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| Alberta | 21e | 1re | Remarques préliminaires à l'étude des crédits | 21 juillet 1986 | M. Marvin Moore | Ministre des Hôpitaux et de l'Assurance maladie | PC |

**Mr. M. Moore:** Mr. Chairman, I'll be pleased to make a few comments relative to the estimates of the Department of Hospitals and Medical Care, perhaps an overview of the broad issues and the broad programs that are being offered by the department that constitute this budget. The budget of the department in 1986-87 is approximately $2.6 billion. That covers the funds required for the operation of our health care facilities throughout this province in addition to the health care insurance plan that provides medical services to our citizens. It represents some 2\.6 percent of the provincial budget for operating alone, that amount being some $2.33 billion, while some $280 million is required in this budget to make repayments to the capital fund, which is a new advent with respect to the financing of capital construction.

Mr. Chairman, the budget before you this afternoon is equal to $1,100 for every Albertan in terms of health care in this department alone. In addition to the regular health care programs, which all of you are aware of - the hospital program and the funding there and the Alberta health care insurance plan - we provide to seniors and to those people who are on the Alberta widow's pension plan free Alberta health care coverage and free Alberta Blue Cross coverage.

As well as those programs, Mr. Chairman, we provide extended health benefits to senior citizens and widows over 55 years of age who are on pensions under that program.

Extended health benefits provide a major portion of the costs of eyeglasses, dental care and dentures, as well as hearing aids and the like. So in addition to the normal sort of health coverages we have in most provinces, in recent years we have brought in some additional coverage here for senior citizens.

First this afternoon I want to talk about hospital services, hospital capital construction, and the commissioning of new hospitals. We have at the present time a very high level of new construction throughout the entire province. Not just in the urban centres of Edmonton and Calgary but in practically every region and every area of Alberta, new hospitals have been opened or will be in 1986 and beyond.

To give you an idea of what's happening just in the current calendar year, in May the new 102-bed hospital in Bonnyville was opened. Last Friday I had the pleasure of assisting in the opening of phase 1 of the new Rockyview hospital in Calgary, which is really a rebuilding - a major additional building and a refurbishing of the existing hospital which will start as phase 2 in September. In Cold Lake 147 beds are presently under construction, Mr. Chairman, and we're hopeful that that hospital will be completed late this fall and be in operation before the end of the year.

In late September of this year I'll be in Grande Prairie to assist in opening phase 2 of a hospital that covers part of my own constituency. A major program that's been going on over the course of about the last about seven years will be completed in September of this year, giving that area of the province a major referral centre, if you like, that will serve not only the Grande Prairie hospital district but the entire Peace River country and allow a lot of people who previously had to travel to Edmonton for medical services to get a lot of service in Grande Prairie. I might add that there are some very interesting co-operative efforts going on between that regional hospital in Grande Prairie and the W. W. Cross cancer hospital in Edmonton relative to providing certain kinds of services and testing for cancer patients in that region.

A little later on this summer we will be opening the 103-bed Olds hospital, which again is a brand-new facility to serve that region of the province. When I was in Ponoka a couple of weeks ago with the hon. Member for Ponoka Rimbey to announce some major initiatives with respect to the mental hospital, I had the opportunity to travel a few blocks in the other direction and look at a brand-new 84bed hospital that will be open by the end of this year and provide, again, a major improved facility for the people of Ponoka. Tofield, with 90 beds, will open at the end of this year. Two Hills, with 105 beds, is another brand-new hospital that will be opening this year.

I should mention the two new urban hospitals that are being constructed at the present time in Edmonton and Calgary. The Peter Lougheed hospital in Calgary is well under construction. There is a total complement of 496 beds in that hospital, 320 of them being active treatment beds and a number of others involved in different sorts of things - pediatrics, intensive and critical care, and some short term day surgery. That hospital is well under construction. We are currently at or below the construction budget of $60 million. It's about 65 percent complete, and we look forward to it opening about a year from now. The new Mill Woods hospital in Edmonton, with a total of 538 beds, has a completion date of June I, 1987, as well. It's about 62 percent complete as of this week and at or below the $65 million budget there as well. So we're moving very, very quickly with those two brand-new urban hospitals, the Mill Woods hospital in Edmonton and the Peter Lougheed hospital in Calgary.

