



Ministry of
Health

2008/09 – 2010/11
Service Plan

February 2008



National Library of Canada Cataloguing in Publication Data

British Columbia. Ministry of Health.
Service plan. – 2006/07/2008/09-

Annual.

ISSN 1715-992X = Service plan (British Columbia.

Ministry of Health)

Continues: Service plan (British Columbia. Ministry of
Health Services. ISSN 1705-0138.

Available also on the Internet.

1. British Columbia. Ministry of Health - Periodicals.
 2. Health services administration - British Columbia –
Periodicals.
 3. Medical policy - British Columbia –
Periodicals.
 4. Health planning - British Columbia –
Periodicals.
- I. Title. II. Title: Ministry of Health
service plan.

RA395.C3B745

353.6'09711'05

C2005-960244-9

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Published by the Ministry of Health



Message from the Minister and Accountability Statement

I am pleased to present the 2008/09–2010/11 Service Plan for the Ministry of Health. This plan outlines the strategic priorities for the health system over the next three years.

I am honoured to serve as the Minister of Health as our government continues to significantly invest in improving the health care system and the health of British Columbians. Our government is working to strengthen health care to meet the needs of patients, and ensure that every British Columbian can access the care they need, when they need it.

Last year we held the unprecedented Conversation on Health. The year-long conversation gathered input from across the province on how the health care system can be strengthened within the framework of the *Canada Health Act*. It was the single largest public discussion on health in B.C. history and included over 12,000 submissions as well as thousands of people taking part in public forums across the province, providing their ideas on the future of the health system.

As we move forward we will be guided by what we have heard in the Conversation on Health and take action to promote healthier lifestyles and to modernize the health system so it provides the best outcomes for patients. We will undertake this work within our overarching goal to ensure the sustainability of our publicly funded health system so it will be available to those who need it now as well as being available for future generations.

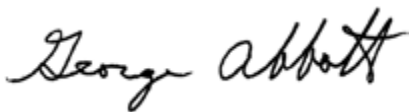
The Ministry of Health will continue to work to improve the health of British Columbians so they can live life to the fullest and fully participate in all the province has to offer. We will do so by promoting better lifestyle choices, such as healthy eating, exercise and reducing tobacco use through the Province's ActNow BC program. We will also continue to focus on improving the health status of Aboriginal British Columbians. Since 2001, the Ministry has implemented a number of initiatives and programs to promote Aboriginal health and wellness. However, more work can be done in closing the gap in health status between Aboriginal and non-Aboriginal people in the province.

Our government is also committed to employing innovative new technologies and models of practice to improve patient care. Emergency room wait times will be improved by establishing "fast track" units and urgent care centres in conjunction with hospital emergency rooms throughout B.C. Our new surgical patient registry will give patients more control over their surgical options and give surgeons and health authorities more current and accurate information

for scheduling surgeries. We will implement an electronic health record system across the province to give patients faster, safer and better health care by placing medical information in the right hands at the right time.

All of our work will be guided by the need to ensure the long-term sustainability of the health system, including making sure there is an adequate supply of health workers. Accordingly, government will continue to expand training programs for health professionals and work to employ our health human resources in ways that best meet the population's needs.

The *Ministry of Health 2008/09–2010/11 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, 2008, have been considered in preparing the plan and I am accountable for achieving the specific objectives in the plan.



Honourable George Abbott
Minister of Health

February 14, 2008

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Purpose of the 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.

The Ministry of Health has overall responsibility for ensuring quality, appropriate and timely health services are available to British Columbians. The Ministry works with six health authorities, care providers, agencies and other groups to provide access to care. The Ministry provides leadership, direction and support to service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities. The Ministry enacts this leadership role through the development of social policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through its accountability framework for health authorities.

