

BUDGET 2020

GOVERNMENT OF ALBERTA | 2020-23

Ministry Business Plan

Health

Health

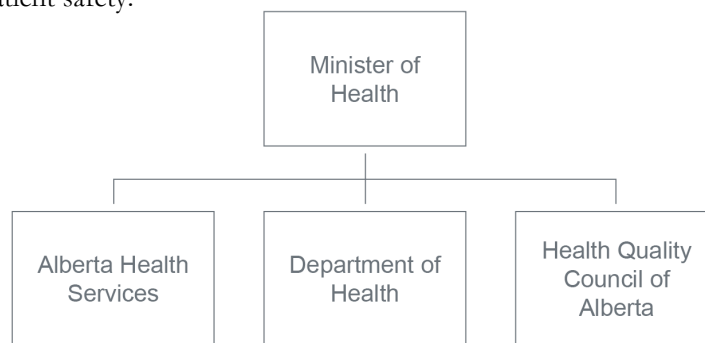
Business Plan 2020–23

Ministry Mandate and Structure

The ministry includes the Department of Health, Alberta Health Services (AHS) and the Health Quality Council of Alberta.

The Department of Health implements the Government of Alberta’s strategic direction for health and is responsible for overall policy, legislation and monitoring of the health system’s performance. Key functions include: advising government on health policy, legislation and standards; protecting public health and promoting wellness; assuring quality; planning capital infrastructure; overseeing the delivery of health care; supporting information management and technology, enabling health care professionals; funding the health system and general oversight.

Alberta Health Services is the health authority responsible for the delivery of a substantial portion of health care services across the province. The Health Quality Council of Alberta is a legislated council responsible for monitoring health service quality and patient safety.



A more detailed description of Health and its programs and initiatives, and other public agencies can be found at: <https://www.alberta.ca/health.aspx>.

The Ministry of Health is committed to the ongoing review of programs and services to ensure that the best possible outcomes are being achieved for Albertans. As part of this ongoing review, the ministry is committed to reducing red tape to make life easier for hard-working Albertans and businesses. This includes reducing regulatory burden and unnecessary processes to encourage economic growth and job creation; and make Alberta one of the freest and fastest moving economies in the world. The ministry is committed to working towards achieving the one-third reduction in the number of regulatory requirements in its statutes, regulations, policies and forms by 2023.

Ministry Outcomes

- A modernized, seamless health care system built around Albertan and patient needs, that provides effective and timely health care services and leads to improved health outcomes.
- A safe, high quality health system that is sustainable into the future and provides the best care for each tax dollar spent.
- Albertans have increased access to health care professionals and the mix of professionals that best meets their needs.
- Albertans are supported by accessible and coordinated mental health and addiction services and supports.
- The health and well-being of Albertans is supported through population health initiatives.

Outcome 1

What We Want To Achieve

A modernized, seamless health care system built around Albertan and patient needs, that provides effective and timely health care services and leads to improved health outcomes

Albertans' health and well-being is supported throughout their lives by a sustainable, high quality patient-centred health system that listens and responds to Albertans' concerns about care, understands patients' needs and provides access to the most appropriate care in the most appropriate setting. Albertans, families, and their caregivers are active partners in managing their health through community-based care including continuing care and home care. Services will be accessible and transitions will be coordinated across primary care, public health, continuing care and acute care – including timely surgical procedures.

Key Objectives

- 1.1 Collaborate with health system stakeholders to reduce surgical wait times within clinical guidelines through increased surgery capacity in hospitals and surgical facilities operated by independent providers.
- 1.2 Support continuing care in the community so that patients can remain in their communities, and ensure timely transition of inpatients out of hospital to an appropriate community setting.
- 1.3 Support Albertans in accessing appropriate and timely palliative and end-of-life care by increasing awareness of how and when to access palliative care options, shift from hospital to community-based home and hospice care, expand effective caregiver supports in their homes and communities, and establish education, training and standards for health care professionals.
- 1.4 Strengthen home care and supports for caregivers that keep Albertans in their homes, including access to self-directed funding models in order to support Albertans with disabilities and chronic conditions (including people living with dementia).
- 1.5 Drive efficiency and improvements in health system processes, including reducing regulatory burdens through the Red Tape Reduction initiative, digital transformation of the health system, and modernization of Alberta's personal health care cards.
- 1.6 Ensure Albertans are able to navigate the complaints process so that the voice of patients and caregivers leads to real improvements.

