

# Health and Wellness

BUSINESS PLAN 2009-12

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## ACCOUNTABILITY STATEMENT

The business plan for the three years commencing April 1, 2009 was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as of March 12, 2009 with material economic or fiscal implications of which I am aware have been considered in preparing the business plan.

The Ministry's priorities outlined in the business plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this business plan.

Ron Liepert, *Minister of Health and Wellness*  
March 18, 2009

## THE MINISTRY

The Ministry of Health and Wellness consists of the Department of Health and Wellness. This business plan sets out the strategic direction, proposed changes, enhancements and activities for the Ministry in the three years ahead. The Ministry business plan guides department operational plans and serves as a framework for the development of plans by Alberta Health Services and the Health Quality Council of Alberta.

The Ministry's focus is a strategic role, developing policy, setting standards and regulations, ensuring accountability, advocating for healthy policy and pursuing innovation on behalf of Albertans. Alberta Health Services provides health services delivery in response to direction from the Ministry.

Financial information is consolidated in the attached Ministry Statement of Operations. A summary of progress on this business plan will be reported in the Health and Wellness 2009-10 Annual Report. A more detailed description of Alberta's health system can be found on the Ministry's website: [www.health.alberta.ca](http://www.health.alberta.ca)

## VISION

*Healthy Albertans in a Healthy Alberta.*

## MISSION

Build a high-performing, effective and accountable health system.

## LINK TO THE GOVERNMENT OF ALBERTA STRATEGIC BUSINESS PLAN

The Health and Wellness business plan links to the *Government of Alberta Strategic Business Plan* through:

### **Goal 5: Albertans will be healthy.**

Health and Wellness links to this government goal by advocating and educating for healthy living and providing integrated quality health and wellness services through provider organizations and community practitioners responsible for the delivery of health services.

### **Government of Alberta Priorities**

The Ministry will take a lead role in achieving the government's priority to *increase access to quality health care and improve the efficiency and effectiveness of health care service delivery*. The Ministry will work with Justice to *promote strong and vibrant communities and reduce crime so Albertans feel safe*.

## SIGNIFICANT OPPORTUNITIES AND CHALLENGES

**Governance and Accountability** – Sound health system governance is essential to improve access to health services, to make the health services more focused on patients and their needs, to make the health system more efficient and to ensure accountability for the health services provided. With the creation of the Alberta Health Services Board, governance and accountability are paramount and structures are in place that enable the coordination of efforts, transparent reporting and role clarification at all levels of governance within the health system. Partnerships with Alberta Health Services will ensure a better policy arm and a better delivery arm.

**Quality Health Services** – The concept of quality in health care has many dimensions. They include accessibility, appropriateness, acceptability, efficiency, effectiveness and safety. Efficient health system processes such as standardized care paths, managed patient flows and patient navigators will be needed to improve access. Health system access can also be improved by increasing continuing care services, including long-term care, home care and a range of community and supportive living options. Ensuring patient safety in the health system is of the utmost importance when providing quality care. This will require close collaboration among government, Alberta Health Services and health care professionals.

**Sustainability of the Publicly Funded Health System** – Alberta's publicly funded health system has grown steadily over the last fifty years. The range of services and benefits covered by the system and the rate of cost escalation jeopardize the continued viability and affordability of the system. As new health care needs and expectations emerge the cost of meeting them threatens the ability of the province to address and fund its other obligations and priorities. In the health system context, sustainability is about finding the right balance between the needs of Albertans and our ability to pay.

**Prevention, Wellness and Public Health** – It is well known that it is easier to prevent health problems or minimize the complications from chronic diseases, than to treat them once they emerge. A healthy population requires fewer health services and is an excellent way of ensuring a sustainable health system. To do this, individuals must take

personal responsibility for their own health and make good choices that will lead to lifelong health. Government will encourage and provide public programs so Albertans can make lifestyle choices that enable them to be as healthy as possible and reduce their risk of chronic disease, injury or disability.