The Ministry directly manages a number of provincial programs and services. The directly managed programs include the Medical Services Plan which covers most physician services, PharmaCare which provides prescription drug insurance for British Columbians, the B.C. Vital Statistics Agency and the Emergency Health Services Commission which provides ambulance services across the province as well as operating health and information programs for British Columbians, including the BC HealthGuide and NurseLine program.

The province's six health authorities are the main organizations responsible for local health service delivery. 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 managing the quality, co-ordination and accessibility of selected province-wide health programs and services. This includes the specialized programs and services provided through the following agencies: BC Cancer Agency, BC Centre for Disease Control, BC Children's Hospital and Sunny Hill Health Centre for Children, BC Provincial Renal Agency, B.C. Transplant Society, BC Women's Hospital & Health Centre, Forensic Psychiatric Services Commission, Provincial Cardiac Services and Riverview Hospital.

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.

Strategic Context

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. The Ministry of Health operates within the broader economic, social and environmental influences that impact the health of the population.

Access to high quality health services also has an impact on health status. In British Columbia, our publicly funded health system is 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 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. Innovative new programs, along with established programs that have been provided for decades, combine to ensure British Columbians have access to a reliable, quality health system and the best health outcomes in the country.

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).

British Columbia also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. Currently, B.C.'s Aboriginal population does not generally enjoy the same level of good health as the rest of the province's population. Government will work with First Nations and other partners to improve Aboriginal people's health and close this gap in health status.

The Aging Population

Between 2001 and 2006, the British Columbia population grew by 5.4 per cent from 4,078,447 people to 4,310,452 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 16 per cent and the seniors population aged 65 or older increased 10 per cent, with the over 85 year old segment growing faster than any other age group.¹

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 three 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.²

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 approximately one in three British Columbians now has at least one confirmed chronic condition. 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 2005/06, 44 per cent of coronary bypass surgeries, 47 per cent of dialysis, 60 per cent of lower limb amputations and 58 per cent of retinal surgeries were performed on patients with diabetes. Furthermore, while people with chronic conditions represent approximately 34 per cent of the B.C. population, these individuals consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.³ Overall, the increasing prevalence of chronic disease and the resulting burden of illness is a significant driver of demand for health services.

¹ Population estimates (1986-2006) and projections (2007-2031) by BC STATS, Service BC, B.C. Ministry of Labour and Citizen Services (PEOPLE 32).

² MSP Expenditures 2005/06; 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.

³ *Primary Health Care Charter*, 2007, British Columbia www.health.gov.bc.ca/phc/pdf/phc_charter.pdf.

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 2006/07 angioplasties increased by approximately 59 per cent, cataracts by 33 per cent, hip replacements by approximately 61 per cent and knee replacements by approximately 121 per cent, while the general population only increased by 5.4 per cent and those over 65 years of age by 10 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.

Human Resources and Health System Infrastructure

Although education and training programs for health professionals and health workers in British Columbia have been significantly expanded in recent years, ensuring the availability of human resources remains a challenge for the Ministry. 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 impacts 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.

Aboriginal Health

Another key challenge for the Ministry is improving the health status of British Columbia's First Nations population. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in B.C. continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other B.C. residents.

In February 2007 the Provincial Health Officer released an interim update of selected health status indicators from the 2001 Report: *The Health and Well-Being of Aboriginal People in British Columbia*. The report looked at indicators such as low birth weight, infant mortality and premature death from cancers, diabetes, HIV disease and suicide, as well as deaths related to smoking, alcohol and drug use. For all measures of premature mortality examined in the report, whether during infancy or later in life, Status Indians die at earlier ages and at greater rates than other B.C. residents. This is true for the major disease and injury causes of death, and for the major risk factors of alcohol, drugs, or smoking. While the trend shows improvement for some health indicators for Status Indians, there is a persisting gap in health status between the First Nations population and the rest of the B.C. population that cannot be explained by some specific genetic risk alone.⁴

⁴ *The Health and Well-Being of Aboriginal People in British Columbia* — Interim Update, February 2007, British Columbia Office of the Provincial Health Officer, www.health.gov.bc.ca/pho/pdf/Interim_report_Final.pdf.

