

# Business Plan 2018–21

## Health

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### Accountability Statement

This business plan was prepared under my direction, taking into consideration our government's policy decisions as of March 7, 2018.

*original signed by*

Sarah Hoffman, Minister

### Ministry Overview

The ministry consists of the Department of Health, Alberta Health Services and the Health Quality Council of Alberta.

The Department of Health implements the Government of Alberta's direction for health and is responsible for the overall design, strategic policy direction, legislation and establishment and monitoring of the health system's performance. In this role the department ensures the health system is delivering value in terms of health outcomes, including patient experience, and investment for Albertans. Core functions include: advising the minister and government on health policy, supporting policy implementation, funding the health system, and carrying out a general oversight role.

Alberta Health Services is the provincial health authority responsible for the delivery of a substantial portion of health care services across the province. The Health Quality Council of Alberta is a legislated council responsible for improving health service quality and patient safety.

More details about each organization can be found at [www.health.alberta.ca](http://www.health.alberta.ca), [www.albertahealthservices.ca](http://www.albertahealthservices.ca), and [www.hqca.ca](http://www.hqca.ca)

### Strategic Context

The outcomes and key strategies identified in this business plan are aligned with the strategic direction of the Government of Alberta.

The Government of Alberta is committed to ensuring our province's health care system delivers high-quality services that support the best possible health outcomes for Albertans. Our vision is to improve Albertans' health and well-being through an integrated health system that is planned and structured around individuals and communities, connecting people to needed care and services. Health facilities and the services they provide remain very important, but a shift to a stronger emphasis of supporting people and communities is also key to achieve and maintain better health outcomes.

The need for change in how we deliver health care is recognized by governments, health providers and service delivery organizations across Canada and around the world. In Alberta, this need for change is being driven by increasing health care costs, population changes, and evidence supporting the effectiveness of person and community centered care. The Government of Alberta recognizes these trends and has directed policy and activity to protect the long-term sustainability and quality of our health system.

While Alberta has one of the youngest overall populations in Canada, seniors (people 65 years of age or older) continue to represent an increasing percentage of our population. Today, seniors make up about 12 per cent of the population and this proportion is expected to increase to almost 17 per cent by 2028. Alberta also remains the province of choice for 16 per cent of immigrants to Canada. Overall, Alberta's population is forecast to grow from 4.3 million to 5.1 million by 2028. Building an increasingly efficient and integrated health system will be crucial to meeting the complex and changing needs of Alberta's changing demographics.

There are populations across the province experiencing inequities in their health outcomes and access to services. Indigenous peoples make up 6.5 per cent of Alberta's population and are among the fastest growing population in the province. Despite recent actions, Indigenous peoples continue to have shorter life expectancies and higher rates of infant mortality, diabetes and suicide compared to non-Indigenous people. To narrow the gap, government will continue to collaborate with Indigenous communities and organizations to design and implement appropriate services that are culturally focused. Government will also continue to use Gender Based Analysis Plus (GBA+) to ensure health-related policies are more responsive to the needs of diverse peoples of all genders.

The government is committed to supporting Albertans in remaining independent and active in their communities as they age. Providing continuing care close to home is a priority. Continued investment in new continuing care spaces and expansion of home care services, such as personal care and other support services, will lead to better patient and family experiences and outcomes.

Opioid use continues to be an urgent public health crisis, requiring an ongoing and coordinated response across multiple levels of government, the health sector and social support organizations. In collaboration with health and community partners, the government continues to lead an aggressive response to the opioid crisis, focusing on prevention, harm reduction, targeted actions and expanded access to treatment.

Diagnostic and laboratory services are a critical component into medical decisions. The creation of a new publicly funded and operated laboratory hub, and consolidating laboratory services under Alberta Health Services, will improve the efficiency and quality of Alberta's laboratory system, and lead to greater integration, capacity and efficiency of diagnostic services.

Mental health issues affect 20 per cent of Albertans and it is estimated that over 10 per cent of the population will require addiction treatment at some point in their lives. The government is working closely with health and community partners to improve how programs and services are coordinated within the health sector and connected with social services such as housing and employment supports.

