

1. AUTHORITY

1.1 Section 8 of the *Regional Health Authorities Act* provides authority for this policy.

2. PURPOSE AND STATEMENT OF POLICY

2.1 The purpose of a provincial framework, in conjunction with relevant legislation, is to provide high level guidance to health authority decision-making with respect to the provision of non-standard (enhanced) goods and services and preferred accommodation.

2.2 Within the requirements of this provincial framework and relevant legislation, health authorities are responsible for determining:

2.2.1 The type of hospital accommodation that is available through the health region and the charges to patients for preferred accommodation,

2.2.2 The goods and services that are provided as non-standard (enhanced) goods and services and charges to patients for these non-standard goods and services, and

2.2.3 The goods and supplies that are provided as outpatient medical supplies to patients and the charges for them.

3. GUIDING PRINCIPLES

3.1 Health authorities continue to fulfill their primary obligations of ensuring access to insured and other publicly funded health services and the provision of quality health services.

3.2 Patients' best interests are served and their medical needs are met.

3.3 Collaboration in the implementation and administration of this policy is encouraged, particularly among and between health authorities, to ensure inconsistency does not undermine the delivery of health services.

3.4 Health authorities have latitude and flexibility to innovate and respond to patient preferences.

3.5 This framework strives for appropriate administrative simplicity and flexibility in responding to unique needs and issues.

3.6 Albertans have a cost effective and sustainable health care system.

4. SCOPE

4.1 With respect to accommodation, this provincial framework applies to RHAs and more specifically, to preferred accommodation provided to patients receiving insured services at hospitals within the health region.

- 4.2 With respect to non-standard (enhanced) goods or services, this provincial framework applies to RHAs and more specifically, to good or services provided to in-patients and out-patients receiving insured services at approved hospitals and designated surgical facilities within the health region.
- 4.3 Drugs cannot be provided as non-standard (enhanced) goods.
- 4.4 *Health Care Protection Act* has provisions regarding preferred accommodation provided by designated surgical facilities.
- 4.5 This provincial framework is not intended to deal with accommodation or goods or services provided to individuals such as non-entitled persons or insured residents who are receiving health services covered by a third party (for example, the Workers' Compensation Board) or in conjunction with uninsured services, such as cosmetic surgery.
- 4.6 Uninsured services are those provided in circumstances under which no benefit is payable under the Alberta Health Care Insurance Act.

5. PREFERRED ACCOMMODATION

5.1 LEGISLATIVE REFERENCE

- 5.1.1 *Hospitals Act* (Part 3) and Hospitalization Benefits Regulation contain important and relevant provisions respecting the provision of standard ward hospitalization and preferred accommodation.
- 5.1.2 Section 5(7) of the Hospitalization Benefits Regulation states:

“Subject to subsection (8), in an approved general hospital the authorized charges for preferred accommodation shall be determined by the board of the regional health authority of the health region in which the approved general hospital is situated.”
- 5.1.3 The provision of preferred accommodation to patients receiving insured services in designated surgical facilities is subject to the provisions of the *Health Care Protection Act* and Regulation, Ministerial Order of designation, and the contract between the surgical facility and the RHA.

5.2 DEFINITIONS

- 5.2.1 Preferred accommodation - increasingly preferred accommodation will be distinguished from standard ward accommodation by the amenities offered rather than by the number of beds in a room. These amenities may include non-medical good and services, such as designer label linens, gourmet meals, etc.
- 5.2.2 Standard ward and preferred accommodation are defined terms in the Section 1(1) of the Hospitalization Benefits Regulation.

5.3 EXPECTATIONS OF REGIONAL HEALTH AUTHORITIES

- 5.3.1 Legislated requirements regarding supply and access to standard ward accommodation (publicly funded) or equivalent are met.
- 5.3.2 Transparency and rationale for decision can be provided.
- 5.3.3 Regional health authorities determine the range and variety of preferred accommodations offered in their hospitals.
- 5.3.4 Patients or their agents are informed in advance of choices and charges for preferred accommodation.
- 5.3.5 The types of preferred accommodation provided by the RHAs may vary among health regions.
- 5.3.6 Rates or charges for preferred accommodation may vary among RHAs.
- 5.3.7 When setting rates, RHAs are transparent and provide clarity to the public. When medically required, a semi-private or private room must be provided without charge to the patient.

5.4 REPORTING AND ACCOUNTABILITY

- 5.4.1 RHAs are required to provide 30 days advance notice to other RHAs and the Minister's designate regarding the categories of preferred accommodation offered by the health region and the charges associated with each category of preferred accommodation.
- 5.4.2 The 30 day notification requirement does not apply (1) one-time or exceptional circumstances relating to a particular case or (2) with respect to determination of rates for preferred accommodation to take effect September 1, 2005.
- 5.4.3 Alberta Health and Wellness and RHAs will work together to review information needs and define any additional reporting requirements related to the provision of preferred accommodation.

6. NON-STANDARD GOODS AND SERVICES

6.1 LEGISLATIVE REFERENCES

- 6.1.1 *Hospitals Act* (Part 3) and Hospitalization Benefits Regulation.
- 6.1.2 *Health Care Protection Act* (HCPA) and Health Care Protection Regulation.
- 6.1.3 Both hospitals and designated surgical facilities providing non-standard (enhanced) medical goods or services provide must adhere to the *Health Care Protection Act* and its Regulation including its extensive disclosure and related requirements.
- 6.1.4 Hospitalization Benefits Regulation allows RHAs to set charges for non-standard (enhanced) goods or services provided in hospitals.

