



Better Healthcare for Albertans

At a Glance

A Report by
The Office of the Auditor General of Alberta

May 2017

Alberta has some of the best healthcare professionals in the world.

However, the strength of the healthcare system does not rely solely on the competence of its healthcare providers—it depends on their ability to work together to manage results and cost of care for their patients. Key to improving quality and managing costs is the ability of the healthcare system to integrate the services of various providers into a seamless continuum of care.

Better Healthcare for Albertans: A Report by The Office of the Auditor General of Alberta

About this report

Since the 1990s the Office of the Auditor General has conducted over 40 audits on aspects of the Alberta health system, including seniors care, mental health and addictions, primary care and chronic disease management.

The Department of Health and Alberta Health Services have implemented many of our recommendations for improvement from our previous audits and are working toward implementing more recent recommendations. Alberta Health Services has also undertaken significant initiatives to improve quality of care.

However, we are seeing an unfortunate pattern in our audits over time.

Weaknesses noted in our findings keep emerging, and re-emerging, over time, because their root causes have not been—or are not being—resolved.

During our recent audits on primary care networks and chronic disease management, we noted three common underlying causes behind many of our findings in that work and in earlier reports:

- fragmented structure of the health system
- lack of integration of physician services and the services of other care providers
- lack of sharing and use of clinical information

These inherent challenges affect the entire health system.

As a result, Albertans are not receiving the quality of care they could receive.

Significantly better healthcare is within reach

Better Healthcare for Albertans: A Report by The Office of the Auditor General of Alberta is not an audit. It is an analysis of what has frustrated a comprehensive shift toward best-quality care, and what can be done to overcome the challenges standing in the way.

Achieving the highest quality healthcare available depends on moving purposefully toward what is known as integrated care.

In our report, we present information from successes elsewhere to show legislators and the public why integrated care is important.

We also identify opportunities to take the entire health system to a higher level—to make a quantum leap rather than continuing to make incremental change, reorganize or move in circles.

We believe our province has untapped potential to improve the health of individual Albertans and can lead the country in delivery of care.

More money is not the solution

Albertans already pay for the most expensive health system of any province in Canada* yet they are not receiving the level of care being provided by the best-performing health systems in other jurisdictions.

What is “integrated care”?

Integrated care means a system centred on patients, not on administrative needs or the traditional ways of doing things.

Patients would find that an integrated care system has essential features that our current health system does not.

This is how an integrated healthcare model works:

- Teams of providers in primary care, acute care and continuing care work on a single plan for each patient, designed to meet that patient’s care goals.
- Each individual patient’s health information flows to all of that person’s care providers.
- Decision support tools bring the latest medical knowledge to bear wherever the patient receives care.
- Care is delivered in the most appropriate location—for example, in a community setting rather than in a hospital whenever possible.
- Patients are engaged in their own care, receiving information and taking part in decisions.
- Constant measurement and benchmarking of care quality and patient outcomes by everyone in the system keeps care at a high level.

Integrated care is a proven model to deliver high quality healthcare

Integrated care is the framework used by the highest performing health systems in the world. An integrated healthcare system:

- avoids fragmented care based on isolated treatment episodes
- builds continuous quality improvement into all functions
- is the way to achieve the highest quality results available.
Higher quality, in turn, often results in lower costs by preventing or quickly identifying avoidable health complications and reducing waste.

In consulting with physicians and international health experts and studying the demonstrated results in other jurisdictions, we found that a common theme among successful systems is not just the individual advances they made, but the frameworks that drove them.

In every successful system, all the parts work together. And quality of care is paramount.

By adopting a framework for integration, these organizations have spurred advances in every aspect of healthcare delivery.

Here are some examples of healthcare systems we studied and believe have best practices:

Andalusian Health Service (Spain)

<http://www.juntadeandalucia.es/servicioandaluzdesalud/principal/default.asp>

Canterbury District Health Board (New Zealand)

<http://www.cdhb.health.nz/Pages/default.aspx>

Intermountain Healthcare (United States)

<https://intermountainhealthcare.org/>

Kaiser Permanente (United States)

<https://healthy.kaiserpermanente.org/>

National Health Service (United Kingdom)

<http://www.nhs.uk/pages/home.aspx>

New Zealand Health System (New Zealand)

<https://www.health.govt.nz/new-zealand-health-system>

*2015 statistics, measured on a per capita basis and adjusted for age and gender



Alberta has a chance
to build what has been
shown to work best.

Our province is well
positioned to lead the
country.

We do not have fully integrated care in Alberta, but we can

Integrated care has been Alberta government policy since the 1990s. Most of the building blocks exist, but they have yet to be put together.

The government and most participants in the health system have said they want to adopt it.

However, healthcare integration cannot move forward without agreement on the role and responsibilities of its most important participant—*the patient*.

What we need to make it happen

Effective change is possible. Three elements must be incorporated into the framework of the health system if Alberta is to achieve integrated care:

- Structure
- Integration of physicians
- Clinical information systems

Structure

By system structure, we mean the relationship between the Department of Health, Alberta Health Services (AHS) and all members of the medical profession.

The best structures we have seen emphasize accountability for results. And they link funding to results.

Alberta's current health budget is only tenuously linked to health outcomes.

In an improved structure:

- Evidence-based care would become central to decision making. Funding would be linked strongly to results.
- Accountability for results would become part of normal, accepted process.
- MLAs and cabinet ministers would respect operational boundaries and not make specific demands of the health system, or intervene in matters that are the responsibility of healthcare managers.
- Patients would have access to the tools to be engaged and empowered to take an active and responsible role in their own care, including personal healthcare information and treatment options, to be able to communicate effectively with their care team.

