

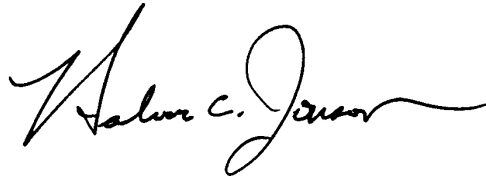
Health

Business Plan 1998-99 to 2000-01

Accountability Statement

This Business Plan for the three years commencing April 1, 1998 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 January 20, 1998 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
January 26, 1998

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Vision

Our vision is *healthy Albertans in a healthy Alberta*. This vision statement relates directly to one of the Core Businesses of the Government of Alberta Business Plan, *PEOPLE*, a component of which is: “*A healthy society and accessible health care*”.

The vision encompasses three characteristics:

- ◆ Albertans who are sick have access to quality health care services.
- ◆ Individual health and the health of all Albertans is actively promoted and protected.
- ◆ Healthy social, economic and physical environments exist and contribute to improved health.

The Alberta health system is a publicly administered system with most services (acute care, home care, residential long term care, public health, mental health and community health programs) delivered through seventeen regional health authorities and two provincial health boards — the Alberta Cancer Board and the Provincial Mental Health Advisory Board. Funding for medical services and allied health services is provided on a fee-for-service basis through the Alberta Health Care Insurance Plan operated by the Ministry of Health. The Ministry funds a provincial air ambulance program and the Alberta Aids to Daily Living Program. It also contracts with Alberta Blue Cross to provide a drug plan and other benefits for seniors and subsidized premiums for individuals who do not have access to group drug plans.

Key Characteristics of the Health System of the Future

System characteristics

- ◆ Alberta will 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.
- ◆ The Alberta health system will continue to provide benefits in excess of *Canada Health Act* requirements.

Accountability

- ◆ A common base of health services that meet provincial standards will be available in all regions of the province. Services will be provided, when appropriate, in homes and communities, not just in hospitals.
- ◆ All components of the health system will have clear responsibilities and be accountable for the results they achieve.
- ◆ Standards will be in place province-wide and Albertans will receive regular information on whether those standards are being met.

Health Authorities

- ◆ Regional health authorities will plan and deliver most health services based on evidence of needs, with input from residents and community health councils and directions from the Minister of Health.
- ◆ Health services will be integrated with better linkages between hospital care, home care, community programs, mental health programs, long term care, rehabilitation services and public health programs.
- ◆ Regional health authorities will work with other organizations in their communities to address social, economic and environmental issues which affect health.

Funding

- ◆ Funding will be provided in a way that is predictable, equitable and affordable.

Health Workforce

- ◆ Leadership will be provided to make the best use of the collective skills and expertise of the health workforce.
- ◆ New options for paying health providers will be tested and put in place.
- ◆ The supply of health professionals, especially in rural areas, will continue to be addressed to meet communities' needs.
- ◆ New technology in communications will bring more specialized skills to rural communities through Telehealth programs.
- ◆ Incremental introduction of better approaches to health care will occur as evidence demonstrates their outcomes.

Better Information for Better Health

- ◆ 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.
- ◆ Research, technology and telecommunications will be used to improve information and develop new prevention programs and treatments.

Promoting and Protecting Health

- ◆ There will be an emphasis on monitoring health status, promoting and protecting health, controlling disease and preventing injury.

Key Directions and Challenges

The Ministry of Health's key directions address major challenges identified by stakeholders through consultations over the last year.

Direction 1: Ensure Albertans who are sick get the care they need

- Challenges:**
- ◆ Increasing public confidence in the health care system
 - ◆ Addressing issues arising from the shift to community based services
 - ◆ Addressing concerns of the health workforce

Direction 2: Prepare for the future

- Challenges:**
- ◆ Creating a predictable and equitable funding system
 - ◆ Preparing the system for the impact of an aging population
 - ◆ Ensuring ongoing innovation and integration of new knowledge

Direction 3: Improve accountability and results

- Challenges:**
- ◆ Determining and communicating clear expectations
 - ◆ Ensuring community input into decision making
 - ◆ Aligning physician incentives with patient and health system needs
 - ◆ Having and using better information

Direction 4: Focus on long term health gains

- Challenges:**
- ◆ Addressing major economic, social and environmental factors that influence health
 - ◆ Addressing major health problems that are preventable

The Ministry of Health's Mission and Core Businesses

One of the goals of the Alberta government is that “Albertans will be healthy”. The mission of the Ministry of 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**:

- Core Business 1: Set Direction, Policy and Provincial Standards**
- Core Business 2: Allocate Resources**
- Core Business 3: Ensure Delivery of Quality Health Services**
- Core Business 4: Measure and Report on Performance Across the Health System**

Goals and Strategies

The goals and strategies for each of the four core businesses are outlined in the tables that follow.

