



**Friends of Medicare Action Issue**

Read it, Respond -

# Pass It On!

Send a message to your MLA or to the media. Here's some suggestions:

- 1. Seniors' Pharmacy Strategy.** The government's plan makes seniors pay more and get less. It destroys the concept of universal coverage, which is key to an effective public health system. It is a set up to sell private health insurance. Seniors work their whole lives, plan for retirement, and now they change the rules. It penalizes most seniors for working hard and saving. Public health is not relief for hardship cases; it is supposed to be for everybody. We need a universal Pharmacare plan for all Albertans, not one that discriminates against seniors.
- 2. Closing Rural Hospitals.** Every mile you are further from a hospital, the greater the risk to your health. Hospitals are key to attracting people to live and stay in rural areas. These hospitals were built in the first place to serve a need. What has suddenly changed now? Larger regional hospitals benefit at the expense of our hospitals. Closing a hospital to improve health care makes no sense.
- 3. Invest in Public Health Care.** Albertans want public health care improved, not dismantled. Private, for-profit health care is gaining a foothold in Alberta and the government is making it easy for them to do so. Private, for-profit clinics that violate the Canada Health Act are operating in Alberta, and the government is not enforcing the law. Albertans know they are better off with public health care – it covers everyone, it ensures equal treatment, and no one has to worry about whether they can afford the care they need.

**Listening Campaign.**

Get together a group of friends and have a conversation about what we could do to improve our public health care system. Use the following guide to help with the conversation:

1. What problems have you or your family had with the health care system?
2. What are some of your fears about how the health care system could change for the worse? What examples or experiences from other countries do people know about?
3. What improvements to the health care system would people like to see?
4. What are some of the circumstances that are interfering with health care reform? What can be done to overcome those obstacles?

Make a short report of your kitchen table meeting and send it back to [fominfo@telus.net](mailto:fominfo@telus.net) and we will compile and publish the results in the next issue of *The FOM Guardian*.

**Sign our petition.** We have thousands of signatures already, and we need more. Stop letting for-profit health care rip people off. The Tories love to recycle the same old tired idea of dismantling the public system and let the market deliver healthcare. What a discredited, narrow minded and destructive idea. No wonder they didn't mention this in the election last year.



Friends of Medicare is pleased by the membership growth we've witnessed over the last year. Our organization can only be effective when the membership takes an active stand to help us in our efforts to roll back private health initiatives and to demand expansion of our universal health care system.  
In this issue of the FOM Guardian, you'll find two membership forms. If you're not a member, please take the time to fill out a form. It's also just as important that you pass on the paper and a membership form to someone you know who is concerned about the future of Canadian health care and wants to make a positive contribution.  
You'll find many other suggestions in this newsletter about how you and like-minded people can take action now!





# Guardian

*Friends of Medicare is a coalition of individuals, social justice groups, unions, churches and other organizations dedicated to the strengthening and support of public health care in the province of Alberta.*

*Friends of Medicare raises awareness and educates Albertans about the benefits of public health care.*

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## Big changes happening in health care

**Is the Alberta government trying to slide it all past Albertans?**



The Alberta government has been making sweeping changes in the province's public health system, but they've been doing their very best to NOT tell anyone about it.

Health and Wellness Minister Ron Liepert told the Edmonton Journal that the "Third way" failed in part because it was unveiled as one entire package, vulnerable to criticism. "People were allowed to pick at certain things they didn't like, highlight it and then scare government off, and there wasn't the political will to follow through," Liepert said.

But he did promise to "unveil a new model to ensure delivery of health services is more effective and efficient."

Up until now though, the government hasn't been at all upfront about what the "new model" will look like.

Meanwhile, changes have been coming hard and fast. Liepert lost little time in clearing the way by firing all the top brass in the province's nine Health Regions and putting the whole system all under the new "superboard" Alberta Health Services.

Ron Liepert is a relatively new member of

cabinet, tight-lipped and tough-talking. Before his election as an MLA he worked on the Mazankowski report, which was the 2001 plan for privatizing health care and getting people to pay directly for health costs.

### Who's on board?

Ken Hughes, the chairman, is a private insurance company owner and investor. Liepert picked Charlotte Robb as his first CEO and she came over from one of Alberta's largest private health corporations, Dynalife, the diagnostic giant.

When Liepert and Hughes announced their hand-picked board members in November, almost all of them were business people with little medical experience. Tony Franceschini is from Stantec, the engineering company that has many contracts with the Health Regions. Another member, Jim Clifford, is in New Jersey where he has been working for private American health care companies.

