Staffing shortages and extensive burnout among the healthcare workers who remain are at the root of the crises in nearly every province.

Healthcare workers are the heart of universal health care. Without them access is limited, wait times increase, quality of care suffers, and with these delays the costs of treatment multiply. The perception nationwide is of a system hovering on the brink of collapse. The crisis magnifies inequities in economic status, age, gender and race, and more severely impacts those who are already marginalized by chronic health conditions and/or disabilities. Small and rural communities face different challenges to their urban counterparts in maintaining quality health care. We are learning in the most painful way how the pieces of our public supports can fall like dominoes.

While the crisis may be nationwide, the choices being made here in Alberta matter. We can choose to continue along a path of political hostility, undercutting, and privatization of our healthcare system, or we can examine the evidence, learn from the mistakes of the past and examples around the world, and build a road to a stronger, more resilient, and more equitable healthcare system for all Albertans.

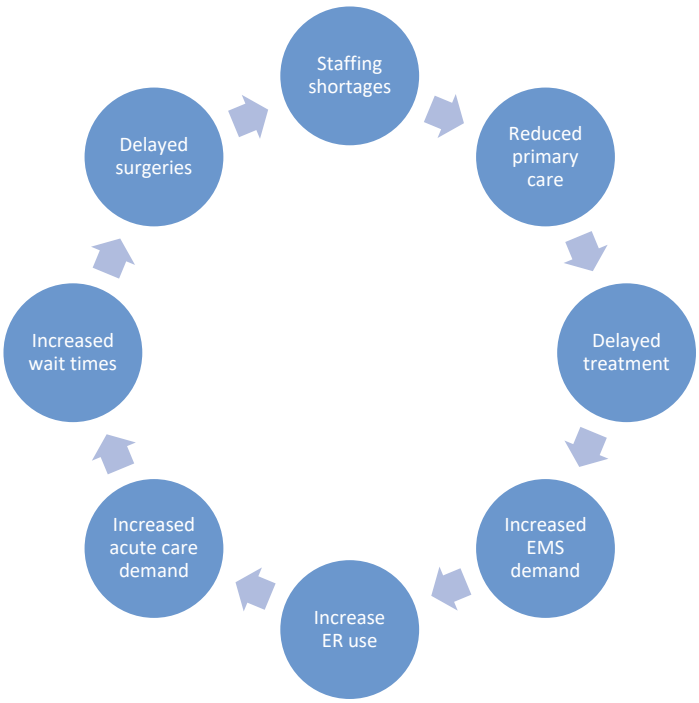
In this section, we propose evidence-based solutions for a better way:

- ensuring equitable **access** to health care;
- addressing **staffing** challenges in the health-care workforce;
- investing in **rural and small community** health services;
- and resolving the systemic flaws in **seniors' care.**

These pressures and hairline fractures are interconnected and will require a holistic approach to retain, reinforce, and reimagine a healthcare system that supports the wellbeing of every Albertan.

Access

In 2022, Albertans are experiencing longer wait times for emergency care, ambulances, and admittance to acute-care beds and seniors' care facilities. Timely access to necessary healthcare is limited due to the ripple effects of strains on other parts of the system:



Despite this ripple effect of strains, the current government has focused specifically on waits for a narrow list of elective surgical procedures. Wait times for elective surgeries have been one benchmark for healthcare efficiency and timeliness of treatment across Canada since 2004. While nearly 600,000 fewer surgeries were performed in the first 22 months of the pandemic compared to 2019,[1] wait times for the most common elective procedures have begun to bounce back to pre-pandemic levels.

