

BUSINESS PLAN 2017–20

Health

ACCOUNTABILITY STATEMENT

This business plan was prepared under my direction, taking into consideration the government's policy decisions as of March 3, 2017.

original signed by

Sarah Hoffman, Minister

MINISTRY OVERVIEW

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

The Department of Health provides broad strategic oversight and direction for Alberta's health system. Alberta Health Services is responsible for the delivery of a substantial portion of health care services across the province. The Health Quality Council of Alberta is mandated to promote and improve patient safety and health service quality on a province-wide basis.

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 a stable, accountable, high quality and sustainable health system that emphasizes staying healthy and well, while also supporting people who need care. It's a vision where Albertans' health and well-being are improved through an integrated health system that structures and plans around individuals and their communities and connects people to needed care and services. The goal is for Albertans to receive the right health services, in the right place, at the right time, by the right health providers and teams, with the right information.

Like many jurisdictions, Alberta faces the challenges of changing demographics and increasing demand for quality and accessible health care. Alberta's population has almost doubled over the past 35 years, increasing at an average annual percentage growth rate of 2.2 per cent over the past decade. While Alberta has one of the youngest populations on average, a substantial segment of the province's population is aging, with about three per cent annual growth in the number of seniors (individuals 65 years of age and older) over the past two decades. Seniors now represent about 12 per cent of the population, resulting in a greater need for coordinated health and social supports. 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, Metis 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 higher 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, and acknowledges the diversity of women's experiences including higher incidences of violence and social and economic vulnerabilities. A targeted approach to women's health, utilizing Alberta's Gender Based Analysis Plus approach, will enhance health equity in care provisions and support equality of health outcomes for all women (Indigenous, seniors, disabled, youth, LGBTQ, new Canadians and rural Albertans) and will go beyond traditional health services.

Mental health issues affect one in five Albertans, and it is estimated that over ten per cent of Albertans will require addiction treatment at some point in their lives. Individuals with mental health and addictions concerns often struggle to navigate the health care system to access appropriate services, which are not always well coordinated or integrated. This has resulted in growing demands on first responders, emergency departments and hospitals.

These trends highlight the need to update the health system so that Albertans receive timely, high quality and appropriate health services wherever possible. This means shifting from a focus on hospitals and facilities to more community-based care closer to home.

A true shift to community-based care will have primary health care at the centre. Primary health care is the first place people go for health care or wellness services and supports, treatment of a health issue or injury. Many of Alberta's primary care providers work in team-based settings that include physicians, nurses, psychologists, pharmacists, dietitians, counsellors, rehabilitation therapists, and social workers, among others, to provide holistic care that requires many professionals working together.

To help Albertans remain independent and active in their communities as they age or as their needs change it will also be important to provide continuing care services closer to home. In particular, expanding access to preventative and restorative home care services will ensure Albertans receive the right care, in the right place.

The shift to community-based care must be supported by improved management of health information in the health system. A single source of information will support team-based, integrated care that will help health professionals in health facilities provide the best possible care to Albertans. It will also be important for Albertans to be able to access their own medical records online. The introduction of a new personal health record will provide Albertans with a secure place to record their health information, as well as access other information related to their treatment such as prescription drugs and laboratory test results.

Investment in personal care and support services such as primary health care and continuing care, especially home care, will lead to more Albertans staying in their communities and out of hospital and increase the value Albertans receive for their health care spending. It will also enable the ministry to promote health and wellness and improve the quality of life for Albertans. To ensure Albertans receive appropriate care for their health care needs, funding and compensation models for health professionals should be directed at improving patient-centred care.

Sound health system planning, governance, evaluation, leadership and decision-making are needed to support a culture of continuous improvement, excellence and evidence-informed practice. Communication and collaboration among Albertans and a range of partners will be necessary to achieve a high-performing health care system. In partnership, government will deliver high value health services to Albertans – services that are integrated across the continuum and available in their home and communities wherever possible – for generations to come.

