

**Ministry of
Health**

**2012/13 – 2014/15
SERVICE PLAN**

February 2012



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Message from the Minister and Accountability Statement



I am pleased to present the *2012/13 – 2014/15 Service Plan* for the Ministry of Health. This plan outlines the strategic priorities and goals for British Columbia's health system over the next three years.

British Columbia's health system has entered a period of change, innovation and renewal. Our strategic focus is on creating better health outcomes for British Columbians through a more efficient, sustainable health system. We are putting families first by supporting British Columbians to become healthy and active, enhancing care in the community and at home, and ensuring a caring

hospital environment that supports the needs of patients and families. We are also developing new ways of engaging and communicating with British Columbians about their health care.

Government's investments into health care will continue, with the health budget reaching more than \$16 billion in 2012/13. However, health care consumes almost half of government's total budget, and if future increases in the health budget are not carefully controlled, funding for other vital services like transportation and social services will be at risk. We need to take into account the fiscal context of global economic uncertainty and slow economic growth, and find innovative ways to maximize each health dollar. At the same time, we must continue to meet the growing demand for health services and provide safe, effective, appropriate, accessible and patient-centred care to all British Columbians who need it.

We are working to make British Columbia's health system stronger and more sustainable. This means shifting the focus from just treating disease, to preventing disease. Using preventative measures to address chronic diseases such as diabetes, heart disease and some cancers can significantly improve health and avoid related health care costs. We are working with families and key partners like communities and schools to help British Columbians make good lifestyle choices and be as fit and active as possible. For example, in this past year, the Ministry of Health launched the \$68.7 million Healthy Families BC strategy and the Smoking Cessation Program to help British Columbians improve their lifestyles. Over the next three years, we want to build on these programs and engage all British Columbians to make more informed choices and set them on the road to better health and better quality of life. That is why on November 25, 2011, the Province signed a statement of intent with ParticipACTION to work towards increasing physical activity levels among British Columbians and serve as a model for other jurisdictions to follow.

British Columbia's health system seeks to provide the majority of health services and care in communities and homes across the province. By reducing the need for emergency and hospital services, we aim to help people live longer, healthier lives at home. We are striving to achieve this by working to provide all British Columbians with a family doctor; supporting the partnership between health care providers and patients; and empowering patients through initiatives like chronic disease self-management training, home-based dialysis, flexible care models and advance care planning.

The province's fastest growing segment of our population is over 75 years old – with one-sixth of British Columbians over the age of 65. Given the changing needs and expectations of our aging population, we will continue to modernize and improve care options and supports for seniors.

Our recent action plan to improve care for B.C. seniors outlines the steps we are taking to create sustainable and lasting improvements to better serve the needs of seniors across the province. The action plan will see the establishment of an Office of the Seniors' advocate and a provincial phone line to ensure seniors and families can report concerns and complaints and have them resolved in a timely manner. We recognize older people have a right to live in safety, free from abuse and neglect, and the plan commits to developing a provincial elder abuse prevention strategy. Other actions include: Providing local governments with the funding, tools and supports to create age-friendly environments that allow seniors to actively participate in their communities; and updating the SeniorsBC.ca website and BC Seniors' Guide to ensure seniors have easy access to current information on available programs and services across the province.

We will continue to ensure that safe, high quality care is delivered in hospitals to support the needs of patients and their families. For example, initiatives such as the implementation of evidence-based clinical care guidelines will further spread best practices across the province and ensure improved health outcomes for patients.

Finally, a key enabler of quality and sustainability in the health system is our drive to improve innovation, productivity and efficiency. Over the next three years, initiatives such as the BC Services Card and the implementation of a province-wide electronic health record system will help to transform the health system and further the development of secure technology-enabled functions and services for both patients and health care providers, while improving patient safety and access.

The *Ministry of Health 2012/13 – 2014/15 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.



Honourable Michael de Jong, Q.C.
Minister of Health
February 21, 2012

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Purpose of the Ministry

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. The British Columbia health system is one of our most valued social programs – virtually every person in the province will access some level of health care or health service during their lives.

