Health System Overview and the Case for Change

Overview of Current System Issues

- *Challenges with access stem from lack of focused leadership and governance in AHS, primary care, and continuing care, resulting in poorer patient experiences and health outcomes*
- *Per capita spending in line with comparator provinces but with only mid-level health outcomes that are worse comparatively when data is age standardized*
- *Insufficient and untimely access to health care services leading to poorer health outcomes—particularly in rural, remote, and Indigenous communities*
- *Complex and uncoordinated health system, lacking necessary integration to achieve optimal health outcomes*
- *AHS has assumed critical functions - fragmenting areas like system planning, capital planning, and oversight which has eroded the role and capacity of Alberta Health*

Future State Overview

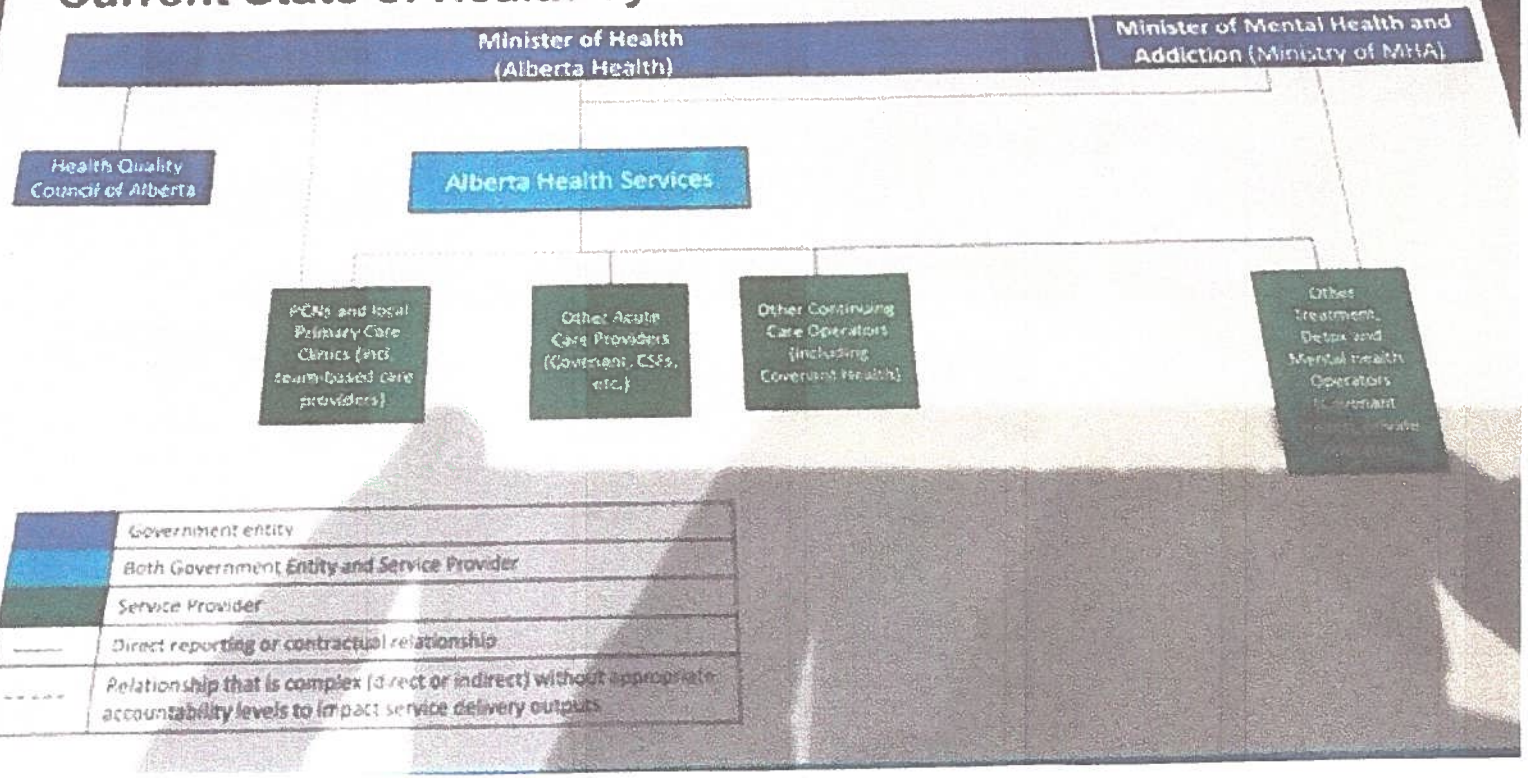
By creating separate health organizations, an opportunity exists to enhance local decision-making and refocus organizational intent around patient outcomes

