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| Alberta | 21e  | 2e  | Remarques préliminaires à l'étude des crédits | 6 mai 1987 | M. Marvin Moore | Ministre des Hôpitaux et de l'Assurance maladie | PC |

**Mr. M. Moore:** Mr. Chairman, thank you very much. I’d like first of all to begin with an overview of what I believe to the best health care system in Canada, without any doubt, I one which can stay the best health care system in Canada if make the appropriate moves now with respect to the cost of that health care system and the manner in which it's operated. If one compares the quality and the number of acute care be All in 1 province, compares the locations and services provided by 127 active treatment hospitals in this province and the score! nursing homes and auxiliary hospitals; if one compares long-term care provided in Alberta to our senior citizens, with respect to the department I am responsible for and the department of Community and Occupational Health; if one compares the health care insurance plan and all the coverages that are provided by that plan, there is no question, Mr. Chair that the people of Alberta have built over the last 15 years finest health care system that exists anywhere in Canada.

The problem, Mr. Chairman, is not whether or not we have the best health care system in the country. The problem is how we maintain that system over the years to come. Over the course of the last five years there's been an escalation in the total costs of the budget of the Department of Hospitals and Medical Care and those health components of other government departments that has increased at the rate of 15 percent each year. That increase in expenditures is at least 10 percent above inflation and population growth. If you project that increase to the year 2000 and all other operations of the government of Alberta run at an increase at the rate of inflation but Hospitals and Medical Care run at 10 percent above inflation, by the year 2000, 60 percent of the budget authorized by this Legislature will go to health care rather than the current roughly 30 percent. I think that's a pretty sobering thought for everyone in this Assembly to consider. While it may well be that only a handful of people here today will be here in the year 2000 and we won't have to answer for having mortgaged the future of our children and our grandchildren, I think we need to think very strongly today about the real problem our successors will have if we don't find a way to contain the escalating costs in the health care system: close to $3 billion in the 1987-88 fiscal year, the one under consideration for health care.

Mr. Chairman, the year previous to my election to this Assembly and well after the hon. Member for Little Bow was elected, in 1970, we had the first budget in this province for the entire government that surpassed $1 billion -- in 1970, not very many years ago, the first budget to pass $1 billion. And today we're looking at three times that amount just in health care alone: $1,300 for every man, woman, and child. Our objective is to have and continue to have the very best health care system in Canada, to continue where we can to improve that system, and to do so over the longer term with funds that are no greater than an increase that's equal to inflation plus population growth. I'm firmly convinced we can find ways to continue to spend 30 percent of our budget on the health care of Albertans, but I don't believe we can go much higher.

I'd like briefly today, Mr. Chairman, to overview an. overall plan that is designed to contain that budget in that area and still provide even better services in the future than we have today. I'd like to deal with them in four different areas: first of all, acute care hospital services and those services related to the acute care hospital system; extended care services for seniors, nursing homes, auxiliary hospitals, and touch very briefly on those areas outside my immediate jurisdiction in terms of home care and day hospitals and day treatment programs which, of course, in institutions are the responsibility of Hospitals and Medical Care; touch thirdly on ambulance services and, finally, on the health care insurance plan and all matters related to that plan.

First of all, on the acute care hospitals, we have in this province, Mr. Chairman, a total of 127 active-treatment acute care hospitals. I wanted to review briefly for members the cost of operating those hospitals. We have some 14 of those facilities that have under 24 acute care beds. They operate for 1.1 percent of the total budget, and they cost an average in 1986 of $352 a day in operating costs. That's 14 hospitals under 24 beds costing $352 each a day to operate. We then have 58 hospitals across Alberta with from 25 to 49 beds that cost an average of $295 a day to operate. Then we have from 50- to 100-bed hospitals, 30 in number, that cost $347 a day to operate. Then 100- to 300-bed hospitals -- there are 11 in Alberta -- and 11 hospitals over 300 cost over $400 a day to operate. The 22 largest hospitals in Alberta take 79 percent of the operating budget of the Department of Hospitals and Medical Care. The 14 smallest, under 25-bed hospitals take 1.1 percent. The lowest cost operating hospitals on a per patient day basis in Alberta are the 25- to 50-bed hospitals that operate for $295 a day. Perhaps, Mr. Chairman, that's because they operate on the basis of providing services that aren't high tech in the nature of some of the larger hospitals. But perhaps it's also because they operate on the basis of a pretty scaled down administrative operation. Oftentimes the director of nursing works a shift. That in itself might account for the fact that some of the most efficient hospitals in this province are 25 to 50 beds, located in rural communities.