Initiatives Supporting Key Objectives

- In 2020-21, \$4.1 billion is allocated towards acute care, including hospital-based acute inpatient services such as surgeries to provide necessary treatment for disease, illness, or injury.
- In 2020-21, \$717 million is allocated to home care which includes health services provided in home settings intended to support clients in place.
- In 2020-21, over \$1 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.
- In 2020-21, \$5 million is allocated for palliative and end-of-life care to increase education for health care providers, access to and awareness of palliative and end-of-life care to better support Albertans and their caregivers and families in accessing appropriate and timely end-of-life care.
- In 2020-21, \$1.5 million is allocated to support a Sexual Assault Crisis Phone Line to provide 24-hour support with a sexual assault nurse examiner.

Performance Metrics

1.a Performance Indicator: Unplanned medical readmissions to hospital within 30 days of discharge

In 2018-19, 13.8 per cent of medical patients had unplanned readmission to hospital within 30 days of discharge.

The desired result is to decrease the percentage of unplanned readmission to hospital within 30 days of discharge.

1.b Performance Indicator: Median number of days hospital stay extended until home care services or supports were ready

The median number of days a hospital stay was extended until home care services or supports were ready in 2018-19 was 7 days.

The desired result is to decrease the number of days a hospital stay is extended until home care is ready.

1.c Performance Indicator: Wait times for surgical procedures

In the fourth quarter of 2018-19, the proportion of surgical procedures that met national benchmarks for wait times were:

- Hip replacement (benchmark of 182 days): 63.8%
- Knee replacement (benchmark of 182 days): 63.4%
- Cataract (benchmark of 112 days): 63.4%

The desired result is to increase the percentage of surgical procedures meeting national benchmarks for wait times.

1.d Performance Measure: Percentage of scheduled surgeries performed in non-hospital surgical facilities

In 2018-19, 15 per cent of scheduled surgeries were performed in non-hospital surgical facilities.

TARGETS

2020-21:	22%
2021-22:	27%
2022-23:	30%

Outcome 2

What We Want To Achieve

A safe, high quality health system that is sustainable into the future and provides the best care for each tax dollar spent

Alberta's health system will be sustainable, with funding and resources well-aligned with patient care, clear accountability for quality, and consistent, efficient and effective care. Improved health outcomes are supported by safe, high quality care while ensuring sustainable levels of health spending. Responsible fiscal management, supported by evidence and innovation, will ensure the long-term sustainability of Alberta's health system.

Key Objectives

- 2.1 Develop and implement strategies that close the gap in health outcomes and spending between Alberta and comparator provinces, bringing Alberta's health spending more in line with national norms by 2022-23.
- 2.2 Implement approved recommendations from the comprehensive review of Alberta Health Services.
- 2.3 Improve the measuring, monitoring and reporting of health system performance to drive health care improvements.
- 2.4 Work with independent providers to develop long-term care and supportive living spaces in community and modernize the continuing care legislative framework to enable more integrated care.
- 2.5 Ensure the sustainability of publicly funded drug benefits to support the most vulnerable by prioritizing treatments that deliver the best health outcomes in the most cost effective manner, and collaborate with other provinces to achieve more affordable coverage of prescription drugs.

Initiatives Supporting Key Objectives

- The Ministry of Health's operational budget is \$20.6 billion in 2020-21, and this budget will be maintained over the following two years in order to bring Alberta's health spending more in line with national norms.
- In 2020-21, \$110 million is budgeted for the department's capital contribution to Connect Care, a clinical information system that significantly reduces the number of systems in use in AHS, stabilizes failing information technology infrastructure within the organization and provides provincial laboratory information services. This is year four of a five-year grant totaling \$400 million.
- New continuing care spaces: With \$164 million in capital funding over three years, including \$92 million in 2020-21, government will create new and upgrade existing continuing care infrastructure (including both long-term care and designated supportive living spaces) in priority areas, including Indigenous communities.

Performance Metrics

2.a Performance Indicator: Provincial per capita spending on health care

The 2018-19 forecast for nominal provincial per capita spending on health care is:

- Total – Nominal: \$5,254 (*second highest of the provinces*)
- Hospital: \$2,007 (*fourth highest of the provinces*)
- Physicians: \$1,201 (*highest of the provinces*)
- Drugs: \$366 (*second highest of the provinces*)

The desired result is the provincial per capita spending figure decreasing over time to close the gap between Alberta and comparator provinces.

2.b Performance Indicator: Cost of standard hospital stay

In 2017-18, the cost of a standard hospital stay was \$7,983.

The desired result is the cost of a standard hospital stay decreasing over time to close the gap between Alberta and comparator provinces.

