

ALBERTA PROGRESS ON *THE 10-YEAR PLAN TO STRENGTHEN HEALTH CARE*

Introduction

Governments across Canada have renewed their commitment to build strong and sustainable health systems for all Canadians. Premiers of provinces and territories and the Prime Minister (known as First Ministers) met in 2004 to develop a plan to ensure that health systems in Canada continue to provide timely access to high quality services. The result of this meeting was a document entitled, *A 10-Year Plan to Strengthen Health Care*. The *10-Year Plan* describes a strategy, agreed upon by all provinces, territories and the federal government, to ensure that Canadians have access to timely, high quality health care services when they need it. The strategy was supported by targeted federal funding for wait time reduction and diagnostic equipment.

This progress report highlights the initiatives and actions Alberta is taking to fulfill commitments made in the *10-Year Plan* including increasing the number of health professionals, expanding home care and primary care services, and improving Albertans' access to pharmaceuticals. Each of these commitments was made with the intent to improve Albertan's access to timely, high quality health care.

Strategic Health Human Resources

The *10-Year Plan* recognizes the need to increase the supply of health care professionals in Canada, including doctors, nurses, pharmacists, and technologists. Canada's aging population is creating a greater need for health services, and an aging workforce of nurses, physicians and other health professionals need to be replaced as they retire. As a result, it is increasingly difficult to keep adequate numbers of health professionals in the health system. First Ministers agreed to develop Health Human Resource action plans and initiatives to ensure an adequate supply and mix of health care professionals. They acknowledged the need to foster closer collaboration among health care providers, post-secondary institutions, health professions, and labour market sectors.

Alberta's Progress

Alberta Health and Wellness (AHW), in collaboration with the Ministry of Employment, Immigration and Industry and the Ministry of Advanced Education and Technology, developed a comprehensive Health Workforce Action Plan, released on September 11, 2007. The Plan responds to two major health force issues: 1) health workforce supply; and 2) health workforce adaptability within a changing health service environment.

The Health Workforce Action Plan outlines 19 key initiatives to address Alberta health workforce issues over the next 10 years. In 2006/07 the Government of Alberta has allocated funding toward nine key recommendations, which include lift systems aimed at reducing and avoiding workplace injury, creating a health career and skills assessment network, increasing clinical training capacity and attracting health professionals working abroad. Health training programs will expand by nearly 260 new post-secondary spaces. The spaces will be offered at many of the public post-secondary institutions throughout the province in a variety of healthcare professions. In addition, several initiatives are underway to recruit nurses from other countries, and to bring nurses who are currently working in other sectors back to the health system.

The Action Plan may be found at www.health.alberta.ca/key/Health_Workforce.html

Home Care

Good home care is an essential part of patient-centered care. Health services can often be provided in the home with greater comfort to the patient, and with less cost to the system. A greater use of home care services reduces the demand on acute hospital beds leaving them available for those in greater need.

In the *10-Year Plan* First Ministers agreed to provide coverage for certain home care services by 2006. This includes coverage for:

- Two weeks of short-term acute home care;
- Two weeks of short-term acute community mental health home care; and
- End-of-life care for case management, nursing, palliative-specific pharmaceuticals and personal care.

Alberta's Progress

Alberta's current home care programs are managed by regional health authorities, and have three components: short-term home care, long-term home care, and palliative care, serving approximately 87,000 clients. These programs provide a 90-day period of short-term home care for both acute and mental health services. In fact, Alberta has been providing short-term acute community mental health home care, including case management and crisis response services for several years. The duration of this short-term home care program for acute and mental health needs exceeds the two-week period recommended in the *10-Year Plan*.

In May 2007, the Alberta government further improved access to home care services by removing the monthly \$3000 funding cap on home care services. Eliminating the limit on home care funding will help many more Albertans receive the care they need at home in their communities.

Many regions have implemented initiatives to improve short-term acute home care. Some have placed home care case managers in hospital emergency rooms to assist patients. Other regions are working together on palliative care initiatives. Some have already developed comprehensive end-of-life care strategies and are providing leadership to enhance palliative care expertise for professionals in rural regions.

