

Alberta Progress on the *10-Year Plan to Strengthen Health Care*

The *10-Year Plan to Strengthen Health Care* (2004) is an agreement between all provinces, territories and the federal government to ensure that Canadians have access to essential health care services when they need it. While the agreement is focused on five key areas of access (cancer, heart, diagnostic imaging, joint replacement and sight restoration), it also covers strategic investments in a number of areas that support improved access to health services, such as home care, prescription drugs, health promotion and disease prevention, primary health care, and health professions.

This report shows the progress Alberta has made in implementing key strategies in the first year of the plan, including improving access to services, expanding primary health care and making the best use of health professionals.

Access to Services

Alberta is taking the following three step approach to reduce wait times and improve access to services, including:

- accurate wait time measurement
- appropriate access goals, based on evidence and expert clinical advice
- redesign of service delivery to achieve the access goals.

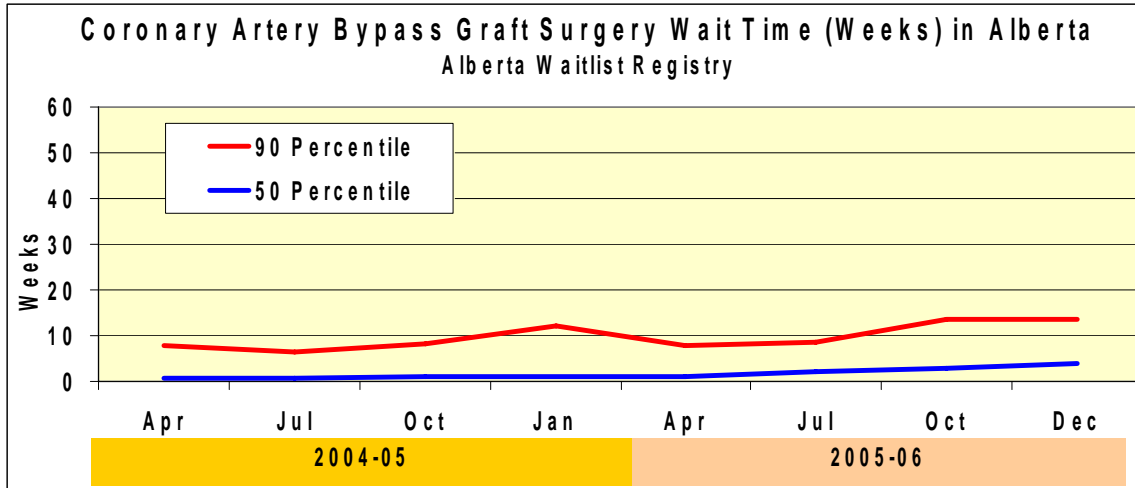
Measurement

Alberta launched the Alberta Waitlist Registry in 2003 to provide online information on wait times and the number of patients waiting for non-emergency surgery and some diagnostic procedures. Albertans can look at wait times for a particular physician, hospital or region and use the information to make decisions about their own treatment. Recent improvements to the registry include showing historical 12-month trends in wait times.

The registry allows Alberta Health and Wellness to report how long Albertans are waiting for services and helps to identify any important access issues.