### Multinational companies provide the expertise

Huge multinational consulting corporations Deloitte and McKinsey are clearly the

planning brains behind the changes in health care. There was talk of a report from McKinsey (check out the health care section of their world-wide business at: [www.mckinsey.com/client-service/payor/provider/topical.asp](http://www.mckinsey.com/client-service/payor/provider/topical.asp)) that would be the blue print for health care changes. Liepert declined to release the document for months, but finally in December he “let slip” that it was “on the website”, if anyone really cared to look.

It’s clear that what he finally revealed – the “Service Optimization Review” – was a carefully sanitized document. There wasn’t any mention of McKinsey or who the authors were. It’s also clear that much more was taken out of the document.

Besides McKinsey, the Alberta government also commissioned a restructuring plan from Deloitte. Deloitte, also has a broad interest in health care. Deloitte’s Center for Health Solutions out of Washington, D.C. brought an interesting message to a health meeting in Toronto earlier this year. Deloitte’s experts’ topic: “The need for disruptive change in the health care industry.”

Few Albertans could have imagined bigger disruption than rapidly shutting down all the Health Regions and setting up the single superboard.

### Closing rural hospitals

Deloitte got \$2.2 million from Alberta Health for a two-year audit of rural health facilities that created a shockwave with its recommendations to close rural hospitals. After the release of the report last June, Liepert was quoted in the Edmonton Journal saying that some small town hospitals could be converted to walk-in clinics or seniors care centres.

But residents of small town Alberta did not like the sound of that. “It’s one of the heartbeats of the community. It makes us a service centre and without that hospital we’ll have significant problems,” Athabasca Mayor Colleen Powell said in the same Journal article.

### Cutting benefits for Alberta seniors

Some of the harshest announcements from Alberta Health came just before Christmas. Liepert announced that NO new full service nursing home care beds would be built in the province for several years. This, despite the fact the government estimates there is a critical shortage of 1,100 long term care beds right now. Instead the government announced it would improve conditions for private interests to build more “assisted living facilities” which are housing rather than medical care sites.

The government has been moving towards a long-term care fee system (“variable accommodation fee structure”) where government support or subsidy only applies after a senior’s money is virtually gone.

### Higher drug bills for many

For another early Christmas gift, the government announced big changes to drug benefits for the province’s seniors. Seniors with incomes over \$21,000 a year will have to pay the full cost of prescriptions up to a limit that is determined as a percentage of their income. For seniors with lower incomes, all costs for prescriptions are covered, but a senior with an income of, for example, \$50,000 a year will have to pay for the first \$660 of their prescriptions in a year.

### Vision 2020 and “Patient-focused” services

Late in December, the government released “Vision 2020”, their outline for health services in the future. “Patient-focused” has been stuck as a major motto on almost every document from the new superboard and it is an important clue in this guessing game. “Patient-focused” sounds great, but as any health practitioner will tell you, care has always been patient-focused.

But patient-focused has a particular meaning as explained earlier this year by health care entrepreneur Dr. Brian Day:

*“Day said the patient-focused model would allow hospitals to generate revenue from the government for an MRI or surgery, for example, so it becomes an incentive to treat patients, not a disincentive.”*

*“That introduces an internal market competition between the different hospitals to attract patients, so patients become a value, not a cost,” he said. “I think you do need to introduce a competitive model and if that means changing the way the (Calgary Health) region is structured so be it -- the reality is any system that is monopolized in nature is not good for the consumer.”*