OUTCOMES, KEY STRATEGIES AND PERFORMANCE MEASURES

Outcome One: Improved health outcomes for all Albertans

Key Strategies:

- 1.1 Lead the shift from a focus on hospitals and facilities to more community-based care closer to home, by:
- Implementing the Valuing Mental Health Action Plan to move toward a more coordinated and integrated addiction and mental health system.
 - Enhancing the delivery of primary health care services through patient attachment to providers and teams, increased integration of services, timely access, and improved quality and safety.
 - Encouraging community partners to collaborate on new and existing wellness initiatives to create equitable conditions for Albertans to be active partners in their own health.
 - Implementing a system-wide response to chronic conditions and disease prevention and management by aligning and integrating work being done on chronic disease across the province.
 - Supporting appropriate and reasonable access to pharmaceuticals and supplemental health benefits for Albertans.
 - Expanding home care services that will increase access to health services, reduce reliance on acute care facilities, and enable Albertans to stay at home longer.
 - Developing a targeted approach for funding new continuing care spaces and upgrading or replacing existing sites, focusing on complex populations, communities in the greatest need and Indigenous communities.
 - Enhancing care for patients with dementia so they receive timely diagnosis and support in their communities with accessible, integrated and high quality care and services.
 - Developing sustainable physician compensation models which enable the provision of high quality care and support collaborative practice within a team-based environment.
 - Enhancing and expanding the authorized collection and sharing of health information in a patient-centred, integrated shared health record to support clinical decision-making.
 - Providing Albertans with secure access to their own health information to assist them in taking an active role in managing their health.

Performance Measures	Last Actual 2015-16	Target 2017-18	Target 2018-19	Target 2019-20
1.a Percentage of mental health patients with unplanned readmissions within 30 days of leaving hospital	8.6%	8.5%	8.4%	8.3%
1.b Access to continuing care:				
• Percentage of clients placed in continuing care within 30 days of being assessed	60%	65%	68%	71%
1.c Access to primary care through primary care networks				
• Percentage of Albertans enrolled in a primary care network	78%	79%	80%	81%
1.d Healthy Alberta Trend Index (HATi)				
• Average number of health risk factors per person aged 20 to 64 years ¹	n/a ²	2.00	2.00	1.97
1.e Access to the provincial Electronic Health Record (EHR)				
• Number of health care professionals with access to Alberta Netcare ³	40,587	43,617	46,234	49,008

Notes:

- ¹ 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.
- ² The actual value was unavailable at the time of publication; the target for 2015-16 was 2.06.
- ³ Includes authorized health care professionals (i.e. physicians, medical residents, nurses, pharmacists and allied professionals) with access to Alberta Netcare, the provincial EHR.

Linking Performance Measures to Outcomes:

- 1.a Shows 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.b 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.c 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.
- 1.d Indicator of progress achieved toward improving healthy behaviours and reducing risks for development of disease and disabilities among Albertans.
- 1.e Measures the extent to which health professionals have adopted use of the EHR.

Performance Measure(s) Under Development:

Measures that reflect progress toward a more community-based health system are under development.

Performance Indicator	Actual 2010-11	Actual 2011-12	Actual 2012-13	Actual 2013-14	Actual 2014-15
1.a Ambulatory care sensitive conditions <ul style="list-style-type: none"> • Hospitalization rate (per 100,000) for patients under 75 years of age with conditions that could be prevented or reduced if they received appropriate care in an ambulatory setting 	362	364	369	367	365

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

Key Strategies:

- 2.1 Support the protection of Albertan’s health and well-being, by:
 - Strengthening policies and practices to protect environmental public health, based on environmental public health science and international best practices.
 - Collaborating with Agriculture and Forestry and engaging with stakeholders to develop and implement a provincial strategy on antimicrobial resistance that supports the federal pan-Canadian antimicrobial resistance framework and action plan.
 - Working with key partners to enhance food safety reporting mechanisms and ensure effective policies and a regulatory environment that promotes best practices in the food industry.
 - Safeguarding Albertans from communicable disease through increased immunization rates and initiatives aimed at decreasing sexually transmitted infections.
- 2.2 Reduce the gap in health outcomes between Indigenous and non-Indigenous peoples through collaboration in program design and delivery with the federal government, Indigenous communities, and other organizations.
- 2.3 Improve maternal, infant and child health by supporting initiatives that foster maternal-infant health and early childhood development.
- 2.4 Lead an urgent government response to reduce the harms associated with opioid misuse and oversee the implementation of priority activities to address overdoses and deaths related to fentanyl and other opioids.

Performance Measures	Last Actual 2015-16	Target 2017-18	Target 2018-19	Target 2019-20
2.a Percentage of Albertans who have received the recommended annual influenza immunization ¹ :				
• Seniors aged 65 or over	63%	80%	80%	80%
• Children aged 6 to 23 months	36%	80%	80%	80%
• Residents of long-term care facilities	90%	95%	95%	95%
2.b Childhood immunization rates (by age two) ¹ :				
• Diphtheria, tetanus, pertussis, polio, Hib	75%	97%	97%	97%
• Measles, mumps, rubella	87%	98%	98%	98%

Notes:

¹ These are the national targets and are set at 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).