The Ministry works with health authorities, health care providers, agencies and other organizations to guide and enhance the Province's health services to ensure that British Columbians are supported in their efforts to maintain and improve their health. The Ministry provides leadership, direction and support to health 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 and oversight of health professional regulatory bodies.

The Ministry directly manages a number of provincial programs and services. These programs include the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance for British Columbians; the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage; and HealthLink BC, a confidential health information, advice and health navigation system available by telephone (8-1-1) or online (www.healthlinkbc.ca). HealthLink BC also publishes the BC HealthGuide Handbook, which is available through local pharmacies.

The Province's six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs. These include the specialized programs and services that are 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 Women's Hospital and Health Centre; BC Provincial Renal Agency; BC Transplant; Cardiac Services BC; the Emergency and Health Services Commission, which provides ambulance services across the province and operates BC Bedline, the provincial acute bed management system; BC Mental Health Addiction Services including Riverview Hospital and the Forensic Psychiatric Services Commission; and Perinatal Services BC.

The Ministry monitors the delivery of health services and the health of British Columbia's population on an ongoing basis. These monitoring activities inform the Ministry's strategic planning and policy direction to ensure that the delivery of health services continues to meet the needs of British Columbians now and in the future.

Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the British Columbia health system effectively meets the majority of the population health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new health service delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (that is, buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to ensure that the resources available for health services are used effectively and in ways that most benefit the citizens of British Columbia.

The Economic Forecast Council estimates that British Columbia's real GDP grew by 2.2 per cent in 2011 and projects that the rate of real GDP growth will remain at 2.2 per cent in 2012, before increasing to 2.5 per cent in 2013. Risks to British Columbia's economic outlook include a return to recession in the US; the European sovereign debt crisis threatening the stability of global financial markets; slower than anticipated economic growth in Asia dampening demand for BC exports; and a weakening of the US dollar disrupting the financial markets and raising the cost of BC exports abroad.

British Columbia also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in British Columbia continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other residents of British Columbia. Government is working with First Nations, Métis and other partners to improve Aboriginal people's health outcomes.

The Aging Population

The seniors' population of British Columbia currently makes up 15 per cent of the total population and is expected to double within the next 20 years, making it one of the fastest growing seniors' populations in Canada.¹ The aging population is a significant driver of demand because the need for health services rises dramatically with age. People over age 65 make up 14 per cent of the British Columbia population, but use 33 per cent of physician services, 48 per cent of acute care services, 49 per cent of PharmaCare expenditures, 74 per cent of home and community care services and 93 per cent of residential care services.² There is also an increasing need to provide appropriate

¹ P.E.O.P.L.E. 35, population estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government. 2012

² Planning and Innovation Division, Ministry of Health. Using Medical Services Plan expenditures 2006/07; Acute care inpatient and day surgery workload weighted cases, Discharge Abstract Database (DAD) 2006/07; HCC community services by age group 2005/06 (summed based on average unit costs); Residential care days 2006/07.

care for those with frailty or dementia and to help seniors stay healthy, independent and in the community for as long as possible.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis, asthma and some cancers. People with chronic conditions represent approximately 38 per cent of the British Columbia population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.³ Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 per cent over the next 25 years⁴ and be a significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past 10 years has included less invasive surgery, increased use of diagnostic imaging and the introduction of new biological and other drug therapies that have made health care more efficient and effective, but has also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the number of CT exams increase by approximately 100 per cent and the number of MRI exams increase by almost 170 per cent in the province since 2001.⁵ In addition, new surgical techniques and equipment have contributed to the expanded use of joint replacement procedures. In British Columbia, the number of hip replacements has increased by 102 per cent and the number of knee replacements by 180 per cent over the past decade.⁶

Health Resources and Health System Infrastructure

Although attrition rates have recently decreased, looming retirements in the health sector workforce, combined with the rising demand for services, are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and health care workers. Planning for, and ensuring that we have the required number of qualified health care providers entering the workforce is still important. However, we also need to continue focusing on redesigning health service delivery models so that we are fully leveraging the skill sets of professionals, including creating and supporting integrated health care teams. Through building and maintaining healthy, supportive workplaces that enhance working and learning conditions, we have the opportunity to attract and retain the workforce we need to provide high quality services while ensuring we are flexible enough to adapt to the changing needs of the population as we move forward.

