

BUDGET 2023

GOVERNMENT OF ALBERTA | 2023-26

Ministry Business Plan Health

Health

Business Plan 2023-26

Ministry Fact Sheet – Mandate and Structure

The Ministry of Health is building a more resilient and sustainable health care system that can support Albertans getting care when and where they need it, while responding to system-wide health challenges, improving health outcomes and maintaining fiscal responsibility. The ministry supports Albertans' health and well-being throughout their lives by protecting public health and promoting wellness; coordinating and delivering safe, person-centred, quality health services; planning capital infrastructure; supporting innovative information management and technologies; regulating health care; and, funding the health system.

The ministry consists of the Department of Health, Alberta Health Services, and the Health Quality Council of Alberta. The Minister of Health is supported by two parliamentary secretaries for emergency medical services (EMS) reform and rural health.

The Ministry of Health relies on collaboration with a range of health professionals; partners and organizations in the health and social sectors; academic and research institutions; First Nations, Metis Settlements, the Métis Nation of Alberta; and, other orders of government in delivering health services as well as maintaining and improving Alberta's health system.

The Department of Health establishes the Government of Alberta's strategic direction for health, including: advising government on health policy, legislation and standards, and public health concerns; monitoring and reporting health system performance; setting policies and priorities for the electronic/digital health environment; and, providing oversight and ensuring accountability across the health system.

The Department of Health administers financial operations in accordance with the government's financial legislation, including administration of the Alberta Health Care Insurance Plan (AHCIP). The AHCIP, in accordance with the *Canada Health Act*, provides publicly funded basic health services and publicly funded hospital services to eligible residents of Alberta. Ongoing digital modernization initiatives support administration of the AHCIP. Details of the plan, including eligibility for a personal health care card and the services covered by the AHCIP, are available online at www.alberta.ca/ahcip.aspx.

Alberta Health Services (AHS) is the provincial health authority responsible for delivering a substantial portion of health care services across the province. Working with the Department of Health, other government departments and agencies, and external stakeholders, AHS is focusing on urgent reforms related to improving EMS response times, decreasing emergency room wait times, reducing surgical wait times, and empowering frontline workers to deliver health care.

The Health Quality Council of Alberta (HQCA) works collaboratively with health system partners to promote and improve patient safety, person-centred care and health service quality on a provincewide basis. The HQCA engages with Albertans and health system partners on a variety of topics and initiatives to inform health system improvements.

Alberta's Health Advocate reports to the Minister. The Advocate supports Albertans in navigating the health system and accessing the appropriate resolution services to address health care concerns, including those specific to the *Alberta Health Act*, and seniors, their families and service providers.

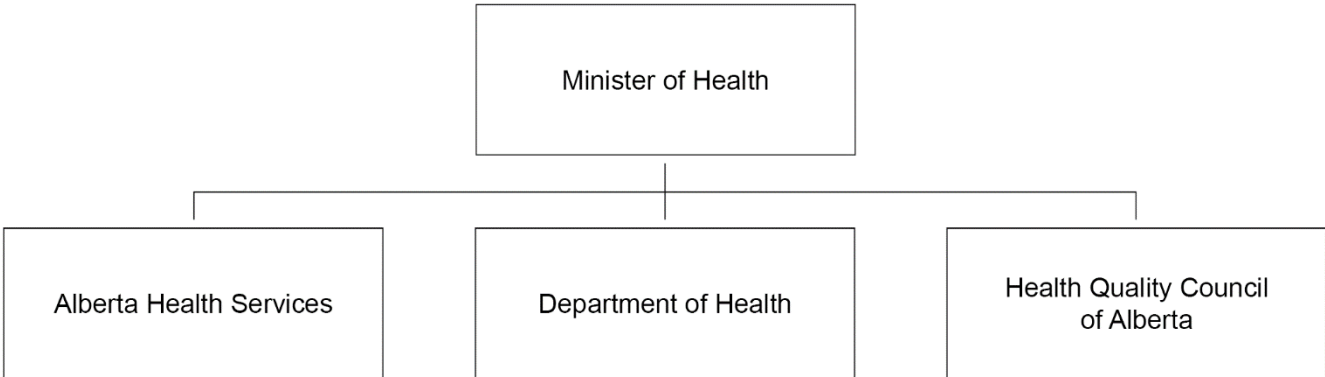
Ministry policies, programs and initiatives for wellness, disease and injury prevention, early intervention, and managing chronic health conditions, support Albertans in optimizing their health while addressing COVID-19 through its endemic phase, and other communicable diseases such as, influenza, respiratory syncytial virus (RSV) and sexually transmitted and blood borne illnesses, including syphilis. The ministry also ensures implementation of recommendations resulting from the Facility-Based Continuing Care Review and the Advancing Palliative and End-of-Life Care in Alberta report to improve the provision of care to seniors and others who require continuing care supports, and Albertans with a life-limiting illness.