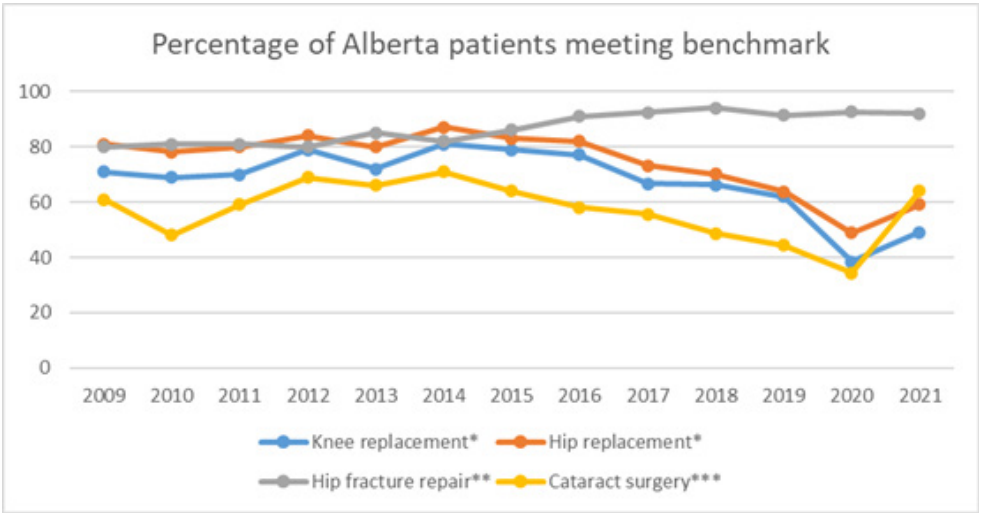
Status Quo

Through the Alberta Surgical Initiative, the UCP government has funneled more than $250 million to for-profit contractors over two years. As Saskatchewan's experience with a similar initiative demonstrates, this approach is not a long-term solution, nor is it about reducing the backlog of surgeries delayed by the pandemic—it is disaster capitalism. Recent research on private surgical contracts in British Columbia found that while "private delivery may add to the volume of services in the short term, it contributes to workforce shortages in our public hospitals and also comes at a steeper price."[2] In Alberta, the UCP approach is to keep increasing the volume of private contracts—doubling down on a strategy that does not improve results.

1 Canadian Institute for Health Information (CIHI), "Wait times for priority procedures in Canada." Accessed 22 July 2022. https://www.cihi.ca/en/wait-times-for-priority-procedures-in-canada

2 Andrew Longhurst, The Concerning Rise of Corporate Medicine (Vancouver: Canadian Centre for Policy Alternatives/BC Health Coalition, 2022), 1. https://policyalternatives.ca/corporate-medicine

Percentage of Alberta Patients Meeting Surgical Wait Times Benchmarks, 2009–2021



Source: Canadian Institute for Health Information. Chart compiled by Andrew Longhurst.

Better Way

The best available evidence shows that public solutions to reduce wait times are not only possible, but they produce better outcomes at a lower overall cost[3]. However, this approach requires a full political commitment to utilizing, investing in, and optimizing the public system in a way that we have not seen from right-of-centre governments in Alberta.[4]

"The better way forward is … to fully commit to developing, coordinating and sustaining public sector wait-time solutions. … there is no need to entrench private-sector surgical delivery if there is a consistent focus and commitment to better utilize the existing capacity in the public system by improving the quality and efficiency of surgical services and increasing access to community care."[5]

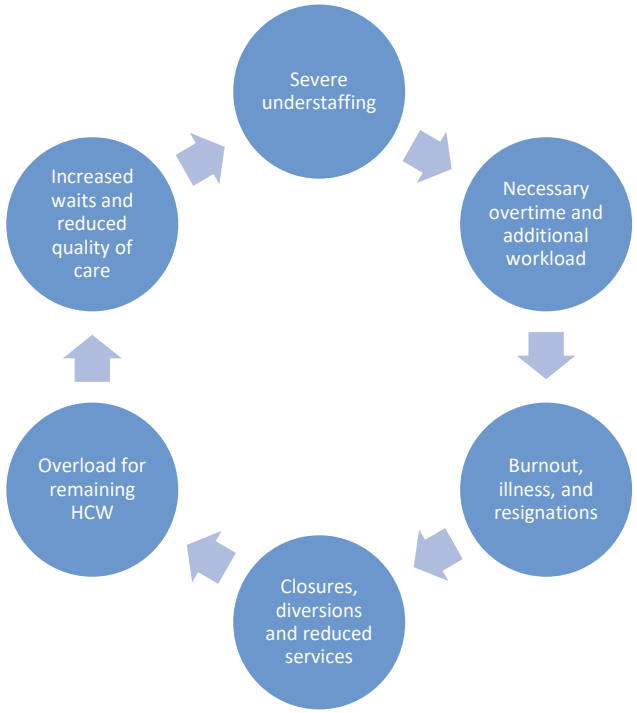
3 Andrew Longhurst, Marcy Cohen, and Margaret McGregor, Reducing Surgical Wait Times: The Case for Public Innovation and Provincial Leadership, (Vancouver, British Columbia: Canadian Centre for Policy Alternatives, 2016), 5-6.

4 Longhurst et al, Reducing Surgical Wait Times, 7, 23.

5 Ibid., 44.

Healthcare Workforce

Nurses, physicians, healthcare aides, and allied healthcare professions are under unprecedented pressure following more than two years of pandemic response. The combination of spikes in demand (a result of public health measures that failed to contain the virus), changing workforce demographics, political hostility and bad faith bargaining, lack of investment, an emphasis on "efficiency" over preparedness, and poor working conditions has fomented into a perfect storm.



