

# **PUBLIC/PRIVATE HEALTH SERVICES**

## **THE ALBERTA APPROACH**

### **Key Principles**

1. ensure reasonable access to a full range of appropriate, universal, insured health services, without charge at point of service.
2. Alberta retains the authority and responsibility to manage the publicly funded health care system in the province.
3. recognize the demands from both the public and health professions for an approach to health services that is consistent with long term sustainability and quality.
4. ensure a strong role for the private sector in health care, both within and outside the publicly funded system.
5. public and private sector should work together to provide patient choice, quality of service, and effective outcomes as the first priority.
6. Regional Health Authorities assess health needs in their regions and be funded to provide appropriate health services in accordance with the health needs assessment.
7. consumers have the right to voluntarily purchase health services outside assessed need.
8. maintain the restrictions on the role of private insurance, while introducing measures to expand the opportunities for the private sector to deliver services within the single-payer envelope.
9. private clinics should have the option of becoming completely private (patient pays), or allowing them to enter into a variety of funding arrangements with the public sector to cover the full costs of insured services.
10. there is a place for medical training in both public and private settings, however, care must be taken to ensure there is no deterioration in the world class training physicians currently have.
11. the same physician can practice in both the public and private systems if he/she is offering insured services which are fully paid for by the public system and non-insured services which are paid for privately.

All medically necessary services are insured services. A service is non-insured when deemed to be not medically necessary in that it does not meet a Clinical Practice Guideline (CPG) which would include criteria of medical condition, appropriate timeframe, etc., or is otherwise determined not medically necessary through a medical decision. In addition, services can be deemed non-insured by regulation for the purpose of determining coverage under the health care insurance plan (e.g. third party examinations, telephone advice, services provided by practitioners to their own family members, are not insured services). In the CPG situation, the patient pays the full cost of the procedure provided the patient is informed why the particular services does not meet the CPG of that the service would be covered if it met the CPG.

At all times reasonable access to insured services must be maintained.

12. province must at all times be able to demonstrate "reasonable access" to insured health services with no fee at point of service, or penalties would apply. An understanding is necessary on the mechanisms to determine and measure "reasonable access".