

BALANCED BUDGET 2007

*Ministry of
Health*

2007/08 – 2009/10 SERVICE PLAN

February 2007



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Message from the Minister and Accountability Statement

I am pleased to present the 2007/08–2009/10 Service Plan for the Ministry of Health. This plan outlines the strategic priorities and key initiatives for the health system over the next three years.

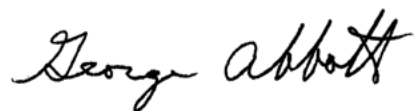
The Ministry of Health along with B.C.'s health authorities and a hundred thousand dedicated health professionals are committed to delivering high quality health services to British Columbians. Our work is done in support of our government's Five Great Goals for a Golden Decade that highlight healthy living and a quality health system as key priorities for British Columbia. Our vision of a modern health system is one that assists British Columbians across their life span, whether they need support to stay healthy, get better from an illness or injury, live with and manage a chronic disease or disability, or cope with the end of life.

Providing quality health services and ensuring the health system is sustainable for our children and grandchildren are of primary importance to the Ministry. Accordingly, in September 2006 Premier Campbell launched the Conversation on Health. In 2007 the Conversation on Health will continue to engage British Columbians in a discussion about health service priorities. The Conversation on Health is providing a valuable opportunity for government to hear about the health issues and solutions that matter most to British Columbians, and will guide us in our efforts to renew and improve our health system for today and ensure that we have a sustainable system for our children and grandchildren in the years to come.

Our 2007/08–2009/10 Service Plan also focuses on a number of initiatives that build on our Pacific Leadership Agenda to improve the health of British Columbians and renew our public health care system. One of our top priorities is to improve the health of the First Nations population through the implementation of the First Nations Health Plan. Another priority is to fulfill our commitment to build 5,000 net new residential care beds and assisted living units; we have now built over 2,500 net new beds and we will complete our 5,000 bed commitment by the end of 2008. We will also continue to work to enhance mental health and addiction services, reduce waiting times for surgeries, particularly for hip and knee replacements, and ensure that our hospital emergency departments serve people in a timely manner. In addition, we will continue to expand educational and recruitment programs to ensure there are enough health professionals and health workers to help meet the needs of British Columbians now and in the future.

The Ministry of Health 2007/08–2009/10 Service Plan was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared. All material fiscal assumptions and policy

decisions as of February 14, 2007 have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.

A handwritten signature in black ink that reads "George Abbott". The signature is written in a cursive style with a large initial 'G' and 'A'.

Honourable George Abbott
Minister of Health

February 14, 2007

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Ministry Overview

Purpose of Ministry

The Ministry of Health is responsible for British Columbia's health system, with a mandate to guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. The B.C. health system is one of the province's most valued social programs as it touches all British Columbians' lives — at some point virtually every person in the province will access some level of health care or health service. Furthermore, good health is critical to overall well-being because it enables people to enjoy their lives, take advantage of education and employment opportunities, and participate fully in society and the economy.

Service Delivery

The Ministry of Health provides leadership, direction and support to its service delivery partners, such as health authorities, physicians and other health professionals, who directly deliver the majority of health services in British Columbia. The province's six health authorities are the main organizations responsible for local health service delivery (see Appendix 1 — Profile of Health Authorities). Five regional health authorities are responsible for delivering a full continuum of health services to meet the needs of the population within their respective regions. A sixth health authority, the Provincial Health Services Authority, is responsible for ensuring British Columbians have access to a coordinated network of high quality specialized health services, such as cancer care, specialized cardiac services and transplant operations.

The Ministry also leads and manages health programs outside the scope of services delivered by the health authorities. The two largest of these are the Medical Services Plan and PharmaCare programs which provide physician services and prescription drug coverage for B.C. residents.

The delivery of health services and the health of the population are continuously monitored and evaluated by the Ministry. These activities inform the Ministry's strategic and policy direction to ensure the delivery of health services continues to meet the needs of British Columbians.

Vision, Mission and Values

Vision

A health system that supports people to stay healthy, and when they are sick provides high quality publicly funded health care services that meet their needs.

Mission

To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.

Values

A set of beliefs, consistent with the principles of the *Canada Health Act*, defines our organizational behaviour:

- **Citizen and patient focus** which respects the needs and diversity of all British Columbians.
- **Equity** of access and in the quality of services delivered by government.
- **Access** for all to quality health services.
- **Effectiveness** of delivery and treatment leading to appropriate outcomes.
- **Efficiency**, providing quality, effective, evidence-based services in a cost-effective way.
- **Appropriateness**, providing the right service at the right time in the right setting.
- **Safety** in the delivery of health services.
- **Sustainability** for the health system so it will meet British Columbians' needs now and in the future.

Strategic Context

Planning Context and Key Strategic Issues

The Ministry of Health operates within the broader economic, social and environmental influences that affect the population's health status. Enjoying good health and a high quality of life depends on many factors, including access to quality education, meaningful employment, stable family and community environments, and making healthy lifestyle choices.

Access to high quality health services also has a positive influence on health status. In British Columbia, citizens are supported in maintaining their health by a publicly funded health system, directed by the Ministry of Health and delivered primarily by B.C.'s health authorities and health care professionals. In the past 35 years, the scope of the public health system has expanded beyond traditional hospital and physician services to include comprehensive public health programs, a broad team of service providers, prescription drugs, home and community care and more.

This expansion of health services, along with the realities of British Columbia's growing and aging population is threatening the sustainability of the health system. Government understands the importance of the health system to British Columbians and is working to ensure high quality health services are available now and in the future. A key approach in this task is engaging British Columbians in a Conversation on Health that discusses the complex issues involved in delivering health services and will inform Government about the issues and solutions that matter most to British Columbians. The Conversation on Health, which began in 2006/07, will continue in 2007/08 as a discussion among British Columbians on how to make British Columbia healthier, and how to improve and renew the health system.

In addition to the Conversation on Health, Government has also identified a number of other priority areas for action in the health system. Accordingly, the following areas are priorities for the Ministry of Health, and are featured in this service plan:

- Improving the health and wellness of British Columbia's Aboriginal population.
- Building 5,000 net new residential care, assisted living and supportive housing beds by December 2008.
- Strengthening our primary health care system to better meet the changing needs of B.C.'s population.
- Reducing waiting times in key surgical and medical areas, including cardiac treatment, diagnostic imaging, joint replacements, cancer services and sight restoration.

- Addressing emergency department congestion and improving the effectiveness and efficiency of emergency departments.
- Enhancing mental health and addiction services for those in need.
- Ensuring there is an appropriate supply of health human resources to meet the health needs of British Columbians, now and in the future.

Challenges and Risks

The Ministry of Health and broader health system is significantly challenged by the increasing demand for health services in British Columbia. The most significant factors increasing demand are the province's aging population, a rising burden of illness from chronic diseases, and advances in technology that are enabling new procedures and treatments. In addition, the Ministry is challenged in meeting this rising demand by increasing world-wide competition for health professionals and health workers, and the need to direct investments to maintain and improve the health system's physical infrastructure (buildings and equipment).

The Aging Population

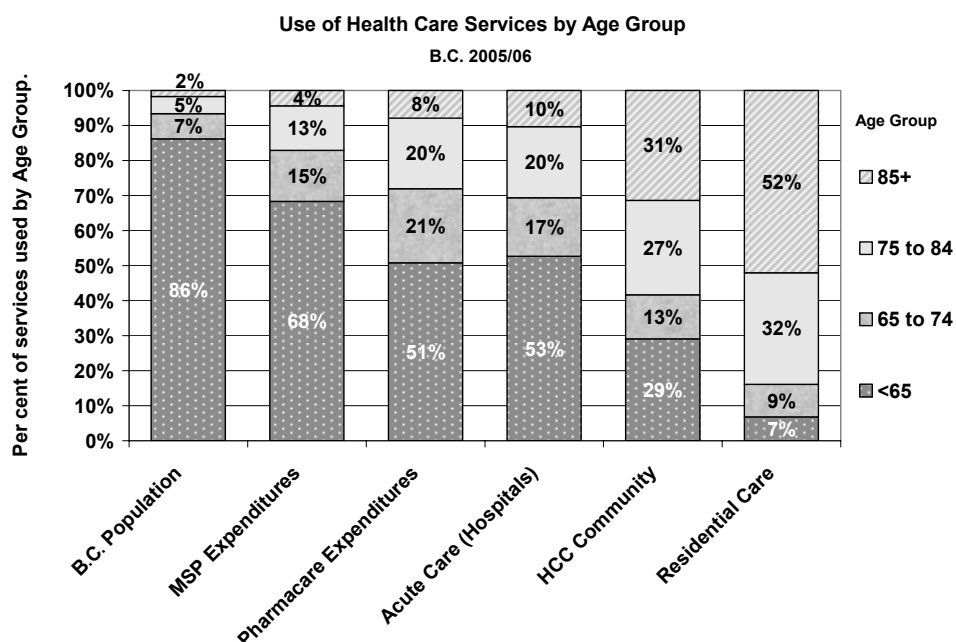
Between 2001 and 2005, the British Columbia population grew by 4.3 per cent from 4,078,447 people to 4,254,522 people, and all of this increase was from the population aged 45 or older. While the population under 20 years old decreased, and the 20 to 44 age group remained relatively constant, the 45 to 64 aged population increased 14.8 per cent and the senior's population aged 65 or older increased 8.7 per cent, with the over 85 year old segment growing faster than any other age group. The table below shows the changes in the population from 2001 – 2005.

