

Alberta Ministry of Health and Wellness

Annual Report 2001/2002

Section I

For further information

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*You can find this document on Alberta Health and Wellness' Internet Web site —
<http://www.health.gov.ab.ca>*

For research or technical inquiries on the performance measures and statistical data in the "Results Analysis" section, contact:

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The Alberta Public Service received the Gold Award for Innovative Management from the Institute of Public Administration of Canada (IPAC) for its Corporate Human Resource Development Strategy. This innovative approach to meeting the human resource needs of the Alberta government is a long-term commitment to learning, leadership and the promotion of the Alberta public service as an attractive employer.

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Section II

Section II of this report is published under a separate cover. It provides the financial statements of the regional health authorities and provincial health boards. To obtain financial statements of individual regional health authorities and provincial health boards, please consult the contact list on page 5.

Preface

Public Accounts 2001/2002

The Public Accounts of Alberta are prepared in accordance with the *Financial Administration Act* and the *Government Accountability Act*. The Public Accounts consist of the annual report of the Government of Alberta and the annual reports of each of the 24 Ministries.

The annual report of the Government of Alberta released June 25, 2002 contains the Minister of Finance's accountability statement, the consolidated financial statements of the Province and a comparison of the actual performance results to desired results set out in the government's business plan, including the *Measuring Up* report.

This annual report of the Ministry of Alberta Health and Wellness contains the Minister's accountability statement, the audited consolidated financial statements of the Ministry and a comparison of actual performance results to desired results set out in the Ministry business plan. This Ministry annual report also includes:

- the financial statements of entities making up the Ministry including the provincial agencies for which the Minister is responsible, and
- other financial information as required by the *Financial Administration Act* and *Government Accountability Act*, either as separate reports or as a part of the financial statements, to the extent that the Ministry has anything to report.

Financial information relating to regional health authorities and provincial health boards is also included in this annual report as supplementary information. Section II of this report provides financial statements of the regional health authorities and provincial health boards, where available, which are accountable to the Minister of Health and Wellness.

Contact List

Financial Information for Regional Health Authorities and Provincial Health Boards

For further financial information regarding the regional health authorities or provincial health boards, please contact:

1. **Chinook Regional Health Authority** (403) 382-6019
2. **Palliser Health Authority** (403) 529-8058
3. **Headwaters Health Authority** (403) 601-8334
4. **Calgary Health Region** (403) 541-3677
5. **Regional Health Authority 5** (403) 823-5245
6. **David Thompson Regional Health Authority** (403) 341-8622
7. **East Central Health Authority** (403) 608-8820
8. **WestView Regional Health Authority** (780) 962-7552
9. **Crossroads Regional Health Authority** (780) 352-3766
10. **Capital Health Authority** (780) 407-3652
11. **Aspen Regional Health Authority #11** (780) 349-8705
12. **Lakeland Regional Health Authority** (780) 656-6508
13. **Mistahia Regional Health Authority** (780) 538-6138
14. **Peace Regional Health Authority** (780) 618-4500
15. **Keeweenok Lakes Regional Health Authority #15** (780) 523-6465
16. **Northern Lights Regional Health Authority** (780) 791-6037
17. **Northwestern Regional Health Authority** (780) 926-4399
18. **Alberta Mental Health Board** (780) 422-2233
19. **Alberta Cancer Board** (780) 412-6300

Minister's Accountability Statement

The Ministry's Annual Report for the year ended March 31, 2002 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 September 11, 2002 with material economic or fiscal implications, of which I am aware, have been considered in the preparation of this report.

[Original signed]

Gary G. Mar, Q.C.
Minister of Health and Wellness

Message from the Minister

I am excited by the bold and innovative direction we are taking with health care in Alberta. The theme for 2001/2002 was first steps toward sustainability. We took these initial steps with the release of the *Premier's Advisory Council on Health* report. The ten themes and 44 recommendations provide the roadmap for putting public health care on a sustainable foundation. To keep Albertans informed of our agenda for reform, we distributed, *Alberta: Health First, Building a better public health care system*.

The Ministry expended \$6.3 billion for health care, an increase of \$711.5 million or 12.7 per cent over 2000/2001.

With our focus on the future we are working to maintain the quality and leadership of our current system. Albertans received service by some of the best and brightest professionals in the field of health care. The introduction of the *Health Professions Act* provided a framework for health professionals to work to their full scope of practice. We continued building on our leadership in the area of organ and tissue transplantation and maintained the highest MRI scan rate in the country. Alberta Wellnet earned a national award for its continuing work toward providing secure electronic health information for Albertans.

The most efficient and cost-effective health service is prevention. In striving for a healthier society, we committed \$155 million for programs to reduce injury and promote wellness. The government dedicated \$10.3 million to children's initiatives and early intervention. The money funded programs teaching children the importance of exercise and proper nutrition and allowed for an increased number of children to receive immunization for chicken pox and meningitis. Aboriginal Albertans were targeted as an at-risk group. The government provided \$4.2 million during the first six years of the *Aboriginal Health Strategy* to fund 63 projects in 12 regional health authorities. Seniors issues continue to be addressed through the *Healthy Aging and Seniors Wellness Strategy*.

We invested \$14 million for research activities. The Alberta Heritage Foundation for Medical Research continued to support, facilitate and enhance health research and we continued support for Alberta Cancer Board research.

Albertans remain encouraged by the quality of our public health care system. In 2001/2002, 86 per cent of Albertans rated the care they received as excellent or good.

As we continue down the road to reforming our health care system, we will work together to maintain and improve the health and wellness of Albertans by leading and working collaboratively with citizens and stakeholders. I look forward to meeting this goal.

[Original signed]

Gary G. Mar, Q.C.
Minister of Health and Wellness
M.L.A. Calgary Nose Creek

Management's Responsibility for Reporting

The Ministry of Health and Wellness includes the Department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission.

Executives of the individual entities within the Ministry have the primary responsibility and accountability for the respective entities. Collectively, the executives ensure the Ministry complies with all relevant legislation, regulations and policies.

Ministry business plans, annual reports, performance results and the supporting management information are integral to the government's fiscal and business plans, annual report, quarterly reports and other financial and performance reporting.

Responsibility for the integrity and objectivity of the consolidated financial statements and performance results for the Ministry rests with the Minister of Health and Wellness. Under the direction of the Minister, I oversee the preparation of the Ministry's annual report, including consolidated financial statements and performance results. The consolidated financial statements and the performance results, of necessity, include amounts that are based on estimates and judgments. The consolidated financial statements are prepared in accordance with the government's stated accounting policies.

As Deputy Minister, in addition to program responsibilities, I establish and maintain the Ministry's financial administration and reporting functions. The Ministry maintains systems of financial management and internal control which give consideration to costs, benefits, and risks that are designed to:

- provide reasonable assurance that transactions are properly authorized, executed in accordance with prescribed legislation and regulations, and properly recorded so as to maintain accountability of public money,
- provide information to manage and report on performance,
- safeguard the assets and properties of the Province under Ministry administration,
- provide Executive Council, Treasury Board, the Minister of Finance and the Minister of Health and Wellness any information needed to fulfill their responsibilities, and
- facilitate preparation of Ministry business plans and annual reports required under the *Government Accountability Act*.

In fulfilling my responsibilities for the Ministry, I have relied, as necessary, on the executive of the individual entities within the Ministry.

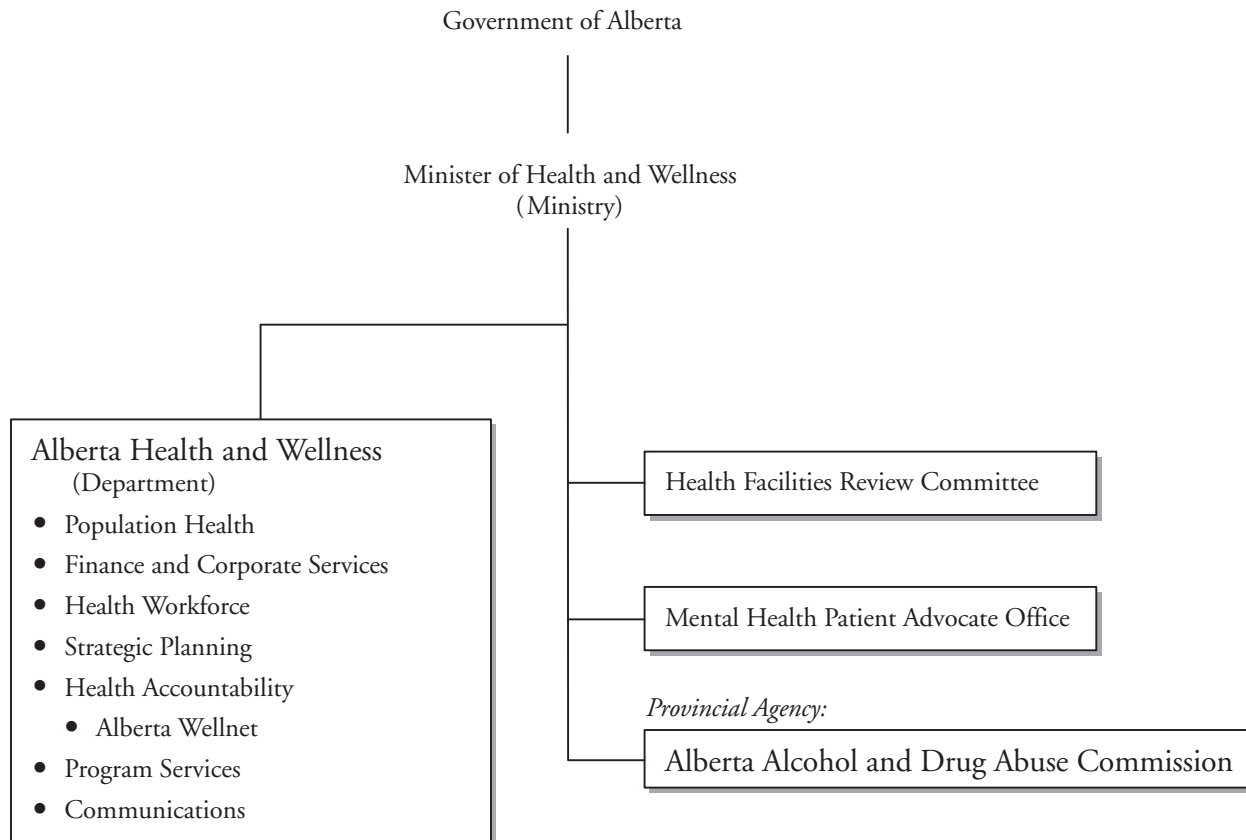
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Shelley Ewart-Johnson
Deputy Minister
Ministry of Health and Wellness

Overview

Ministry of Health and Wellness Organization

(April, 2001 to March, 2002)



Ministry Contacts

Minister of Health and Wellness, Gary G. Mar	telephone: (780) 427-3665; fax: (780) 415-0961 Responsible for ensuring health services in the province are properly conducted in the public interest. Ultimately responsible for the overall quality of health services in Alberta and responsible for reporting to the Legislature on the health of Albertans.
Deputy Minister of Health and Wellness, Roger Palmer	telephone: (780) 422-0747; fax: (780) 427-1016 Assists the Minister of Health and Wellness in discharging the responsibilities conferred on him by the Legislature and supports the Minister in all of his duties. Responsible for administrative management of the Ministry, including human resource management and Alberta Wellnet.
Population Health Assistant Deputy Minister, Art McIntyre	telephone: (780) 427-8596; fax: (780) 422-3671 Provides leadership in health surveillance, disease control and prevention, and population health strategy development. Facilitates coordinated approaches to improving public health and medical care, and develops policies and strategies for publicly funded drug programs.
Finance and Corporate Services Assistant Deputy Minister, Bruce Perry	telephone: (780) 427-0885; fax: (780) 422-3672 Provides leadership on internal and external funding allocations, financial accountability, and fiscal planning and governance to support and sustain public health care; conducts analytical studies and liaises with the Auditor General on fiscal reporting; manages Alberta Health and Wellness financial resources, and advises on legal and legislative issues and capital planning.
Health Workforce Assistant Deputy Minister, Wendy Hassen	telephone: (780) 427-3274; fax: (780) 415-8455 In collaboration with regional health authorities, physicians, professional associations, and other partners, ensures the provision of high quality and integrated physician services; supports health care workforce planning; and provides a legislative framework to ensure competent and safe health service delivery by health professionals.
Strategic Planning Assistant Deputy Minister, Annette Trimbee	telephone: (780) 415-0571; fax: (780) 415-0570 Develops health system policy and strategies, Ministry business plan and requirements for health authority business plans. Works with federal/provincial/territorial health departments to coordinate current and emerging intergovernmental issues through the Conference of Ministers and Deputy Ministers of Health. Leads the provincial response on aboriginal health issues and national and international health trade issues. Engages in strategic and organizational planning, and coordinates proactive environmental scanning to identify, track and address strategic issues.
Health Accountability Assistant Deputy Minister, Alex Stewart	telephone: (780) 427-5280; fax: (780) 422-5176 Leads the continuous evaluation of the performance of the health system by: developing expectations; measuring, monitoring, analyzing, and reporting on system performance; promoting evidence-based decision making; managing information management and technology resources, and co-ordinating health research activities.

Program Services Assistant Deputy Minister, Janet Skinner	telephone: (780) 415-1599; fax: (780) 422-3674 Registers residents, practitioners, facilities and other stakeholders, provides information and customer services, bills and collects premiums, administers payments of claims programs, monitors and reports on billing patterns, and administers the Alberta Aids to Daily Living and Emergency Health Service air and ground ambulance program services.
Communications Director, Carol Chawrun	telephone: (780) 427-7164; fax: (780) 427-1171 Provides support and advice to Alberta Health and Wellness and the Minister to improve communication with Albertans; coordinates ministerial correspondence, media relations, produces and distributes publications, and manages the department Internet site.
Alberta Alcohol and Drug Abuse Commission Chief Executive Officer R.M. Finnerty	telephone: (780) 427-2837; fax: (780) 423-1419 Provides or funds a range of alcohol, other drug and problem gambling treatment, prevention and information services for Albertans. Services are provided through a network of offices and associated agencies across the province and include community outpatient counselling and prevention, crisis and detoxification, residential treatment, and research, information and monitoring services.
Health Facilities Review Committee Chair, Bob Maskell, MLA	telephone: (780) 415-9581; fax: (780) 415-0951 Monitors the quality of care, treatment and standards of accommodation provided to patients and residents in hospitals and continuing care centres. Receives and Meadowlark — Edmonton investigates complaints.
Mental Health Patient Advocate Office Acting Advocate, Jeanette McPhail	telephone: (780) 422-1812; fax: (780) 422-0695 Assists patients in designated mental health facilities to understand and exercise their rights; investigates complaints relating to certified patients involuntarily detained under the <i>Mental Health Act</i> . Monitors statutory and regulatory changes relating to psychiatric services and recommends improvements regarding systemic problems, administrative policies and mental health legislation.

