

Health

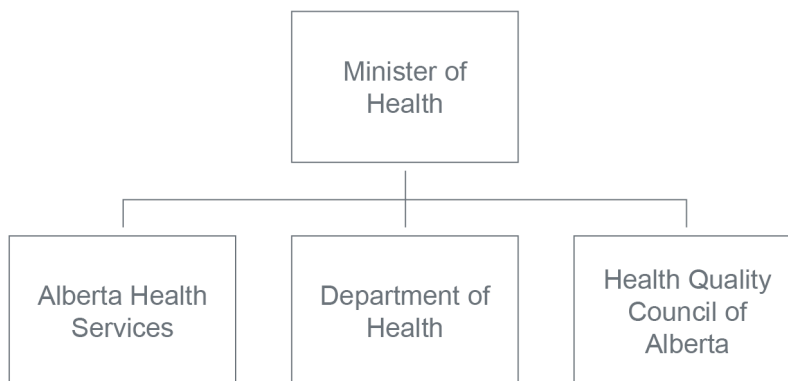
Business Plan 2019–23

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.health.alberta.ca>

Ministry Outcomes

- An integrated health care system that puts individuals at the centre and leads to improved health outcomes for Albertans
- A high-quality health system based on sound fiscal stewardship, clear accountabilities, efficient service delivery and value for investment
- 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
- The well-being of Albertans is supported through population health initiatives

Outcome 1

What We Want To Achieve

An integrated health care system that puts individuals at the centre and leads to improved health outcomes for Albertans

Albertans' health and well-being is improved through an integrated and aligned health care system that is person-centred and structured around individuals, families, caregivers and communities. Albertans have appropriate access to health services throughout their lives, and are active partners in managing their health. Services and transitions will be timely and 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 improve timely access to surgical procedures and timely transition of all inpatients out of hospital to an appropriate community setting.
- 1.2 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, and expand effective caregiver supports.
- 1.3 Enhance home care options and access to self-managed care to continue the shift towards home and community care in order to support Albertans with disabilities and chronic conditions (including people living with dementia) and their caregivers.
- 1.4 Evolve the use of information technology to improve person-centred care, including modernizing administration of the Alberta Health Care Insurance Plan and Alberta's personal health care cards.
- 1.5 Engage with Indigenous communities and the federal government to improve access for Indigenous People to high quality health services that support improved health outcomes.

Initiatives Supporting Key Objectives

- In 2019-20, \$5 million is allocated for Palliative and End-of-Life Care to increase access and awareness to 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 2019-20, \$1.5 million is allocated to launch a Sexual Assault Crisis Phone Line to provide 24-hour support with a sexual assault nurse examiner.
- In 2019-20, \$4.6 million is allocated to the Community Information Integration/Central Patient Attachment Registry Project. This initiative brings patient health information from community clinics into Alberta Netcare for sharing amongst AHS and community health care providers, including information on patient-provider attachment relationships. This initiative allows health care providers in AHS and the community to share information, which enhances care continuity across care settings.

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 12 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: Ambulatory Care Sensitive Condition hospitalization rate*

The Ambulatory Care Sensitive Condition (ACSC) hospitalization rate in 2018-19 was 340 per 100,000.

The desired result is to reduce the ACSC hospitalization rate.

1.d 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.e 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

2019-20:	17%
2020-21:	22%
2021-22:	27%
2022-23:	30%

**denotes metrics recommended by the MacKinnon Panel on Alberta's Finances (August 2019)*

Outcome 2

What We Want To Achieve

A high-quality health system based on sound fiscal stewardship, clear accountabilities, efficient service delivery, and value for investment

Alberta's health system is based on high quality, reliable and cost effective services where all stakeholders are accountable and contribute to positive health outcomes. 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 support the fiscal sustainability of the health system, bringing Alberta's health spending down to national norms by 2022-23. This includes a performance review of Alberta Health

Services, to identify efficiencies and savings in administration and other areas that could be directed towards front line services.

- 2.2 Ensure investments in information technology are effective, efficient, and improve the secure exchange of information among health professionals and with patients, while reducing potential duplication and overlap.
- 2.3 Improve the measuring, monitoring and reporting of health system performance to drive health care improvements.
- 2.4 Create new continuing care spaces where they are most needed, in an efficient and cost-effective manner.
- 2.5 As a member of the pan-Canadian Pharmaceutical Alliance, collaborate with other provinces to achieve cost-effective and affordable coverage of prescription drugs.