**Integration of Delivery Services and Policy** – Under the new governance model, health services will be more effectively delivered throughout the continuum of care. Through the innovative utilization of the province’s health workforce and through the creation of new approaches to program and health service delivery, a more responsive, patient-focused health system that ensures a seamless delivery of health services can be realized.

**Health Workforce Capacity** – Alberta’s health workforce is essential to providing access to high quality health services. Alberta ministries have worked hard to attract talented workers to this province and to increase training program enrolment in all health disciplines. Strategies and programs are needed not only to attract, but also to retain health professionals in Alberta. Building workforce capacity will also require utilizing the full scopes of practices of health professionals and creating organizational processes that use the skills of the workforce more efficiently.

**Efficiency, Technology and Innovation** – The Ministry and Alberta Health Services strive to provide the best value for money possible from the health system. There is an obligation on the part of health system governors, managers, service providers and the public to maximize efficiency and productivity in the way services are organized and delivered. New and innovative models of care will need to be developed. Technological advances will need to be leveraged to improve access and quality of care. However, as new technologies and innovations become available, the challenge is to make sure that they do not duplicate services and become add-on costs, but are used to substitute for outdated, less efficient services and procedures.

## STRATEGIC PRIORITIES 2009-12

Through the Ministry’s review of environmental factors, the strategic priorities described below have been identified. These are in addition to the important ongoing core activities of the Ministry.

### BUILDING OUR QUALITY OF LIFE

- 1. Vision 2020** Implement *Vision 2020* to optimize health service delivery by increasing efficiency, improving access and guiding capital planning.  
**Linkage:**  
**Goals 1, 2 and 7**
- 2. Emergency Medical Services** Develop and implement supporting regulations under the new *Emergency Health Services Act* in support of the new governance model. This will include a policy review on standardization of user fees for Emergency Medical Services (EMS), and developing recommendations for the transition of Air Ambulance Services to Alberta Health Services under the new EMS governance model.  
**Linkage:**  
**Goals 1, 2 and 7**
- 3. Common procurement** Develop and implement with Alberta Health Services a common procurement strategy to optimize the buying capacity of the health system with the department taking the lead role in system design and governance, capital equipment, and pharmaceuticals. Explore and implement common procurement systems with other provinces.  
**Linkage:**  
**Goals 2 and 7**

- 4. Health workforce** Continue to ensure Alberta has the health care professionals we need to meet future demands. Building on the key learnings of Primary Care Networks, develop new multi-disciplinary community health centres to improve access to basic health care services. These might include a variety of arrangements including Public-Private Partnerships, working with Alberta Health Services to create new multidisciplinary community health centres and expanding on the range of services presently provided in Primary Care Networks.
- Linkage:**  
**Goals 5, 6 and 7**
- 5. Public health services** Strengthen the delivery of population-based services to enhance the health of Albertans and Alberta communities. The Chief Medical Officer of Health will play an expanded role in a new model for public health policy and services in Alberta.
- Linkage:**  
**Goals 3 and 4**
- 6. Information technology realignment** Improve the health care delivery model to ensure the roles, responsibilities, and structures support the most effective delivery of services. Develop a regional information management and technology strategy for all operational information systems, data centres, and network locations. The strategy will provide a mid to long-term vision for a new investment and consolidation plan of all regionally based clinical and administrative operational systems that support the delivery of care by Alberta Health Services.
- Linkage: Goal 7**
- 7. Health providers governance and accountability framework** Implement a strengthened governance and accountability framework with all health providers. With the creation of Alberta Health Services, there is a renewed opportunity to provide a comprehensive, integrated, province-wide approach to health care. Integration of mental health, addiction and cancer care services (along with other health services) will ensure Albertans receive the necessary and appropriate health care they need regardless of the service required or provider involved.
- Linkage:**  
**Goals 1 and 2**
- 8. Pharmaceutical Strategy** Finalize and implement the *Pharmaceutical Strategy* to improve the drug approval process, establish a common Alberta drug benefit program and a more sustainable and equitable program.
- Linkage: Goal 2**
- 9. Continuing Care** Within the *Continuing Care Strategy*, improve the quality of care for Albertans by offering more alternatives for long-term care.
- Linkage: Goal 6**
- 10. Mental health and addiction services** Enhance the continuum of community-based and client-centred services for mental health and addictions, including children's mental health in support of the Safe Communities initiative.
- Linkage:**  
**Goals 3 and 6**