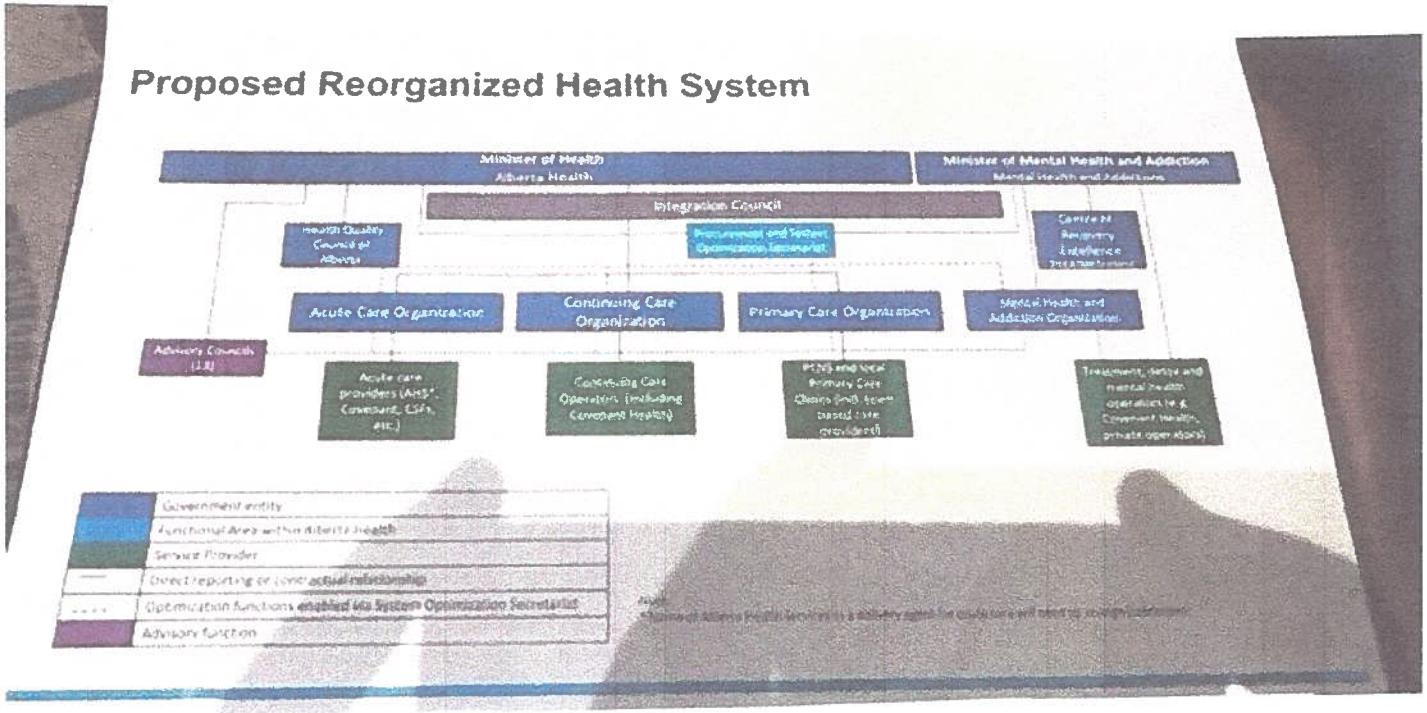
- *A modern and cost-effective health system*
- *A seamless patient journey with the appropriate care at the appropriate time leading to better health outcomes*
- *A workforce that feels valued and are working in safe and healthy conditions*
- *A focus on health promotion, early detection and intervention, and self-managed care for patients*
- *Separate health organizations dedicated to domains of acute care, primary care, continuing care, mental health and addiction, and health system enabling services*

Guiding Principles

- Improve patient outcomes
  - Refocus the health care system so Albertans have equitable access and can get the right care when and where they need it
- Support a seamless patient journey
  - Strong integration and collaboration across all organizations to support appropriate transitions of care and prevent silos
- Support the workforce
  - Prioritize the wellbeing and leverage the experience of health care workers
- Enhance frontline and local autonomy, where appropriate
  - Support local decision-making and regional advice
- Transparent communication
  - Communicate frequently and clearly about the refocus with a deliberate effort on change management
- Remain committed but flexible
  - Monitor and evaluate the progress of the refocus and support change when it might be required

Current State of Health System




Proposed Reorganized Health System
Minister of Health
Alberta Health
Minister of Mental Health and Addiction
Integration Council
Acute Care Organization
Continuing Care Organization
Primary Care Organization
Mental Health and Addiction Organization
Government entity
Functional Area within Alberta Health
Service Provider
Direct reporting or contractual relationship
Optimization functions enabled via System Optimization Secretariat
Advisory function

Primary Care

Current Challenges

- Higher numbers of family physicians and higher per capita costs
- Challenges with regular and timely access to providers
- Care is often fragmented and uncoordinated
- Inability to direct family physicians or other practitioners to areas of need (i.e., rural communities) as most primary care physicians are fee-for-service providers operating as private businesses

Recommendation:

- **Establish a Primary Care Organization**

Overview of the Organization:

