BILL 30: A PRIVATIZATION STORY

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Relevant Amendments and Focus

- *Health Care Insurance Act*
- *Health Facilities Act* (formerly Health Care Protection Act)

- Public finance / publicly insured services

The private context before Bill 30

- Private finance (private insurance or out-of-pocket) approx. 30% of health spending
- No private hospitals but there is *private delivery* (sole practitioners & professional corporations)
- **Public administration but not exclusively public delivery**
- Implementation of *CHA* in AB
  - *No private finance for publicly insured services*
  - *No double dipping*
  - *No user fees, no extra billing*

The private context before Bill 30

- Insured surgical services provided in public hospitals and Division 1 designated surgical facilities
- Uninsured in-patient surgical services provided in Division 2 designated surgical facilities

Bill 30 changes

- Framework for public insurance / administration largely unchanged
- **Main focus is changes that expand delivery options and alter exclusive billing relationship between the government and physicians/dentists**

Bill 30 changes: New provider / biller

- Creates a new category of provider/biller: the "PERSON"
- Person is NOT professional corporations or individuals
- That admits any other kind of corporation, e.g. private corporations
- So a "person" can enter into a financial/billing arrangement with the government to provide insured services
- "Persons" operate on essentially same conditions that existed prior to Bill 30
- Can only employ opted-in doctors
- *Government pays the "person" (e.g. private corporation), not the doctor who provides the service*
  - *What if the corporation becomes insolvent?*

Bill 30 changes: rebranding of surgical facilities

- Rebrands surgical facilities other than hospitals as “chartered surgical facilities” (CSFs)
- Why?
- CSFs can provide publicly insured surgical services or uninsured in-patient surgical services, depending on designation
- CSFs cannot be private hospitals and must be accredited by CPSA
- Cannot perform surgeries designated as major by CPSA bylaws or by regulation
- CSFs that provide insured surgical services are only eligible to contract with the government if the services are provided by opted-in physicians

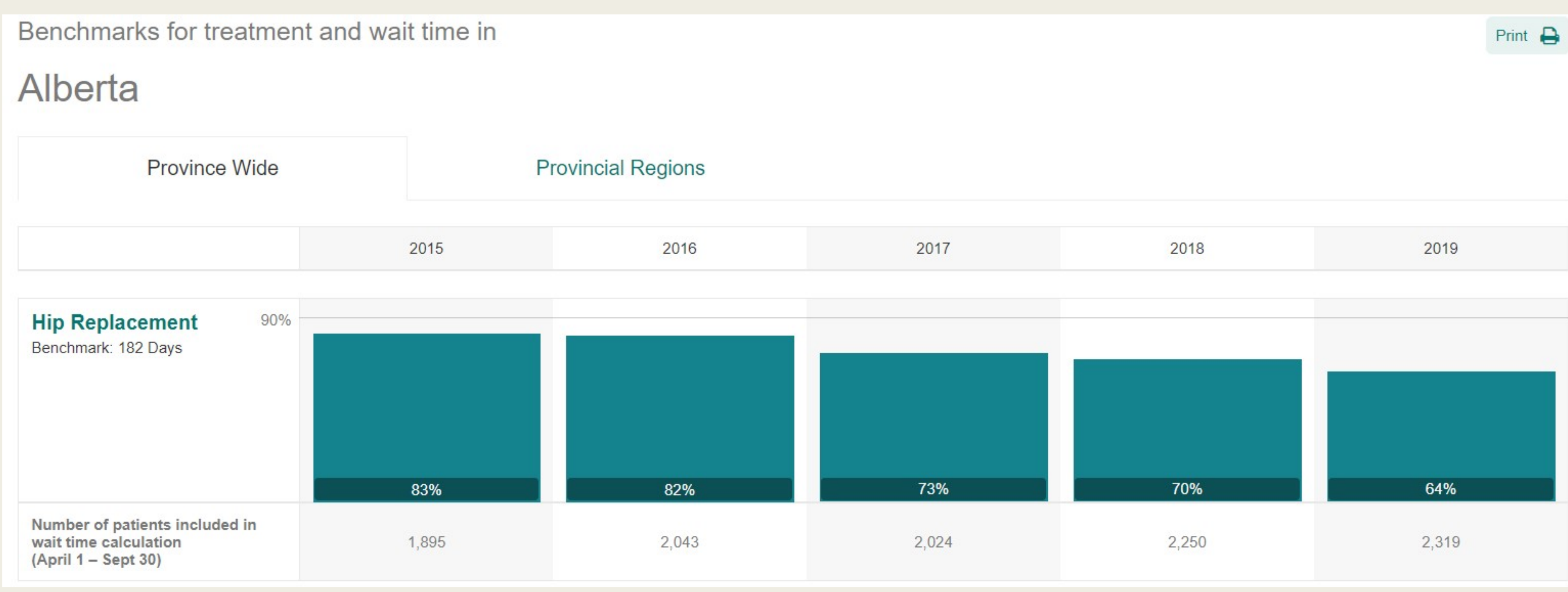
Bill 30 changes: chartered surgical facilities providing insured services

