

# Health

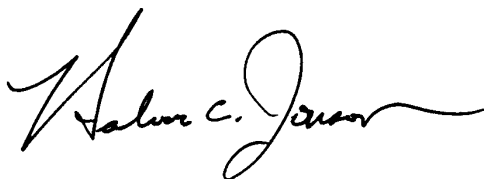
---

## Business Plan 1997-1998 to 1999-2000

### Accountability Statement

*This Business Plan for the three years commencing April 1, 1997 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 at April 10, 1997 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.*



Halvar C. Jonson  
Minister of Health  
April 12, 1997

*For additional copies of this Business Plan, or further information about Alberta Health, contact:*

Alberta Health  
Communications Branch  
18th floor, 10025 Jasper Avenue  
Edmonton, Alberta T5J 2N3  
Phone: (403) 427-7164 Fax: (403) 427-1171  
E-mail: ahinform@mail.health.gov.ab.ca

*You can find this document on Alberta Health's Internet web site - <http://www.health.gov.ab.ca>*

## Minister's Message

The past four years have been a time of rapid change in Alberta's health system as we moved quickly and decisively to control costs, reduce administration, reduce overlap and duplication, expand programs in homes and communities, and restructure how the health system is organized.

Some Albertans have expressed concerns about whether or not such dramatic change was necessary. The answer is yes. Costs in health were spiralling virtually out of control. The health system was not well organized and there was costly duplication of services. Two hundred separate health and hospital boards added to administrative costs and meant that people often were not working closely together to meet Albertans' needs. The system was focused almost totally on hospitals and hospital care.

We now have the foundation for a restructured health system in place. Seventeen regional health authorities are in place to coordinate and deliver a full range of health services. More services are provided in homes and communities. And we're beginning to expand the focus on preventing illness and injuries and promoting good health.

At the same time, we understand that Albertans and health providers have serious concerns about the health system. In November 1996, government responded with a comprehensive package called **Action on Health**. It will take time for many of those actions to be fully implemented and to have an impact on improving services to Albertans. But almost immediately, Albertans should see shorter waiting times and more front-line health workers there at the bedside, in long-term care facilities or providing home care.

Our message to Albertans is that health reform will continue. As outlined in the overall business plan for the Alberta Government, health is one of our government's top three priorities. Over the next three years, our priority in health will be to ensure that Albertans have access to quality health services when they need them.

This business plan builds from the government business plan and the initiatives outlined in **Action on Health**. It sets out our plans for promoting and protecting good health, ensuring that accurate, timely and comparable information is available and used to improve decisions in health, improving communication with Albertans and responding to a number of issues that affect the health of Albertans. It expands our focus on measuring performance, setting standards and ensuring that all components of the health system have clear responsibilities and are accountable for results.

Albertans can now expect more stability in health, an end to continuous crisis management, and careful, deliberate actions to improve health.



Halvar C. Jonson  
Minister of Health

# Vision

Our vision is **healthy Albertans in a healthy Alberta**. It's a broad and long-term vision that reflects not only quality health care services, but also promoting and protecting good health for individuals and for our province as a whole.

With changes over the past few years, Albertans often ask, "What's health reform all about and what are we trying to achieve? What will Alberta's future health system be like?"

In fact, much about Alberta's health system will not change. We'll continue to be part of a publicly-administered health system that guarantees universal access to medically necessary hospital and medical services without user fees or extra billing. Hospitals will continue to provide a full range of acute care services. Alberta will continue to provide services beyond the basic requirements of the Canada Health Act. A common set of core services will be available in every region of the province but highly specialized treatments will be provided primarily in Edmonton and Calgary. Long-term care facilities will continue to provide care for Albertans whose health care needs can't be met at home. Research will continue as we search for new treatments and cures. And a wide range of health providers will continue to work together to provide the kind of care Albertans expect.

In addition, Alberta's health system of the future will have these key features:

- ◆ Albertans will have access to a full range of timely, quality health services.
- ◆ All components of the health system will have clear responsibilities and be accountable for the results they achieve.
- ◆ There will be more emphasis on encouraging people to live healthy lifestyles, promoting good health, protecting health and controlling disease.
- ◆ Standards will be in place province-wide and Albertans will receive regular information on whether those standards are being met.
- ◆ Regional health authorities will plan and deliver most health services in communities.
- ◆ A common base of core health services that meet provincial standards will be available in all regions of the province. More services will be available in homes and in communities, not just in hospitals.
- ◆ Community members will be involved in decisions and plans for local health services.
- ◆ Regional health authorities will work with other organizations in their communities to address health issues and improve health.
- ◆ Health services will be integrated. That means there will be better linkages between hospital care, home care, community programs, mental health programs, long-term care, rehabilitation services and public health programs.
- ◆ Research, technology and telecommunications will be used to improve information and develop new prevention programs and treatments.
- ◆ Alternative approaches to health will be considered in addition to traditional medical treatments.
- ◆ There will be reduced administrative costs.
- ◆ The roles of health providers will change and they will work together to provide a broad range of services.
- ◆ New options for paying physicians and other health providers will be tested through pilot projects.
- ◆ The supply of doctors, especially in rural areas, will be sufficient to meet communities' needs.
- ◆ Funding will be provided to regions through a solid, predictable funding formula. Funding will be equitable and affordable.