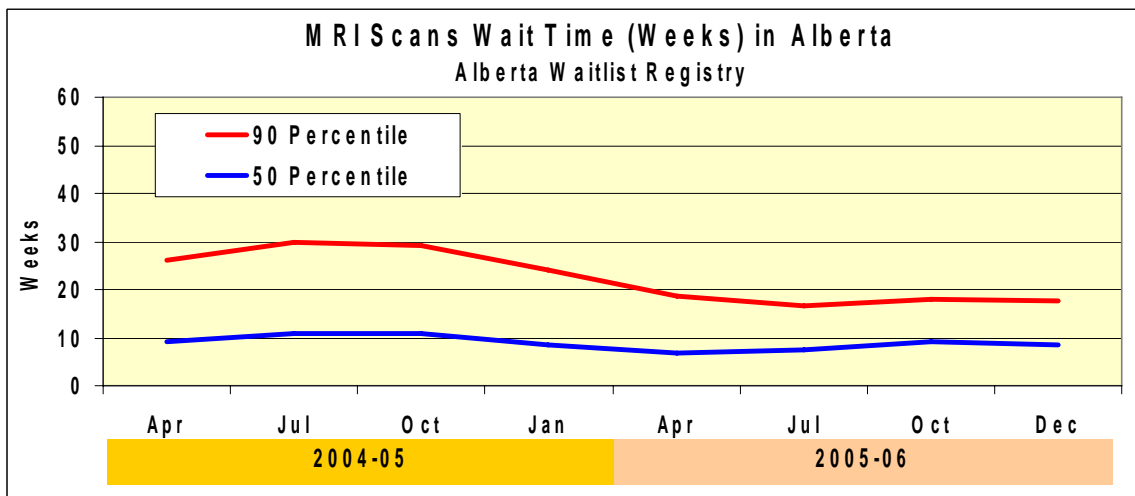
In all non-emergency cases, the wait time for service begins when the patient and the appropriate physician agree that a particular treatment will be provided.

The following graphs show recent trends in wait times for heart surgery, hip replacement surgery, and MRI diagnostic tests. Note that emergency cases receive treatment immediately, and are not shown on these graphs.



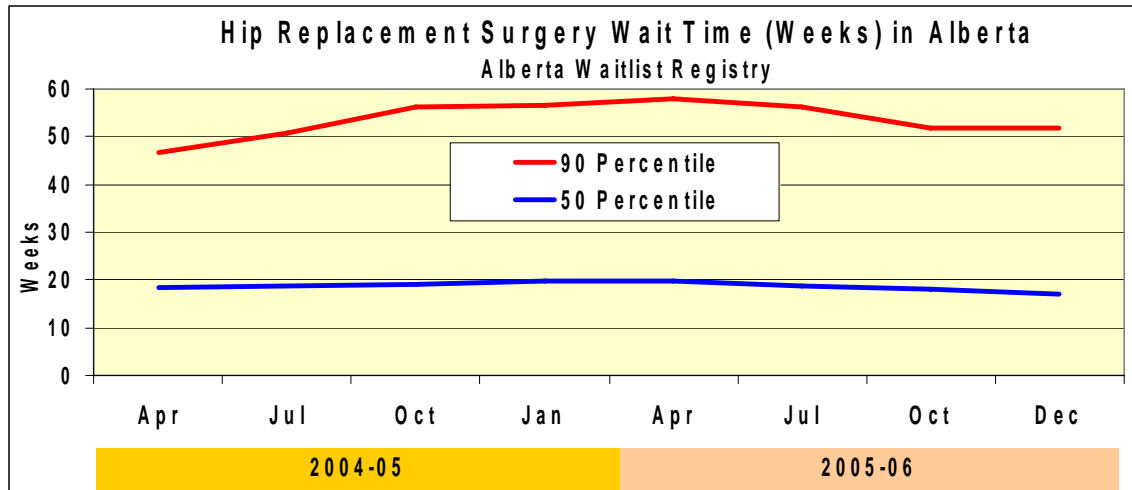
Source: Alberta Waitlist Registry, Alberta Health & Wellness.

For the three-month period ending December 31, 2005, half of heart surgery patients received their treatment within four weeks of the decision to have the surgery (the blue line), and the majority received surgery within 14 weeks (the red line). Wait times for heart surgery have been relatively stable over the past year.



Source: Alberta Waitlist Registry, Alberta Health & Wellness.

For the three-month period ending December 31, 2005, half of the patients waiting received their MRI scan within nine weeks (the blue line), and the majority received their MRI within 18 weeks (the red line). There has been a decrease in wait times for MRI over the past year.



Source: Alberta Waitlist Registry, Alberta Health & Wellness.

For the three-month period ending December 31, 2005, half of the patients waiting received their hip replacement surgery within 17 weeks (the blue line), and the majority had their surgery within 52 weeks (the red line). There has been a slight decrease in wait times for hip replacement surgery over the past few months.

