



PRIME MINISTER • PREMIER MINISTRE

APR 03 2006

Ralph
Dear Premier:

Thank you for your letters of January 24 and February 6, 2006, and for your kind words of congratulations. I look forward to working with you in the interests of Albertans and all Canadians.

As you know, my government has a clear set of priorities which offer many opportunities for federal/provincial/territorial collaboration. In addition to introducing a federal accountability act, we will be moving quickly to lower taxes, beginning with the Goods and Services Tax. We will also make improvements to our justice system and enhance the safety of our communities, and support families through choice in child care. Our fifth priority is in the area of health care and the development of a Patient Wait Times Guarantee, on which it is our intention to work with you and our colleagues in the other provinces and territories.

At the outset, let me say, our citizens want faster access to quality health care, which is why my government is committed to a Patient Wait Times Guarantee. But access should also be equitable and not determined by a person's ability to pay.

The Honourable Ralph Klein
Premier of Alberta
Room 307, Legislature Building
Edmonton, Alberta
T5K 2B6

I was pleased that Ministers Clement and Evans were able to arrange an early discussion on the reforms that your government is proposing for health care. It is in this context that I am writing to you about Alberta's recently released Health Policy Framework, and in particular, its relationship to the *Canada Health Act*.

There is no doubt that our governments share the commitment to principles that ensure that Canadians have universal access to medically necessary, timely and quality care based on need and not on an ability to pay. Indeed, current Alberta legislation references the principles so important to Canadians, including Albertans.

My government acknowledges that provinces have the primary responsibility for health care delivery. We need new ideas and approaches to sustain and strengthen our publicly funded, universally accessible health care system. Under your leadership, Alberta has often been at the forefront of innovation. For example, your province broke new ground in alternative delivery of publicly insured health services some years ago, fending off unjustifiable attacks of the previous federal administration along the way.

More recently, Alberta's pilot project to reduce wait times for hip and knee replacement surgery and its work on electronic health records are excellent examples of the kind of innovation needed to improve our health care system. In light of your province's successes in addressing timely access, I am surprised that the proposed Health Policy Framework does not include a Patient Wait Times Guarantee for timely access within the public system.

In terms of Alberta's Framework, the emphasis on patient-centred care, the promotion of flexibility in the scope of practice of health professionals, stronger inter-regional collaboration, the re-shaping of roles of hospitals and the examination of new compensation models to provide quality care and inter-professional collaboration are all laudable and my government applauds these efforts. All of these initiatives are achievable within the publicly-funded single-payer framework of the *Canada Health Act*.

That said, I would like to comment on three specific proposals in the Framework.

First, of primary concern, is the proposal that would allow doctors to practice in the publicly funded and the privately funded systems at the same time. Dual practice creates conflict of interest for physicians as there would be a financial incentive for them to stream patients into the private portion of their practice. Furthermore, dual practice legitimizes queue-jumping as it provides an approved mechanism for patients to pay to seek treatment at the front of the line. Moreover,

such dual practice may be a magnet for rural physicians to migrate to urban centres. The proposed Framework acknowledges the need for appropriate mechanisms to monitor the impact of dual practice on the public system. But, by the time the impact is felt, it may be too late. I would be interested in learning your views of the impact of dual practice on accessibility.

Second, the framework document proposes to look at new funding models, including private payment and various private insurance options. Developing new supplementary private insurance options could increase access to non-medically necessary services. My concern is whether the expansion of private insurance would include publicly funded health services, leading to faster access for those who can afford private insurance. I would be interested to learn the extent of the expansion of private insurance Alberta is considering.

Third, establishing criteria to determine what should be covered by the publicly funded system could be beneficial to define an appropriate basket of medically necessary services if done in an open and transparent process with the input of citizens. My concern is that limiting the breadth of publicly funded coverage may increase the scope for coverage by private health insurance, thus potentially limiting access to coverage for those who cannot afford it or are not eligible because of pre-existing health conditions.

As your government consults the people of Alberta on the proposed Health Policy Framework, it is important to identify and discuss with them the implications of such reforms. It may also be beneficial for our respective Health Ministers to meet again soon to discuss these issues in the interests of clarification.

I am forwarding, for their information, a copy of our exchange of correspondence to the Honourable Michael D. Chong, President of the Queen's Privy Council, Minister of Intergovernmental Affairs and the Honourable Tony Clement, Minister of Health.

Yours sincerely,