Vacant positions in healthcare occupations increased dramatically between 2019 and 2021. In Alberta, these vacancies jumped from 1500 in Q4 2019 to 4040 in Q4 2021—an increase of 170%.[6] While almost every healthcare professional experienced increased stress during the pandemic, nurses are the most likely to report intending to change jobs or leave their current job in the next three years.[7]
Three-quarters of healthcare workers reported increased workload due to pandemic measures and short-staffing; among nurses, nearly 84% experienced increased workload.[8] Seven in ten healthcare workers reported worsening mental health during the Covid-19 pandemic.[9]

6 Statistics Canada, Job Vacancies Q4 2021, 22 March 2022. Figure calculated by the author from Table 14-10-0356-01 Job vacancies and average offered hourly wage by occupation (broad occupational category), quarterly, unadjusted for seasonality

7 Statistics Canada, "Experiences of health care workers during the COVID-19 pandemic, September to November 2021," 03 June 2022. https://www150.statcan.gc.ca/n1/daily-quotidien/220603/dq220603a-eng.htm

8 Statistics Canada, "Experiences of health care workers", op cit.

9 Statistics Canada, "Mental health among health care workers in Canada during the COVID-19 pandemic," 02 February 2022. https://www150.statcan.gc.ca/n1/daily-quotidien/210202/dq210202a-eng.htm

Status Quo

As with elective surgical services, the UCP government continues to pursue its agenda to bring Alberta's health workforce costs "in line" with "comparator" provinces and has sought to privatize services wherever an opportunity arises, despite the evidence that these contracts are more costly, often offer reduced quality of care, and contribute to greater pressures on the public system. Relying on staffing agencies to fill the growing holes in our healthcare workforce is not sustainable. As of May 2022, there were over 200 privately contracted nurses and healthcare aides working in AHS positions. While these employees can be paid much more than AHS staff—double, in some cases—much of that increase covers agency fees.[10]

Better Way

Instead of turning to costly short-term measures such as agency hiring, Alberta needs to pursue a provincial health workforce strategy and collaborate on a national plan to improve working conditions, recruitment, and retention of healthcare workers.[11] This must include system-wide supports for healthcare workers who are experiencing and/or are at risk of burnout and trauma.[12]

10 United Nurses of Alberta, quoted by Jennifer Lee, "Alberta hospitals turn to travel nurses as staffing shortages continue." CBC News, 25 May 2022.

11 Ivy Bourgeault, Sarah Simkin and Caroline Chamberland-Rowe, "Poor health workforce planning is costly, risky and inequitable," Canadian Medical Association Journal 191, no. 42 (October, 2019), E1147-E1148. https://www.cmaj.ca/content/191/42/E1147 ; see also Canadian Nurses' Association, Addressing Canada's Health Workforce Crisis, Submission to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities, 31 March 2022. https://www.ourcommons.ca/Content/Committee/441/HUMA/Brief/BR11678849/br-external/CanadianNursesAssociation-e.pdf)

12 See James Brophy, Margaret Keith, Michael Hurley, and Jane E. McArthur, "Sacrificed: Ontario Healthcare Workers in the Time of COVID-19," New Solutions: A Journal of Environmental and Occupational Health Policy 2021, 30, no. 4, 267–281. https://journals.sagepub.com/doi/pdf/10.1177/1048291120974358

Healthcare in Small and Rural Communities

Status Quo

Political and financial pressures have been driving physicians out of practice in Alberta since the United Conservative Party launched its disastrous campaign to "break" the AMA shortly after forming government: the Ministry of Health's refusal to engage with the AMA on contract renegotiations and the effective "tearing up" of that contract added to reduced compensation for many patient services and resulted in punitive changes in remuneration for practice insurance and administrative overheads. In turn this contributed to the perception that Alberta is a hostile environment for doctors. The pressures on general practitioners only multiplied with the COVID-19 pandemic when corporate apps like Telus Health were offered higher compensation for virtual patient visits than Alberta-based physicians. News of Alberta doctors leaving their practices spread through social media, prompting the AMA to initiate a survey of their membership to quantify the exodus. These pressures are amplified in small and rural communities where the loss of a handful of physicians–many of whom serve in local hospitals as well as primary care clinics–can be catastrophic.