# CORE BUSINESSES, GOALS, STRATEGIES & PERFORMANCE MEASURES

## Core Business One: Strengthen health system leadership and sustainability

### GOAL ONE **1** Effective governance for the health system

**What it means**

With Alberta’s new governance model, there is an opportunity to ensure role clarity between the Ministry and Alberta Health Services. Effective governance means that each player knows their respective role in the health system and is accountable for pursuing their respective mandate, meeting their ongoing responsibilities and obligations, and working collaboratively with one another to ensure that the policy and delivery arms of health are aligned in the interests of Albertans. Effective governance also involves an ongoing review of the Ministry’s vision and mission to ensure we continue to work towards a renewed health system for Alberta.

**Strategies**

- 1.1 Provide leadership and support for the transition of Emergency Medical Services (EMS) to Alberta Health Services.
- 1.2 Implement *Vision 2020*, including options to achieve health system sustainability.
- 1.3 Lead the capital planning process by preparing complete business case analysis based on service optimization recommendations.
- 1.4 Implement the transition to the new single health authority and further clarify roles and responsibilities.

Performance Measure	Last Actual 2008	Target 2009-10	Target 2010-11	Target 2011-12
1.a <b>Public rating of health system overall:</b> percentage rating the health care system as either “excellent” or “good” <sup>1</sup>	60%	65%	70%	73%

**Notes:**

1 Albertans are in a good position to rate the health system overall from their perspective. Several factors may contribute to their judgments about quality service including timeliness, competence, safety, health outcomes and communication between the patient and provider.

**Source:**

Health Quality Council of Alberta, *Satisfaction with Health Care Services: A Survey of Albertans 2008*.

**What it means**

A sustainable health system is one that is accountable, operates efficiently, is cost-effective and is able to balance patients' needs with limited financial resources. The Ministry's role is to ensure that strategies are developed and implemented to improve health system productivity and achieve greater value for money. Being accountable for the health system means measuring results, assuring Albertans an enhanced quality of services, and evaluating effective programs in the interests of continuous service improvement and enhanced health system outcomes.

**Strategies**

- 2.1 Implement a procurement strategy to optimize the buying capacity of our health system.
- 2.2 Collaborate with the Health Quality Council of Alberta and Alberta Health Services to develop a monitoring and reporting framework for health services and issue a report on the quality of health care and service delivery.
- 2.3 Build public confidence and strengthen the public's trust in the health care system by enhancing our consolidated and integrated compliance function.
- 2.4 Implement the *Pharmaceutical Strategy* to improve drug coverage for seniors, a single government-sponsored drug plan and more timely and transparent drug review process.
- 2.5 Explore and implement common procurement systems with other provinces.

Performance Measures	Last Actual (year)	Target 2009-10	Target 2010-11	Target 2011-12
2.a <b>Annual Ministry operating expense:</b> percentage change over prior year actual	10.4% (2008-09 forecast)	4.7%	5.8%	5.9%
2.b <b>Incidence of serious complaints:</b> percentage of Albertans reporting a serious complaint about any health care services personally received in the past year in Alberta	14% (2006)	13%	12%	10%

**Performance Measure Under Development:**

Compliance with requirements for accreditation of health care facilities, by type of facility.

**Sources:**

- 2.a Alberta Health and Wellness, Corporate Operations Division.
- 2.b Health Quality Council of Alberta, *Satisfaction with Health Care Services: A Survey of Albertans 2006*.