Change in Population by Age Groups, 2001 to 2005

Population Estimates	2001	2005	Change 2001 to 2005	
			Change	%
B.C. Population < 65				
<20	1,005,618	975,089	-30,529	-3.0%
20 to 44	1,530,760	1,542,006	11,246	0.7%
45 to 64	1,002,434	1,150,671	148,237	14.8%
Total B.C. Population < 65	3,538,812	3,667,766	128,954	3.6%
B.C. Seniors Population				
65 to 74	290,349	304,967	14,618	5.0%
75 to 84	188,478	208,267	19,789	10.5%
85+	60,808	73,522	12,714	20.9%
Total Seniors Population	539,635	586,756	47,121	8.7%
Seniors as % of B.C. Population	13%	14%	27%	
B.C. Total Population	4,078,447	4,254,522	176,075	4.3%

Source: PEOPLE 31, BC Stats.

The aging population is a significant driver of demand as the need for health services rises dramatically with age. For example, compared to a typical 65 to 74 year old, a typical 85 years or older person uses 3 times more acute care services, 12 times more community services and 25 times more residential care services. In 2005/06 those over 65 made up 14 per cent of the B.C. population, but used 47 per cent of acute care services, 49 per cent of PharmaCare expenditures, 71 per cent of home and community care services and 93 per cent of residential care services. The following chart shows the relationship of age to the use of health services.



Source: Population: PEOPLE 31; MSP expenditures 2005/06; PharmaCare Expenditures 2005; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2005/06; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2005/06.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions, such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma, which often do not improve and are rarely cured completely. It is estimated that in 2004/05 over one million people in B.C. had one or more chronic diseases. As most chronic diseases are more common in older populations, it is expected their prevalence will continue to increase as the population ages.

Chronic disease, particularly in advanced stages, creates demand for acute hospital care services. For instance in 2004/05, 39 per cent of coronary bypass surgeries, 49 per cent of dialysis, 62 per cent of lower limb amputations and 70 per cent of retinal surgeries were performed on patients with advancing diabetes.¹ More broadly, a study by the B.C. Centre for Health Services and Policy Research in 2002 found that 5 per cent of the population generally accounts for 30 per cent of health system expenditures, including 30 per cent of physician payments, 36 per cent of hospitalizations and 64 per cent of hospital days.² Further analysis by the Ministry of Health revealed 80 per cent of the high needs patients had at least six complex chronic conditions. Overall, the increasing prevalence of chronic disease and the resulting burden of illness is a significant driver of demand for health services.

¹ 2004/05 MSP, DAD, and PharmaCare data.

² Reid et al., BC Centre for Health Services and Policy Research (2002).

Advances in Technology and Pharmaceuticals

New treatments and technologies are improving health care but also creating increased demand by expanding the number of patients who can be treated and changing how and where services can be delivered. For example, before the development of microsurgery and laser treatments, cataract removal was only recommended for people with very serious visual impairment. Now, due to changes in technology, cataract removal is recommended for a wider range of patients and can be done as a day procedure. Similarly, many new diagnostic procedures have been made available over recent years, and MRI, CT scans, and non-invasive cardiology tests are now common diagnostic services.

New treatments, coupled with the aging population, are driving demand across a number of surgical procedures, particularly angioplasties, cataracts and hip and knee replacements. This is demonstrated by the increased numbers of these procedures — between 2000/01 and 2005/06 angioplasties increased by approximately 62 per cent, cataracts by 33 per cent, hip replacements by approximately 47 per cent and knee replacements by approximately 84 per cent, while the general population only increased by 4.3 per cent and those over 65 years of age by 8.7 per cent.

Advances in drug therapy, again along with the aging population, are increasing demand on B.C.'s PharmaCare program. Increased use of drug therapy, newer and more expensive drugs entering the market and the emergence of new diseases and new areas of pharmacology are all creating increased demand for prescription medication. Between 2001 and 2005, the number of prescriptions filled by British Columbians that had some level of PharmaCare coverage increased by 22 per cent and the average prescription per beneficiary increased by 36.5 per cent.

Human Resources and Health System Infrastructure

The Ministry is also faced with the challenge of providing the appropriate human resource and physical infrastructure for the health system. As the population ages so too does the health care workforce. Looming retirements in the health workforce combined with the rising demand for services and increased international competition for health professionals impact the province's ability to maintain an adequate supply and mix of health professionals and workers for British Columbia's health system.

Another financial challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The Ministry is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure the health system provides high quality and safe health care to British Columbians.

Capacity to Manage Risks

Government has significantly increased funding for health services; however, funding increases alone will not meet the increasing and changing demands placed on the health system. Accordingly, the Ministry will continue to undertake several strategies to ensure the health system is able to adapt and respond to changing demands.

As noted earlier in the service plan, the Ministry is engaging British Columbians in a Conversation on Health to hear what is important to them, what challenges are the most important to address, and what solutions are available to ensure good health and a sustainable health system in the long term. Listening to British Columbians enhances the Ministry's capacity to make the right decisions in meeting the challenges of delivering a publicly funded health system.

The Ministry is also engaging in longer-term planning and employing more integrated approaches to anticipating and meeting longer-term needs. The Ministry has significantly strengthened its data collection and analysis capability, and developed a long-term planning framework that provides structured guidance to ensure health system planning activities are evidence-based and focused on population and patient needs. The improved data and the framework guide the Ministry's planning in key service delivery and infrastructure areas, such as health human resource planning, information technology (including eHealth) planning, and capital investment planning for facilities and equipment. Longer-term coordinated approaches based on evidence derived from sound data and analysis strengthens the Ministry's ability to make the right strategic investments to deliver a quality health system now and in the future.

Further, our capacity to manage change has been greatly increased through the development of an accountable, efficient and responsive health sector that welcomes the challenge of improving services for the citizens of British Columbia. One of our strengths is the streamlined structure of five geographic health authorities responsible for the delivery of health services within their regions, and one additional authority responsible for highly specialized services, such as cancer and cardiac care, province-wide. This structure is well designed to manage the complexity of the health system, take advantage of the ability to adapt to change, foster innovation and make strategic investments across the continuum of care. The British Columbia structure is responsive to the changing needs of the population and well prepared to meet the challenges of an increasingly diverse, growing and aging population.

Core Business Areas

The work of the Ministry is encompassed within the following core business areas:

Core Business Area: *Services Delivered By Partners*

Our partners deliver the vast majority of health services to the public. These services span the continuum of health services, from population health programs to end-of-life care. Accordingly, this core business accounts for the vast majority of health expenditures, and is the primary focus of the system redesign efforts detailed in this service plan. The major areas included in this core business are:

Regional Health Sector

B.C.'s six health authorities are the Ministry's key organizational partners in delivering services to British Columbians. More than 90 per cent of the Regional Health Sector funding is provided to the six health authorities for the provision of most local health services, including health promotion and protection services, primary care, hospital services, home and community care, mental health and addiction services, and end-of-life care.

The remaining funding is provided to other health agencies for related health services, including: the provision of blood services, out of province hospital services, post-graduate medical education, health care risk management, and some palliative care services.

Medical Services Plan

The Medical Services Plan funds medically necessary services provided by general practitioners, specialists, midwives and other practitioners, including diagnostic services. Services are funded in a variety of ways: through fee-for-service; contracts (including contracts with health authorities); and salaried positions. Medical Services Plan funding also provides supplementary benefits to low-income British Columbians for a range of services, including physical therapy, naturopathic and chiropractic services.

PharmaCare

PharmaCare is B.C.'s prescription drug insurance program and includes several benefit plans. The main plan is Fair PharmaCare, which provides insurance to B.C. families for prescription drug costs. Several other plans exist to address the health needs of individuals, including seniors in long term care facilities, severely disabled children who are cared for at home, enzyme treatment for people with cystic fibrosis, and clients on provincial income assistance.

Health Infrastructure Investment (Debt Service Costs and Amortization of Prepaid Capital Advances)

Government provides debt-financed funding to health authorities for specific capital purposes including the capital cost of new buildings and renovations and improvements to health facilities, as well as diagnostic and medical equipment and information technology. Debt service costs and amortization related to infrastructure investment are captured in this area.

Health Benefit Operations

Health Benefit Operations provides administrative services for B.C.'s PharmaCare Program and Medical Services Plan. These services do not involve direct health care delivery, but include registering beneficiaries, processing medical and pharmaceutical claims from health professionals, and responding to inquiries from the public. Since April 1, 2005 these administrative services have been delivered by Health Insurance BC through an operating agreement. Funding in this area represents the Ministry's purchase of these administrative services.

Core Business: *Services Delivered By Ministry*

This core business encompasses two important public services: the B.C. Ambulance Service, which is delivered through the Emergency Health Services Commission, and the Vital Statistics Agency.