Core Business 1: Set Direction, Policies and Provincial Standards

Albertans expect high standards for Alberta’s health system. Through its overall leadership role, the Ministry of Health is responsible for developing policy and standards that contribute to improving health and health care for Albertans. Strategic direction is provided to health authorities by setting requirements for health authority business plans.

Goals	Strategies
<p>1.1 Clear directions, policies and measurable expectations are in place for all components of the health system.</p> <div style="border: 1px solid black; padding: 5px;"> <p><i>What Albertans can Expect</i></p> <ul style="list-style-type: none"> ◆ <i>Access to quality health services</i> ◆ <i>Consistent high standards for health services</i> ◆ <i>A clear understanding of who is responsible and for what</i> </div>	<p>1.1.1 Finalize an accountability framework which clearly identifies responsibilities and mechanisms for reporting results in the health system</p> <p>1.1.2 Develop health and health system expectations and measures, including standards and targets</p> <p>1.1.3 Continue review of long term care</p> <p>1.1.4 Develop strategies for necessary supports, including drugs and medical/surgical supplies, for people discharged earlier from hospital</p> <p>1.1.5 Continue to develop <i>Health Information Protection Act</i></p> <p>1.1.6 Work with Alberta Labour to implement the new <i>Health Professions Act</i></p> <p>1.1.7 Study and evaluate different approaches to primary health care</p>
<p>1.2 Provincial strategies are in place to improve the health and well-being of Albertans.</p> <div style="border: 1px solid black; padding: 5px;"> <p><i>What Albertans can Expect</i></p> <ul style="list-style-type: none"> ◆ <i>Actions to protect and promote good health</i> ◆ <i>Support for the Alberta Centre for Injury Control and Research</i> </div>	<p>1.2.1 Take a leadership role with other ministries and organizations to improve the health of Albertans, especially children, seniors and populations with high health needs</p> <p>1.2.2 Participate in government-wide assessment of the impact of aging.</p>

Core Business 2: Allocate Resources

A key role of the Ministry of Health is to determine the scope of financial, capital and human resources required to support the health system and address Albertans' health needs on an ongoing and sustainable basis. The Ministry of Health also is responsible for setting priorities and allocating resources in a manner that is fair, equitable and reflects health needs in different parts of the province.

Goals	Strategies
<p>2.1 The health system has a stable base of adequate, predictable needs-based funding that is allocated fairly and promotes efficiency and effectiveness.</p> <div data-bbox="207 562 841 856" style="border: 1px solid black; padding: 5px;"> <p><i>What Albertans can Expect</i></p> <ul style="list-style-type: none"> ◆ <i>Better decisions about funding programs and preparing for future needs</i> ◆ <i>Consistent and predictable funding for health services</i> ◆ <i>Ongoing support for complex, highly specialized services</i> ◆ <i>Pilot projects on different ways of delivering and paying for medical services</i> </div>	<p>2.1.1 Develop a process for forecasting health needs and economic trends as a means of projecting future resource requirements</p> <p>2.1.2 Further develop the province-wide services funding system for highly specialized and complex services</p> <p>2.1.3 Refine the population-based funding formula for health authorities</p> <p>2.1.4 Develop and implement methodologies for consistent costing of regional health authority services</p> <p>2.1.5 Work with the Alberta Medical Association to implement a new master agreement which promotes effective care and provides for predictable and equitable funding</p> <p>2.1.6 Refine system for funding academic medicine</p> <p>2.1.7 Review existing drug benefit programs</p> <p>2.1.8 Develop options for paying health professionals that encourage ongoing improvements in health and the performance of the health system</p>
<p>2.2 The health system makes optimal use of the workforce.</p> <div data-bbox="207 1192 841 1297" style="border: 1px solid black; padding: 5px;"> <p><i>What Albertans can Expect</i></p> <ul style="list-style-type: none"> ◆ <i>Appropriate supply and distribution of a well-trained workforce</i> </div>	<p>2.2.1 Work with health authorities, health professions and academic institutions to develop plans for appropriate supply, distribution and management of the health workforce</p> <p>2.2.2 Focus Alberta Health's resources on the department's core businesses and strategic directions</p>

Core Business 3: Ensure Delivery of Quality Health Services

The responsibility for service delivery rests primarily with health authorities and individual practitioners. The Ministry works with health authorities to ensure appropriate investment and management of provincial resources through review and approval of business plans and capital plans. Through systematic monitoring and action, it ensures that services meet high standards, achieve positive health outcomes, and address the needs of Albertans. It registers Albertans for health care insurance and operates the payment system for fee-for-service practitioners and suppliers of equipment, ambulance and other services. It also addresses ongoing issues of concern raised by the public or stakeholder organizations.

