

# Ministry of Health Services

## 2002/03 – 2004/05 Service Plan Summary

### **Mission**

The joint mission of the Ministry of Health Planning and the Ministry of Health Services is to guide and enhance the province's health services in order to ensure British Columbians are supported in their efforts to maintain and improve their health. The top priorities of the two health ministries will be to fulfill the government's New Era vision of saving and renewing public health care and providing high-quality public health care services that meet patients' most essential needs.

### **Strategic Shifts**

The major strategic shifts being undertaken and the new core businesses for the health ministries have been developed to meet the New Era goals of providing high-quality patient-centred care, improving the health and wellness of British Columbians, and creating affordable and sustainable public health care. Significant, system-wide changes, clearly defined strategies and new long-term plans are needed to realize the New Era vision and goals.

These changes are also essential if the major problems plaguing B.C.'s health system are to be overcome and if B.C. is to realize a sustainable and affordable public system for the future. The current health system has been poorly managed and organized resulting in fragmented and inflexible delivery of services and waitlists in many areas, and a shortage of key health professionals. Our publicly funded system also has a finite ability to respond to the ever-growing list of demands from the public and from health providers. We are developing a better balance between what people want and their real health needs, what the system can realistically offer and what the province can afford to provide.

The B.C. government's vision and goals for saving and renewing public health care are reflected in the strategic shifts, the restructuring of the system and the health ministries, and the major initiatives outlined in this three-year service plan.

The strategic shifts are:

### **Better Planning and Management**

#### **From:**

- A fragmented system
- Inadequate focus on patient's needs
- Little accountability for patient outcomes
- Inadequate financial control
- Lack of clear performance objectives and clear results

#### **To:**

- A planned and well managed system
- Responsive to patient and population needs
- Accountable to the public for results
- Financial control through strong performance contracts between Health Authorities and the ministry which require successful outcomes and results

### **Meeting Patients' Real Health Needs**

#### **From:**

- Ever-expanding scope of health sector
- Unlimited expectations of consumers

#### **To:**

- A system that meets the real health needs of patients and the population, quickly, effectively and efficiently

- Meeting demands regardless of cost or demonstrated benefit

## **Long-term Sustainability**

### **From:**

- Escalating costs and limited resources leading to reduced access to needed care

### **To:**

- A sustainable system in which responsibility for appropriate use of health care services is shared among government, public, providers, and patients
- Efficient allocation of resources with consideration for economies of scale, scope and labour implications

## **Core Business Areas**

The core business areas of the Ministry of Health Services are being redefined to ensure the strategic shifts outlined above, which support the government's goals for health, are achieved. The ministry's key new leadership responsibilities will be communicating, monitoring and securing compliance with government performance expectations (e.g., policy, standards, service volumes, health outcomes, quality, budget) to health authorities and other health providers; planning and administering the Medical Services Plan and the Pharmacare program. Key functions will be the routine monitoring of the health sector's compliance and performance, providing advice and remedial support as required, undertaking annual comprehensive health authority appraisals, and enforcing consequences if health authorities fall short in delivering the results laid out in their performance contracts.

### **1. REGIONAL HEALTH SECTOR FUNDING**

Health authorities are responsible for the direct delivery of the majority of health services. The Ministry of Health Services will provide them with annual funding allocations for the provision of these services according to the performance and accountability standards set by government.

### **2. EMERGENCY HEALTH SERVICES**

The British Columbia Ambulance Service (BCAS) provides pre-hospital emergency care, including air and land emergency transport.

### **3. MEDICAL SERVICES PLAN**

The Medical Services Plan (MSP) pays fees, salaries and sessional payments for medically required services provided by physicians, diagnostic and laboratory services, in-hospital dental services and supplementary benefits.

### **4. PHARMACARE**

Pharmacare, the province's drug insurance program, assists British Columbia residents in paying for eligible prescription drugs and designated medical devices and supplies.

### **5. CAPITAL FINANCING**

Includes financing for capital projects that support high quality public health care services through the provision of appropriate space and equipment.