Emergency Health Services (B.C. Ambulance Service)

The B.C. Ambulance Service is responsible for providing effective, efficient and equitable emergency health services for the province. The Ambulance Service is a provincial service with 190 stations, 491 active ambulances and 3 flight centres across the province, responding to nearly 500,000 calls each year.

British Columbia Vital Statistics Agency

The Vital Statistics Agency is responsible for documenting important events for B.C. citizens such as births, marriages, and deaths. There are two primary outputs of the Agency's vital event registration activities: the production of accurate, timely and relevant health statistics and information, and the issuance of certified documents pertaining to individual vital events (e.g., birth certificates). The Agency also has a key responsibility to secure and protect personal identity records by taking appropriate measures to prevent identity theft and related frauds as they may relate to British Columbia vital event records and documents.

Core Business: *Stewardship and Corporate Management*

This core business provides leadership, establishes policy, and administers accountability and planning processes for British Columbia's health system. The Ministry sets the overall strategic direction for the health system, provides the appropriate legislative and regulatory frameworks to allow it to function smoothly, and plans for the future supply and use of

health professionals, technology and facilities. (An overview of the Ministry's Information Resource Management Plan can be found at: <http://www.health.gov.bc.ca/cpa/publications>). The Ministry also monitors the health of the population and plans for and coordinates responses to major public health risks and emergencies. The Ministry evaluates health system performance against clearly articulated expectations, and takes corrective action where necessary to ensure the population's health needs are being met.

This core business area includes the Office of the Provincial Health Officer. Under the *Health Act*, the Provincial Health Officer is the senior medical health officer for British Columbia and provides independent advice to the Minister of Health, the Ministry and the public on public health issues and population health. Each year, the Provincial Health Officer must report publicly, through the Minister of Health, to the legislature, on the health of the population.

New Relationship

The Government of British Columbia is leading the country in developing a New Relationship with First Nations and Aboriginal people. Guided by principles of trust, and by recognition and respect of First Nations, rights and title, we are building a stronger and healthier relationship between government and Aboriginal people. By working together, we will bring tangible social and economic benefits to Aboriginal people across the province, and narrow the gap between Aboriginal people and other British Columbians.

In November 2005, the Province of British Columbia, the First Nations Leadership Council³ and the Government of Canada signed an historic agreement entitled the Transformative Change Accord. The Accord recognizes the need to strengthen relationships on a government-to-government basis, and affirms the parties' commitment to close the gaps between First Nations and other British Columbians in the areas of education, health, housing and economic opportunities over the next 10 years.

To address the health gap between First Nations and other British Columbians, the First Nations Leadership Council and the Government of British Columbia have developed a First Nations Health Plan. This Health Plan identifies four key areas for collaboration and action that will guide our efforts to improve the health and well-being of First Nations peoples and communities. Those areas are:

1. Governance, Relationships and Accountability

British Columbia and First Nations will work together to increase the involvement of First Nations in decision making concerning health services for First Nations, and establish clear mechanisms for working with governments and health authorities so that health services are better aligned with the needs of First Nations.

2. Health Promotion /Disease and Injury Prevention

British Columbia and First Nations will work together to improve health promotion, and disease and injury prevention services so that First Nations people experience lower levels of preventable diseases and injuries, and live longer and healthier lives.

3. Health Services

British Columbia and First Nations will seek to provide equitable access to health services that meet the needs of First Nations communities, and ensure that these services are culturally sensitive.

³ The First Nations Leadership Council is composed of executives of the BC Assembly of First Nations, First Nations Summit and Union of BC Indian Chiefs.

4. Performance Tracking

British Columbia and First Nations will work together to develop the data and information necessary to improve health services and to monitor and report on health status and health care information for First Nations in B.C.

A number of specific actions and initiatives are identified under each of the key areas of the First Nations Health Plan. Highlights include:

- The Provincial Health Officer appointing an Aboriginal physician to advise on Aboriginal health issues;
- A First Nations / Aboriginal specific ActNow BC program;
- A targeted Aboriginal Mental Health and Addictions Plan that includes healing circles, cultural camps and counselling programs that build community capacity;
- Improved access to primary health care services in Aboriginal health and healing centres;
- Improved health services and patient self-management programs to help manage chronic health conditions such as diabetes and Hepatitis C; and
- A new health centre in Lytton to improve acute care and community health services and better meet the needs of First Nations and other area residents.

For more information please see the First Nations Health Plan which is available on the Ministry of Health website at <http://www.health.gov.bc.ca/cpa/publications>.

Goals, Objectives, Strategies and Results

Overview

This section provides details of the Ministry's plans to meet the challenges and deliver on the priorities articulated earlier in the document. The first part of this section outlines the Ministry's alignment with and support of Government's overarching strategic goals and priority initiatives for British Columbia. Next is a summary table which provides an overview of the Ministry's performance plan for 2007/08–2009/10. Following the overview table is the full performance plan which includes details of the goals, objectives and strategies the Ministry will pursue and the results it intends to achieve.

Linkage to the Five Great Goals

Government has set out five overarching goals to guide the work of ministries in achieving the full potential of British Columbia. The Five Great Goals for a Golden Decade focus on literacy and education, healthy living and physical fitness, supports for disadvantaged populations, environmental stewardship and job creation. Detailed descriptions of the Five Great Goals can be found in the Government's Strategic Plan, available at <http://www.gov.bc.ca>.

The work of the Ministry of Health is guided by the Government's Five Great Goals. The Ministry's primary contribution to achieving the goals can be found in the goals focused on healthy living and physical fitness (Goal 2), providing supports to disadvantaged groups (Goal 3), and improving the province's air and water quality (Goal 4). Following is an overview of the key initiatives for B.C.'s health system that support the attainment of the Five Great Goals.

Great Goal 2: *Lead the way in North America in healthy living and physical fitness.*

The Ministry of Health will:

- Support government's ActNow BC initiative through which all ministries and all sectors contribute to supporting British Columbians to make healthy lifestyle choices in their schools, workplaces, homes and communities.
- Strengthen health protection programs to prepare for and respond to major public health risks such as SARS, West Nile virus, influenza, meningitis, and natural or accidental emergencies.
- Continue to deliver expanded immunization programs for children and seniors.

- Work to continue to reduce inequalities in health status among British Columbians, with a particular focus on improving Aboriginal health and wellness.
- Provide citizens with health information and advice 24 hours-a-day, 7 days-a-week, with translation services in over 130 languages through *BC HealthGuide* and BC NurseLine.

Great Goal 3: *Build the best system of support in Canada for persons with disabilities, those with special needs, children at risk, and seniors.*

The Ministry of Health will:

- Expand home and residential care options for seniors and persons with disabilities, including completing the commitment to build 5,000 net new residential care, assisted living and supportive housing spaces in partnership with BC Housing and community affiliates by December 2008.
- Continue to enhance mental health and addiction services across the province, and participate with other ministries, health authorities, BC Housing, municipalities and community organizations to develop and implement strategies to address mental health, addictions and homelessness.
- Work with the Ministry of Children and Family Development and the Ministry of Education to better integrate services for children and youth with special needs.

Great Goal 4: *Lead the world in sustainable environmental management, with the best air and water quality, and the best fisheries management, bar none.*

The Ministry of Health will:

- Work with ministries across government on the ongoing implementation of the *Drinking Water Protection Act* to ensure safe, quality drinking water for British Columbians.
- Work with ministries across government to protect and enhance the province's air quality by moving ahead on the recommendations of the Provincial Health Officer's Report on Air Quality in British Columbia.

Cross Ministry Initiatives

Government has also identified a number of key cross ministry initiatives to support achievement of the Five Great Goals. Each of these initiatives requires the efforts of multiple ministries to be successful. In 2007/08, the Ministry of Health will work with other ministries across government on the following initiatives:

ActNow BC

ActNow BC, led by the Ministry of Tourism, Sport and the Arts, combines cross government and community-based approaches to promote healthy living choices for British Columbians. The programs and initiatives champion healthy eating, physical activity, ending tobacco use, and healthy choices during pregnancy.

The Ministry of Health provides numerous health promotion initiatives in support of the ActNow BC program to help British Columbians live healthy and active lives.

StrongStart BC

StrongStart BC is a government cross ministry initiative to support the healthy development and early learning of children (birth to six). Priorities for the early years include early diagnosis for hearing, sight and dental problems; booster seat awareness; informing parents of the link between early childhood physical education and skill development; new “StrongStart Centres” for early childhood education; and language and cultural opportunities for Aboriginal children.

Crystal Meth Strategy

Government’s Crystal Meth Strategy, led by the Ministry of Public Safety and Solicitor General, targets the use and production of crystal meth through an integrated framework that strengthens partnerships amongst communities, service providers and law enforcement agencies. The Crystal Meth Secretariat was established in 2005 to support new and continuing initiatives based on prevention, treatment and enforcement.

The Ministry of Health supports these coordinated efforts through prevention and addiction treatment programs delivered through health authorities.