In the absence of official data collection, independent researcher Kim Siever collected reports of doctors leaving practices across Alberta from April 2020 to July 2022.[13] In that period, 49 communities outside of Edmonton and Calgary lost at least 159 doctors. In eight communities, doctors withdrew entirely from emergency rooms due to lack of staff to cover both ER and clinic shifts.

Rural/smaller communities losing doctors

13 Kim Siever, "A list of Alberta communities losing doctor care," Alberta Worker, 21 April 2020 (updated 7 January 2022). https://albertaworker.ca/news/a-list-of-alberta-communities-losing-doctor-care/

At the same time, hospitals in small communities across Alberta have seen emergency departments, operating rooms, and acute care beds closed due to "temporary" staffing shortages. More than 30 communities across the province have had temporary closures since the spring, and the number continues to grow.[14] According to Health Minister Jason Copping, in May of 2022 3.5% of hospital beds outside of Edmonton and Calgary were closed due to staffing "issues", a total of 95 beds.[15] However, many communities saw their bed capacity reduced by an average of 25% or more—with "temporary" closures extending for several months.

Combined, these closures have resulted in a total of 31,960.8 bed days lost across 26 communities.[16] Fifteen of these communities also lost doctors from general practice and emergency room coverage over the last two years.

The loss of physician capacity has had a significant impact on women, pregnant people, and their families. In Sundre and Medicine Hat physicians withdrew from obstetrical services due to rising insurance premiums which would no longer be reimbursed following UCP changes. In 9 communities, there was simply not enough staff (including anesthetists) to offer obstetrical care at local hospitals, forcing pregnant people to travel further to access care. Residents in west-central Alberta faced a lack of OB care in Rimbey, Rocky Mountain House, and Sundre—the entirety of House Leader Jason Nixon's riding—adding to increased patient load at the already strained Red Deer Hospital. Sundre and St. Paul have been without OB services for more than a year (13 and 15 months at time of writing).

Better Way

Investing in a pan-Canadian health workforce strategy will identify where need is greatest and inform recruitment and retention of healthcare workers for small and rural communities. Alberta needs to rethink physician compensation to support family practices and ensure that every Albertan has access to reliable primary care.

14 Alberta Health Services, "AHS Facilities: Temporary Service Disruptions." Accessed 6 October 2022 https://www.albertahealthservices.ca/br/Page17594.aspx

15 Lakeland Today Staff, "Alberta's Health Minister says temporary closures not so bad," Rocky Mountain Outlook, 18 June 2022. https://www.rmotoday.com/beyond-local/albertas-health-minister-says-temporary-closures-not-so-bad-5493825

16 Derived from calculations by Judith Grossman, based on data provided on "AHS Facilities: Temporary Service Disruptions" web-page op cit.

Seniors Care

Status Quo

At the outset of the pandemic in March 2020, LTC and homecare were operating on a minimal basis and pasting band-aids across cracks in the system that have been decades in the making. While the tragic lessons of the pandemic highlighted these systemic flaws, the very obvious solutions have yet to be implemented. What measures are being pursued are federally driven, and have been met by either silence or explicit pushback from several (primarily conservative-governed) provinces.

Better Way

Expert consensus recommends a minimum of 4 hours of direct care per resident per day. Direct care directly correlates to improved quality of life for residents and reduces injuries and illnesses that lead to devastating (and costly) hospital stays.[17] To achieve this benchmark of care for LTC residents in Alberta would generate over 5,550 full-time positions, at a cost of $410 million.[18]

Increasing staffing levels and improving the working conditions of seniors care staff will reduce the economic precarity of healthcare aides who provide the majority of direct care–90% of whom are women.[19]

17 See Pat Armstrong, Charlene Harrington, and Margaret McGregor, "Staffing for Nursing Home Care: Covid-19 and beyond," Longwoods (Insights), (July 2020). https://www.longwoods.com/content/26287/staffing-for-nursing-home-care-covid-19-and-beyond Also: BC Care Providers' Association, Filling the Gap: determining appropriate staffing and care levels for quality in long-term care (March 2019), 41-44. https://bccare.ca/wp-content/uploads/2019/03/Filling-the-Gap-March-2019.pdf

18 Alberta Health, Facilities-based Continuing Care Review Final Report, (MNP: Edmonton, 31 May 2021), 189.

19 Yuting Song, Ala Iaconi, Stephanie Chamberlain et al. "Characteristics and Work Life Quality of Nursing Home Care Aides in Canada." Journal of the American Medical Association (JAMA) Network Open 3, no. 12 (2020), e2029121. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773823

Smarter Spending Can Save the System

Across Canada, an average of $8,019 per Canadian was spent on health care in 2021. In Alberta, $8,230. This breaks down as 75% public/25% private (12% as out-of-pocket expenses). This is the first shift inthe ratio of spending on public and private health services since 2000–which had held at 70/30 for two decades—entirely due to increased government funding related to the COVID-19 pandemic.[1] Increased spending doesn't always equate to better outcomes; however, there are many examples of smart investments that not only have a big impact on our wellbeing but also generate considerable savings to our health system and other services.