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

³ Discharge Abstract Database (DAD), Medical Services Plan and PharmaCare data 2006/07.

⁴ Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, March 2007, (2007-064). As cited in *Primary Health Care Charter: A collaborative approach* (2007), Ministry of Health.

⁵ HAMIS/OASIS, Management Information Branch, Planning and Innovation Division, Ministry of Health. As of October 12, 2011.

⁶ Surgical Patient Registry, MoH, <http://www.health.gov.bc.ca/swt/faces/PriorityAreas.jsp>. Accessed Jan 13, 2012.

Goals, Objectives, Strategies and Performance Measures

Goal 1: Effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.

Objective 1.1: Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention.

British Columbians are, in general, among the healthiest people in the world. We want to support the excellent health status of the majority of British Columbians while also helping those who do not enjoy good health, or who are at risk of diminishing health from factors such as poor diet, obesity, physical inactivity, injuries, tobacco use and problematic substance use. We will help people make healthy lifestyle choices by providing more tools, choices and supports for people to invest in their health to prevent or delay the onset of illness and injury. We will also enhance prevention programs and collaborate with other sectors to promote health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across British Columbia.

Strategies

- Work with health authorities, family doctors, primary care providers, community partners and others to advance the health of women and children through comprehensive and effective programs and services.
- Support communities, including schools, workplaces and municipalities, to strengthen healthy living opportunities with a focus on healthy eating, physical activity, reduced salt and sugary drink consumption, tobacco reduction and responsible alcohol use in order to reduce childhood obesity and the prevalence of chronic disease.
- Support families and individuals to invest in their own health through programs and incentives that lead to healthy lifestyle choices.
- Provide supports for older people and frail seniors, including supports to prevent falls and injuries, and to promote independence.
- Improve health outcomes for Aboriginal people and communities and provide culturally safe health services to all Aboriginal people in British Columbia by supporting and guiding strategic directions outlined in the Tripartite First Nations Health Plan and respecting commitments in the Métis Nation Relationship Accord.

- Work with Tripartite partners to implement the British Columbia Tripartite Framework Agreement on First Nation Health Governance including supporting the creation of a new First Nations health governing body with strong linkages to the provincial health system.
- Protect the health of families and individuals, and support healthy communities through policies and programs such as food safety and drinking water quality practices.

Performance Measure 1: Healthy communities.

Performance Measure	2010/11 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Per cent of communities that have completed healthy living strategic plans.	0% ¹	25%	30%	35%

Data Source: Survey, ActNow BC Branch, Population and Public Health Division, Ministry of Health, 2011.

¹ Baseline reflects anticipated changes to the current programs.

Discussion

This performance measure focuses on the number of communities out of a total of 160 communities in British Columbia that have developed healthy living strategic plans for 2010/11 and beyond. Community efforts to support healthy living through planning, policy, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will decrease the number of British Columbians who develop chronic diseases. The Ministry is advising communities on comprehensive healthy living plans.

Goal 2: British Columbians have the majority of their health needs met by high quality primary and community based health care and support services.

Objective 2.1: Providing a system of community based health care and support services built around attachment to a family doctor and an extended health care team with links to local community services.

As British Columbia’s population ages and the incidence of chronic disease increases, the demand for health services is increasing and changing. An integrated system of primary and community based health care will provide continuity of care as one’s health needs change and will improve care for all patients, but particularly for those with more complex needs such as people with chronic diseases, mental illnesses and problematic substance use, women during pregnancy and childbirth and the frail senior population. Evidence suggests that primary and community based health care are best suited to provide care to these populations and can play a critical role in improving health and reducing the need for emergency department visits and hospitalizations. Increasing access to family doctors, and

coordinating and linking family doctors to other community services such as home health care and community mental health care, will improve the quality and experience of care for patients and better support their families and caregivers.