The ministry is accountable for primary care as the foundation of our health care system through assessing alternative models of care and leveraging all health care professionals. This includes continuing the work of the Modernizing Alberta's Primary Health Care System initiative, assessing alternative compensation models for family physicians and nurse practitioners, supporting the Primary Care Network governance structure, improving the management of chronic conditions/diseases, and increasing the number of Albertans attached to a health home that provides a home base in the health system to receive primary care services and be connected to other health and social services.

The ministry works with Primary Care Networks, health profession regulatory colleges, operators of chartered surgical facilities and continuing care organizations to maintain high standards of care, support timely and appropriate access to services, and address health care staffing challenges, particularly in rural areas. The ministry is also responsible for health system reform that will incentivize regional innovation and competition to provide increased medical services and surgeries, and attract health care professionals domestically and internationally.

Protecting, monitoring, and evolving information technology systems across Alberta's health system enables health care providers in AHS and the community to share information efficiently and securely; allows Albertans to access their own health information and other resources online through Alberta's MyHealth Records portal; and, enables collaboration among health system partners in academia, industry and clinicians to support research and innovation.

The ministry measures, monitors, evaluates and reports health system performance to support accountability for results and compliance with legislation and health care standards. This includes assessing the effectiveness of health care institutions to improve health care delivery and outcomes while managing costs. Health system and population health statistics and information gathered through public engagement (including input from patients, their family members and caregivers), together with robust analysis, support evidence-based policy decisions to drive improvements in health care quality, safety and delivery, as well as enable more efficient ministry operations.



A more detailed description of the Ministry of Health and its programs and initiatives can be found online at: <https://www.alberta.ca/health>

The Ministry of Health remains committed to regulatory approaches and program delivery that reduces unnecessary government oversight and emphasizes outcomes, in order to improve access to government services, attract investment, support innovation and competitiveness, and grow Alberta businesses.

Ministry business plans should be considered in conjunction with all budget documents - including the Fiscal Plan, Government Strategic Plan, and Estimates - which work together to provide a complete overview of government's commitment to responsible fiscal management.

2023-26 Business Plan

Outcome 1

An effective and accessible health care system that provides Albertans with the necessary care when and where they need it

Alberta’s government continues to build health system capacity to support Albertans’ health and well-being throughout their lives, ensuring a high quality health system that understands patients’ needs and provides access to the most appropriate care in the most appropriate setting.

Key Objectives

- 1.1 Implement the Health Care Action Plan to strengthen the Emergency Medical Services (EMS) system, reduce surgical wait times, decrease emergency department wait times, and empower frontline workers to provide improved services to Albertans with immediate health care needs.
- 1.2 Attract, recruit and retain health care professionals in order to build health system capacity and sustainability.
- 1.3 Strengthen and modernize Alberta’s primary health care system and implement innovations to ensure all Albertans have access to timely and appropriate primary health care services in the community.

Initiatives Supporting Key Objectives

- In 2023-24, \$740 million is budgeted for Emergency Medical Services (EMS), with new funding to address the Alberta Emergency Services Provincial Advisory Committee (AEPAC) recommendations and other pressures identified through the Health Care Action Plan.

Performance Metrics

1.a Performance Measure: Emergency department wait times: 90th percentile time to initial physician assessment in the 16 largest sites (hours)

This measure evaluates the timeliness and efficiency of care delivery in the emergency department. Shorter waits demonstrates patients are receiving timely assessment and treatment in the emergency department.

In 2021-22, emergency department wait times for initial physician assessment was 4.6 hours.

Targets	2023-24	Below 2022-23 actual	2024-25	Below 2023-24 actual	2025-26	Below 2024-25 actual
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1.b Performance Measure: EMS 90th percentile response times (minutes) for the most urgent (life threatening) calls

This measure helps evaluate the timeliness of ambulance services. The shorter the time demonstrates system responsiveness and ability to provide timely medical care to patients in the community.

In 2021-22, EMS response times were 14.6 minutes for metro/urban communities; 18.6 minutes for communities above 3,000 residents; 33.8 minutes for rural communities; and 55.4 minutes for remote communities.