- ◆ There will be regular and understandable information available to Albertans about the health of Albertans and the performance of the health system.
- ◆ Better information and an ongoing evaluation of programs and services will lead to ongoing improvements in health.

We also know that the health of Albertans depends on more than simply the quality of our health system. A strong economy, a clean environment, good education, healthy families, and active, healthy lifestyles, all contribute to the health of Albertans. The health system is just one of the many players involved in keeping Albertans healthy.

This is the kind of health system we expect for the future. The basic components are in place. Now work will focus on stabilizing the system, assessing the impact of changes, improving accountability and results, and providing Albertans with a health system they can count on.

### **Government's Commitment to Health**

- ◆ Albertans will have access to quality health care services when they need them.
- ◆ High standards will be set, results will be measured and monitored, and Albertans will receive regular reports about outcomes in health.
- ◆ Control of Alberta's health system will continue to be in the public sector, with leadership by the provincial government, managed by regional health authorities, delivery by health care providers and accountability at every level.
- ◆ Albertans will be insured for medical and hospital services. Medically necessary health services will be available to all Albertans without user fees, extra billing or other barriers to reasonable access.
- ◆ A solid base of resources will be available to support Alberta's health system . . . people, dollars, equipment, facilities, research and ongoing education.
- ◆ Alberta's health system will balance the need to provide quality care for those who are ill or injured with strategies to keep people healthy and well.
- ◆ Decisions about changes in Alberta's health system will be based on the best information available and will have a single objective: to improve health care and the health of Albertans.
- ◆ Albertans will be well informed and involved in decisions about their own health, their community's health care system, and directions for ongoing health reform in the province.

## **Change, Achievements and Challenges in Health**

Over the past four years, there have been major changes in Alberta's health system. Regional health authorities now are in their third year, community health councils are operating in every region, funding has been shifted to support more home care and community services, a new population-based approach to funding has been developed, and administration has been reduced.

At the same time, change has happened quickly and Albertans have a number of concerns about the health system. Many of those concerns were identified in the Provincial Health Council of Alberta's **Health Checkup**, released in December 1996. The Provincial Health Council identified areas for improvement, but concluded overall that Albertans want health reform to continue. They don't want to go back to the old ways.

On November 25, 1996, the Minister of Health announced **Action on Health** — a comprehensive package of actions to be taken over the next few years. **Action on Health** forms the core of the business plan.

As we look ahead to the next three years, there are a number of important challenges in health:

- ◆ **Ensuring access** - Regional health authorities have been provided with additional funds to increase front-line staff and reduce waiting times. The impact of these additional funds will be carefully monitored and Albertans will be provided with information about improved access and reduced waiting times for key services.
- ◆ **Communication** - Albertans want to be well informed about what is happening in our health system. Both Alberta Health and regional health authorities need to focus more of their efforts on ensuring that Albertans understand changes in the health system.
- ◆ **Stability** - Change has happened quickly in health. Major changes now are in place and a stable, predictable funding base will be provided. It is now time to assess the impact of those changes and take action where it is needed.
- ◆ **Measuring performance** - Action will be taken in 1997 and throughout the term of this business plan to improve the management, collection and use of information to assess the performance of the health system. At the same time, legislation will be developed to protect the privacy of individual health information.
- ◆ **Addressing issues affecting Albertans' health** - A number of issues have been identified that have a negative impact on Albertans' health. Low birth weight, high incidences of preventable illness, and disparities in the health of Albertans due to income and education, need to be addressed through joint action by Alberta Health, health authorities and health providers, and by a variety of government departments and community agencies.
- ◆ **Optimal use of the health workforce** - Work will continue on making the best use of the collective skills and expertise of the health workforce. That involves looking at the roles and responsibilities of different categories of health providers and how their skills can best be used to meet Albertans' health needs.

## Key Directions

The Government of Alberta has stated that one of their core businesses is "People" and part of that business is "helping people to be self-reliant, capable and caring through a healthy society and accessible health care".

The following key directions for Alberta Health reflect the strategies presented in the Government's Business Plan to achieve the government goal that "Albertans will be healthy":

- ◆ to ensure that all Albertans, young and old, have access to quality health services when they need them.
- ◆ to streamline and simplify the system, with reduced duplication and people working together in a coordinated system.
- ◆ to get the best value for public dollars through reduced administration and effective and efficient management.