## Core Business Two: Promote and support healthy living and wellness

### GOAL THREE **3** Healthy people in healthy communities

#### What it means

The health of Albertans is affected by lifestyle behaviours, employment status, education, environment, early childhood development and genetic factors. The actions and choices that people make in their daily lives and the decisions made by business leaders, industries and communities play a large role in creating a healthy society. The Ministry will form broad-based alliances and partnerships with community agencies, industry, other ministries and health service providers and Alberta Health Services to build healthy communities and to support healthy choices.

#### Strategies

- 3.1 Provide Albertans with health information to support their health, including development of strategies and plans for a province-wide online patient health portal.
- 3.2 Promote wellness and childhood resiliency, ensuring alignment with multi-sectoral initiatives.
- 3.3 Develop strategies and policies for enhancing health and safety and for reducing the risk of disease and injury, including working with government departments and agencies.
- 3.4 Increase the engagement of government, community, stakeholders and employers in initiatives to prevent and reduce the harm associated with substance use and gambling.
- 3.5 Realign the delivery of provincial public health programs between the Ministry and Alberta Health Services.

Performance Measures	Last Actual (year)	Target 2009-10	Target 2010-11	Target 2011-12
<b>3.a Self reported health status:</b> percentage of Albertans reporting “excellent”, “very good” or “good” health <sup>1</sup>				
(1) 18 to 64 years	88% (2008)	90%	90%	90%
(2) 65 years and over	84% (2008)	85%	85%	85%
<b>3.b Healthy weight:</b> percentage of Albertans age 18 and over with an “acceptable” body mass index (BMIs 18.5 to 24.9) <sup>2</sup>	43% (2007)	47%	50%	55%
<b>3.c Influenza immunization:</b> percentage who have received the recommended annual influenza immunization <sup>3</sup>				
(1) Seniors aged 65 and over	60% (2008)	75%	75%	75%
(2) Children aged 6 to 23 months	64% (2008)	75%	75%	75%

Performance Measures	Last Actual (year)	Target 2009-10	Target 2010-11	Target 2011-12
<b>3.d Smoking:</b>				
prevalence of smoking <sup>4</sup>				
(1) Alberta youth 12 to 19 years	12% (2007)	10%	10%	9%
(2) Young adults 20 to 24 years	30% (2007)	29%	27%	25%
<b>3.e Regular, heavy drinking:</b>				
prevalence of regular, heavy drinking among young Albertans <sup>5</sup>	32% (2007)	30%	30%	30%

**Notes:**

- 1 Self-reported health status is a good indicator of the health and well-being of Albertans. How people rate their own health is affected by a variety of factors such as chronic disease, disability, temporary illness, mental health, and comparisons with others.
- 2 An acceptable body mass index (BMI) falls in the normal weight range. There are four categories of BMI ranges in the Canadian weight classification system. They are: underweight (BMIs less than 18.5); normal weight (BMIs 18.5 to 24.9); overweight (BMIs 25 to 29.9), and obese (BMI 30 and over). Most adults with a high BMI (overweight or obese) have a high percentage of body fat. Extra body fat is associated with increased risk of health problems such as diabetes, heart disease, high blood pressure and some cancers.
- 3 Influenza has a significant seasonal impact on the health of Albertans and tends to be most severe among children 6 to 23 months of age, older Albertans, residents of long-term care facilities and those with certain chronic conditions. Illness and death from influenza is more likely in these populations, which affects acute care hospitals and emergency departments.
- 4 Albertans reporting daily or occasional smoking during the previous year.
- 5 Albertans 15 to 29 reporting consumption of five or more alcoholic drinks, 12 or more times in the previous year.

**Sources:**

- 3.a Health Quality Council of Alberta, *Satisfaction with Health Care Services: A Survey of Albertans 2008*.
- 3.b, 3.d and 3.e Statistics Canada – Canadian Community Health Survey, 2007.
- 3.c Alberta Health and Wellness, Public Health Division.