2.c Performance Indicator: Alternate level of care days

In 2018-19, 16.3 per cent of all hospital inpatient days when a patient no longer requires the intensity of care in the hospital setting and care could be provided in an alternate setting.

The desired result is to decrease the percentage of hospital inpatient days where care could be provided in an alternate setting.

2.d Performance Indicator: Facility-based beds in community settings

In AHS's 2018-19 annual report, 78 per cent of facility-based beds were in a community setting.

The desired result is to increase the percentage of facility-based beds in a community setting.

2.e Performance Measure: Annual rate of operational expenditures

The Ministry of Health's operational expenditures increased by 1.0 per cent in the 2019-20 budget from the 2018-19 actual.

TARGETS

2020-21:	0.0%
2021-22:	0.1%
2022-23:	0.2%

Outcome 3

What We Want To Achieve

Albertans have increased access to health care professionals and the mix of professionals that best meets their needs

Albertans can choose their care from competent and accountable health care professionals who are delivering high quality and safe care. This may include physicians, nurses, pharmacists, paramedics, psychologists, dietitians, dentists, mental health counsellors, rehabilitation therapists, social workers and others. The right number, mix and distribution of professionals should align with health needs across the province, with fiscally sustainable compensation models for health providers to support quality of care. Health care providers will have reduced red tape and fewer barriers that allow them to work to their full or expanded scopes of practice to better support the health needs of Albertans.

Key Objectives

- 3.1 Work with the Alberta Medical Association to manage spending growth and modernize physician funding models to improve quality of patient care and accountability for results.
- 3.2 Develop and implement modernized, fiscally-sustainable distribution and funding models for health providers that support high quality care and collaborative practice within interdisciplinary team-based environments, including implementing provisions related to practitioner identification numbers to ensure the right number and distribution of physicians across the province.
- 3.3 Improve Albertans' choice of health professionals by increasing access to nurse practitioners and midwives.
- 3.4 Expand scopes of practice of other health professionals, reduce red tape and remove barriers that limit health care providers from working to their full scope of practice.
- 3.5 Restructure and modernize the *Health Professions Act* to reduce red tape and improve regulatory effectiveness and efficiency.

Initiatives Supporting Key Objectives

- Physician Compensation and Development: \$5.4 billion is budgeted in 2020-21 for physician compensation and development programs, and this budget will be maintained over the following two years in order to bring

Alberta's spending on physicians more in line with national norms.

- **Primary Care Networks (PCNs):** Health is investing \$243 million in 2020-21 in PCNs to support delivery of team-based primary care.
- **Nurse Practitioners:** Included in the 2020-21 PCN funding is \$3 million to increase the number of Nurse Practitioners working in PCNs and expand care options for Albertans, particularly in rural/remote areas, and on reserve or settlement.

Performance Metrics

3.a Performance Indicator: Percentage of Alternative Relationship Plan payments of total physician payments

In 2017-18, Alternative Relationship Plan payments were 13 per cent of total physician payments. The desired result is to increase the percentage of Alternative Relationship Plan payments.

3.b Performance Indicator: Percentage of Albertans who had access to a regular health care provider

In 2018, 83.7 per cent of Albertans had access to a regular health care provider.

The desired result is to increase the percentage of Albertans that have access to a regular health care provider.

3.c Performance Indicator: Percentage of Licensed Practical Nurses relative to Registered Nurses

In 2018, the percentage of Licensed Practical Nurses relative to Registered Nurses was 40 per cent.

The desired result is to increase the percentage of Licensed Practical Nurses relative to Registered Nurses.

3.d Performance Indicator: Percentage of Nurse Practitioners relative to Family Medicine Physicians

In 2018, the percentage of Nurse Practitioners relative to Family Medicine Physicians was 9.6 per cent.

The desired result is to increase the percentage of Nurse Practitioners relative to Family Medicine Physicians.

3.e Performance Indicator: Ambulatory Care Sensitive Condition hospitalization rate

The Ambulatory Care Sensitive Condition (ACSC) hospitalization rate in 2018-19 was 341 per 100,000.

The desired result is to reduce the ACSC hospitalization rate.

Outcome 4

What We Want To Achieve

Albertans are supported by accessible and coordinated mental health and addiction services and supports

Government and community partners provide access to a continuum of high quality care and supports for mental health and addiction issues, including supporting prevention, stabilization, treatment and recovery. In turn, these supports will help reduce the significant negative impact of these challenges on individuals, families, caregivers and communities. Safe, high quality mental health and addiction services will be available to people in their communities.

