
Health and Wellness

BUSINESS PLAN 2003-06

ACCOUNTABILITY STATEMENT

The Business Plan for the three years commencing April 1, 2003 was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as of March 19, 2003 with material economic or fiscal implications of which I am aware have been considered in preparing the Business Plan.

The Ministry's priorities outlined in the Business Plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this Business Plan.

[Original Signed]

Gary Mar, *Minister of Health and Wellness*
March 21, 2003

INTRODUCTION

The Ministry of Health and Wellness is pleased to present its Business Plan for the three year period ending March 31, 2006. This business plan is a record of changes and improvements anticipated in the three years ahead, rather than an exhaustive inventory of all activities essential to the operation of the Ministry and our public health system.

The Ministry comprises the department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission (AADAC). Our two core businesses, four goals and associated strategies encompass the activities of both the department and AADAC. More detailed information about the strategies and performance measures for AADAC is found in its Business Plan. The financial information for the department and AADAC is consolidated in the attached income statement.

A vision for today's provincial health system is presented in this plan. From this vision, goals and strategic directions emerge which can serve to stimulate dialogue among the public and stakeholders in search of a shared, collaboratively derived approach to establishing a sustainable, public system for the future.

The 2003-04 Annual Report for Alberta Health and Wellness will report the progress made on the commitments contained in this Business Plan.

For reference, a more detailed description of how the health system in Alberta works today can be found on our Web site http://www.health.gov.ab.ca/public/document/health_system_works.htm.

VISION

The Government of Alberta's vision for the province is

“A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children.”

The **vision** of Alberta Health and Wellness is

“Citizens of a healthy Alberta achieve optimal health and wellness.”

The health and wellness of a population is determined by much more than access to quality health services. Education, employment, income and the environment are key among the factors widely recognized as determinants of health. Public policy across government seeks to provide Albertans with a supportive environment through which they can realize their full health potential and enjoy a high quality of life. Alberta Health and Wellness contributes to that effort by ensuring Albertans have equitable access to effective and appropriate health and wellness services when required.

The achievement of this vision is a collaborative effort that begins with individuals taking responsibility for their own health. Partners with Albertans in this effort include not only the Ministry and providers of health services, but also other Ministries, other levels of government and the private sector. While optimal health is an end in itself, a healthy well-educated workforce is also a critical ingredient for the province's economic development strategy. An effective collaboration is reflected in the slogan: "Healthy Albertans in a healthy Alberta."

ISSUES AND CHALLENGES

Publicly funded health services are organized and delivered to meet the priority needs of Albertans. Those needs, and the ways in which they can be best met, keep changing and the system is challenged to adapt. The major forces of change are:

Demographics

- Alberta's population is increasing and aging
- As a consequence, demands on the health system and on informal caregivers continue to increase
- As the health workforce ages, skill shortages are predicted to occur in key health professions
- A well educated population will have high expectations for services and want to be better informed about their health and wellness choices and decisions

Technology

- Advancements change not only our expectations about what services can or should be delivered by whom and how, but also our capacity to improve access, quality and client safety. New technologies include new procedures, drugs, diagnostic tools and treatment equipment, and improved communication (for example, Telehealth and Wellnet)
- With these advancements come associated costs for financing and training

The major challenge is sustaining the population's optimal health and wellness over time

- The increasing costs of drugs, technology and provider compensation, along with higher utilization, cause the total cost of the service delivery system to rise faster than the combined effects of population growth and inflation
- New ways of achieving the same or better health outcomes, including system redesign and a greater focus on health promotion, protection and disease and injury prevention, continue to be pursued so that overall costs can be kept within the capacity of available funding, while accessibility, quality and accountability continue to be ensured

A reform and redesign of the public health system in Alberta is underway. Anchored by a renewed focus on 'staying healthy', the system for service delivery will be redesigned so that the needs of the population can be addressed in more innovative, appropriate and efficient ways.

VALUES, MISSION AND CORE BUSINESSES

Like all Canadians, Albertans highly value their public health care system and the principles upon which it was founded, as described in the *Canada Health Act*:

- accessibility - medically necessary physician and hospital services are available without user fees, extra billing or other barriers to reasonable access
- comprehensiveness - all medically necessary physician and hospital services are insured
- portability - Canadians are covered for insured services received in another province or territory
- public administration - the health care insurance plan is operated on a non-profit basis by a public authority
- universality - all Canadians are entitled to public health insurance for medically necessary hospital and physician services

In addition to these principles, the Ministry of Health and Wellness is committed to an Alberta health system that:

- demonstrates excellence - high standards and best practices are achieved through research, education and information
- provides for equitable access by all Albertans to a comprehensive range of integrated health services
- provides quality services and effective outcomes
- builds on shared responsibility and decision-making among users and providers
- ensures accountability at all levels for outcomes
- is cost-effective and sustainable in the long term

The **mission** of the Ministry is

“To maintain and improve the health and wellness of Albertans by leading and working collaboratively with citizens and stakeholders.”