Goals, Objectives, Strategies and Performance Measures

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.

Objective 1.1: 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.

Strategies

- Supporting ActNow BC to encourage healthy and active living. The Ministry and health authorities will promote healthy lifestyles and prevent disease by providing people with information, resources and support to make healthy lifestyle decisions.
- Reducing tobacco use through B.C.'s Tobacco Control Strategy which includes school-based programming, public education, protection from second hand smoke, support for cessation, and legislation and regulation. The Ministry will also continue to offer stop-smoking programs such as QuitNow.ca, QuitNow by Phone, and Kick the Nic, which are available 24/7 to all British Columbians, with translation services available in 130 languages.
- 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.

- 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.
- 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.

Performance Measure 1: Tobacco use rates

Performance Measure	2003 Baseline	2007/08 Forecast	2008/09 Target	2009/10 Target	2010/11 Target
Tobacco use rates (age 15 and over).	16%	15%	Decrease toward 2010 target of 14.4%	Decrease toward 2010 target of 14.4%	14.4%

Data Source: Canadian Tobacco Use Monitoring Survey.

Tobacco use kills over 6,000 British Columbians each year,⁵ and costs the B.C. economy approximately \$2.3 billion every year.⁶ Cigarette smoking is the primary risk factor for diseases of the circulatory system, cancers and respiratory diseases, and passive smoke kills up to 140 people in B.C. each year.⁷ Accordingly, reducing smoking rates is a key priority for government. Smoking reduction targets were set in 2004 as part of the ActNow BC initiative. The target is to continue B.C.'s downward trend of tobacco use by a further 10 per cent from the 2003 prevalence rate of 16 per cent to 14.4 per cent of the population by 2010.

Objective 1.2: 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 plays 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.

⁵ Selected Vital Statistics and Health Status Indicators, Annual Report 2004; Table 42 – Smoking-Attributable Mortality British Columbia 2004, page 109

⁶ The Cost of Substance Abuse in Canada 2002, Canadian Centre on Substance Abuse.

⁷ Knowledge Management and Technology Division, Ministry of Health 2006.

Strategies

- Protecting 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.
- Preparing and responding in a co-ordinated 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 protect British Columbians through the Canadian Pandemic Influenza Plan.

Performance Tracking

The Provincial Health Officer develops a number of reports (annual and special) on the overall health of British Columbians and on specific topics such as immunization, child health, women's health, food safety and air and water quality. Provincial Health Officer Reports can be found at www.health.gov.bc.ca/pho.

Objective 1.3: Improved health status for the Aboriginal population

As a group, Aboriginal British Columbians do not enjoy the same health status as the rest of the province's population. The Ministry, in support of the Government's New Relationship with First Nations and the *Transformative Change Accord* will continue to work 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 Ministry will continue to work on the priorities identified in the First Nations Health Plan developed by the First Nations Leadership Council and the Government of British Columbia in 2006.

Strategies

- Enabling 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.
- Designing and delivering 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.
- Providing First Nations with improved access to quality, culturally appropriate health services with the advice and guidance of the Province's first Aboriginal Health Physician

Advisor. 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.

- Improving 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 Tracking

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 *Transformative Change Accord: First Nations Health Plan*, which includes descriptions and targets for each of these measures, can be found at www.health.gov.bc.ca/library/publications/year/2006//first_nations_health_implementation_plan.pdf.

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 www.health.gov.bc.ca/pho.

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.

Objective 2.1: 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 has 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.

Strategies

- Increasing the range of supportive living environments and community care options, across the spectrum from home care to residential facility care, for the elderly and persons with disabilities 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 with care 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.
- Implementing a surgical patient registry to give patients more control over their surgical options, provide surgeons and health authorities with better management tools, and improve public reporting of wait times.
- Improving waiting times in emergency departments by introducing innovative services such as fast track units and urgent care centres that work in conjunction with hospital emergency departments across B.C.
- Increasing the availability of care from multidisciplinary primary health care teams to provide effective first point of contact care and a more integrated, patient-centred experience that focuses on supporting the role of patients in staying healthy and managing their conditions, particularly for those with chronic diseases.