Integration of physicians

Modern medicine is moving toward team-based care and more coordination across specialties and care settings.

- Expectations for quality and monitoring would be set by physicians themselves, not by administrators or government officials.
- Physicians as a group would take part in assessments of the effectiveness of their care in a context of continuous improvement.
- Financial incentives for physicians would encourage more attention to health results in a redesigned system.
- Physician payment models would promote and encourage accountability for results; they currently do not.
- Payment models would also encourage closer integration of physician services with those of other healthcare providers.
- Changing the pay model does not require having the money come from a different source. It does mean finding ways to pay based on results rather than on the volume of services performed.

Clinical information systems

Ensuring that the right information is provided to the right people, in the right place and at the right time is crucial to integrating healthcare services.

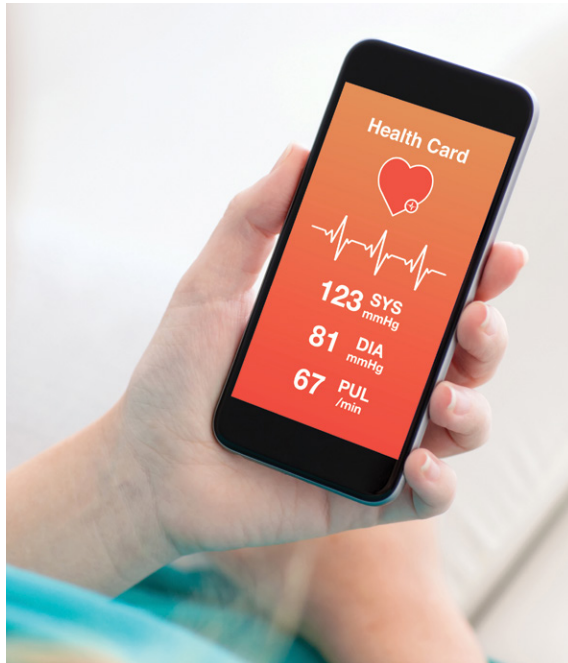
Alberta Health Services has done a good job of managing administrative information. Improving the use of health information has proceeded more slowly.

Sharing of patient records with all relevant staff, and with the patients themselves, is necessary for everyone to play an effective role in care. That means information generated at all levels must be seamlessly available for use at all levels—patients, physicians, care teams, care programs and executive management.

Full and rapid access to information acts as a crucial tool for physicians and other professionals at the point of care. It helps:

- providers make better treatment decisions through electronic support tools that provide recommendations for treatment and warnings about potential harm
- managers know what programs and treatment approaches work best

More key elements of a full information system are in place here than in any other province.



If your bank operated like the Alberta healthcare system...

Banks handle huge amounts of information. They make this information almost instantly available to their customers. The customers appreciate the convenience. They also depend on knowing the current state of their finances for decision making.

If your bank operated like the health system, this is what you would find:

- The bank would have more than 1,300 IT systems. Each branch would have its own IT system. That system would be incapable of communicating with the systems in most other branches.
- At some branches, IT systems would be so outdated they would be at imminent risk of failure. The fallback would be to use paper files.
- Tellers, mortgage officers and investment specialists at each branch would have no access to one another's information.
- Bank employees would rely heavily on fax to transmit your financial data.
- Every time you visited a branch to make a deposit or withdrawal, you would be asked fill out the same form with your name, address, employment information and financial history.
- To withdraw money from a branch in another city, you would be asked to open an account there first. That branch would not know who you are.
- To apply for a mortgage, you would not be able to simply fill out one form at one office. You would have to take your application package to various local departments and see to it delivery to the bank's corporate office.
- Online banking would not exist.
- You would have no direct access to you financial data.
- To obtain an account balance, you would have to make a written request and wait a couple of weeks for the information to arrive in the mail.
- Bank managers would lack information to know how individual branches are performing.
- The bank would spend more than \$600 million each year to maintain its IT systems, without a clear plan to standardize them and keep them up to date.



Albertans are paying for
the best. Why would they
not demand the best?

The Time for Action Is Now

No one part of the system
can effect change on its own.

Those who govern, operate and use the health system must all take action immediately to improve healthcare for Albertans.

The quality of Alberta's healthcare system is falling below levels achieved in other jurisdictions.

And the ever-increasing costs of the system creates an urgency to act sooner rather than later.

Acting together, we could make Alberta's health system a model for Canada.

The government, legislators, healthcare providers and individual Albertans can all contribute to realizing the vision.

Real change would see them all taking specific action.

The Government

- Lead by talking with Albertans about what is possible, as well as determining what services individuals need.
- Make integrating care a priority and provide leadership in making integration happen.
- Make difficult decisions on the funding and structure of the healthcare system.

Members of the Legislative Assembly

- Think and make decisions for the long term, not from the perspectives of short-term politics, election cycles, isolated controversies and lobbying of local interests.

Healthcare Providers and Medical Professionals

- Consciously support the implementation of integrated care.
- Embrace new payment models that better link the funding you receive with the results you achieve.
- Integrate services, and align data and funding flows with the care needs of patients.
- Accept the need to trust each other's intentions, and work to build mutual trust.

Individual Albertans

- Focus on quality as the main element of good care.
- Expect care providers to measure and report their results.
- Get actively involved in the discussion on your responsibilities and rights in our public healthcare system.

Together, we can build a more effective healthcare system to make a difference in the lives of Albertans.

To read the full report or to comment, go to:
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Our work makes a difference in the lives of Albertans.

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