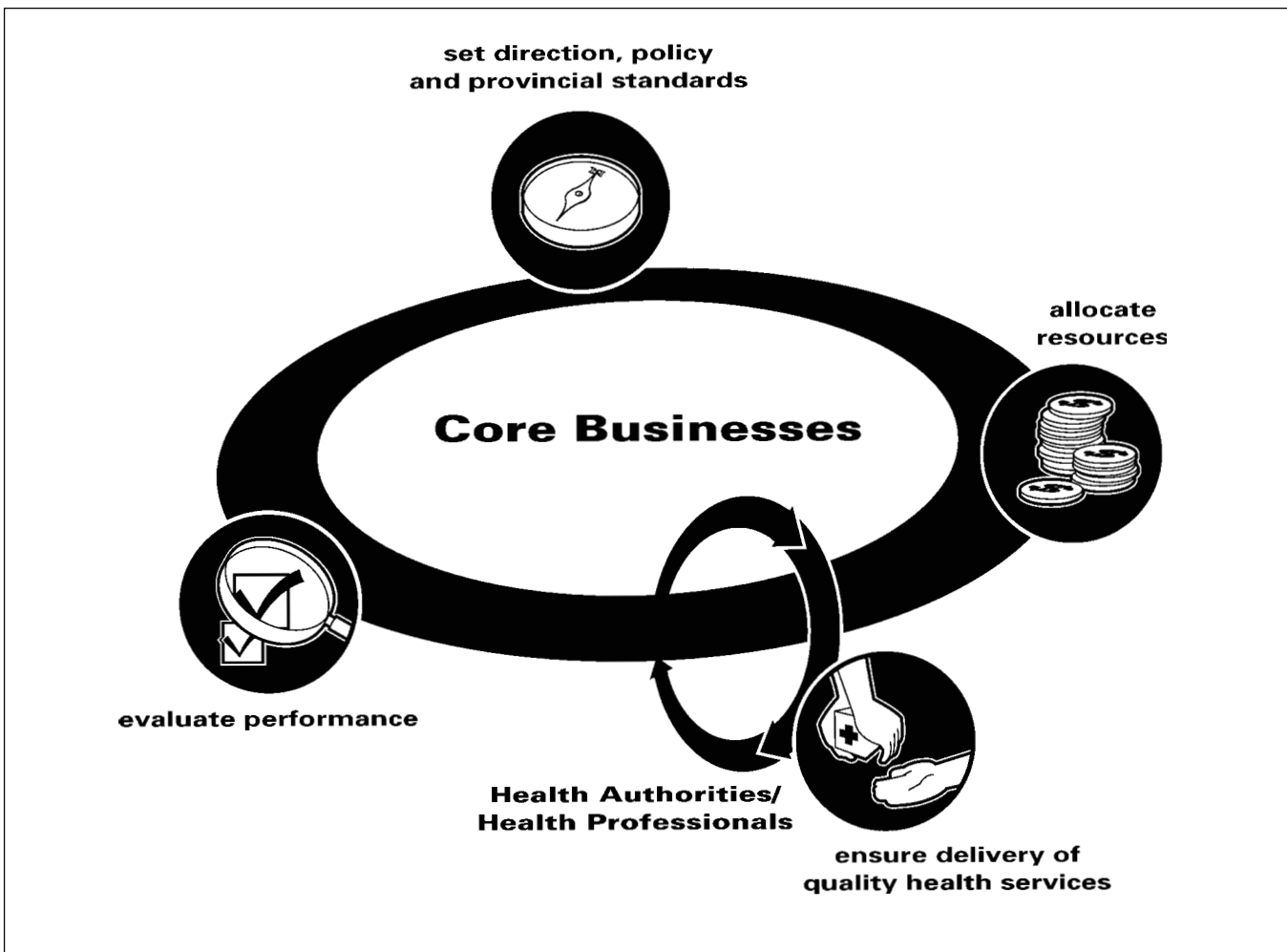
- ◆ to provide more services in communities and in people's homes.
- ◆ to measure results and report regularly to Albertans.
- ◆ to provide more emphasis on education, prevention of illness and injury and promotion of healthy lifestyles.
- ◆ to continually improve health through education, leading edge treatments, research, information and technology.

## Alberta Health's Mission and Core Businesses

The mission of Alberta Health is to improve the health of Albertans and the quality of the health system.

We work to achieve that mission by concentrating on four core businesses:

- ◆ setting direction, policies and provincial standards.
- ◆ allocating resources.
- ◆ ensuring delivery of quality health services.
- ◆ evaluating performance.



# Goals and Strategies

This business plan focuses our efforts on responding to challenges in health, achieving clear goals and measuring results. While a number of specific goals are identified in this business plan, they all relate to a single overriding goal for the Government of Alberta — **Albertans will be healthy.**

The goals and strategies for each of the four core businesses are outlined in the following charts.

## Core Business 1: Set Direction, Policies and Provincial Standards

Albertans expect high standards for Alberta's health system. Through its overall leadership role, Alberta Health is responsible for developing policy and standards that contribute to improving health and health care for Albertans. Strategic direction is provided by the Minister of Health to the health system through the annual Ministry of Health Business Plan and through setting requirements for health authority business plans and reviewing and approving them.