Targets ¹	2023-24	2024-25	2025-26
Metro/urban communities; Communities above 3,000 residents; Rural communities; and Remote communities	Below 2022-23 results	Below 2023-24 results	Below 2024-25 results

¹Continual year over year improvement until 90th percentile benchmark targets achieved (benchmark target under development).

1.c Performance Indicator: Percentage of surgical procedures that met national wait time benchmarks

This indicator is used to monitor effective, accessible care for three common surgical procedures. The benchmarks reflect clinically appropriate wait times (days), based on scientific evidence.

	2017-18	2018-19	2019-20	2020-21	2021-22
Hip replacement benchmark (182 days)	70.5%	68.5%	65.5%	51.6%	51.2%
Knee replacement benchmark (182 days)	64.6%	65.0%	61.5%	43.3%	39.7%
Cataract surgery benchmark (112 days)	53.3%	48.2%	45.1%	44.5%	64.7%

1.d Performance Indicator: Number of registered physicians in Alberta¹

This indicator reflects the number of physicians registered to practice in Alberta.

	2018 ²	2019	2020	2021	2022
Number of registered physicians	10,674	10,948	11,120	11,153	11,407

¹ Source: College of Physicians and Surgeons of Alberta. ² Results based on calendar year.

Outcome 2

A modernized, safe, person-centered, high quality and resilient health system that provides the most effective care now and in the future for each tax dollar spent

Alberta is modernizing the health care system to ensure it is sustainable, accessible, efficient and effective, and that resources are aligned with patients' care needs.

Key Objectives

- 2.1 Implement strategies that ensure the sustainability of publicly funded pharmaceutical benefits.
- 2.2 Assess the effectiveness of health care institutions including the HQCA and AHS to improve health care delivery and health care outcomes while managing costs.
- 2.3 Modernizing the digital health system for Albertans and health care providers.
- 2.4 Ensure processes for resolving patient concerns are effective, streamlined, and consistent across the province.
- 2.5 Work with the Ministry of Technology and Innovation to create health spending accounts for non-publicly funded or non-insured expenses.
- 2.6 Increase oversight to improve safety while reducing red tape within the health system by streamlining processes and reducing duplication.

Initiatives Supporting Key Objectives

- In 2023-24, nearly \$1.3 billion is allocated to protect quality health care through investments in new and existing health facilities, medical equipment, technology and information systems across the province.

Performance Metrics

2.a Performance Indicator: Alberta health care spending per capita vs comparator provinces (2021-22)

This indicator is used to monitor the financial resources used for health care for each person covered by Alberta's publicly funded health care system. This is a gauge of the fiscal sustainability and efficiency of Alberta's health system versus comparator provinces.

The 2020-21 actual provincial per capita spending on healthcare was \$5,575.

	Alberta	British Columbia (BC)	Ontario (ON)	Quebec (QC)	Average (BC, ON and QC)
Health spending per capita (2021-22) ¹	\$ 5,384	\$ 5,517	\$ 5,392	\$ 5,906	\$ 5,605

Difference (versus average)	\$ (221)	\$ (88)	\$ (213)	\$ 301
Population (in millions)	4.5	5.2	14.9	8.6
Total health spending difference versus average (in billions)	\$ (0.99)	\$ (0.46)	\$ (3.17)	\$ 2.60

¹ To improve comparability across jurisdictions, provincial/local consolidated Statistics Canada data are used in this comparison.

Outcome 3

The health and well-being of all Albertans is protected, supported and improved, and health inequities among population groups are reduced

The ministry continues to work with its partners to ensure equitable access to high-quality, safe health care services, giving Albertans choice when receiving care from health care professionals.

Key Objectives

- 3.1 Safeguard Albertans from communicable diseases that can cause severe outcomes.
- 3.2 Improve access to health services in remote and rural communities by attracting, recruiting and retaining health professionals in these communities and modernizing critical capabilities in the delivery of health care services.
- 3.3 Improve access for underserved populations and for First Nations, Métis, and Inuit peoples to quality health services that support improved health outcomes.
- 3.4 Prevent injuries and manage chronic diseases and conditions through policy development, health and wellness promotion, screening, strengthening primary health care delivery, and initiatives that facilitate individual and community wellbeing in healthy environments.
- 3.5 Modernize and transform the continuing care system to improve access and shift to more care in the community.

Initiatives Supporting Key Objectives

- In 2023-24, \$828 million is budgeted for population and public health initiatives to maintain and improve the health of Albertans through services promoting and protecting health, and preventing injury and disease.
- In 2023-24, \$158 million is budgeted for initiatives to train, recruit and retain more health care professionals for Alberta.