Agreement with other provinces. Alberta has agreed with other provinces and territories to establish a small number of comparable access measures, and to monitor improvements in access, as described in the *10-Year Plan*. These measures include:

- Wait times for radiation therapy and chemotherapy for cancer
- Wait times for cardiac bypass surgery and angioplasty
- Wait times for MRI and CT scanning for diagnostic purposes
- Wait times for hip and knee replacement
- Wait times for cataract removal
- Reported wait times for appointment with a specialist physician

Alberta has also agreed to some basic definitions for wait time measures, which will ensure that the results from different provinces can be compared. Reporting based on these definitions is expected in 2007.

Access goals

Since 2003, Alberta Health and Wellness has been working with experts in diagnostic imaging (MRI), cancer care, heart surgery, and major joint replacement to set appropriate access goals for these services. This work considers the evidence related to the appropriate care, the impacts of waiting on health, and the availability of resources to improve access, before determining the appropriate access goal for Alberta. Alberta's access goals will be announced early in 2006.

Agreement with other provinces. Alberta has been working with other jurisdictions in Canada to develop benchmarks for wait times and access to services. These benchmarks

are access goals that we expect to achieve through improvements in service delivery. Each province and territory will set its own access targets to reflect the priorities, needs, resources and timelines of their own jurisdiction. As measurement systems are developed we will be able to track progress towards meeting the benchmarks.

Federal/Provincial/Territorial Benchmarks for Wait Times and Access

Service	F/P/T Benchmark
Open heart surgery – CABG	Level 1: 2 weeks Level 2: 6 weeks Level 3: 26 weeks
Hip replacement	26 weeks
Knee replacement	26 weeks
Hip fracture repair	48 hours
MRI – diagnostic test	TBD
CT – diagnostic test	TBD
Cancer radiation therapy	All cases: 4 weeks after referral
Cataract surgery	16 weeks
Cancer Screening: - Breast cancer - Cervical cancer	100% of target group 100% of target group

TBD – to be developed.

Alberta will set targets for these and other services, in order to achieve the benchmarks, based on our needs and priorities, and in consultation with Alberta care providers.

Re-design of service delivery

Alberta Health and Wellness has been working with health professionals and the regional health authorities to develop better ways to deliver services so that the access goals can be met. A re-designed approach to providing hip and knee replacements is being tested in Edmonton, Calgary and Red Deer. Results from this test, which will be available in 2006, will determine if the re-designed service is reducing wait times, is safe for patients and is cost effective. Early results indicate that a redesigned care path can significantly reduce wait times. Tests of re-designed treatments in heart surgery, cancer care and diagnostic imaging (MRI) will begin in 2006.

Primary Health Care

Alberta is improving access to primary health care by changing how these services are organized, funded and delivered. The goal is to improve access by making it easier for Albertans to receive the health services they need at the right time, in the right place, from the right provider.

Primary health care reform in Alberta is being advanced by local Primary Care Networks, Health Link Alberta, making the best use of health professionals and many other supports for primary health care best practices.

Primary Care Networks

Groups of physicians and health regions are organizing Primary Care Networks to jointly deliver health services to best meet the needs of their patients.

Primary Care Networks use a team approach to co-ordinate care for their patients. Family physicians work with health regions to better integrate health services by linking to regional services such as home care, as well as by linking patients with specialists for some services. Family physicians also work with other health providers such as nurses, dietitians, pharmacists, physiotherapists and mental health workers who help to provide some services within the networks.