Vision

The Alberta government's vision for the province is *"A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children."*

This broader vision is reflected in the slogan: "Healthy Albertans in a healthy Alberta."

In this context, the vision of Alberta Health and Wellness is *"Citizens of a healthy Alberta achieve optimal health and well-being."*

In acknowledgement that the determinants of the health and well-being of a population include factors such as education, employment, income and the environment, this vision is comprised of two distinct but interwoven dimensions:

- Albertans are able and encouraged to realize their full health potential in a safe environment, with adequate income, housing, nutrition and education, and to play a valued role in family, work and their community.
- Albertans have equitable access to affordable and appropriate health and wellness services of high quality.

The achievement of this vision requires individuals to take responsibility for health in their communities, in collaboration not only with the Ministry and providers of health services, but with a wide variety of parties including other Ministries, other levels of government and the private sector.

Mission and Core Businesses

Within the context of the Government's Business Plan and the vision for health, the mission of the Ministry is . . .

". . .to maintain and improve the health of Albertans by leading and working collaboratively with citizens and stakeholders."

To achieve our mission, the Ministry engages in two core businesses:

- Lead and support a system for the delivery of quality health services.
- Encourage and support healthy living.

Highlights for 2001/2002

In 2001/2002, Alberta Health and Wellness focused its attention on improving quality, accountability and sustainability across the health system.

First steps to sustainability

Ensuring the future of public health care in Canada in the face of rising costs has become a primary focus of provinces, territories and the federal government. In 2001/2002, strategies aimed at system redesign and innovation were promoted and pursued in collaboration with key stakeholders. Late in the year, a plan for ensuring sustainability was developed and released by the Premier's Advisory Council on Health, and adopted by the government as its course for health care reform.

Accessible, quality care

In 2001/2002, Alberta Health and Wellness with its many partners ensured accessible, effective, quality health services through implementation of significant initiatives.

- Set new strategic directions to ensure an integrated, sustainable system for health, with emphasis on the primary health care sector. Through the Health Innovation Fund, \$10.9 million was provided to support 45 health service delivery projects, including 29 with a primary health care focus.
- Initiated key policy directions of the Long-Term Care Review to modify and enhance continuing care services which implement the 'aging in place' philosophy. Requirements and supports were provided to regional health authorities to develop the Ten-Year Continuing Care Strategic Plans. Implemented a 14 per cent increase in the accommodation rate for long-term care facilities to address inflationary increases in the cost of providing room and board services in these facilities.
- Implemented a provincial magnetic resonance imaging (MRI) strategy, which added seven new MRI scanners to the province bringing the total to 15 public scanners. Regional health authorities received additional targeted funding of \$13 million enabling MRI service volumes to increase to over 70,000 scans in 2001/2002, just under the target of 24 scans per 1,000 Albertans, the highest rate in the country.
- Ensured reasonable access to and appropriate use of prescribed drugs through the Pharmaceutical Information Network (PIN) piloted in the communities of Westlock and Leduc in spring 2002. This system allows electronic exchange of medication information among participating physicians, pharmacists and health care facilities with the patient's consent. The Seniors' Drug Profile, which will be replaced by PIN, increased the number of health-service providers with electronic access to seniors medication history by 34 per cent.

- 12 new prescription drugs were added to the Alberta Health and Wellness Drug Benefit List offering significant advances in the treatment of diseases.
- Funded islet cell transplants. Alberta is at the forefront of this important new medical technology which provides an effective cure for a subset of people with diabetes.
- Proclaimed the *Health Professions Act* on December 31, 2001 to establish a uniform structure for regulated health professions in Alberta.
- Performed an operational review of Alberta Wellnet that evaluated the effectiveness of governance structures for Information Management and Technology in the provincial health sector.

Measures and results

While public perception on ease of access declined slightly, the high ratings for quality of care were maintained.

Protection, promotion and prevention

Significant initiatives were implemented improving the health and wellness of Albertans during 2001/2002.

- Enhanced immunization strategies and implemented a longer-term immunization plan as part of a national strategy. A province-wide meningococcal immunization campaign was conducted in several phases.
- Directed \$6.35 million to regional health authorities to help plan and implement Action for Health strategies to promote health and prevent disease and injury. Funding included \$1.85 million targeted to improve existing programs and services for children and implement new children's programs.
- Developed a comprehensive Alberta Tobacco Reduction Strategy, which committed \$11.7 million starting in 2002/2003 to encourage Albertans to reduce their use of tobacco products. Included was \$8.7 million budgeted by Alberta Alcohol and Drug Abuse Commission (AADAC) on education and smoking cessation activities to complement increased tobacco taxes, and \$3 million allocated to the Ministries of Revenue and Gaming for tobacco tax enforcement.
- Continued work towards addressing water quality issues in collaboration with a broad range of stakeholders. A province-wide emergency response protocol for water quality incidents and a field manual for inspecting and investigating private and communal drinking water systems was developed.

Measures and results

- Self-reported health status among the 16 – 64 age group was unchanged in 2002, compared with 2001, while the self-reported health of persons aged 65 years and older increased by 6 per cent.

Health system and Ministry effectiveness

Alberta Health and Wellness participated in many projects supporting the health system and optimizing the department's effectiveness.

- Established more clearly accountability for health authority service provision, governance and management by electing two-thirds of regional health authority members in conjunction with 2001 municipal elections. The remaining one-third of members was appointed through a public nomination process.
- Established several committees to implement the Government of Alberta Health Care Action Plan following acceptance of recommendations by the Premier's Advisory Council on Health.
- A premium rate increase and subsidy change were announced following the 2002/2003 provincial budget to take effect in April 2002, and designed to have a minimal impact on lower-income Albertans.
- Led the Performance Indicators Reporting Committee of Federal/Provincial/Territorial Deputy Ministers of Health and developed a set of comparable health indicators to be reported by each jurisdiction in September 2002.
- Co-chaired federal/provincial/territorial discussions on mechanisms to avoid and resolve disputes concerning the *Canada Health Act*. Reached agreement with the exception of Quebec, on a dispute-settling process comprising of jointly appointed panels.
- Effective September 2001 Chaired the Provincial/Territorial Ministers and Deputy Ministers of Health Conferences and Co-chaired the Federal/Provincial/Territorial Ministers and Deputy Ministers of Health Conferences.
- Participated in inter-departmental initiatives to strengthen provincial early childhood development by funding the AADAC and Alberta Mental Health Board (AMHB) for enhanced support services to pregnant women or parents with issues and for the Alberta Perinatal Health Program in communities in the Palliser Health Authority, Northwestern Regional Health Authority and through the Peigan Nation.
- Established the Health Sustainability Initiative (HSI) as a new cross-ministry initiative for 2002/2003 to address several of the recommendations in the *Premier's Advisory Council on Health Report* and to develop joint strategic capital priorities supporting health sustainability within available resources.
- Finalized 19 partnership projects involving development of 1,525 new long-term care beds.
- Earned one of Canada's most prestigious technology awards for Alberta Wellnet's development of a secure electronic health record for Albertans in which sharing of medication information (Pharmaceutical Information Network) is the first key component.

- Continued implementation of the Aboriginal Health Strategy to address disparity among aboriginal Albertans by providing \$716,000 to 17 new Aboriginal community-based projects and \$225,000 in bursaries to 53 Aboriginal students in health studies with the overall intent to enhance Aboriginal access to provincial health services.
- Contributed to the government's response to the Impact of Aging Study, and co-championed Alberta's Seniors Policy Initiative. Continued working with the Ministry of Alberta Seniors on the Healthy Aging Partnership Initiative (HAPI) which was transferred from Health and Wellness in March 2001.
- Advanced the Provincial Personal Health Identifier (PPHI) project for implementation in 2002/2003, to give stakeholders easy electronic access to provincial health identifiers.

Measures and results

While public self-rated knowledge of health services declined, the understanding by departmental staff of their contribution to the Ministry's success improved significantly.

Financial results and funding priorities

Maintenance of quality health services continued to be the focus in 2001/2002. However, the volatility of government revenue required a mid year adjustment to the government's 2001/2002 budget. For the Ministry this meant a \$92.2 million reduction. To achieve this, the health authority base funding was reduced by \$40 million and the \$40 million set aside for the energy rebate was not released.

During this period, the Ministry expended \$6.325 billion in 2001/2002. Of this amount, approximately 91 per cent was spent on health services provided by health authorities, physicians, other health practitioners and for drug benefits.

The \$6.3 billion expense is an increase of \$711.5 million or 12.7 per cent over 2000/2001. The increase ensured:

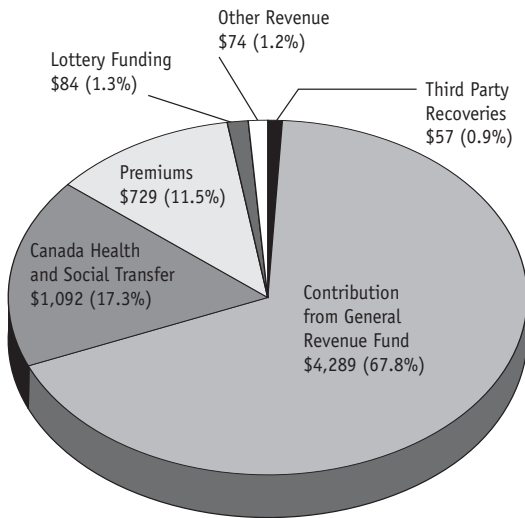
- Workforce compensation was adequately funded. Approximately 70 per cent of the total operating costs for the health sector were for salaries and benefits. New agreements with physicians, registered nurses and other health workers were provided for substantial compensation increases (\$514.0 million).
- The increased demand for health services, provided by the health authorities, physicians and other health practitioners such as chiropractors and optometrists and for blood and blood products, was managed (\$234.2 million).
- The demand for drug benefits and the addition of new drugs to the drug benefit list was met (\$53.9 million).

- Promotion and wellness activities continued to be a high priority (\$33.5 million) with particular emphasis on children. A significant portion of the increased spending was for a province-wide meningococcal immunization program that was implemented for Albertans aged two to 24 years. In October 2001, this program was expanded to children 24 months and under when a new, safe, effective vaccine for this age group became available.

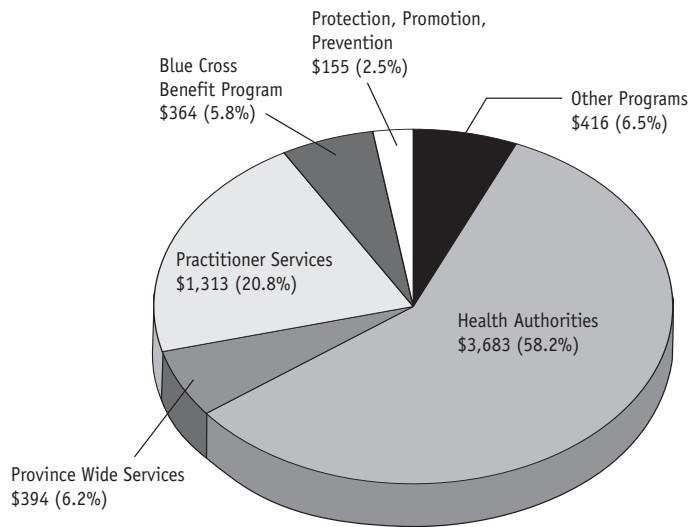
In 2001/2002 regional health authorities were provided \$49.0 million for the purchase of medical equipment. This represents the second year of a \$97.7 million funding commitment from the federal government for the purchase of high-tech equipment for diagnostic and treatment purposes. Overall, the total level of spending on capital equipment across health authorities was reduced in 2001/2002, at \$111.9 million less than in the previous year.

There was a \$11.7 million decrease for the provision of Health Care Insurance Premiums write-offs.

Sources of Funding



How Funding Was Spent



Total \$6,325 Million

Communication with Albertans

Alberta Health and Wellness continued its efforts in 2001/2002 to consult with Albertans and to keep citizens well informed. This past year included the following:

- Alberta Health and Wellness released the annual *Alberta Health Survey Report* in July 2001. The Population Research Laboratory at the University of Alberta conducted the health survey in which 86 per cent of Albertans said the quality of care they received was good or excellent. The survey incorporated the views of 4,000 Albertans interviewed between May 17 to July 8, 2001.
- The Premier's Advisory Council on Health consulted with stakeholders in developing reforms for the public health care system. In January 2002 *A Framework for Reform, Report of the Premier's Advisory Council on Health* was released and made available to public.
- Alberta Health and Wellness distributed to Albertans, *Alberta: Health First*, as part of an information campaign encouraging Albertans to learn more about the challenges facing their health care system. A second publication *Alberta: Health First, Building a better public health care system*, provided Albertans with information on continuing health care reforms.
- Alberta Health and Wellness released the *Province Wide Services Annual Report on Activities and Outcomes* in June 2001. In addition to the basic health services provided by Alberta's seventeen regional health authorities, Province Wide Services represent a set of highly specialized interventions provided by the Capital and Calgary health regions, such as organ transplants and heart surgeries.
- In consultation with stakeholders, Alberta Health and Wellness developed the *Health Information Act*. The Act protects personal health information and grants the right for individuals to review their personal health records. An electronic Consent Registry was completed to record patient consent for the sharing of health information by electronic means.
- Working with the public and stakeholders, Alberta Health and Wellness is engaged in ongoing consultations with Aboriginal Albertans, their organizations/ associations and the regional health authorities to address the disparity between Aboriginal and non-Aboriginal health status.
- A vaccination information campaign was started in June 2001 to announce the inclusion of meningococcal immunization for children under 24 months. In July 2001 Alberta's routine immunization program added a chickenpox vaccine for one-year old children and immunized 12,621 children. Alberta Health and Wellness developed an information campaign including print and radio advertising to inform Albertans of the program.

- Alberta Health and Wellness worked closely with the Alberta Dental Association and College and the Alberta College of Medical Laboratory Technologists to develop regulations under the *Health Professions Act*. This involved extensive consultation with stakeholders, including employers, educators, and other professionals. These regulations were approved by government on December 31, 2001.

