

BUSINESS PLAN 2016–19

Health

ACCOUNTABILITY STATEMENT

This business plan was prepared under my direction, taking into consideration the government's policy decisions as of March 17, 2016.

original signed by

Sarah Hoffman, Minister

MINISTRY OVERVIEW

The ministry consists of the Department of Health, the Health Quality Council of Alberta and Alberta Health Services.

The objective of the ministry is to ensure that Albertans receive the right health care services, at the right time, in the right place, provided by the right health care providers and teams. Government is committed to bringing stability to the health care system by finding efficiencies while protecting front-line services. High value care will be made possible through health system leadership and accountability; regular input from Albertans, health system partners and communities; investments into wellness, prevention and primary health care; and ongoing management of performance.

A more detailed description of Health and its programs and initiatives can be found at www.health.alberta.ca.

STRATEGIC CONTEXT

The outcomes and key strategies identified in this business plan are aligned with the strategic direction of the Government of Alberta.

The Government of Alberta is committed to finding the best way to deliver quality, accessible care that Albertans can count on while ensuring the health care system is structured in a way that promotes sustainability. This is no small challenge.

Alberta's population has almost doubled over the past 35 years, increasing at an average annual percentage growth rate of 2.4 per cent over the past decade. This presents both opportunities and challenges. At the same time, the population is aging, with a roughly three per cent annual growth in seniors over the past 20 years. Seniors (individuals 65 years of age and older) now represent about 12 per cent of Alberta's population. As the median age in Alberta rises, so does the demand for services, most notably by people with one or more, often simultaneous, chronic conditions.

Indigenous people, including First Nations, Métis and Inuit, make up six per cent of Alberta's population. Despite improvements in recent decades, significant gaps remain in overall health status compared to non-Indigenous Albertans. In particular, Indigenous populations experience a reduced life expectancy and increased rates of infant mortality, diabetes and suicide. There are opportunities to address health disparities and health service improvements for Indigenous Albertans through collaboration with the federal government, Indigenous organizations and other partners.

In many families, women are responsible for the health and wellness of their children, partners and parents. In addition to playing a central role, many women have their own complex health needs. As such, a targeted approach to women's health is needed – one that supports the interests of all women, at all stages of life, which acknowledges that women experience higher incidences of violence and social and economic vulnerabilities. A targeted approach to women's health will ensure gender equality in the provision of health care, for all women (Indigenous, seniors, disabled, youth, LGBTQ, new Canadians and rural Albertans) and will go beyond traditional health services.

These trends highlight the need to update the health system so that Albertans receive timely, high quality and appropriate health services in their home communities wherever possible. By investing in community-based care and health infrastructure and by ensuring services are connected across the continuum of care, the health system can begin to deliver the best possible care and value for Albertans.

Improve Health and Modernize Care

Alberta's health care system needs to focus on delivering high quality access to care, ensuring that resources are invested where they are most needed.

Health's greatest health care costs are hospitals, physicians and drugs. With community-based care as a goal for Alberta's system, spending in these three high-cost areas can be managed in a more prudent and balanced way. This can be achieved by:

- **Protecting patient and population needs:** By directing investments into community-based care services and improving the delivery of primary health care services, the ministry can promote health and wellness and improve the quality of life for Albertans. Investing in primary health care can help avoid unnecessary hospitalizations and can increase the value Albertans receive for their health care spending.
- **Ensuring Albertans receive appropriate care for their health care needs:** Funding and compensation models for health professionals should be directed at improving patient-centred care.
- **More efficient spending:** Initiatives aimed at more cost-effective drug procurement and modernized drug coverage need to be pursued.

Sound health system governance, leadership and decision-making are needed to create a culture that supports continuous improvement, excellence and evidence-informed practice. Communication and collaboration between all health system partners and Albertans is necessary to achieve a high-performing health care system. Together, government will deliver high-value care to those who need it, and be patient-focused, efficient and effective for generations to come.