Goals	What Albertans Can Expect to See	Strategies and Actions
Overall directions for the health system are clear, coordinated, and understood by Albertans and by those in the health system.	<ul style="list-style-type: none"> <li>◆ opportunities to be involved in setting directions for health reform</li> </ul>	<ul style="list-style-type: none"> <li>◆ involve Albertans and health providers in reviewing and refining the directions for future reform in the health system</li> <li>◆ expand efforts to communicate with Albertans and those in the health system</li> </ul>
Clear, measurable expectations are in place for all components of the health system.	<ul style="list-style-type: none"> <li>◆ a clear understanding of who is responsible and for what</li> <li>◆ consistent high standards for health services</li> </ul>	<ul style="list-style-type: none"> <li>◆ establish an accountability framework outlining responsibilities and reporting results</li> <li>◆ develop performance measures and standards, and support development of clinical practice guidelines</li> </ul>
Public policy promotes the health of Albertans.	<ul style="list-style-type: none"> <li>◆ expanded actions to protect and promote good health</li> </ul>	<ul style="list-style-type: none"> <li>◆ provide leadership and act as a catalyst for actions to address health concerns, protect and promote good health, and prevent disease and injury.</li> <li>◆ work with other ministries and organizations to improve health for children and seniors</li> </ul>
Appropriate policies are in place to guide the management of the health system.	<ul style="list-style-type: none"> <li>◆ a common base of quality health services available in all regions, specialized services available in major centres, and the most complex, highly specialized services in Edmonton and Calgary</li> <li>◆ new legislation protecting the privacy of individual health information</li> </ul>	<ul style="list-style-type: none"> <li>◆ review core health services and other key policy areas</li> <li>◆ establish policy and legislation to protect the privacy of individual health information</li> <li>◆ work with Alberta Labour on a new Health Professions Act</li> <li>◆ continue to review and reform regulations under the Regulatory Reform Workplan</li> <li>◆ review existing policy and administrative arrangements for publicly funded drug programs</li> </ul>

## Core Business 2: Allocate Resources

A key role of Alberta Health is to determine the scope of resources required to sustain the health system and meet Albertans' health needs on an ongoing basis within available resources. Alberta Health also is responsible for allocating resources in a manner that is fair and reflects health needs in different parts of the province.

Goals	What Albertans Can Expect to See	Strategies and Actions
Sufficient resources — both people and money — are available to meet changing health needs.	<ul style="list-style-type: none"> <li>◆ more front-line health workers</li> <li>◆ better decisions about funding programs and preparing for future health needs</li> </ul>	<ul style="list-style-type: none"> <li>◆ develop a process for projecting health needs as a means for forecasting future resource requirements</li> <li>◆ use information about the effectiveness of programs and services to guide decisions about resource requirements</li> </ul>
All parts of the health system have a stable base of predictable funding that is fair, meets needs, and promotes efficiency and effectiveness.	<ul style="list-style-type: none"> <li>◆ consistent and predictable funding for health services</li> <li>◆ ongoing support for complex, highly specialized services</li> <li>◆ pilot projects on different ways of delivering and paying for medical services</li> </ul>	<ul style="list-style-type: none"> <li>◆ implement a new funding formula for regional health authorities</li> <li>◆ implement plans for funding complex, highly specialized services</li> <li>◆ develop options for paying health professionals that encourage ongoing improvements in health and the performance of the health system</li> <li>◆ provide ongoing support to the Alberta Heritage Foundation for Medical Research, Alberta Cancer Board and Alberta's two faculties of medicine.</li> <li>◆ realign Alberta Health operations to maximize efficiencies and effectiveness</li> </ul>



## Core Business 3: Ensure Delivery of Quality Health Services

Albertans want access to health services on a timely basis. Health services should meet people's needs, meet high standards, achieve positive health outcomes and improve health.

Goals	What Albertans Can Expect to See	Strategies and Actions
<p>Health services are accessible, appropriate and well managed to achieve the best value.</p>	<ul style="list-style-type: none"> <li>◆ shorter waiting times</li> <li>◆ more front-line health providers</li> <li>◆ clear and simple processes for expressing concerns and appealing decisions</li> <li>◆ a well-managed health system that reflects best practices from around the world</li> <li>◆ more emphasis on programs preventing illness and injury, protecting and promoting good health</li> <li>◆ more programs and services provided in communities</li> <li>◆ components of the Alberta Aids to Daily Living program move to regional health authorities</li> <li>◆ improved mental health services in communities</li> </ul>	<ul style="list-style-type: none"> <li>◆ monitor impact of additional funding on shorter waiting times and increased front-line staff</li> <li>◆ establish simpler processes for Albertans to express concerns and appeal decisions</li> <li>◆ involve health providers in a review of best practices in organizing and delivering health services</li> <li>◆ provide ongoing orientation sessions on leading management practices for boards and senior administration</li> <li>◆ review future needs for long-term care so seniors can get the care they need</li> <li>◆ where appropriate, move programs from Alberta Health to regional health authorities</li> <li>◆ continue plans for improving mental health services in communities</li> <li>◆ work with regional health authorities and other partners to develop plans and actions for addressing health issues such as low birth weight babies, suicide and injuries</li> <li>◆ work with the College of Physicians and Surgeons, regional health authorities, universities and others on actions to attract and keep doctors in rural Alberta and ensure an appropriate balance of general practitioners, family physicians and specialists</li> <li>◆ establish a new management structure for reviewing province-wide services</li> </ul>
<p>Albertans are well informed and able to make decisions about their health and health services.</p>	<ul style="list-style-type: none"> <li>◆ a special focus on good health in young families</li> </ul>	<ul style="list-style-type: none"> <li>◆ implement a two-year health promotion project targeted to young Alberta families</li> </ul>
<p>Community members have opportunities to participate in decisions about the health system in their community.</p>	<ul style="list-style-type: none"> <li>◆ opportunities to be involved in decisions about health in communities</li> </ul>	<ul style="list-style-type: none"> <li>◆ ensure that Community Health Councils are in place in every regional health authority</li> <li>◆ set clear expectations for communication with community members as part of the business plan process for regional health authorities</li> </ul>