Key Objectives

- 4.1 Informed by advice from the Mental Health and Addictions Advisory Council, develop and implement a new mental health and addictions strategy to improve access to recovery-oriented services.
- 4.2 Expand access to a continuum of mental health and addiction services to provide a range of appropriate supports for individuals, families and communities.
- 4.3 Develop and implement balanced, compassionate opioid response strategies that support increased access to opioid treatment and recovery services for individuals and their families, including incorporating findings from the Supervised Consumption Services Review Committee into a full continuum of care.

Initiatives Supporting Key Objectives

- In 2020-21, \$20 million is allocated as part of the government's commitment to invest \$100 million over four years to implement a Mental Health and Addiction Strategy.
- In 2020-21, \$25 million is budgeted for treatment and recovery supports for Albertans with opioid use disorder.
- In 2020-21, \$8.4 million is budgeted to support Indigenous Albertans and communities in establishing a continuum of addiction and mental health services.

Performance Metrics

4.a Performance Measure: Unplanned mental health readmissions to hospital

In 2018-19, 9.8 per cent of mental health patients aged 15 years or older had an unplanned readmission within 30 days of leaving hospital.

TARGETS

2020-21:	8.8%
2021-22:	8.7%
2022-23:	8.6%

4.b Performance Indicator: Emergency department visits where a mental health issue was identified for the first time in the past two years

In 2018-19, 26.2 per cent of mental health related emergency department visits were visits where the patient had received no mental health services from a physician, or in a hospital or emergency department in the past two years.

The desired result is to decrease the percentage of mental health related emergency department visits where the patient had received no mental health services from a physician, or in a hospital or emergency department in the past two years.

4.c Performance Indicator: Emergency department visits due to substance use

In 2018-19, there were 951 emergency department visits due to alcohol use and 227 due to opioid use for every 100,000 population.

The desired result is to decrease the number of emergency department visits due to alcohol or opioid use.

Outcome 5

What We Want To Achieve

The health and well-being of Albertans is supported through population health initiatives

Healthy populations and communities are shaped through a range of social, economic and physical environmental factors, also known as the social determinants of health. The ministry continues to work with its partners on the promotion of health and wellness to encourage Albertans to stay healthy. This will be achieved through policies, programs and initiatives focused on wellness, disease and injury prevention, early intervention, and managing chronic health conditions.

Key Objectives

- 5.1 Prevent chronic conditions, injuries and infections by developing policies that reduce risk from environmental and individual risk factors.
- 5.2 Develop strategies and strengthen legislation to help prevent and reduce the harms of tobacco, tobacco-like products and vaping.
- 5.3 Safeguard Albertans from communicable diseases through initiatives aimed at decreasing sexually transmitted and blood-borne infections, including syphilis and through immunization for vaccine-preventable diseases, such as influenza and measles.
- 5.4 Improve the health and well-being of women and children by supporting initiatives that foster maternal-infant health and early childhood development.
- 5.5 Engage with Indigenous communities and the federal government to improve access for Indigenous Albertans to high quality health services that support improved health outcomes.

Initiatives Supporting Key Objectives

- In 2020-21, \$661 million is budgeted to support population and public health initiatives to maintain and improve the health of Albertans through services promoting and protecting health, preventing disease, and preventing injury.
- In 2020-21, \$61.2 million is budgeted to purchase provincial vaccines. Health provides vaccines against 15 vaccine preventable diseases such as measles, polio and tetanus.

Performance Metrics

5.a Performance Measure: Percentage of seniors aged 65 or older and long-term care facility residents immunized for influenza.

In 2018-19, 61 per cent of seniors aged 65 or older, and 87 per cent of long-term care facility residents were immunized for influenza.

TARGETS

	Seniors	Long-term Care Residents
2020-21:	68%	95%
2021-22:	69%	95%
2022-23:	69%	95%

5.b Performance Measure: Children by age two immunized for dTaP-IPV-Hib (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b), and for MMRV (measles, mumps, rubella, varicella).

In 2018, 78 per cent of children by age two were immunized for dTaP-IPV-Hib (diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b), and 87 per cent were immunized for MMRV (measles, mumps, rubella, varicella).

TARGETS

	dTaP-IPV-Hib	MMRV
2020-21:	95%	95%
2021-22:	95%	95%
2022-23:	95%	95%

Targets identified are national targets

5.c Performance Indicator: Infant mortality rate per 1,000 live births for First Nations people in Alberta, compared to non-First Nations

In 2018, the infant mortality rate was 13.8 per 1,000 live births for First Nations people, compared to 4.4 for non-First Nations.