Results Analysis



REPORT OF THE AUDITOR GENERAL ON THE RESULTS OF APPLYING SPECIFIED AUDITING PROCEDURES TO KEY PERFORMANCE MEASURES

To the Members of the Legislative Assembly:

I have performed the following procedures in connection with the Ministry of Alberta Health and Wellness key performance measures included in the *2001-2002 Annual Report of the Ministry of Alberta Health and Wellness*.

1. Information obtained from an independent source, such as Statistics Canada, was agreed with the information supplied by the stated source. Information provided internally was agreed to the reports from the systems used to develop the information.
2. The calculations that converted source information into reported measures were tested.
3. The appropriateness of the description of each measure's methodology was assessed.

As a result of applying the above procedures, I found no exceptions. However, these procedures do not constitute an audit of the set of key performance measures and therefore I express no opinion on the set of key performance measures included in the *2001-2002 Annual Report of the Ministry of Alberta Health and Wellness*.

[Original signed]

CA
Auditor General

Edmonton, Alberta
August 2, 2002

Message from the Deputy Minister

Each year brings with it new challenges and new opportunities, and this past year was no exception. We continued to face the ongoing challenge of rising health care costs, as we adopted new approaches to those challenges. In 2001/2002, building a sustainable public health care system was the goal. In meeting this goal, my department and I worked together with Alberta's health community developing and implementing the initiatives and programs necessary to build the foundation for a sustainable public health care system.

Health care remained the top priority for Albertans, and Health and Wellness recognized the importance of keeping Albertans informed. The province-wide release of *Alberta: Health First* and *Alberta: Health First, Building a better health care system* allowed readers to learn first hand of initiatives affecting their health care system.

We continued to work effectively with our partners in health. Our department co-ordinated and oversaw the first ever election of health authority members. For our contribution to this project, Alberta Health and Wellness received a Premier's Award of Excellence for outstanding work by a public service team. The election of board members provided further accountability for service delivery in the health regions.

With our provincial partners, we developed and implemented a provincial organ donation and transplant strategy. By co-ordinating and enhancing organ and tissue donation rates and standardizing priorities for organ allocation, more organs and tissue should be available. We promoted wellness as a significant strategy toward a healthy population and a sustainable public health care system. Alberta Health and Wellness assisted the regional health authorities in designing a plan to promote health and prevent disease and injury. Between 1996 and 2000, we improved immunization rates by two per cent, reducing the cases of measles, mumps and rubella. The addition of seven new MRI scanners throughout the regional health authorities enabled MRI service volumes to increase to over 70,000 in 2001/2002. We continued to ensure the vulnerable in our society received the specific care they need. By developing the framework and guidelines for a public-private partnership for long-term care, 19 partnership projects were formed resulting in 1,518 new long-term care beds. Alberta Wellnet continued to roll out the senior's drug profile information system. The system provides the medication history of seniors in 103 facilities throughout Alberta improving diagnosis and treatment quality, especially when patients cannot recall the medication they are taking.

We recognized that technology needs safeguards and through the *Health Information Act* established an electronic consent registry to record patient consent for the sharing of health information by electronic means.

The quality of service throughout the department continued to improve. An independent survey reported that Albertans using the Customer Service and Registration Branch, the primary link between the public and the Alberta Health Care Insurance Plan, were very satisfied with the service they received. Department staff reported a greater feeling of job satisfaction. Of those canvassed, 95 per cent reported an excellent or good understanding of how their work contributes to the department business plan.

The past year provided us with the necessary foundation to build a sustainable health care system. We continued to build on our relationships with our health care partners, and developed a greater sense of satisfaction and teamwork within the department. It was an encouraging past year that prepares us to meet the future.

[Original signed]

Shelley Ewart-Johnson
Deputy Minister
Alberta Health and Wellness

Core Businesses

Alberta Health and Wellness engages in two core businesses:

- **Lead and support a system for the delivery of quality health services**
A system of quality health services is in place for Albertans who are medically fragile, injured, ill or in need of diagnosis, treatment or support. Responsibility for delivering those services rests with health authorities, agencies and individual practitioners, while the Ministry demonstrates leadership in setting direction, policy and provincial standards to ensure quality services. Key Ministry roles are to set priorities based on health needs and determine the scope of required financial, capital and human resources, as well as measure and report on the performance of the system. For 2001/2002, the Ministry expended \$6.146 billion on this core business.
- **Encourage and support healthy living**
A primary focus of our health system is to support and encourage the wellness and health of Albertans. We are directed to address risks to health, and to enable Albertans to make informed decisions about their health. Where knowledge and early intervention can make a difference, programs to promote and protect health and prevent disease and injury are provided through regional health authorities and provincial agencies. The Ministry also contributes to cross-ministry initiatives that address factors influencing human health. For 2001/2002, \$179.0 million was spent to support this core business.

Four goals support our two core businesses:

- Goal 1:** To sustain and improve the delivery of accessible, effective, quality health services to Albertans who need them.
- Goal 2:** To improve the health and well-being of Albertans through provincial strategies for protection, promotion and prevention.
- Goal 3:** To support and promote a system for health.
- Goal 4:** To optimize the effectiveness of the Ministry.

The following four sections provide information about the Ministry of Health and Wellness actions and key achievements in 2001/2002 for each goal. Each section also contains Key Performance Measures and Results indicators for each goal.

Goal 1: To sustain and improve the delivery of accessible, effective, quality health services to Albertans who need them.

Primary responsibility for delivery of health services rests with health authorities and health practitioners. The Ministry of Health and Wellness promotes continuous improvement and innovation to ensure delivery of health services that meet high standards, achieve positive health and wellness outcomes and address the needs of Albertans.

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.
- administers registration of Albertans for health care insurance and operates the claims payment system for practitioners, Aids to Daily Living (AADL) suppliers, ambulance operators and other services.

Action and Achievements

Action: Set new strategic directions to ensure an integrated, sustainable system for health, with emphasis on the primary health care sector.

- Achievements:*
- Provided \$10.9 million through the Health Innovation Fund to support 45 health service delivery projects, including 29 with a primary health care focus. Examples included developing multi-disciplinary primary health care teams to control asthma and chronic diseases in children, and providing continual Telecare service to a practice of 11,000 patients.
 - To advance primary health care reform, a series of booklets, newsletters and a video were developed from the 27 Umbrella Alberta Primary Health Care Project initiatives carried out through the federal government's Health Transition Fund to widely share the key learnings of primary health care as a model, on multi-disciplinary teams and on improving access, integration and quality.

Action: Initiated key policy directions driven by the recommendations of the Long-Term Care Review.

- Achievements:*
- Initiated key policy direction to modify and enhance continuing care services to implement the 'aging in place' philosophy. Requirements were provided to regional health authorities for the development and submission of Ten-Year Continuing Care Strategic Plans.
 - Developed and updated regional continuing care projections to support Ten-Year Continuing Care Strategic Service Plans.
 - Developed processes for improved, co-ordinated province-wide access to continuing care services, including seven-day-a-week entry and new wait list management processes to divert clients to alternatives.
 - Established a competency profile for continuing care support staff and initiated work on training modules and resource materials, part of comprehensive efforts to recruit, retain and train the required personnel.
 - Implemented a 14 per cent increase in the accommodation rate for long-term care facilities to address inflationary increases in the cost of providing room and board in these facilities.

Action: Significant progress in the expansion of the Alternate Payment Plan (APP) and Alternate Funding Plan (AFP) programs.

- Achievements:**
- Two new projects were implemented bringing the total number of physicians involved in APPs to approximately 80 across seven projects.
 - Eleven other APPs involving approximately 250 physicians and four AFPs involving over 200 academics physicians are in varying stages of development.
 - 38 applications from physicians for funding from the Medical Services Delivery Innovation Fund for APP development received preliminary approval.

Action: Joint management of the AMA/AHW Master and Amending Agreements and the \$1.14 billion Medical Services Budget.

- Achievements:**
- The AMA/AHW Master and Amending Agreements were successfully managed. Under the agreements the:
 - Physician Office System Program was established to facilitate the development and implementation of physician office automation through financial assistance, information technology delivery support and change management support. With a \$15 million budget over two years, 1047 physicians were selected in 2001/2002 to take part in the program.
 - Default price adjustment mechanism, implemented by mutual agreement in November 2001, caused physician payments to stay within the Medical Services Budget of \$1.14 billion for the fiscal year.
 - Rural Specialist Locum program, implemented in the summer of 2001, enabled specialists in smaller urban centers to pursue continuing medical education and take personal leaves.

Number of Physicians in Alberta

The number of physicians participating in AHCIP has increased steadily since 1996.

	1997/1998	1998/1999	1999/2000	2000/2001	2001/2002
Physicians per 1,000 Albertans	1.52	1.54	1.58	1.63	1.67
Number of Physicians	4,268	4,442	4,641	4,857	5,079

Source: Alberta Health Care Insurance Plan (AHCIP).

Mid-year population for 1997/1998 to 2001/2002 taken from Population Registry as of September 30 of each fiscal year. Number of physicians is taken from the number compensated through the AHCIP. There are additional physicians practising in Alberta who are not compensated through AHCIP.

Action: Implementation of the *Health Professions Act*.

- Achievements:**
- The *Health Professions Act* was proclaimed in force on December 31, 2001 and regulations for two of the 28 regulatory colleges established under the Act (Dentists and Medical Laboratory Technologists) were approved by

Lieutenant Governor in Council. The Act establishes a uniform structure for the governance of regulated health professions in Alberta and replaces the legislated scopes of exclusive practice with a model based on “restricted activities,” or services that only authorized persons may provide.

Action: Ensured reasonable access to and appropriate use of prescribed drugs.

- Achievements:**
- The Pharmaceutical Information Network (PIN) was piloted in the communities of Westlock and Leduc in spring 2002. The Network allows electronic exchange of medication information and includes an electronic record of the medications prescribed and dispensed to a patient. Participating physicians, pharmacists and health care facilities can access the record with a patient’s consent. The system also includes drug-to-drug interaction checking and other decision support and reference tools for prescribing and dispensing medication.
 - The Seniors Drug Profile information system has increased the number of health services providers with electronic access to the medication history of seniors. The number of patient drug profiles accessed in the last six months of the fiscal year grew by 38 per cent in comparison to the previous year.
 - Twelve new prescription drugs were added to the Alberta Health and Wellness Drug Benefit List, on the advice of the Expert Committee on Drug Evaluation and Therapeutics. These new prescription drugs offered significant advances in the treatment of hypertension, bacterial infections, Parkinson’s disease, depression, amyotrophic lateral sclerosis (ALS) and hepatitis C. The Ministry also entered into two product listing agreements with three pharmaceutical companies, as a mechanism to ensure higher cost prescription drugs were used appropriately for targeted populations and approved indications.

Seniors Drug Profile

The Seniors Drug Profile gives health service providers access to information about the medications prescribed to Alberta seniors. This improves diagnosis and treatment quality, especially when patients accurately recall which medications they are currently taking. These results show rapid increase in the implementation and use of this system.

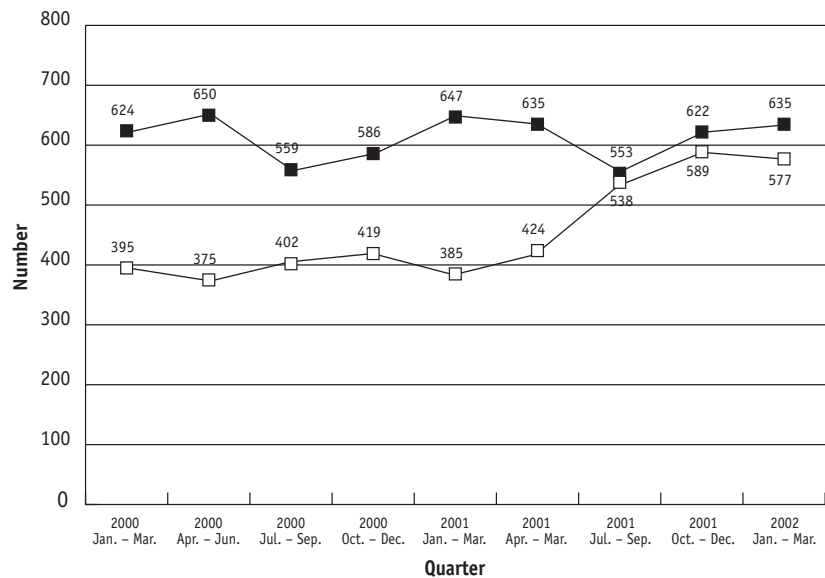
	March 31, 2000	March 31, 2001	March 31, 2002
Number of health facilities	23	86	103
Number of sites, including home care sites	50	418	626
Number of drug profiles accessed (6 months – Sept 30 to Mar 31)	6,626	27,071	37,420

Source: Alberta Wellnet

Action: Improved access to province-wide or essential services.

- Achievements:**
- Province Wide Services funding to the Calgary and Capital regional health authorities for key specialized services was increased by 23.1 per cent from the previous year. This ensured that life-saving procedures such as kidney dialysis and heart surgeries were there for Albertans. The funding also included new money for:
 - emerging neuromodulation therapies involving the surgical implantation of a number of advanced neurosurgical devices;
 - dialysis prevention involving multiple strategies to delay progression of overt renal disease in the high risk population; and
 - islet cell transplantation – an exciting new technology of which Alberta is at the forefront, involving an effective cure for a certain subset of diabetes patients.

