

# Alberta Health

There are no new recommendations to the department in this report. The department has 14 outstanding recommendations, 11 of which have been outstanding for more than three years.

In our *Crown's Right of Recovery of Healthcare Costs from Motor Vehicle Accidents Followup*, we report that two recommendations have been implemented.

We issued unqualified independent auditor's reports on the 2018-2019 financial statements for Alberta Health Services (AHS), Carewest, Capital Care Group Inc., Alberta Public Laboratories, and the Health Quality Council of Alberta. There are no new recommendations to these entities in this report. Alberta Health Services has 10 outstanding recommendations, all of which have been outstanding for more than three years.

## Matters from Prior Audits

Alberta Health Services has implemented our October 2012 recommendation to reinforce its admission policies and review controls and processes over fees and charges—see below.

## Findings

### Alberta Health Services

#### Matters from prior audits

## IMPLEMENTED Recommendation Fees and charges

### Context

In 2012,<sup>18</sup> we recommended that AHS reinforce its admission policies and review controls and processes over fees and charges to ensure that they were properly designed and consistently applied throughout the province. We had concluded that there was inconsistent understanding and documentation of the admissions and billings processes throughout the province.

We made this recommendation because AHS still collects accounts receivable at individual sites due to the multiple legacy systems and processes. If AHS employees do not fully understand admissions information flow, there is a risk of inappropriate billing.

<sup>18</sup> *Report of the Auditor General of Alberta—October 2012*, page 123

We repeated our recommendation in 2018,<sup>19</sup> as AHS could not determine if admission policies were being followed and consistently applied.

## Our audit findings

AHS has implemented our recommendation by:

- implementing policies to standardize the admissions process and formally documenting the processes and controls related to billings
- assessing and accepting the residual risk related to monitoring the application of admission policies for consistency

As we reported in 2018, management implemented policies to standardize the admissions process and training programs rolled out to staff.

This year, management reviewed the current controls and the actions taken in response to the recommendation and assessed them as being appropriate for ensuring consistent application of admission policies. The residual risk relates to registration areas outside of Health Information Management control.

Management accepts the residual risk, as it has deemed it is not significant, and determined that implementing additional controls at this time would not be cost effective. The deployment of AHS's new Connect Care system over the next few years will contain admitting and billing software, and this process will be standardized province-wide.

We have accepted management's conclusion to accept residual risks until the deployment of Connect Care, which should standardize billing processes.

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<sup>19</sup> *Report of the Auditor General of Alberta—November 2018*, page 87

# Outstanding Recommendations

3	→	Implemented Recommendations
0	→	New Recommendations
24	→	Outstanding Recommendations
21	→	Outstanding Recommendations Older than 3 Years
7	→	Outstanding Recommendations Ready for Followup
17	→	Outstanding Recommendations Not Ready for Followup

Recommendation	When	Status
<p><b>DEPARTMENT</b> PURE NORTH GRANTS:</p> <p><b>Improve conflict of interest processes</b></p> <p>We recommend that the Department of Health improve its conflict of interest processes by:</p> <ul style="list-style-type: none"> <li>improving the supplementary code to clearly outline the disclosure requirements of the deputy minister</li> <li>centrally managing conflicts in the department to ensure adherence to the conflict of interest policies</li> <li>providing advice to department staff on conflict of interest matters when necessary</li> </ul>	February 2018, p. 111	<b>Ready</b>
<p><b>DEPARTMENT</b> PRIMARY CARE NETWORKS:</p> <p><b>Evaluate PCN effectiveness</b></p> <p>We recommend that the Department of Health, through its leadership role in the PCN Governance Structure, work with the PCNs and PCN physicians to:</p> <ul style="list-style-type: none"> <li>agree on appropriate targets for each PCN program performance measure, and require PCNs to measure and report results in relation to the targets</li> <li>develop a formal action plan for public reporting of PCN program performance</li> </ul>	October 2017, Performance Auditing, p. 79	<b>Not Ready</b>

