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On behalf of the Canadian life and health insurance industry, I would like to thank you for the opportunity to provide input into the *'Proposals to Amend the Health Professions Act to Improve Regulatory Effectiveness and Efficiency'*.

The CLHIA is a voluntary trade association with member companies that account for 99 percent of Canada's life and health insurance business. In Alberta, at the end of 2018, the life and health insurance industry provided more than 3 million Albertans with private supplementary health insurance coverage and made payments of about \$4,703 billion on healthcare products and services.

CLHIA's interest in this topic relates to the industry's position as a key stakeholder in assisting Albertan's with access to healthcare supports, which includes the services of regulated healthcare professionals. The industry has long supported regulation of healthcare professions for the protection of the public. CLHIA members routinely audit benefit payments and are experienced in submitting complaints to regulatory bodies. Given this, we are pleased to be able to provide you with our input.

As directed, we have completed the template provided but in addition, wish to provide additional comments in specific areas noted below for consideration. Our comments have been organized sequentially as per the template.

Proposal 1. Enhance the ability of government and regulated health professionals to respond to public health emergencies

We fully support this change. As our experience with COVID-19 has shown, we need to move quickly to adapt different processes in public health emergencies. One example from our perspective has been the quick adoption of virtual healthcare delivery. Some regulatory colleges did not have regulations in place to support the provision of services virtually and were not in a position to quickly update their regulations. A public health emergency provision will help in future.

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Proposal 2. Mandate the separation of colleges from professional associations and labour unions

The life and health insurance industry has been advocating for this change in Alberta specific to the dental profession for a number of years. Our primary concern is the dual role a combined college and professional association takes on, given the potential conflict of interest between the mandate of a college (protection of the public), and the association (protection of the profession). Most other provinces in Canada have recognized that these roles and responsibilities conflict with each other and have put in place a model that completely separates association from regulator. We fully support this recommendation.

Proposal 3. Enable and enhance the regulation of multiple professions within colleges (amalgamation)

While the proposal is not clear on the details of this regulation, the industry is supportive of this change if this facilitates faster, more consistent and fully transparent processes. Reducing the number of colleges should improve efficiency thereby potentially reducing fees paid by licensed healthcare practitioners and eliminating a barrier to practice.

By reducing resource constraints experienced by some of the smaller colleges, the college should have an increased ability to protect the public from harm. As an example, they should be able to review complaints in a more timely manner, if this role remains with them. In addition, amalgamation should make it easier for smaller unregulated professions, not currently within the Health Professions Act, to become regulated. As an example, massage therapists in Alberta have been seeking regulation for years.

The transition will be large and requires the development of a fulsome transition plan prior to start. Appropriate funding and resources need to be allocated to ensure that the colleges continue to operate effectively in protecting Albertans during the transition.

We would agree that, with these changes, there should be no **new** healthcare regulatory colleges created and agree that any newly regulated professions should join an existing college. In fact, we would expect this will facilitate other professions not currently regulated in Alberta such as massage therapists to become regulated and to join an existing college.

Proposal 4. Establish a centralized registry of health professionals in Alberta

Option 1: To enable the establishment of a centralized health professional registry that would be maintained on the government website. This registry would include member information from all colleges.

This appears to be the simplest and clearest option. *As part of modernizing Canada's health care system, we support making public data available to the public.* The register is of key importance to payers as it is relied upon to identify whether the health professional is fully licensed, where they practice, and what additional qualifications may have been undertaken allowing for expanded scope. All of this information is key to identifying whether any particular claim is eligible for payment. It will be important that the register be updated in real-time and health professionals know the importance of keeping information

on location up-to-date. Full information should be available, including address information for every location where the professional practices as well as disciplinary action.

Today the ease, accuracy, accessibility and timeliness of public information varies significantly from college to college. This information is key to identifying the healthcare professional on claim payment, subsequent claim verifications as well as other aggregators of provider information. We'd also suggest that any register be fully downloadable electronically by private payers.

Proposal 5. Revise the current professional complaints and discipline processes.

Option 1: Establish a centralized agency to receive and triage complaints or concerns about the provision of health services. This body could receive complaints involving regulated health professionals within Alberta Health Services, facilities licensed under the Mental Health Services Protection Act, persons in care, private practice, etc. Complaints would be triaged to the appropriate college or employer to deal with. Complaints could also go directly to colleges or an employer, with a feedback loop to the centralized agency.

Option 4: Enhance current HPA provisions to be more patient-centred. A patient focus should not be taken to mean that the individual interests of a specific patient should be given priority over the interests of all other parties. The focus of this option will be on increasing transparency, patient involvement and efficiency of the existing complaint and discipline process under the HPA as set out in Attachment 2 to the Discussion Paper.

Option 1, in combination with Option 4, is our preferred approach. We believe that this approach will ensure that the experienced resources investigating complaints within colleges today will continue to do so. That said, in Option 1 we'd like to suggest that the centralized agency have responsibility over turnaround times for complaints to come to resolution. This agency should also be responsible for ensuring that the complainant is kept up-to-date as the complaint progresses.

Option 4 will introduce more transparency as well as involvement of the complainant. We would like to emphasize the need to re-tool and standardize the complaints process amongst all types of healthcare professionals. It needs to be much more timely and fair for all parties in order to build trust in the process. Timely resolution is key to the insurance industry and lack of timeliness is one reason why insurers may not submit complaints resulting in the insurer taking their own actions such as delisting. We would also suggest the creation of a separate 'adjudication' process that effectively separates the investigation from the decision on discipline. Final decision-makers on results of the investigation should include more members of the public in order to develop a fairer result. CLHIA has long been advocating for the creation of clear pathways that will enable the insurance industry to collaborate and share information with government for the limited purposes of preventing, detecting and suppressing fraud. In addition to facilitating better reporting and information sharing to promote deterrence, this can also help alleviate the burden on regulatory colleges that may not have the capacity to investigate every report they receive.

In addition, we would suggest that transparency to the public exist in almost every aspect of the complaints process including the appointment of complaints committee members as well as decisions and actions taken on complaints with a decision. We would agree that all actions taken to resolve

accepted complaints be published on the register and that all actions taken from agreements between registrants and their colleges be made public.

We'd also suggest that the government set performance standards including metrics around timeliness of complaints investigation as well as an examination of the types of complaints received. Full public reporting of these performance metrics should be standard by the Agency in Option 1 and a feedback mechanism should be created in order to continuously improve in this area.

Proposal 15. Provide that the Health Information Act (HIA) will apply to all regulated health professionals under the HPA.

We bring forward here privacy considerations in the context of investigations and suggest that the **Freedom of Information** and Protection of **Privacy Act** (the FOIP Act) in Alberta be also reviewed to ensure that consent to obtain information relied upon in investigations fulfill the needs of the reviewers, healthcare professionals as well as those that submit complaints, including private insurers.

Thank you for your consideration of this submission. We look forward to implementation of the revised regulations and would be pleased to discuss any of the issues raised in this submission in more detail at your convenience.

Yours sincerely,

Original signed by

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