I wanted to relate that, Mr. Chairman, and just say in conclusion on the question of the number and type of hospitals in this province that the lowest cost operating are those smaller hospitals throughout rural Alberta. So much for the stated position of the Official Opposition that we ought to close hospitals throughout rural Alberta. That wasn't very well thought out when it was first considered and certainly. . .

Mr. Chairman, every time the opposition is caught telling one story out in rural Alberta and another one in here, they tend to rise up to try to explain how to talk out of both sides of your mouth at the same time. Fortunately there are a great number of people in this province that read *Hansard* and know what goes on in here as well.

If we could move then to the number of acute care beds in Alberta. On an overall basis we do have more beds than most provinces in Canada, certainly more than British Columbia and Ontario, two comparable provinces in terms of population and economic activity. Ontario has 4.2 beds per 1,000, while British Columbia has just under 4 now. I announced last November at the annual meeting of the Alberta Hospital Association a new target of some 4 acute care beds per 1,000 in Alberta. We're hopeful that a number of measures we're taking will move us into that area. First of all, I wrote a letter to all hospital board chairmen across this province a short time ago, in February, and asked them to consider converting some existing acute care hospital beds to extended care hospital beds in their communities so that we would reduce the number of acute care beds, increase the occupancy rate in the remaining ones, and provide much needed extended care beds in many of the communities across Alberta. We're hopeful that this can be an effective way to balance the need for extended care versus acute care beds.

In addition to that, Mr. Chairman, I've written to all hospital board chairmen again on a separate matter involving hospital operating costs. It outlined to them a different method during the coming fiscal year of treating surpluses in the hospital system. Previously, if they were able to find a way to bring about some savings of dollars, we often took back that money that was saved and didn't allow them to retain it. Now, generally speaking, with some exceptions, hospitals that find ways to cut costs by savings in certain areas will not be asked to return those

funds; that is, unless there's a complete elimination of a program or reduction of a program that throws the burden onto another institution.

In addition to that, in terms of numbers of hospital beds in Alberta, members are familiar with the agreement we reached with the Edmonton General hospital board relative to the operation of the Mill Woods hospital, again in early March. That agreement will see the Edmonton General hospital being largely utilized as an extended care facility, with the finest world-class geriatric facilities that exist, again, anywhere in western Canada certainly being at the Youville here in Edmonton. It will also see the Mill Woods hospital open at a full-service community hospital level, but the overall increase in active acute care beds which had been anticipated in Edmonton will not occur. In fact, there'll be some reduction with the opening of the Mill Woods hospital. And the conversion of some 288 beds to auxiliary beds and some 60 psycho geriatric beds at the Edmonton General hospital will be extremely helpful in alleviating situations where

a great many people that now have been assessed for auxiliary hospital care or nursing home care are residing in active treatment hospitals in Edmonton.

To move very briefly to the situation in Calgary, again we've had extremely good co-operation with the Calgary district hospital group who were involved originally in the proposed operation of the Peter Lougheed hospital, extremely good cooperation as well with the Calgary General hospital and their board and management in reaching an agreement to open the Peter Lougheed hospital on the basis of one hospital on two sites with a minimum of duplication of programs that again will be extremely cost-effective in the overall in delivering acute care services and provide much-needed services for that part of the city of Calgary, the rural area to the north of it, and the city of Airdrie that will be served by the new Peter Lougheed hospital.

If I could move very quickly. I don't have time in my opening remarks, Mr. Chairman, to overview our capital construction program completely. Perhaps I could do so later, or on the capital estimates. To review very quickly, we've got new construction going on throughout the province on programs that were approved in past years. I might add that for the most part those facilities being constructed are not a major burden on our government's budget. The problem is the ongoing operating costs of those facilities. In every case I'm reviewing now with the hospital boards the operating costs of those hospitals when they open. I'm trying to find ways to make sure that they are not much greater than the current operating costs of their existing hospitals.

I might mention that in that regard I've had extremely good co-operation with most of them. I'll be going up in a couple of weeks with the hon. Member for Bonnyville to open the new Cold Lake hospital. We're opening that hospital at a level of acute care beds and extended care beds that will be about half of what was built but adequate to serve the needs of the community today. The board has co-operated there.

More recently I had several meetings with the MLA for Carnrose and with that hospital board relative to putting to tender a hospital in that community. When it is completed it will have an operating cost that's not much greater than the current operating costs of the Camrose hospital, and they've been very co-operative in that regard.

Moving to other parts of the province, we still have a long way to go in Lethbridge in terms of convincing the regional hospital board there that there's a need to try to come to some accommodation of the operating costs of the new regional hospital that's being built there. It's one of the finest facilities in the province, but needless to say, we have to rationalize the fact that there are two hospitals in Lethbridge: the St. Michael's hospital, which has served the community very adequately for many, many years, and the new regional hospital. There have to be again some assurances that we aren't utilizing funds unnecessarily there by a duplication of services. That's an ongoing discussion that will be held with those boards and with the two MLAs who represent the city of Lethbridge and others in the area.