## **6. CORPORATE SERVICES AND PROGRAM MANAGEMENT**

The Ministry of Health Services provides corporate support services for both itself and for the Ministry of Health Planning, including financial, information management, human resources, client services and Freedom of Information and Protection of Privacy functions. The ministry also manages the performance contracts with health authorities, and administers the Medical Services Plan and the Pharmacare program.

### **Major Initiatives**

All of the major initiatives to be undertaken by the Ministry of Health Services over the next three years will be in line with the strategic shifts laid out for B.C.'s health systems and the core business areas established for the ministry. Working closely with the new health authorities, some of the key actions will include: introducing major system redesigns that will create efficiencies and improvements in the delivery of acute, specialist and lab services; developing new ways of delivering highly specialized provincial services (heart, transplant, cancer treatment); and introducing innovative new ways of delivering home, palliative and mental health care.

In conjunction with the Ministry of Health Planning, new Primary Care Renewal and Chronic Disease Management strategies are being developed and specific primary health care projects launched. These new services will ensure more people in communities throughout B.C. have access to around the clock care outside of hospitals, while offering better support to those British Columbians living with chronic diseases such as asthma and diabetes.

All of these initiatives will be key to fulfilling the New Era goals of providing high quality patient-centred care, improving the health and wellness of British Columbians and building a sustainable, affordable public health care system.

## **1. REGIONAL HEALTH SECTOR FUNDING**

The cost pressures to be faced by health authorities over the next three years are significant. Health authorities will be required to make strategic decisions that will see resources shifted from lower priority service areas so that essential and high priority services can be protected and maintained. While many of these decisions will be difficult, they will be consistent with both the New Era vision of saving and renewing public health care and the goals of maintaining high quality patient-centred care and providing sustainable and affordable health services.

### ***Continuing programs/services***

- Hospital care (inpatient, ambulatory and emergency services), specialized services (including cancer, cardiac, renal and transplant), home and community care, mental health, public health and addictions services. The focus will be on essential services, and availability of appropriate care to meet health needs.

### ***Changes in programs/services***

- Health authorities reduced from 52 to 6.
- The Provincial Health Services Authority has been created to work with the new regional health authorities in the coordination and equitable delivery of provincial programs and highly specialized health services such as tertiary, maternity, neo-natal, cancer care, heart surgery, transplants and treatment of severe burns.
- Consolidation and reduction of corporate infrastructure across the health regions.
- New, cost-effective business arrangements for provision of services using alternate service delivery methods and public/private partnerships.
- Re-alignment of laboratory resources to maximize efficiency and effectiveness and to reduce excess capacity in this area of health care.

- Implementation of performance management agreements with health authorities articulating expectations and accountabilities to ensure the public obtains good value, services and improved health outcomes from the health system.
- Home and Community Care Plan/Mental Health Plan implementation to be phased in over a five-year period to optimize use and efficiency of these services.
- Consideration of changes to fees for the non-health care costs of home and community care services, based on the client's ability to pay for these services, to ensure the health budget can be dedicated to health care.
- Addictions Services will be transferred to the health authorities.

### ***Discontinued programs/services***

- Health services consolidation will occur within and across regions, resulting in a reduction or elimination of some services in some locations to support higher priority services in the region.
- Changes to where and how services are provided will be made by each health authority consistent with their performance contracts with the Ministry of Health Services.
- Changes will involve significant staff reductions across all regions as a result of the changes in how services will be provided to create a sustainable health system.

## **2. EMERGENCY HEALTH SERVICES**

### ***Continuing programs/services***

- Pre-hospital emergency care, inter-facility emergency transfers.

### ***Changes in programs/services***

- Some reduction in program management staff.
- Some reduction of paramedic positions through attrition.
- Reduce demand for services by redirecting low priority calls to other resources (BC Health Guide Nurse Line, Poison Control, Social Services). This will ensure optimal use of specialized skills and resources.

### ***Discontinued programs/services***

- Elimination of transfer fleet for non-emergency patient transfer. Strategies to promote alternate providers for inter-facility non-emergency transfers will be developed.