I could then go on to talk briefly about a number of other projects which aren't opening this year that are in either the design or construction stage and will be opening in due course. I'd like to mention a couple in my own constituency of Smoky River. The new McLennan hospital is now under construction. Tenders were awarded in May and it's well on its way. It will be about a two-year project before it's finally completed because, again, it involves some phasing with respect to certain parts of the plan, including the redevelopment of the nursing home, which will remain on the site after the original active treatment hospital bed is constructed. In Valley view we received very recently from the former Minister of Hospitals and Medical Care approval to plan for a new hospital there. In Banff we have 66 beds under construction; in Blairmore, 100 beds; and at the St. Mary's hospital in Camrose, 122 beds. In Edmonton the Glenrose Rehabilitation centre and the Good Samaritan hospital, a 200-bed auxiliary hospital, are under construction. In Leduc all-bed community hospital is under construction. I should mention Lethbridge Regional hospital. It happens to be part of your constituency, Mr. Chairman, with 430 beds under construction and several phases involved there as well in completing that program. Medicine Hat, in the far southeast corner of the province, is under construction as well.

I mentioned to members a few days ago during question period that I was pretty excited and enthusiastic about what's happening at the mental hospital, Alberta Hospital in Ponoka. In that regard, members will recall that we announced two or three weeks ago a major refurbishing program there that will involve a lot of new construction as well but will see us eventually having an 80-bed brain injury unit that will be a world-class facility serving the entire province of Alberta and another 320-bed psychiatric unit that will be the very best in that regard as well.

So there's a lot happening, Mr. Chairman, in terms of construction of facilities. In total in this budget this year, there are 48 different projects that will be under construction in a major way, either completed or starting or at some phase of the capital construction. There isn't any question, Mr. Chairman; there is no other province in Canada that can come anywhere close to matching on a population basis the construction that's going on in this province. As a matter of fact, neither of the provinces of Ontario and Quebec even have a dollar amount of development of hospital facilities that is equal to what we have in the province of Alberta at the present time. So we need to be pretty pleased that we're able to approve funding in this Legislature for this kind of construction of facilities for our citizens in every corner of the province.

I could then talk just for a bit about nursing homes. I've only been touching upon those projects that involve hospital construction. Members will recall that earlier this year my predecessor announced the development of some major programs in rural Alberta with respect to nursing homes. I'm pleased to advise the Assembly that planning is now well under way for the construction of 15 high-priority, long-term projects in rural Alberta. The projects will add close to 500 long-term care beds to the province's health care system. These projects are located in Bashaw, Eckville, Elk Point, Fairview, Innisfail, Lacombe, Lamont, Manning, Mayerthorpe, Raymond, Rimbey, Spirit River, and Vermilion.

In addition to that, there are projects approved for the Thorhild-Westlock and Edson-Hinton areas, where we aren't yet been able to determine where the beds will in fact be located. The total value of these projects, including the planning and construction, is some $50 million. The addition of these nursing home beds will bring the province's total long-term care bed complement to approximately 12,000, which includes 8,000 nursing home and 4,000 auxiliary hospital beds.

I want to stop there for a moment if I could and talk about what I see as the long-term future for extended care for, senior citizens in this province. We've got a waiting list which in some cases seems pretty long, and yet we've got more extended care beds per thousand population over the age of 65 years than a good number of other provinces have.

Members will recall that when we came into office in 1971, the program which provided housing for senior citizens was a lodge program. If you were unable to take care of yourself in your own home and were unable to provide your own meals, you went into a lodge. The former government in this province was building lodges at a pretty fast clip and we continued that for a few years. Then we got into some other interesting programs like self-contained units, where we built a unit financed by the federal and provincial governments and charged 25 percent of the individual's income. They could do their own cooking and live by themselves but have somebody to assist them with looking after the facility. Then in more recent years we got into the home care program, where we provide home care in the person's own home or in the self-contained unit. The result of that, as has been pointed out in the Health Facilities Review Committee report that I tabled here a short time ago, is that the lodge system now has quite a few empty spaces in it because people are saying: "I can stay in my own home with the home care program. I can get assistance to help me shovel snow and those sorts of things if I'm staying in a self-contained unit."

There are new things happening with respect to care for the elderly. I think that trend is going to continue, Mr. Chairman. I'm hopeful that we're going to see less and less need as the years go by for senior citizens to be institutionalized. Certainly it appears that the programs are working that we have under way at the Youville pavilion associated with the Edmonton General hospital, where we're bringing people in to day hospitals on a daily basis, giving them physiotherapy, and putting them on programs to rehabilitate themselves.

It seems, Mr. Chairman, as if the old way of looking after mother and father when they got too old to fend for themselves was to put their name on a waiting list at the nursing home and hope that they could get in there. Then somebody simply cared for their immediate needs until such time as they passed away. The new opportunity that exists with respect to care of the elderly is to find out what kinds of problems they have and find out how they can be helped to regain their place in our community without being institutionalized. We've already seen that there has been some very good success not only here in Alberta but elsewhere in the world in that regard.