- Can be operated by accredited individuals, professional corporations, or just corporations (not a new thing)
- However, if an accredited corporation, *cannot contract with government on a fee for service basis*
- Cannot charge patients for incidental/facility services (e.g. nursing and lab services)
- No user fees, no priority access charges
- Can charge patients for enhanced services but cannot grant preferential access to those who buy enhanced access

Rationale for changes

- Reduce surgical wait times
- Reduce cost
- Improve system efficiency and quality of care

Wait times



Source: CIHI

Will private delivery shorten surgical wait times?

- Most likely not (at least not alone and without hurting the public system)
- Increasing surgical capacity requires additional health professional hours
  - *Recruit new staff to Alberta*
  - *Recruit from the public system (possibly depleting the public system)*
- Skimming off least complex cases
- Treating more complex cases with fewer staff will likely drive up wait times in public system

Will private delivery reduce costs?

- Most likely not.
- Cost to system likely to be more due to “skimming” phenomenon (assuming cost is same per surgery regardless of where performed)
- Generally, need to deliver return to investors drives up costs

Will private delivery improve quality of care?

- Most likely not.
- Studies show for-profit delivery leads to poorer outcomes
- Will accredited corporations be subject to professional standards?

Paving the road to private finance?

- Bill 30 maintains limits on private finance
- Depending on outcome of *Cambie* case, government may explore private finance
- Corporations may need that to incentivize participation in the system
- UCP 2019 meeting membership vote and Fair Deal preference for two-tier care

BILL 30:
CONSOLIDATING AUTHORITY FOR A PRIVATIZATION AGENDA

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Dr. Walter Reynolds

Rest in power. May tender memories soften the grief we all feel, especially family, friends and colleagues.

Relevant Amendments and Focus

- *Health Professions Act*
- *Health Quality Council of Alberta Act*
- *Regional Health Authorities Act*

- Proposals to Amend the Health Professions Act to Improve Regulatory Effectiveness and Efficiency: Discussion Paper

Health Professions Act

- Umbrella legislation that sets out a common approach to governance of all health professions
- Profession-specific rules set out in regulations and professional rules / codes / standards
- Creates regulatory structure for “self-regulation” (Colleges)
- Colleges implement “input” (control over entry into the profession) and “output” regulation (provider competency and discipline)

Health Professions Act: Bill 30 changes

- Minor changes
- ~~Twenty-five~~ **Fifty** percent of the voting members of a council, a complaint review committee and a hearing tribunal and of a panel of any of them must be public members but with the consent of the council the percentage of the public members may be greater than ~~25~~**50**%
- Change will add diversity, increase public input, and improve public trust
- Expansion of government control to further privatization agenda or exert influence over CPSA role in private delivery?