In 2006/2007, in collaboration with Alberta Seniors and Community Supports, AHW developed the Supportive Living Framework, which helps to improve policy and service development for supportive living. The Framework allows the two ministries to work closely with regional health authorities to enhance community services and enable clients to remain in their community rather than entering a long-term care facility.

Primary Health Care Reform

Primary health care starts with a person's first contact with the health system. Usually, but not always, this contact is with a family physician. Primary health care is more than the usual visits for check-ups and patient-identified health concerns, and may include a range of services, such as: health promotion, disease prevention, screening tests and examinations, rehabilitation therapy, nutritional advice, and psychological counseling. That means a variety of professionals, including

nurses, pharmacists, dieticians, counsellors, rehabilitation therapists and social workers – in addition to physicians – provide primary care.

Timely access to family and community care through primary health care reform is a high priority for all jurisdictions. Telehealth initiatives are a key element of comprehensive primary care services, particularly for rural and remote areas.

Alberta's Progress

Primary Care Networks (PCNs)

Primary Care Networks use a team approach to coordinate care for their patients. Family physicians working in these networks are better able to integrate and link their service with other regional services such as home care. The number of Primary Care Networks is increasing rapidly, with 26 PCNs operating in December 2007, consisting of 1,480 physicians serving about 1.4 million Albertans.

Every local Primary Care Network is unique because it is developed locally by area family physicians in cooperation with the local health region. This grassroots approach allows a particular network to focus on specific areas of need. For example, a Primary Care Network can develop and support collaborative approaches to chronic disease management where nurses work with family physicians to help patients manage their complex health problems, such as diabetes.

Telehealth

An Alberta Telehealth Business Plan for 2006-2009 was completed in 2006. The Plan outlines actions and strategies to capitalize on the opportunities provided by telehealth to achieve the access, health workforce and quality priorities set for Alberta's health system.

As part of The Clinical Telehealth Innovation Program, Alberta Health and Wellness and Canada Health Infoway are providing more than \$3.4 million in new funding for 32 new projects during the next two years, with the Alberta government investing more than \$1.7 million. Through this program, the Alberta government has established Telehealth Change Management Capacity grants for the seven rural health regions. These grants enable the region to better address rural health needs by increasing telehealth usage in rural communities. This increased use of telehealth is making training, education, and professional development more available to rural practitioners.

Several regions have developed and implemented telehealth services. In the summer of 2007, Alberta Health and Wellness announced funding for provincial telestroke programs. The Telestroke program will expand the use of videoconferencing technology and other specialized equipment to enable direct stroke-related medical consultation without needing to have the health professional and patient in the same room. This means that patients will be able to have access to stroke diagnosis and treatment from stroke specialists without having to leave their communities. It also means that local health professionals will have greater access to clinical and educational support for stroke treatment.

National Pharmaceutical Strategy

First Ministers agreed that no Canadian should suffer undue financial hardship as a result of needing to purchase drug therapies. As part of the *10-Year Plan* First Ministers have agreed to develop a National Pharmaceutical Strategy which includes the following actions:

- Develop a plan for catastrophic drug coverage;
- Establish a common national drug list for participating jurisdictions based on safety and cost effectiveness
- Strengthen evaluation of drug safety and effectiveness;
- Pursue purchasing strategies to obtain best prices for Canadians for drugs and vaccines; and
- Broaden the practice of electronic prescribing through accelerated development and deployment of the Electronic Health Record.

Alberta's Progress

Alberta is committed to developing and implementing the National Pharmaceuticals Strategy (NPS). Jurisdictions continue to work together with the federal government to develop recommendations and actions to improve Canadians' access to affordable pharmaceuticals.

In 2006, the Government of Alberta spent \$1.1 billion (about 10 per cent of total health costs) to subsidize the costs of prescription drugs used by Albertans, making the provincial government the largest single payer of drugs in the province. The Alberta Blue Cross pharmacy plan includes over 3,700 drugs and provides coverage for about 500,000 Albertans.