Alberta has celebrated the launch of eleven Primary Care Networks in the past year, serving 600,000 patients:

- **Edmonton Southside**, was the first Primary Care Network to be launched involving 59 south Edmonton physicians
- **WestView** includes 38 family physicians in Stony Plain, Spruce Grove and Parkland County
- **Bonnyville** includes 10 family physicians.
- **Camrose** has 15 family physicians.
- **Wood Buffalo** involves 20 family physicians in Fort McMurray.
- **Chinook** includes 31 family physicians in Taber, Cardston, Pincher Creek, and Lethbridge.
- **Rocky Mountain House** includes 11 family physicians.
- **South Calgary** includes 49 family physicians providing services to people living in the South Calgary area.
- **Calgary Rural** has 59 family physicians providing services in Black Diamond, Claresholm, Okotoks, Nanton, High River, Strathmore, and Vulcan.
- **Red Deer** network includes 50 family physicians.
- **Edmonton Oliver** has 27 participating physicians serving an area west of downtown Edmonton.

Eighteen other Primary Care Networks involving 500 physicians are in development and should reach 700,000 patients. Seven Networks should be ready to be launched in the next few months. The remaining Networks are working with groups of family doctors and their health regions to develop detailed business plans to improve delivery of primary care services.

Health Link Alberta

Albertans can receive toll-free 24-hour health advice and information by calling Health Link Alberta. For the year ending March 31, 2005, Health Link Alberta received 921954 calls from residents throughout the province.

Almost half of all callers to Health Link Alberta are between 18 and 30 years of age. Seniors make up three per cent of callers. More than three-quarters of all calls are made by women. Most calls relate directly to the callers themselves or their young children. Inquiries about young children account for the largest proportion of calls.

Health Link Alberta Calls by Relationship of Caller to Patient For the period January 1 – March 31, 2005	
Self	57%
Child	37%
Spouse	3%
Other	3%

Health Link Alberta – Calls by Patient Age Group For the period January 1 – March 31, 2005	
Under 5 years – 17 years	43%
18-45 years	43%
46-65 years	10%
66- and older years	4%

Over 97 per cent of callers to Health Link Alberta rate the service as valuable, noting that they would use the service again and would recommend the service to their family and friends. An overwhelming majority of callers reported that they felt comfortable expressing concerns; found the information received from Health Link Alberta easy to understand; were able to get the information they needed; and felt that they could handle a similar situation on their own in the future.

Support for Primary Health Care Best Practices

Alberta is strengthening primary health care services by funding innovative projects, developing the electronic health record system and Telehealth, and providing alternate ways to pay physicians.

Primary Care Projects

From 1998 to 2006, Alberta has allocated \$54 million to 66 different initiatives to expand and explore innovative ways to deliver primary health care.

Many of these successful innovative projects have been incorporated into Alberta's health system. Three high impact examples are cited. Capital Health's critical care line provides a central point-of-entry for family doctors to link with specialist physicians. A similar service is now available province-wide. Chinook Health Region's breast health centre now receives regular regional funding. The maternity shared care model, involving a team of physicians, midwives and nurses, was successfully implemented in Stony Plain and is now part of the WestView Primary Care Network.

Netcare Electronic Health Record

The Netcare electronic health record (EHR) is a province-wide clinical health information system that links physicians, pharmacists, laboratories, hospitals, home care and other providers across the province. There are over 12,000 providers using Netcare today primarily consisting of physicians, nurses and pharmacists. This has expanded from 5,000 in 2004/05.

Netcare stores pertinent patient information online to allow health care providers secure access to a patient's prescription history, allergies and laboratory test results by computer. The result is more accurate diagnosis and efficient treatment for better, safer patient care.

Telehealth

All nine of Alberta's health regions are actively engaged in Telehealth, an electronic network that provides clinical services, and educational and administrative communications. By using video-conferencing and specialized medical instruments, patients can be examined or monitored through Telehealth as if they were in the same facility as their care providers. Alberta's Telehealth network includes more than 200 Telehealth sites across the province, including 25 that offer tele-ultrasound or other radiology services. High impact examples include:

- Using Telehealth to improve care to patients with Chronic Obstructive Pulmonary Disease in central and northern Alberta;
- Telehome Care in the Northern Lights Health Region; and,
- Child/Adolescent Telepsychiatry Outreach.

Alternate Relationship Plans

Established under the 2003 Master Agreement between Alberta Health and Wellness, the Alberta Medical Association and the regional health authorities, Alternate Relationship Plans (ARPs) provide physicians with stable compensation in return for providing services to a defined group of patients.