*Alberta Health Minister Ron Liepert said the idea is worth looking into.”*

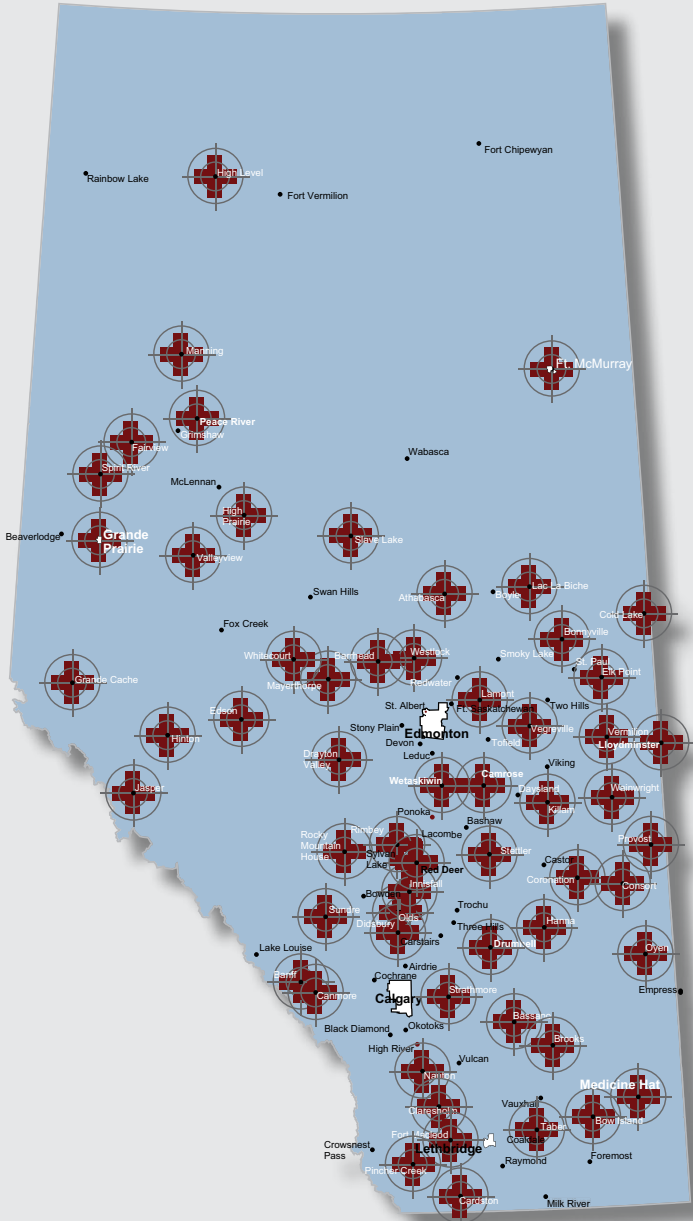
*– Calgary Sun March 29, 2008*

A key component in “2020” is moving health services out of hospitals into what they call “short stay, non-hospital facilities and other clinic-type arrangements as an alternative to hospitalization”.

The term “non-hospital facilities” is new and could mean clinics or even in-patient facilities. In 2000 with Bill 11 “non-hospital surgical facilities” referred to for-profit hospitals like HRC in Calgary.

The Vision document also talks about boosting “community-based services such as physician clinics and urgent care centres”. In Health and Wellness documents, “community-based” has usually referred to private, for-profit services. This is a vision where more and more private, for-profit clinics get medicare funding for health services. We will have a growing mix of public facilities and for-profit ones, duplicating services and competing for patients.

And of course, there will be fees for those who want to pay more for better or faster services. It’s already happening now with the Copeman Clinic in Calgary. People can pay \$4,000 to enrol at Copeman for faster doctor access and thousands more each year to stay on the roster. At the same time Copeman



## Rural Hospitals Under Attack

According to the Provincial Service Optimization review commissioned by Alberta Health and Wellness, “...some facilities (are) providing services redundant with those of nearby facilities...an acute care facility might benefit from enhanced scale through the merging of services”. “If some acute services are merged, driving times for acute services may increase for a small percentage of Albertans.”

Friends of Medicare has selected a number of towns with hospital facilities around the province, and placed a 50 kilometer red circle around them. The Provincial Service Optimization Review uses 50 km as a “moderate” criteria for merging services in the rural areas. They cite an “aggressive” target at 75 kilometers.

If your town’s “circle” is close or touching another “circle” then your facility could be closed or subject to reduced services. Now is the time to take action.

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bills the provincial health plan for all insured services. Liepert and the Alberta government say there is no problem with this.

### Really improving public health care

We do not have to go this costly route that the provincial government is choosing for us. There are many constructive improvements that experts have been recommending for public health systems in Canada for some time:

- Truly community clinics – publicly owned facilities that hire a team of health staff

- have worked wonderfully at getting thousands of Canadians same-day health care appointments. Canadians should get immediate access to care without crowding an emergency waiting room.

- Full coverage, public, pharmacare plans could reduce drug costs a lot, and deal effectively with the multinational pharmaceutical giants. They could reduce employer benefit costs dramatically and give Canada a competitive economic advantage, like public medicare already gives our country.

The Canadian public health system can steer

clear of American-style “consumer” medicine where advertising and promotion create demand for tests and treatments that often do not help, but even harm people. A universal public system can focus on proven treatments that help the most people and avoid the hugely expensive designer medicine that drives costs through the roof.

If we have an “open market” mix of for-profit clinics and public facilities competing for public and personal health dollars, the commercialized medicine that runs rampant in the U.S. will certainly claw its way into our pocket books.