Prevention, Promotion, and Public Health

Health promotion and disease and injury prevention initiatives reduce pressure on the acute care system by helping people to become and stay healthy, and so are critical to achieving better health outcomes and the long-term sustainability of the health system. All levels of government have collaborated over recent years to develop policies and initiatives which support public health and illness prevention initiatives.

Through the *10-Year Plan* the federal government committed to building on recent investments in immunization by providing funding for vaccines through the National Immunization Strategy. Federal and provincial/territorial governments also committed to accelerate work on a pan-Canadian Public Health Strategy.

Alberta's Progress

As outlined in the 2007 Alberta budget, 2007-08 funding for health promotion, injury and disease prevention, and health protection activities will increase by \$40 million, to a total of \$167 million. A wide variety of initiatives are focused on health and well-being.

On November 14, 2007, *Tobacco Reduction Act* passed in the Alberta legislature. The new *Act* strengthens previous legislation by further prohibiting smoking in public places and workplaces by removing the exception for adult only smoking areas, and by prohibiting smoking within a prescribed distance of a doorway, window or an air intake of public places.

The Premier's Award for Healthy Workplaces recognizes the workplaces that make outstanding efforts to maintain and improve the health of their employees. All healthy workplace award recipients have initiatives that promote physical activity/active living, healthy eating, smoking cessation, stress management, and occupational health and safety. Twenty-two workplaces have been recognized since 2006.

Pandemic planning is a particular priority for the province. A pandemic describes a worldwide outbreak of illness involving a large proportion of the population. For example, flu pandemics happen when a new kind of influenza virus spreads easily from person to person throughout the world. Since people have no protection against the new virus, it will likely cause more illnesses and a larger number of deaths than the seasonal flu.

AHW, in partnership with the Alberta Emergency Management Agency, has developed a plan for pandemic preparedness. These two organizations are actively working with other government ministries, regional health authorities, municipalities and industry to coordinate planning and preparation activities for the province in case an outbreak of serious illness occurs. The plan also includes the development of information and education resources for the public.

As a member of the national Pandemic Influenza Committee, Alberta is actively working with the Public Health Agency of Canada to resolve national policy issues. This federal, provincial, territorial work fosters a consistent and collaborative approach to pandemic preparedness across the country. The Committee has developed a national plan to secure supplies of vaccine and other resources and distribute them to provinces and territories on an equitable basis in the event of a pandemic.

Reducing Wait Times and Improving Access

Through the *10-Year Plan*, First Ministers committed to achieving meaningful reductions in wait times in priority areas such as cancer, heart disease, diagnostic imaging, joint replacements, and sight restoration by March 31, 2007. They also committed to establishing multi-year targets in five priority areas in each jurisdiction by December 31, 2007.

In 2005, provincial and territorial Ministers of Health agreed to wait time benchmarks in four of the five priority areas: coronary artery bypass graft (CABG), hip and knee replacements, cataract surgery, and cancer radiation therapy. Table 1 shows the national benchmarks and Alberta targets for services in each of these treatment areas.

Table 1. Benchmarks and Alberta Targets for Priority Treatment Areas.

Service	National Benchmark (weeks)	Alberta Targets* (weeks)	Target Date
Cardiac Artery Bypass Graft (CABG)	Level 1: 2 weeks	26	2008
	Level 2: 6 weeks		
	Level 3: 26 weeks		
Hip/Knee replacement	26	26	2008
Cataract Surgery	16	16	2008
Cancer Radiation Therapy	4	4	2010
MRI diagnostic	--	12	2010
CT diagnostic	--	8	2008

* To be achieved in 2008-2009.

Wait time benchmarks are health system performance goals agreed to by health ministers of provinces and territories, based on available evidence and a broad consensus by the medical community on medically reasonable wait times for health services delivered to patients. Working with health authorities and service providers, Alberta Health and Wellness has established province-wide targets to ensure that progress is made towards meeting these national benchmarks. Alberta has also set targets for diagnostic imaging (MRI and CT scans).

