



Health

Ministry Business Plan

Health

Business Plan 2024-27

Ministry Fact Sheet – Mandate and Structure

The Ministry of Health is refocusing Alberta’s health care system to improve health outcomes for Albertans and empower health care workers to deliver quality care across the province. A refocused health care system will provide Albertans with the necessary care when and where they need it, enhance government’s ability to provide system-wide oversight, set system priorities, and require accountability for those priorities on behalf of Albertans. 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 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, and 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 Minister of Health is supported by a parliamentary secretary for rural health.

The Ministry of Health currently consists of the Department of Health, Alberta Health Services, and the Health Quality Council of Alberta. In the refocused health care system, provincial health care organizations will be created for acute care, continuing care, mental health and addiction, and primary care. Alberta Health Services will continue to have a strong role as part of the refocused system by concentrating on delivering acute care. A separate integration council is formed to ensure system alignment, identify efficiencies, remove barriers and make sure the system is delivering better health outcomes.

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. 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.

The provincial acute care organization will oversee the delivery of acute care including care delivered in all hospitals, urgent care centres, and chartered surgical facilities; emergency medical services; and cancer care. The organization will work directly with acute care service delivery providers including Alberta Health Services, Covenant Health and chartered surgical facilities to reduce wait times for emergency departments, reduce wait times for surgeries, lower Emergency Medical Services (EMS) response times and improve quality of acute care across the province.

The provincial continuing care organization will provide provincial oversight and coordination of service delivery across the spectrum of continuing care, including continuing care homes and home and community care. The organization will focus on achieving equitable, consistent and timely access to continuing care supports and services through a single, coordinated intake approach, increasing the number and geographic distribution of spaces to meet the needs of Albertans, and improving team-based cross-sector care by leveraging other health and social services.

The provincial primary care organization will coordinate primary health care services and provide transparent provincial oversight. The organization will focus on ensuring all Albertans are attached to a family physician or a nurse practitioner, providing timely access to high-quality primary care services and supporting an integrated team of health professionals to provide comprehensive primary care with appropriate access to patient health information.

The Health Quality Council of Alberta (HQCA) works collaboratively with health system partners on a variety of topics and initiatives to inform health system improvements and improve patient safety, person-centred care and health service quality on a provincewide basis. The HQCA’s role is expanded to support Alberta Health and the provincial organizations to set performance standards and performance indicators and to support audit and compliance functions.

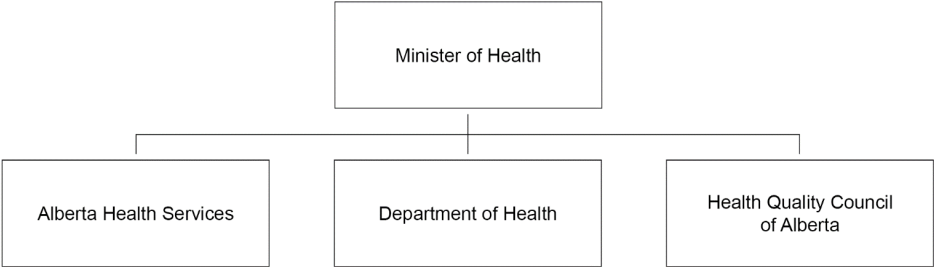
Alberta’s Health Advocate reports to the Minister. The Advocate supports Albertans in navigating the health system and accessing the appropriate resolution services to address health care concerns, including those specific to the *Alberta Health Act* and Alberta’s Health Charter, and seniors, their families 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 environmental public health and food safety risks, and treatment of chronic and communicable diseases including sexually-transmitted and blood-borne infections and respiratory viruses. The ministry also ensures implementation of recommendations 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 and continues the work of the Modernizing Alberta's Primary Health Care System initiative including assessing alternative compensation models for family physicians and nurse practitioners and partnering with First Nations and Métis health leaders on programs for their communities to implement initiatives to address racism and other barriers that Indigenous Peoples experience when accessing primary health care.

The ministry works with physicians and other health providers 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, through the provincial health service delivery organizations, empowers local decision-making and works closely with regional advisory councils to better represent community perspectives, bring forward local priorities and give input on how to improve the system.

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.



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

The Ministry of Health remains committed to regulatory approaches and program delivery that reduce 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.

2024-27 Business Plan

Outcome 1

Enhanced timely access to an effective, safe and responsive publicly funded health care system that provides Albertans with the necessary care when and where they need it

Alberta’s government continues to make health care more accessible and responsive by building health system capacity to support Albertans’ health and well-being throughout their lives, ensuring an integrated and high-quality health care delivery that provides the highest levels of service to Albertans and timely access to the most appropriate care in the most appropriate setting.