GOAL FOUR **4 Strong public health capacity to mitigate risk and enhance population health**

**What it means**

Risks to public health need to be monitored and managed to ensure the health of the population and protect the general public. In order to achieve this objective, it is necessary to ensure a strong public health capacity in the province. Population health involves surveillance and monitoring of communicable diseases, sexually transmitted infections and blood-borne pathogens, developing immunization policies, ensuring food safety, preparing for pandemic responses, environmental health, community health, and infection prevention and control. Albertans can be assured that their communities remain safe and their health is supported through promotion, protection and prevention services and information to help Albertans make wise choices about their health, wellness and quality of life.



## Strategies

- 4.1 Strengthen the health system's capacity to prevent, prepare and respond to public health risks.
- 4.2 Direct the Health Quality Council of Alberta to develop a plan to implement a Patient Safety Framework in collaboration with Alberta Health Services.
- 4.3 Develop a strategy for a provincial adverse event reporting system.

Performance Measures	Last Actual (year)	Target 2009-10	Target 2010-11	Target 2011-12
4.a <b>Sexually Transmitted Infection:</b> Syphilis rate of newly reported infections (per 100,000 population)	7.3 (2007)	6.5	6.0	5.5
4.b <b>Patient safety:</b> percentage of Albertans reporting unexpected harm to self or an immediate family member while receiving health care in Alberta within the past year	12% (2006)	11%	10%	9%
4.c <b>Confidence in the public health system:</b> percentage of Albertans satisfied with health care services personally received in Alberta within the past year	57% (2006)	60%	63%	65%

### Performance Measures Under Development:

Methicillin-resistant staphylococcus aureus (MRSA) infection rate among patients discharged from hospitals in Alberta (rate per 1,000 separations);

Clostridium difficile (C. diff) associated disease among patients discharged from hospitals in Alberta (rate per 1,000 separations).

### Sources:

4.a Alberta Health and Wellness Communicable Disease Reporting System: Notifiable Diseases and Sexually Transmitted Infections Database as of June 11, 2008.

4.b and 4.c Health Quality Council of Alberta, *Satisfaction with Health Care Services: A Survey of Albertans 2006*.

## Core Business Three: Enhance health service access, quality and performance

# GOAL FIVE **5** Enhance health workforce collaboration, development and capacity

### What it means

The Ministry leads the development of a quality and integrated health workforce equipped to work in team-based environments, with the right skills, competencies, and technologies required to effectively resource a dynamic and ever changing health care system. Recruitment, retention and ongoing training of highly-skilled health care providers, utilized and deployed in the appropriate manner, will ensure we have the capacity to meet the needs of the population into the future.

## Strategies

- 5.1 Develop policies and practices to achieve clinical and workforce objectives using the best evidence possible.
- 5.2 Develop and implement strategies to ensure that Alberta has a health workforce that meets its health system's needs: including ensuring that there is an appropriately regulated adequate supply of health care workers with the right skills and competencies.
- 5.3 Develop and maintain compensation models and a fair labour relations environment to support effective and efficient ways to offer health services.
- 5.4 Continue to develop and expand innovative service delivery models that promote a patient-centric approach to health service delivery.
- 5.5 Conduct a pilot project with pharmacies on new reimbursement models and complete an evaluation.
- 5.6 Enhance capacity for training health care workers and improve and modernize training and education programs.

Performance Measure	Last Actual	Target 2009-10	Target 2010-11	Target 2011-12
5.a <b>Access to primary care through Primary Care Networks:</b> percentage of Albertans enrolled in a Primary Care Network	53% (March 2008)	55%	57%	60%

**Source:** Alberta Health and Wellness. Primary Care Claims Assessment (CLASS) Enhancement System.

## GOAL SIX Increase access through effective service delivery

### What it means

Effective service delivery involves increased access, improved service quality and improved outcomes from services provided. Through ongoing evaluations of current practice and consideration of new models and innovations, the health system can be transformed to serve Albertans better.

### Strategies

- 6.1 Implement a nursing workforce efficiency review to optimize workflow practices in the health system.
- 6.2 Implement the *Continuing Care Strategy* including alternative financing approaches which will provide Albertans more options and choices to receive health services to “age in place.”
- 6.3 Support clients in accessing and navigating the health system through the development and implementation of a patient navigator model.
- 6.4 Implement targeted strategies to improve access to health services.
- 6.5 Provide provincial coordination for the integration of delivery of mental health and addictions services.