Goals	Strategies
<p>3.1 Health services are accessible, appropriate and well-managed to achieve the best value.</p> <div data-bbox="115 594 748 947" style="border: 1px solid black; padding: 5px;"> <p>What Albertans can Expect</p> <ul style="list-style-type: none"> ◆ <i>A well-managed health system that reflects best practices from around the world</i> ◆ <i>More emphasis on programs preventing illness and injury, protecting and promoting good health</i> ◆ <i>More programs and services provided in community settings, where appropriate</i> ◆ <i>A strong and responsive public health system</i> ◆ <i>Clear and simple processes for expressing concerns and appealing decisions</i> </div>	<p>Work with health authorities and health providers to:</p> <p>3.1.1 Enhance supports to palliative care clients at home</p> <p>3.1.2 Enhance initiatives to attract and keep physicians in rural Alberta</p> <p>3.1.3 Establish simpler processes for Albertans to express concerns and appeal decisions</p> <p>3.1.4 Incorporate best practices in governance and management</p> <p>3.1.5 Enhance mental health services in communities</p> <p>3.1.6 Work with other jurisdictions and stakeholders to develop a new national blood agency</p> <p>3.1.7 Introduce health strategies to address priority health issues, including low birth weight babies, injuries, and cervical and breast cancer</p> <p>3.1.8 Assist in implementing <i>Protection for Persons in Care Act</i></p> <p>3.1.9 Develop and implement a methodology for management of capital infrastructure</p>
<p>3.2 Albertans are well-informed and able to make decisions about their health and health services.</p> <div data-bbox="115 1220 748 1383" style="border: 1px solid black; padding: 5px;"> <p>What Albertans can Expect</p> <ul style="list-style-type: none"> ◆ <i>Increased participation in personal care decisions</i> ◆ <i>More and better information available on programs and services</i> </div>	<p>Work with health authorities and health providers to:</p> <p>3.2.1 Implement, complete and evaluate health promotion projects</p> <p>3.2.2 Ensure Albertans are aware of services available</p> <p>3.2.3 Assist in implementing <i>Personal Directives Act</i></p>
<p>3.3 Community members have opportunities to participate in improving the health system in their community.</p> <div data-bbox="115 1499 748 1671" style="border: 1px solid black; padding: 5px;"> <p>What Albertans can Expect</p> <ul style="list-style-type: none"> ◆ <i>More opportunities to be involved in improving the health system in their communities</i> ◆ <i>Active community health councils providing input to regional health authority boards</i> </div>	<p>Work with health authorities and health providers to:</p> <p>3.3.1 Review the implementation and impact of community health needs assessments</p> <p>3.3.2 Implement recommendations of Governance Report to improve public input and participation in decision-making</p>
<p>3.4 Ongoing innovation occurs in the health system.</p> <div data-bbox="115 1713 748 1822" style="border: 1px solid black; padding: 5px;"> <p>What Albertans can Expect</p> <ul style="list-style-type: none"> ◆ <i>New and innovative pilot projects in service delivery</i> </div>	<p>Work with health authorities and health providers to:</p> <p>3.4.1 Continue to encourage innovation in service delivery</p> <p>3.4.2 Initiate Telehealth project and expand Telepsychiatry</p>

Core Business 4: Measure and Report on Performance Across the Health System

The measurement of results requires development of measures, collection and analysis of information and reporting of results. Regular public reports are produced by the Ministry of Health and Health Authorities. Analysis of the information collected and sharing of that analysis across the system is important to ensure that continuous learning and improvement takes place.