**Alberta — Adult Open Heart Surgery Volumes and Number of Persons Waiting
January – March 2000 to January – March 2002**



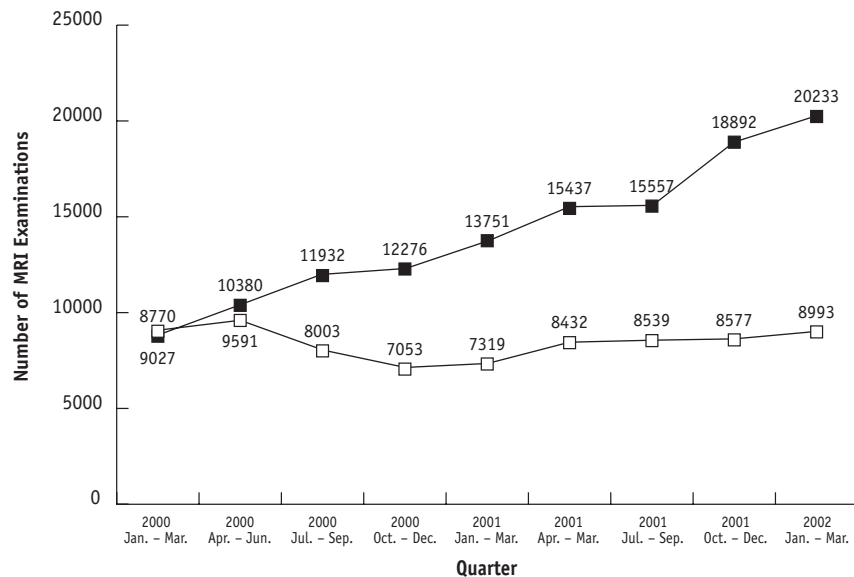
Source: Alberta Health and Wellness, Standards and Measures, Quarterly Reporting

■ Adult Open Heart Surgery Volumes
□ Number of Persons Waiting

- In April 2001, a comprehensive provincial magnetic resonance imaging (MRI) strategy to improve Albertans' access to MRI services was implemented. Key results were:
 - Addition of seven new MRI scanners bringing the total to 15 public scanners.
 - Provided additional targeted funding of \$13 million to regional health authorities to enable MRI service volumes to increase to over 70,000 in 2001/2002, very close to the target volume of 73,000 MRI scans a year or 24 scans per 1,000 Albertans, the highest rate in the country.

- Appointment of MRI review committee which reviewed 2,956 applications, of which 2,640 received reimbursement for privately purchased MRI services received prior to April 9, 2001.
- Increase in training spaces for MRI technicians.

Province — Number of MRI Examinations Performed and Number of Persons Waiting for an MRI January – March 2000 to January – March 2002



Data includes: Calgary and Capital; Chinook Regions; David Thompson (April – June 2000 and after); Mistahia (Feb. – March 2001 and after); Palliser April – June 2001.

Source: Alberta Health and Wellness, Standards and Measures, Quarterly Reporting

■ Number of MRIs Performed
□ Number of Persons Waiting

Action: Provided the secretariat for an MLA Review of Ambulance Services, chaired by Harvey Cenaiko, MLA Calgary Buffalo.

Achievements:

- The draft report explored the options for the governance and delivery of ambulance services as well as the feasibility of ‘essential services’ designation. The draft report, ‘Patient-Focused Emergency Medical Services’, was submitted to three ministries — Health and Wellness, Human Resources and Employment and Municipal Affairs.

Action: Continued to enhance Telehealth services in collaboration with health authorities and health providers to improve access to specialists and continuing medical education in smaller and rural communities.

Achievements:

- All regional health authorities and the two provincial boards were participating in Telehealth by the end of 2001/2002, enabling physicians and other health service providers in rural and remote communities to consult with specialists in urban centres for diagnostic and treatment advice, as well as providing continuing education opportunities.

Telehealth Implementation – Progress

Telehealth installations enable physicians and other health service providers in rural and remote communities to consult with specialists in the urban centres for diagnostic and treatment advice.

	March 2000	March 2001	March 2002
Video Conference Sites	52	70	147
Teleradiology Sites	2	19	21

Source: Alberta Wellnet

Action: Supported research for innovation and evidence-based decision-making.

- Achievements:**
- Alberta Health and Wellness invested approximately \$14 million in Alberta-based research programs, including those sponsored by the Alberta Heritage Foundation for Medical Research, Alberta Cancer Board, Health Services Utilization and Outcomes Commission, Institute of Health Economics, Alberta Alcohol and Drug Abuse Commission (AADAC), Alberta Clinical Practice Guidelines Program, and the provincial public health laboratories.
 - Key areas of departmental interest include applied health services research, and supporting the information and evidence needs of the Ministry and the broader health system in the areas of policy development and health system improvement, reform and innovation. Details about research activity and outcomes can be obtained by contacting any of the organizations listed above.

Action: Established the Health Services Utilization and Outcomes Commission.

- Achievements:**
- Mandate and terms of reference are in place for the commission to monitor and report on the health system's performance and the quality of services it offers. The Commission will also issue regular public reports on health services to Albertans. The name and role of the previous Health Services Utilization commission was revised in response to the recommendations of the report from the Premier's Advisory Council on Health.

Action: Worked to develop and implement a provincial organ donation and transplant strategy.

- Achievements:**
- Established the Organ and Tissue Interim Implementation Committee, on the recommendations of the Alberta Advisory Committee on Organ and Tissue Donation and Transplantation; initiated a national and local environmental scan of current activity in the field of organ and tissue donation and transplantation. Co-ordinating and enhancing organ and tissue donation rates and standardizing priorities for organ allocation are directed to making more organs and tissues available to those in need.

Action: Supported acquisition of high-technology medical equipment for essential services, including medical, surgical, dialysis and imaging equipment.

Achievements:

- Screened and approved \$48.9 million for patient diagnostic and treatment technology and medical equipment for health authorities and agencies.

Key Performance Measures and Results

Measure 1.A Wait lists and/or wait times for MRI, joint replacement, heart surgery, cancer therapy, and long-term care.

- hip or knee replacement average wait times
Target (2002) = 4 months average
- heart surgery/angioplasty average wait times
Target (2002) = 1 to 6 weeks, depending on urgency
- cancer radiation therapy average wait times
Target (2002) = 4 weeks
- MRI wait list
Target (2002) = decreased wait list
- Long-term care facility admission wait list
Target (2003) = decreased wait list

Rationale: Waiting for health services is one measure of whether the health system is providing reasonable access to needed health services. Very urgent need receives immediate response, while less urgent cases are placed on waiting lists according to the level of need. In recent years, Alberta Health and Wellness has developed a process for quarterly reporting of the number of persons waiting and/or the length of time spent waiting for these specified services.

Results

a) Hip and knee replacement surgery	2000/2001				2001/2002				Target 2002
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Total number waiting at quarter's end	1984	2215	2315	2497	2428	2624	2754	2710	—
Average wait time in months	4.7*	4.6*	4.0	4.3	4.3	4.9	4.6	5.0	4 months

Source: Alberta Health and Wellness: Regional Health Authorities Quarterly Reporting system.

Note: Provincial average waiting time estimates are based upon mean waiting times reported by six of seven service RHAs (Chinook excluded)

* these two quarters also exclude Capital Health Authority

Discussion: The number of persons waiting for hip or knee replacement surgery has increased slowly during this two-year period, while the average waiting time estimate has ranged from 4.0 to 5.0 months, slightly above the 2002 target.

b) Adult open heart surgery		2000/2001				2001/2002				Target 2002
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Total number waiting at quarter's end		375	402	419	385	424	538	589	577	—
Median wait times in weeks										
Urgent in-patient	Calgary	0.9	1.0	1.1	1.0	1.0	1.1	1.0	1.0	1 week
	Capital	1.1	1.0	1.4	1.4	1.4	1.9	1.4	1.7	—
Urgent outpatient	Calgary	14.0	14.7	14.4	18.0	13.3	16.4	16.9	17.4	2 weeks
	Capital	12.5	17.5	18.0	15.6	14.1	16.4	15.9	21.9	—
Planned outpatient	Calgary	10.6	11.7	13.9	15.0	12.0	15.3	12.9	14.9	6 weeks
	Capital	18.2	19.5	21.1	18.9	15.6	16.7	21.4	20.4	—

Source: Alberta Health and Wellness: Regional Health Authorities Quarterly Reporting system.

Note: Angioplasty waiting time results are not reported, since they are only available from Capital Health Authority.

Discussion: The number of persons waiting for heart surgery has increased steadily over the past year. Average waiting times for heart surgery have been at, or close, to target for urgent in-patients, but above target for the two outpatient groups.

c) Cancer radiation therapy: Average wait time		2000/2001				2001/2002				Target 2002
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Breast cancer	Cross	13.0	6.5	6.5	7.5	6.5	7.0	8.5	9.5	4 weeks
	Tom Baker	9.5	9.5	4.0	1.5	2.0	6.0	5.0	6.0	—
Prostate cancer	Cross	23.0	17.0	15.5	12.5	9.5	15.0	16.0	11.5	4 weeks
	Tom Baker	10.0	8.0	10.0	6.0	7.0	11.0	6.0	5.0	—

Source: Alberta Health and Wellness: Regional Health Authorities Quarterly Reporting system. Data are provided by Alberta Cancer Board.

Discussion: Over the past two years, average waiting times for radiation therapy for breast or prostate cancer have remained above the four week target time.

d) MRI diagnostic tests: Number of persons waiting and scan performed		2000/2001				2001/2002				Target 2002
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
MRI waiting list		9591	8003	7053	7319	8432	8539	8577	8993	Decreasing
MRI scans performed		10380	11932	12276	13751	15437	15557	18892	20233	—

Source: Alberta Health and Wellness: Regional Health Authorities Quarterly Reporting system.

Discussion: The number of persons waiting for an MRI scan decreased during 2000/2001, but has increased steadily during 2001/2002, despite a substantial increase in the volume of MRIs performed in Alberta.

e) Long-term care facility admission: Number of Persons Waiting	2000/2001				2001/2002				Target
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2003
In acute care hospital	259	388	373	385	406	465	394	351	Decreasing
Urgent in community	309	392	421	377	439	434	417	377	Decreasing

Source: Alberta Health and Wellness: Regional Health Authorities Quarterly Reporting system.

Note: Revised 2000/2001 results from prior annual report.

Discussion: The number of persons waiting for long-term care placements was higher than in the previous year for the first half of 2001/2002, but has decreased in the final two quarters to levels slightly lower than in 2000/2001.

The Ministry continues to monitor progress and publish regular reports on these wait lists (reports can be found on the Alberta Health and Wellness web-site: www.health.gov.ab.ca).

Several new developments are underway which will have an impact on information about waiting for health services. In response to recommendations from the Premier's Advisory Council on Health (January, 2002), we are developing new information systems to support detailed web site reporting of waiting lists and waiting times, and to support the proposed "90-day wait guarantee" policy for selected procedures.

Source: Alberta Health and Wellness: Regional Health Authorities Quarterly Reporting system. Health Authorities send quarterly reports to the Ministry. Ministry staff compile provincial statistics from these reports.

Measure 1.B Ratings of ease of access to health services

The percentage of Albertans who report that access to health services is "easy" or "very easy."

Target (2002) = 75 per cent

Rationale: Access to publicly funded health services is a fundamental principle for the health care system. Health services are made available to all Albertans through the public health system, and the Ministry's goal is to achieve reasonable access for all.

Results

	1998	1999	2000	2001	2002	Target 2002
Ease of access to health services (percentage responding <i>easy</i> or <i>very easy</i>)	73	73	64	64	62	75

Source: Alberta Health Survey, 1998 – 2002.

Discussion: Ratings of ease of access to health services remain below target levels. When asked what makes access difficult, most people mention long waits for appointments with physicians. Although the ratio of physicians per population has been increasing over the past several years, this increase has not yet had a sufficient impact on ratings of access.

Related questions in the Alberta health survey yield more specific results. When asked about specific services, Albertans report easy or very easy access to family physicians (86 per cent), specialist physicians (77 per cent), and services in hospitals (73 per cent). These results are near or higher than the Ministry target.

Source: Alberta Health and Wellness Survey (annual). Data are collected through a telephone survey of 4,000 randomly-selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta; the response rate for the survey has ranged from 77 to 84 per cent in recent years. Results for the entire sample are accurate within two per cent 19 times out of 20. Adult Albertans are asked: "How easy or difficult it is for you to get the health care services you need when you need them? Would you say it is: very easy, easy, a bit difficult, or very difficult?" The measure is the percentage of people who respond "easy" or "very easy."

Measure 1.C Ratings of quality of service received: (a) overall, and (b) in hospital.

The percentage of people who reported that the overall quality of care they received was "excellent" or "good." Target (2003) = 90 per cent

The percentage of people who reported that the quality of care they received in hospital was "excellent" or "good." Target (2003) = 85 per cent

Rationale: Our goal is to ensure provision of high quality health services. These key measures reflect views of Albertans about the quality of services they received, based on their experiences with the health system.

Results

Measure	1998	1999	2000	2001	2002	Target 2003
Quality of Care Personally Received (percentage responding <i>good</i> or <i>excellent</i>)	86	78	86	86	86	90
Quality of Care Received in Hospital (percentage responding <i>good</i> or <i>excellent</i>)	81	74	83	80	81	85

Source: Alberta Health Survey; 1998 – 2002.

Discussion: Albertans continue to receive high quality health services; the results for 2002 are not significantly different from those reported since 2000. Many of the Ministry's actions and achievements directly affect the quality and effectiveness of health services. Funding ensures the appropriate levels of health professionals, staff, equipment, medications and supplies. Through legislation such as the *Health Professions Act* and the *Hospitals Act*, we ensure that health professionals are highly skilled and professional in their interactions with patients, and that health facilities are managed appropriately.

Source: Alberta Health and Wellness Survey (annual). Data are collected through a telephone survey of 4,000 randomly-selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta; the response rate for the survey has ranged from 77 to 84 per cent in recent years.

Adult Albertans who report that they have obtained health services during the past 12 months (approximate sample of 3,000 each year) are asked: "Overall, how would you rate the quality of care you personally have received in the past 12 months? Would you say it was: excellent, good, fair or poor?" The measure is the percentage of people responding "excellent" or "good." Results for this measure are accurate within 2 per cent 19 times out of 20.

Respondents who report having received health services at a hospital within the past 12 months are asked: "How would you rate the quality of care you most recently received at the hospital? Would you say it was: excellent, good, fair or poor?" The measure is the percentage of people responding "excellent" or "good." Results for this measure are accurate within 3 per cent 19 times out of 20.

Measure 1.D Patient satisfaction with the way service was provided.

The percentage of persons who received a health service and who are satisfied with the way the service was provided. (Percentage responding "somewhat satisfied" or "very satisfied.")

Target (2003) = Increasing trend

Note: a target of 90 per cent was set for this measure in the 2002/2003 to 2004/2005 Three-Year Ministry Business Plan.

Rationale: It is important to Albertans that health services are provided in a way that respects the dignity of each person. For example, it is important that health providers are friendly, are good listeners, answer questions and perform their duties in an efficient and professional manner.

Results

Measure	2001	2002	Target 2003
Percentage satisfied with the way services were provided	88	86	90

Source: Alberta Health Survey, 2001, 2002.