Performance Measures	Last Actual (year)	Target 2009-10	Target 2010-11	Target 2011-12
<b>6.a Wait time for:</b> <sup>1,2</sup>				
(1) Heart surgery (CABG) <sup>3</sup>				
Urgency Level I (More urgent)	4 weeks (March 2008)	2 weeks	2 weeks	2 weeks
Urgency Level II (Less urgent)	11 weeks (March 2008)	6 weeks	6 weeks	6 weeks
Urgency Level III (elective)	17 weeks (March 2008)	26 weeks	26 weeks	26 weeks
(2) Hip replacement surgery	33 weeks (March 2008)	26 weeks	26 weeks	26 weeks
(3) Knee replacement surgery	47 weeks (March 2008)	26 weeks	26 weeks	26 weeks
(4) Children's mental health	11 weeks (March 2007)	10 weeks	9 weeks	8 weeks
<b>6.b Public rating of access to emergency department services:</b>				
percentage rating ease of actually obtaining emergency department services needed for self as "easy"	56% (2006)	60%	65%	70%
<b>6.c</b> The number of persons waiting in an acute care hospital bed for continuing care placement	645 (2007-08)	505	420	345

**Notes:**

- 1 Providing reasonable access to needed health service is a major objective and a defining attribute of the publicly funded health system. Longer waits affect health status and quality of life and result in more costly health services. Albertans requiring emergency surgery are not placed on wait lists.
- 2 Targets are set for the 90th percentile as it best represents the actual waiting experience of Albertans requiring these services. 90th percentile means 90 per cent of patients waited that long or less. Targets for wait times are based on the provincial/territorial benchmarks, except for children's mental health.
- 3 Wait times for Coronary Artery Bypass Graft surgery include clinical acuity levels I, II and III, respectively.

**Sources:**

- 6.a Alberta Health and Wellness, Alberta Waitlist Registry; Alberta Mental Health Board (wait time for children's mental health services).
- 6.b Health Quality Council of Alberta, *Satisfaction with Health Care Services: A Survey of Albertans 2006*.
- 6.c Alberta Health and Wellness, Health System Development Division, Strategic Issues and Continuing Care.

## GOAL SEVEN **7** Improve health service efficiency and effectiveness through innovation and technology

**What it means**

Alberta's health system needs to be enhanced through new approaches, adopting new innovations, incorporating new technologies, and learning from experiences in other jurisdictions for application in Alberta. It is also necessary to be prudent with existing fiscal resources by managing costs, expenses, and ensuring that health outcomes are improved. Sustainability of the health system will result from more effective and efficient use of resources, leveraging new innovations and technologies for greater impact, and collaborating with other jurisdictions on shared approaches to health services.

## Strategies

- 7.1 Coordinate and lead the continued adoption of automated information systems and technology by health care providers.
- 7.2 Develop a health research plan that includes strategic priorities for economic development that would transform the healthcare economy.
- 7.3 Develop and promote policies and linkages with other jurisdictions for innovative initiatives.
- 7.4 Review and recommend the introduction and further integration of new and existing technologies to improve service and manage public costs.

Performance Measures	Last Actual (year)	Target 2009-10	Target 2010-11	Target 2011-12
7.a Number of care providers accessing Alberta Netcare <sup>1</sup>	29,110 (2007)	29,500	30,000	30,500
7.b Percentage of Albertans who are aware of Health Link Alberta <sup>2</sup>	71% (2008)	73%	75%	75%
Percentage of Albertans who have used Health Link Alberta within the past year	33% (2008)	42%	45%	45%
7.c Percentage of community physicians enrolled in the Physician Office System Program (POSP) and using the electronic medical record in their clinic	42% (2007)	48%	55%	65%

### Notes:

- 1 Alberta Netcare is a clinical health information network that works to implement a provincial Electronic Health Record (EHR) system. Netcare and the EHR system link community physicians, pharmacists, hospitals and other authorized health care professionals across the province. It lets these health care practitioners see and update health information such as a patient's allergies, prescriptions and lab tests. As more providers access the system, more consistent care and improved treatment decisions will result.
- 2 Health Link Alberta is a 24 hour, seven day a week service which provides Albertans with access to general health and health services information from a registered nurse.