Health Quality Council of Alberta

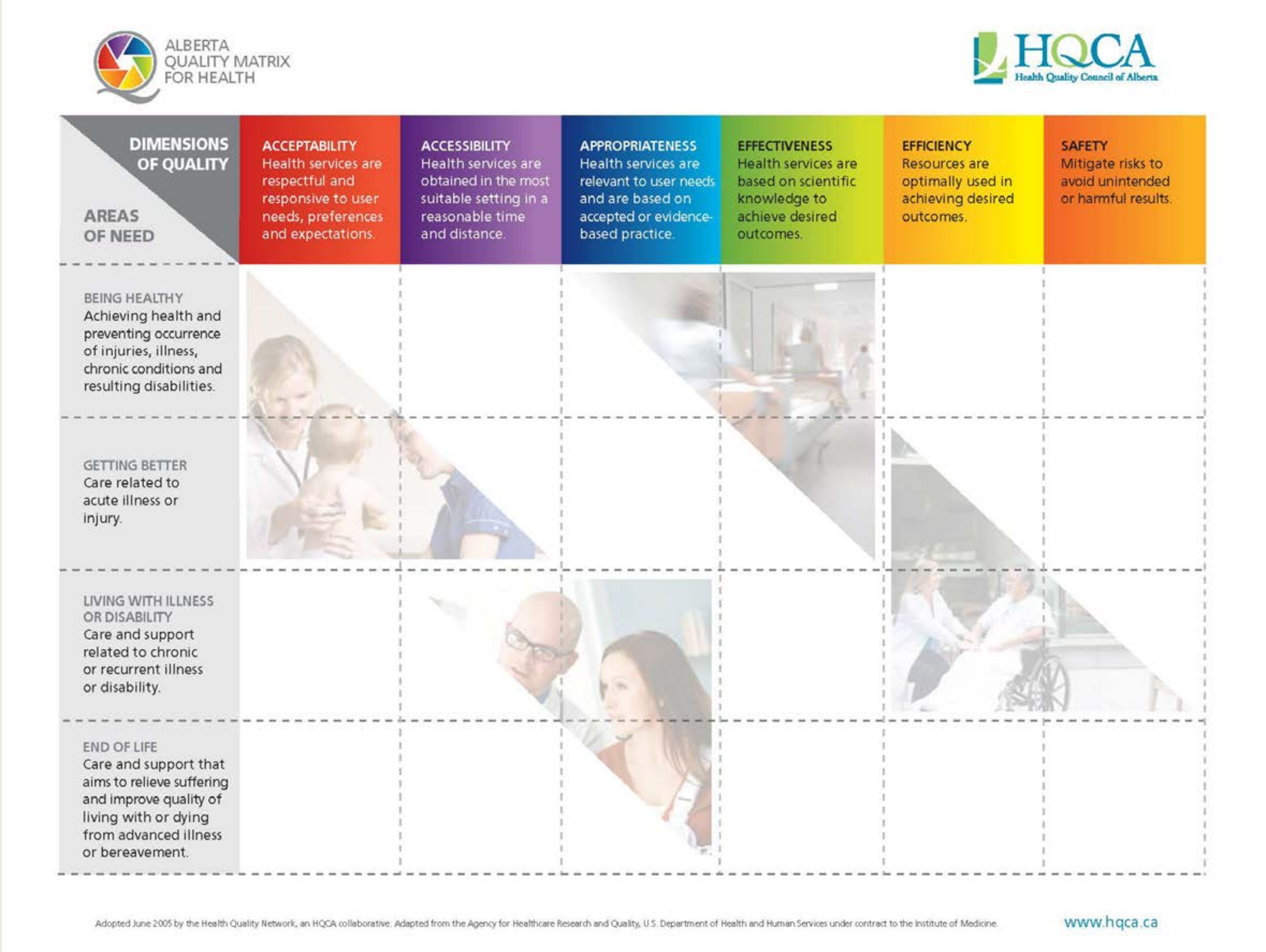
HQCA

- Expanded mandate established by HQCA Act 2011
- **Independent** statutory corporation with a mandate to promote patient safety and health service quality on a province-wide basis