- Will provide transparent provincial oversight and coordination of primary care service delivery, through appropriate legislative, policy and financial levers
- Will have a mandate of ensuring every Albertan is attached to a regular family physician, nurse practitioner or primary care provider
- All publicly funded providers and clinics will be accountable to the Primary Care Organization
- Will be able to direct access to physicians or other practitioners to improve local community needs
- Will be a provider of last resort, particularly in chronically underserved and remote communities where there may be no other operators available
- AHS may continue to operate some primary care where it may be integrated in more rural hospitals
- Will review the PCN size, structure, roles and responsibilities to ensure alignment in driving better outcomes through stronger coordination and support of primary care clinics
- Will support Alberta Health in determining alternative payment models

Continuing Care

Current Challenges

- AHS has a monopoly over the continuing care sector creating a Conflict of Interest
- Disparate levels of support for Albertans
- Increased wait times with growing demand from aging population
  - Demand for continuing care services expected to increase by 80% by 2032
  - By 2046, seniors are projected to account for 19.5% of the population (1 in 5 Albertans)

Recommendation:

- **Establish a Continuing Care Organization**

Overview of the Organization:

- Will provide provincial oversight and coordination
- Will manage contracts for service delivery, but will not be an operator
  - Will be a provider of last resort, particularly in chronically underserved and remote communities where there may be no other operators available
- In the short term, AHS will continue to operate its continuing care subsidiaries and AHS may continue to operate some continuing care where it may be integrated in more rural hospitals
- All operators, including Covenant Health will operate autonomously from AHS and continue to deliver continuing care services under contract with the Continuing Care Organization
- Will ensure equitable, consistent and timely access to continuing care services and will increase the number of and distribution of beds to reflect the projected demographic shifts

Alberta

Acute Care

Current Challenges

- AHS established to deliver acute care but expanded beyond the scope
  - Unacceptable wait times, frequent service failures, mid-level patient outcomes and loss of local decision-making authority
- Pivotal system functions are uncoordinated and inefficient
  - Delays in capital planning and non-integrated IT systems

Recommendation:

- **Establish an Acute Care Organization**
- **Reorganize AHS towards a singular focus of acute care service delivery, removing primary care, mental health and addiction, and continuing care functions**
  - **AHS may operate some continuing care and primary care in rural hospitals, where appropriate**

Overview of the Organization:

- Will have provincial oversight over acute care service delivery and acute care clinical operations including leading and, where appropriate contracting Emergency Medical Service operations
- AHS (rebranded), Covenant Health, and Other Entities (Chartered Surgical Facilities, etc.) are accountable to the Acute Care Organization and will deliver acute care services for the province
- Will incentivize regional innovation and enhance local decision making, as appropriate
- Will lead to reduced wait times and higher quality care while improving integration with other parts of the health system to optimize the patient journey

Mental Health and Addiction

Current Challenges

- *AHS delivers and funds services across the spectrum but is not best positioned for lower acuity care and community-based settings*
- *Programs and services are delivered inconsistently and, at times, counter to government direction*

Recommendation:

- ***Establish a Mental Health and Addiction (MHA) Organization***

Overview of changes:

- *The Department of Mental Health and Addiction will have a stronger role in provincial oversight, including setting system level objectives, performance standards and system level planning*
- *The new MHA Organization will be focused on planning and service delivery of higher tiered/acuity service delivery (hospital based), acute, and community outpatient clinics aligned with other acute service delivery*
- *Both the Department of Mental Health and Addiction and the MHA Organization will be able to hold contracts with third party service providers (i.e., Covenant Health, CASA House)*

System Oversight & Consolidated System-Wide Services

Current Challenges

- *Role and capacity of Alberta Health has eroded; worse outcomes due to inability to effectively support planning, policy, coordination, oversight, and accountability measures of the entire health sector*
- *AHS assumed critical functions – fragmenting areas like system planning including oversight and integration, capital planning, information management and information technology governance, health workforce planning, and Indigenous health policy*
- *Mental Health and Addiction has a new role to provide oversight and develop a recovery-oriented system*

Recommendation:

- ***Expand and reorganize Alberta Health with focus on whole system policy/oversight, including system-wide health care planning, setting system-wide performance standards and metrics, and will lead workforce planning, Indigenous health, capital planning, the oversight, contracting, and system design of information technology management (ITM)***
- ***Create a Procurement and System Optimization Secretariat within Alberta Health to lead system-wide optimization and lead the development and negotiation of standing offers for health system goods and ancillary services***
- ***Create an Integration Council to ensure appropriate system integration and that the new organizations focused on core sectors does not create unintentional silos***

Integration Council

- To ensure appropriate integration at the highest levels of governance, an Integration Council chaired by the Minister of Health will be established

- The Integration Council will
  - steer the alignment of the health system's strategic goals
  - identify efficiencies and remove barriers
  - ensure the health system is working efficiently to deliver better health outcomes for Albertans
  - ensure integration and oversight of health information and privacy across the organizations, and
  - focus on deliberate change management strategies throughout the refocus

- Sub-committees or other council structures will be established to ensure integration at all appropriate levels of governance and operations