6.2 DEFINITIONS

- 6.2.1 **Non-standard medical goods or services** are medical goods or services that exceed what would normally be used in a particular case in accordance with generally accepted medical practice. They are provided in conjunction or as part of an insured physician service and are also referred to as enhanced medical goods or services.
- 6.2.2 The definition of non-standard medical goods or services does not include outpatient medical supplies. Longstanding policies and practices have allowed hospitals and RHAs to charge patients for these items. The Hospitalization Benefits Regulations indicates that **outpatient medical supplies** are medical goods provided to a patient for use after discharge from an approved hospital or facility, but not goods used in the medical procedure.
- 6.2.3 Non-standard goods or services includes, but is not limited to, medical, surgical and dental goods and services.

6.3 EXPECTATIONS OF HEALTH AUTHORITIES

- 6.3.1 Criteria for Non-standard (Enhanced) Goods or Services
- 6.3.1.1 The good or service is not medically required to treat the patient's condition, including any potential benefits to medical care and the patient health outcomes relative to the standard good or service.
- 6.3.1.2 Non-standard goods or services are provided in response to patient preferences.
- 6.3.1.3 Generally, non-standard goods or services would be less frequently provided to meet the medical need than the standard good or service.
- 6.3.1.4 A specific good or service may, when supported by clinical and scientific evidence be provided to some patient groups as a standard good or service and to other patient groups as a non-standard good or service.
- 6.3.2 Consideration of the following additional factors may assist RHA decision making.
- 6.3.2.1 Whether or not physician service associated with the provision of the proposed non-standard good or service is listed in the Schedule of Medical Benefits. Insured dental procedures are list in the Oral and Maxillofacial Surgery Benefits Regulation.
- 6.3.2.2 Whether the good or service has been licensed by Health Canada for sale or use without restriction and requirements for its sale and use under applicable federal legislation.
- 6.3.2.3 Phase in life cycle of technology (whether the good or service is in an experimental or development stage the appropriateness of providing it as a standard or non-standard good).

6.3.2.4 Nature of research (that a good or service is being studied as part of a research project does not mean that is necessarily experimental, any existing insured service could be part of a research project).

6.3.3 Guidelines for Regional Health Authority Approach to Decision-making

6.3.3.1 Transparency and rationale for decisions can be provided.

6.3.3.2 Evidence-informed.

6.3.3.3 Collaborative, involving clinicians, administration, and other expertise, as appropriate.

6.3.3.4 Considers whether or not and how other health regions are providing the good or service, i.e. as standard or non-standard good or service.

6.3.3.5 Allows for attending physician input in the particular case.

6.3.3.6 Considers the broader health system context and practices and policies in other jurisdictions

6.3.4 Charges to Patients

6.3.4.1 In accordance with the regulations, the charge for an enhanced good or service cannot exceed the actual cost of the good or service plus a reasonable administrative allowance.

6.3.4.2 No new charges for drugs provided in conjunction with insured services can be introduced. (*Intent is to maintain status quo until provincial strategy on drugs is finalized at which time this provision can be reviewed.*)

6.3.4.3 Within a region, the charge to a patient for a specific non-standard good or service should be the same in hospitals and designated surgical facilities.

6.3.4.4 Charges to patients for a specific good or service may vary among regions.

6.3.5 Reporting and Accountability

6.3.5.1 RHAs are required to provide 30 days advance notice to other RHAs and the Minister's designate regarding any goods or services that will be provided as non-standard goods or services, the associated charge for these goods or services, and when applicable, the criteria or clinical indication that may qualify patients to receive it as a standard good or service (for whom it is publicly funded).

6.3.5.2 The 30 day notification requirement does not apply (1) to non-medical goods or services, (2) one-time or exceptional circumstances (for example, RHA does not normally provide the non-standard good or service, but it prepared to do so in a particular case), and (3) continuation of charges for any medical goods or services that were being provided as enhanced medical goods or services prior to September 1, 2005 (i.e., multi-focal or astigmatic intraocular lens implants).

- 6.3.5.3 RHAs publish and keep current a list of non-standard medical goods or services, the associated charges, and when applicable, the criteria or clinical indication that may require patients to receive it as a standard good or service (for whom it is publicly funded). It should be posted on the health region's website, and the Regions will provide a copy to the Minister's designate.
- 6.3.5.4 Alberta Health and Wellness and RHAs will work together to review information needs and define any additional reporting requirements related to the provision of enhanced goods or services.

6.3.6 Periodic Review

RHAs and Alberta Health and Wellness, working together, may periodically review the regional lists of enhanced goods or services and consider whether any particular good or service should be provided as a standard good or service.

7. PREVIOUS DIRECTIVES

- 7.1 The directive issued September 28, 2000 respecting fibreglass casts remains in effect. It stated: "both plaster and fibreglass casts are to be provided without charge to patients as part of insured hospital services when provided in conjunction with an insured physician service."
- 7.2 In keeping with past decisions, RHAs are required to provide monofocal rigid or soft/foldable lens implants at no charge to patients receiving insured services.
- 7.3 The provisions in past directives (May 1, 2000) regarding calculation of charges to patients for multifocal or astigmatic intraocular lenses considered enhanced goods are rescinded.

8. GENERAL PROVISIONS

- 8.1 The Minister's designate is the Assistant Deputy Minister, Program Services Division, Alberta Health and Wellness.
- 8.2 Alberta Health and Wellness intends to review this provincial framework within a year of its date of issue.

Original signed by:

Paddy Meade, Deputy Minister
Alberta Health and Wellness

Effective Date: September 1, 2005