I could move, Mr. Chairman, to the area of extended care. I think we've made enormous strides in this province and across Canada in recent years in terms of our attitudes toward care senior citizens who need hospital care, nursing home care, or home care. The Hyde report on nursing homes in this province which was done during the term of office of my predecessor the hon. member Mr. Russell, was implemented in part a few years ago and continues to be implemented by our department's directives and assistance to nursing homes and auxiliary hospital. There are, however, still many new challenges ahead of us. I'm not convinced that we've progressed very far at all in Alberta Canada in terms of our knowledge and concern even and design to significantly improve the ways in which we treat and care for Alzheimer's patients or those with like problems. I'm told they represent some 44 percent now of the people who are in nursing homes or auxiliary hospitals in this province. I think we need to do a great deal more over the next couple of years about finding out the best ways to look after those patients, and certainly dedicated to trying to do that.

I think we need to move as well into more assistance for our seniors in the area of home care, of day treatment programs I opposed to day care programs and day hospital programs. Certainly there is a great deal of logic in providing treatment programs that don't involve keeping people 24 hours a day rather involve them coming in and going back to their home.

One of the things we really have to be cautious of in I area, though, is that we don't put dollars into home care or I treatment programs that simply attract new clients rather than result in a situation where people who are in nursing homes auxiliary hospitals now or might be there tomorrow are allow to remain in their own homes because of these new programs. That's a real challenge every jurisdiction has when you ma' into new programs: trying to avoid their just being add-ons. Actually we have them as part of a program to ensure that a overall costs of 24-hour care are in fact reduced as the years on in terms of the population we need to serve.

I implemented at the request of several MLAs and a lot seniors a new bed-holding policy with respect to seniors have to leave an auxiliary hospital for a period of time to go into an active treatment hospital. Many of them are quite upset they return and find their bed is gone, so by way of a letter again to hospital board chairmen involved on March 25, we indicate to them that a new policy would require the bed to be held for up to 14 days if it was determined that the individual in fact would be returning.

Members are familiar with the increases in accommodates to individual patients that were implemented January 1. I am pleased to say that we still have the lowest rates of any price in Canada and that we've been able to help, I think, almost every senior who wrote to us in some way to ensure that they not burdened in an unfair way with these new costs.

In addition to that, Mr. Chairman, I wanted to indicate the rates which we now pay in addition to the per diem rate paid by the patient to nursing homes throughout the province have been equalized for private nursing homes and public nursing homes. We pay $39 per diem in all homes under 50 beds no matter who owns them, $37.50 in homes with between 50 and 90 beds, and $36 in homes with over 90 beds. That situation will remain, although we're looking at the possibility next year of implementing some flexibility in the whole system of providing remuneration to auxiliary hospitals and nursing homes based upon the level of care that is provided to each individual in that system. There's currently a pilot system going on in Calgary that will hopefully help us meet our objectives there. I might add that on May 4, just two or three days ago, Mr. Chairman, I wrote a letter to all private nursing home operators in Alberta, outlining the details of our program to provide them with some financial assistance to upgrade their existing nursing homes. Basically speaking, that financial assistance is in the form of supporting 75 percent of their capital costs -- after they have purchased their land and serviced their land, 75 percent of the capital costs of their rebuilding program. I'm hopeful that we will get some good applications for that program over the course of this year and it will get under way in a major way.

I'd like to conclude my remarks on the terms of long-term care with a reference to a committee I recently had the pleasure of appointing on long-term care for senior citizens. I found that I didn't have enough time to adequately deal with all of the issues that were coming forward in terms of long-term care of senior citizens, so I had the pleasure of appointing the MLA for Calgary Glenmore, Dianne Mirosh, as the chairman of a committee that will involve the MLA for Highwood, Harry Alger, who is also chairman of the senior citizens' advisory committee, together with Larry McDannold of Edmonton who has wide experience as chairman of district 24, the Long Term Care Association here in Edmonton, and Tom Biggs of Coronation, who is not only a member of the College of Physicians and Surgeons board but also was formerly president of the Alberta Health Unit Association and brings to that committee a lot of experience in the area of health unit operations. In addition to that, Susan Green, a senior policy adviser to myself, and Vivien Lai, a director of long-term care in our department, make up the balance of the committee. I'm looking forward to working with that committee and being able to tap the knowledge and the experience and the expertise of the MLA for Calgary Glenmore, which is more than anyone in this House has in terms of long-term care. It is something I'm extremely pleased about.