### Sources:

- 7.a Alberta Health and Wellness, Information Management Branch – Alberta Netcare.
- 7.b Health Quality Council of Alberta, *Satisfaction with Health Care Services: A Survey of Albertans 2008*.
- 7.c Alberta Health and Wellness, Information Management Branch.

## MINISTRY SUPPORT SERVICES

The Ministry relies on many key corporate services which are not in and of themselves reflected directly in the business plan. Ministry support services include finance, human resources, information management and information systems; privacy protection services; strategic and business planning, performance reporting and evaluation; data analysis and dissemination of information; communications services; legislative planning and federal/provincial/territorial and intergovernmental relations. Although corporate services do not themselves fall under a specific business plan core business, goal or strategy, these functions support the department's business plan and contribute to the overall success of the Ministry and its efforts. Ministry support services serve to provide effective and efficient operations, enable integrated efforts, and ensure Health and Wellness continues to provide programs and services to Albertans.

## EXPENSE BY CORE BUSINESS

(thousands of dollars)

	Comparable			2009-10 Estimate	2010-11 Target	2011-12 Target
	2007-08 Actual	2008-09 Budget	2008-09 Forecast			
Strengthen health system leadership and sustainability	9,264,449	10,048,511	9,934,614	9,488,266	9,783,275	10,548,900
Promote and support healthy living and wellness	178,756	99,838	96,571	90,026	87,456	78,634
Enhance health services access, quality and performance	2,613,650	3,076,851	2,946,536	3,356,579	4,662,573	4,785,405
<b>MINISTRY EXPENSE</b>	<b>12,056,855</b>	<b>13,225,200</b>	<b>12,977,721</b>	<b>12,934,871</b>	<b>14,533,304</b>	<b>15,412,939</b>

## MINISTRY STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable			2009-10 Estimate	2010-11 Target	2011-12 Target
	2007-08 Actual	2008-09 Budget	2008-09 Forecast			
<b>REVENUE</b>						
Internal Government Transfers	304,497	285,495	285,495	417,034	445,497	457,677
Transfers from Government of Canada:						
Canada Health Transfer	1,227,579	1,496,886	1,984,785	1,961,782	2,083,169	2,254,680
Wait Times Reduction	121,889	61,222	61,222	26,956	27,393	27,639
Other Health Transfers	5,755	46,092	41,298	47,691	13,087	278
Investment Income	34,562	30,888	35,998	32,000	30,000	20,000
Premiums, Fees and Licences	1,006,063	779,778	791,953	34,190	42,190	48,190
Other Revenue	158,611	124,758	113,036	96,646	110,504	96,204
<b>MINISTRY REVENUE</b>	<b>2,858,956</b>	<b>2,825,119</b>	<b>3,313,787</b>	<b>2,616,299</b>	<b>2,751,840</b>	<b>2,904,668</b>
<b>EXPENSE</b>						
<b>Program</b>						
Health Authority Services	6,740,001	7,182,353	7,460,783	7,714,197	8,138,943	8,630,721
Physician Services	2,282,613	2,732,468	2,636,468	3,001,347	3,221,595	3,230,590
Supplementary Health Benefits	641,608	743,701	695,701	767,753	816,827	878,450
Allied Health Services	85,443	98,126	98,126	57,738	62,596	67,979
Healthy Living and Wellness	178,756	99,838	96,571	90,026	87,456	78,634
Human Tissue and Blood Services	131,611	141,300	141,300	148,300	155,300	162,300
Provincial Programs	501,344	633,451	661,743	600,656	625,257	837,568
Ministry Support Services	149,576	189,709	189,694	191,888	193,541	193,464
Health Information Systems	118,503	101,388	67,088	98,111	110,612	83,912
Infrastructure Support	1,143,005	1,235,503	862,884	237,855	1,094,177	1,222,321
Cancer Research and Prevention Investment	25,000	25,000	25,000	25,000	25,000	25,000
Health Care Insurance Premium Revenue Write-Offs	57,698	42,363	42,363	-	-	-
Valuation Adjustments and Other Provisions	1,697	-	-	2,000	2,000	2,000
<b>MINISTRY EXPENSE</b>	<b>12,056,855</b>	<b>13,225,200</b>	<b>12,977,721</b>	<b>12,934,871</b>	<b>14,533,304</b>	<b>15,412,939</b>
Gain (Loss) on Disposal of Capital Assets	-	-	-	-	-	-
<b>NET OPERATING RESULT</b>	<b>(9,197,899)</b>	<b>(10,400,081)</b>	<b>(9,663,934)</b>	<b>(10,318,572)</b>	<b>(11,781,464)</b>	<b>(12,508,271)</b>

