

Improving Rural Health Care

Issue

Despite Alberta having the most expensive per-capita Health Care system in Canada, rural health care continues to lag behind the service level of large urban centres. This creates a drag on rural economic growth. There is a need to improve services and reduce costs.

Background

Availability and accessibility of basic health care services in rural and small urban communities is a barrier to community sustainability and economic development in rural Alberta. Basic health care services are essential for the recruitment and retention of a healthy and productive workforce. There are currently 5 million Canadians without a primary care provider.

The Canadian Chamber of Commerce identified availability of labour as one of the biggest barriers to economic development.¹ Having a robust and effective health care service in rural communities is a key tool in the attraction and retention of workers, and as such, is an inextricable tie between enhancing community sustainability and promoting economic development.

The 2015 Rural Health Services Review identified that all Albertans deserve and require equitable access to basic health care services regardless of where they reside and that a vibrant and engaged rural Alberta is essential to the economic, social, and cultural health of Alberta as a whole. The report also identified many issues facing the success of Alberta's rural health services.²

This has a direct impact on the viability of a rural community's workforce and the businesses that rely on this workforce. Without accessible health care in the community, individuals are often required to take time off work and travel considerable distances. As a result, follow-up and preventative care is often lacking. *A healthy workforce is a productive workforce.*

A number of communities have found success improving local health care services through untraditional means. One such example of a community-based approach, which was recognized by the Rural Alberta Physician Action Plan in 2011, was taken by Kneehill County. The community recognized that the physicians that they were most likely to be successful in attracting to the community were newly graduated family physicians or foreigners. The community understood that these physicians just want to practise medicine and are not interested or in a financial position to be able to buy into a medical clinical practice in the community, if one exists.

¹ Canadian Chamber of Commerce. (2012). *The Top 10 Barriers to Competitiveness*. Retrieved January 4, 2013 from <http://chambertop10.ca/10-barriers/>

² Rural Health Services Review Committee. (2015). *Rural Health Services Review Final Report*. <http://www.health.alberta.ca/documents/Rural-Health-Services-Review-2015.pdf>

The community bought out the retiring physician's clinic and operated the clinic as a community service. Physicians providing family medical services were supported with administrative services and assisted with working through the accreditation and billing processes. The community also recognized that the retention of family physicians would require access to other community supports, including schooling for young families.

Other communities such as Bassano are exploring the use of alternative funding and payments and an all-under-one-roof model for their Primary Care Networks. Similar services have popped up in other communities such as those in Taber and Okotoks. Much of their success can be attributed to the collaborative and integrated multi-disciplinary team-based approach. This approach has led to better health outcomes and better value of resources.³

Unfortunately, these are the exception as many regulatory and financial hurdles make their set up and ongoing viability difficult. Often the largest hurdle seems to be the fee-for-service compensation system. This builds a strong argument for the usage of more Alternative Relationship Plans which would remunerate Health Practitioners by allocating a block of funding to serve a set number of patients or a specific period.

Communities that are not of a size to support a physician may benefit from the services of a Nurse Practitioner (NP). NPs are educated and legally authorized to make differential medical diagnoses, order and interpret tests, and prescribe Schedule 1 medications.⁴ The people of Alberta are best served by utilizing the full abilities and services of our Health Care professionals. In order to do we need to lift the barriers. Currently many NPs are funded out of institutional operational budgets, medical affairs, or not all. There are many areas, such as palliative, cancer and primary care, where NP's can work and make a positive impact on the health of Alberta residents, however, due to the inability of NPs to direct bill Alberta Health or obtain funding through alternative funding models, this service to the public is underutilized

The long-term viability and success of rural communities rely on changes and improvements to Alberta Health Services. Alternative Relationship Plans, changes in fee models, more team-based approach for Primary Care Networks, and more optimal utilization of health professionals like Nurse Practitioners will go a long way on improving care and reducing overall costs of Alberta Health Services.

The Alberta Chambers of Commerce recommends the Government of Alberta:

1. implement the *2015 Rural Health Care Review* recommendations to ensure that rural populations are maintained and supported with critical community support services, including but not limited to, access to basic health-care services.
2. Work within the confines of the current health-care budget and create flexibilities to direct sustainable funding for rural and small urban communities to actively support and facilitate the establishment and operation of Primary Care services fully utilizing the skills and abilities of the medical staff.
3. Provide rural family physicians and their rural patients with ready access to specialists and other health-care providers through programming and initiatives, including but not limited to, access to

³ Council of the Federation. (2012). From Innovation to Action: The First Report of the Health Care Innovation Working Group. <http://www.pmprovinceterritoires.ca/en/component/phocadownload/category/27-publications-en?download=33:health-innovation-report-e-web>

⁴ College & Association of Registered Nurses of Alberta. (2011). Primary Care: Vision, Roles and Opportunities. <http://www.nurses.ab.ca/content/carna/home/current-issues-and-events/advocacy-initiatives/primary-health-care.html>

specialists and other health care providers via telehealth, remote testing and diagnosis using technology.

4. Review the fee structure for Health Care services providers in rural areas, taking into account the lack of medical supports for the practice of medicine and the unique challenges of these practices, including but not limited to extended clinic hours, time spent managing patient files and referrals for specialists and other health-care service providers.