2010 Olympic and Paralympic Winter Games

All provincial ministries, agencies and Crowns have been working together to ensure every available opportunity to develop sustainable economic legacies are explored and pursued so that businesses and communities in British Columbia receive benefit from the Games.

The Ministry of Health is contributing to B.C.’s preparations for hosting the world at the 2010 Games. The Ministry is chiefly involved in ensuring emergency preparedness programs are in place and in planning for the effective use of emergency services, such as the B.C. Ambulance Service, during the Olympic and Paralympic Games.

Regulatory Reform

British Columbia continues to make regulatory reform a priority across government, making it easier for businesses to operate and succeed in British Columbia, while still preserving regulations that protect public health, safety and the environment. A citizen-centred approach to regulatory reform will reduce the number of steps it takes to comply with government requirements or access government programs and services.

The Ministry is continuing to support government's commitment to reduce the regulatory burden and develop a modern regulatory framework. The Ministry will continue to identify reduction and reform opportunities, and focus on improving regulations to ensure they are consistently results-based, cost-effective and flexible, and promote competitiveness and innovation.

Citizen-Centred Service Delivery Initiative

Citizen-centred service delivery is a government-wide initiative to coordinate information, programs and services so that they can be presented to citizens in a way that takes their needs into account from beginning to end. The vision is to make it possible for citizens to access the government information and services they need in a simple and timely manner with a phone call, a mouse click or a visit to a service centre, no matter how many programs or ministries are involved in their request.

Ministry of Health Goals

In setting its objectives and priorities the Ministry is guided by three overarching goals that focus on improving people's health and wellness, providing needed health care and services, and ensuring the health system is managed efficiently so it is sustainable now and in the future. These goals are:

Goal 1: Improved Health and Wellness for British Columbians.

British Columbians are supported in their pursuit of better health through health promotion and disease prevention activities.

Goal 2: High Quality Patient Care.

Patients receive appropriate, effective, quality care at the right time in the right setting. Health services are planned, managed and delivered in concert with patient needs.

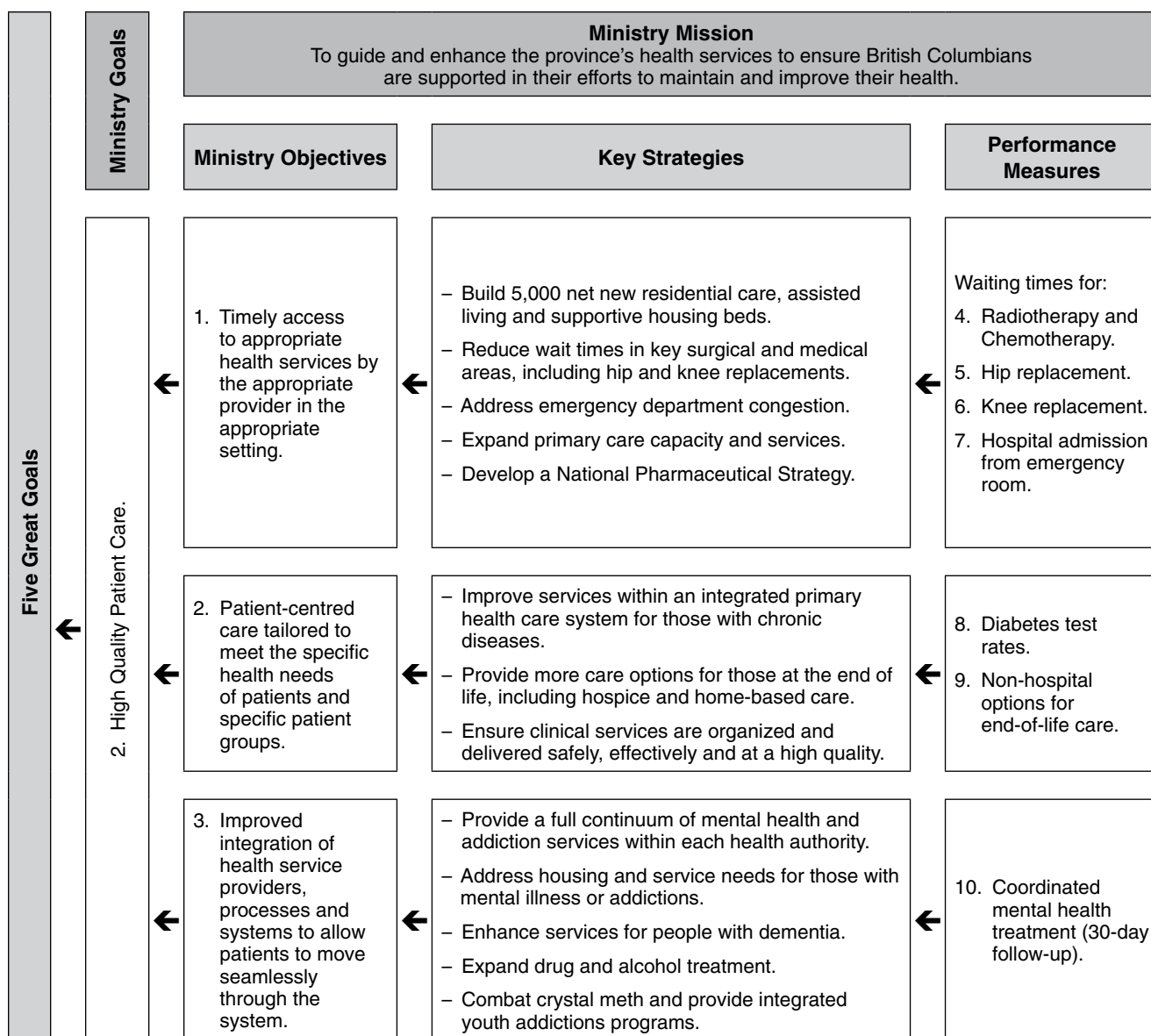
Goal 3: A Sustainable, Affordable, Publicly Funded Health System.

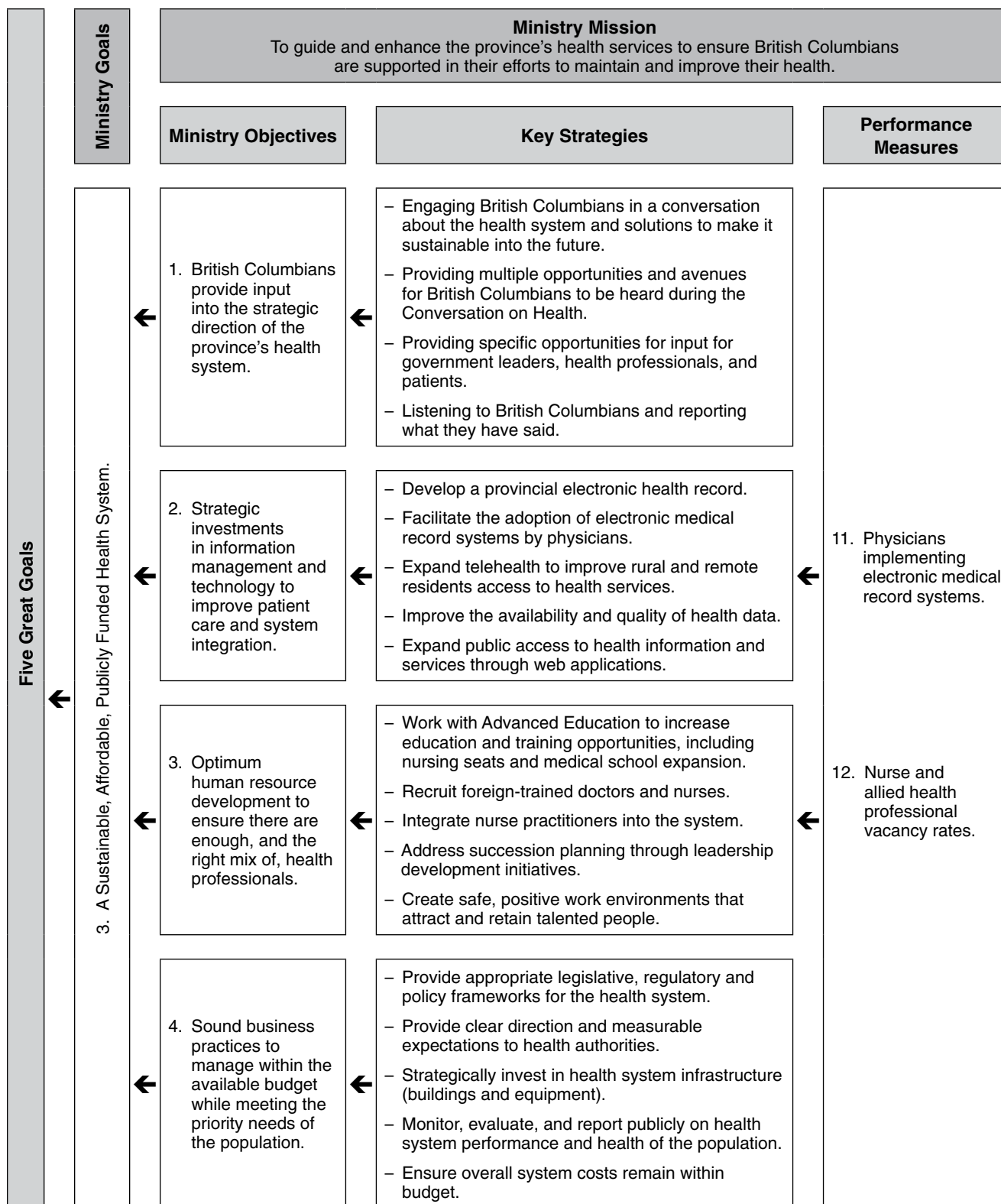
The public health system is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services.