## Core Business 4: Evaluate Performance

An important responsibility of Alberta Health is to measure performance, assess the impact of decisions, programs and actions, monitor the overall health of Albertans and factors that affect health, and ensure that information is used to improve future decisions and improve health.

Goals	What Albertans Can Expect to See	Strategies and Actions
Relevant, accurate and timely information is available and used to improve health.	<ul style="list-style-type: none"> <li>◆ decisions are based on the best information about what works well and what doesn't</li> </ul>	<ul style="list-style-type: none"> <li>◆ develop and implement an information management strategy for the health system</li> <li>◆ define, collect, analyze and share information about trends in selected diseases, injuries and disabilities, and utilization of the health system</li> <li>◆ implement a Health Research Business Plan in consultation with the Alberta Science and Research Authority</li> <li>◆ develop and support testing of new technology and new models for service delivery</li> </ul>
The performance of the health system and indicators of the health of Albertans are measured, evaluated and reported regularly to Albertans.	<ul style="list-style-type: none"> <li>◆ regular reports on the performance of Alberta's health system and the health of Albertans</li> <li>◆ ongoing evaluation of services and practices in health</li> </ul>	<ul style="list-style-type: none"> <li>◆ collect information related to performance measures, targets and benchmarks</li> <li>◆ develop approaches for evaluating service delivery</li> <li>◆ provide comprehensive reports on the health of Albertans and the performance of the health system and use that information to take appropriate actions</li> </ul>

## Measuring Performance

Alberta Health collects a wide range of information about the health of Albertans and our health system. From this information, a small number of key performance measures have been selected and will be reported on regularly to Albertans. The following set of measures was selected based on these criteria:

- ◆ consistency with directions set for the health system
- ◆ a focus on areas needing improvement
- ◆ a focus on public concerns
- ◆ a mix of short and longer-term measures
- ◆ availability of data
- ◆ national or international recognition as a measure of health
- ◆ technical merit including validity and reliability of the measures.

This set of measures can be used to judge the performance of the health system and to assess our progress in achieving the goals of this business plan. Regular reports will be provided to Albertans through **Measuring Up** (government's overall report on performance), the **Alberta Health Annual Report**, the annual report on the **Public Survey about Health and the Health System in Alberta**, and regular updates to the **Report on the Health of Albertans**.

For this business plan, the measures have been divided into three categories:

- ◆ those that measure access and answer questions like "do Albertans get access to services they need when they need them?"
- ◆ those that measure health outcomes and answer questions such as "how healthy are we?" or "are we making progress in preventing illness and injury?"
- ◆ those that measure the quality of the health system and address questions like "how do Albertans rate the quality of health care they receive?" and "are we allocating resources where they're needed?"

This list of key measures will change as new issues arise. For example, because of Alberta's aging population, measures need to be developed to track trends and the availability of long-term care both in facilities and in the home. New measures will be developed over the next year and added to the business plan.

### **Health Access — Are Services Available When People Need Them?**

- 1. Albertans' ratings of access to health services**  
Target (1998): 80% rate access as easy or very easy.  
  
This measure reflects Albertans' views about how easy or difficult it is to get the health services they need when they need them. In 1996, 75.8% of Albertans rated access as easy or very easy.
- 2. Percentage of Albertans reporting failure to receive needed care**  
Target (1998): 3%  
  
Through public surveys, Albertans are asked, "Over the past twelve months, were you ever unable to obtain health care services when you needed them?" In 1996, 7% reported failure to receive needed care.
- 3. Waiting time for cardiac surgery**  
Target (1998): 5 - 7 days for urgent in-patients, 2 - 3 weeks for urgent out-patients and up to 3 months for planned out-patients.  
  