Key Objectives

- 1.1 Increased access to health care services for Albertans by improving the Emergency Medical Services (EMS) system, reducing surgical wait times, decreasing emergency department wait times, reducing laboratory and diagnostic services delays, and improve primary health care across the province.
- 1.2 Ensure equitable and timely access to health services across the province, including in remote, rural and Indigenous communities, by implementing workforce strategies and policies to attract, recruit and retain health professionals, and modernizing critical capabilities in the delivery of health care services.
- 1.3 Ensure processes for resolving patient concerns are effective, streamlined, and consistent across the province.
- 1.4 Increase oversight to improve safety while reducing red tape within the health system by streamlining processes and reducing duplication.

Initiatives Supporting Key Objectives

- In 2024-25, \$730 million is budgeted for EMS to increase system capacity and address the Alberta Emergency Services Provincial Advisory Committee and Alberta EMS Dispatch Review recommendations.
- In 2024-25, invest approximately \$2 million to develop and implement a provincewide Midwifery Strategy, and a total of \$10 million over the next three years.
- In 2024-25, \$164 million is budgeted for initiatives to train, recruit and retain more health care professionals.

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 2022-23, emergency department wait times for initial physician assessment was 6.3 hours.

Targets	2024-25	Below 2023-24 actual	2025-26	Below 2024-25 actual	2026-27	Below 2025-26 actual

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 2022-23, EMS response times were 17.5 minutes for metro/urban communities; 18.9 minutes for communities above 3000 residents; 33.9 minutes for rural communities; and, 61.8 minutes for remote communities.

Targets	2024-25	2025-26	2026-27
Metro/urban communities; Communities above 3,000 residents; Rural communities; and, Remote communities	Below 2023-24 results	Below 2024-25 results	Below 2025-26 results

Outcome 2

A modernized and re-focused health care system that delivers the highest quality patient care to all Albertans, including Indigenous Peoples, regardless of where they reside in the province, and is fiscally sustainable

Alberta is refocusing the health care system to prioritize patient care and empower frontline health care workers, including those serving rural, remote and Indigenous communities, to deliver the highest quality health care.

Key Objectives

- 2.1 Improve patient outcomes and access through the creation of dedicated organizations for acute care, continuing care, and primary care within a single functioning health care system.
- 2.2 Engage the health workforce, patients, families, caregivers, and system stakeholders to understand frontline and local perspectives to effectively implement the Health Care System Refocusing Initiative.
- 2.3 Modernize and transform the continuing care system to improve access and shift to more care in the community.
- 2.4 Strengthen and modernize Alberta's primary health care system in partnership with Albertans and Indigenous communities by implementing innovations to ensure access to safe, timely and appropriate primary health care services in the community.
- 2.5 Strengthen the health care system for Albertans and health care providers through the use and integration of information technology.
- 2.6 Implement strategies that ensure the sustainability of publicly funded pharmaceutical benefits.

Initiatives Supporting Key Objectives

- In 2024-25, nearly \$1.2 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: Number of practicing family physicians and registered nurse practitioners in Alberta

This indicator reflects the number of family physicians practicing in Alberta, as well as the number of registered nurse practitioners in Alberta.

	2019	2020	2021	2022	2023
Number of practicing family physicians	5,297	5,275	5,340	5,469	5,523 ¹
Number of registered nurse practitioners	666	715	819	844	887

¹2023 results are as at December 31, 2023.

2.b Performance Measure: Percentage of clients moved to continuing care homes¹ within 30 days of being assessed

This measure is used to monitor the timeliness of access to continuing care homes in Alberta, as indicated by the wait times experienced by clients who move into a continuing care home within 30 days of being assessed.

In 2022-23, 64 per cent of assessed clients were placed in continuing care homes within 30 days of being assessed.

Targets	2024-25	66%	2025-26	68%	2026-27	70%
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¹ Includes long-term care homes (type A) and designated supportive living (type B), but excludes hospices (type C).

2.c Performance Indicator: Number of Albertans registered for MyHealth Records

MyHealth Records portal gives Albertans digital access to their health information, eliminating separate requests from each health provider, and shifting to digital processes to support virtual care options.

	2020	2021	2022	2023
Number of Albertans registered for MHR	129,900	539,800	1,259,500	1,486,300

Outcome 3

The health and well-being of all Albertans is protected, supported and improved, and health inequities among underserved populations, including Indigenous Peoples, are reduced

The ministry continues to work with its partners to address health inequities for underserved populations, empower patients, promote health and wellness and give Albertans choice when receiving care from health care professionals.

Key Objectives

- 3.1 Safeguard Albertans from communicable diseases, such as food-borne illnesses, vaccine preventable diseases (e.g., measles, influenza), respiratory illnesses, and sexually transmitted and blood borne infections that can cause severe health outcomes through prevention and health promotion measures and policies.
- 3.2 Modernize and strengthen public health legislation to better respond to future public health emergencies.
- 3.3 Improve access for underserved populations including First Nations, Métis, and Inuit Peoples to high-quality and culturally safe health care services that support improved health outcomes.
- 3.4 Prevent injuries and manage chronic diseases and conditions through policy development, health and wellness promotion, improved access to screening, and initiatives that facilitate wellbeing in healthy environments.