Linking Performance Measures to Outcomes:

2.a Tracks efforts toward 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 toward 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.

Performance Indicators	Actual (2011)	Actual (2012)	Actual (2013)	Actual (2014)	Actual (2015)
2.a Life expectancy at birth:					
• First Nations	70.79	72.15	72.52	71.60	70.38
• Non-First Nations	82.00	82.03	82.07	82.19	82.30
2.b Infant mortality rate (per 1,000 live births):					
• First Nations	10.27	8.77	9.66	9.56	7.82
• Non-First Nations	4.65	3.77	4.10	4.32	4.18
2.c Emergency visits due to substance use (per 100,000 population)	538.82	586.74	628.34	660.53	694.97

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.

Performance Measure(s) Under Development:

Measures that reflect progress toward this outcome are under development.

Performance Indicators	Actual (Year)	Actual (Year)	Actual (Year)	Actual (Year)	Actual (Year)
3.a Patient Safety					
• Percentage of Albertans reporting harm to self or an immediate family member while receiving health care in Alberta within the past year	13% (2006)	10% (2008)	9% (2010)	11% (2012)	12% (2014)

Performance Indicators	Actual (Year)	Actual (Year)	Actual (Year)	Actual (Year)	Actual (Year)
3.b Albertans' rating of the quality of health care services received ¹	73% (2008)	75% (2010)	77% (2012)	77% (2014)	79% (2016)

Note:

¹ This biennial survey conducted by the Health Quality Council of Alberta has been discontinued; 2016 is the last year for which results are available.

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

Key Strategies:

- 4.1 Support the development and implementation of a stable budget for health care services.
- 4.2 Lead health system planning to coordinate and integrate service delivery, capital and health human resource planning, by:
 - Assessing and balancing the needs of rural, remote and urban populations.
 - Repairing aging health infrastructure and building new health care facilities, where appropriate, to ensure that such infrastructure meets current and future health care needs.
 - Supporting the development and implementation of initiatives that address long wait times, by measuring and monitoring wait times and supporting the management of wait lists.
 - Supporting efforts to improve the performance of Alberta's metro and regional emergency departments.
 - Improving the effectiveness, efficiency and accountability of Alberta's emergency medical services.
- 4.3 Enhance the governance and accountability of the health care sector, by:
 - Improving governance structures and establishing clear mandates and roles for all health agencies, boards and commissions.
 - Providing compliance, monitoring and performance oversight to improve quality and accountability through the completion of audits, promotion of best practices, and monitoring adherence to regulations and directives.
- 4.4 Set health system standards to enhance quality with an initial focus on addressing barriers to access, safety, minimizing unwarranted clinical variation in practices, and appropriateness.
- 4.5 Increase the capacity for evidence-informed policy, planning and practice by:
 - Enhancing data sharing, research, innovation, health technology assessment, and knowledge translation.
 - Enabling a robust health system analytics environment in which to better inform quality improvements, health system planning, management, delivery, performance reporting, and research.

Performance Measure(s) Under Development:

Measures that reflect progress toward this outcome are under development.

Performance Indicators	Actual (Year)	Actual (Year)	Actual (Year)	Actual (Year)	Actual (Year)
4.a Per capita provincial government expenditures (actual dollars)	4,588 (2012)	4,618 (2013)	4,662 (2014)	4,703 (2015)	4,793 (2016) ¹
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)	49% (2015-16)

Note:

¹ Forecasted results.

RISKS TO ACHIEVING OUTCOMES

Health has identified the following high level and high impact risks that could impact the ministry’s ability to achieve its outcomes:

Financial: The Government of Alberta continues to be faced with lower provincial revenues. At the same time, the health system is challenged by increased demand for services as well as upward pressure on key health sector input costs such as those for acute care facilities, health care professionals and prescription drugs.

Integration/collaboration: The success of shifting the health system to one that is more person-centred and sustainable is highly dependent on the integration of efforts within the ministry - including between Alberta Health, Alberta Health Services, and the Health Quality Council of Alberta - and with key partners and stakeholders outside the ministry. Continued work between health system organizations to clearly define roles and responsibilities and accountabilities will increase clarity regarding identified opportunities and will result in better alignment and reduce duplication.

Public expectations and lifestyle: The demand for health care services in Alberta continues to increase. An increased understanding of the health system will help the ministry to reallocate funding to support transformation of the health sector to one that is more person-centred and financially sustainable.

Data and analytics: Policy development and implementation is more robust if it is founded on strong data and analysis of the current state of issues and opportunities. Better access to integrated and comprehensive data and information will optimize care. In addition, data to support effective performance measurement, accountability and governance activities can be improved.