Overall, Alberta's health system will increasingly focus on providing enhanced health services to people in their communities and on promoting the health and well-being of populations most in need. Alberta's primary health care providers are already leading the way in community-based care, working in collaborative team-based settings that include physicians, nurses, psychologists, pharmacists, dieticians, counsellors, rehabilitation therapists, and social workers, among others. Continued improvements to community-based health care will further strengthen Albertans' connections to health care services and health providers, giving them more access to comprehensive and integrated care.

To ensure access to physician services is appropriately balanced and targeted to needs across the province, the government continues to work with physicians to plan and align physician capacity to the diverse needs of Albertans. New compensation models for physicians will support better integration between family physicians and specialists, allowing physicians to spend more time with patients which, in turn, will improve Albertan's health outcomes.

Strategic capital investments in health infrastructure are needed to support the delivery of publicly funded health programs and services. The government continues to build high-quality health facilities such as the Edmonton Clinical Laboratory Hub and the Calgary Cancer Centre, and maintain other facilities to meet Albertans' needs and support integration across the health system. Further, advances in health information technology are pivotal to building the future of integrated health care in Alberta. The development of a single Alberta Health Services clinical information system and enhancements to existing systems, including the provincial electronic health record, will continue to contribute to a single integrated health record for every Albertan, providing more timely and accurate patient

information. In addition, the personal health record will provide Albertans with a secure place to record their health information, as well as access to other information related to their treatment such as prescription drugs, laboratory and other diagnostic test results. Together, these systems will support team-based, integrated care with a focus on the patient, while empowering Albertans with the information they need to become partners in managing their own health.

Alberta has a strong foundation on which to enhance its health care system, where individuals, government, communities and organizations work collaboratively. The inter-related components of the key initiatives underway will directly support a sustainable, high-quality, and integrated health system so Albertans receive the right care, in the right place, at the right time.

## Outcomes, Key Strategies and Performance Measures

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

Albertans' health and well-being is improved through an integrated health care system that is person-centered and structured around individuals, families, and communities. Services will be seamless across the continuum of care and support individuals throughout their lives, ensuring every Albertan has access to appropriate services that are close to home.

#### Key Strategies:

- 1.1 Expand home care services to increase access to health services, reduce reliance on acute care facilities, and enable Albertans to stay at home longer.
- 1.2 Develop a targeted approach for new continuing care spaces and upgrading or replacing existing sites, focusing on complex populations and communities in greatest need.
- 1.3 Enhance care for persons with dementia so they receive timely diagnosis and support in their communities with accessible, integrated and high-quality care and services.
- 1.4 Implement the Valuing Mental Health: Next Steps to move toward a more coordinated and integrated addiction and mental health system.
- 1.5 Implement a system-wide response to chronic conditions and disease prevention and management by aligning and integrating work across the province.

Performance Measures	Last Actual 2016-17	Target 2018-19	Target 2019-20	Target 2020-21
1.a Percentage of clients placed in continuing care within 30 days of being assessed <sup>1</sup>	56%	58%	61%	64%
1.b Percentage of mental health patients with unplanned readmissions within 30 days of leaving hospital	8.7%	8.6%	8.6%	8.5%

#### Note:

<sup>1</sup> Facility-based (i.e. Designated Supportive Living Level 3 or 4, 4-Dementia, or Long-term Care).

#### Linking Performance Measures to Outcomes:

- 1.a Access to a continuing care option that best meets the client's needs and preferences, as soon as possible after being assessed, supports their health and well-being.
- 1.b A relapse or complication after an in-patient stay could compromise health outcomes.

Performance Indicators	Actual 2012	Actual 2013	Actual 2014	Actual 2015	Actual 2016
1.a Emergency visits due to substance use (per 100,000 population): <sup>1</sup>					
• Alcohol	876	922	937	940	944
• Opioids	89	99	107	139	171

Performance Indicators	Actual 2012	Actual 2013	Actual 2014	Actual 2015	Actual 2016
1.b Prevalence of cigarette smoking among Albertans (per cent): <sup>2</sup>					
• Aged 12–24 years	16.4%	19.5%	14.7%	9.8%	13.0%
• Aged 25 years and older	22.8%	20.7%	19.8%	20.4%	19.1%
1.c Ambulatory care sensitive conditions: <sup>3</sup>					
• Hospitalization rate (per 100,000) for patients under 75 years of age with conditions that could be prevented/reduced if they received appropriate care in an ambulatory setting (i.e. out-patient care)	369	367	365	349	346