Recommendation	When	Status
<p><b>DEPARTMENT</b> PRIMARY CARE NETWORKS:</p> <p><b>Informing Albertans about PCN services</b></p> <p>We recommend that the Department of Health, through its leadership role in the PCN Governance Structure, work with PCNs and PCN physicians to:</p> <ul style="list-style-type: none"> <li>require PCN physicians to complete the established patient attachment process, and set appropriate timelines for completing this process</li> <li>agree on the best approaches for engaging Albertans as active participants in their own care, and explaining the PCN services available to help them achieve their health goals</li> </ul>	<p>October 2017, Performance Auditing, p. 84</p>	<p><b>Not Ready</b></p>
<p><b>DEPARTMENT</b> HEALTHCARE PROCESSES:</p> <p><b>Establish a proactive check to ensure that individuals with an Alberta healthcare number continue to meet residency requirements</b></p> <p>We recommend that the Department of Health improve its processes by establishing a proactive check to ensure that individuals who have been issued an Alberta healthcare number continue to meet the residency requirements specified in the <i>Alberta Health Care Insurance Act</i> and Regulation.</p>	<p>October 2015, no. 12, p. 101</p>	<p><b>Not Ready</b></p>
<p><b>DEPARTMENT</b> HEALTHCARE PROCESSES:</p> <p><b>Enhance processes to check for receipt of services for which physicians billed</b></p> <p>We recommend that the Department of Health enhance the processes it uses to check whether:</p> <ul style="list-style-type: none"> <li>patients received the medical services for which physicians billed the department</li> <li>payments are being made in accordance with the provisions of the <i>Alberta Health Care Insurance Act</i></li> </ul>	<p>October 2015, no. 13, p. 102</p>	<p><b>Not Ready</b></p>

Recommendation	When	Status
<p><b>DEPARTMENT</b> SYSTEMS TO MANAGE THE DELIVERY OF MENTAL HEALTH SERVICES:</p> <p><b>Use action plan and progress reporting to implement strategy</b></p> <p>We recommend that the Department of Health:</p> <ul style="list-style-type: none"> <li>• use an action plan to implement the strategy for mental health and addictions</li> <li>• monitor and regularly report on implementation progress</li> </ul>	<p>July 2015, no. 6, p. 63</p>	<p>Not Ready</p>
<p><b>DEPARTMENT</b> SENIORS CARE IN LONG-TERM CARE FACILITIES:</p> <p><b>Oversight at the provincial level</b></p> <p>We recommend that the Department of Health:</p> <ul style="list-style-type: none"> <li>• clearly define and separate its role and responsibilities from those of AHS in monitoring and managing long-term care service delivery</li> <li>• improve public reporting on what results the provincial long-term care system is expected to achieve and whether it is achieving them</li> <li>• finish the review of the continuing care health service standards</li> <li>• implement a mechanism for timely analysis and action on the accommodation cost data</li> </ul>	<p>October 2014, no. 13, p. 91</p>	<p>Ready</p>

Recommendation	When	Status
<p><b>DEPARTMENT</b> CHRONIC DISEASE MANAGEMENT:</p> <p><b>Improve delivery of chronic disease management services</b></p> <p>We recommend that the Department of Health improve the delivery of chronic disease management services in the province by:</p> <ul style="list-style-type: none"> <li>defining the care services it expects physicians, Primary Care Networks and Alberta Health Services to provide to individuals with chronic disease</li> <li>requesting family physicians to deliver comprehensive team-based care to their patients with chronic disease, through a Primary Care Network or appropriate alternative</li> <li>establishing processes to assess the volumes, costs and, most importantly, the results of chronic disease management services delivered by the healthcare providers it funds</li> <li>facilitating secure sharing of patients’ healthcare information among authorized providers</li> <li>strengthening its support for advancing chronic disease management services, particularly among family physicians where the need for better systems and information is most critical</li> </ul>	<p>September 2014, no. 1, p. 11</p>	<p>Not Ready</p>
<p><b>DEPARTMENT</b> CHRONIC DISEASE MANAGEMENT:</p> <p><b>Improve delivery of pharmacist care plan initiative</b></p> <p>We recommend that the Department of Health improve the delivery of its pharmacist care plan initiative by:</p> <ul style="list-style-type: none"> <li>establishing a formal process to ensure pharmacists integrate their care plan advice with the care being provided by a patient’s family physician and care team</li> <li>strengthening claims administration and oversight, including requiring pharmacists to submit diagnostic information showing patients qualify for a care plan, and making care plans subject to audit verification by Alberta Blue Cross</li> <li>setting expectations and targets for pharmacists’ involvement in care plans and evaluating the effectiveness of their involvement on an ongoing basis</li> </ul>	<p>September 2014, no. 7, p. 32</p>	<p>Not Ready</p>

