

# Health

BUSINESS PLAN 2015–18

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## ACCOUNTABILITY STATEMENT

This business plan was prepared under my direction, taking into consideration the government's policy decisions as of October 15, 2015.

*original signed by*

Sarah Hoffman, Minister

## THE MINISTRY

The ministry consists of the Department of Health and the following entities: Alberta Health Services, the Health Quality Council of Alberta and Alberta Innovates – Health Solutions. Although these arms-length entities have always been accountable to the minister and included in the government's consolidated financial statements, *Budget 2015* is the first time they are consolidated within the ministry for budget purposes.

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](http://www.health.alberta.ca).

## LINK TO GOVERNMENT OF ALBERTA STRATEGIC DIRECTION

The desired outcomes and priority initiatives identified in this business plan are aligned with the strategic direction of the Government of Alberta.

## STRATEGIC CONTEXT

The Government of Alberta is restoring stability to the healthcare system that Albertans count on. Following on the heels of multiple reorganizations of the model for delivering health services, a commitment has been made to stabilize the system, which includes restoring planned cuts that would have severely damaged the province's ability to effectively and efficiently deliver care to families in need.

Alberta's population has doubled over the past 35 years, increasing at an 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 four 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.

Aboriginal 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-Aboriginal Albertans. In particular, Aboriginal 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 Aboriginal Albertans through collaboration with the federal government, Aboriginal 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 (Aboriginal, seniors, disabled, youth, LGBTQ, new Canadians and rural) 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:** Albertans should receive the right care for their conditions, in the right place, at the right time, and by the right team of providers and teams. 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 expanded 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.

## DESIRED OUTCOMES, PRIORITY INITIATIVES, PERFORMANCE MEASURES, PERFORMANCE MEASURES UNDER DEVELOPMENT AND PERFORMANCE INDICATORS

### Desired Outcome One: Improved health outcomes for all Albertans

#### Priority Initiatives:

- 1.1 Expand home care which includes enhancing home and community care capacity.
- 1.2 Create 2,000 public long-term care spaces over four years to improve seniors' care and 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.
- 1.5 Address the increasing rates of dementia within an aging population.
- 1.6 Improve the quality of care provided to continuing care clients.
- 1.7 Improve the effectiveness and efficiency of emergency and ambulance services.
- 1.8 Enhance and expand electronic health records to assist Albertans in taking an active role in managing their health and well-being by providing resources and tools through the personal health portal.

Performance Measure	Last Actual 2013-14	Target 2015-16	Target 2016-17	Target 2017-18
1.a Access to continuing care: • Percentage of clients placed in continuing care within 30 days of being assessed	69%	70%	70%	70%

Performance Indicators	Actual 2010	Actual 2011	Actual 2012	Actual 2013
1.a Emergency visit rate due to drug use (per 100,000 population)	474.13	541.03	592.83	634.30
1.b Ambulatory care sensitive conditions: • 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	309	313	319	316

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

#### Priority Initiatives:

- 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 and implement programs related to maternal, infant, child and youth health.
- 2.4 Develop a whole-of-government approach to wellness and collaborate with key partners to build community capacity in support of wellness.
- 2.5 Improve and protect the health of Albertans through a variety of strategies, including increased immunization rates.
- 2.6 Develop initiatives with Aboriginal partners and the federal government to improve health services.
- 2.7 Implement a Wait Time Measurement and Waitlist Management Policy to address long wait times in the health care system.

Performance Measures	Last Actual (Year)	Target 2015-16	Target 2016-17	Target 2017-18
2.a Influenza immunization:				
• percentage of Albertans who have received the recommended annual influenza immunization:				
▪ Seniors aged 65 and over	64%	75%	75%	75%
▪ Children aged 6 to 23 months	34%	75%	75%	75%
▪ Residents of long-term care facilities	88%	95%	95%	95%
	(2013-14)			
2.b Childhood immunization rates (by age two):				
• Diphtheria, tetanus, pertussis, polio, Hib	74%	97%	97%	97%
• Measles, mumps, rubella	85%	98%	98%	98%
	(2013)			
2.c Healthy Alberta Risk Trend Index (HARTI):				
• Average number of health risk factors per person aged 20 to 64 years <sup>1</sup>	2.12	2.06	2.00	1.94
	(2013)			

**Note:**

<sup>1</sup> 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.

Performance Indicators	Actual 2011	Actual 2012	Actual 2013	Actual 2014
2.a Life expectancy at birth <sup>1</sup>				
• Provincial	81.59	81.68	81.71	81.80
• First Nation <sup>2</sup>	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 <sup>2</sup>	10.29	8.78	9.69	9.60

**Notes:**

- 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.
- 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.

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

**Priority Initiatives:**

- 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.
- Enhance accountability and promote practice excellence among regulated health care providers.
- Develop sustainable physician compensation models which enable the provision of high quality care and support collaborative practice within a team-based environment.
- Increase access to primary health care services.