Procurement and System Optimization Secretariat

- Support system-wide optimization, where appropriate (i.e., cyber security or other cross sector optimization projects)
- Lead the development and negotiation of standing offers for health system goods and ancillary services including, but not limited to:
  - Personal Protective Equipment and Medications;
  - Housekeeping, Laundry & Linen Services;
  - Retail Food and Patient Food Services; and
  - Back-end office supports including finance, payroll, legal
- Manage capital ownership of buildings and leasing space to operators, as required
- This will drive efficiencies, economies of scale, consistency, and innovations across the health system to support better health outcomes
- Health System Providers will be directed to prioritize the use of standing offers when available
  - The Secretariat will establish spending and urgency thresholds to support local procurement and decision making, as required

Local Decision-Making & Regional Advisory Councils

Local Decision-Making:

- *The four new health sector organizations will be mandated to prioritize enhanced local decision-making by incenting and encouraging decision-making at the appropriate level*
- *Having the organizations focused on their area of expertise will give workers a voice rather than being one part of a huge, thinly stretched system*

Regional Advice:

- *13 Advisory Councils (12 Advisory and one Indigenous Advisory Council) will be created to enable local engagement and incorporation of feedback from community representatives within capital planning, system plans and priorities*
  - *Will function as a conduit to fast-track regionally informed issues and innovation (i.e., Grande Prairie could propose a health service being performed through a mobile model rather than in a hospital setting as that may be more appropriate for the large geographic nature of the catchment area)*
- *The proposed Advisory Councils will be an improvement over the current state as there will be a direct conduit into the specific organization rather than being purely AHS which has become unfocused*
- *The geographic boundaries of councils will, at this time reflect the geographies of 12 existing AHS Advisory Councils – but will be reviewed to confirm most appropriate regional representation*
- *The Advisory Councils are cross-cutting with membership from Primary Care, Continuing Care, and Acute Care Organizations, and the ministries of Alberta Health, and Mental Health and Addiction*

Albert

HQCA Augmentation and Centre of Research Excellence (CoRE)

Current State

- *Reporting to the Minister of Health, the Health Quality Council of Alberta (HQCA) is mandated to promote and improve patient safety, person-centred care, and health services quality on a province-wide basis*

Future State

- *Bolstered to support Alberta Health in setting performance standards for the health system, reporting, support compliance and auditing functions and provide measurement, and evaluation of the health system standards*
- *A separate and dedicated CoRE, as recommended by the Mental Health and Addiction Expert Advisory Panel report in 2022, will be established with a mandate similar to HQCA's to measure, evaluate, and support compliance for a recovery-oriented system of care and support quality services on a province-wide basis*

Board Governance Structures

- A system transformation office will be created within Alberta Health for two to three years to support the system realignment
- An AHS Board will be appointed in October 2023 with a focus on reducing the scope of AHS within two years.
  - The Official Administrator (OA) will serve as ex-officio until the expiration of his contract in December 2023
  - Establish an Executive Chair position, through amendments to AHS' bylaws
  - Identify roles, responsibilities, and functions that need to move to the new organizations
  - In collaboration with Alberta Health and Mental Health and Addiction, develop and support workforce strategy
  - Review the potential to sell AHS continuing care subsidiaries – Capital Care Group and Carewest
  - Coordinate with the Departments and Organizations on an orderly transition of business to reflect new health system
  - Recommend components not previously identified to determine the appropriate fit within the new governance structure
- Transition boards for acute care, primary care and continuing care will be established prior to legislation and formal stand up of the Organizations to:
  - Provide leadership and guidance in the short term
  - Identify functions with the organizations that need to be considered for transition and their appropriate position within the reorganized health system
  - Provide advice to Alberta Health and Mental Health and Addiction regarding policy development and legislation
  - Ensure smooth transitions of key activities from AHS to the appropriate organizations
  - Determine the future permanent organizational governance structure (i.e., lead by a Board, OA, CEO, or directive to department)

Workforce Strategy

- There are approximately 250,000 health care workers across the province that will be directly impacted by the health system refocus

- Ensuring the workforce is appropriately engaged, feel empowered to be part of the change and have minimized disruption to their daily activities is critical to implementation success

- As a result, it is important we commit to respectful change, through a two phased workforce strategy approach that continually accounts for the following:
  - Impact on workers will be integrated into every aspect of the refocus
  - Workers in every region will have a role throughout the refocus
  - The system refocus will be an opportunity to change/improve how they work
  - Progress and risk will be transparently communicated

Workforce Strategy

Phase 1:

- Design and deliver a province wide engagement strategy. Specifically:
  - A province wide in-person and virtual engagement strategy for front line health care workers to understand: current impediments to their jobs, opportunities to reduce red tape, create opportunities for local decision-making, and how to implement the proposed structure
  - In-person and virtual engagement with patient advocates and an on-line platform for Albertans to inform patient impediments to health care and their needs in the proposed structure
  - All engagement will inform the Integration Council and the acute care, primary care, continuing care and mental health and addiction organizations

Phase 2:

- Engagement with front line workers cannot/will not stop once the organizations are created. Organizations will need to work with the Integration Council to ensure the commitment to the workforce is sustained in a meaningful way