The benchmarks and targets identify time periods within which ninety per cent of people will be served. For example, Alberta will meet its target for MRI scans when ninety per cent of people who need MRIs receive them in 12 weeks or less.

Alberta's Progress

Alberta is working to improve access to health care services by collaborating with health professionals and health authority staff to evaluate how each service is currently provided, and to find ways to redesign service delivery for greater efficiency.

In support of this work, the province has invested \$42 million to fund the development of innovative models of care for health services, such as cardiac care, breast and prostate cancer care, and specialist services, as well as the provincial rollout of knowledge-transfer from the new hip and knee model of care.

The Alberta Hip and Knee Replacement Project (2005-2006) is an example of how new models of care are changing in our health system. The project's innovative shared model of care was developed by orthopaedic surgeons working closely with health regions and ministry staff.

The shared-care model increases the role of primary care physicians in the preparation of patients for surgery and the provision of care after. In addition, patients are assessed in a central clinic, using standardized criteria to determine suitability for surgery. This ensures that patients who can benefit from surgery are appropriately referred and those unsuitable for surgery are referred for appropriate medical care. The new care pathways for hip and knee replacement greatly improved the management of care delivery and had substantial benefits for both patients and providers.

Following the completion of this pilot, Capital Health announced it will open a \$60 million Orthopaedic Surgery Centre with four operating rooms, including three dedicated to hip and knee replacements. Once opened in 2009, it is expected to accommodate up to 3,000 joint surgeries and

2,000 orthopaedic day surgery procedures. Similar projects are being developed for other health services.

The Alberta Bone and Joint Health Institute will receive \$6.3 million to help rollout the new care path for hip and knee replacement surgery province-wide. The Institute will also develop new care models and evidence-based guidelines for other bone and joint conditions, and will evaluate bone and joint protocols and programs.

Wait Time Reduction, 2004 to 2007

Alberta has achieved meaningful reductions in several of the priority areas identified in the *10-Year Plan*. Table 2 shows that the percentage of cases completed within or equal to the benchmark timeframe have increased, and the average wait times have decreased, since 2004, in all cases except coronary artery bypass graft procedures (CABG) and cataract surgery.

Table 2 - Alberta's Progress in Wait Times for Priority Services.

Service	September 2004		September 2007		Alberta Progress
	Wait time in weeks (90 th percentile)	% cases completed within the Benchmark	Wait time in weeks (90 th percentile)	% cases completed within the Benchmark	
Cardiac Artery Bypass Graft (CABG)	7	98	14	97	Benchmark achieved
Hip Replacement	55	62	34	80	Access improved**
Knee Replacement	61	49	49	70	Access improved
Cataract Surgery	28*	N/A	31	63	Access not improved
MRI Diagnostic Test	30	58	22	65	Access improved
CT Diagnostic Test	14	76	5	91	Access improved

* Data on Cataract Surgery wait times taken from March, 2004.

** Access improved: Since 2004, wait times have decreased and a greater per cent of individuals receive services within the benchmark.

Recent advances in treatment for heart conditions have resulted in fewer people needing CABG; many patients with less severe conditions (Level 3) now undergo angioplasty, which is a less invasive procedure. Given this shift, AHW is focusing on CABG treatment for patients whose heart conditions are severe enough to place them in Levels 1 and 2, and is planning to adopt a shorter benchmark for these patients.

Federal Funding

The *10-Year Plan to Strengthen Health Care* included additional general and targeted funding from the federal government. In total, the Government of Canada increased cash transfers for health care to provinces and territories by \$41.3 billion over 10 years.

Alberta was allotted \$4.3 billion in new funding over 10 years in federal transfer payments, including \$560 million from the Wait Times Reduction Fund which Alberta Health and Wellness (AHW) has allocated to regional health authorities (RHAs) for various initiatives to improve access.

AHW continues to work towards improving access to high quality health services for all Albertans and looks forward to continued collaboration with the federal government on these initiatives. While the federal government has not made any additional funding announcements for this work, provinces and territories expect that the federal government will continue to assist in funding the work required to achieve the goals identified in the *10-Year Plan to Strengthen Health Care*.