Performance Plan Summary Table

		Ministry Mission To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health.		
		Ministry Objectives	Key Strategies	Performance Measures
Five Great Goals	Ministry Goals 1. Improved Health and Wellness for British Columbians.	1. Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices.	<ul style="list-style-type: none"> - Support <i>ActNow BC</i> to encourage healthy living. - Develop a staying healthy framework. - Provide hearing, vision and dental screening programs for healthy childhood development. - Support the Healthy Schools Initiative. - Provide access to health information and advice. - Collaborate on Canadian Public Health Strategy. 	1. Physical activity rates.
		2. Protection of the public from preventable disease, illness and injury.	<ul style="list-style-type: none"> - Strengthen core public health services. - Coordinate response to major public health risks, emergencies or epidemics. 	2. Immunization rates for children and elderly.
		3. Reduced inequality in health status across the B.C. population, particularly the Aboriginal population.	<ul style="list-style-type: none"> - Enable First Nations to take a leadership role in improving health status. - Design and deliver health promotion programs. - Improve access to culturally appropriate health services, and increase the number of trained First Nations health professionals. - Improve collection of First Nations health data to better inform planning of health services. 	3. Gap in life expectancy between the Aboriginal and the rest of the B.C. population.

Ministry of Health





Performance Plan

Goal 1: *Improved Health and Wellness for British Columbians.*

British Columbians are supported in their pursuit of better health through health promotion and disease prevention activities.

Core Business Areas: *Services Delivered by Partners.
Stewardship and Corporate Management.*

Objective 1: *Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices.*

British Columbians in general are among the healthiest people in the world. We want to support the excellent health status of the majority of our citizens while also helping those in the population who do not enjoy good health or are at risk of diminishing health from factors such as poor dietary habits, obesity, inactivity, injuries, tobacco use and problematic substance use. Services such as health promotion and protection, and chronic disease prevention and management, are important to maintaining and improving health outcomes while containing overall health system costs.

Providing British Columbians with self-care tools and resources can empower individuals and families to stay healthy and manage minor and chronic conditions safely, in collaboration with a health care professional where necessary. If we can keep people healthy and out of the health care system, we win on two fronts: people have a better quality of life, and scarce resources can be freed up for non-preventable illness.

Key Strategies:

- Supporting ActNow BC to encourage healthy and active living. The Ministry and its health authority partners will promote healthy lifestyles and prevent disease by providing people with information, resources and support to make healthy lifestyle decisions. One example is a new centre at BC Children's Hospital to help reduce obesity in children and adolescents. The Centre for Healthy Weights: Shapedown BC will help families of children and adolescents who are dealing with obesity and will target changes in nutrition and physical activity levels for the entire family.
- Assisting people to stay healthy across their life-span through the development of a staying healthy framework. The framework complements the illness care components of the health system; provides a system-wide approach to staying healthy; and focuses on public health renewal, population health promotion, prevention services in primary care, and self-care.

- Supporting healthy childhood development through programs to identify problems with hearing, vision or dental health for children before they reach Grade 1, and providing the supports and services necessary to address their needs.
- Partnering with the Ministry of Education in the following Healthy Schools Initiatives: supporting elementary students to increase their physical activity levels through Action Schools! BC; increasing fruit and vegetable consumption through the School Fruit and Vegetable Snack Program; supporting the elimination of unhealthy food and beverage sales in B.C. schools; and supporting the reduction of tobacco use among students.
- Providing British Columbians 24 hour-a-day access to health information, advice and resources to assist their self-care and self-management through the BC NurseLine and other components of the BC HealthGuide program.
- Working with the federal government and other provinces to develop a pan-Canadian Public Health Strategy, which will set goals and targets for improving the health status of Canadians.

Performance Measure:

As part of its focus on healthy living, the Ministry will continue to track physical activity rates in British Columbia. For physical activity, the target is to increase by 20 per cent the proportion of the B.C. population currently classified as active or moderately active from the 2003 rate of per cent to 69.5 per cent of the B.C. population by 2010.

Performance Measure	Baseline	2007/08 Target	2008/09 Target	2009/10 Target	Long-Term Target
Physical Activity Index* (age 12+).	58% classified as active or moderately active (2003).	Increase towards long-term target.	Increase towards long-term target.	Increase towards long-term target.	69.5% classified as active or moderately active.

* Data collected through the Canadian Community Health Survey. The most recent available data will be used for reporting purposes.

Objective 2: *Protection of the public from preventable disease, illness and injury.*

The second major approach to keeping people healthy is through providing effective public health services to prevent illness and disability. The Ministry and its partners play an important role in monitoring and protecting the health of the population. Legislation, regulation and monitoring of food, air and water quality lay the foundation for communities and citizens to live in healthy and safe environments. Immunization programs and infectious disease and injury prevention and control measures also help to improve population health, prevent illness and reduce health care costs.

Key Strategies:

- Protect health by implementing core public health programs, including immunization programs, infectious disease and injury prevention and control measures, monitoring and regulating water and environmental safety, reproductive health, food security and health emergency management.
- Continue to prepare and respond in a coordinated system-wide manner to major public health risks, emergencies or epidemics (e.g., West Nile virus, pandemic influenza, meningitis outbreaks, and natural or accidental emergencies). Work with other provinces and the federal government to reflect best practice implementation of the Canadian Pandemic Influenza Plan.

Performance Measures:

One important element of effective public health is immunization, particularly for infants and the vulnerable elderly. To this end, the Ministry will measure both the percentage of two-year-olds with up-to-date immunizations and the percentage of residents of care facilities who receive influenza vaccinations to protect them during flu season.

Performance Measure	2005/06	2007/08 Target	2008/09 Target	2009/10 Target	Long-Term Target
Immunization Rates:					
a) Two-year-olds with up-to-date immunizations.	67.9%*	5 percentage point increase over prior year.	5 percentage point increase over prior year.	5 percentage point increase over prior year.	95% (2015)
b) Influenza immunization for residents of care facilities.	92.4%	Maintain at or above 90%.	Maintain at or above 90%.	Maintain at or above 90%.	Maintain at or above 90%.

* Data is collected by calendar year (2005 shown, 2006 unavailable at time of publication). The data has been revised from previously published data for this measure which did not include reporting from all health authorities; data now include all health authorities except Vancouver Coastal.

Objective 3: *Reduced inequality in health status across the B.C. population, with a particular focus on improved health status for the Aboriginal population.*

As part of promoting and protecting health, the Ministry and its partners are focusing on reducing inequalities in health status across the B.C. population. In particular, we are supporting the Government's New Relationship with First Nations and the Transformative Change Accord by working with First Nations to improve health and eliminate the gap in health status between First Nations and the rest of the British Columbia population.

The First Nations Leadership Council and British Columbia have developed the First Nations Health Plan to identify priorities for action to close the health gap between First Nations and other British Columbians.

Key Strategies:

- Enable First Nations to take a leadership role in improving their health status and in providing input into health planning, as well as in reviewing health outcomes for First Nations people.
- Design and deliver health promotion and disease prevention programs designed for First Nations. The Minister of State for ActNow BC will work with First Nations communities, the National Collaborating Centre on Aboriginal Health and health authorities to develop a First Nations/Aboriginal specific ActNow BC program.
- Provide First Nations with improved access to quality, culturally appropriate health services. Priorities include a new health centre in Lytton, a new chronic disease management pilot program in the Northern Health Authority, improved mental health and addictions services, and new post-secondary educational opportunities to increase the number of trained First Nations health care professionals.
- Improve the collection of First Nations health status and health service information (data) and use it to improve health services and monitor and report on the health status of First Nations in British Columbia.

Performance Measures:

Monitoring and reporting on health outcomes and the health status of First Nations' people is a key component of the First Nations Health Plan. The Health Plan identifies a number of performance indicators that will be used to measure the effectiveness of programs in closing the health gap between First Nations and other British Columbians. Measures identified in the First Nations Health Plan include life expectancy, mortality rates, infant mortality rates, youth suicide rates, diabetes rates, childhood obesity prevalence, and the number of practicing, certified First Nations health care professionals. A copy of the First Nations Health plan, which includes descriptions and targets for each of these measures, can be found at <http://www.health.gov.bc.ca/cpa/publications>.

The Provincial Health Officer will issue an Aboriginal health status report, including indicators from the First Nations Health Plan, every five years with interim updates produced every two years. These reports will be available at: <http://www.health.gov.bc.ca/pho>. Meanwhile, the Ministry service plan will track life expectancy for Aboriginal people as an overarching indicator of Aboriginal health. Aboriginal life expectancy has been improving in recent years, but there is still a significant gap between life expectancy in the Aboriginal population and life expectancy for the rest of the B.C. population.