Discussion: Generally, Albertans are very satisfied with the way health services are provided; 64 per cent of the respondents were rating their satisfaction with services provided by a physician. Satisfied patients most often mentioned "efficient and timely service." Only about eight per cent were dissatisfied: these patients most often mentioned their reasons for dissatisfaction as "waiting too long for service" or reported that the service was "rushed."

Source: Alberta Health and Wellness Survey (annual). Data are collected through a telephone survey of 4,000 randomly-selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta; the response rate for the survey has ranged from 77 to 84 per cent in recent years. Results for the entire sample are accurate within two per cent, 19 times out of 20.

Adult Albertans who report that they have obtained health services during the past 12 months (approximate sample of 3,000 each year) are asked: "How satisfied were you with the way the service was provided to you? Were you: very satisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied?" The measure is the per cent responding "very satisfied" or "somewhat satisfied."

Goal 2: To improve the health and wellness of Albertans through provincial strategies for protection, promotion and prevention.

The health and wellness of individuals is determined by a number of factors: including genetic endowment, early childhood development, education, environment, and employment status, as well as personal decisions about lifestyle behaviours. The services and supports available through the health system are relatively minor factors in the well-being of individuals, though they are essential when needed. Access to accurate and timely information helps Albertans make wise choices that prevent disease or injury and safeguard their own health, wellness and quality of life.

Action and Achievements

Action: **Enabled regional health authorities to enhance health promotion and disease and injury prevention initiatives related to children and their families.**

- Achievements:*
- Directed \$6.35 million to regional health authorities to help plan and implement Action for Health strategies to promote health and prevent disease and injury. Funding included \$1.85 million targeted to improve a range of existing programs and services for children and implement several new programs for children.
 - Increased the capacity to diagnose and manage children and youth with Fetal Alcohol Syndrome (FAS) in the Capital Health Authority and the Calgary Health Region by providing grant funding for FAS diagnostic clinics. The Ministry also initiated an assessment to determine the capacity within the province to diagnose FAS.

Action: **Enhanced immunization strategies and implemented a longer-term immunization plan as part of a national strategy.**

- Achievements:*
- Concluded a province-wide meningococcal immunization campaign in several phases up to March 31, 2002 for individuals two months to 24 years of age. Improved immunization rates for measles, mumps and rubella vaccines by two per cent over the past five years.
 - Diphtheria, tetanus, polio and haemophilus influenza b (Hib) coverage is 79 per cent and has remained the same over the last two years. Coverage rates remain below national and provincial targets, especially in remote areas of the province and among specific groups.

Action: **Implemented, monitored and supported provincial population-based screening programs.**

- Achievements:*
- Developed a population-based public health model for screening. Development of an information system and implementation plans for both cervical and breast cancer screening are in progress. The Ministry also supported Alberta Cancer Board programs by providing data such as

mortality information for the Alberta Cancer Registry and helping with analysis of breast cancer screening data. The development of a cervical cancer screening program is in progress.

- The Newborn Metabolic Screening Program was enhanced with a computer application to ensure all of the 40,000 infants born in Alberta received metabolic testing and if required, received follow-up.

Action: Reduced the health risks associated with tobacco use by developing and implementing a comprehensive Alberta Tobacco Reduction Strategy.

- Achievements:***
- Announced commitment of \$11.7 million starting in 2002/2003 to encourage Albertans to reduce their use of tobacco products. Included was \$8.7 million budgeted by AADAC on education and cessation activities to complement increased tobacco taxes, and \$3 million allocated to the Ministries of Revenue and Gaming for tobacco tax enforcement.

Action: Worked to develop a provincial diabetes prevention strategy.

- Achievements:***
- Established the Alberta Diabetes Prevention Strategy Working Group to develop a provincial diabetes prevention strategy. Consulted key stakeholders to develop a draft provincial strategy for diabetes prevention. The draft strategy is under review.

Action: Conducted health surveillance and assessed and reported on health trends in selected high priority areas.

- Achievements:***
- The first significant rate decline for invasive meningococcal disease was recorded since the outbreak was first reported at the end of December 1999.
 - The incidence rate for E. coli was down in 2001 compared to the year before.
 - The rate for measles was down, reaching one of its lowest levels in the past five years, primarily among susceptible young adults who are not immunized.
 - The rates of AIDS infections decreased, while gonorrhoea showed a sharp rise due to cluster outbreaks in the Capital region.
 - The rate of tuberculosis disease continued its downward trend of the last five years, which is largely attributable to ongoing active surveillance and case management. Similarly, the rate of pertussis continues to show a decline over the same period.

Communicable Disease	1996	1997	1998	1999	2000	2001**
AIDS*	2.8	1.9	0.8	1.4	1.6	1.1
E.coli 0157	5.8	6.8	9.0	6.6	10.9	9.5
Gonorrhoea	17.2	14.6	18.5	18.3	19.8	27.0
Invasive meningococcal	0.2	0.1	0.2	0.1	2.6	2.0
Measles	0.3	8.8	0.04	0.6	4.1	0.2
Pertussis	41.2	27.6	26.3	28.2	15.6	11.0
Tuberculosis	5.1	5.9	5.5	5.1	4.5	3.9

*AIDS rates are based on year of report. All other counts are for calendar year.

Source: Alberta Health and Wellness; Notifiable Diseases, HIV / AIDS and TB databases. Rates are based on mid-year population from the Alberta Health Registry files.

**Preliminary data

Action: Addressed water quality questions in collaboration with a broad range of stakeholders — including regional health authorities, Health Canada, Alberta Environment, Alberta Infrastructure and the Provincial Laboratories of Public Health.

Achievements:

- Established a committee and a process for the development of a province-wide emergency response protocol for water quality incidents and a field manual for inspecting and investigating private and communal drinking water systems. The protocol and field manual will be designed to enhance effective response to emergencies and contribute to more efficient use of laboratory support and resources. This will include facilitating special information sessions related to drinking water issues.

Action: Collaborated with partners to implement injury and suicide prevention initiatives.

Achievements:

- Collaborated with the Alberta Centre for Injury Control and Research to provide core support services in programming, research, surveillance, evaluation, information sharing and education.
- Collaborated with Alberta Occupant Restraint Program (AORP) strategies to influence knowledge of, and attitudes and behaviours towards occupant restraints, in order to increase restraint use by people of all ages.
- Recorded gains in the rate of seat belt use in rural Alberta.

Action: Supported Alberta community agencies' HIV/AIDS programming through a community, provincial and federal initiative called the Alberta Community HIV Fund (ACHF).

Achievements:

- Distributed \$2.145 million to 17 community HIV/AIDS service organizations and 12 community projects.

Action: Provided leadership in human health impact assessments.

Achievements:

- Conducted Community Exposure and Health Effects Assessment programs in Fort McMurray, Fort Saskatchewan and Grande Prairie. Reviewed six Environmental Health Impact Assessments from a public health perspective.

Other activities:

- Led development and implementation of a process to review fish consumption advisories in Alberta, within the context of a pilot project with Weyerhaeuser Canada Ltd.
- Supported analysis of First Nations and Metis health data to provide strategic information on populations with increased health needs.
- Supported development of a province-wide injury surveillance system linked to the National Health Surveillance System, led by the Alberta Centre for Injury Control and Research.

Action: Continued to develop and enhance a provincial plan to respond to a pandemic (global) influenza outbreak.

Achievements:

- Worked with stakeholders to develop a provincial Pandemic Influenza Contingency Plan to ensure that Alberta's health care system is prepared to provide adequate prevention and treatment for Albertans in the event of an influenza pandemic which is likely to occur within the next five to 10 years.
- The provincial plan will become part of the Canadian Contingency Plan. Key elements of the provincial plan will ensure a timely supply and distribution of vaccine and medication, adequate treatment facilities and health personnel, and keeping Albertans informed during the crisis.

Action: Enhanced community-based services for adults and children with mental health needs.

Achievements:

- Partnered with the Alberta Mental Health Board (AMHB), regional health authorities, other government ministries and community stakeholders to develop integrated draft policy frameworks and action plans for children's mental health and forensic diversion programs. Provided supported for significant mental health promotion and children's mental health promotion campaigns to reduce stigma and encourage individuals to seek help.

Key Performance Measures and Results

Measure 2.A Self-reported health status

Percentage of Albertans ages 18 – 64 who report that their health is either excellent or very good.

Target (2003) = 70 per cent

Percentage of Albertans ages 65+ who report that their health is excellent, very good, or good.

Target (2003) = 80 per cent

Rationale: Self-reported health status is a good indicator of the health and well-being of Albertans, and is accepted nationally and internationally as a means of reporting on population health. How people rate their own health is affected by a variety of factors, including chronic disease, disability, temporary illness and mental health.

Results

	1998	1999	2000	2001	2002	Target 2003
Age 18 – 64 (percentage reporting excellent or very good health)	67	67	66	63	63	70
Age 65+ (percentage reporting excellent, very good, or good health)	71	78	79	72	78	80

Source: Alberta Health Survey, 1998- 2002.

Discussion: Self-reported health status among the 18-64 years age group was unchanged in 2002, compared with 2001, while the self-reported health of persons aged 65 years and older increased to levels reported in 1999 and 2000.

Source: Alberta Health and Wellness Survey (annual). Data are collected through a telephone survey of 4,000 randomly selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta; the response rate for the survey has ranged from 77 to 84 per cent in recent years. Results for the entire sample are accurate within two per cent 19 times out of 20.

Adult Albertans are asked: “In general, compared with other people your age, would you say your health is: excellent, very good, good, fair, or poor.” Sample size for the 18 – 64 age group is about 3,450, and estimates for this sample are accurate within about two per cent 19 times out of 20. Sample size for the age 65+ group is about 550, and these estimates are accurate within about four per cent 19 times out of 20.

Measure 2.B Mortality rates for injury and suicide

Age standardized mortality rates for death due to injury and suicide.
Targets (2002) = 45 (injury); 13 (suicide)

Rationale: Injury, including suicide, is a major cause of death in Alberta. Our injury and suicide mortality rates are among the highest in Canada.

Results

Mortality Rates: Injury and Suicide per 100,000 Population		1996	1997	1998	1999	2000	Target 2002
Injury & suicide	Males	75	70	75	67	67	—
	Females	32	31	29	29	30	—
	All Albertans	54	50	52	48	48	45
Suicide	Males	26	22	23	24	20	—
	Females	8	7	6	6	7	—
	All Albertans	17	14	14	15	14	13

Source: Alberta Health and Wellness; calculated from Vital Statistics (April 2002) and the Alberta Health Registration File (mid-year population estimates). Mortality rates are standardized to the 1996 Canada population.

Discussion: Injury mortality rates are unchanged from 1999. Suicide rates were only slightly lower in 2000 for males, and have not changed overall since 1997. The Ministry has an impact on injury and suicide mortality through funding to various organizations, including the Alberta Mental Health Board and the Alberta Centre for Injury Control and Research.

Source: The measure is derived from information on causes of death from Alberta Vital Statistics, and population information from Alberta Health and Wellness Registration File. The rates do not include Albertans who died in other provinces. Rates are age standardized to the 1996 Canadian Census population.

Measure 2.C Breast cancer screening rates

The percent of women ages 50-69 who receive mammography screening every two years.

Target (2003) = 75 per cent

Rationale: Appropriate screening can have a significant impact on early detection and prevention of death due to breast cancer.

Results

Reported Use of Medical Screening Tests for Breast Cancer	1994/ 1995	1996/ 1997	1998/ 1999	2000/ 2001	Target 2003
Mammography, last 2 years (percentage of women age 50 – 69)	71	64	69	71	75

Source: National Population Health Survey (NPHS) (1994/1995, 1996/1997, 1998/1999); Canadian Community Health Survey (2000/2001)
Note: Screening results are based on self-reported.

Discussion: Breast cancer screening rates have not changed significantly during the past several years, and remain below the 75 per cent target. Recent improvements in programs to deliver services to rural and remote parts of Alberta, and improvements in data systems, are expected to improve these results by 2002/2003.

Source: National Population Health Survey (NPHS) (1994/1995, 1996/1997, 1998/1999) and the Canadian Community Health Survey (CCHS) (2000/2001); Statistics Canada.

The NPHS, conducted every two years by Statistics Canada. Approximately 1,200 Albertans are interviewed, either by telephone or in person. The measure is the per cent of women aged 50-69 years who report having a mammogram for breast cancer screening in the past two years. Estimates for this measure are based on a smaller sub-sample of the NPHS, and may be accurate within 8 per cent. The CCHS includes a much larger sample of Albertans (about 14,000), and the estimate for this measure from the CCHS is accurate to within 4 per cent.

Note: The NPHS is a longitudinal survey, interviewing the same persons every two years; trends should be interpreted with caution.

Measure 2.D Childhood immunization rates

The percentage of two-year-old children who have received the recommended immunizations.

Target (2002) = 98 per cent
(diphtheria, pertussis, tetanus, haemophilus influenza b, polio)

Target (2002) = 98 per cent
(measles, mumps, rubella)

Rationale: Immunization contributes to the health of our children, since immunization against childhood diseases has a significant impact on their incidence. A high rate of immunization for a population can help ensure that the incidence of a disease remains low, and that outbreaks are controlled.

Results

Percentage immunized at age 2	1996	1997	1998	1999	2000	Target 2002
Diphtheria, tetanus, pertussis, polio, Hib (4 doses)	80	80	77	79	79	98
Measles, mumps, rubella (1 dose)	88	90	86	89	90	98

Source: Alberta Health and Wellness

Discussion: Immunization coverage rates for Alberta remain steady, but below target. Additional efforts are required in remote areas of the province, and with specific groups of residents, to ensure children receive appropriate immunization for adequate health protection.

Source: The measure is the number of children aged two years who have received the required immunization, divided by the total population two years of age. Population at age two is estimated from Alberta Health and Wellness mid-year registration files. Database on reported immunizations is provided by Health Canada, which has responsibility for Aboriginal children on reserves, and by regional health authorities. A few cases have not been reported, however this does not significantly affect these results.

Measure 2.E Non-smoking rate

The percentage of Albertans age 12 and older who do not smoke.

Target (2002) = 75 per cent

Rationale: The use of tobacco is considered one of the leading preventable causes of illness and premature deaths due to cardiovascular and respiratory diseases.

Results

Non-Smoking rate	1994/1995	1996/1997	1998/1999	2000/2001	Target 2002
Percentage aged 12 and older, who do not smoke	72	72	72	72	75

Source: National Population Health Survey (NPHS) (1994/1995, 1996/1997, 1998/1999); Canadian Community Health Survey (2001)
Note: Screening results are based on self-reported.