The ARP program has allowed the formation of several innovative physician practice models, such as:

- Multi-disciplinary family medicine clinics funded by population-based models;
- Shared care models for maternity, child psychology, and addictions;
- Urgent care models in Sherwood Park and Calgary; and,

- Comprehensive general practices in several rural areas.

ARPs aim to improve patient outcomes and satisfaction by encouraging innovative approaches to delivering health care services. ARPs allow physicians more flexibility in how they provide services to patients, work with other health professionals and find a better balance in their professional and personal lives.

Approximately 700 Alberta physicians currently practise under ARP agreements, and recent changes will make it possible for many more to benefit from the ARP program.

Public Health Goals

In 2004 Health Ministers directed work on the development of Public Health Goals in response to First Ministers' Meeting (FMM) 2004. The FMM communiqué stated, in the context of accelerating work on a Pan-Canadian Public Health Strategy, "...for the first time, governments will set goals and targets for improving the health status of Canadians through a collaborative process with experts. The Strategy will include efforts to address common risk factors, such as physical inactivity, and integrated disease strategies."

The approach taken includes two phases: first, reaching consensus on goals, and second, determining which targets within the context of the goals might best suit each jurisdiction, and where there may be opportunity for ongoing collaborative efforts. Generally, there are five key public health functions:

- Health promotion
- Disease and injury prevention
- Health protection
- Health surveillance
- Population health assessment

An effective public health system is essential to preserve and enhance the health status of Albertans, to reduce health disparities and to reduce costs in the curative health system. While Alberta supports the current approach on Public Health Goals as a means to align the work of many stakeholders in advancing the health of the population, Alberta will continue the development of its own targets, initiatives and reporting processes.

Comprehensive Health Workforce Planning

It takes a wide diversity of health service providers to deliver sustainable, accessible and quality health care services to Albertans. Since 2003, significant progress has been made to address immediate health workforce requirements, as well as to plan for health workforce needs in the future.

Work has been underway to ensure Alberta has an adequate supply of health care providers to sustain the overall health care system as well as to support specific initiatives such as Primary Care Networks, Alternate Relationship Plans, Health Link Alberta,

Telehealth and access to specialized services including MRIs, cancer care, heart surgery and major joint replacements.

Alberta has increased the number of health care providers required to support the growth and advancement of the health care system. Between 2000 and 2004, the number of physicians has increased by 16 per cent, the number of nurses has grown by 15 per cent and the number of pharmacists has also increased by 15 per cent. Between 2003 and 2004, there was a four per cent increase in the overall number of health care providers.

Health profession	2000	2004	% change
Physicians	5244	6084	+16%
Nurses (RN, RPN, LPN)	30025	34626	+15%
Pharmacists	2913	3344	+15%

Attracting and keeping people in health professions

New strategies are being developed to recruit today's youth into health professions. These initiatives include new programs to help high school students make the transition to post-secondary health profession education programs and bursary programs that link students to northern employers. Work continues to help immigrant health care providers meet requirements to enter the health workforce in Alberta.

Effective health workforce planning requires ongoing collaboration with stakeholders and a willingness to look for innovative solutions. Alberta needs to continually monitor its workforce supply and be prepared to respond to significant increases in population and the prospect of many health care providers retiring from the health care system.

What to Expect in 2006

The *10-Year Plan to Strengthen Health Care* is not only about access to service, primary health care, and the supply of health service providers. Alberta continues to work with other provinces and territories on these and other areas, such as home care, prescription drugs, and goals for healthy living. Many of these are also important strategies for Alberta's *Third Way* initiative.

In 2006, agreements are expected on a national strategy on prescription drugs. We will provide annual updates to Albertans on all these developments.

References:

Alberta Ministry of Health and Wellness Annual Report (2004-2005)

Alberta Waitlist Registry:

<http://www.ahw.gov.ab.ca/waitlist/WaitListPublicHome.jsp>