- Providing British Columbians access to prescription drug therapy through the PharmaCare program, and co-leading 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.

The Ministry is tracking access indicators for hip and knee replacement surgeries and cancer treatment — two priority areas identified by First Ministers in the 2004 Ten-Year Plan to Strengthen Health Care.

Performance Measure 2: Waiting times for surgery

Performance Measure	2006/07 Baseline	2007/08 Forecast	2008/09 Target	2009/10 Target	2010/11 Target
Waiting times for surgery:					
a) 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	90% within 26 weeks	>90% within 26 weeks
b) Percentage of knee replacement cases completed within 26 weeks.	49% completed with 26 weeks	Increase towards 90% within 26 weeks	Increase towards 90% within 26 weeks	90% within 26 weeks	>90% within 26 weeks

Data Source: Knowledge Management and Technology Division, B.C. Ministry of Health.

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. Between 2000/01 and 2006/07 the number of knee replacements increased by approximately 121 per cent and hip replacements increased by approximately 61 per cent in British Columbia.

In the 2004 Ten-Year Plan to Strengthen Health Care, First Ministers committed to establish benchmarks in priority areas and to set multi-year targets against these benchmarks. The benchmark of completion within 26 weeks has been established for hip and knee replacement. The Ministry is making significant efforts to improve access to these services and has established a target to complete 90 per cent of hip and knee replacement surgeries within 26 weeks by 2010.

Performance Measure 3: Waiting times for cancer treatment

Performance Measure	Benchmark ¹	2007/08 Forecast	2008/09 Target	2009/10 Target	Long-Term Target
Waiting times for cancer treatment: a) Percentage of patients who receive radiotherapy within four weeks.	90%	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) Percentage of patients who receive chemotherapy within two weeks.	90%	90% within two weeks	90% within two weeks	90% within two weeks	90% within two weeks

Data Sources: Radiotherapy: Provincial Radiation Therapy Program, BC Cancer Agency (BCCA). Data for this measure is from the BCCA scheduling system. Not all patients are captured because the most urgent patients never show up on the scheduling system as they receive treatment immediately. Chemotherapy: Provincial Systemic Therapy Program and Communities Oncology Network, BCCA. Data involves all existing BCCA centres and does not include all hospitals in B.C.

¹ The radiotherapy benchmark was developed in accordance with the First Ministers' Ten-Year Plan to Strengthen Health Care, September 2004.

The Ministry is tracking access to radiation therapy and chemotherapy as they 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. The national benchmark for radiotherapy is to receive treatment within four weeks of being ready to treat. A national benchmark for chemotherapy has not been established; however the Ministry and BC Cancer Agency have established receiving treatment within two weeks of being ready to treat as a provincial benchmark.

British Columbia's performance in delivering timely access to cancer care has been good, with access to both radiotherapy and chemotherapy being provided within the benchmarks at or over 90 per cent of the time. However, access to cancer treatment remains an important performance indicator for the Ministry as demand for radiotherapy and chemotherapy is growing as the B.C. population ages and the prevalence and incidence of cancer increases. The Ministry will need to continue to focus on maintaining timely access to cancer care in the face of the rising demand.

Objective 2.2: Patient-centred care 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.

Strategies

- Increasing the emphasis on effective management for patients with chronic diseases to prevent or slow disease progression. In line with B.C.'s *Primary Health Care Charter*, the key area of focus is working with physicians and other health providers to provide care according to best practice guidelines in the areas of 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 Measure 4: Chronic disease management (diabetes)

Performance Measure	2007/08 Forecast	2008/09 Target	2009/10 Target	2010/11 Target
Percentage of patients with diabetes who undergo at least two A _{1c} tests per year.	50%	55%	60%	65%

Data Source: Medical Services Division, Ministry of Health.