Risk Profile

Strategic risks are high level and high impact risks that can have an overarching effect on the ministry's ability to meet its mandate, mission and long-term outcomes. Albertans expect a modern and high performing health system that supports health and well-being throughout the province. The high level risks below are those that have not happened, but are part of sound strategic planning to preserve and sustain Alberta's health care system and respond to socioeconomic and technological drivers that are shaping the context of Alberta's health system.

Strategic Risks

Socioeconomic diversity: Current fiscal challenges, social factors such as Alberta's changing population and geographic dispersion, could challenge the way health care is delivered. Health system spending on three high-cost areas (physicians, hospitals and drugs) as well as funding for health promotion and prevention of injury and disease will need to adapt to the evolving needs and expectations of Albertans.

Changing health care delivery: Inability to shift away from an acute-care, physician-centred model to a team-based, community-based and patient-focused model of care that is enabled by integrated information technology systems could undermine the effectiveness of emergency departments and jeopardize the sustainability of Alberta's healthcare system.

Timeliness of policy development: Fiscal, social, health, innovation and information management and technology policies and strategies may need to develop faster to ensure direction-setting and governance processes keep Alberta on the right path towards health system sustainability and effective government oversight.

Emergency preparedness: Whether it's an economic downturn, severe weather event, environmental pollution, cyber-security attack, or global health scare, society expects government to not only manage the consequences of these types of risks if they occur, but also to anticipate and handle issues before they impact government services and public health, or become catastrophic. It is essential that robust surveillance systems and comprehensive emergency response plans are in place to support resilience of the health system.

Government influence on population health: Legislation, policies, services, programs and public awareness campaigns aimed at preserving population health may not be effective enough in influencing the majority of Albertans to make healthy choices in their own lives and for the development and protection of healthy urban and rural environments. The level of risk is impacted by the complexity of factors affecting health and well-being over a life-time including social determinants of health; personal beliefs and values; and physical environments in which Albertans live and work.

OUTCOMES, KEY STRATEGIES AND PERFORMANCE MEASURES

Outcome One: Improved health outcomes for all Albertans

Key Strategies:

- 1.1 Introduce an expanded model for home and community care which will increase access and the variety of services available to Albertans.
- 1.2 Create 2,000 public long-term care and dementia spaces over four years to assist seniors and persons with disabilities to remain in their communities when they can no longer live at home and thereby take pressure off acute care systems.
- 1.3 Implement an addiction and mental health strategy.
- 1.4 Enhance the delivery of primary health care services to enable Albertans to be as healthy as they can be through increased integration of services, improved capacity, timely access and improved quality and safety.
- 1.5 Improve the quality of care provided to continuing care clients and improve care and supports needed by Albertans living with and affected by dementia.
- 1.6 Improve the effectiveness and efficiency of emergency and ambulance services.
- 1.7 Enhance and expand electronic health records to support clinical decision-making and provide additional resources and tools through the personal health portal to assist Albertans in taking an active role in managing their health.
- 1.8 Address rates of chronic disease in the province through disease prevention and health promotion initiatives.

Performance Measures	Last Actual 2014-15	Target 2016-17	Target 2017-18	Target 2018-19
1.a Access to continuing care: • Percentage of clients placed in continuing care within 30 days of being assessed	60%	62%	65%	68%
1.b Percentage of mental health patients with unplanned readmissions within 30 days of leaving hospital	8.8%	8.8%	8.8%	8.7%
1.c Access to the provincial Electronic Health Record (EHR): Number of health care professionals with access to EHR ¹	37,324	41,149	43,617	46,234

Note:

¹ This number includes currently authorized health care professionals in getting access to Alberta Netcare (provincial EHR): Physicians, Medical Residents, Nurses, Pharmacists and Allied Professionals.

Linking Performance Measures to Outcomes:

- 1.a Used to monitor and report on access to continuing care living options in Alberta, as indicated by the wait times experienced by individuals admitted within the reporting period.
- 1.b Indicates the extent to which acute care mental illness patients are readmitted to in-patient care within one month of discharge, which may indicate a relapse or complications after an in-patient stay.
- 1.c Indicates the extent to which health professionals have adopted use of the EHR.