Across the health system, collaboration with Albertans and stakeholders is essential to realize intended outcomes. The implementation of the recommendations arising from the Premier’s Advisory Council on Health requires close collaboration with key stakeholders, particularly regional health authorities. To be successful at ‘staying healthy’, citizens will need support in the form of information and incentives from government, as well as service providers and agencies within their communities.

To achieve our mission, the Ministry engages in two **core businesses**:

1. lead and support a system for the delivery of quality health services

A system of quality health services is in place to meet the needs of Albertans who are medically fragile, injured or ill, or who may need diagnosis, treatment or support. While the responsibility for delivering those services rests with health authorities, agencies and individual practitioners, the Ministry demonstrates leadership in setting direction, policy and provincial standards, which ensure quality services. Key Ministry roles are to set priorities based on health needs, determine the scope of financial, capital and human resources required, and measure and report on the performance of the system.

2. encourage and support healthy living

A primary focus of the health system is to support and encourage the wellness and health of Albertans, not just to diagnose and treat the ill and injured. Health promotion and protection programs, along with disease and injury prevention programs, address risks to health where knowledge or early intervention can make a difference. Through health authorities and provincial agencies, programs for the promotion of wellness, as well as the prevention of disease and injury, enable Albertans to make informed decisions about their health. In acknowledgement of the wide array of factors that have an impact on health, the Ministry is engaged in cross-ministry initiatives to effectively address challenges to the health and wellness of the population.

The proposed expenditures for Alberta Health and Wellness for the three year period have been allocated between the two core businesses, as well as identified by program in the Statement of Operations.

Alberta Health and Wellness continues, in partnership with Alberta Seniors and Alberta Finance, to lead the cross-ministry Health Sustainability Initiative in 2003-04 by pursuing a government-wide strategic framework to enhance the sustainability of the health care system into the future. Acknowledging the importance of health and health services to Albertans, government ministries (Alberta Infrastructure, Learning, Human Resources and Employment, Children’s Services, Aboriginal Affairs and Northern Development, Municipal Affairs, Public Affairs Bureau) will strengthen collaboration, integration and co-ordination among themselves and among stakeholders in the interest of the population’s health.

LINKAGES TO GOVERNMENT CORE BUSINESSES AND GOALS

GOVERNMENT CORE BUSINESSES

People...

improving the quality of life in Alberta for individuals and their families through the government's priorities for health, education, our children, those in need, and Aboriginal Albertans.

Prosperity...

protecting the quality of life in Alberta through the government's priorities for our economy, local government sector, transportation and utilities infrastructure, and the province's financial, fiscal and intergovernmental position.

Preservation...

reflect the government's priorities for community safety, our renewable resources, the environment, and our natural, historical and cultural resources.



-----Government Goals relating to health-----

Albertans will be healthy.
Albertans will be well prepared for lifelong learning and work.
Alberta's children will be supported in reaching their potential.
Albertans will be self-reliant and those unable to provide for their basic needs will receive help.
Aboriginal communities in Alberta will be effective and self-reliant.
Alberta will have a prosperous economy.
Alberta will have a financially stable, open and accountable government and a strong intergovernmental position in Canada.
Alberta will be a fair and safe place to work, live and raise families.
The high quality of Alberta's environment will be sustained.



-----Core Businesses for Alberta Health and Wellness-----

Lead and support a system for the delivery of quality health services.
Encourage and support healthy living.

-----Goals for Alberta Health and Wellness-----

Accessible, effective, quality health services are delivered to Albertans who need them.
(Core business #1)
The optimal health and wellness of Albertans is supported through health protection and promotion, and disease and injury prevention.
(Core business #2)
An integrated, sustainable and accountable system for health is supported and promoted.
(Core businesses #1 & 2)
The Ministry's effectiveness is optimized.
(Core businesses #1 & 2)

STRATEGIC PRIORITIES

An overriding strategic priority for Alberta Health and Wellness is fundamental reform of the public health system to ensure its sustainability for generations to come. Anchored by a focused emphasis on wellness and ‘staying healthy’, the department will strive to provide leadership in realigning the service delivery system.