Recommendation	When	Status
<p><b>DEPARTMENT</b> CHRONIC DISEASE MANAGEMENT:</p> <p><b>Strengthen electronic medical records systems</b></p> <p>We recommend that the Department of Health strengthen support to family physicians and care teams in implementing electronic medical record systems capable of:</p> <ul style="list-style-type: none"> <li>identifying patient-physician relationships and each patient's main health conditions and risk factors</li> <li>tracking patient care plans and alerting physicians and care teams when medical services are due, and health goals or clinical targets are not met appropriately and securely sharing patient health information between authorized healthcare providers</li> <li>reporting key activity and outcome information for selected patient groups (e.g., diabetics) as the basis for continuous quality improvement</li> </ul>	<p>September 2014, no. 8, p. 37</p>	<p>Not Ready</p>
<p><b>DEPARTMENT</b> CHRONIC DISEASE MANAGEMENT:</p> <p><b>Provide individuals access to their personal health information</b></p> <p>We recommend that the Department of Health provide individuals with chronic disease access to the following personal health information:</p> <ul style="list-style-type: none"> <li>their medical history, such as physician visits, medications and test results</li> <li>their care plan, showing recommended tests, diagnostic procedures and medications, including milestone dates and targets set out in the plan</li> </ul>	<p>September 2014, no. 9, p. 41</p>	<p>Not Ready</p>
<p><b>DEPARTMENT</b> ELECTRONIC HEALTH RECORDS:</p> <p><b>User access management</b></p> <p>We recommend that the Department of Health ensure that its user access management policies are followed and that user access to health information is removed when access privileges are no longer required.</p>	<p>October 2009, p. 80</p>	<p>Ready</p>

Recommendation	When	Status
<p><b>ALBERTA HEALTH AND ALBERTA HEALTH SERVICES</b> CHRONIC DISEASE MANAGEMENT:</p> <p><b>Improve support of patient-physician relationships</b></p> <p>We recommend that the Department of Health improve its support of patient-physician relationships by:</p> <ul style="list-style-type: none"> <li>• requesting all family physicians establish a process to identify their patient panels and which of those patients have chronic disease, and providing them with healthcare data to help them do so</li> <li>• determining what it considers to be an effective care team size and composition, and working with family physicians, Primary Care Networks and other providers to help build teams to this level</li> </ul>	<p><b>September 2014, no. 2, p. 18</b></p>	<p><b>Not Ready</b></p>
<p><b>ALBERTA HEALTH AND ALBERTA HEALTH SERVICES</b> CHRONIC DISEASE MANAGEMENT:</p> <p><b>Improve support of patient-physician relationships</b></p> <p>We recommend that Alberta Health Services identify individuals with chronic disease who do not have a family physician and actively manage their care until they can be linked with a family physician.</p>	<p><b>September 2014, no. 3, p. 18</b></p>	<p><b>Not Ready</b></p>
<p><b>ALBERTA HEALTH AND ALBERTA HEALTH SERVICES</b> CHRONIC DISEASE MANAGEMENT:</p> <p><b>Improve physician care plan initiative</b></p> <p>We recommend that the Department of Health improve its physician care plan initiative by:</p> <ul style="list-style-type: none"> <li>• defining its expectations for what care plans should contain and how they should be managed by physicians and care teams</li> <li>• setting targets for care plan coverage and evaluating the effectiveness of care plans on an ongoing basis</li> <li>• strengthening care plan administration by ensuring that claims identify qualifying diagnoses, and that care plan billings by individual physicians are reasonable</li> </ul>	<p><b>September 2014, no. 5, p. 26</b></p>	<p><b>Not Ready</b></p>

Recommendation	When	Status
<p><b>ALBERTA HEALTH AND ALBERTA HEALTH SERVICES</b> CHRONIC DISEASE MANAGEMENT:</p> <p><b>Improve physician care plan initiative</b></p> <p>We recommend that Alberta Health Services coordinate its services to patients with chronic disease with the care plans developed by family physicians and care teams.</p>	<p><b>September 2014, no. 6, p. 26</b></p>	<p><b>Not Ready</b></p>
<p><b>ALBERTA HEALTH SERVICES</b> DISASTER RECOVERY PLANNING:</p> <p><b>Develop a detailed plan for implementing risk-based disaster recovery processes</b></p> <p>We recommend that Alberta Health Services develop and follow a comprehensive plan for implementing risk-based disaster recovery processes, including the necessary IT infrastructure.</p>	<p><b>October 2015, no. 14, p. 104</b></p>	<p><b>Ready</b></p>
<p><b>ALBERTA HEALTH SERVICES</b> SYSTEMS TO MANAGE THE DELIVERY OF MENTAL HEALTH SERVICES:</p> <p><b>Integrate mental health service delivery and eliminate gaps in service</b></p> <p>We recommend that Alberta Health Services for its own community and hospital mental health and addictions services:</p> <ul style="list-style-type: none"> <li>• work with physicians and other non-AHS providers to advance integrated care planning and use of interdisciplinary care teams where appropriate for clients with severe and persistent mental illness who need a comprehensive level of care</li> <li>• improve availability of mental health resources at hospital emergency departments</li> <li>• improve its system to monitor and ensure community mental health clinics comply with AHS's expectations for treatment planning and case management</li> <li>• improve its process to identify and evaluate good operational practices used by local mental health and addictions staff, and deploy the best ones across the province</li> </ul>	<p><b>July 2015, no. 7, p. 67</b></p>	<p><b>Not Ready</b></p>