Financial Implications – Potential Transition Costs

- Potential transition costs are difficult to determine without fully developed operating budgets, FTE implications, support services models and access to AHS data
  - Post announcement, a team will need to confirm/validate reorganization of the AHS budget between appropriate organizations through detailed analysis of their financial records
- One-time transition costs including legal, consulting, system integration, potential severances and other supports required - are estimated at $85 million over 18 months

One-Time Costs	2023/2024	2024/2025	TOTAL
Transition Costs	$5 million	$45 million	$50 million
Labour relations	$10 million	$25 million	$35 million
Total	**$15 million**	**$70 million**	**$85 million**

  - Note: Transition costs in 2008-09 for the creation of AHS were $80 million and consisted of $65 million for severance and $15 million for legal, consulting, system integration and salaries
- Potential future costs to establish the new organizations is to be determined (includes capital planning, administration and other operational on-going expenditures)

Legislative Changes

Fall 2023	Spring 2024	Fall 2024
1. Amendments to AHS Bylaws 2. Establish AHS Board via MO 3. Establish Transition Boards for primary care, continuing care, and acute care via MO	1. Legislation tabled and passed for updates to RHAA to i. enable new regional health authorities (RHA) to be established ii. establish transition tools including liability protection iii. improve directive powers/strengthen AH and MHA's enforcement powers 2. High priority amendments to related legislation that relates to RHAs or References AHS 3. Establish the Continuing Care Organization 4. Establish the Mental Health and Addiction Organization	1. Legislation tabled and passed to i. Incorporate "new AHS" 2. Amend Health Information Act (HIA) to make "new AHS" a custodian under the HIA; further amendments may also be required to align with other amendments being made 3. Other amendments, as required to address references to AHS and RHAA in other legislation 4. Establish the Acute Care Organization 5. Establish the Primary Care Organization

Communications

- Overarching narrative:
  - *Refocusing the health care system to achieve better outcomes for Albertans through an empowered workforce*
- *Top line key messages*
  - It's time to refocus the health care system so Albertans can get the right care when and where they need it most.
  - Health care workers move mountains for their patients every day. We need to give them a structure that will support success.
  - Right now the system doesn't have their backs. It is too complex and uncoordinated. This leads to unacceptable wait times, service disruptions and problems accessing community care like family doctors.
  - We need to put the patient first in every health care decision and give our front line experts the right space to properly take care of Albertans.
  - This is why we are going to refocus the system on areas important to Albertans and to health care workers: primary care, acute care and continuing care.
  - We will do this work with health care staff beside us every step of the way.
  - Alberta Health Services will continue to have a strong role delivering important acute care services with a renewed patient emphasis on shorter wait times and higher quality care.

Communications

Initial Announcement Approach

- **Timing:** mid-Oct
- **Approach:** Full podium announcement
  - Technical briefing for media with Ministry officials
  - Launch website on the reorganization to inform residents, provide progress updates
  - Start paid social media and/or advertising campaign
- **What will be announced**
  - Creation of four separate organizations for primary care, acute care, continuing care
  - AHS Board and Transition boards for each organization
  - New regional advisory councils for local decision-making enhancements
  - Province-wide engagement (public and health care workers)
  - Establishment of the integration council
  - Structural realignment of Alberta Health and Mental Health and Addiction

Communications

Phase I: The change

- **Timing:** mid-Oct and immediate days following
- **Objective:** define problem, provide solution, timeline and desired outcome
- **Earned media:** podium announcement w/ technical briefing, interview opportunities with Minister(s) and Premier, op-eds in major newspapers
- **Owned media:** launch a campaign website, to provide initial framing, engagements to date. Will be the repository of future detail. Targeted social media, video(s) with elected officials
- **Paid media:** focused online campaign to direct Albertans to the campaign website
- **Research:** public opinion research in-field before announcement to establish baseline views on key health care indicators
- **Supporting events:** see engagement strategy
- **Product:** standard podium announcement material, website, online ad, public org chart, MLA kit, QA (internal/public)

Phase 2: Build momentum

- **Timeline:** Late Oct – Spring 2024
- **Objective:** build support among Albertans and health care workers for the change
- **Earned media:** subsequent announcements/news releases, potential interviews with other leaders in the new structure (e.g., chair of boards), possible change champions within AHS/elsewhere; stakeholder op-eds supporting change
- **Owned media:** continue building out of campaign website, broaden social media reach and platforms/voices
- **Paid media:** continuation of phase 1 approach, adjust as necessary
- **Research:** public opinion pulse check 3 months post-announcement (~mid-Jan), potential focus group testing of brand options (public, AHS / AH staff)
- **Supporting events:** Regular technical briefings with media, newsletter to provide regular updates, speaking engagements (for ministry, AH, with province-wide engagement strategy)