Within an over-arching provincial accountability framework, the key strategic directions and deliverables over the next three years comprise:

- new models of service delivery, provider practice and compensation to improve system performance, complemented by access standards and service standards which assure Albertans they will receive high quality care,
- implementation of a province-wide electronic health record system and expansion of Health Link, innovative applications of technology to optimize access to diagnosis and treatment, as well as patient safety, and
- strategies to support Albertans in taking greater personal responsibility for their own health and their health care decisions.

In championing the Health Sustainability Initiative, Alberta Health and Wellness will strive to optimize and integrate the essential contributions of government ministries towards the ultimate goal of a sustainable, public health system for Albertans.

GOALS, STRATEGIES AND PERFORMANCE MEASURES

GOAL ONE

1 Accessible, effective, quality health services are delivered to Albertans who need them.

The responsibility for service delivery rests primarily with health authorities and individual practitioners. The delivery of health services is designed to address the needs of Albertans, meet high standards of quality, and achieve positive outcomes. Continuous improvement and innovation ensure that those services are as effective, efficient and appropriate as possible. To ensure accessibility, and the optimal utilization of health professionals, the Ministry collaborates closely with health authorities, agencies and other stakeholders. The Ministry also works with health authorities to ensure appropriate investment and management of provincial resources through review and approval of multi-year performance agreements and capital plans. The Ministry administers registration of Albertans for health care insurance and operation of the payment system for health practitioners, aids to daily living suppliers, ambulance operators and other services.

Key Performance Measures

	Actual	Target
1.A Waitlist and/or waiting times for joint replacement, heart surgery, cancer therapy, MRI, and long-term care.		
a. hip or knee replacement	5 months*	4 months (2004-05)
b. heart surgery, angioplasty:		1 to 6 weeks depending on urgency (2004-05)
urgent in-patient	1.0 weeks*	
urgent outpatient	17.4 weeks*	
planned outpatient	14.9 weeks*	
c. cancer radiation therapy:		4 weeks (2004-05)
breast cancer	9.5 weeks*	
prostate cancer	11.5 weeks*	
d. MRI	8,993 individuals*	decreased wait list (2004-05)
e. long-term care facility admission:		
in acute care hospital	351 individuals*	decreased wait list (2003-04)
urgent in community	377 individuals*	
1.B Ratings of ease of access to hospital and physician services – Per cent of Albertans reporting access is ‘easy’ or ‘very easy’.		
a. physician services	84% (2002)	85% (2004)
b. hospital services	73% (2002)	75% (2004)
1.C Ratings of quality of care received – Per cent who report that quality of care personally received is ‘excellent’ or ‘good’.		
a. overall quality of care	86% (2002)	90% (2004)
b. hospital quality of care	81% (2002)	85% (2004)
1.D Per cent of persons, who have received a service, who are satisfied with the way the service was provided.	86% (2002)	90% (2004)

* Figures reported for 4th quarter of 2001-02 fiscal year.

Key Strategies

- 1.1 Implement Government directions emerging from follow-up on the Premier’s Advisory Council on Health report:
 - Committee on Collaboration and Innovation
 - Expert Advisory Panel to review Publicly Funded Health Services
 - Integration of mental health services into the regions
- 1.2 Identify appropriate wait times for selected services and implement the posting of wait times, centralized booking, electronic health records and other measures to provide Albertans with access to services when and where they are needed.
- 1.3 Implement new models of care, with an emphasis on primary health care:
 - Health Link province-wide
 - Health Care Transition Fund projects
 - Alternate Payment and Funding Plans for physician services
- 1.4 Enable Albertans to ‘age in place’ with improved access to appropriate care through the continuing care reform process.

The optimal health and wellness of Albertans is supported through health protection and promotion, and disease and injury prevention.

The health and wellness of individuals is determined by a number of factors. Key factors include genetic endowment, early childhood development, education, environment and employment status, as well as personal decisions about lifestyle behaviours. Promotion, protection and prevention services provide a supportive environment for Albertans in their personal pursuit of health and wellness. These services include early childhood development and major prevention strategies aimed at tobacco reduction, suicide prevention, tuberculosis, HIV and other blood-borne pathogens, sexually transmitted diseases, environmentally associated diseases, vaccine preventable diseases, injury and selected chronic diseases such as diabetes. With access to accurate and timely information, Albertans can make wise choices, whether in the prevention of disease or injury, or in safeguarding their own health, wellness and quality of life. Staying healthy should be a priority for all Albertans.