This measure reports on how long Albertans wait before receiving necessary cardiac surgery. The targets are based on recommended practice and will be refined in consultation with physicians and health professionals involved in cardiac programs.
- 4. Volume and rates for cardiac surgery related to population**  
Target (1998): benchmarks to be determined based on comparison with other provinces and countries.  
  
This measure will show whether Alberta's volumes and rates of cardiac surgery are high, low or about the same compared with other provinces and countries. Population figures will be adjusted for age and gender for comparison purposes. This measure will help us evaluate our cardiac surgery needs and the appropriateness of services provided in Alberta.

- 5. Length of stay in emergency after hospital admission** Target (1998): benchmarks to be established in comparison with other provinces and countries.
- This is one measure of hospital efficiency. It measures how long patients must wait in emergency before they are moved to an in-patient bed.
- 6. Percent of general practitioner services obtained within Albertans' home region** Target (2000): 95% for Capital and Calgary regions; 85% for all other regions.
- This measure shows the extent to which Albertans obtain primary health services from a general practitioner in the region where they live. For 1995/96, Capital and Calgary residents obtained 95.2% of their primary health services in their home region. Residents in all other parts of the province obtained 81.4% of primary services within their home region.

### Health Outcomes — How Healthy Are We?

- 7. Life expectancy at birth (in years)** Target (2000): 77 years for males and 83 years for females.
- Life expectancy at birth is an internationally recognized indicator of the general health of the population. The objective is to be the best in Canada and among the best in the world. The latest information on life expectancy for Albertans (1994) is 75.5 years for males and 81.4 years for females. Among Canadian provinces, Alberta ranks third in life expectancy, behind Saskatchewan and British Columbia.
- 8. Percent of Albertans rating their own health "excellent" or "very good" by age group** Target (1998): 75% (ages 18-64) and 50% (age 65 and older).
- This measure reports how Albertans describe their own health. It is a general indicator of the health of the population. Current ratings are 68.1% for Albertans aged 18-64 and 37.2% for Albertans 65 and older.
- 9. Percent of low birth weight newborn babies** Target (1998): maximum 5.5% of babies weighing under 2500 gm.
- Low birth weight is often associated with life long health problems. A low percentage of low birth weight newborns indicates good prenatal care provided by the health system and expectant mothers and their families. In 1995, 6% of Alberta newborns weighed less than 2500 grams. Overall, Alberta's rate is poor compared with other provinces. Only Nova Scotia and Ontario have worse rates of low birth weight babies.
- 10. Provincial rate of injury deaths including suicide** Target (1999): reduced standardized mortality rate from all injuries, including suicide, to 45 per 100,000 Albertans; reduced suicide rate to 13 per 100,000 Albertans.

This measure tracks the death rates for injuries and suicide. These are major causes of premature deaths in Alberta, particularly among younger Albertans. Alberta's suicide rate (18.1 per 100,000 in 1992) is among the highest in Canada. In 1992, Alberta had the highest rate of death due to injury among the provinces, exceeded only by the Northwest Territories and Yukon. The standardized mortality rate for injury deaths in Alberta was 57 per 100,000 in 1992.

**11. Childhood immunization coverage**

Target (1998): 95% of two year olds appropriately immunized.

This measure reports the percentage of two year olds who have been immunized to prevent several serious childhood diseases. The latest information (1995) shows that 86% of two-year-olds are appropriately immunized, a decrease from the early 1990s.

**12. Number of deaths due to cervical cancer**

Target (2000): 0

Deaths from cervical cancer can potentially be eliminated through effective use of PAP tests every three years for all Alberta women over the age of 15. There were 40 deaths due to cervical cancer in 1995.

**13. Percent of Albertans who do not smoke**

Target (1998): 75% of Albertans age 12 and over do not smoke.

Smoking is known to affect health. It is estimated that tobacco use contributes to the death of several thousand Albertans each year. This measure shows the proportion of Albertans making a choice which has a direct impact on their health. In 1994/95, an estimated 72% of Albertans age 12 and over did not smoke.

**Health System Quality — Is the Health System Providing Quality Services to Albertans?**

**14. Albertans' ratings of the quality of care they received**

Target (1998): 90% rate the care they received as excellent or good.

Albertans' views about the quality of care they received are an important measure of the overall quality of Alberta's health system. In the 1996 survey, 85.8% of Albertans reported receiving excellent or good care.

**15. Health providers' ratings of health system reform**

Target (2000): continued improvement in ratings.