Performance Measure	Baseline	2007/08 Target	2008/09 Target	2009/10 Target	Long-Term Target (2015)
Gap in life expectancy between the Aboriginal and the rest of the B.C. population.*	7 years difference in life expectancy between the Aboriginal and the rest of the B.C. population.	Decrease the gap.	Decrease the gap.	Decrease the gap.	Close the gap to less than 3 years difference.

* The subset of Aboriginal people who are Status Indian is used as a proxy measure for the total Aboriginal population as Status Indians are the only Aboriginal people who can be identified in Vital Statistics databases at this time. Currently a Status Indian born between 2001 and 2005 can expect to live near 75 years, while other residents can expect to live 82 years.

Goal 2: *High Quality Patient Care.*

Patients receive appropriate, effective, quality care at the right time in the right setting. Health services are planned, managed and delivered in concert with patient needs.

Core Business Areas: *Services Delivered by Partners.*
Services Delivered by Ministry.
Stewardship and Corporate Management.

Objective 1: *Timely access to appropriate health services by the appropriate provider in the appropriate setting.*

All British Columbians should be able to access appropriate health services when they need them, be that for a visit to a family doctor, prescription drug therapy, emergency treatment, elective surgery or ongoing care. The Ministry and its partners have been working diligently to ensure hospitals, community services and health professionals are used in the most efficient and effective way possible so that people get the right type of care in the right type of setting that will lead to the best health outcome. The key approaches have been to ensure there is an adequate supply of key providers, to increase the range and availability of services provided in the community, and to ensure that our hospitals are used effectively to provide emergency and acute care, such as surgery or cancer treatment.

Key Strategies:

- Increasing the range of supportive living environments and community care options, across the spectrum from home care to residential facility care, for elderly and disabled individuals so they can remain as independent as possible in their own homes and communities while also having the full support of residential care if their health conditions require the highest level of care. Part of this strategy is completing the commitment to build 5,000 net new residential care, assisted living and supportive housing beds by December 2008.

- Reducing wait times in key surgical and medical areas, including cardiac treatment, diagnostic imaging, joint replacements, cancer services and sight restoration.
- Addressing emergency department congestion and improving the effectiveness and efficiency of emergency departments through initiatives both within and outside hospitals.
- Expanding primary care capacity and services delivered by doctors, nurse practitioners, pharmacists and other key professionals to provide effective first point of contact care and help keep people with chronic diseases as healthy as possible.
- Providing British Columbians access to prescription drug therapy through the PharmaCare program, and co-leading with the Federal Government the development of a National Pharmaceuticals Strategy to provide access to catastrophic drug coverage, accelerate access to breakthrough drugs, strengthen the national evaluation of drug safety and effectiveness, and pursue national purchasing strategies to obtain drugs and vaccines at the best price possible.

Performance Measures:

The Ministry is tracking a number of access indicators aligned with its key strategies, including access to cancer treatment, hip and knee replacement surgeries, and access to hospital services through the emergency department. Descriptions of the measures in each of these areas are provided below:

- a) Timely access to cancer treatment — radiotherapy and chemotherapy.

Radiation therapy and chemotherapy are principal treatments in cancer care. Ensuring treatment is available and provided in a timely manner is important to achieving the best health outcomes for patients.

Performance Measure	2005/06	2007/08 Target	2008/09 Target	2009/10 Target	Long-Term Target
Waiting times for cancer treatment:					
a) Radiotherapy	96.5% began treatment within four weeks of being ready to treat.	Maintain at or above 90% within four weeks.	Maintain at or above 90% within four weeks.	Maintain at or above 90% within four weeks.	Maintain at or above 90% within four weeks.
b) Chemotherapy	85% began treatment within two weeks of being ready to treat.	90% within two weeks.	90% within two weeks.	90% within two weeks.	90% within two weeks.

b) Timely access to surgical services — hip and knee replacement surgery.

Demand for hip and knee replacement surgeries has been rising sharply as the population ages and new surgical techniques and technology makes replacement surgeries available to more people. The Ministry is making significant efforts to improve access to these services and has established a target for 90 per cent of hip and knee replacements to be completed within 26 weeks by 2010.

Performance Measures	2005/06	2007/08 Target	2008/09 Target	2009/10 Target	2010 Target
Waiting time for surgery: Percentage of hip replacement cases completed within 26 weeks.	52% completed with 26 weeks.	Increase towards 90% within 26 weeks.	Increase towards 90% within 26 weeks.	Increase towards 90% within 26 weeks.	90% within 26 weeks.
Percentage of knee replacement cases completed within 26 weeks.	47% completed with 26 weeks.	Increase towards 90% within 26 weeks.	Increase towards 90% within 26 weeks.	Increase towards 90% within 26 weeks.	90% within 26 weeks.

c) Timely access to hospital services — hospital admission from the emergency department.

A hospital admission can either be planned, such as scheduled surgery, or unplanned. This measure focuses on unexpected hospital admissions that occur through hospital emergency departments. Many people are appropriately treated and released from emergency departments, but some people require an extended course of treatment and must be admitted to hospital. Measuring the amount of time from the decision to admit a patient from an emergency department to when the patient is admitted to an inpatient bed provides an indication of access to appropriate levels of care.

Performance Measure	2005/06	2007/08 Target	2008/09 Target	2009/10 Target	Long-Term Target
Proportion of patients admitted from an emergency department to an inpatient bed within 10 hours of the decision to admit.*	66% admitted within 10 hours.	Increase toward long-term target.	Increase toward long-term target.	Increase toward long-term target.	80% admitted within 10 hours

* Major hospital sites only. Major hospital sites are those with over 35,000 emergency room visits per year and include Burnaby, Kelowna, Lions Gate, Nanaimo, Prince George, Richmond, Royal Columbian, Royal Jubilee, Royal Inland, St. Paul's, Surrey Memorial, Vancouver General and Victoria General Hospitals.

Objective 2: *Patient-centred care tailored to meet the specific health needs of patients and specific patient groups.*

B.C.'s health system is committed to providing top quality care and services. When people use the system we must ensure the care they receive is centred on their needs, safe, evidence-based and will lead to the best health outcomes. Since one size does not fit all in health service delivery, the Ministry is working with health authorities, physicians and other providers to design and deliver customized care that addresses the unique needs of patients or specific patient groups, such as those with chronic diseases. Implementing a quality focused, patient-centred approach can improve quality of life and health outcomes for patients and provide better use of health services.

Key Strategies:

- Increasing the emphasis on the effective management of patients with chronic diseases to prevent or slow disease progression. The primary areas of focus are diabetes, congestive heart failure, kidney disease, chronic obstructive pulmonary disease, osteo and rheumatoid arthritis and dementia.
- Expanding end-of-life care services, including hospice and home-based palliative care, to provide dying people with greater choice and access to services.
- Ensuring the quality and safety of health services across the continuum of care by reviewing safety issues and by developing and implementing safety guidelines, best practices and initiatives.

Performance Measures:

The Ministry is tracking two measures under this objective. The first measure centres on improving chronic disease management, focusing specifically on the treatment of diabetes. The second measure for this objective is an indicator of the availability of non-hospital care options for persons at the end of life.

- a) Improved management of diabetes measured by the percentage of patients with diabetes who undergo at least two hemoglobin A_{1c} tests per year.

Diabetes is one of the most common chronic diseases. It affects about five per cent of British Columbians and is steadily increasing in prevalence. The hemoglobin A_{1c} test is a simple lab test used in the management of diabetes that shows the average amount of sugar (glucose) that has been in a person's blood over the previous three months. The A_{1c} test shows if a person's blood sugar is close to normal or too high, and is recommended as part of best practice care for diabetes because it allows patients and their physicians to be aware of abnormalities faster and take action to lower complication rates. Improved management of diabetes means a healthier life for the patient and a reduced impact on the health system.

Performance Measure	2005/06	2007/08 Target	2008/09 Target	2009/10 Target	Long-Term Target (2014)
Percentage of patients with diabetes who undergo at least two A _{1c} tests per year.	45%	50%	55%	60%	70%

- b) Availability of palliative care options as measured by the percentage of natural deaths occurring in settings outside hospital (home, residential care, hospice).

As part of a comprehensive plan to improve end-of-life care, the Ministry is monitoring the number of natural deaths that occur in settings outside hospital. An increase in the rate will serve as a proxy measure for improvements in the availability of a range of appropriate non-hospital choices for end-of-life care. It is recognized, however, that some deaths appropriately occur in a hospital setting. Accordingly, a long-term target has not yet been set as the Ministry continues to research and develop best practices for end-of-life care.

Performance Measure	2005	2007/08 Target	2008/09 Target	2009/10 Target	Long-Term Target
Percentage of natural deaths occurring in settings outside hospital (home, residential care, hospice).	45.7% of natural deaths occur in settings outside hospital	>48% of natural deaths occur in settings outside hospital	Further increase in natural deaths outside hospital.	Further increase in natural deaths outside hospital.	Not yet determined.