Discussion: The per cent of Albertans who smoke has not changed in the past six years. Alberta Health and Wellness provided \$1 million in funding to the Alberta Tobacco Reduction Alliance to implement tobacco reduction initiatives in the province. A comprehensive tobacco reduction strategy was developed. Strategies to discourage smoking, such as a substantial increase in tobacco taxes, are expected to have an impact, especially in younger age groups.

Source: Statistics Canada: National Population Health Survey (NPHS) (1994/1995, 1996/1997, 1998/1999); Canadian Community Health Survey (CCHS) 2000/2001. Approximately 1,200 Albertans are interviewed for the NPHS, either by telephone or in person. Results for the entire sample are accurate within three per cent 19 times out of 20. [The NPHS is a longitudinal survey, interviewing the same persons every two years; trends should be interpreted with caution.] The CCHS includes a much larger sample in Alberta (about 14,000) and results are accurate to within 1 per cent 19 times out of 20.

Goal 3: To support and promote a system for health.

The health system is complex and numerous stakeholders are involved in organizing and delivering its services to citizens. Ensuring all efforts are effectively co-ordinated in the service of Albertans is a continuous challenge. Effective communication, accountability and information systems are required, as is the leadership to address emerging system-wide challenges.

Action and Achievements

Action: Established more clearly the accountability for health authority service provision, governance and management.

Achievements:

- Helped to implement the government's decision to elect two-thirds of regional health authority members in conjunction with 2001 municipal elections; appointed the remaining one-third of members through a public nomination process. Three Alberta ministries — Health and Wellness, Municipal Affairs and Justice and Attorney General — met the commitment to elections while maintaining the government's accountability framework, public confidence and perceptions of fairness and equity in the process. For their work, the ministries received a silver Premier's Award of Excellence in 2002, in recognition of outstanding work by a public service team.

Action: Implemented delivery of key initiatives announced in Health Care Action Plan.

Achievements:

- Established several committees to implement the Government of Alberta Health Care Action Plan announced in January 2002 following the acceptance of recommendations made by the Premier's Advisory Council on Health.

Included were:

- MLA Task Force on Health Care Funding and Revenue Generation to develop recommendations for government on long-term funding models for health care and revenue generating options for both government and regional health authorities.
- Committee on Collaboration and Innovation to work with regional health authorities to plan to improve collaboration, develop multi-year performance contracts, increase the scope of contracting for health service delivery and develop centres of specialization.
- Health Professions Act Implementation Task Force to provide a detailed plan to the Minister regarding implementation of the Act.

Action: Initiated the Health Care Insurance Plan Premium Rate Increase and Subsidy Change Project.

Achievements:

- Initiated the Project following the 2002/2003 provincial budget announcement. Funding of the health care system through health care premiums will increase in 2002/2003 from 11 to 13 per cent. Improvements to the premium assistance programs will ensure premium increases have little or no impact to lower-income Albertans.

Action: Encouraged regional health authorities and health providers to adopt best practices in governance and management.

Achievements:

- Updated and republished two reports — *Achieving Accountability in Alberta's Health System* and *Governance Expectations of Alberta's Health Authority Board* — for orientation sessions following the election and appointment of regional health authority board members. Sessions educated board members about Alberta's health system and how health authority business should be conducted.

Action: Assumed leadership role with Federal/Provincial/Territorial (F/P/T) initiatives and in collaboration on inter- and intra-provincial ventures.

Achievements:

- Effective September 2001 Chaired the Provincial/Territorial Ministers and Deputy Ministers of Health Conferences and Co-chaired the Federal/Provincial/Territorial Ministers and Deputy Ministers of Health Conferences.
- Led the Performance Indicators Reporting Committee of F/P/T Deputy Ministers of Health and developed agreement on a set of comparable health indicators to be reported by each jurisdiction in September 2002. Alberta also participated on a committee of F/P/T representatives that reported on supply, demand and delivery of Magnetic Resonance Imaging and Computed Tomography services in Canada. Through the Western Health Information Collaborative we participated in and implemented shared initiatives such as a comprehensive provincial registry of service providers, components for population health projects supported through web sites, and design of standardized and simplified access to claims, stakeholder and facility data.
- Co-chaired the federal/provincial/territorial Special Task Force on Emergency Preparedness and Response established after September 11, 2001 to review readiness to respond to health issues that may arise due to chemical, biological, radio-nuclear terrorism as well as disasters resulting from natural causes.

Action: Continued to work with the federal government and the provinces and territories to develop a common understanding of the *Canada Health Act* and its policy implications for provincial initiatives.

Achievements:

- Co-chaired federal-provincial working group discussions on mechanisms to avoid and resolve disputes concerning the *Canada Health Act*. Reached agreement — Quebec excepted — on a dispute-settling process that includes jointly appointed panels with the ability to provide non-binding advice and recommendations to the disputing parties on matters such as conflicts over the interpretation of the *Canada Health Act*.

Action: Improved regional health authority knowledge and awareness of security policies, procedures and industry best practices.

Achievements:

- Developed provincial security policy and compliance requirements to ensure appropriate protection of information and enable secure information exchange.

Action: Informed Albertans about the performance of their health system.

Achievements:

- Provided quarterly wait list information on the Alberta Health and Wellness Web site under *Publications*. This is a general, provincial report. It is not the facility-specific wait time information that will be posted on the Web site in 2003 to aid in patient choice for selected procedures. The Web site also has an expanded version of the report *Alberta's Health System: Some Performance Indicators December 2000*. Also distributed the results of the annual *Survey about Health and the Health System in Alberta*.

Action: Continued involvement with Federal/Provincial/Territorial and inter-provincial initiatives concerning organ and tissue donation and transplantation.

Achievements:

- Chaired working group discussions that led to the development of the Canadian Council for Donation and Transplantation (CCDT). The governments of all provinces and territories agreed that CCDT would be an unincorporated association. The Alberta Deputy Minister is the liaison Deputy for the Council.

Key Performance Measures and Results

Measure 3.A Public self-rated knowledge of health services available

The percentage of Albertans who rate their knowledge of health services available to them as “excellent” or “good.”

Target (2003) = 70 per cent

Rationale: Albertans who are knowledgeable about the health services that are available are better able to access these services, and are better able to seek appropriate services. Alberta Health and Wellness, health authorities, and health professionals have responsibilities to contribute to Albertans’ knowledge about health services. A more knowledgeable public can help improve the effectiveness and efficiency of the health system by making good decisions about how to use our health resources.

Results

Self-Reported Knowledge of Health Services	1998	1999	2000	2001	2002	Target 2003
Knowledge of which health services are available (percentage responding <i>excellent</i> or <i>good</i>)	70	63	63	66	62	70

Source: Alberta Health Survey, 1998 – 2002.

Discussion: Self-reported knowledge of available health services remains below target, and declined slightly from the 2001 estimate. The health system has changed significantly in recent years, and changes continue to be

discussed, which has likely contributed to the feeling that the system is unfamiliar. More effort is needed to inform health providers and the public about which services are available.

Source: Alberta Health and Wellness Survey (annual). Data are collected through a telephone survey of 4,000 randomly selected Alberta households. The survey is commissioned by Alberta Health and Wellness and is conducted by the Population Research Laboratory at the University of Alberta; the response rate for the survey has ranged from 77 to 84 per cent in recent years. Results for the entire sample are accurate within two per cent 19 times out of 20.

Albertans are asked: "In general, how would you rate your knowledge of the health services that are available to you? Would you say: excellent, good, fair or poor?" The measure is the percentage of respondents who answered "excellent" or "good."

Measure 3.B Stakeholder ratings of access to information

The percentage of Ministry stakeholders who report easy access to health system information.

Target (2003) = Improvement

Rationale: The collection and provision of health system information, and the protection of privacy, are important functions of the Ministry.

Results: Measure currently under development.

Source: An annual survey of users of Ministry information is under development.

Goal 4: To optimize the effectiveness of the Ministry.

To be as effective and efficient as possible in the service of its mission, the Ministry must keep pace with new knowledge and use its human, financial and technological resources in an optimal fashion. Internally, the Ministry must foster the culture of a learning organization. Externally, the Ministry commits to collaboration with key stakeholders and particularly other government departments in support of cross-ministry initiatives.

Action and Achievements

Action: Participated in inter-departmental initiative to strengthen early childhood development in the province.

- Achievements:**
- Provided funding to regional health authorities to enhance public health services for pregnant women, infants, children up to age 6 and their families. Provided funding to the AADAC for enhanced treatment services in Calgary, Edmonton and Grande Prairie to high risk women who are pregnant or may become pregnant. Provided funding to the Alberta Mental Health Board to provide enhanced support services to pregnant women or parents with mental health concerns who are raising young children. As well, we developed the Alberta Perinatal Health Program for launch in communities in the Palliser Health Authority, Northwestern Regional Health Authority and through the Peigan Nation.

Action: Participated in collaborative initiatives with other Alberta ministries.

Achievements:

- Championed the introduction of the Health Sustainability Initiative (HSI) as a new cross-ministry initiative. HSI incorporates some aspects of the former Seniors Policy Initiative with new cross-ministry approaches to address sustainability of the health care system. Objectives are a collaborative response to the recommendations in the *Premier's Advisory Council on Health* report that would benefit from a cross-ministry approach, and to develop joint strategic capital priorities that support health sustainability within available resources. A cross-ministry Deputy Minister committee was established to support and oversee the initiative.

Action: Finalized partnerships with private and voluntary sector organizations to develop new long-term care facilities.

Achievements:

- Outcomes included finalizing 19 partnership projects involving development of 1,518 new long-term care beds. In collaboration with Alberta Infrastructure projects required a provincial contribution of approximately \$113 million, a saving of \$111 million — or 50 per cent — compared to the original estimate of \$224 million. Four projects were completed and 361 new long-care beds were opened in 2001/2002.
- An additional \$84.5 million is budgeted for further partnership projects that had not yet been finalized by March 31, 2002.
- In total capital funding has been approved to develop 2,729 new long-term care beds over the next two to three years.

Action: Worked with health authorities and Alberta Infrastructure to develop long-term capital plans.

Achievements:

- Completed review of eight health authority long-term regional capital plans for compliance with information requirements.
- Updated medium and long-term projections and outlooks for capital resource requirements of the health system with the objective of having a complete provincial capital plan available by March 31, 2003.

Action: Developed and implemented a co-ordinated approach to the management of information.

Achievements:

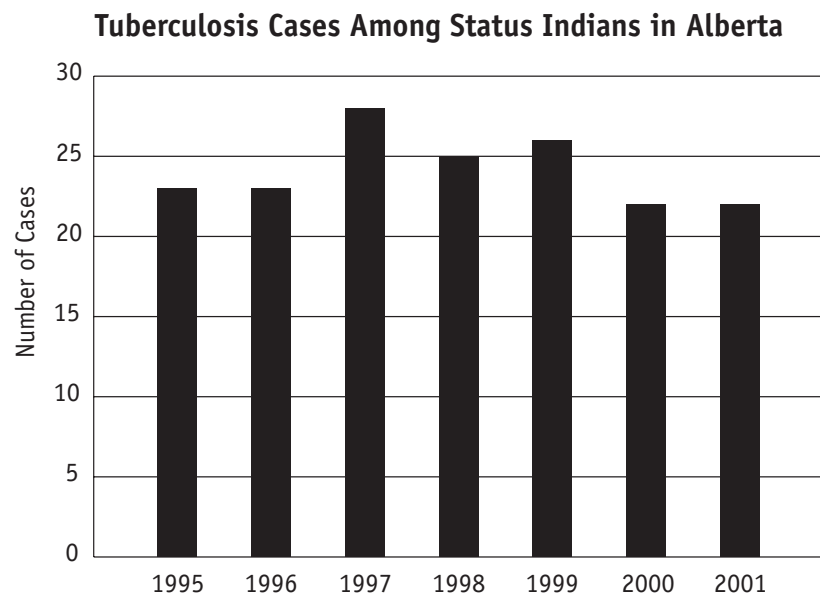
- Earned one of Canada's most prestigious technology awards for Alberta Wellnet initiative to improve patient care and the efficiency of the province's health care system. Award of Excellence from the Canadian Information Productivity Awards recognized work to develop a secure electronic health record for Albertans, in which the sharing of medication information (Pharmaceutical Information Network) is the first key component. The award is bestowed for use of information technology to transform business operations.

Action: Supported implementation of the Aboriginal Policy Initiative with a strategy to measure progress and assess performance in bridging the health status gap.

- Achievements:**
- Continued implementing the Aboriginal Health Strategy to address disparity among Aboriginal Albertans. Support was provided in co-operation with other Alberta ministries, the federal government, Aboriginal communities and organizations and provincially-funded health providers such as regional health authorities.

Other activities in support of the Aboriginal Policy Initiative:

- Provided \$716,000 to 17 new Aboriginal community-based projects designed to enhance Aboriginal access to provincial health services, and to facilitate partnerships between health authorities and Aboriginal communities.
- Through the Aboriginal Health Career Bursary Fund \$225,000 was provided to 53 Aboriginal students furthering their studies in a health field.
- Provided grants to the Métis settlements in the Lakeland Regional Health Authority, the community of Fort Chipewyan and the co-operative and enterprise communities near Grande Cache to enhance primary health care services.
- Alberta Health and Wellness is committed to reducing the number of new tuberculosis cases among Aboriginal Albertans.



Source: Alberta Health and Wellness, Communicable Disease Control TB database.

Note: Alberta Health and Wellness has a contract with the Federal government for TB control amongst the First Nations.

Action: Contributed to the government's response to the Impact of Aging Study, and co-championed Alberta's Seniors Policy Initiative.

- Achievements:**
- Promoted healthy aging as priority goal for Albertans, to ensure people are healthy and independent as they age by examining home care and community care policies to remove barriers to supporting individuals to 'age in place'.
 - Prepared Healthy Aging and Seniors Wellness Strategy 2002-2012, as part of the cross-ministry Seniors Policy Initiative, to provide stakeholders with a common reference document to address opportunities and challenges of an aging population.
 - Continued working with the Ministry of Alberta Seniors on the Healthy Aging Partnership Initiative (HAPI) which was transferred from Health and Wellness in March 2001.

Action: Advanced the Provincial Personal Health Identifier (PPHI) project for implementation in 2002/2003, to give stakeholders easy electronic access to provincial health identification information.