Health system capacity: There is a need for trained health care workers to provide continuing care and other health services if the transition of the system from “hospital to community” is to be successful. In professions where staff levels are sufficient, unequal distribution across Alberta remains a factor, with particular difficulty in recruiting to rural and remote areas where the planned expansion of home and community care services is most needed. The challenge to meet the health system’s need for the right mix of trained health care workers could compromise the ministry’s ability to meet the health care needs of Albertans in a way that is stable, financially sustainable and improves health outcomes.

STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable			2017-18 Estimate	2018-19 Target	2019-20 Target
	2015-16 Actual	2016-17 Budget	2016-17 Forecast			
REVENUE						
Internal Government Transfers	381,880	376,900	393,900	418,000	411,000	427,000
Transfer from Alberta Cancer Prevention Legacy Fund	23,000	25,000	23,305	25,000	25,000	25,000
Canada Health Transfer	4,013,942	4,223,370	4,201,441	4,360,247	4,515,386	4,711,411
Transfers from Government of Canada	6,672	8,000	8,000	8,000	8,000	8,000
Other Health Transfers	2,347	1,200	895	36,200	101,200	131,200
Investment Income	84,998	66,008	66,006	68,006	69,006	69,006
Supplementary Health Benefit Premiums	46,543	48,000	48,000	48,000	48,000	48,000
Other Premiums, Fees and Licences	491,489	513,001	486,502	475,002	477,002	479,002
Refunds of Expense	156,425	113,540	152,040	164,040	164,040	164,040
Other Revenue	578,107	461,791	529,411	519,421	524,143	533,049
Ministry Total	5,785,403	5,836,810	5,909,500	6,121,916	6,342,777	6,595,708
Inter-Ministry Consolidations	(444,349)	(440,800)	(456,105)	(482,800)	(475,800)	(491,800)
Consolidated Total	5,341,054	5,396,010	5,453,395	5,639,116	5,866,977	6,103,908
EXPENSE						
Ministry Support Services	63,206	78,852	78,852	85,626	86,266	86,266
Physician Compensation and Development	4,856,357	4,843,537	5,035,930	5,197,587	5,313,602	5,426,319
Drugs and Supplemental Health Benefits	1,994,232	2,040,374	2,108,445	2,249,354	2,311,778	2,484,075
Population and Public Health	553,561	643,543	571,315	694,998	790,208	881,323
Acute Care	4,170,307	3,870,020	4,125,420	4,076,858	4,123,547	4,204,831
Continuing Care	1,025,363	1,068,000	1,055,000	1,071,620	1,140,620	1,188,620
Ambulance Services	475,024	477,000	488,000	471,000	478,000	478,000
Community and Home Care	1,765,817	1,838,000	1,826,000	2,027,000	2,113,000	2,171,000
Diagnostic, Therapeutic and Other Patient Services	2,239,955	2,491,210	2,441,615	2,380,459	2,424,506	2,464,880
Administration	463,402	525,159	502,013	537,291	540,005	540,828
Support Services	2,012,299	2,006,000	2,068,503	2,115,000	2,156,000	2,233,000
Information Technology	630,224	632,720	633,720	594,045	572,021	561,141
Research and Education	96,488	210,600	137,000	163,000	165,000	165,000
Debt Servicing	15,373	17,000	17,000	15,000	15,000	20,000
Infrastructure Support	50,293	43,000	62,454	122,325	100,000	100,000
Cancer Research and Prevention Investment	5,000	12,500	10,200	12,100	11,700	12,100
Ministry Total	20,416,901	20,797,515	21,161,467	21,813,263	22,341,253	23,017,383
Inter-Ministry Consolidations	(390,771)	(419,098)	(423,023)	(392,056)	(388,863)	(388,866)
Consolidated Total	20,026,130	20,378,417	20,738,444	21,421,207	21,952,390	22,628,517
Net Operating Result	(14,685,076)	(14,982,407)	(15,285,049)	(15,782,091)	(16,085,413)	(16,524,609)
CAPITAL INVESTMENT						
Health Facilities and Equipment	651,137	892,540	698,897	1,003,252	1,458,771	1,888,622
2013 Alberta Flooding	-	-	3,082	-	-	-
Information Technology	11,414	22,230	19,230	22,230	22,230	22,230
Ministry Total	662,551	914,770	721,209	1,025,482	1,481,001	1,910,852
Consolidated Total	662,551	914,770	721,209	1,025,482	1,481,001	1,910,852