Objective 3: *Improved integration of health service providers, processes and systems to allow patients to move seamlessly through the system.*

The health system is very complex. The diversity of health needs across the province means the system is always caring for unique patients through different caregivers, in different settings, every day. While we have made good progress, the Ministry and its partners will continue to work to improve the integration of those services so care can be provided in the most coordinated and seamless manner possible, which benefits both patients and health service providers.

In addition, the Ministry is also committed to improved collaboration and coordination with other provincial government ministries and with agencies outside the traditional health system. Coordinated action and improved integration will allow government to provide better support services for persons with disabilities, special needs, children at risk and seniors.

Under this objective, the Ministry has a particular focus on mental health and addiction services. People with mental illness or substance misuse disorders often must access various

providers to receive care and support services. The Ministry and its partners are working to ensure services, from child and youth to adult programs, are integrated and available within people's home communities to improve and simplify the patient experience, while ensuring the appropriate care and services are delivered.

Key Strategies:

- Providing a full continuum of high quality mental health and addiction services within each health authority, which better integrates primary, secondary, community and tertiary care and is integrated within the larger care networks.
- Working with other ministries, BC Housing, health authorities and other partners to better address the housing and service needs of those with mental illness and addictions.
- Enhancing services for people with dementia, including Alzheimer's disease. Targeted improvements include earlier assessment, clinical guidelines to improve treatment, and better integration of services.
- Expanding drug and alcohol treatment for at-risk and addicted people who are seeking help.
- Specifically addressing the need to provide integrated programs for youth addictions, including both detoxification and outreach programs. Particular focus will be placed on contributing to government's integrated approach to addressing crystal meth use in British Columbia.
- Working with other government ministries to ensure initiatives, programs and services are integrated to achieve maximum benefit for those in need, including people suffering from mental illness and/or substance misuse, children with special needs, children and seniors at risk, and persons with disabilities.

Performance Measure:

The Ministry will measure the continuity of care in mental health services by tracking the percentage of persons hospitalized for a mental health or addictions diagnosis who receive community or physician follow-up within 30 days of discharge. A high rate of community or physician follow-up reduces the chances that a mental health client will suffer a relapse and have to be re-admitted to hospital. It also indicates strong communication between discharge planners, community services and family physicians.

Performance Measure	2005/06	2007/08 Target	2008/09 Target	2008/10 Target	Long-Term Target
Percentage of persons hospitalized for a mental health or addictions diagnosis that receive follow-up treatment within 30 days of discharge.*	77.5%	80%	80%	80%	80%

* Follow up services from either a physician or a licensed community agency. Ages 15 – 64 included.

Goal 3: A Sustainable, Affordable, Publicly Funded Health System.

The public health system is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services.

Core Business Areas: *Services Delivered by Partners.*
Services Delivered by Ministry.
Stewardship and Corporate Management.

Objective 1: *British Columbians provide input into the development of the strategic direction of the province's health system.*

British Columbia's health system is a valuable public resource that benefits all British Columbians. People value good health and a health system that will be there when they need it, both now and in the future.

The sustainability of the health system faces many challenges as the province's population grows and ages and as new and more expensive technologies and treatments are introduced. As Government works to make the health system sustainable, it is seeking the input of British Columbians. It has launched a Conversation on Health as a discussion among British Columbians on how to make British Columbia healthier, and how to improve and renew our health system while strengthening the *Canada Health Act*. The Conversation on Health engages British Columbians in finding ways to make the health system sustainable for the future. It allows government to hear what is important to British Columbians, what challenges are the most important to address, and what solutions are available to ensure good health and a sustainable health system in the long term.

Key Strategies:

- Engaging British Columbians in a conversation about the health system and solutions to make it sustainable into the future.

- Providing multiple opportunities and avenues for British Columbians to be heard during the Conversation on Health, including online discussions through a dedicated website, regional forums, email or regular mail, a toll-free telephone number and by contacting a local Member of the Legislative Assembly.
- Providing specific opportunities for input for government leaders, health professionals, and patients.
- Listening to British Columbians and reporting on what they have said.

Objective 2: *Strategic investments in information management and technology to improve patient care and system integration.*

Making the right investments in information management systems and new technologies will support the health system in meeting the goals and objectives set out in this service plan. Technology can improve system integration and efficiency, improve access to services across the province, assist managers and practitioners to make evidence-based decisions, and help citizens access valuable health information in a timely and convenient manner.

The Ministry and its partners are working to realize the potential in each of these areas through implementation of B.C.'s eHealth Strategy. eHealth represents a major step in transforming the health system into a seamless continuum of care, supported by a seamless web of health information. It is also a powerful tool to allow providers to apply the highest standards and best practices to improve the quality and safety of services for British Columbians. Further information on the eHealth strategy can be found at <http://www.health.gov.bc.ca/cpa/publications>. An overview of the Ministry's Information Resource Management Plan can also be found at the same website.

Key Strategies:

- Enhancing patient care by enabling province-wide integration of and access to clinically required, person-specific data, while protecting personal privacy (electronic health record).
- Working with the British Columbia Medical Association and the College of Physicians and Surgeons to co-ordinate, facilitate and support information technology planning and implementation for physicians, and develop and implement standardized systems of electronic medical records.
- Supporting the use of electronic medical record systems by physicians.
- Expanding telehealth to improve rural and remote residents' access to health services and specialists.
- Improving the availability of quality data and analysis to assist clinical and management decision-making.
- Expanding public access to health services and health information through web-based applications.

Performance Measure

eHealth is about more than just information technology — it is about changing and modernizing clinical and business practices in the delivery of health services. It is important to ensure physicians and health professionals are engaged in the selection and implementation of new technology to modernize the delivery of health services in the province. Accordingly, the Ministry and British Columbia Medical Association are working together to expand the use of electronic medical record systems in physician offices. As a performance measure, the Ministry will track the number of physicians implementing electronic medical record systems through the Government/BC Medical Association incentive program.

Performance Measure	2005/06	2007/08 Target	2008/09 Target	2009/10 Target	Long-Term Target
Percentage of physicians implementing electronic medical record systems. *	N/A (Program did not exist).	Program introduced and systems made available to physicians.	25%	40%	100%

* Electronic medical record systems implemented through a voluntary program funded by the Ministry/BC Medical Association Agreement.

Objective 3: *Optimum human resource development to ensure there are enough, and the right mix of, health professionals.*

Skilled and caring health professionals are the cornerstones of our health system. Thousands of British Columbians seek medical attention every day, confident they are in the care of competent professionals who hold themselves to the highest standards. To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbian's needs now and in the future. B.C. has made significant progress over the past five years in addressing our health human resource needs, but there is more work to be done.

Key Strategies

- Working with the Ministry of Advanced Education and health system partners to implement human resource training plans, including increasing education and training opportunities and reviewing educational programs to ensure new graduates are ready to practice. Key initiatives include expanding B.C.'s medical school, with campuses in Victoria, Prince George and Kelowna, doubling of the number of post-graduate residency spaces to 256 by 2010, and investing in the continued recruitment, training, and retention of nurses.

- Recruiting foreign-trained doctors and nurses through an expanded B.C. Provincial Nominee Program, which allows applicants to gain permanent residence status more quickly and permanently practice in British Columbia.
- Integrating nurse practitioners into B.C.'s health system, and increasing the number of nurse practitioners graduating in the province, including new graduates at University of Northern B.C.
- Addressing succession planning needs through initiatives to develop future leaders capable of managing the increasingly complex health system.
- Creating safe, positive work environments that attract and retain talented people, and support employee wellness and quality of work life in the health sector.

Performance Measure

A major focus and challenge for the province, and other jurisdictions around the world, is the availability and supply of nurses and other key allied health professionals. British Columbia's health human resource strategies include a number of targeted education, recruitment and retention strategies designed to ensure we have enough health professionals to meet health system needs. To assess the impact of these strategies on the supply of health professionals, the Ministry will track vacancy rates across the province. In 2007/08 the Ministry will work with health authorities to establish appropriate provincial reporting systems and vacancy rate baselines; future targets will then be developed based on that information.

Objective 4: *Sound business practices to manage within the available budget while meeting the priority needs of the population.*

The Ministry is committed to working with its partners to manage the health system efficiently to ensure resources are spent where they will have the best outcome. The Ministry monitors and evaluates the delivery of services and the health of the population and works with its partners to ensure services delivered in the system meet the needs of the public. As part of a commitment to continuous improvement, the Ministry uses its evaluations of health system performance to inform strategic direction and facilitate course correction where warranted. It also uses this information, along with population demographic and health need projections, to plan investments in the health system's physical infrastructure.

Key Strategies:

- Providing legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.
- Working with health authorities and other partners to plan and manage strategic capital investments to renew the health system's infrastructure, including facilities, equipment and information technology.

- Monitoring and reporting publicly on health system performance and the health of the British Columbia population.
- Working with system partners to ensure overall health system costs remain affordable and within budget.
- Utilizing strategic partnerships and innovative approaches to improve services to the public within the available fiscal resources.