- Achievements:**
- The goal of the PPHI project is to enable stakeholders electronic access to provincial health identification information and to enable health authorities to register Albertans and update registration records. The project supports the objective of providing more accurate and current demographic and registration data for use throughout the health system. The future development of an electronic health care record will depend on accurate personal health identification information.
 - Developed an electronic Consent Registry to record patient consent for the sharing of health information electronically.

Action: Updated Albertans' registration eligibility data and billed premiums for eligible residents.

- Achievements:**
- Ensured all known eligible residents are registered. Provided system support functionality for correct billing of premiums; provided accurate and current demographic and registration data for use throughout the health system; processed 6.739 million transactions. Provided \$98.8 million in premium assistance, including coverage for nearly 142,000 seniors' accounts and 52,000 individuals or families covered by government-sponsored programs.

Action: Launched Information Management Framework to address data quality and standardization issues across information systems.

- Achievements:**
- Identified core functions and roles required by the Ministry to achieve effective management of information; co-ordinated data quality and standardization activities through six cross-functional teams composed of key business individuals and Information Management and Technology analysts.

Action: Developed and implemented improvements in business processes within the provincial health sector through effective use of technology.

- Achievements:**
- Improvements included the following:
 - A web interface for authorizers and vendors in support of Aids to Daily Living benefits;
 - A more effective governance structure that establishes information management and technology priorities;
 - A reporting system for provincial immunizations and adverse reactions to immunization;
 - Five public Web sites for information sharing;
 - A provincial strategy for a Health Workforce Information Network;
 - A common architectural frame of reference for information management and information technology within the provincial health sector.

Key Performance Measures and Results

Measure 4.A Quality of service provided by registry and client information service.

Client ratings of quality of service received. The measure is the percentage of persons who make inquiries to the Customer Services and Registration Branch who report they are satisfied with the services received.

Target (2003) = improvement

Rationale: Customer Services and Registration Branch is a primary link between the public and Alberta Health Care Insurance Plan, providing responses to inquiries about health service claims and coverage. The department is committed to the Service Excellence Framework, a cross-government initiative to find ways to provide excellent service to Albertans and all other clients of government.

Results

	2000	2001	Target 2003
Client satisfaction with service provided by Registry and Client Information Services, Alberta Health and Wellness. (percentage responding satisfied or very satisfied)	86	85	Improvement

Source: Customer Services and Registration Branch Client Satisfaction Survey; June, 2000, September 2001.

Note: The Ministry approved a target of 85 per cent for this measure in the 2002/2003 to 2004/2005 Three-Year Business Plan (December 2001).

Discussion: These results indicate that Albertans who receive registry and information services from Alberta Health and Wellness are mostly satisfied with the services provided.

Source: Customer Services and Registration Branch Client Satisfaction Survey (June 2000, Sept 2001) conducted by Criterion Research. The telephone survey of 1,000 clients produces results that are accurate within 3 per cent 19 times out of 20. The next client survey is scheduled for November 2002.

Measure 4.B Department staff who understand their contribution to the success of the Ministry.

Percentage of department staff who agree or agree strongly that they know or understand how their work contributes to the achievement of the Ministry business plan. The measure is the percentage who respond that their understanding is “excellent” or “good.”

Target (2002) = 90 per cent

Rationale: ‘Alignment’ is one of the five strategic areas addressed in the Corporate Human Resource Plan and which require organizational supports. The Ministry must ensure the goals and behaviours of individual employees are aligned with department and government goals. There is greater opportunity for success if employees understand how their work contributes to the achievement of business goals.

Results

	1999	2000	2001	Target 2002
Per cent of department staff who agree or agree strongly that they know or understand how their work contributes to the achievement of the Ministry business plan.	85	83	95	90

Source: Government of Alberta Core Measures Survey (1999, 2000, 2001), Personnel Administration Office.

Discussion: Nearly all department staff indicate that they have a good understanding of how their work contributes to the achievement of the Ministry business plan. This result is well above target, and a significant increase compared with results from past years.

Source: Government of Alberta Core Measures Survey (Annual). Data is collected through a telephone survey of 240 Alberta Health and Wellness Employees. The survey is commissioned by the Personnel Administration Office of the Government of Alberta and is conducted by Research Innovations Inc. The measure is the percentage of employees who report they “agree” or “strongly agree” when asked: “Thinking about what you do or know, to what extent would you agree or disagree that you know and understand how your work contributes to the achievement of your department business plan?” The response rate for 2002 is 89 per cent. Results for the entire sample are accurate within 5 per cent 19 out of 20 times.

Measure 4.C Satisfaction of other government ministries with the contribution of Alberta Health and Wellness to cross-government initiatives.

Percentage of staff surveyed from other ministries who reported they were either satisfied or very satisfied with the contributions made by Alberta Health and Wellness to various cross-government initiatives.

Target (2002) = improvement

Rationale: Alberta Health and Wellness must work with several other government departments in order to achieve its goals and the goals of government in general.

Results

	2001	Target 2002
Percentage of surveyed staff who were satisfied or very satisfied with department contribution.	86	Improvement

Source: Department Survey of Other Ministries (December 2001).

Discussion: Results from December 2001 show very good results for the department. We continue to place a high priority on our work with other government departments.

Source: Alberta Health and Wellness survey: "Satisfaction of Other Ministries with Alberta Health and Wellness' Contribution to Cross-Ministry Initiatives." A total of 37 persons responded to the survey, a response rate of 79 percent.

Integrated Results Analysis

The Alberta Health and Wellness annual report is a summary of the most significant activities of the Ministry and a high level report on the provincial health system's performance. The goals in the Alberta Health and Wellness Business Plan are the same as those found in every health authority in the province. The first three goals pertain to the delivery of services and the infrastructure required to support them, while the fourth goal pertains to the effectiveness of the Ministry itself. Performance indicators are assigned and defined accordingly. Individual results are discussed under each goal.

At the highest level, the two main businesses of Alberta Health and Wellness are called treatment (delivery of quality health services) and prevention (encourage and support healthy living). However at the service-delivery level, treatment and prevention are difficult to separate as most interactions between clients and providers serve both functions. The business plan estimated that 3.7 per cent of allocations would be dedicated to prevention. In actual practice, 2.8 per cent (\$179,016) of departmental expenditures in 2001/2002 could be directly credited to the business of *prevention*.

Expense by Core Business (thousands of dollars)

Core Business	2001/2002 Budget	2001/2002 Actual	2000/2001 Actual
1 Delivery of Quality Health Services	\$6,036,124	\$6,146,407	\$5,451,826
2 Encourage and Support Healthy Living	234,565	179,016	162,088
	\$6,270,689	\$6,325,423	\$5,613,914

At this time, a full analysis of actual cost across the entire system, by core business, is not available. While 2.5 per cent of total funding was specifically assigned for *protection, promotion and prevention* in the departmental budget, additional funding was made available to AADAC and health authorities through their global budgets for these functions. In practice, prevention-oriented activities consume considerably more resources than these percentages imply.

For the Ministry, actual costs did not exceed authorized budgets. Actual costs include additional funds required and received during the year to cope with unforeseen circumstances. From the initial allocation of \$6.27 billion, a supplementary adjustment was made and actual costs totalled \$6.325 billion.

With the exception of the removal of the Persons with Developmental Disabilities Board statements from the 2001/2002 Ministry's Consolidated Financial Statements, there were no significant changes to key components in financial statements.

Key performance measures and their targets are specified for each goal, and address the following objectives:

Goal 1: access, quality and satisfaction

Goal 2: health status, mortality, prevention (screening, immunization, smoking)

Goal 3: public knowledge; access to information

Goal 4: quality of AHW services, staff understanding, stakeholder satisfaction

The discussion of the key measures relative to their targets can be found after each goal. With the exception of the 'waitlist' indicators under goal 1, and the 'mortality' and 'immunization' (prevention) indicators under goal 2, the measures are based on survey results concerning the views of the public about their health, access and quality of services.

The 2002 results for the data-based measures are consistent with the 2001 results and are below the established targets, which may indicate that performance targets warrant review. In spite of additional funding to address surgical and long-term care waiting times and lists, demand and service volumes for some of those services have increased and may be causing the length of the lists to be maintained or increased.

The release of the *Premier's Advisory Council on Health Report* was a significant development in 2002, which may have impacted people's perceptions. The Report's full impact will not be seen until 2003 when implementation is well underway. Among the public survey measures, most were relatively constant with 2001 results, except for 'self-reported knowledge of health services' (goal 3), which decreased slightly from the 2001 figure. While some of this decline may be based on experiences, the result may also be reflecting survey respondents' anticipation and associated speculation regarding potential changes to the overall health care system.

Despite additional funding to address surgical waiting lists, the perception of 'ease of access' (goal 1) declined sharply in 2000 and since has remained relatively constant, significantly below the target. Albertans do report easier access when asked about specific services, such as hospital or physician services, suggesting these measures may be more sensitive to their experiences.

Looking to the future, the challenges associated with making the public health system sustainable are two-fold: first, improving the efficiency with which services are delivered, and second, but perhaps more importantly, influencing the demand for services through prevention and health promotion. The *Report of the Premier's Advisory Council on Health* recognizes and supports initiatives on both of these fronts. A successful implementation of reform over the next few years is expected to be reflected by:

- steady results for the quality and satisfaction (goal 1) and health status (goal 2) measures;
- an improvement in the prevention (goal 2) measures;
- steady results for the already high measures for Ministry effectiveness (goal 4);
- maintenance of perception of access to services (goal 1) and public knowledge (goal 3) followed by a gradual increase to target levels as the public perception lag is overcome.

Future Challenges

By the end of the 2001-2002 fiscal year, the Report of the Premier's Advisory Council on Health had been released and the Government of Alberta had accepted all of its' 44 recommendations. At the same time, health system reports had been completed in other provincial jurisdictions and two federally sponsored reviews were well underway and expected to report late in 2002.

Shifting population demographics, the pace and costs of emerging technologies, heightened public expectations and changing disease patterns continue to inflate the costs of diagnosing and treating Canadians. As recommended by the Premier's Council Report, a population-wide agenda for staying healthy is recognized by all jurisdictions as a critical prerequisite for a sustainable publicly-funded system. To optimize Albertans' health and well-being we need to maintain a balance and synergy between services aimed at diagnosing and treating illness, and initiatives focussed on promoting wellness and preventing injury and disease. An integrated primary health care strategy holds this potential.

The transition from a traditionally illness-oriented system to one with a wellness bias will be difficult, since we must maintain an adequate capacity for diagnosis and treatment while the infrastructure and mindset for prevention and promotion is reinforced. The fiscal sustainability of the

system will be government's principal concern, with a particular focus on the scope of publicly funded services, utilization analysis, collaboration and innovation among key stakeholders, and funding and revenue generation.

All parties share in the responsibility of 'producing' or 'creating' health. This direction and challenge will be identified, and must be pursued, in and by every jurisdiction in Canada, if the public system and its' values are to be sustained.

Organization with a Provincial Mandate 2001/2002

Alberta Alcohol and Drug Abuse Commission (AADAC)

Mission: To assist Albertans in achieving freedom from the abuse of alcohol, other drugs and gambling.

Businesses:

- **Treatment:** Provision of a range of alcohol, other drug and problem gambling treatment services including community outpatient counselling and day treatment, short and long-term residential treatment, crisis and detoxification services, and specialized treatment programs for youth, women, Aboriginal people, business and industry, opiate dependency and cocaine addiction.
- **Prevention:** Provision of a range of alcohol, other drug and problem gambling prevention services including community-based education and early intervention programs.
- **Information:** Provision of accurate and current information on issues, trends and research regarding alcohol, other drug and gambling problems.

Results Achieved

Strategy: Participate in cross-government initiatives in a manner appropriate to AADAC's businesses and goals.

- Achievements:**
- AADAC contributed to the Alberta Children and Youth Services Initiative (ACYI) by providing consistent representation on the Partnering Deputies Committee and the ACYI Coordinating Committee. As co-chair of the Alberta Partnership FAS (fetal alcohol syndrome), AADAC helped launch a new media campaign. The commission was represented on all 17 regional FAS coordinating committees and AADAC participated in planning and hosting the 2001 Prairie/Northern Partnership Interprovincial FAS Conference.

- In conjunction with Alberta Children's Services and the Alberta Mental Health Board, a pilot mentoring program was implemented by AADAC in partnership with Big Sisters and Big Brothers of Edmonton. AADAC was also a member of the Children's Mental Health Framework Steering Committee and participated in the development of a provincial policy framework, presented to the Alberta Children & Youth Initiative Partnering Deputies Committee. The 3rd Annual Children's Mental Health Conference was co-sponsored by AADAC in Red Deer in October 2001, and attended by 370 delegates.
- AADAC Mobile Services teams were expanded in nine communities to engage youth at risk. AADAC also established a contract with a service provider in Sherwood Park to provide on-site addiction treatment services for high-risk youth.
- As part of the government's Early Childhood Development strategy, AADAC implemented outreach addiction services and priority detoxification and residential treatment for high-risk and pregnant women.
- AADAC continued to be actively involved as a member of the Provincial PChIP (Protection of Children Involved in Prostitution) Committee, and AADAC is a member of local PChIP committees and sub-committees in Edmonton and Calgary. In conjunction with protective services, AADAC expanded consultation and treatment services in Lethbridge and Didsbury.
- AADAC continued to be represented on the Inter-departmental Committee responsible for the Aboriginal Policy Initiative, and sub-committees on socio-economic status and participation in the economy. Through consultation with Aboriginal stakeholders, AADAC developed and approved an action plan to increase addiction services to Aboriginal persons. An internal Aboriginal recruitment strategy was implemented by AADAC.
- AADAC contributed to the Seniors Policy Initiative through representation on the Supportive Communities Working Group and the Healthy Aging Sub-Group. AADAC developed and implemented an action plan for delivery of services to seniors and provided training workshops on seniors and addictions for staff and other interested professionals.
- AADAC continued to support Alberta's economic development strategy by co-facilitating information sessions for staff from AADAC and Human Resources and Employment and delivering one-day workshops on addiction and employability. AADAC was contracted by employers in Fort McMurray to develop a resource manual and to train supervisors to deal with alcohol, drug, and gambling problems in the workplace.

Strategy: Address substance abuse and problem gambling issues and the needs of Albertans through treatment, prevention (including early intervention) and information services.