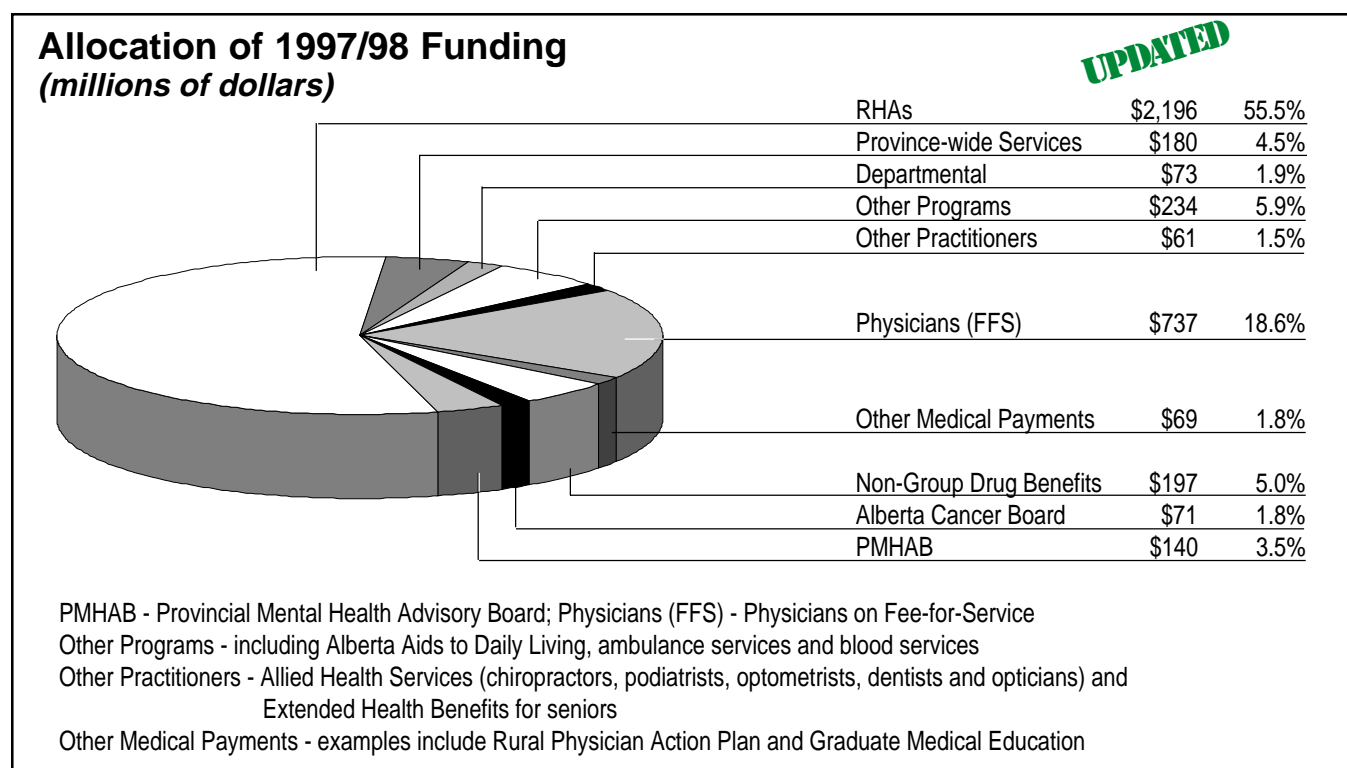
Health providers see changes in the health system first hand and they are in an excellent position to assess the impact, effectiveness and efficiency of Alberta's health system. Currently, no information exists on the overall views of health providers. Measures will be developed to report on the views of a wide range of health providers including doctors, nurses, licensed practical nurses, therapists and allied health professionals.

- 16. Breast screening rates** Target (1999): 75% of women over 50 receive mammograms every two years.
- Mammograms are recommended for women over the age of 50. Early detection of breast cancer can increase the chances of survival. For 1994/95, 62% of women over 50 reported receiving a mammogram during the previous two-year period.
- 17. Percent change in expenditure on community and home services** Target (1999): benchmarks to be set based on comparisons with other provinces and countries.
- Moving more programs and services to communities and to people's own homes is an important direction for Alberta's health system. By measuring the percent change in expenditure on these services, we can track whether community and home care programs and services are increasing as planned.
- 18. Rates for hospital-acquired infection** Target (1998): benchmarks to be set based on comparisons with the best provinces and health maintenance organizations in the U.S.
- The rate of infection following surgery is an indicator of the quality of care provided by hospitals.
- 19. Avoidable hospitalization for selected conditions** Target (1998): benchmarks to be set based on comparison with the best provinces and health maintenance organizations.
- This measure reports the extent to which care for certain long-term health conditions such as asthma, diabetes and depression is successfully managed in the community without the need for hospitalization.
- 20. Utilization rates for selected surgeries and procedures** Target (2000): benchmarks to be set in comparison with other provinces.
- This measure compares the rates for selected types of surgeries and procedures with rates in other provinces. The information will be used to identify potential areas of over-service and under-service.
- 21. Trends in fee-for-service expenditures for doctors as a percentage of total health spending and of total spending on doctors' services** Target (2000): benchmarks to be set in comparison with other provinces.
- This measure will track overall spending on doctors' services as well as the extent to which alternative approaches to paying doctors are being used. Alternative approaches to paying doctors can be used to encourage ongoing improvements in health and the quality of the health system.