Goals	Strategies
<p>4.1 Timely, comparable and comprehensive information is available for patient care, management and research</p> <div style="border: 1px solid black; padding: 5px;"> <p>What Albertans can Expect</p> <ul style="list-style-type: none"> ◆ <i>A province-wide health information network linking health providers, hospitals, pharmacies, clinics, health organizations and Alberta Health</i> ◆ <i>Pharmacy network as a basis for better patient care and management of pharmaceutical utilization and costs</i> </div>	<p>4.1.1 Design and proceed to implement alberta wellnet, a province-wide information network linking health providers, hospitals, pharmacies, clinics and other health organizations and the Ministry of Health</p> <p>4.1.2 Use technology to improve the Ministry of Health’s capacity to carry out its core businesses</p> <p>4.1.3 Implement Ministry of Health Research Business Plan</p>
<p>4.2 The performance of the health system and indicators of the health of Albertans are measured, evaluated and reported regularly to Albertans.</p> <div style="border: 1px solid black; padding: 5px;"> <p>What Albertans can Expect</p> <ul style="list-style-type: none"> ◆ <i>Regular reports on the performance of Alberta’s health system and the health of Albertans</i> ◆ <i>Ongoing evaluation of services and practices in the Alberta health system</i> </div>	<p>4.2.1 Define, collect, analyze and share information about trends in selected diseases, injuries, disabilities and utilization of the health system</p> <p>4.2.2 Collect information related to performance measures and benchmarks</p> <p>4.2.3 Provide comprehensive reports on the health of Albertans and the performance of the health system to support continuous improvement</p>

Measuring Performance

Key Performance Measures

The key performance measures which follow were selected from a wider range of measures and indicators tracked by Alberta Health about the health system and the health of Albertans.

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

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| <p>1. Albertans’ ratings of the quality of care they received</p> | <p>Albertans’ views about the quality of care they received are an important measure of the overall quality of Alberta’s health system.
 Target (1998): 90% rate the care they received as excellent or good
 Current (1997): 86%</p> |
| <p>2. Albertans’ ratings of the effect of care on their health</p> | <p>Albertans’ view about the effects of health care services on their health is an important measure of health service outcomes.
 Target (1999): 85% rating excellent or good
 Current (1997): 83%</p> |
| <p>3. Breast cancer screening rates</p> | <p>Mammograms are recommended for women over the age of 50.
 Target (1999): 75% of women over 50 receive mammograms every two years
 Current (1994-95): 62%</p> |

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| 4. Percent change in expenditure on community and home services | 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.
Target (1999): increasing trend
Current (1996-97): 6.3% |
| 5. Trends in fee-for-service expenditures for doctors as a percentage of total spending on physicians' services | This measure will track the extent to which alternative methods to fee-for-service are being used.
Target (2000-01): increase percentage of expenditures through alternative approaches to fee-for-service
Current (1996-97): 1% |

Health Access — Are Services Available When People Need Them?

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| 6. Albertans' ratings of access to health services | This measure reflects Albertans' views about how easy or difficult it is to get the health services they need when they need them.
Target (1998): 80% rate access as easy or very easy
Current (1997): 74% |
| 7. Albertans' self-rated knowledge of the health system | Knowledge of which health services are available is an important factor in ensuring that Albertans can get access to appropriate care when they need it.
Target (1999): 75% rating own knowledge excellent or good
Current (1997): 70% |
| 8. Percentage of Albertans reporting failure to receive needed care | Through public surveys, Albertans are asked, "Over the past twelve months, were you ever unable to obtain health care services when you needed them?"
Target (1998): 3% reporting failure to receive needed care
Current (1997): 7% |
| 9. Percent of general practitioner services obtained within Albertans' home region | This measure shows the extent to which Albertans obtain primary health services from a general practitioner in the region where they live.
Target (2000): 95% for Capital and Calgary regions; 85% for all other regions
Current (1995-96): 95%; 81% |

Health Outcomes — How Healthy Are We?

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| 10. Life expectancy at birth (in years) | Life expectancy at birth is an internationally recognized indicator of the general health of the population. Among Canadian provinces, Alberta ranks third in life expectancy, behind Saskatchewan and British Columbia.
Target (2000): 77 years for males and 83 years for females
Current (1995): 75.8 years for males; 81.5 years for females |
| 11. Percent of Albertans rating their own health "excellent" or "very good" by age group | This measure reports how Albertans describe their own health. It is a general indicator of the health of the population.
Target (1998): 75% (ages 18 to 64) and 50% (age 65 and older)
Current (1997): 65% (ages 18 to 64); and 45% (age 65 and older) |
| 12. Percent of low birth weight newborn babies | 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. Overall, Alberta's rate is poor compared with other provinces.
Target (1998): maximum 5.5% of babies weighing under 2500 gm
Current (1996): 6.1% |