Communications

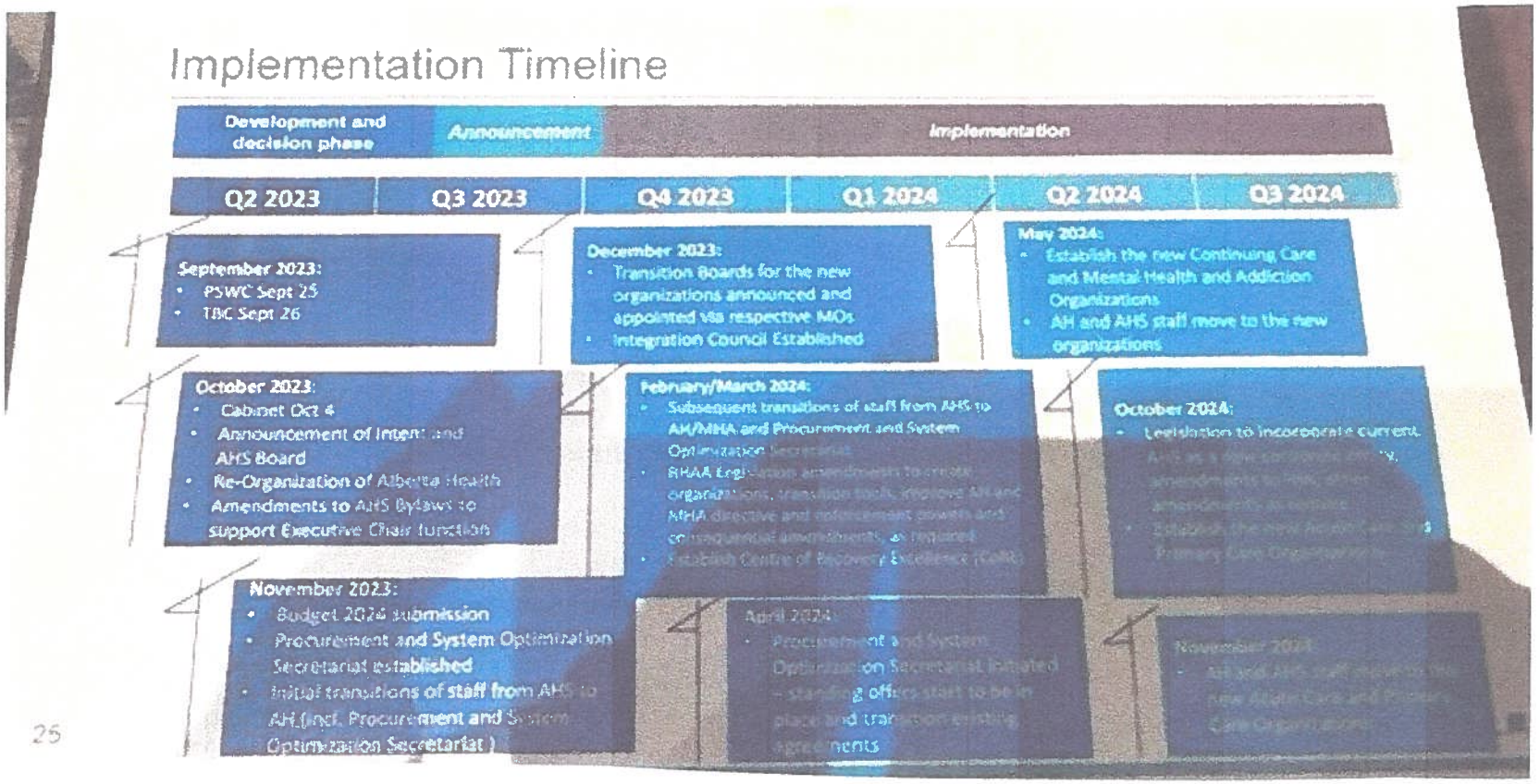
Phase 3: The New Brand

- **Timeline**: May – Oct 2024
- **Objective**: introduce Albertans and health care workers to new structure
- **Earned media**: podium announcements for each organization, radio/tv interview opportunities with Minister, Premier, chairs/CEOs, change champions
- **Owned media**: continue with campaign website but begin transition to organization websites for specific detail
- **Paid media**: large, multi-platform campaign to introduce Albertans to new structure/organizations
- **Research**: public opinion pulse check one-month post-brand launch
- **Supporting events**: Regular technical briefings with media, newsletter to provide regular updates, speaking engagements for minister, link with province-wide engagement strategy

Phase 4: Familiarity

- **Timeline**: Oct 2024 and beyond
- **Objective**: celebrate successes of the refocus through key outcomes and re-inforce government oversight of new system
- **Earned media**: Proactive media pitches on areas of success in new structure, op-eds from structure leadership, stakeholder validators
- **Owned media**: video series with new staff within structure to educate public, website blog content on changes in structure/success stories, staff/patient profiles
- **Paid media**: continuation of phase 3 as necessary, targeted focus on normalizing the new structure
- **Research**: regular public opinion pulse check-ins
- **Supporting events**: continue newsletter to provide regular updates, speaking engagements for minister, supporting announcements from the new organizations, link with province-wide engagement strategy

Implementation Timeline



Decision

Does Cabinet approve the following package of reforms (detailed on the next slides) to refocus the health care system to achieve better outcomes for Albertans?

And

Does Cabinet approve signaling publicly government's intent regarding "Refocusing Alberta's Health System Excellence for Patients and Empowering the Health Workforce"?

Note: the package is intentionally high-level and approval from Cabinet will allow for further implementation planning.