## **3. MEDICAL SERVICES PLAN**

### ***Continuing programs/services***

- Payments for physician services.
- Payments for a limited number of supplementary practitioner services to low-income clients.

### ***Changes in programs/services***

- Changes to supplementary benefits coverage, effective January 1, 2002, will ensure this program is focused on assisting those in greatest need. Funding for many supplementary benefits – physiotherapy, chiropractic, massage therapy, naturopathy, non-surgical podiatry -- will be discontinued, except for people on income assistance. Coverage will be reduced for those on premium assistance, to a maximum of 10 visits annually for the combined range of services.
- Coverage for routine eye exams has been eliminated for adults (19 – 64 years), beginning November 2001.

- Implementation of the outcome of the physician arbitration process is expected to conclude in the spring of 2002.
- Closure of both Victoria and Burnaby in-person client service offices. All clients will have to access services by telephone or on-line.

## **4. PHARMACARE**

### ***Continuing programs/services***

- Provision of financial assistance for prescription medications through various coverage plans: universal, seniors, long term care, income assistance, cystic fibrosis, HIV/AIDS, mental health, and medically dependent children.

### ***Changes in programs/services***

- Pharmacare coverage has been changed resulting in seniors now paying a greater share of their drug costs. Maximum annual costs to seniors will be \$275, with seniors on premium assistance required to pay a maximum of \$200 annually.
- Deductibles for B.C. families have increased by \$200.
- Income testing will replace these initiatives effective January 1, 2003. This will make the burden of cost more equitable while protecting access for all families.

### ***Discontinued programs/services***

- Some drugs will be de-listed, consistent with criteria that ensure coverage will be provided only for the most clinically and cost effective medications.
- Home oxygen program will be devolved to the Health Authorities.

## **5. CAPITAL FINANCING**

### ***Continuing programs/services***

- Funding will be provided for capital projects that are part of the government's New Era commitments. All other projects, including those already in planning stages, will be reviewed by the new regional health authorities to determine their overall priority among other local needs and within available funding.

### ***Changes in programs/services***

- Some limited one time capital funding will be provided to health authorities to assist them in converting existing facilities to more appropriate uses consistent with new regional priorities.
- Debt servicing and operating costs for new capital projects will be the responsibility of the health authorities, which will prioritize projects with other local needs.
- Opportunities to partner with non-profit organizations and the private sector will be explored.

### ***Discontinued programs/services***

- Some previously announced projects may be delayed or canceled, following review by health authorities and the ministry over the next six months.

## **6. CORPORATE SERVICES AND PROGRAM MANAGEMENT**

### ***Continuing programs/services***

- Management and decision support for all ministry programs including administrative support services, financial services and information management.

### ***Changes in programs/services***

- Various ministry branches and special offices will be streamlined, reduced or eliminated consistent with the new focus on core functions (performance management, strategic initiatives, provincial programs, management services and finance). Most remaining direct service activities will be devolved to health authorities.
- Regional Programs will be restructured to align with the six new health authorities, with the main focus on performance management.
- Population Health and Wellness function has been realigned with the office of the Provincial Health Officer and transferred to the Ministry of Health Planning

### ***Discontinued programs/services***

- Elimination of up to 534 positions consistent with the new business functions, focus and priorities of the ministry with savings to be applied to maintaining delivery of direct patient services.
- BC Hearing Aid Program and technical support unit to be discontinued.
- Clinical advice services for individuals with developmental disabilities to become the responsibility of health authorities.
- Ministerial advisory committees will be eliminated, including HIV/AIDs, Seniors, Women's Health and Injury Prevention with responsibilities for these areas to be transferred to regions which will be directly responsible for delivering services in these areas. Expertise in these areas will be consolidated in the Ministry of Health Planning.