- Achievements:**
- Two new area offices were opened in Wetaskiwin and Canmore and seven satellite offices were established in communities adjacent to Edmonton and Calgary. Access to addiction services in primary health care settings was provided through expansion of projects in Edmonton and new initiatives in Wetaskiwin and Calgary.
 - The Commission aired three new problem gambling ads during the year and produced a training video for use in VLT venues. The Commission also initiated a problem gambling stabilization pilot project for individuals experiencing emotional or physical crisis.
 - Families and youth continued to be a main focus for AADAC. A video and accompanying discussion guide called *Cool: Identity, Drugs and Fitting In* were developed and, an early intervention resource for youth gambling (*Your Best Bet*) was distributed to all junior and senior high schools in the province. In addition, a school-based prevention program for grade seven students was piloted and two new Web sites were demonstrated; one targeted at youth (15-17 years) and one for parents and teachers.
 - The report of the Inter-departmental Committee on Tobacco Reduction (chaired by AADAC) was submitted to the Minister of Health and Wellness and a comprehensive, provincial tobacco reduction strategy was approved and announced by government.
 - AADAC and the Brewer's Association of Canada implemented a joint project called *Youth Alternative (YA!)*. This project was piloted in three Alberta communities, and is intended to prevent alcohol problems among rural youth.
 - AADAC is an active community partner with Alberta Justice in the Calgary Diversion Project and was part of the Provisional Diversion Framework Working Committee that prepared an implementation plan for reducing the criminalization of individuals with mental illness.
 - AADAC co-sponsored the 3rd Annual Harm Reduction Conference in Red Deer (March 2002), and AADAC presented at the 44th International ICAA Conference in Heidelberg, Germany (September, 2001).

Key Performance Measures and Results

Measure: *Access – provide reasonable access to local, regional and provincial services*

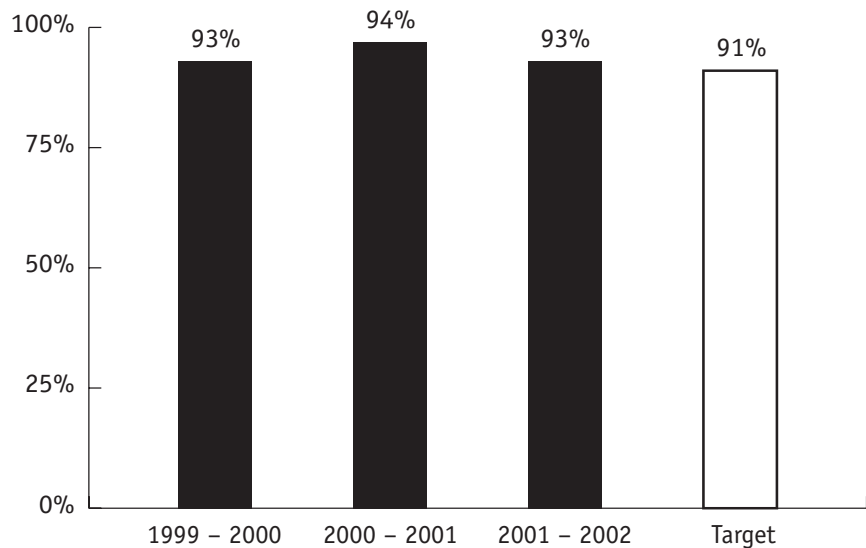
The percentage of clients who reported “no difficulty” accessing AADAC treatment and prevention services.

Target (2001/2002) Treatment = maintain at or above 91 per cent
Prevention = maintain at or above 95 per cent

Rationale: Client and community access to services increases the likelihood of positive outcomes. AADAC believes that clients should have access to basic services in their home communities. More specialized services are accessed on a regional or provincial basis.

Results – Treatment

Figure 1: AADAC client access — Treatment



Per cent of clients reporting no difficulty accessing treatment services

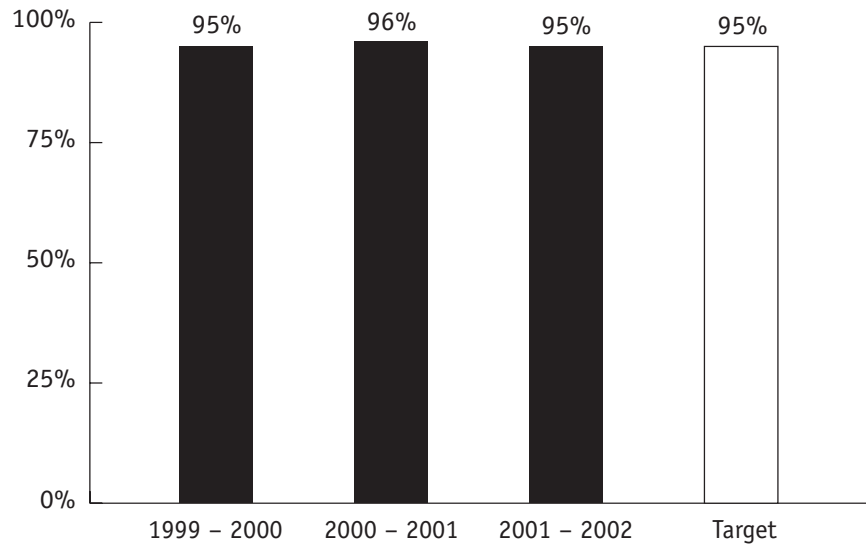
Source: AADAC

Discussion: The target for access to treatment services was exceeded; 93 per cent of clients reported “no difficulty” accessing treatment services.

Source: Three treatment sites were excluded as part of information system re-development. All clients from remaining sites were surveyed (n = 20,689). Clients in outpatient and residential treatment services completed a standardized questionnaire during their first treatment session; clients in detoxification services completed a standardized questionnaire at the end of the detoxification service.

Results – Prevention

Figure 2: AADAC client access — Prevention



Per cent of clients reporting no difficulty accessing prevention services

Source: AADAC

Discussion: The target for access to prevention services was met; 95 per cent of clients reported “no difficulty” accessing prevention services.

Source: In 2001/2002, two mail-out surveys were conducted (September 2001 and March 2002). Anonymous surveys were sent to all prevention clients who consented to be contacted for follow-up and 228 surveys were returned (response rate = 54.4 per cent).

Measure: *Satisfaction – services have a positive impact with clients and communities*

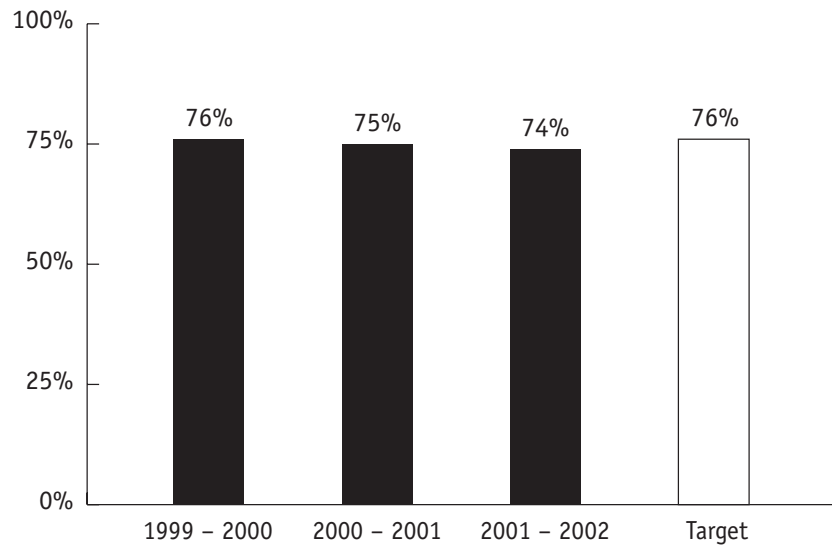
The percentage of clients reporting they were “very satisfied” with treatment and prevention services received.

Target (2001/2002) Treatment = maintain at or above 76 per cent
Prevention = to be established in 2001/2002.

Rationale: Satisfaction is of interest to AADAC because it considers the client’s impression of a particular service. The most effective and efficient program is of limited use if it does not fulfill the needs and expectations of the individuals or groups targeted to receive the service.

Results – Treatment

Figure 3: AADAC client satisfaction — Treatment



Per cent of clients reporting they were very satisfied with treatment services received

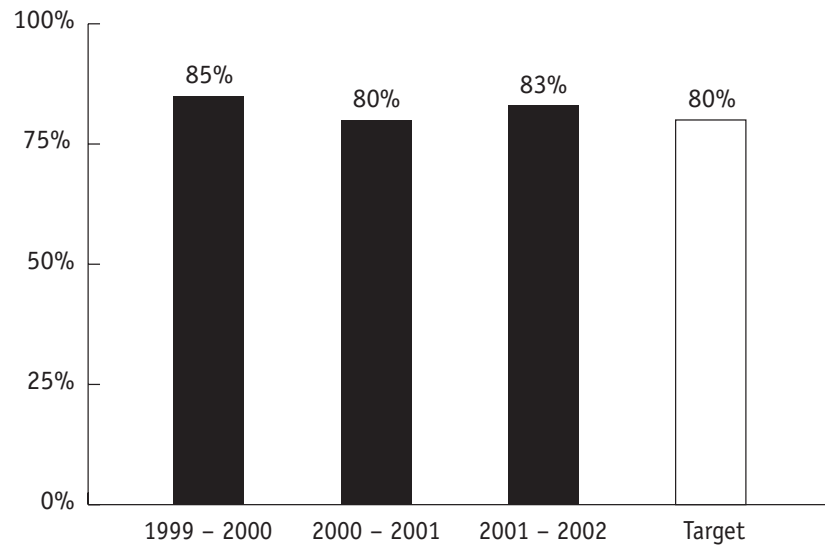
Source: AADAC

Discussion: Results were within 2 per cent of the target; 74 per cent of clients reported they were “very satisfied” with treatment services received.

Source: Client satisfaction was assessed using follow-up telephone interviews conducted by an independent private research contractor and self-administered feedback surveys. Clients entering **residential and outpatient** treatment programs were eligible for telephone interview selection. Based on annual client admissions, sample quotas were assigned to each treatment type. Three treatment sites were excluded from sampling as part of information system re-development. A random sample of 2,990 clients was telephoned four months after admission (approximately three months after treatment completion). A total of 1,179 clients were interviewed and asked to rate their level of satisfaction with services received (response rate = 39.4 per cent). The margin of error is ± 2.7 per cent, 19 times out of 20. Clients’ satisfaction with **detoxification** was measured by a self-administered feedback survey given to clients at the end of service. The response rate was 77.7 per cent. Results from both sources were weighted to provide total client satisfaction (n = 8,033).

Results – Prevention

Figure 4: AADAC client satisfaction — Prevention



Per cent of clients reporting they were very satisfied with prevention services received

Source: AADAC

Discussion: Baseline results from 1999/2000 and 2000/2001 were used to establish a target of 80 per cent for client satisfaction with prevention services. The target was exceeded; 83 per cent of clients reported they were “very satisfied” with prevention services received.

Source: In 2001/2002, two mail-out surveys were conducted (September 2001 and March 2002). Anonymous surveys were sent to all prevention clients who consented to be contacted for follow-up and 228 surveys were returned (response rate = 54.4 per cent).

Measure: *Effectiveness – Services facilitate clients’ success in achieving their goals*

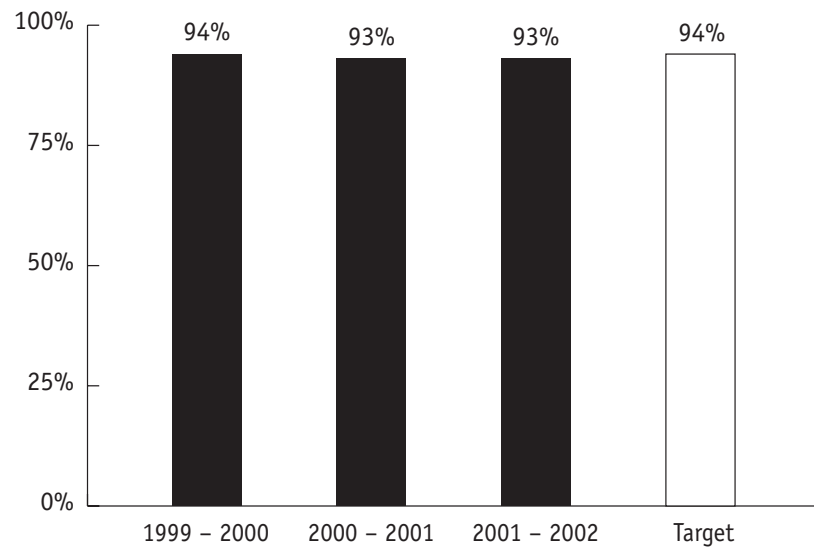
The percentage of clients reporting they were abstinent or improved four months after admission. Four months after admission approximates three months after treatment completion. “Abstinent or improved” means no use or reduced use of problem substances or problem activities for which the client received treatment.

Target (2001/2002) Treatment = maintain at or above 94 per cent
Prevention = proxy measures to be tested 2001/2002

Rationale: AADAC has a continuum of programs available that can appropriately address the specific needs of the client. Programs need to be continually monitored to ensure they are providing optimum benefit.

Results – Treatment

Figure 5: AADAC service effectiveness — Treatment



Per cent of clients reporting they were abstinent or improved four months after admission

Source: AADAC

Discussion: Results were within one per cent of the target; 93 per cent of clients reported they were “abstinent or improved” four months after admission.

Source: Service effectiveness was assessed using follow-up telephone interviews that were conducted by an independent private research contractor. Clients entering residential and outpatient treatment programs were eligible for interview selection. Based on annual client admissions, sample quotas were assigned to each treatment type. Three treatment sites were excluded from sampling as part of the information system re-development. A random sample of 2,990 clients was telephoned. A total of 1,179 clients were interviewed for follow up four months after admission (response rate = 39.4 per cent). The margin of error is ± 2.7 per cent, 19 times out of 20.

Results – Prevention

Discussion: Target was not met. New measures were not established. AADAC will continue to measure prevention access and satisfaction.

Future Challenges

AADAC is challenged to sustain quality addiction services while responding to growing service demands. Client’s needs are diverse and complex, demographics are changing, new technologies are available, and consumer and public expectations for service delivery are increasing. AADAC must be responsive to these changing needs and environmental influences while remaining focused on its vision, mission and core businesses.

AADAC has a strong presence in communities across Alberta and will continue to link with key stakeholders to provide value added services for all Albertans. The Commission will invest in opportunities that reduce risk factors contributing to substance abuse and problem gambling and be innovative in seeking alternative ways to deliver effective treatment, prevention and information services.