HQCA

- **Measure, monitor and assess** patient safety and health service quality
- **Identify effective practices and make recommendations** for the improvement of patient safety and health service quality
- **Assist in the implementation and evaluation of activities, strategies and mechanisms** designed to improve patient safety and health service quality
- **Survey Albertans on their experience and satisfaction** with patient safety and health service quality
- **Assess or study** matters respecting patient safety and health service quality
- **Appoint a panel** and provide administrative support for health inquiries, as directed by the Lieutenant Governor in Council

HQCA Products: The Health Quality Matrix



HQCA Products: Panel Reports

- Access your 2020 report
- **Primary Healthcare Panel Reports**
- Request a report
- Sample report
- About the reports
- Which report should I request?
- Panel report toolkit
- Delegate access
- Partners
- CME – earn credits

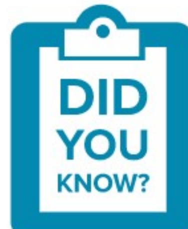
Primary Healthcare Panel Reports

Since 2011, the HQCA has been providing Primary Healthcare Panel Reports upon request to family physicians across the province. This free resource is an invaluable tool to support and inform program planning, panel management, quality improvement, and policy development at the various levels of the primary healthcare system.

ACCESS
your digital report

REQUEST
a report

VIEW
a sample report



Most family members believe nursing home staff treat residents & family members with kindness & respect.

ABOUT
the reports

WHICH
report to request

RESOURCES
Panel report toolkit

HQCA Products

HEALTHCARE PROVIDER RESOU

- COVID-19 Experiences and Impact Survey
- Commonwealth Fund Surveys
- Designated Supportive Living Family & Resident Experience Survey
- Emergency Department Survey
- Alberta Seniors Home Care Client Experience Survey
- Long Term Care Family Experience Survey
- Overweight & Obesity in Adult Albertans
- Primary Care Patient Experience Survey
- Role & Process of Physician Advocacy – A Survey of Alberta Physicians
- Satisfaction & Experience with Healthcare Services Survey
- Understanding parent and guardian experiences with mental health services for children and youth
- Surveys Underway

SURVEYS

FOCUS

FOCUS on Healthcare

HQCA: Governance and oversight pre-Bill 30

- Board of Directors appointed by the Lieutenant Governor in Council
- Diverse expertise
- Reports to the Legislative Assembly

Bill 30 Changes

- Repeal of change of foundational elements of HQCA's **independence** and **mandate**
- Replaced "to measure, monitor and assess patient safety and health service quality" with "to assist in" information gathering, programme assessment and knowledge exchange
- Board to be appointed by Minister instead of Lieutenant Governor in Council
- Council to report to Minister instead of Legislative Assembly
- Repealed basis for patient experience and satisfaction surveys and replaced with vague "engage with Albertans…"
- Work can be assigned to Council by Ministerial directive

Bill 30 Changes

- Deputy Minister or delegate to receive notice of and attend all meetings of the board
- Replaced submit any reports and advice with "submit any records or other information"
- Networking provisions repealed

Why did I resign from the HQCA?

- A history of discourtesy
- Lack of consultation
- If it’s not broken, why fix it?
- To highlight changes adverse to the Council’s interest

Regional Health Authorities Act

- AHS no longer has “final authority” over responsibilities, including
  - *promoting and protecting the population’s health*
  - *assessing health needs*
  - *determining service priorities and allocating resources accordingly,*
  - *ensuring reasonable access, and promoting service provision in a manner that is responsive to needs and supportive of integration*
- Downgraded to “purposes” AHS has to fulfill in the planning and delivery of health services
- Subject to accountability frameworks established by Ministerial Order

Few thoughts on the Discussion Paper

- Proposal #4: Enable a centralized registry of health professionals in Alberta
- Proposal #5: Revise the current professional complaints and discipline processes
- Proposal #12: Provide for the approval of professional regulations by the Minister rather than the Lieutenant Governor in Council (LGIC)

Thank you for listening.

Questions?