



ISSUE

Women in rural and urban southern Alberta have inadequate and unequal access to basic healthcare because of a severe shortage of obstetrician/gynaecologists and family physicians. The current model of women's healthcare in southern Alberta, specifically physician ownership of clinics, is vulnerable and not sustainable. This model has led to a lack of women's health clinics in the southern Alberta community and barriers in establishing collaborative and efficient models of care.

PURPOSE

Access to basic healthcare should be considered a right for all women in Alberta, regardless of their geographic location.

RECOMMENDATION

- It is recommended that the Minister of Health urgently approve funding for the research and development of a collaborative, innovative and multidisciplinary women's health clinic in Lethbridge to provide the women in Lethbridge and its surrounding rural communities access to basic prenatal/postnatal care, contraception and gynaecological services. This clinic would include:
 - adequate clinic space. This may be provided by empty space available in Alberta Health Services (AHS).
 - The clinic would need eight examination rooms with workspaces for two obstetricians, two family physicians and space allocated for allied health and support staff. It would be open five days per week.
 - human resources of:
 - healthcare providers including obstetricians, family physicians, a nurse practitioner, a physician assistant, two to four licensed practical nurses, two to four registered nurses and multiple allied health professionals (i.e., mental health therapists, diabetic nurses, ultrasound technicians); and
 - administration staff of unit clerks and a dedicated clinic manager.

RATIONALE

- Overall, the Lethbridge area needs 10 to 12 obstetricians/gynaecologists. As of November 21, 2023 there are three. Part of their time would be working in the recommended new clinic. The other time would be on-call, post call, in the operating room and in colposcopy.
- Clinic space and support staff funding is currently a significant barrier to providing proper care.
- Calgary experienced similar issues as Lethbridge. AHS provided a funded collaborative care model in obstetrics at the South Health Campus hospital. This clinic model proved to be integral in physician recruitment and retention to south Calgary. It is a proven model that will also resolve the issues if implemented in Lethbridge too.
- For more than five years there has been empty space in AHS Lethbridge facilities that could be used for this recommendation. AHS requires the Minister of Health to give this directive to establish a clinic.
- The clinic infrastructure for prenatal care in Lethbridge (nursing and administrative staff, exam rooms and equipment) is extremely insufficient for the number of patients.
- Lack of basic healthcare for southern Alberta women will lead to poor health outcomes not only for women, but for their children and families. Women's poor health will negatively impact the entire society. Currently in southern Alberta (especially Lethbridge area) there is inadequate access to



cervical cancer and infection screening, contraception, prenatal care and almost all gynaecological services requiring specialist care. Provision of both prenatal care and hospital obstetrical services is critical in preventing maternal and fetal morbidity and mortality during pregnancy and childbirth.

- Lethbridge desperately needs help providing care to southern Albertan women.
 - It is estimated that up to one third of pregnant women in southern Alberta are not receiving adequate prenatal care. Lethbridge has a population of over 100,000 people and is Alberta's fourth largest city.
 - The Chinook Regional Hospital in Lethbridge provides care for approximately 2,200 baby deliveries a year. In 2022/2023 Lethbridge experienced several months with only one local obstetrician/gynaecologist.
- Lethbridge needs a well-functioning clinic space that will attract locum physicians to provide care on a temporary basis during this crisis. The existing structure is deterring locum physicians from coming to Lethbridge.
- The resource scarcity is exhausting and not sustainable any longer for healthcare workers. Solutions need to happen to improve morale and ensure retention of the current workforce.
- A collaborative clinic model allows for a multidisciplinary approach to care, where non-physician resources can be utilized creatively to enhance the productivity of physicians.
- A well-resourced clinic will improve efficiency and allow for better patient care while also positively influencing recruitment and retention of physicians who practice women's health.
- The south zone has difficulty recruiting physicians due to the lack of local physician training programs in the zone. The physician recruitment challenges are different than the large teaching centers (i.e., Edmonton and Calgary). The Alberta Government needs to recognize these challenges and provide necessary infrastructure which promotes long term physician stability, not just temporary fixes.
- All non-urgent gynaecological services in Lethbridge area have been referred to other centers, creating a large travel burden for our patients. Larger referral centers do not have adequate specialist access and operating room capacity to handle the increased needs. The Government of Alberta must fill the operating space in Lethbridge with local surgeons. Strong clinic infrastructure will incentivize surgeons to the south zone.
- Rural communities need help caring for their obstetrical patients as many of them are no longer able to provide obstetrical services. For example, Pincher Creek has recently discontinued obstetrical services due to lack of physician resources. This directly increases patient capacity needs in Lethbridge.
- Indigenous and rural communities in southern Alberta are further marginalized by the current climate of women's health. A centralized clinic in Lethbridge is the first step to establishing outreach clinics and other innovative ideas to reduce this disparity in care.

BACKGROUND

- The recommendation for a Government of Alberta funded collaborative women's health clinic in Lethbridge aligns with several of items listed in the 2023 Alberta Health mandate letter outlined by Premier Danielle Smith, including:
 - Working to address rural health challenges such as access to health care professionals.
 - Adding more obstetrics doctors for communities in need, such as Lethbridge.
 - Supporting primary care as the foundation of our health care system by assessing alternative models of care and leveraging all healthcare professionals.



November 21, 2023

- Working with municipalities, post-secondary institutions, physicians, and allied health providers to identify strategies to attract and retain health care workers to rural Alberta.
- Developing a series of reforms to the healthcare system that enhance local decision-making authority, improve healthcare services for all Albertans, and create a more collaborative working environment for our healthcare workers by incentivizing regional innovation and increasing our ability to attract and retain the healthcare workers we need.
- The South Zone Primary Care Network funding model is based on patients who are paneled to a family physician. This funding model creates a disparity in funding for primary care clinics who provide episodic care (e.g., pregnancy care) and who provide care for patients who are without a family physician. Alberta needs alternate models which support *all* patients, especially in a climate of family physician shortage.

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