Initiatives Supporting Key Objectives

- In 2024-25 approximately \$150.2 million is allocated to support immunization efforts in the province, including routine childhood vaccines and influenza vaccine.
- In 2024-25, approximately \$8.3 million is allocated to support initiatives addressing sexually transmitted diseases and bloodborne infections, with an emphasis on syphilis prevention.
- In 2024-25, create a \$10 million fund for Indigenous communities to design and deliver innovative primary health care services and projects.

Performance Metrics

3.a Performance Indicator: Rate of infectious syphilis per 100,000 population and the rate of congenital syphilis per 100,000 live births in Alberta

Alberta's goal is to decrease the number of syphilis cases and eliminate congenital syphilis. By monitoring the rates of syphilis and congenital syphilis, Alberta is able to support program planning and resource allocation, including improving access to testing, treatment and better prenatal care for vulnerable pregnant women.

	2018	2019	2020	2021	2022
Infectious Syphilis Rate (per 100,000 population)	36.3	53.4	57.1	73.1	73.2
Congenital Syphilis Rate (per 100,000 live births)	30.8	87.2	116.9	152.2	169.1

STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable		2024-25 Estimate	2025-26 Target	2026-27 Target
	2023-24 Budget	2023-24 Forecast			
REVENUE					
Internal Government Transfers	1,599,956	1,610,270	1,621,537	1,614,955	1,606,420
Transfers from Government of Canada	162,950	304,217	444,500	461,850	161,200
Canada Health Transfer	6,079,269	5,963,632	6,168,913	6,506,666	6,879,107
Investment Income	54,020	88,920	78,620	82,520	84,520
Supplementary Health Benefit Premiums	46,000	46,000	46,000	46,000	46,000
Other Premiums, Fees and Licenses	586,001	610,301	621,001	648,001	679,001
Other Revenue	523,595	480,770	526,095	531,395	529,495
Ministry Total	9,051,791	9,104,110	9,506,666	9,891,387	9,985,743
Inter-Ministry Consolidation Adjustment	(1,626,900)	(1,639,214)	(1,650,481)	(1,643,899)	(1,631,364)
Consolidated Total	7,424,891	7,464,896	7,856,185	8,247,488	8,354,379
EXPENSE					
Ministry Support Services	51,595	50,695	67,038	67,151	67,561
Physician Compensation and Development	6,183,296	6,423,796	6,687,028	6,687,028	7,033,969
Acute Care	4,500,067	4,679,267	4,797,802	4,988,528	5,093,183
Diagnostic, Therapeutic and Other Patient Services	2,517,300	2,561,024	2,586,600	2,690,800	2,718,600
Drugs and Supplemental Health Benefits	2,776,541	2,805,242	2,813,767	2,819,767	2,931,245
Community Care	2,021,800	2,019,000	2,093,500	2,239,900	2,313,800
Continuing Care	1,408,864	1,515,764	1,612,558	1,670,725	1,701,618
Home Care	902,800	846,300	930,200	983,200	1,007,600
Population and Public Health	820,171	836,871	1,106,688	1,113,095	1,003,301
Emergency Medical Services	736,400	701,900	730,200	764,900	784,100
Support Services	2,531,200	2,603,400	2,696,599	2,779,999	2,804,699
Information Technology	924,759	938,959	983,914	971,937	945,708
Administration	541,300	548,800	564,900	573,600	578,000
Research and Education	133,492	132,892	120,396	116,596	109,696
Infrastructure Support	89,452	16,452	241,563	173,000	455,806
Debt Servicing	15,000	18,200	18,000	19,000	20,000
Other Health Services	552,837	537,837	572,077	583,997	614,102
Ministry Total	26,706,874	27,236,399	28,622,830	29,243,223	30,182,988
Inter-Ministry Consolidation Adjustment	(250,375)	(249,575)	(249,337)	(250,333)	(246,519)
Consolidated Total	26,456,499	26,986,824	28,373,493	28,992,890	29,936,469
Net Operating Result	(19,031,608)	(19,521,928)	(20,517,308)	(20,745,402)	(21,582,090)
CAPITAL INVESTMENT					
Continuing Care	585	585	635	-	-
Information Technology	27,280	27,280	22,480	22,230	22,230
Infrastructure Support	1,000	1,000	6,700	8,200	10,300
Health Facilities and Equipment	1,154,879	953,955	1,171,434	1,305,719	1,069,193
Consolidated Total	1,183,744	982,820	1,201,249	1,336,149	1,101,723