The Ministry's performance measure centres on improving chronic disease management, focusing specifically on the treatment of diabetes. Diabetes is one of the most common chronic diseases. It affects about five per cent of British Columbians and is steadily increasing in prevalence.

This indicator measures improved management of diabetes through the percentage of patients with diabetes who undergo the recommended best practice of at least two hemoglobin A_{1c} tests per year. 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.

Objective 2.3: 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 will continue to work to improve the integration of those services so care can be provided in the most co-ordinated and seamless manner possible, which benefits both patients and health service providers. The Ministry will also work to improve collaboration and co-ordination with other provincial government ministries and with agencies outside the traditional health system. Co-ordinated 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 use disorders often must access various providers to receive care and support services. The Ministry is working to ensure services, from child and youth to adult programs, are integrated to ensure appropriate care and supports are available to those in need.

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 programs and services are integrated to achieve maximum benefit for those in need, including people with mental illness and/or substance use disorders who access employment and income assistance programs, are involved in the corrections system or require services related to a dual diagnosis of mental illness and developmental disability.

Performance Measure 5: Co-ordinate mental health treatment

Performance Measure	2007/08 Forecast	2008/09 Target	2009/10 Target	2010/11 Target
Number of people with a mental disorder and/or substance addiction receiving housing with supports.	Baseline to be set by end of 2007/08	Increase over previous year	Increase over previous year	20% increase over 2007/08

Data Source: Knowledge Management and Technology Division, B.C. Ministry of Health.

People with severe mental illness and/or substance use disorders benefit from access to safe, secure and affordable housing that is co-ordinated with a range of appropriate support services to treat their conditions. This indicator measures the Ministry’s progress in improving the co-ordination and availability of housing and support services for those with mental illness and/or substance use disorders. Health authorities provide assessment, treatment and a range of health services, which are co-ordinated and integrated with other providers responsible for housing and other social supports.

This performance measure is new for 2008/09. A baseline will be determined by the end of 2007/08, with the Ministry working toward a 20 per cent increase in the availability of housing with supports by 2010/11. Housing with support services encompasses those who can live independently while receiving supports as well as those who require a structured residential or family care home environment.

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.

Objective 3.1: 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 Columbia'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.

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 the 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.

Objective 3.2: 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 the public access valuable health information in a timely and convenient manner.

The Ministry is 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.

Strategies

- Enhancing patient care by implementing a secure electronic health record system across the province which will allow medical practitioners to easily access information (such as test results or medication histories) that will assist treatment while protecting personal privacy.
- 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, including 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 6: Electronic medical record system implementations

Performance Measure	2007/08 Forecast	2008/09 Target	2009/10 Target	2010/11 Target
Percentage of physicians implementing electronic medical record systems. ¹	Program introduced and systems made available to physicians	20%	45%	70%

¹ Electronic medical record systems implemented through a voluntary program funded by the Ministry/B.C. Medical Association Agreement.

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/B.C. Medical Association incentive program.

Objective 3.3: Sound business practices to ensure sustainability of the publicly funded health system

The Ministry is committed to managing 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 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.

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.
- Planning and making strategic capital investments to renew the health system's infrastructure, including facilities, equipment and information technology.
- Supporting the *B.C. Energy Plan – A Vision for Clean Energy Leadership* by implementing Green Health Care initiatives to make hospital and health authority operations carbon neutral by 2010.

- Monitoring and reporting publicly on health system performance and the health of the British Columbia population.
- Investing in health research and innovation to improve service delivery and treatments for major health care challenges. For example, the Province is providing \$30 million to the new Terry Fox Research Institute, a national organization for cancer research headquartered in B.C.
- Working with system partners to ensure overall health system costs remain affordable and within budget, and utilizing strategic partnerships and innovative approaches to improve services to the public within the available fiscal resources.