Mr. Chairman, if I could then move to ambulance services. I recently again appointed, on January 5, a minister's advisory committee on policy matters involving the MLA for Drumheller, Mr. Schumacher, and the MLA for Ponoka, Mr. Jonson, together with these members: Mr. Jim Cawsey of Drumheller, Adelaide Davis of Medicine Hat, Iris Evans of Sherwood Park, Gerry Hachey of Fahler, Ken Mark of Edmonton, Douglas Tien of Carnrose, Sid Wallace of Calgary, Nomi Whalen of Calgary, together with Susan Green, again, as the minister's policy advisory committee.

The first thing I've asked that committee to do is to review the entire ambulance system throughout this province in terms of everything that's connected with ambulance operations, and that includes standards, the costs, how you control it, how you administer a system, both air ambulance, helicopter ambulance, ground ambulance. Everything in the system is going to be reviewed by Mr. Schumacher's committee. I expect a report by 1he end of this year. The committee, I was just advised yesterday when I met with them, will be having public hearings throughout Alberta in June. Later in the summer they will be meeting with the interest groups; that's the Alberta Hospital Association, the ambulance operators, the Alberta Medical Association, those types of organizations here in Edmonton, to hear from them. So I expect by September, October they will be in a position to be sitting down and thinking about what kind of recommendations they might make. Again, I'm pleased to have the expertise of the hon. Member for Drumheller in chairing that committee.

Mr. Chairman, if I could then move finally to the Alberta health care insurance plan and the overall costs that are involved in that plan and just outline for members very briefly, if I can, what is proposed there. Members will note from the estimates book that the estimated expenditure for the Alberta health care insurance plan this year is $878,294,000. Of that, $694,568,000 is for basic health services. That amount is exactly the amount that was utilized last year, being the $673,391 that was in fact in the estimates book plus an additional $21 million provided by special warrant and more income from interest payments and contributions from the government of Canada.

The escalation rate at the present time is about 7 to 9 percent, so we have the challenge of reducing that amount by some $40 million to $50 million over the course of this coming year. I'd like to point out to members just a few of the ways in which I am hopeful we can make some progress in doing that.

First of all, I should indicate that in addition to the expenditures of $878 million, there is a increase of some $45 million in revenue because of the increase in health care insurance premiums. There has also been some change in the subsidy level, and I've asked that the pages distribute to everyone's desk -- and I think they have -- a brochure that says: "Do you qualify for premium subsidy or waiver?" I would indicate to hon. members of the Legislature that they ought to ask for more copies of that from my office if they need them for their constituents.

We will be moving in a number of areas here. Hopefully within the next few weeks I will have an opportunity to complete all of the negotiations with the various interest groups and be able to report to the Assembly on what we've been able to do with regard to the benefits provided to physiotherapists, chiropractors, and podiatrists in terms of the fee schedule which is paid by the Alberta health care insurance plan; to also indicate whether or not there are any physician services provided by doctors that might be deinsured, and to also hopefully come up with some solution to the problem of optometrists and opthalmologists having different schedules for billing and the problem that creates, particularly for the optometrists.

I talked earlier about limiting billing numbers of doctors. That is something that needs to be discussed at some length with the Alberta Medical Association, my colleague the Minister of Advanced Education, with the faculties of medicine in this province and with the College of Physicians and Surgeons, because there is no question that in Canada we cannot continue to absorb the number of health care professionals coming into our system.

Those are just some of the things we're going to be doing with respect to the health care insurance plan. The patient signing the bill, the patient awareness program – again, it involves a brochure that was handed out just a moment ago as part of the overall involvement too.

Mr. Chairman, if I could just conclude with these comments. In every area I have spoken about, I've had an extremely good amount of co-operation from people within the health care system. Hospitals right across the province, board members, administrators, hospital workers, nurses, individual doctors, registered nursing assistants, the Alberta Hospital Association: all of them have been extremely professional and supportive in our efforts to reduce costs and still provide good service. Many of the professional groups -- optometrists, physiotherapists, podiatrists -- have co-operated extremely well. I should say we have had good co-operation from individual medical doctors in the entire hospital system. I'm hopeful that we might somehow over the course of the next few months persuade the Alberta Medical Association that they, too, need to join with us in ensuring that there are ways in which we can provide medical care in this province with less escalation in cost and still provide the care that is needed. I know that most of the members of that association support the government's objectives, and I am disappointed that I haven't been able to convince the president of that organization of that need.

I conclude, Mr. Chairman, by not only thanking those professional organizations and the people within the system throughout the province for their support and co-operation, but ask as well for the support and co-operation of all members of the Legislature for the budget estimates that are before us.