I wanted to raise that because too often in my short time in this office hon. members, hospital boards, and others have been coming to me and saying, "We need a nursing home; we need an auxiliary hospital." I even find hospital boards that haven't thought very much about the alternatives that exist. On the other hand, in opening phase I of the Rockyview hospital in Calgary last Friday, I was pleased to see that they have a pretty extensive day outpatient facility there that would assuredly involve itself in some treatment programs for senior citizens. That does point to a new direction in terms of the way boards and administrators across Alberta are thinking as well.

I'm hopeful that the next four years that I hope to have the privilege of serving as Minister of Hospitals and Medical Care in Alberta will see a very firm and committed move toward ensuring that elderly people are treated for illnesses rather than simply institutionalized and that they can stay in their own homes, regain their places in the community, and not just be sent to the nearest nursing home or auxiliary hospital.

In that regard, I could make one or two other comments about the Youville pavilion at the Edmonton General hospital. There has been a lot said over the course of the last few weeks about problems with respect to the Youville. The facts of the matter are that it's one of the finest facilities in North America and is doing an outstanding job. Very recently three internationally known geriatricians visited the Youville hospital and in due course will be making specific recommendations to the board of that hospital and to the Department of Hospitals and Medical Care and my offices with regard to the future directions it might take and how it might be improved.

One of those internationally known individuals is a man by the name of Dr. John Beck, who is with the Division of Geriatric Medicine at the U.C.L.A. School of Medicine in Los Angeles, California. Dr. Beck was quoted very recently in an article in the Calgary Herald as saying that the Youville facility was falling apart. I received just this morning a letter signed by Dr. Beck, addressed to whom it may concern. He refers to a Calgary Herald news release of July 17 written by Mr. Robert Walker; he could have referred to another one in today's Calgary Herald. He says:

In the Article printed in the *Calgary Herald*, July 17th, 1986, I am quoted as saying "(the Youville Geriatric Centre) . . . . . . is falling apart". I deny and refute that quote. The message I conveyed to the reporter is exactly the opposite, "it is not falling apart" was my reply to the interviewer's statement that it was.

He goes on to say:

It is my view that the Youville is an outstanding Centre with a tremendous resource of supporting structures and services greater than anything on this continent.

And that's signed by Dr. John Beck, internationally known. I think that speaks for itself. There are those who want to cast all kinds of accusations toward the very fine people that are currently running Youville - those who haven't left - and its board, who don't speak from much knowledge of the facts of what's happening there. In terms of its concept and its work with our senior citizens, I'm extremely pleased with that facility, and all of us in Alberta should be.

Mr. Chairman, I could then go on to briefly comment upon one other matter that's been of considerable interest, particularly in the Calgary area in recent days, and that is the Calgary children's hospital. Again, we have a situation where we built a brand-new facility for children that is second to none which is going to serve all of Alberta, and particularly southern Alberta, for many years to come. But like any other new institution, there are some growing pains. You can't commission a brand-new hospital overnight with a lot of new concepts and expect the equipment, the specialists, and everything to all fall together. It oftentimes takes literally years of experience before the board, management, and medical staff can bring it all together. And I don't think it at all strange that during that process, oftentimes there is some conflict.

That's what's happening at the Calgary children's hospital; there are some growing pains there. But I did want to say that we're moving ahead with some of the requests of the board. Last year's budget for that hospital was $36,376,000. It's been increased in this budget before you to $37,718,000, which is about a 3.7 percent increase. In addition to that, the board has requested additional funds, because they believe there are other programs they should be doing or ones that are not adequately funded. They've appealed for additional funds and that's presently under consideration.

Just so that members know what happens there, it's not just a matter of the board of the hospital saying, "Here are the additional dollars we want" and us saying "yes" or "no." We ask them to outline in some detail every area of the hospital where they believe funding is not adequate. I have very capable staff who review hospitals all over the province who then sit down with the board and go over those figures and try to figure out whether or not there is some way that their dollars can be saved. If additional funds are indeed required, then that report and the recommendation is provided to me. So that's what's going on right now with the Calgary children's hospital in terms of the budget. Discussions are being held. I hope that within a month or two some final decision will be made.

On the issue of equipment for the hospital, the hospital has asked for approval to begin planning for the housing and operation of a CAT scanner in 1987. We have agreed to that and will be funding their CAT scanner in the next budget year after this one. That is in accordance with the timing that's required, because they need the time between now and then to actually plan for the purchase, installation, and operation of it.

The hospital also asked some time ago if we would consider the purchase of a magnetic resonator scanner, which is another advanced scanner. For those like me who don't know all these terms, what we're really talking about are advanced ways of X-raying people to find out what's happening in their bodies. There is not one magnetic resonator scanner in Alberta at the present time. If we can, it's my department's desire to provide one in Calgary and one in Edmonton at one of the major hospitals within the next couple of years. We had thought it would perhaps be more appropriate to provide this equipment at a major general hospital as opposed to the Calgary children's hospital. My understanding is that the Calgary children's hospital is now considering the soliciting of private donations to purchase that magnetic resonator scanner, and they may indeed move in that direction.