Strategies

- Promote health service redesign, the use of integrated health care teams, coordination between health care providers, improved access to family doctors and more responsive care in community settings for frail seniors, patients with chronic diseases, and people with mental health and substance use conditions to improve health outcomes and reduce the need to access care through emergency departments and hospitals, and delay the need for residential care.
- Implement priority strategies for community based health service redesign, including care management practice and actions for people with dementia and those requiring end-of-life care.
- Promote the patient attachment initiative to provide every citizen of British Columbia the opportunity to have a family doctor as a first point of contact for care that is comprehensive, accessible, coordinated and continuous.
- Engage with patients, families, caregivers and community organizations to ensure voice, choice and representation in individual care planning and health service redesign.
- Implement *Healthy Minds, Healthy People: A Ten Year Plan to Address Mental Health and Substance Use* by working with ministries, health authorities and other partners to ensure alignment with the plan's focus on prevention, early intervention, appropriate treatment and sustainability.
- Use a multidisciplinary approach to improve medication management to reduce adverse effects arising from the use of multiple medications by a patient.

Performance Measure 2: Chronic disease management.

Performance Measure	2010/11 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Per cent of general practitioner physicians providing chronic disease management.	89%	90%	90% ¹	95%

Data Source: Medical Services Plan, Management Information Branch, Planning and Innovation Division, Ministry of Health, 2011. Annual data includes the physicians billing incentive fee items claimed from MSP and paid to September 30th of the following year for diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease and complex care management.

¹ The target for 2013/14 has been adjusted from the 95 per cent target used in the *Revised 2011/12 – 2013/14 Service Plan* to account for inherent challenges in engaging the final 10 per cent of general practitioner physicians in chronic disease management.

Discussion

This performance measure focuses on the number of general practitioner physicians (family doctors) providing comprehensive chronic disease management for people with diabetes, congestive heart failure, hypertension and chronic obstructive pulmonary disease. Proactive management of chronic

diseases can improve the quality of life for people with chronic conditions and reduce complications, emergency department visits, hospitalizations, some surgeries and repeated diagnostic testing. Accordingly, the Ministry is working with family doctors to maintain and expand the number providing proactive chronic disease management to their patients. Importantly, there is a concurrent focus on increasing the provision of comprehensive chronic disease management overall to more people in British Columbia who have an identified need for this type of support. Engaging a significant number of family doctors and providing associated practice supports are key steps toward improving care and associated health outcomes for all patients with chronic diseases.

Performance Measure 3: Chronic disease hospital admissions.

Performance Measure	2010/11 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Number of people under 75 years with a chronic disease admitted to hospital (per 100,000 people).	265	235	225	215

Data Source: Discharge Abstract Database, Management Information Branch, Planning and Innovation Division, Ministry of Health; P.E.O.P.L.E. 35, population estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government; 2011

Discussion

This performance measure tracks the number of people with selected chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. People with chronic diseases need the expertise and support of family doctors and other health care providers to manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. Proactive disease management reduces hospitalizations, emergency department visits, some surgeries and repeated diagnostic testing, all of which help control the costs of health care. As part of a larger initiative of strengthening community based health care and support services, family doctors, home health care providers and other health care professionals are working to provide better care in the community and at home to help people with chronic disease to remain as healthy as possible.

Performance Measure 4: Home health care and support for seniors.

Performance Measure	2009/10 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Per cent of people aged 75+ years receiving home health care and support.	15.6%	16.5%	17%	17.5%

Data Source: P.E.O.P.L.E. 35, population estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government; Continuing Care Data Warehouse, Management Information Branch, Planning and Innovation Division, Ministry of Health (A small amount of baseline data is currently unavailable due to the transition to new reporting mechanisms); Home and Community Care Minimum Reporting Requirements (HCCMRR) Data Warehouse, Management Information Branch, Planning and Innovation Division, Ministry of Health; 2011

Discussion

This performance measure tracks the per cent of seniors (aged 75+ years) who receive home health care such as home nursing and rehabilitative care, clinical social work, light housekeeping, assisted living and adult day programs. While the majority of seniors experience healthy aging at home, there is a growing need for community care options to support those who can no longer live independently. This support helps people manage chronic disease and frailty, and may prevent falls or other incidents that can potentially result in hospital care or require a move to a residential care setting. As part of a larger initiative of strengthening community based health care and support services, the Ministry is expanding home health services and ensuring that seniors at high risk are a priority in the provision of care. This focus, combined with the use of new technology for monitoring health at home and supporting caregivers, can significantly improve health outcomes for seniors.