**Notes:**

- <sup>1</sup> Includes primary diagnostic code as well as the diagnostic codes of other contributing factors when a patient presents to an emergency department or urgent care centre, resulting in a higher number of incidents.
- <sup>2</sup> Percentage of respondents to the Canadian Community Health Survey who self-identified as daily or occasional cigarette smokers.
- <sup>3</sup> Includes any most appropriate diagnosis code of grand mal status and other epileptic convulsions, chronic obstructive pulmonary diseases, acute lower respiratory infection, asthma, diabetes, heart failure and pulmonary edema, hypertension, and angina.

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

Healthy populations and communities are shaped through a range of social, economic, and physical environmental factors, also known as the determinants of health. The ministry will continue to work with its partners to address health inequities among and within vulnerable populations and to encourage Albertans to stay healthy supported by policies, programs and initiatives focused on prevention of injury and disease.

**Key Strategies:**

- 2.1 Engage with community partners on wellness initiatives to enhance and support equitable approaches that enable Albertans to be active partners in the prevention and management of chronic disease.
- 2.2 Engage with Indigenous communities and other organizations in the design and delivery of culturally appropriate health care services that address inequities in access and support improved health outcomes.
- 2.3 Lead an urgent response to reduce harms associated with opioid use and oversee the implementation of priority activities to address overdoses and deaths related to fentanyl and other opioids.
- 2.4 Improve maternal, infant and child health by supporting initiatives that foster maternal-infant health and early childhood development.
- 2.5 Develop and implement evidence-based environmental public health policies and practices by addressing a range of public health protection issues in the natural and built environment.
- 2.6 Safeguard Albertans from communicable disease through increased immunization and initiatives aimed at decreasing sexually transmitted infections.

Performance Measure	Last Actual 2016-17	Target 2018-19	Target 2019-20	Target 2020-21
2.a Percentage of Albertans who have received the recommended annual influenza immunization: <sup>1,2</sup>				
• Seniors aged 65 or older	62%	64%	66%	68%
• Residents of long-term care facilities	89%	91%	93%	95%

**Notes:**

- <sup>1</sup> National targets are set at a level required to prevent disease outbreaks and protect vulnerable populations. The ministry is committed to the goal of reaching the national targets for influenza immunization of 80 per cent for seniors aged 65 or older and 95 per cent for residents of long-term care facilities.
- <sup>2</sup> National targets for influenza immunization are no longer being set for children aged 6 to 23 months; the ministry is working to set new Alberta-based targets.

## Linking Performance Measures to Outcomes:

2.a This population health initiative is intended to decrease the risk of influenza outbreaks, illness and death, particularly among seniors and other vulnerable populations.

Performance Indicators	Actual 2012	Actual 2013	Actual 2014	Actual 2015	Actual 2016
2.a Childhood immunization rates (by age two): <sup>1</sup>					
• Diphtheria, tetanus, pertussis, polio, Hib	75%	75%	76%	76%	77%
• Measles, mumps, rubella	86%	86%	88%	87%	88%
2.b Life expectancy at birth (years):					
• First Nations	72.1	72.4	71.5	70.3	71.4
• Non-First Nations	82.0	82.1	82.2	82.3	82.3
2.c Infant mortality rate (per 1,000 live births):					
• First Nations	8.8	9.6	9.6	7.8	6.9
• Non-First Nations	3.8	4.1	4.3	4.2	3.7

### Note:

<sup>1</sup> The national targets for childhood immunization rates were revised to 95 per cent in 2017 for both vaccines. The ministry remains committed to these targets which are aimed at protecting children and adults from a number of vaccine preventable diseases.

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

Health care providers are vital to delivering high quality and safe care. This includes physicians, nurses, pharmacists, paramedics, psychologists, dietitians, dentists, counsellors, rehabilitation therapists, chiropractors, massage therapists, and social workers, among others. The right number, mix, and distribution of providers must align with health needs across the province.