Performance Indicators	Actual 2011	Actual 2012	Actual 2013	Actual 2014
1.a Emergency visit rate due to substance use (per 100,000 population)	541.03	592.83	634.30	676.55
1.b Ambulatory care sensitive conditions ¹ : • Hospitalization rate for patients under 75 years of age with conditions that could be prevented or reduced if they received appropriate care in an ambulatory setting	364	369	367	365

Note:

¹ Canadian Institute for Health Information (CIHI) has revised the methodology used to age-standardize population-based indicators. CIHI is now using the 2011 Canadian population, instead of the 1991 population that was previously used for all indicators that are standardized for age. Results calculated with this updated methodology are not comparable with previously reported rates. To enable comparisons over time, results for 2011–2012 to 2013–2014 above were recalculated.

Outcome Two: The well-being of Albertans is supported through population health initiatives

Key Strategies:

- 2.1 Strengthen policies and practices to protect environmental public health, based on environmental public health science and international best practices.
- 2.2 Modernize the food safety inspection system in partnership with Alberta Health Services and other government ministries.
- 2.3 Develop a whole-of-government approach to wellness and collaborate with key partners to build community capacity in support of wellness.
- 2.4 Improve and protect the health of Albertans through a variety of strategies, including increased immunization rates.

- 2.5 Reduce the health gap between Indigenous peoples and other Albertans by developing population health initiatives with federal and Indigenous communities.
- 2.6 Collaborate with Agriculture and Forestry, Alberta Health Services and other stakeholders to develop and implement a strategy to address antimicrobial resistance through stewardship, surveillance, research, innovation and infection prevention and control.
- 2.7 Implement a Wait Time Measurement and Waitlist Management Policy to address long wait times in the health care system.
- 2.8 Develop and implement programs related to maternal, infant, child and youth health.

Performance Measures	Last Actual (Year)	Target 2016-17	Target 2017-18	Target 2018-19
2.a Influenza immunization: Percentage of Albertans who have received the recommended annual influenza immunization ¹ :				
▪ Seniors aged 65 and over	61%	80%	80%	80%
▪ Children aged 6 to 23 months	34%	80%	80%	80%
▪ Residents of long-term care facilities	90%	95%	95%	95%
	(2014-15)			
2.b Childhood immunization rates (by age two):				
• Diphtheria, tetanus, pertussis, polio, Hib	76%	97%	97%	97%
• Measles, mumps, rubella	88%	98%	98%	98%
	(2014)			
2.c Healthy Alberta Trend Index (HATi):				
• Average number of health risk factors per person aged 20 to 64 years ²	2.14	2.00	1.94	1.94
	(2014)			

Notes:

- ¹ These are the national targets. This is the level required to prevent disease outbreaks and to protect vulnerable populations (e.g., those who are not eligible for certain vaccines such as infants, pregnant women, or immune compromised individuals).
- ² This measure is calculated using six self-reported indicators of health behaviours known to be risk factors for health, including life stress, body mass index, fruit and vegetable consumption, physical activity, smoking status and frequency of binge drinking.

Linking Performance Measures to Outcomes:

- 2.a Tracks efforts towards universal influenza immunization in Alberta, which is a key population health initiative intended to decrease the risk of outbreaks, morbidity and mortality, particularly among high risk groups.
- 2.b Indicates efforts towards protecting children and adults from a number of vaccine preventable diseases, some of which can be fatal or produce permanent disabilities. A high rate of immunization reduces the incidence of childhood vaccine-preventable diseases and also serves to control outbreaks for a population.
- 2.c Indicator of progress achieved towards improving healthy behaviors and reducing risks for development of disease and disabilities among Albertans.