Goal 3: British Columbians have access to high quality hospital services when needed.

Objective 3.1: Acute care services are accessible, effective and efficient.

While the majority of health needs can be met through primary and community based health care, the citizens of British Columbia also require timely access to safe and appropriate hospital services that support the needs of patients and their families.

Strategies

- Continue patient-focused funding to provide appropriate incentives to encourage increased access, efficiency as well as clinical and service excellence across the health system, including incentives to support care in communities.
- Expand the clinical care management system to improve the quality, safety and consistency of key clinical care services.
- Expand employment opportunities for local paramedics, in turn enhancing the level of support for the delivery of ambulance services in rural and remote communities.
- Improve access to diagnostic imaging services such as MRI and CT exams by working with health authorities to improve efficiency and appropriateness.
- Continue to provide excellent cancer treatment through the BC Cancer Agency, including opening a new full service cancer centre in Prince George in 2012.

Performance Measure 5: Access to surgery.

Performance Measure	2011/12 Baseline	2012/13 Target	2013/14 Target	2014/15 Target
Per cent of non- emergency surgeries completed within the benchmark wait time.	72.1% ¹	75% ²	80%	85%

Data Source: Surgical Wait Times Production (SWTP), Management Information Branch, Planning and Innovation Division, Ministry of Health, 2011. Includes all surgeries other than C-sections that have a priority code for patients aged 17+ years.

¹ Baseline is for surgeries completed from April 1, 2011 to November 30, 2011.

² Target per cents are for surgeries completed in the fiscal year.

Discussion

In the last several years, British Columbia’s health system has successfully reduced wait times for cataract, hip and knee joint replacement, hip fracture and cardiac surgeries. Expanded surgical activity and patient-focused funding, combined with continuous effort to foster innovation and efficiency in British Columbia’s hospitals, will improve the timeliness of patients’ access to an expanding range of surgical procedures. The Patient Prioritization Initiative is one of these innovations, a first in Canada, allowing surgeons to monitor patients’ wait times in five priority levels. This performance measure will track whether non-emergency surgeries are completed within established benchmark wait times associated with each priority level. As patient prioritization is a new approach and there are people without a prioritization code already waiting for surgery, the target for 2012/13 will allow for a ‘catch up’ period, after which the per cent of surgeries completed within the benchmark is expected to increase by 5% each year.

Goal 4: Improved innovation, productivity and efficiency in the delivery of health services.

Objective 4.1: Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery.

A high performing health system is one that uses its resources in the best way possible to improve health outcomes for patients and the broader population. To be sustainable, we must ensure that the health system has enough of, and the right mix of health professionals to provide the services that will meet British Columbians’ needs now and in the future. We must also ensure that health care providers are appropriately supported by information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

Strategies

- Support health service redesign and an affordable, sustainable health system by ensuring that British Columbia has the required supply of health care providers and that their skills are being used effectively.
- Strengthen and align performance assessment processes and systems for medical professionals, including licensure, credentialing, privileging, and monitoring, in order to improve public confidence in the quality of care provided in British Columbia.
- Transform the BC CareCard to include photo identification and computer chip technology as a first move to a new secure BC Services Card that will support cross-government services in the future.
- Expand the implementation and adoption of eHealth systems to enable patient health information to be securely stored and shared electronically by authorized users. This will enable the availability of timely clinical information such as laboratory test results and patient medication histories to support health care providers in decision making and improving patient care.
- Expand Telehealth to improve rural and Aboriginal communities' access to health services and specialists.
- Provide citizens with a more comprehensive understanding of the health system through public access to more health information and data as part of the provincial DataBC initiative.