### Key Strategies:

- 3.1 Enhance the delivery of primary health care services through patient attachment to providers and health care teams, increased integration of services, timely access, and improved quality and safety.
- 3.2 Develop sustainable physician resource plans and compensation models which enable the provision of high quality care and support collaborative practice within an interdisciplinary team-based environment.
- 3.3 Improve access to health care providers across the province and develop sustainable strategies that ensure the appropriate education, scope of practice, supply, mix and distribution of health care providers.
- 3.4 Enhance accountability and promote practice excellence among regulated health care providers.
- 3.5 Improve the effectiveness and efficiency of Alberta's emergency medical services system, and support the expanded role of paramedics in the delivery of patient care.

Performance Measure	Last Actual 2016-17	Target 2018-19	Target 2019-20	Target 2020-21
3.a Access to primary care:				
• Percentage of Albertans enrolled in a Primary Care Network (PCN) <sup>1</sup>	80%	80%	81%	82%

### Note:

<sup>1</sup> Albertans are considered to be enrolled in a PCN when they are assigned to a physician, nurse practitioner, or pediatrician that is registered to a PCN, based on the provider most involved in the individual's care over the previous three year period.

## Linking Performance Measures to Outcomes:

3.a PCNs are comprised of groups of family physicians working with other health care professionals such as nurses, nurse practitioners, dietitians, pharmacists, social workers and mental health professionals to provide comprehensive patient care.

Performance Indicator	Actual 2012-13	Actual 2013-14	Actual 2014-15	Actual 2015-16	Actual 2016-17
3.a Emergency department wait times:					
• Median earliest patient time (minutes) to see an emergency doctor (17 <sup>1</sup> busiest sites; patient level of urgency):					
▪ CTAS <sup>2</sup> 1	9	12	13	12	11
▪ CTAS 2	51	55	61	56	56
▪ CTAS 3, 4 and 5	86	84	90	84	84

#### Notes:

- 1 Chinook Regional Hospital, Medicine Hat Regional Hospital, Alberta Children's Hospital, Foothills Medical Centre, Peter Lougheed Centre, Rockyview General Hospital, South Health Campus, Red Deer Regional Hospital Centre, Grey Nuns Community Hospital, Misericordia Community Hospital, Northeast Community Health Centre, Royal Alexandra Hospital, Stollery Childrens Hospital, Sturgeon Community Hospital, University of Alberta Hospital, Northern Lights Regional Health Centre, Queen Elizabeth II Hospital.
- 2 Canadian Triage and Acuity Scale. CTAS 1: Resuscitation; CTAS 2: Emergent; CTAS 3: Urgent; CTAS 4: Less Urgent; CTAS 5: Non-Urgent.

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

The design of Alberta's health system is based on access to safe, consistent, and readily available health care services where all health care stakeholders are accountable for health outcomes. Barriers to accessing care are reduced through innovative and evidence-informed best practices. Balancing physical and technological infrastructure to enable high-quality, integrated care with alternative solutions focused on efficiency and cost effectiveness are necessary to ensure health system sustainability and reduce the ever-growing costs of care.

#### Key Strategies:

- 4.1 Slow the rate of growth in health spending through increased efficiencies, while continuing to enhance the delivery of appropriate and high quality health care services and ensuring appropriate and reasonable access to pharmaceuticals and supplemental health benefits for Albertans.
- 4.2 Repair aging health infrastructure and build new health care facilities, where appropriate, to ensure such infrastructure meets current and future health care needs.
- 4.3 Enhance data sharing, research, innovation, health technology assessment and knowledge translation to support evidence-informed policy, planning and practice.
- 4.4 Set health system expectations through a focus on appropriate access, patient safety, effectiveness, and patient experience, to reduce variations in clinical practice and health outcomes.
- 4.5 Enhance a patient-centred, integrated health record to support decision-making by health providers and enable Albertans to take an active approach in managing their health by providing them with secure access to their own health information.
- 4.6 Develop an integrated plan for provincial laboratory services that will establish a centralized, single system for medical testing to meet growing demand.