Performance Indicators	Actual 2011	Actual 2012	Actual 2013	Actual 2014
2.a Life expectancy at birth ¹				
• Provincial	81.59	81.68	81.71	81.80
• First Nation ²	70.79	72.16	72.53	71.68
2.b Infant mortality rate (per 1,000 live births):				
• Provincial	5.10	4.10	4.46	4.57
• First Nation ²	10.29	8.78	9.69	9.60

Notes:

- ¹ Adjusted population estimates are used for the denominators of the mortality rates used in the life expectancy calculations. The newly recalculated life expectancy figures will differ slightly from previously reported life expectancy figures released in the Health Business Plan 2014-17.
- ² With the elimination of health insurance premiums in 2009, Health Canada discontinued confirming First Nations status as part of registering individuals under the Alberta Health Care Insurance Plan. As a result, the number of First Nations that can be accurately identified as being First Nations has been declining.

Outcome Three: Albertans receive care from highly skilled health care providers and teams, working to their full scope of practice

Key Strategies:

- 3.1 Improve access to health care providers across the province and develop sustainable strategies that ensure the appropriate education, scope of practice, supply and distribution of health care providers.
- 3.2 Enhance accountability and promote practice excellence among regulated health care providers.
- 3.3 Develop sustainable physician compensation models which enable the provision of high quality care and support collaborative practice within a team-based environment.
- 3.4 Increase timely access for all Albertans to primary health care services where they see the right provider at the right time.

Performance Measure	Last Actual 2014-15	Target 2016-17	Target 2017-18	Target 2018-19
3.a Access to primary care through primary care networks:				
• Percentage of Albertans enrolled in a primary care network	77%	79%	79%	80%

Linking Performance Measures to Outcomes:

- 3.a Indicates the degree to which Albertans use primary care networks to access health services based on patient enrollment as at March 31 each fiscal year.

Outcome Four: A high quality, stable, accountable and sustainable health system

Key Strategies:

- 4.1 Support the creation of a stable budget for health care services to help Albertans receive the right care, at the right time, from the right provider, and in the right place.
- 4.2 Ensure regional health care needs are heard and addressed.
- 4.3 Repair aging health infrastructure and build new health care facilities, where appropriate, to ensure that such infrastructure meets current and future health care needs.
- 4.4 Enhance accountability through improved governance structures and establish clear mandates and roles for all health agencies, boards and commissions.
- 4.5 Implement a system-wide response to chronic conditions and disease prevention and management by aligning and integrating current work being done on chronic disease across the province.
- 4.6 Increase the capacity for evidence-informed practice and policy through clinical information systems, enhanced data sharing, research, innovation, health technology assessment and knowledge translation.
- 4.7 Enable a more robust health system analytics environment in which to better inform quality improvements, health system management, delivery and research.
- 4.8 Improve performance of emergency departments for enhanced patient flow through the acute care system.

Performance Measure	Last Actual 2014-15	Target 2016-17	Target 2017-18	Target 2018-19
4.a Satisfaction with health care services received: <ul style="list-style-type: none"> • Percentage of Albertans satisfied or very satisfied with health care services personally received in Alberta within the past year 	68%	70%	70%	72%

Linking Performance Measures to Outcomes:

- 4.a Indicates the quality of health care services received by Albertans and is indicative of quality improvement in the health system and supports the objective of delivering high quality patient-centred care.

Performance Indicators	Actual (Year)	Actual (Year)	Actual (Year)	Actual (Year)
4.a Patient Safety: <ul style="list-style-type: none"> • Percentage of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year 	11% (2011-12)	11% (2012-13)	11% (2013-14)	12% (2014-15)
4.b Emergency department length of stay: <ul style="list-style-type: none"> • Percentage of patients treated and admitted to hospital within eight hours (all sites) 	55% (2011-12)	55% (2012-13)	54% (2013-14)	48% (2014-15)
4.c Albertans rating of the quality of health care services received (biennial survey)	73% (2008)	75% (2010)	77% (2012)	77% (2014)
4.d Per capita provincial government health expenditures (actual dollars)	4,588 (2012)	4,619 (2013)	4,862 (2014) ¹	4,862 (2015) ¹