Initiatives Supporting Key Objectives

- With \$20.6 billion in 2019-20, the Ministry of Health's operational budget has been increased by 1 per cent from 2018-19 and this budget will be maintained at that level over the following three years in order to bring Alberta's health spending down to national norms.
- In 2019-20, \$137 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 three of a five-year grant totaling \$400 million.
- Affordable Supportive Living Initiative (ASLI): With \$28 million in 2019-20 and \$184 million over four years, government will create new and upgrade existing continuing care infrastructure (including both long-term care and designated supportive living spaces).

Performance Metrics

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

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

- Total – Nominal: \$5,077
- Hospital: \$1,964
- Physicians: \$1,178
- Drugs: \$382

The desired result is the provincial per capita spending figure decreasing over time.

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.

2.c Performance Indicator: Alternate level of care days*

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 in 2018-19.

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*

According to 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 annual rate of operational expenditures increased by 3.3 per cent from 2017-18 to 2018-19.

TARGETS

2019-20:	1.0%
2020-21:	0.0%
2021-22:	0.1%
2022-23:	0.2%

**denotes metrics recommended by the MacKinnon Panel on Alberta's Finances (August 2019)*

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, working to their full scope of practice, align with health needs across the province and are supported by fiscally sustainable compensation models.

Key Objectives

- 3.1 Improve Albertans' choice of health professionals by increasing access to nurse practitioners and midwives, while also expanding scopes of practice of other professionals, and removing barriers that limit health care providers from working to their full scope of practice.
- 3.2 Develop and implement innovative and fiscally-sustainable approaches to provider compensation and resourcing that supports high quality care and collaborative practice within interdisciplinary team-based environments.

Initiatives Supporting Key Objectives

- Primary Care Networks (PCNs): Health is investing \$238 million in 2019-20 in PCNs to support delivery of team-based primary care.
- Nurse Practitioners: Health is investing \$3 million in 2019-20 to increase the number of Nurse Practitioners working in PCNs and expand care options for Albertans.

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: Average wait time from general practitioner to orthopedic surgeon consult

During the first quarter of 2019-20, the average wait time from general practitioner to orthopedic surgeon consult was 30.9 weeks.

The desired result is to decrease the average wait time between general practitioner to orthopedic surgeon consult.

**denotes metrics recommended by the MacKinnon Panel (August 2019)*

Outcome 4

What We Want To Achieve

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

Preventing, stabilizing and supporting recovery from mental health issues or addiction will reduce the significant negative impact of these challenges on individuals, families, caregivers and communities. The ministry will continue to work with its partners to address mental health and addiction challenges.

Key Objectives

- 4.1 Implement a mental health and addiction strategy to move toward a quality, coordinated, connected and easily accessible mental health and addiction system.
- 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 opioid response strategies that support increased access to opioid treatment and recovery services for individuals and their families.

Initiatives Supporting Key Objectives

- Increased access to opioid treatment and recovery services is one of government's opioid response strategies to reduce and address the specific challenges caused by opioids. A total of \$40 million in extra funding will be invested over the next four years. This includes \$10 million in 2019-20 to expand support for treatment and recovery.

- The Supervised Consumption Services Review, costing \$377,000 in 2019-20, is a review of supervised consumption services sites to gather feedback and evaluate the social and economic impact of current and proposed sites.
- In 2019-20, \$1 million is budgeted to expand home care to support those who identify addiction and mental health as a primary concern.
- In 2019-20, \$2.5 million is budgeted to expand programs to support Albertans in crisis, including police and crisis teams, provincial family violence treatment programs, diversion programs and drug treatment courts, and by developing mental health court models.
- In 2019-20, \$1.7 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 had unplanned readmissions with 30 days of leaving hospital.

TARGETS

2019-20:	8.6%
2020-21:	8.5%
2021-22:	8.4%
2022-23:	8.3%

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

In 2016-17, 26.5 emergency department visits occurred where a mental health issue was identified for the first time in the past two years (per 100 mental health emergency department visits).

The desired result is to decrease the number of emergency department visits where a mental health issue was identified for the first time in the past two years.

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

In 2018-19, 935 emergency department visits due to alcohol use occurred for every 100,000 population.

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

Outcome 5

What We Want To Achieve

The 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 will continue to work with its partners on the promotion of health and wellness to encourage Albertans to stay healthy through policies, programs and initiatives focused on reducing risks to prevent injury and disease.

Key Objectives

- 5.1 Prevent chronic conditions, injuries and infections by developing policies that reduce risk from environmental and individual risk factors.
- 5.2 Safeguard Albertans from communicable diseases through initiatives aimed at decreasing sexually transmitted and blood-borne infections, and through immunization for vaccine-preventable diseases, such as influenza and measles.
- 5.3 Improve maternal, infant and child health by supporting initiatives that foster maternal-infant health and early childhood development.