Performance Measures	Last Actual 2016-17	Target 2018-19	Target 2019-20	Target 2020-21
4.a Financial sustainability:				
• Annual rate of growth of Ministry of Health operational expenditures <sup>1</sup>	3.1%	3%	3%	3%
4.b Number of health care professionals with access to Alberta Netcare, Alberta's provincial electronic health record	42,090	46,234	49,008	51,948



**Note:**

<sup>1</sup> Consolidated Ministry of Health Statement of Operations, excludes Infrastructure Support. The historical average annual growth rate was 4.2 per cent from 2012-13 to 2016-17; the actual for 2016-17 and targets for 2018-19 to 2020-21 reflect implementation of a strategy to lower the annual rate of growth of operational expenditures.

**Linking Performance Measures to Outcomes:**

4.a Slowing the rate of growth of ministry operational expenditures contributes to health system sustainability.

4.b The broader adoption and utilization of Alberta Netcare enables enhanced quality of care by providing better access to patient information at point of care.

Performance Indicator	Actual 2013	Actual 2014	Actual 2015	Actual 2016	Actual 2017
4.a Per capita provincial government health expenditures (actual dollars) <sup>1</sup>	\$4,631	\$4,676	\$4,804	\$4,897 <sup>2</sup>	\$5,012 <sup>2</sup>

**Notes:**

<sup>1</sup> Includes spending by the Ministry of Health and health-related spending by other government departments and agencies, as compiled by the Canadian Institute of Health Information.

<sup>2</sup> Results for 2016 and 2017 are forecast rather than actual as there is a two-year lag in available results.

## Risks to Achieving Outcomes

Alberta Health has identified the following strategic risks that could impact the ability to achieve outcomes:

**Financial Sustainability** – Economic pressures continue to impact government revenues. Further, continued population growth with growing demand for health care services, coupled with the high costs of delivering those services, are causing financial constraints on the publicly funded health system. This may slow the ministry’s investment in health system improvement priorities and negatively impact both the achievement of ministry outcomes and progress towards financial sustainability.

**Shared Stewardship and Accountability** – Successful transition to community-based health care requires shared stewardship of resources and accountability for change among health system leaders and stakeholders. The ministry, professional colleges and associations, unions, and community partners need to effectively work together to coordinate, align and prioritize actions around a long-term vision. Inability to develop a cohesive and synchronized approach to system-wide planning and change will hinder innovation and improvements in quality, integration, value for investment, and governance.

**Integration across the Continuum of Care** – Shifting to a more person-centred, and sustainable health system, while maintaining quality and safety, is dependent on the integration of efforts within the ministry and with health professions, post-secondary institutions, stakeholder organizations, and Albertans. Failure in overcoming barriers to adopting a new team-based, holistic approach to healthcare will hinder establishing the right mix of health workers, particularly in areas of high-need and for underserved populations.

**Information and Technology** – Stable, secure information management and information technology systems, as well as comprehensive data analysis, is crucial to optimizing services, patient care, and health outcomes for all Albertans. While the ministry develops and evolves its information systems, including a clinical information system, electronic health records, and a personal health portal, any possible barriers to data sharing could limit engagement and access to health information as well as integration of health care.

**Public Expectations and Lifestyle** – A healthy society is one that has health woven throughout its institutions and culture. All of government has a role to play in addressing the social determinants of health. A person’s lifestyle choices may also negatively impact their health outcomes. Influencing people’s behaviours and lifestyle through public health initiatives aimed at keeping them healthy will help shift demand away from high cost acute care services.

## STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable			2018-19 Estimate	2019-20 Target	2020-21 Target
	2016-17 Actual	2017-18 Budget	2017-18 Forecast			
<b>REVENUE</b>						
Internal Government Transfers	423,541	418,000	427,000	<b>417,000</b>	437,000	453,000
Transfer from Alberta Cancer Prevention Legacy Fund	22,175	25,000	12,878	<b>25,000</b>	25,000	25,000
Canada Health Transfer	4,200,830	4,360,247	4,324,618	<b>4,520,887</b>	4,745,834	4,956,878
Transfers from Government of Canada	7,085	8,000	8,000	<b>10,000</b>	10,000	10,000
Other Health Transfers	1,427	36,200	36,360	<b>102,400</b>	132,400	150,400
Investment Income	65,557	68,006	76,006	<b>68,006</b>	68,006	68,006
Supplementary Health Benefit Premiums	45,533	48,000	45,000	<b>46,000</b>	45,000	45,000
Other Premiums, Fees and Licences	479,181	475,002	475,003	<b>488,001</b>	488,001	488,001
Refunds of Expense	164,458	164,040	171,255	<b>169,105</b>	169,105	170,105
Other Revenue	488,368	415,421	437,194	<b>407,278</b>	404,607	404,395
Ministry Total	5,898,155	6,017,916	6,013,314	<b>6,253,677</b>	6,524,953	6,770,785
Inter-Ministry Consolidations	(484,356)	(475,800)	(472,678)	<b>(472,800)</b>	(490,800)	(506,800)
Consolidated Total	5,413,799	5,542,116	5,540,636	<b>5,780,877</b>	6,034,153	6,263,985
<b>EXPENSE</b>						
Ministry Support Services	62,236	80,305	67,305	<b>77,304</b>	77,275	77,273
Physician Compensation and Development	5,081,857	5,197,241	5,250,366	<b>5,296,164</b>	5,394,240	5,505,858
Drugs and Supplemental Health Benefits	1,998,862	2,143,354	2,155,354	<b>2,273,974</b>	2,388,504	2,500,745
Population and Public Health	560,010	681,891	650,022	<b>668,480</b>	682,918	713,534
Acute Care	4,094,255	4,038,398	4,145,698	<b>4,116,877</b>	4,254,460	4,361,683
Continuing Care	1,031,436	1,071,620	1,046,620	<b>1,107,000</b>	1,133,000	1,155,000
Ambulance Services	494,648	478,000	495,000	<b>524,000</b>	546,000	576,000
Community Care	1,238,845	1,389,000	1,335,750	<b>1,482,000</b>	1,543,000	1,593,000
Home Care	582,335	646,000	631,250	<b>691,000</b>	740,000	830,000
Diagnostic, Therapeutic and Other Patient Services	2,400,166	2,390,664	2,420,664	<b>2,458,648</b>	2,541,231	2,624,105
Administration	512,099	551,062	534,862	<b>559,504</b>	563,535	567,535
Support Services	2,110,071	2,118,000	2,175,000	<b>2,190,000</b>	2,267,000	2,318,000
Information Technology	577,946	599,580	588,580	<b>579,345</b>	577,390	573,390
Research and Education	98,629	162,000	106,000	<b>154,000</b>	154,000	154,000
Debt Servicing	16,871	15,000	15,000	<b>16,000</b>	15,000	14,000
Infrastructure Support	59,268	122,325	49,225	<b>48,990</b>	47,455	51,223
Cancer Research and Prevention Investment	8,270	12,100	1,100	<b>12,800</b>	12,900	16,000
Ministry Total	20,927,804	21,696,540	21,667,796	<b>22,256,086</b>	22,937,908	23,631,346
Inter-Ministry Consolidations	(254,721)	(232,192)	(229,414)	<b>(183,360)</b>	(183,605)	(182,277)
Consolidated Total	20,673,083	21,464,348	21,438,382	<b>22,072,726</b>	22,754,303	23,449,069
Net Operating Result	(15,259,284)	(15,922,232)	(15,897,746)	<b>(16,291,849)</b>	(16,720,150)	(17,185,084)
<b>CAPITAL INVESTMENT</b>						
Health Facilities and Equipment	596,860	1,003,252	930,492	<b>1,277,659</b>	1,327,110	1,477,400
2013 Alberta Flooding	238	-	1,968	<b>876</b>	-	-
Ministry Support Services	10	-	-	<b>-</b>	-	-
Population and Public Health	45	-	-	<b>-</b>	-	-
Information Technology	12,629	22,230	15,230	<b>22,230</b>	22,230	22,230
Ministry Total	609,782	1,025,482	947,690	<b>1,300,765</b>	1,349,340	1,499,630
Consolidated Total	609,782	1,025,482	947,690	<b>1,300,765</b>	1,349,340	1,499,630