Resource Summary

Resource Summary Table

Core Business Area	2007/08 Restated Estimates ¹	2008/09 Estimates	2009/10 Plan	2010/11 Plan
Operating Expenses (\$000)				
Services Delivered by Partners				
Regional Health Sector Funding.....	8,051,048	8,622,812	9,126,781	9,773,490
Medical Services Plan.....	3,053,331	3,189,540	3,394,569	3,503,720
PharmaCare.....	1,018,385	1,016,170	1,055,394	1,104,914
Debt Service Costs.....	174,000	194,100	213,400	230,200
Amortization of Prepaid Capital Advances.....	200,000	235,600	258,800	265,200
Health Benefit Operations.....	29,025	29,633	29,867	30,445
Services Delivered by Ministry				
Emergency and Health Services.....	277,293	298,004	314,331	336,481
Vital Statistics.....	7,390	7,643	7,873	7,875
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
Executive and Support Services.....	149,645	171,235	181,420	185,686
Total	12,960,117	13,764,737	14,582,435	15,438,011
Full-time Equivalents (Direct FTEs)				
Emergency and Health Services.....	2,846.0	3,174.0	3,277.0	3,387.0
Vital Statistics.....	84.0	88.0	88.0	88.0
Executive and Support Services.....	766.0	816.0	846.0	881.0
Total	3,696.0	4,078.0	4,211.0	4,356.0
Capital Plan (\$000)				
Health Care Facilities.....	401,000	427,190	380,821	380,000
Total	401,000	427,190	380,821	380,000

¹ These amounts have been restated for comparative purposes only, to be consistent with the Schedule A of the 2008/09 *Estimates*.

Core Business Area	2007/08 Restated Estimates ¹	2008/09 Estimates	2009/10 Plan	2010/11 Plan
Ministry Capital Expenditures (\$000)				
Emergency and Health Services	10,162	8,460	8,460	8,460
Vital Statistics	430	430	430	430
Executive and Support Services	38,109	8,334	8,334	8,334
Total	48,701	17,224	17,224	17,224

¹ These amounts have been restated for comparative purposes only, to be consistent with the Schedule A of the 2008/09 *Estimates*.

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' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from ministry budgets.

Description	2007/08 Forecast	2008/09 Budget	2009/10 Plan	2010/11 Plan
Health Authorities and Hospital Societies — Combined Income Statement (\$M)				
Total Revenue ¹	9,467	9,883	10,413	10,981
Total Expense ²	9,506	9,883	10,413	10,981
Net Results ^{3,4}	(39)	0	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 licences 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 2007/08 Net Results: The forecast deficit of \$39 million is made up of \$21 million deficit from Vancouver Coastal Health Authority and \$18 million deficit from hospital societies.

⁴ The 2007/08 forecast is based on third quarter information provided by the health authorities.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet our growing population and its need for health services.

The health sector invests in health facilities, such as hospitals, clinics and residential and complex care buildings. Capital investment is also made in medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment. In addition, investment in information technology and information management systems 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 to 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, Sechelt, 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 medical and diagnostic 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 \$475 million project will be finished in 2008.

www.health.gov.bc.ca/library/publications/year/2006/PBCAbbotsford.pdf

- A new Outpatient Hospital in Surrey. In order to make room for expansion of inpatient services at Surrey Memorial Hospital, a new Outpatient Hospital 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 \$198 million project is planned to complete in 2010.

www.health.gov.bc.ca/library/publications/year/2007/SurreyOPF_CapitalProjectPlan_March2007.pdf

- The Kelowna/Vernon Hospitals Project consisting of a new Ambulatory Care Centre and Emergency Department at Kelowna General Hospital and a new Diagnostic and Treatment Building at Vernon Jubilee Hospital. The estimated \$290 million project is planned to complete in 2010.