## Funding Health Services

One objective of this business plan is to ensure that there is a stable and predictable base of funding in place for health services. A new population-based funding formula will be implemented, taking into account not only the size of the population in each region but also a number of factors that affect health, such as age, gender and socio-economic factors. Factors that affect costs of services in remote and sparsely populated areas will also be taken into account. Actions have also been taken to expand the base of funding provided for highly specialized province-wide services such as cardiac surgeries, transplants, kidney dialysis and intensive trauma care.

For the next three years, we expect funding to grow at a modest rate of 3.4% in 1997-98, 1.9% in 1998-99 and 1.8% in 1999-2000 [*Update: 3.8% in 1997-98, 1.4% in 1998-99 and 1.8% in 1999-2000*]. Government spending on health in 1997-98 will total \$3.942 billion [*Update: \$3.958 billion*]. The following chart outlines the targetted allocation of health funding in 1997-98.



## Premier's Council on the Status of Persons with Disabilities

The mission of the Premier's Council on the Status of Persons with Disabilities is to enhance and promote the opportunity for full and equal participation of persons with disabilities in the life of the province. The Council's role is to ensure the needs of Albertans with disabilities are understood so they can be addressed. The Council consults with provincial and local agencies, businesses and organizations and advises government on matters relating to the status of persons with disabilities. The ten-year mandate of the Council expires July 1, 1998. This mandate will be reviewed and recommendations made to ensure that public policy continues to promote full and equal participation of persons with disabilities.

# Health Ministry Consolidated Income Statement

(thousands of dollars)

	Comparable 1992-93 Actual	Comparable 1993-94 Actual	Comparable 1994-95 Actual	Comparable 1995-96 Actual	Comparable 1996-97 Forecast	1997-98 Estimates	1998-99 Target	1999-2000 Target
<b>REVENUE</b>								
Department	1,249,857	1,229,165	1,346,605	1,334,655	1,212,139	1,156,891	1,134,008	1,130,226
Edmonton Region Health Facilities Planning Council	87	329	-	-	-	-	-	-
Consolidation Adjustments	(35)	(35)	-	-	-	-	-	-
<b>Consolidated Revenue</b>	<b>1,249,909</b>	<b>1,229,459</b>	<b>1,346,605</b>	<b>1,334,655</b>	<b>1,212,139</b>	<b>1,156,891</b>	<b>1,134,008</b>	<b>1,130,226</b>
<b>EXPENSE</b>								
<b>Program</b>								
<i>Voted</i>								
Department	4,133,168	4,001,617	3,798,559	3,618,262	3,813,450	3,957,602	4,013,982	4,087,982
<i>Statutory</i>								
Edmonton Region Health Facilities Planning Council	82	311	-	-	-	-	-	-
Consolidation Adjustments	(35)	(35)	-	-	-	-	-	-
<b>Consolidated Expense</b>	<b>4,133,215</b>	<b>4,001,893</b>	<b>3,798,559</b>	<b>3,618,262</b>	<b>3,813,450</b>	<b>3,957,602</b>	<b>4,013,982</b>	<b>4,087,982</b>
<b>GAIN (LOSS) ON DISPOSAL OF CAPITAL ASSETS</b>	<b>-</b>	<b>-</b>	<b>(35)</b>	<b>61</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>NET REVENUE (EXPENSE)</b>	<b>(2,883,306)</b>	<b>(2,772,434)</b>	<b>(2,451,989)</b>	<b>(2,283,546)</b>	<b>(2,601,311)</b>	<b>(2,800,711)</b>	<b>(2,879,974)</b>	<b>(2,957,756)</b>



## Action on Health Checklist

	Getting Started	Underway	In Place
<b>Set direction, policies and provincial standards</b>			
◆ establish a new accountability framework	✓		
◆ set standards and performance measures for health services		✓	
◆ introduce legislation to protect privacy of individual health information	✓		
◆ review core services		✓	
◆ involve Albertans and health providers in setting directions for health reform		✓	
<b>Allocate resources</b>			
◆ implement a new funding formula		✓	
◆ provide targeted funding for complex, highly specialized province-wide services		✓	
◆ implement pilot projects on alternative ways to deliver and pay for health services	✓		
◆ provide ongoing support for health research		✓	
<b>Ensure delivery of quality health services</b>			
◆ monitor waiting times and increases in front-line staff	✓		
◆ initiate review of best practices	✓		
◆ review future needs for long-term care	✓		
◆ move key components of the Alberta Aids to Daily Living programs to regional health authorities	✓		
◆ improve mental health services in communities		✓	
◆ implement a two-year health promotion program targeted at young families		✓	
◆ take action on issues affecting Albertans' health		✓	
◆ establish new appeal mechanisms	✓		
◆ implement a new management structure for complex, highly specialized province-wide services	✓		
◆ take action to attract and keep doctors in rural Alberta		✓	
◆ ensure Community Health Councils are active in all regions		✓	
<b>Evaluate performance</b>			
◆ measure performance and report to Albertans		✓	
◆ implement an information management strategy	✓		
◆ collect and share information about trends in health		✓	
◆ evaluate delivery of services		✓	