Recommendation	When	Status
<p><b>ALBERTA HEALTH SERVICES</b> SYSTEMS TO MANAGE THE DELIVERY OF MENTAL HEALTH SERVICES:</p> <p><b>Improve information management in mental health and addictions</b></p> <p>We recommend that Alberta Health Services make the best use of its current mental health and addictions information systems by:</p> <ul style="list-style-type: none"> <li>• providing authorized healthcare workers within all AHS sites access to AHS mental health and addictions clinical information systems</li> <li>• strengthening information management support for its mental health treatment outcomes measurement tools</li> </ul>	<p><b>July 2015, no. 8, p. 75</b></p>	<p><b>Not Ready</b></p>
<p><b>ALBERTA HEALTH SERVICES</b> SYSTEMS TO MANAGE THE DELIVERY OF MENTAL HEALTH SERVICES:</p> <p><b>Complete assessment and develop wait-list for Albertans who need community housing supports</b></p> <p>We recommend that Alberta Health Services in supporting the work of the cross-ministry housing planning team established under the mandate of the Minister of Seniors:</p> <ul style="list-style-type: none"> <li>• complete its assessment and report on gaps between supply and demand for specialized community housing support services for mental health and addictions in the province</li> <li>• develop a wait-list management system to formally assess the housing support needs of AHS’s mental health hospital and community patients and coordinate their placement into specialized community spaces funded by AHS</li> </ul>	<p><b>July 2015, no. 9, p. 79</b></p>	<p><b>Not Ready</b></p>

Recommendation	When	Status
<p><b>ALBERTA HEALTH SERVICES</b> SENIORS CARE IN LONG-TERM CARE FACILITIES:</p> <p><b>Monitoring care at the resident level</b></p> <p>We recommend that Alberta Health Services improve the design of its current monitoring activities. AHS should:</p> <ul style="list-style-type: none"> <li>• develop a system to periodically verify that facilities provide residents with an adequate number and level of staff, every day of their operation</li> <li>• develop a system to periodically verify that facilities deliver the right care every day by implementing individual resident care plans and meeting basic needs of residents</li> </ul>	<p>October 2014, no. 11, p. 84</p>	<p>Not Ready</p>
<p><b>ALBERTA HEALTH SERVICES</b> SENIORS CARE IN LONG-TERM CARE FACILITIES:</p> <p><b>Managing performance of long-term care facilities</b></p> <p>We recommend that Alberta Health Services improve its system to monitor and manage performance of long-term care facilities. AHS should:</p> <ul style="list-style-type: none"> <li>• clearly define which program area within AHS is responsible for managing performance of individual facilities</li> <li>• establish a formal mechanism to use all available compliance data to review periodically the overall performance of each facility, and initiate proactive compliance action with facilities based on the level of risk to health and safety of residents</li> <li>• establish a formal mechanism to escalate compliance action for higher risk facilities</li> </ul>	<p>October 2014, no. 12, p. 88</p>	<p>Ready</p>

Recommendation	When	Status
<p><b>ALBERTA HEALTH SERVICES</b> CHRONIC DISEASE MANAGEMENT:</p> <p><b>Improve AHS chronic disease management services</b></p> <p>We recommend that Alberta Health Services improve its chronic disease management services by:</p> <ul style="list-style-type: none"> <li>• assessing the total demand for chronic disease management services across Alberta</li> <li>• developing evidence to support decisions on how services provided by Alberta Health Services, family physicians, Primary Care Networks and Family Care Clinics should be integrated</li> <li>• setting provincial objectives and standards for its-chronic disease management services</li> <li>• establishing systems to measure and report the effectiveness of its chronic disease management services</li> </ul>	<p><b>September 2014, no. 4, p. 22</b></p>	<p><b>Ready</b></p>
<p><b>ALBERTA HEALTH SERVICES</b> AHS CONTROLS OVER EXPENSE CLAIMS, PURCHASING CARD TRANSACTIONS, AND OTHER TRAVEL EXPENSES:</p> <p><b>Controls over expenses</b></p> <p>We recommend that Alberta Health Services tighten its controls over expense claims, purchasing card transactions and other travel expenses by:</p> <ul style="list-style-type: none"> <li>• improving the analysis and documentation that support the business reasons for—and the cost effectiveness of—these expenses</li> <li>• improving education and training of staff on their responsibilities for complying with policies</li> <li>• monitoring expenses and reporting results to the board</li> </ul>	<p><b>February 2013, no. 1, p. 24</b></p>	<p><b>Ready</b></p>