Initiatives Supporting Key Objectives

- In 2019-20, \$58.8 million is budgeted to purchase provincial vaccines. Health provides vaccines against 16 communicable diseases such as measles, polio and tetanus.
- Maternal, infant, and child health; cancer research and prevention; and chronic disease prevention are supported through various programs that aim to improve overall population health. In 2019-20, \$25 million is budgeted to support these initiatives.

Performance Metrics

5.a Performance Measure: Percentage 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
2019-20:	66%	93%
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
2019-20:	95%	95%
2020-21:	95%	95%
2021-22:	95%	95%
2022-23:	95%	95%

5.c Performance Indicator: Infant mortality rate per 1000 live births for First Nations people, compared to non-First Nations

In 2018, the infant mortality rate was 13.8 per 1000 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 compared to non-First Nations people.

5.d 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		2019-20 Estimate	2020-21 Target	2021-22 Target	2022-23 Target
	2018-19 Budget	2018-19 Actual				
REVENUE						
Internal Government Transfers	417,000	420,621	417,000	417,000	417,000	417,000
Canada Health Transfer	4,520,887	4,460,843	4,697,000	4,891,000	5,090,000	5,320,000
Transfers from Government of Canada	112,400	109,005	143,370	167,060	196,130	161,490
Investment Income	68,006	68,543	65,020	65,020	65,020	65,020
Supplementary Health Benefit Premiums	46,000	41,820	46,000	46,000	46,000	46,000
Other Premiums, Fees and Licences	488,001	538,724	508,001	508,001	508,001	508,001
Refunds of Expense	169,105	201,825	169,105	170,105	171,105	172,105
Other Revenue	407,278	457,034	410,922	411,121	411,131	411,131
Ministry Total	6,228,677	6,298,415	6,456,418	6,675,307	6,904,387	7,100,747
Inter-Ministry Consolidations	(447,800)	(453,826)	(447,800)	(447,800)	(447,800)	(447,800)
Consolidated Total	5,780,877	5,844,589	6,008,618	6,227,507	6,456,587	6,652,947
EXPENSE						
Ministry Support Services	74,607	60,467	61,803	61,462	61,462	61,462
Physician Compensation and Development	5,352,164	5,406,135	5,431,717	5,417,275	5,419,929	5,447,718
Drugs and Supplemental Health Benefits	2,273,974	2,202,676	2,250,009	2,244,773	2,242,247	2,243,734
Population and Public Health	693,137	622,830	690,514	686,833	694,229	694,524
Acute Care	4,051,877	4,124,190	4,051,171	4,013,219	4,015,881	4,038,188
Continuing Care	1,103,000	1,125,903	1,145,000	1,145,000	1,161,000	1,180,000
Ambulance Services	518,000	525,531	514,000	515,000	516,000	517,000
Community Care	1,492,000	1,411,258	1,475,000	1,503,000	1,535,000	1,558,000
Home Care	691,000	688,040	688,000	688,000	688,000	688,000
Diagnostic, Therapeutic and Other Patient Services	2,480,648	2,475,531	2,451,569	2,439,409	2,432,409	2,437,409
Administration	533,676	556,413	537,533	537,533	537,533	537,533
Support Services	2,228,000	2,241,340	2,245,000	2,237,000	2,240,000	2,250,000
Information Technology	580,345	584,459	664,473	747,573	708,573	642,573
Research and Education	103,171	106,926	97,579	100,579	104,579	100,579
Debt Servicing	16,000	15,353	16,000	16,000	16,000	16,000
Infrastructure Support	48,990	44,360	33,026	88,031	41,643	31,649
Cancer Research and Prevention Investment	12,800	6,568	12,390	15,120	15,120	15,120
Ministry Total	22,253,389	22,197,980	22,364,784	22,455,807	22,429,605	22,459,489
Inter-Ministry Consolidations	(199,360)	(278,479)	(260,108)	(258,529)	(252,345)	(251,037)
Consolidated Total	22,054,029	21,919,501	22,104,676	22,197,278	22,177,260	22,208,452
Net Operating Result	(16,273,152)	(16,074,912)	(16,096,058)	(15,969,771)	(15,720,673)	(15,555,505)
CAPITAL INVESTMENT						
Population and Public Health	-	94	-	-	-	-
Information Technology	22,230	7,344	22,230	22,230	33,230	28,230
Health Facilities and Equipment	1,277,659	879,700	1,016,631	1,161,903	1,087,941	1,016,672
2013 Alberta Flooding	876	-	-	-	-	-
Consolidated Total	1,300,765	887,138	1,038,861	1,184,133	1,121,171	1,044,902