Performance Measure 6: Electronic medical record system implementation.

Performance Measure	2009/10 Baseline	2011/12 Forecast	2012/13 Target	2013/14 Target	2014/15 Target
Per cent of physicians implementing electronic medical record systems.	41%	55%	65% ¹	75% ¹	Maintain at or above 75% ²

Data Source: Health Sector IM/IT Division, Ministry of Health, 2011. Measured through physician enrolment in a voluntary program to promote adoption of electronic medical record (EMR) systems. An estimated 5,000 physicians have a clinical requirement for an EMR system and would be eligible for this program.

¹ Targets for 2012/13 and 2013/14 have been adjusted from the targets used in the *Revised 2011/12 – 2013/14 Service Plan* to reflect the slowing rate at which physicians are adopting EMR systems as compared to the initial years of the program when uptake was more immediate.

² The target of 75 per cent of physicians implementing EMR systems recognizes that some physicians will not implement an EMR system due to the nature or location of their practice such as those working primarily in hospitals and having access to an EMR system already in place.

Discussion

Electronic medical record systems (EMRs) are replacing today's largely paper-based patient charts and will help improve the overall sustainability of British Columbia's health system. In busy physician offices, where volumes of paper files from multiple sources must be managed on a daily basis, EMRs help with organization, accuracy and completeness of patient records. EMRs also make critical clinical information about patients more accessible to physicians and their health care staff.

Provincial clinical guidelines for the management of chronic diseases and clinical supports such as alerts and recall notices based on these guidelines are embedded within EMRs contributing to quality of care. When integrated with other eHealth systems, EMRs will also have access to laboratory and drug information, reducing unnecessary clinical tests and adverse drug interactions, both of which support patient safety and reduce health care costs.

Objective 4.2: Drive efficiency and innovation to ensure sustainability of the publicly funded health system.

We are committed to efficiently managing the health system to ensure resources are spent where they will have the best health outcome. We must continually drive improvement in innovation, productivity and efficiency to ensure that our publicly funded health system is affordable and effective for the citizens of British Columbia.

Strategies

- Drive process improvements such as Lean Design principles across the health system, which eliminates waste, improves services to patients and improves the quality, productivity and efficiency of health care processes.
- Implement a provincial evidence informed decision making process for the introduction of new health technologies and drugs to improve health outcomes and manage health care costs.
- Continue consolidation of corporate, clinical support and administrative functions to achieve savings, efficiencies and quality improvements across the Lower Mainland health authorities and expand this initiative provincially. In addition, maximize efficiencies through Health Shared Services BC development of a Canadian purchasing alliance for public sector procurement of medical supplies and equipment.
- Continue to develop structured performance monitoring tools and performance management practices, and improve the availability of quality data and analysis to assist clinical and management decision making and optimize health expenditures.
- Communicate the strategy for sustainable health care to the citizens of British Columbia by using an interactive media approach, including an online forum for more direct, open and meaningful dialogue about the health system.

Resource Summary

Core Business Area	2011/12 Restated Estimates ¹	2012/13 Estimates	2013/14 Plan	2014/15 Plan
Operating Expenses (\$000)				
Health Programs				
Regional Services	10,561,534	10,858,769	11,286,809	11,651,528
Medical Services Plan	3,796,811	3,894,537	4,026,739	4,120,496
PharmaCare	1,139,722	1,185,330	1,229,208	1,266,429
Health Benefits Operations	34,410	35,123	35,560	36,005
HealthLink BC	33,322	34,741	34,741	34,741
Vital Statistics	6,734	6,863	7,000	7,140
Recoveries from Health Special Account Services	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	160,391	164,754	164,756	164,756
Health Special Account	147,250	147,250	147,250	147,250
Total	15,732,924	16,180,117	16,784,813	17,281,095
Ministry Capital Expenditures (Consolidated Revenue Fund) (\$000)				
Executive and Support Services	31,207	16,614	277	255
Total Capital Expenditures	31,207	16,614	277	255
Capital Grants (\$000)				
Health Facilities	463,255	437,838	394,652	415,125
Total Capital Grants	463,255	437,838	394,652	415,125

¹ For comparative purposes, amounts shown for 2011/12 have been restated to be consistent with the presentation of the 2012/13 Estimates.