Resource Summary

Core Businesses	2006/07 Restated Estimates ¹	2007/08 Estimates	2008/09 Plan	2009/10 Plan
Operating Expenses (\$000)				
Services Delivered by Partners				
Regional Health Sector Funding	7,562,953	8,047,121	8,215,307	8,442,016
Medical Services Plan	2,903,342	3,057,216	3,166,929	3,282,494
PharmaCare	951,270	1,021,300	1,059,085	1,098,309
Debt Service Costs	162,200	174,000	192,100	214,900
Amortization of Prepaid Capital Advances....	173,100	200,000	231,000	246,000
Health Benefit Operations	28,448	28,910	29,518	29,752
Sub-total.....	11,781,313	12,528,547	12,893,939	13,313,471
Services Delivered by Ministry				
Emergency Health Services	267,244	283,483	302,895	319,158
Vital Statistics	7,552	7,812	8,061	8,289
Sub-total.....	274,796	291,295	310,956	327,447
Recoveries from Health Special Account				
Recoveries from Health Special Account	(147,250)	(147,250)	(147,250)	(147,250)
Health Special Account	147,250	147,250	147,250	147,250
Sub-total.....	0	0	0	0
Executive and Support Services				
Minister's Office	619	732	747	762
Stewardship and Corporate Management.....	125,304	146,346	151,912	155,933
Sub-total.....	125,923	147,078	152,659	156,695
Total	12,182,032	12,966,920	13,357,554	13,797,613
Full-Time Equivalents (Direct FTEs)				
Direct FTEs ²	3,538	3,696	3,784	3,887
Total	3,538	3,696	3,784	3,887

Ministry of Health

CRF Capital Categories	2006/07 Restated Estimates ¹	2007/08 Estimates	2008/09 Plan	2009/10 Plan
Ministry Capital Expenditures (Consolidated Revenue Fund (\$000))				
Information Systems	59,238	40,549	9,199	9,199
Vehicles, Medical/Specialized Equipment, Furniture/Equipment, Telecommunications, Tenant Improvements	12,639	8,152	8,025	8,025
Total	71,877	48,701	17,224	17,224
Prepaid Capital Advances	2006/07 Restated Estimates ¹	2007/08 Estimates	2008/09 Plan	2009/10 Plan
Capital Plan (\$000)				
Health Care Facilities	333,000	401,000	380,000	380,000
Total	333,000	401,000	380,000	380,000

¹ These amounts have been restated for comparative purposes only, to be consistent with the Schedule A of the 2007/08 *Estimates*.

² FTE Restatement – Correcting BCAS FTE calculation to include standby hours worked and 2,191 hours worked annually.

Health Authorities Included in the Provincial Reporting Entity

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's service plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from ministry budgets.

Description	2006/07 Forecast	2007/08 Plan	2008/09 Plan	2009/10 Plan
Health Authorities and Hospital Societies — Combined Income Statement (\$M)				
Total Revenue ¹	8,795	9,226	9,396	9,600
Total Expense ²	8,833	9,345	9,396	9,600
Net Results^{3,4,5}	(38)	(119)	0	0

¹ Revenue: Includes Provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

² Expenses: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, and assisted living and residential care.

³ 2006/07 Net Results: The forecast deficit of \$38 million is made up of \$40 million deficit from Vancouver Coastal Health Authority offset by small surpluses in other health authorities/hospital societies.

⁴ 2007/08 Net Results: Two health authorities have also projected deficits for 2007/08 totaling \$119 million (Vancouver Coastal Health Authority \$54 million; Fraser Health Authority \$65 million). As both of these health authorities have recently had new Board Chairs appointed, their boards did not have sufficient time to review the earlier forecasts in detail prior to the Budget. The boards of the Vancouver Coastal and Fraser Health Authorities are currently reviewing the authorities' financial plans and are expected to submit revised financial plans in early 2007/08.

⁵ The 2008/09 – 2009/10 health authorities plan is based on the health authorities budget for 2007/08. Additional Provincial funding to cover negotiating framework costs has been added in 2008/09 and 2009/10.

Major Capital Projects

Capital investments in the health system ensure the infrastructure needed to support the continuum of care is sustained and expanded to support increases and changes in service demands as the province's population grows and health needs and health services change.

The health sector invests in health facilities, such as hospitals, clinics and residential and complex care settings; medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment; and information technology and information management to improve service quality and efficiency, and increase access to services, particularly in rural areas.

The province's six health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost-effective. Recognizing the significant cost and long lifespan of most capital investments — both in acquisition and use — the Ministry and health authorities prepare three year capital plans annually, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and plan and prioritize long-term capital investments.

Health sector projects include establishing 5,000 net new residential care, assisted living and supportive housing beds throughout the province, hospital expansions in Surrey, Salmon Arm, Kelowna, Vernon, Victoria and Maple Ridge and completing the new Abbotsford Regional Hospital and Cancer Centre, expanding B.C.'s medical school, and continuing to invest in high tech medical equipment such as MRIs and CT Scanners, as well as in information management technology to support health service delivery and B.C.'s eHealth strategy.

Major capital projects currently underway include:

- Replacing the Matsqui-Sumas-Abbotsford hospital with a new, 300-bed Abbotsford Regional Hospital and Cancer Centre to serve the Fraser Valley. The new hospital will provide enhanced programs and services, including a new cancer centre, to meet the health needs of Fraser Valley residents over the next 30 years. The \$355 million project will be finished in 2008.
- A new Outpatient Facility in Surrey. In order to make room for expansion of inpatient services at Surrey Memorial Hospital, a new Outpatient Facility must be constructed to relocate existing Surrey Memorial Hospital outpatient services. This facility will provide additional space for the expected future volume of outpatient, diagnostic and treatment services, and include a primary care clinic. The estimated \$151 million project is planned to complete in December 2009.

Appendix 1

Profiles of British Columbia's Six Health Authorities

British Columbia has six health authorities that, in conjunction with the Ministry of Health, manage and deliver most publicly funded health services in the province. Responsibility for local health services, such as home and hospital care, rests with five regional health authorities. The sixth health authority, the Provincial Health Services Authority, is responsible for providing province-wide specialized services, and for supporting the regional health authorities with their service delivery.

Figure 1: Map of B.C. Health Authorities



Interior Health Authority

Web Address: <http://www.interiorhealth.ca>.

2006 Population:⁴ 724,376

The Interior Health Authority serves a large geographic area, which ranges from densely populated to scarcely populated areas. The Health Authority covers a region that stretches from Williams Lake to the U.S. border and from Anahim Lake in the Chilcotin to the Alberta border. The mixture of population density provides challenges to effectively delivering health care services to the region's residents.

Fraser Health Authority

Web Address: <http://www.fraserhealth.ca>.

2006 Population: 1,489,342

The Fraser Health Authority consists of a small geographic area with a high population density. Its borders stretch eastward from Delta to Burnaby to Boston Bar and southward to the U.S. border. Over the past 10 years the Fraser Health Authority has experienced significant population growth and currently represents about 34 per cent of B.C.'s population. This historic and projected population growth, compounded by an aging population has created increased demands for health care services in this region.

Vancouver Coastal Health Authority

Web Address: <http://www.vch.ca>.

2006 Population: 1,049,263

Similar to the Fraser Health Authority, the Vancouver Coastal Health Authority is small in geographic area with a high population density. The Vancouver Coastal Health Authority serves residents in Vancouver, Richmond, the North Shore and communities in the coastal region, including: Squamish and Whistler along the Sea-to-Sky Highway; Gibsons and Sechelt on the Sunshine Coast; and Powell River. Through denominational agreements, the Health Authority, also serves the residents of Bella Bella and Bella Coola and also partners with Providence Health Care in Vancouver.

Vancouver Island Health Authority

Web Address: <http://www.viha.ca>.

2006 Population: 730,363

The Vancouver Island Health Authority serves the residents of Vancouver Island, the Gulf and Discovery Islands and the residents of the mainland located adjacent to the Mount Waddington and Campbell River areas. Almost half of Vancouver Island's population lives in and around the provincial capital of Victoria, at the southern end of Vancouver Island.

⁴ Population estimates for all Health Authorities obtained from BC STATS. (P.E.O.P.L.E. 31) 2005. Ministry of Labour and Citizens' Services.

Northern Health Authority

Web Address: <http://www.northernhealth.ca>.

2006 Population: 309,771

The Northern Health Authority covers almost two-thirds of B.C., and is bordered by the Northwest and Yukon Territories to the North, and the B.C. interior to the South, and Alberta to the East, and Alaska and the Pacific Ocean to the West. The primary challenge for the Northern Health Authority is to administer and provide quality services across a large, sparsely populated region with significant recruitment and retention issues due to its Northern location.

Provincial Health Services Authority

Web Address: <http://www.phsa.ca>

The Provincial Health Services Authority's primary role is to ensure that B.C. residents have access to a coordinated network of high-quality specialized health care services. The Health Authority operates provincial agencies including BC Children's Hospital, the BC Cancer Agency, the BC Transplant Society, and Riverview Hospital. It is also responsible for specialized provincial health services like trauma and chest surgery, which are delivered in a number of locations in the regional health authorities, as well as specialized programs that operate across several Provincial Health Services Authority agencies.