Decision

- Establish a Continuing Care Organization that will be responsible for:
  - Provincial oversight and coordination of service delivery, including contract management of operators (including AHS, Covenant Health and other designated supportive living and long-term care providers)
- Establish a Primary Care Organization that will be responsible for:
  - Provincial oversight and coordination of service delivery of primary care services and providers
- Establish an Acute Care Organization that will be responsible for:
  - Provincial oversight and coordination of service delivery and clinical care operations of acute care (i.e. hospitals)
  - Consequently, AHS will be reconstituted and refocused towards service delivery only
    - AHS will retain service delivery of acute care and continuing care (until a review of the sale of its continuing care subsidiaries is completed)
    - AHS will continue to deliver Public Health in the immediate term with a plan to transition these functions into the Department of Health in the future
    - AHS will continue to deliver EMS and Lab/DI until a review is completed to determine the best provider (example: new Acute Care Organization or other contracted providers)
    - AHS will no longer oversee or contract operators for continuing care and will no longer be involved in governance
    - AHS will not deliver or contract services for mental health and addiction. The current AHS functions will be repurposed into the Department of Mental Health and Addiction or into a new Mental Health and Addiction Organization.
- Establish a Mental Health and Addiction Organization that will be responsible for:
  - Provincial oversight and coordination of service delivery and clinical care operations of mental health and addiction care
  - Planning and service delivery (including contracting) for mental health and addiction care

Decision

- Strengthen the oversight role of Alberta Health and Mental Health and Addiction through capacity building to support:
  - Policy setting, system planning, capital planning, priority setting
  - Accountability over health system organizations to deliver on performance measures
- Establish an Integration Council, chaired by the Minister of Health and comprised of the Minister of Mental Health and Addiction, Deputy Ministers, Board Chairs, CEOs and Managing Directors from the new governance framework that will steer health system strategic goals through intentional integration and collaboration
- Establish a Procurement and System Optimization Secretariat within Alberta Health that will drive innovation and economies of scale through tools such standing offers for health system ancillary goods and services
- Establish 13 Advisory Councils to enable local engagement and incorporate feedback from community representatives through formalized structures containing executive participation from each of the health sectors
- Expand the Health Quality Council of Alberta's role and create a separate and dedicated Centre of Excellence to strengthen performance standards, measurement, and evaluation of the health system

Alternative Options

Option 2 – A middle approach to health system refocus/reform	Option 3 – Status Quo with improvements

• Create one new organization:
  • that has a dedicated focus on primary care; and
  • does procurement of contracts for both mental health and addictions and continuing care
• Establish a Procurement and System Optimization Secretariat to drive innovation and economies of scale through standing offers for ancillary goods and services
• Improve oversight by Alberta Health and Mental Health and Addiction
• AHS will continue their role in acute care, mental health and addiction services, and continuing care
• Remove AHS' conflict of interest in continuing care and MHA – they will only be a service provider/operator
• Create 13 Advisory boards to improve local engagement
	• Maintain the status quo while making improvements to health system oversight by Alberta Health and Mental Health and Addiction
	• Establish a Procurement and System Optimization Secretariat to drive innovation and economies of scale through standing offers for ancillary goods and services
	• Create 13 Advisory boards to improve local engagement

Previous Engagements to Inform Refocus Reforms

- Extensive previous engagement with consistent themes and recommendations have informed the development of the recommended options, including but not limited to:
  - 2023 Modernizing Alberta's Primary Health Care System
  - 2023 Alberta EMS Provincial Advisory Committee (AEPAC) report
  - 2023 Dispatch Review
  - 2022 Health System Sustainability Report
  - 2022 Toward an Alberta model of wellness: recommendations from the Alberta Mental Health and Addiction Advisory Council
  - 2022 Alberta Health Addiction and Mental Health Services Assessment Report
  - 2021 Facility-Based Continuing Care Review
  - 2021 Advancing Palliative and End-Of-Life Care Engagement
  - 2019 AHS Review
  - 2015 Rural Health Services Review Final Report

Future Decisions / Cabinet Briefings

- Commitment to provide (at a minimum) quarterly updates to Cabinet and bring forward legislation as indicated in the timeline
  - January 2024 – update
  - February / March 2024 – legislation
    - Updates to the Regional Health Authorities Act (RHAA) to establish new organizations, transition tools and improved directive powers to strengthen accountability
  - April 2024 – update
  - July 2024 – update
  - Oct 2024 – update and legislation
    - Legislation to reconstitute legal nature of current AHS (and consequential amendments)
      - AHS becomes service delivery provider only
    - Amend Health Information Act (HIA)
  - January 2025 and thereafter on a quarterly basis – update
- Note that as further implementation planning unfolds, more decision items may be brought forward for Cabinet consideration

Other Health Functions (later implementation)