### Ministry Resources - Health Services and Health Planning

	Fiscal Year				Percent Change 2001/02 to 2004/05
	(Restated Estimates) 2001/02	2002/03	2003/04	2004/05	
<b>OPERATING EXPENSE (million \$)</b>					
<b>Health Services</b>					
One-time Funding	6	0	0	0	-100.0%
All Other Programs	9,510	9,520	9,521	9,521	0.1%
<b>Health Services Total</b>	<b>9,516</b>	<b>9,520</b>	<b>9,521</b>	<b>9,521</b>	<b>0.1%</b>
<b>Health Planning</b>	<b>26</b>	<b>17</b>	<b>16</b>	<b>16</b>	<b>-38.5%</b>
<b>Total</b>	<b>9,542</b>	<b>9,537</b>	<b>9,537</b>	<b>9,537</b>	<b>-0.1%</b>
<b>FTES</b>					
<b>Health Services:</b>					
- Emergency Health Services	1,819	1,759	1,759	1,759	-3.3%
- Transfer of Addictions Serv.	159	0	0	0	-100.0%
- Corporate & Program Mgmt.	1,350	1,027	877	816	-39.6%
<b>Health Services Total</b>	<b>3,328</b>	<b>2,786</b>	<b>2,636</b>	<b>2,575</b>	<b>- 22.6%</b>
<b>Health Planning</b>	<b>233</b>	<b>135</b>	<b>132</b>	<b>132</b>	<b>-43.3%</b>
<b>Total</b>	<b>3,561</b>	<b>2,921</b>	<b>2,768</b>	<b>2,707</b>	<b>-24.0%</b>

## Attachment 1

### Government Priorities relating to Ministry of Health Services

#### New Era Commitments Achieved/In Progress

- Maintain this year's overall \$9.5 billion budget for health.
- Introduce a Rural and Remote Training Support program that provides financial and travel assistance to health care providers who want to update or upgrade their skills and training.
- Protect current funding and existing levels of access to abortion services throughout the province, as a matter of confidence in government.
- Support community service volunteers.
- Provide expanded home care and palliative care services to assist chronically and terminally ill patients with supportive home environments, as an option to institutional care.
- Ensure that patients living at home in palliative or long term care are entitled to the same pharmaceutical benefits as they would have if they were in a hospital.
- Increase IT funding and digital infrastructure support to facilitate telehealth options to expedite and improve treatment, and reduce travel for northern and rural residents.
- Ensure that appointees to regional health boards are representative of their communities' needs and accountable for their performance in meeting provincial health standards.
- Provide better home support and home care services.
- Fulfill BC's obligations under the Canada Health Act to properly fund and provide access to all medically necessary services.

#### New Era Commitments Included in 02/03 – 04/05 Service Plan

- Provide health regions and hospitals with 3 year rolling funding commitments (updated annually) to enable them to plan and act with certainty.
- Increase future health care funding as economic growth increases government revenue.
- Fund health regions at a level necessary to meet needs.
- Give ambulance attendants better access to training and better life support and communications equipment needed to capitalize on those skills. (Implementation plan under development)
- Build a unified, universal, and cost-effective health services information network that will improve care and reduce long-term costs. (Implementation plan under development)
- Fully fund and implement the \$125 million mental health initiative. (Implementation plan under development)
- Work with non-profit societies to build and operate an additional 5,000 new intermediate and long-term care beds by 2006. (Implementation plan under development)
- Establish a Rural and Remote Health Initiative to ensure all families get the care they need, where they live, when they need it. (Implementation plan under development)

## Key Projects Included in 02/03 – 04/05 Service Plan

### **Minister of Health Services**

- Implement a monitoring system and accountability model for Regional Health Boards.
- Develop a response plan for non-performing organizations.
- Prepare service plans for provincially delivered health services.
- With Health Planning, develop an information management strategy, focusing on health information for the general population and on data standards for regional health authorities.
- Consider the advisability of including Pharmacare, ambulance services and Medical Services Plan in regional authority budgets.

### **Minister of State for Mental Health**

- Establish a public information program on mental health issues and community services in co-operation with other government agencies, professional bodies and community groups.
- Within the current budget allocation, and in co-ordination with Health Planning, ensure early action on mental health services.

### **Minister of State for Intermediate, Long Term and Home Care**

- Within the current budget allocation, and in co-ordination with Health Planning, ensure early action on intermediate, long-term and home care services.
- Establish a new and cost-effective strategy to provide 5,000 new intermediate and long-term care beds over the next five years.