Note:

- ¹ Forecasted results

STATEMENT OF OPERATIONS

(thousands of dollars)	Comparable			2016-17 Estimate	2017-18 Target	2018-19 Target
	2014-15 Actual	2015-16 Budget	2015-16 Forecast			
REVENUE						
Internal Government Transfers	390,126	383,000	383,000	376,000	364,000	364,000
Transfer from Alberta Cancer Prevention Legacy Fund	25,000	25,000	17,500	25,000	25,000	25,000
Canada Health Transfer	3,601,124	3,966,890	4,004,611	4,223,370	4,343,941	4,519,331
Transfers from Government of Canada	6,157	8,000	8,000	8,000	8,000	8,000
Other Health Transfers	2,451	2,398	2,398	1,200	1,200	1,200
Investment Income	98,819	61,256	81,256	66,008	68,008	62,008
Supplementary Health Benefit Premiums	47,753	48,000	48,000	48,000	48,000	48,000
Other Premiums, Fees and Licences	472,390	473,036	475,036	513,001	524,001	524,001
Refunds of Expense	133,030	113,340	113,340	113,540	113,740	113,940
Other Revenue	572,447	449,614	449,629	462,691	459,735	449,321
Ministry Total	5,349,297	5,530,534	5,582,770	5,836,810	5,955,625	6,114,801
Inter-Ministry Consolidations	(459,210)	(447,800)	(440,300)	(440,800)	(428,800)	(428,800)
Consolidated Total	4,890,087	5,082,734	5,142,470	5,396,010	5,526,825	5,686,001
EXPENSE						
Ministry Support Services	66,357	72,021	64,041	66,899	67,448	67,788
Physician Compensation and Development	4,460,067	4,760,284	4,808,421	4,848,780	4,958,598	5,019,610
Drugs and Supplemental Health Benefits	1,864,492	1,934,712	1,926,957	2,040,246	2,168,470	2,293,801
Community Programs and Healthy Living	457,625	473,993	464,870	496,712	515,080	517,230
Facility-Based Patient Services	5,318,716	5,309,174	5,366,480	5,488,000	5,555,000	5,618,000
Care Based Services	1,759,287	1,843,258	1,857,558	2,052,369	2,214,348	2,298,402
Diagnostic, Therapeutic and Other Patient Services	2,253,717	2,331,167	2,352,872	2,394,810	2,403,869	2,424,404
Administration and Support Services	2,418,733	2,369,722	2,392,726	2,389,262	2,381,619	2,374,619
Information Systems	644,426	641,130	692,169	658,123	645,161	640,182
Support Programs	163,369	182,868	180,829	190,814	198,444	206,780
Research and Education	106,928	97,792	98,859	99,000	99,000	99,000
Infrastructure Support	10,541	-	50,500	43,000	122,000	100,000
Cancer Research and Prevention Investment	12,500	12,500	6,250	12,500	12,500	12,500
2013 Alberta Flooding	32,796	-	-	-	-	-
Debt Servicing	16,253	16,000	16,000	17,000	17,000	17,000
Ministry Total	19,585,807	20,044,621	20,278,532	20,797,515	21,358,537	21,689,316
Inter-Ministry Consolidations	(276,829)	(415,168)	(408,678)	(419,098)	(412,133)	(412,133)
Consolidated Total	19,308,978	19,629,453	19,869,854	20,378,417	20,946,404	21,277,183
Net Operating Result	(14,418,891)	(14,546,719)	(14,727,384)	(14,982,407)	(15,419,579)	(15,591,182)
CAPITAL INVESTMENT						
Health Facilities and Equipment	643,242	891,200	740,226	892,540	1,041,764	1,206,192
Information Systems	20,423	24,700	13,577	22,230	22,230	22,230
2013 Alberta Flooding	-	-	4,515	-	-	-
Total	663,665	915,900	758,318	914,770	1,063,994	1,228,422