Performance Measure	Last Actual 2013-14	Target 2015-16	Target 2016-17	Target 2017-18
3.a Access to primary care through primary care networks:				
• Percentage of Albertans enrolled in a primary care network	75%	76%	77%	78%

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

### Priority Initiatives:

- 4.1 Create a stable budget for health care services to help people and their families 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 Improve performance of emergency departments for enhanced patient flow through the acute care system.
- 4.6 Implement a system-wide response to chronic disease management by aligning and integrating current work being done on chronic disease across the province.
- 4.7 Increase the capacity for evidence-informed practice and policy through clinical information systems, enhance data sharing, research, innovation, health technology assessment and knowledge transfer.

Performance Measure	Last Actual 2013-14	Target 2015-16	Target 2016-17	Target 2017-18
4.a Satisfaction with health care services received: • Percentage of Albertans satisfied or very satisfied with health care services personally received in Alberta within the past year	66%	68%	70%	70%

Performance Indicators	Actual (Year)	Actual (Year)	Actual (Year)	Actual (Year)
4.a Patient Safety: • Percentage of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year	12% (2010-11)	11% (2011-12)	11% (2012-13)	11% (2013-14)
4.b Emergency department length of stay: • Percentage of patients treated and admitted to hospital within eight hours (all sites)	53% (2010-11)	55% (2011-12)	55% (2012-13)	54% (2013-14)
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)	\$4,472 (2011)	\$4,587 (2012)	\$4,604 (2013) <sup>1</sup>	\$4,699 (2014) <sup>1</sup>

### Note:

- <sup>1</sup> Forecasted results

STATEMENT OF OPERATIONS  
Consolidated Financial Statements Basis

(thousands of dollars)	Comparable			
	2014-15 Actual	2015-16 Estimate	2016-17 Target	2017-18 Target
<b>REVENUE</b>				
Internal Government Transfers	389,250	<b>380,240</b>	372,240	360,000
Transfer from Alberta Cancer Prevention Legacy Fund	25,000	<b>25,000</b>	20,000	20,000
Transfer from Alberta Heritage Foundation for Medical Research Endowment Fund	91,386	<b>71,280</b>	76,280	76,280
Canada Health Transfer	3,601,124	<b>3,966,890</b>	4,222,527	4,430,310
Transfers from Government of Canada	6,407	<b>13,310</b>	13,487	13,304
Other Health Transfers	2,451	<b>2,398</b>	1,200	1,200
Investment Income	99,702	<b>61,706</b>	66,466	67,466
Supplementary Health Benefit Premiums	47,753	<b>48,000</b>	48,000	48,000
Other Premiums, Fees and Licences	472,390	<b>473,036</b>	512,001	517,001
Refunds of Expense	133,030	<b>113,340</b>	113,540	113,740
Other Revenue	572,980	<b>450,174</b>	476,251	470,295
Inter-Ministry Consolidation Adjustment	(549,384)	<b>(516,320)</b>	(508,320)	(496,080)
<b>Total</b>	<b>4,892,089</b>	<b>5,089,054</b>	<b>5,413,672</b>	<b>5,621,516</b>
<b>EXPENSE</b>				
Ministry Support Services	73,300	<b>84,219</b>	86,488	84,034
Physician Compensation and Development	4,456,412	<b>4,757,156</b>	4,899,461	5,000,420
Drugs and Supplemental Health Benefits	1,864,088	<b>1,934,472</b>	1,992,157	2,130,226
Community Programs and Healthy Living	457,625	<b>473,993</b>	507,255	525,422
Facility-Based Patient Services	5,318,716	<b>5,309,174</b>	5,480,000	5,597,000
Care Based Services	1,760,204	<b>1,845,515</b>	2,055,730	2,216,071
Diagnostic, Therapeutic and Other Patient Services	2,253,717	<b>2,331,167</b>	2,367,381	2,380,842
Administration and Support Services	2,428,091	<b>2,376,853</b>	2,402,247	2,412,247
Information Systems	645,193	<b>642,382</b>	673,286	663,540
Support Programs	155,301	<b>168,167</b>	177,202	184,827
Research and Education	177,259	<b>226,225</b>	205,437	190,022
2013 Alberta Flooding	32,796	-	-	-
Debt Servicing	16,253	<b>16,000</b>	16,000	16,000
Inter-Ministry Consolidation Adjustment	(327,893)	<b>(465,300)</b>	(460,230)	(448,265)
<b>Total</b>	<b>19,311,062</b>	<b>19,700,023</b>	<b>20,402,414</b>	<b>20,952,386</b>
<b>Net Operating Result</b>	<b>(14,418,973)</b>	<b>(14,610,969)</b>	<b>(14,988,742)</b>	<b>(15,330,870)</b>
<b>CAPITAL INVESTMENT</b>				
Information Systems	20,423	<b>24,700</b>	22,230	22,230
Health Facilities and Equipment	643,409	<b>891,815</b>	839,929	774,467
<b>Total</b>	<b>663,832</b>	<b>916,515</b>	<b>862,159</b>	<b>796,697</b>