Health Authority Income Statement Resource Summary

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 of Health 2012/13 – 2014/15 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 transfers from the Ministry's operating and capital budgets.

Health Authorities and Hospital Societies	2011/12 Forecast	2012/13 Budget	2013/14 Plan	2014/15 Plan
Combined Income Statement (\$000)				
Total Revenue ¹	12,108,000	12,431,000	12,835,000	13,139,000
Total Expense ²	12,092,000	12,431,000	12,835,000	13,139,000
Net Results ^{3,4}	16,000	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 licenses and other revenues.

² Expense: 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, assisted living and residential care.

³ 2011/12 Net Results: The forecast surplus of \$16 million is made up of \$5 million surplus from Interior Health Authority, \$2 million surplus from Vancouver Coastal Health Authority, and \$9 million surplus from Vancouver Island Health Authority.

⁴ The 2011/12 forecast is based on third-quarter board-approved information provided by the health authorities and hospital societies.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet the 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, investments 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 maintain three-year capital expenditure plans, 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.

Major capital projects currently underway include:

• **Kelowna and Vernon Hospitals Project**

The Kelowna and Vernon Hospitals project consists of a patient care tower for an expanded emergency department and consolidated outpatient services, and academic space for the University of British Columbia (UBC) medical school's new Southern Medical Program at Kelowna General Hospital and a new patient care tower at Vernon Jubilee Hospital for a total cost of \$433 million. The Vernon Jubilee Hospital expansion opened for patients on schedule in 2011 and the Kelowna General Hospital expansion will open in 2012.

The new patient care tower, the Centennial Building, at Kelowna General Hospital will include a new building at the hospital to accommodate ambulatory/outpatient services in a single location, quadruple the size of the emergency department and include two shelled floors for future inpatient bed capacity. The project is expected to decrease congestion in the emergency department, increase surgical capacity and improve patient flow throughout the hospital. In addition to the patient care tower, a new stand-alone facility was constructed to accommodate the Southern Medical Program and a new parkade.

The new patient care tower, the Polson Tower, at Vernon Jubilee Hospital includes a new facility for 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. The building also includes two shelled floors for future inpatient bed capacity.

For more information on the Kelowna and Vernon Hospitals project, please see the website at www.partnershipsbc.ca/files/project-ih.html.

• **Fort St. John Hospital and Residential Care Facility**

The new hospital will be the centre for health care delivery to Aboriginal people and remote communities in northeastern British Columbia and will provide a range of health services that take advantage of telecommunication and telehealth applications, reducing the need for patients to travel to receive care. The 55-bed facility will address wait times and emergency room congestion, and will provide access to modern ambulatory care. It will include emergency, diagnostic, treatment and patient care services and will provide for expansion of health services. The hospital will also be the centre for the UBC Medical School's Northern Medical Program in northeastern British Columbia. The project also includes a new 123-bed residential care facility 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 \$298 million and is planned for completion in 2012.

For more information on the new regional hospital in Fort St. John, please see the website at www.health.gov.bc.ca/library/publications/year/2008/FSJ_Capital_Project_Plan_March_2008.pdf.

• **BC Cancer Centre for the North, Prince George**

As part of the Northern Cancer Control Strategy, the BC Cancer Centre for the North will accommodate two linear accelerators and other equipment, treatment rooms and patient areas. An addition and renovations to the University Hospital of Northern BC (Prince George) will accommodate a new six-bed oncology unit, an expansion of pathology, laboratory and diagnostic imaging services, and additional administrative spaces to support the impact of new BC Cancer

Agency services in the north. The Northern Cancer Control Strategy will include renovations and enhancements to up to 11 Northern Health Authority sites in communities outside of Prince George and acquisition of new equipment and information technology to accommodate expansion of community cancer clinics. The estimated capital cost associated with the strategy is \$106 million and project completion is planned for 2012.