## CONSOLIDATED NET OPERATING RESULT

(thousands of dollars)

	Comparable					
	2007-08 Actual	2008-09 Budget	2008-09 Forecast	2009-10 Estimate	2010-11 Target	2011-12 Target
Ministry Revenue	2,858,956	2,825,119	3,313,787	2,616,299	2,751,840	2,904,668
<i>Inter-ministry consolidation adjustments</i>	(304,497)	(285,495)	(285,495)	(417,034)	(445,497)	(457,677)
<b>Consolidated Revenue</b>	<b>2,554,459</b>	<b>2,539,624</b>	<b>3,028,292</b>	<b>2,199,265</b>	<b>2,306,343</b>	<b>2,446,991</b>
Ministry Expense	12,056,855	13,225,200	12,977,721	12,934,871	14,533,304	15,412,939
<i>Inter-ministry consolidation adjustments</i>	(255)	(200)	(200)	(200)	(200)	(200)
<b>Consolidated Expense</b>	<b>12,056,600</b>	<b>13,225,000</b>	<b>12,977,521</b>	<b>12,934,671</b>	<b>14,533,104</b>	<b>15,412,739</b>
Gain (Loss) on Disposal of Capital Assets	-	-	-	-	-	-
<b>CONSOLIDATED NET OPERATING RESULT</b>	<b>(9,502,141)</b>	<b>(10,685,376)</b>	<b>(9,949,229)</b>	<b>(10,735,406)</b>	<b>(12,226,761)</b>	<b>(12,965,748)</b>

## CAPITAL INVESTMENT BY CORE BUSINESS

(thousands of dollars)

	Comparable					
	2007-08 Actual	2008-09 Budget	2008-09 Forecast	2009-10 Estimate	2010-11 Target	2011-12 Target
Promote and support healthy living and wellness	32,308	40,278	38,418	43,800	42,100	31,600
Enhance health services access, quality and performance	20,580	30,000	42,669	30,000	30,000	30,000
<b>MINISTRY CAPITAL INVESTMENT</b>	<b>52,888</b>	<b>70,278</b>	<b>81,087</b>	<b>73,800</b>	<b>72,100</b>	<b>61,600</b>

## CAPITAL INVESTMENT BY PROGRAM

(thousands of dollars)

	Comparable					
	2007-08 Actual	2008-09 Budget	2008-09 Forecast	2009-10 Estimate	2010-11 Target	2011-12 Target
Healthy Living and Wellness	32,047	40,100	38,240	43,800	42,100	31,600
Addiction Prevention and Treatment Services	261	178	178	-	-	-
Ministry Support Services	5,080	-	-	-	-	-
Health Information Systems	15,500	30,000	42,669	30,000	30,000	30,000
<b>MINISTRY CAPITAL INVESTMENT</b>	<b>52,888</b>	<b>70,278</b>	<b>81,087</b>	<b>73,800</b>	<b>72,100</b>	<b>61,600</b>