Midwifery

Uncomplicated births attended by a registered midwife offer significant cost savings to the health care system with no compromise to quality of care. A planned home birth with a midwife saves on average $2338 over a midwife-attended birth in a hospital, and $2541 when compared to the costs of a hospital birth attended by a physician.[2]

Harm reduction

In addition to saving lives, harm reduction and supervised consumption services reduce the costs of emergency overdose treatment by $1600 per patient, easing the burden on overwhelmed EMS and ERs.[3]

Pharmacare & universal dental care

When people are unable to access medications, dental care, or mental health care, small and otherwise treatable issues can become serious health concerns. Instead of prevention or maintenance, our healthcare system is tasked with intensive, potentially lifesaving, measures. The financial costs are multiplied through EMS, emergency rooms, and acute hospital care. Ensuring that everyone has access to medication and care for their entire body and mind promotes equity and prevents costly interventions from overwhelming our health system. Yet, 62% of Albertans have restricted dental visits due to cost and approximately 20% of Albertans have no dental coverage and are ineligible for government-funded care.[4]

While the full economic impacts of poor oral health have yet to be fully researched,[5] several US studies have demonstrated the cost savings of including chronic disease screening in routine dental checkups: when

20 Canadian Institute for Health Information (CIHI), "National Health Expenditure Trends," 4 November 2021. https://www.cihi.ca/en/national-health-expenditure-trends . Alberta figures derived from summary table "Health Expenditure in Brief." https://www.cihi.ca/sites/default/files/document/health-expenditure-data-in-brief-en.pdf

21 Patricia Janssen, Craig Mitton, Jaafar Aghajanian, "Costs of a Planned Home vs Hospital Birth in British Columbia Attended By Registered Midwives and Physicians", PLOS One (July 2015). https://doi.org/10.1371/journal.pone.0133524

22 Khair, Eastwood Lu & Jackson. "Supervised consumption site enables cost savings by avoiding emergency services: a cost analysis study." Harm Reduction Journal 19, no. 32 (March 2022). https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00609-5

23 Alberta Blue Cross 2015, cited by Carlos Quinonez, Dentistry in Alberta: Time for a checkup? (Edmonton: University of Alberta/Parkland Institute, 2021). https://www.parklandinstitute.ca/dentistry_in_alberta

24 Tom Lange, Comprehensive dental care in Canada: the choice between denticaid and denticare, School of Public Policy SPP Research Paper 13 no. 23 (September 2020), 15.

early intervention is sought, the health system can avoid millions of dollars in treatment costs.[6] [7]

Approximately 6% of all hospital admissions are due to non-adherence to prescribed medications. A universal pharmacare plan would reduce or eliminate the $1.6 billion in associated healthcare costs[8] and would save Canadians $4.2 billion annually over and above the costs of the program according to the Parliamentary Budget Officer.[9]

Addressing social determinants of health and implementing upstream interventions (housing, income inequality, childcare, education) is the ultimate better way to ensure long-term wellbeing for every Albertan.

25 For a general summary, see Centers for Disease Control and Prevention, "Cost-Effectiveness of Oral Diseases Interventions." Accessed 01 August 2022. https://www.cdc.gov/chronicdisease/programs-impact/pop/oral-disease.htm

26 Kamyar Nasseh, Barbara Greenberg, Marko Vujicic, and Michael Glick, "The Effect of Chairside Chronic Disease Screenings by Oral Health Professionals on Health Care Costs," American Journal of Public Health. 104, no. 4 (April 2014), 744–750.

27 Canadian Centre for Policy Alternatives and Canadian Doctors for Medicare, Cost Savings Resulting From a National Pharmacare Program (Ottawa: CCPA, 2017), 4. https://policyalternatives.ca/publications/reports/cost-savings-resulting-national-pharmacare-program

28 Jean-Denis Fréchette, Federal cost of a national pharmacare program, (Ottawa: Parliamentary Budget Office, 2017). https://www.pbo-dpb.gc.ca/web/default/files/Documents/Reports/2017/Pharmacare/Pharmacare_EN_2017_11_07.pdf

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