For more information on the Northern Cancer Control Strategy, please see the website at: www.health.gov.bc.ca/library/publications/year/2008/NorthernCancerCentreProjectPlan.pdf.

• **Surrey Memorial Hospital Critical Care Tower**

The new building will include a new emergency department that is five times larger than the existing department. The new emergency area will include specialized units for mental health, geriatric care, a separate children's emergency area, an enhanced minor treatment unit and an improved area for acute patients. The multi-storey facility will also include a perinatal centre incorporating 48 neonatal intensive care unit beds needed to treat premature infants and newborns in critical distress. The maternity department will be expanded and 13 new obstetric beds will be added. The project will also include additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent. An expanded adult intensive care unit will help meet the acute care needs of Surrey, and will play a crucial role in decreasing emergency room congestion. Additional academic space will be created to support the growing partnership between Fraser Health and the UBC medical school. A new rooftop helipad will be located on the top of the new tower. The capital cost of the project is estimated at \$512 million. Construction on the new tower began in 2011. The new emergency department will be open to patients in 2013, with final construction of the critical care tower to be completed in 2014.

For more information on the Surrey Memorial Hospital Critical Care Tower, please see the website at www.fraserhealth.ca/about_us/building_for_better_health/surrey_memorial_hospital.

• **Interior Heart and Surgical Centre, Kelowna**

The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 12,970-square-metre (139,590-square-foot) building will be constructed to house the Interior Heart and Surgical Centre and will be built on the site of the existing Pandosy building. The programs currently housed at Pandosy will be relocated to the new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre and will include room for future expansion of surgical services and support services for the cardiac program such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize interior and exterior wood construction. The Interior Heart and Surgical Centre will be completed by 2016 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at \$393 million.

For more information on the Interior Heart and Surgical Centre, please see the website at www.buildingpatientcare.ca/interior-heart-and-surgical-centre-project.

• **Children’s and Women’s Hospital Redevelopment**

The redevelopment of BC Children’s Hospital and BC Women’s Hospital, both agencies of the Provincial Health Services Authority, will be completed in three phases. The first phase will include opening three additional neonatal intensive care unit (NICU) beds at BC Women’s Hospital to help care for the province’s most vulnerable patients. Those additional beds will become part of the provincial network of NICU beds. First phase work at BC Children’s Hospital and the Shaughnessy Building includes site preparations for the new hospital, construction of additional academic space for UBC, and construction of a new clinical support building and a free-standing child day-care centre. Phase one is expected to cost \$91 million. The second and third phases of the project will include the construction of the new BC Children’s Hospital and renovations and expansion of BC Women’s Hospital. The total project cost for all phases must still be finalized, but is estimated to be approximately \$682 million.

For more information on the Children’s and Women’s Hospital Redevelopment project, please see the website at www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.

Appendix

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In Vancouver, B.C.: 604-683-7151

PharmaCare (Health Insurance BC) www.hibc.gov.bc.ca

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

HealthLink BC www.healthlinkbc.ca

Toll-free in B.C.: 8-1-1
In Vancouver, B.C.: 604-215-8110
TTY (Deaf and Hearing-Impaired Assistance): 7-1-1

Health and Seniors Information Line www.seniorsbc.ca

Toll-free in B.C.: 1-800-465-4911
In Victoria, B.C.: 250-952-1742

Healthy Families BC www.healthyfamiliesbc.ca

Patient Care Quality Review Boards www.patientcarequalityreviewboard.ca

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Office – Kelowna, B.C. (Room 101, 1475 Ellis Street, Kelowna, B.C., V1Y 2A3, 250-712-7562)

Hyperlinks to Additional Information

Vancouver Coastal Health Authority www.vch.ca

Vancouver Island Health Authority www.viha.ca

Interior Health Authority www.interiorhealth.ca

Fraser Health Authority www.fraserhealth.ca

Northern Health Authority www.northernhealth.ca

Provincial Health Services Authority www.phsa.ca