The new Ambulatory Care Centre and Emergency Department at Kelowna General Hospital includes constructing a new building at Kelowna General Hospital to accommodate ambulatory/outpatient services in a single location and free up space within the existing building to quadruple the size of the emergency department. The project is expected to decrease congestion in the emergency department, increase surgical capacity and improve patient flow throughout the hospital. The building will also accommodate medical school facilities for the UBC Okanagan program and include two shelled floors for future inpatient bed capacity.

The new Diagnostic and Treatment Building at Vernon Jubilee Hospital includes constructing a new facility to consolidate the majority of diagnostic and treatment services including emergency, ambulatory care, operating rooms and intensive care. The project is expected to decrease congestion in the emergency department and expand the capacity of current diagnostic and treatment programs.

www.health.gov.bc.ca/library/publications/year/2007/Kelowna_Vernon_Hospitals_Capital_Project_Plan_April_2007.pdf

- A new Patient Care Centre at the Royal Jubilee Hospital in Victoria. The renewal of inpatient accommodation at Royal Jubilee Hospital will improve patient care, increase safety and efficiency for nurses, physicians and other health care professionals and reduce infection levels. The 500-bed facility will be elder friendly with a design to provide patient-centred, best practice care for the elderly. This new and modern facility will help attract and retain health care professionals and improve education opportunities through better teaching and research facilities. The estimated \$309 million project is planned to complete in 2010.

www.health.gov.bc.ca/library/publications/year/2007/RJHPatientCareCentre_CapitalProjectPlan.pdf

- The replacement of the existing Regional Hospital in Fort St. John. The new hospital will be the centre for health care delivery to First Nations people and remote communities in North-Eastern B.C. and will provide a range of health services that take advantage of telecommunication and tele-health applications, reducing the need for patients to travel to receive care. The 55 bed facility will address wait times and ER congestion, and will provide access to modern ambulatory care. It will include emergency, diagnostic, treatment and patient care services and it will provide for expansion of health care services. The hospital will also be the centre for the Northern Medical Program in North-Eastern B.C.

The project also includes a new 123 bed residential complex care building co-located with the hospital, generating operational efficiencies and opportunities to share health human resources that are scarce in the region. The total project cost is estimated at \$268 million and is planned to complete in 2011.

Ministry Contact Information

Ministry of Health

www.gov.bc.ca/health/

1515 Blanshard Street
Victoria, British Columbia
V8W 3C8

Toll-free in B.C.: 1 800 465-4911
In Victoria or from other areas: 250 952-1742

Health Insurance BC

www.hibc.gov.bc.ca/

Medical Services Plan

PO Box 9035 Stn Prov Govt
Victoria, British Columbia
V8W 9E3

Toll-free in B.C.: 1 800 663-7100
In Vancouver call: 604 683-7151

Health Insurance BC

www.hibc.gov.bc.ca/

PharmaCare

PO Box 9655 Stn Prov Govt
Victoria, British Columbia
V8W 9P2

Toll-free in B.C.: 1 800 663-7100
In Vancouver call: 604 683-7151

BC NurseLine

Toll-free in B.C.: 1 866 215-4700
In Greater Vancouver: 604 215-4700
Deaf and hearing-impaired: 1 866 889-4700

Ministry of Health – Health and Seniors Information Line

Toll-free in B.C.: 1 800 465-4911
In Victoria or from other areas: 250 952-1742

Vital Statistics Agency

www.vs.gov.bc.ca/index.html

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1475 Ellis Street, Room 101
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PRINCE GEORGE

433 Queensway Street
Fax: 250 565-7106

Hyperlinks to Additional Information

British Columbia's Six Health Authorities

Fraser Health Authority

www.fraserhealth.ca/

Interior Health Authority

www.interiorhealth.ca/

Northern Health Authority

www.northernhealth.ca/

Provincial Health Services Authority

www.phsa.ca/

Vancouver Coastal Health Authority

www.vch.ca/

Vancouver Island Health Authority

www.viha.ca/