The desired result is to reduce the gap between infant mortality rates for First Nations people and non-First Nations people by improving infant mortality rates for First Nations people.

5.d Performance Indicator: Life expectancy at birth

In 2018, the life expectancy of First Nations people in Alberta was 70.4 years, compared to 82.4 for non-First Nations.

The desired result is to reduce the gap between life expectancy for First Nations people and non-First Nations people by improving life expectancy for First Nations people.

5.e Performance Indicator: Percentage of Albertans who smoke cigarettes

In 2018-19, 15.6 per cent of Albertans aged 18 or older indicated they smoked cigarettes daily or occasionally.

The desired result is to decrease the percentage of Albertans who smoke cigarettes daily or occasionally.

STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable					
	2018-19 Actual	2019-20 Budget	2019-20 Forecast	2020-21 Estimate	2021-22 Target	2022-23 Target
REVENUE						
Internal Government Transfers	420,621	417,000	431,000	417,000	417,000	417,000
Canada Health Transfer	4,460,843	4,697,000	4,668,000	4,857,000	5,053,000	5,280,000
Transfers from Government of Canada	109,005	143,370	143,370	167,060	196,130	161,490
Investment Income	68,543	65,020	67,020	65,020	65,020	65,020
Supplementary Health Benefit Premiums	41,820	46,000	46,000	46,000	46,000	46,000
Other Premiums, Fees and Licences	538,724	508,001	534,001	520,001	520,001	520,001
Refunds of Expense	201,985	169,105	169,105	170,105	171,105	172,105
Other Revenue	457,262	410,922	449,922	399,121	399,131	399,131
Ministry Total	6,298,803	6,456,418	6,508,418	6,641,307	6,867,387	7,060,747
Inter-Ministry Consolidations	(453,826)	(447,800)	(461,800)	(447,800)	(447,800)	(447,800)
Consolidated Total	5,844,977	6,008,618	6,046,618	6,193,507	6,419,587	6,612,947
EXPENSE						
Ministry Support Services	62,084	63,433	63,400	62,579	62,579	62,579
Physician Compensation and Development	5,406,670	5,432,253	5,499,258	5,417,275	5,419,929	5,447,718
Drugs and Supplemental Health Benefits	2,202,676	2,250,009	2,309,339	2,227,467	2,232,322	2,244,221
Population and Public Health	621,577	689,261	668,827	660,510	668,897	662,822
Acute Care	4,124,190	4,072,171	4,180,121	4,055,418	4,097,968	4,166,233
Continuing Care	1,125,903	1,145,000	1,160,000	1,164,000	1,144,000	1,144,000
Ambulance Services	525,531	514,000	525,000	532,000	535,000	536,000
Community Care	1,411,258	1,475,000	1,462,000	1,494,000	1,497,000	1,496,000
Home Care	688,040	688,000	715,000	717,000	722,000	726,000
Diagnostic, Therapeutic and Other Patient Services	2,475,531	2,451,569	2,504,233	2,452,482	2,452,482	2,461,482
Administration	556,281	537,401	487,691	489,760	478,760	466,760
Support Services	2,241,340	2,245,000	2,273,000	2,250,000	2,248,000	2,246,000
Information Technology	584,459	664,473	639,670	719,787	702,787	640,787
Research and Education	106,926	76,579	94,579	94,579	92,579	93,579
Debt Servicing	15,353	16,000	16,000	16,000	16,000	16,000
Infrastructure Support	44,360	33,026	14,817	96,631	41,643	31,649
Cancer Research and Prevention Investment	6,568	12,390	7,216	15,410	18,150	18,150
Ministry Total	22,198,747	22,365,565	22,620,151	22,464,898	22,430,096	22,459,980
Inter-Ministry Consolidations	(278,726)	(260,408)	(260,408)	(258,530)	(252,346)	(251,038)
Consolidated Total	21,920,021	22,105,157	22,359,743	22,206,368	22,177,750	22,208,942
Net Operating Result	(16,075,044)	(16,096,539)	(16,313,125)	(16,012,861)	(15,758,163)	(15,595,995)
CAPITAL INVESTMENT						
Population and Public Health	94	-	-	-	-	-
Information Technology	7,344	22,230	22,230	33,230	28,230	22,230
Health Facilities and Equipment	879,700	1,016,631	1,013,274	1,162,493	1,166,607	1,148,747
Consolidated Total	887,138	1,038,861	1,035,504	1,195,723	1,194,837	1,170,977