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| 13. Provincial rate of injury deaths including suicide | This measure tracks the death rates for injuries and suicide. These are major causes of premature deaths in Alberta, particularly among younger Albertans. Alberta has high rates for these causes of death compared to other provinces.
Target (1999): injury rate: 45 per 100,000 population
suicide rate: 13 per 100,000 population
Current (1994): injury rate 54; suicide rate 16 |
| 14. Rates for selected communicable diseases | Low incidence rates for these diseases measure our success in communicable disease control.
Targets (1999): E. Coli Colitis: 4.0 per 100,000 population
Pertussis: 18.0 per 100,000 population
Tuberculosis: 4.5 per 100,000 population
Current (1996): E. Coli Colitis 5.8; Pertussis 41.2; Tuberculosis 5.1 |
| 15. Childhood immunization coverage | This measure reports the percentage of two year olds who have been immunized to prevent several serious childhood diseases.
Target (1998): 95% of two year olds appropriately immunized
Current (1996): 89% |
| 16. Cervical cancer screening rates | The PAP test is an excellent screening test for pre-cancerous conditions. Higher use of the PAP test could help to eliminate cervical cancer deaths.
Target (1999): 90% of women have a PAP test every 3 years
Current (1994-95): 79% |
| 17. Number of deaths due to cervical cancer | 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.
Target (2000): 0 deaths
Current (1996): 37 deaths |
| 18. Percent of Albertans who 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.
Target (1998): 75% of Albertans age 12 and over do not smoke
Current (1994-95): 72% |

Key Indicators

Key indicators are measures of important areas of health system activity which are critical to monitor, assess, and report on, but which do not have targets. Key indicators will be reported along with performance measures in the Ministry Annual Report.

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| 1. Volume and rates for cardiac surgery related to population | This indicator will show whether Alberta's volumes and rates of cardiac surgery are high, low or about the same compared with other provinces and countries. This indicator will help us evaluate our cardiac surgery needs and the appropriateness of services provided in Alberta. |
| 2. Cardiac surgery waiting list | This indicator reports on waiting lists for cardiac surgery, comparing the number of persons waiting with the number of surgeries performed. This indicator will show whether referrals are exceeding system capacity. |
| 3. Utilization rates for selected surgeries and procedures | This indicator 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. |
| 4. Acute care hospital separations per 1,000 population | This indicator will show the general level of acute care hospital utilization in Alberta. |
| 5. Short-term home care clients per 1,000 population | This indicator will show the level of health service delivery provided to Albertans in their homes for short-term health needs. |
| 6. Hospitalization for ambulatory care-sensitive conditions | This indicator 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. |

Health

Ministry Consolidated Income Statement

(thousands of dollars)

	Comparable 1996-97 Actual	Comparable 1997-98 Budget	Comparable 1997-98 Forecast	1998-99 Estimates	1999-2000 Target	2000-01 Target
REVENUE						
Transfers from Government of Canada	528,800	471,753	443,882	451,396	470,789	486,708
Premiums, Fees and Licences	648,082	657,225	661,626	661,226	668,335	674,401
Other Revenue	45,515	56,389	59,511	40,764	43,274	46,774
Consolidated Revenue	1,222,397	1,185,367	1,165,019	1,153,386	1,182,398	1,207,883
EXPENSE						
Program						
Regional Health Authorities and Health Boards	2,322,341	2,407,352	2,407,352	2,494,252	2,572,252	2,636,352
Province-Wide Services	184,501	177,634	182,659	206,734	230,834	235,934
Medical Services and Alternative Payments	736,700	746,700	770,700	818,550	842,850	861,350
Rural Physician Action Plan	2,417	2,800	3,500	5,800	5,800	5,800
Drug Program	179,000	197,389	197,389	216,474	236,474	246,474
Other Programs	247,877	281,364	275,527	297,292	310,072	326,772
Extended Health Benefits	17,620	17,000	17,400	17,518	18,044	18,586
Allied Health Services	44,367	45,553	45,900	46,035	47,409	48,867
Premier's Council on the Status of Persons with Disabilities	631	562	612	612	612	612
Ministry Support Services	71,984	81,108	81,923	78,533	78,533	78,533
One-Time Infrastructure Support	-	-	40,000	-	-	-
Inherited Deficit Assistance	-	-	38,981	-	-	-
Health Care Insurance Premiums Revenue Write-Offs	27,904	28,476	30,877	24,440	24,684	24,931
Valuation Adjustments	(694)	26	787	26	26	26
Consolidated Expense	3,834,648	3,985,964	4,093,607	4,206,266	4,367,590	4,484,237
Gain (Loss) on Disposal of Capital Assets	(28)	-	-	-	-	-
NET OPERATING RESULT	(2,612,279)	(2,800,597)	(2,928,588)	(3,052,880)	(3,185,192)	(3,276,354)

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 original establishment of the Council contained a sunset clause of July 1, 1998. Following a review of its mandate, the term of the Council has been extended.