- Public Health
  - Over the course of 2026 or later, the role of Public Health will moved from the current AHS and be integrated entirely within Alberta Health reporting directly in the Chief Medical Officer of Health, including the transition of staff
  - The AHS Board will be required to review all the functions and determine the appropriate timing for orderly transition
- Emergency Medical Services
  - While the policy function of EMS will be the role of Alberta Health, the operations of EMS will remain with the current AHS in the interim
  - The AHS Board will be required to review the operations and determine if they are best led by the Acute Care Organization
- Lab and Diagnostic Imaging
  - Lab and Diagnostic Imaging both within the hospital and within the community will continue to be operated by the current AHS in the interim
  - The AHS Board will be required to review the operations and determine if they are best led by the Acute Care Organization
- Other functions
  - As the refocus occurs, it is expected that other functions will emerge where a decision is required on their governance and operational structure. These functions will be reviewed by the AHS and Advisory Transition Boards and recommendations and briefings will be made to the Integration Council

Membership Composition

AHS Board

- Executive Chair
- Deputy Minister of Health
- Deputy Minister of Mental Health and Addiction
- Representative from Executive Council
- Two members with direct health care experience
- One to two members with experience on mergers and acquisitions of a large organizational reform
- Official Administrator as ex-officio until end of contract term in December 2023

Integration Council

- Minister of Health (Chair)
- Minister of Mental Health and Addiction
- Deputy Minister of Health
- Deputy Minister of Mental Health and Addiction
- Associate Deputy Minister of Health
- Leaders of the Primary Care, Continuing Care, Acute Care, Mental Health and Addiction organizations
- Managing Director of the Procurement and System Optimization Secretariat
- As appropriate, the following may be invited as ex-officio members:
  - HQCA Chair and CEO
  - Centre of Recovery Excellence Chair and CEO

Alberta

Legal Implications

- Appointment of an Executive Chair to Board of AHS
  - Minister must appoint the Board, who can establish the position of Executive Chair
  - AHS Bylaws will need to be updated to define the roles of the Executive Chair and CEO
- Appointment of Deputy Ministers to Board of AHS
  - While the risk is low, potential for personal liability and risk to Government of Alberta that decisions taken as part of the Board could be considered decisions of the Government
- Legal Levers – Ensuring Continued Operations of AHS During Refocus
  - Minister has legal mechanisms for oversight and where necessary can provide direction to AHS to undertake or not undertake actions in regard to its operations (i.e. limiting contracting during implementation of the refocus)
- Staffing
  - Short-term/temporary secondments can occur with agreement of both parties
  - Permanent transition of staff raises potential issues including notice prior to the initiation of collective bargaining (anticipated in December 2023) unless addressed by legislation, potential Charter challenges, potential claims by non-unionized employees, potential pension, seniority, and other Employment Standard implications

Legal Implications

- Establishing Procurement and Optimization Secretariat within Alberta Health
  - Additional work is required to obtain copies of AHS contracts
- Creation of Transition Boards and Committees
  - Dissolution of existing boards requires specific steps as set out in the RHAA
- RHAA Amendments
  - Amended to authorize creation of new RHAs on a basis other than geographic region (i.e. service type/sector)
  - Strengthening the powers of Alberta Health And Mental Health and Addiction including liability protection, enforcement powers over RHAs and contracted service providers
  - Following the organizational changes, future amendments may be considered to the RHAA or new legislation may be drafted the is specific to the current situation rather than continuing to amend the RHAA
- Creation of new RHAs and refocus from AHS to new RHAs by Ministerial Order
  - Requires determination of what needs to be transferred including funding, contracts, assets, who assumes existing legal liabilities; analysis on sharing of health information, IT licensing
- Incorporation of the 'new AHS'
  - Incorporate 'new AHS' by legislation and come into force once all transfers from current AH have been completed to the new RHAs

Risks and Mitigation

- **Potential to fragment care delivery** – Alberta Health and Mental Health and Addiction will have an enhanced role in system oversight; the Integration Council will ensure alignment of goals and remove barriers; each organization will establish clear points of integration and hand-offs at each point in the patient journey
- **Risk of Service Disruption/Failure** – Critical to ensure services are transitioned in a phased manner; establish transition boards to ensure smooth transitions and Integration Council will remove barriers
- **Delays in Implementation** – implement professional change management practices, transition boards and Integration Council can drive change and remove delays
- **Public Perception** – Full scale stakeholder and communication program will be required
- **Carve-Out Risks** – Dedicated transformation office, supported by merger and acquisitions experts will lead separation efforts and ensure compliance to all legal and policy requirements

Risks and Mitigation

- **Potential to fragment care delivery** – Alberta Health and Mental Health and Addiction will have an enhanced role in system oversight; the Integration Council will ensure alignment of goals and remove barriers; each organization will establish clear points of integration and hand-offs at each point in the patient journey
- **Risk of Service Disruption/Failure** – Critical to ensure services are transitioned in a phased manner; establish transition boards to ensure smooth transitions and Integration Council will remove barriers
- **Delays in Implementation** – implement professional change management practices; transition boards and Integration Council can drive change and remove delays
- **Public Perception** – Full scale stakeholder and communication program will be required
- **Carve-Out Risks** – Dedicated transformation office, supported by merger and acquisitions experts will lead separation efforts and ensure compliance to all legal and policy requirements