I could then just talk for a bit about operating budgets in hospitals before I close. The growth of hospital budgets over the course of the last five years has averaged a 14.8 percent increase. We're talking about an operating budget of $2.33 billion, and we're talking about a history of a 14.8 percent increase each year for the last five years. That's a pretty big bite to swallow. I think all of us in this Legislature are going to have to think about how we can reduce the rate of increase in the growth of hospital operating budgets, because quite clearly I think our Provincial Treasurer would say that with almost one-third of our operating budget, we can't continue with increases in the order of 15 percent per year without having dramatic increases in taxation or some other form of funding for these hospitals.

There is something else I'd like to make clear to members of the Assembly when I'm talking about funding, Mr. Chairman. Wherever I go in this province, I keep hearing about the operational costs and the mistakes that were made building 10-bed hospitals. The operating costs of our l0 bed hospitals are a fraction of 1 percent. As a matter of fact, of the amount budgeted for in this budget, there are 127 general hospitals and 2 mental health hospitals, and 80 percent of the entire budget goes to the 22 largest hospitals in the province, all located in cities. Only 21 percent is for the 107 rural facilities, and many, many of them are 100- or 150-bed hospitals in Cold Lake or places like that.

So we're not going to save a lot of money by closing down seven bed hospitals. Clearly, what we have to do is to take a look at the responsibility for hospital operating costs that rests with individuals, the medical profession, boards, and all of us in this Legislature right across the province, and not just in Edmonton, Calgary, Grande Prairie, Lethbridge, or some small rural community but in every community that exists. It's clearly a problem for all of us to tackle in every region of Alberta.

Mr. Chairman, I probably should conclude with some comments about the Canada Health Act and the Alberta health care insurance plan. As I've said to members, I've been working over the course of the last several weeks on efforts to meet the terms of the Canada Health Act so that we can have our funds returned to us. With respect to the medical profession, that takes the form of consulting, as we have been doing day after day with the Alberta Medical Association, as well as meetings with other health care professionals who are not members of the AMA: the physiotherapists, the chiropractors, the dentists who are of course involved in our system as well, and so on. All I can say today to members in that regard is that progress is going on. We're coming along fairly well in our discussions on how to best preserve the integrity of the medical profession and at the same time meet the terms of the Canada Health Act. We are determined - I say "we": the Alberta Medical Association, it's president Dr. Perry, and myself - not to resolve this issue the way they did in Ontario, if you call that a resolution. We are determined instead to have some very meaningful discussions that will result in a solution agreed to gentlemanly by parties to the agreement that will without question be far superior in terms of the health of the people of Alberta than the resolution that has been adopted in Ontario.

There is one other matter involved with respect to the Canada Health Act. That's the provision of the $10 admittance charge to hospitals, which is apparently again contrary to the Canada Health Act. It may be that we will have to undertake considerations to remove that $10 charge, and that means the raising in some other way of that amount of money, which is about $2.7 million per year.

I conclude my remarks on the Canada Health Act by saying this: while the Canada Health Act addresses penalties to provinces for doctors who extra bill or hospitals who have some user fees or entrance fees, it's unfortunate it doesn't address the real problems in health in Canada. That

is, how do we continue to improve our health care system, and how do we continue to afford what we've just put in place? I haven't been able to find anybody in Ottawa, in either the past government or the present one, that has seriously wanted to address that particular issue. It's my

intention in this province to try and address it over the next year or two, somehow or other. I think we need to first of all make sure that all our citizens are aware of what it costs for the health care plan, what it costs to visit a hospital, and that the province spends $1,100 per person

every year from the General Revenue Fund on services under this department alone. That's not to mention the departments of community health and social services, where a great many other health care dollars exist.

I think we have a real responsibility over the next four years in this 21st Legislature to put our minds to the best way in which we can improve our health care system and to do that knowing that it has to be financed out of our pockets. That's a big challenge that every one of us, not just me, has a responsibility for. Otherwise, we can wind up some day having the best health care system in the country, perhaps in the world, but not knowing, Mr. Chairman, how we're going to finance it.

Mr. Chairman, those are some opening comments. There are a good many issues I didn't touch on and some I went over rather quickly. I'd be prepared to answer any questions the hon. members might have, if I can, or to answer any inquiries they might have with respect to the general thrust of the department in 1986-87 or of the government in regard to the health care plan. I would invite members as well to participate in the debate in terms of letting me know their views with respect to what should occur in our health care system or what has occurred in their individual constituencies.

Thank you, Mr. Chairman.