Performance Metrics

3.a Performance Measure: Number of patients waiting in hospital for continuing care placement

This measure monitors the number of patients waiting in hospital approved and ready for placement to Designated Supportive Living or Long-Term Care in the 14 largest acute care sites at the end of each month.

As of March 31, 2022¹, there were 216 assessed patients waiting in hospital for continuing care placement.

Targets	2023-24	2024-25	2025-26
	Below March 31, 2022	Below March 31, 2023	Below March 31, 2024

¹ Number of assessed patients waiting for continuing care placement as of March 31, 2022; to be consistent with AHS reporting.

3.b Performance Indicator: Number of home care hours provided (millions hours) and number of individual/unique clients

This indicator monitors shifting reliance from facility to home-based care, where safe and appropriate to do so.

	2018-19	2019-20	2020-21	2021-22
Number of home care hours provided	12.52	12.52	11.46	11.95
Number of unique home care clients	119,862	124,975	117,775	121,560

STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable		2023-24 Estimate	2024-25 Target	2025-26 Target
	2022-23 Budget	2022-23 Forecast			
REVENUE					
Internal Government Transfers	372,534	420,688	468,138	491,184	498,380
Transfers from Government of Canada	162,881	359,432	162,950	164,700	164,150
Canada Health Transfer	5,351,896	5,520,360	6,079,269	6,286,495	6,707,896
Investment Income	55,020	35,020	54,020	61,020	64,520
Supplementary Health Benefit Premiums	46,000	46,000	46,000	46,000	46,000
Other Premiums, Fees and Licences	491,201	534,801	586,001	626,001	658,001
Other Revenue	569,080	563,912	522,475	504,675	520,675
Ministry Total	7,048,612	7,480,213	7,918,853	8,180,075	8,659,622
Inter-Ministry Consolidation Adjustment	(404,178)	(445,332)	(493,962)	(517,008)	(524,204)
Consolidated Total	6,644,434	7,034,881	7,424,891	7,663,067	8,135,418
EXPENSE					
Ministry Support Services	66,196	66,379	69,599	68,884	68,884
Physician Compensation and Development	5,472,718	5,978,611	6,178,296	6,409,406	6,399,007
Acute Care	4,172,904	4,276,525	4,661,667	4,855,398	4,961,526
Diagnostic, Therapeutic and Other Patient Services	2,618,714	2,636,533	2,903,157	2,974,089	3,070,697
Drugs and Supplemental Health Benefits	2,619,777	2,522,577	2,768,842	2,850,687	2,973,929
Community Care	1,725,400	1,707,173	2,021,800	2,138,300	2,199,900
Continuing Care	1,244,754	1,279,390	1,405,031	1,438,322	1,489,989
Home Care	755,100	749,729	902,800	983,400	1,071,400
Population and Public Health	650,319	673,472	827,904	849,925	877,653
Emergency Medical Services	604,050	601,160	739,569	786,579	794,779
Support Services	2,249,900	2,373,971	2,521,200	2,558,600	2,631,400
Information Technology	828,390	846,227	907,385	888,188	829,374
Administration	496,800	473,966	541,300	559,700	571,100
Research and Education	131,479	132,679	133,492	134,131	133,631
Infrastructure Support	51,435	12,472	89,452	240,402	100,000
Debt Servicing	14,000	14,000	15,000	15,000	15,000
Cancer Research and Prevention Investment	11,300	11,300	10,380	10,382	10,382
Ministry Sub Total	23,713,236	24,356,164	26,696,874	27,761,393	28,198,651
COVID-19 Pandemic Response	10,000	1,450,992	-	-	-
Ministry Total	23,723,236	25,807,156	26,696,874	27,761,393	28,198,651
Inter-Ministry Consolidation Adjustment	(239,419)	(244,049)	(250,375)	(266,987)	(256,743)
Consolidated Total	23,483,817	25,563,107	26,446,499	27,494,406	27,941,908
Net Operating Result	(16,839,383)	(18,528,226)	(19,021,608)	(19,831,339)	(19,806,490)
CAPITAL INVESTMENT					
Continuing Care	-	-	585	635	-
Information Technology	25,276	27,525	27,280	22,480	22,230
Infrastructure Support	-	-	1,000	-	-
COVID-19 Pandemic Response	-	34,700	-	-	-
Health Facilities and Equipment	1,219,376	914,458	1,154,879	1,360,919	1,207,584
Consolidated Total	1,244,652	976,683	1,183,744	1,384,034	1,229,814