Key Performance Measures

	Actual	Target
2.A Self-reported health status.		
Per cent reporting		
'excellent, very good or good' (age 18-64)	88% (2002)	90% (2004)
'excellent, very good or good' (age 65+)	78% (2002)	80% (2004)
2.B Mortality rates for injury and suicide.		
Age standardized mortality rates due to injury and suicide (per 100,000 people)	48 (2000)	45 (2004)
2.C Screening rate for breast cancer.		
Per cent of women age 50-69 receiving mammograms every two years	71% (2000-01)	75% screened (2003-04)
2.D Childhood immunization coverage rates. Per cent of two-year old children who have received the recommended immunizations.		
Diphtheria, pertussis and tetanus (DPT)	79% (2000)	88% (2005) moving to 98%*
Measles, mumps and rubella (MMR)	90% (2000)	98%* (2005)
Pneumococcal and meningococcal	(new)	97% (2005)
2.E Per cent of seniors who have received the recommended annual influenza (flu) vaccine.		
Per cent of all persons 65 years and over	68% (2001-02)	75% (2004-05)

* National and provincial target for immunization coverage.

Key Strategies

- 2.1 Provide a supportive environment which enables Albertans to stay healthy and to make appropriate and responsible use of health services:
 - Implement the Healthy Alberta Promotion and Prevention Policy Framework
 - Continue to implement Tobacco Reduction Strategy
 - Implement Alberta Diabetes Strategy
 - Implement a provincial Cervical and Breast Cancer Screening Program
 - Provide timely and easy public access to health information.
- 2.2 Protect Albertans from diseases transmitted in air, water, food and physical environments through interventions supported by education, environmental monitoring, regulations and enforcement measures.
- 2.3 Protect Albertans against communicable diseases through disease control and prevention measures, including immunization.
- 2.4 Reduce the incidence and burden of disease and injury through education, information and targeted interventions (e.g. diabetes strategy).

GOAL THREE

An integrated, sustainable and accountable system for health is supported and promoted.

The health system is complex, and the province-wide infrastructure is a major reason for its effectiveness. While some agencies have a province-wide mandate, a regional orientation predominates. It is acknowledged that more emphasis on prevention and promotion holds the potential to reduce the future demand for expensive diagnosis and treatment services and so make the system more sustainable. As well, with numerous stakeholders involved in the process of organizing and delivering services to citizens, it is a continuous challenge to ensure their efforts are effectively co-ordinated. Towards this end, effective communication, accountability and information systems are essential, as is leadership in addressing emerging system-wide challenges in an integrated fashion. Two critical challenges include ensuring the sustainability of the publicly funded system for health and the confidentiality of Albertans' health information.

Key Performance Measures	Actual	Target
3.A Per cent of the public who rate their knowledge of health services available as 'excellent' or 'good'.	62% (2002)	70% (2004)
3.B Per cent of stakeholders reporting easy access to information.	(measure under development)	Improvement (2004)

Key Strategies

- 3.1 Seek sustainability for a system for health through the integrated application of strategies focussing on expenditures, revenues, expectations and evidence-based innovation:
 - Implement consolidated regional health authority boundaries
 - Implement directions arising from the Committee to Develop a Rural Health Strategy for Alberta
 - Implement directions arising from MLA Review of Ambulance Services Delivery Committee
 - Implement legislative review to support reform.
- 3.2 Develop and implement an integrated information system (specifically the implementation of the electronic health record by March 31, 2004) to support and improve clinical and management decision-making, and support research (e.g. AHFMR).

- 3.3 Improve Albertans' knowledge of the health system through meaningful engagement, effective communication and access to relevant and understandable information.
- 3.4 In collaboration with the Health Services Utilization and Outcomes Commission, ensure health services utilization outcomes are assessed and reported annually to Albertans.
- 3.5 Collaborate with the Alberta Alcohol and Drug Abuse Commission (AADAC) to ensure that addiction information, prevention and treatment services are available to Albertans on a province-wide basis.

GOAL FOUR

4 The Ministry's effectiveness is optimized.

To be as effective and efficient as possible in the service of its mission, the Ministry must keep pace with new knowledge and use its human, financial and technological resources in an optimal fashion. Internally, the Ministry must foster the culture of a learning organization. Externally, the Ministry commits to collaboration with key stakeholders and particularly other government departments in support of cross-government initiatives.

Key Performance Measure	Actual	Target
4.A Per cent of Albertans reporting their inquiries to the department were handled satisfactorily.	85% (2002)	85% (2003)
4.B Per cent of department staff who 'agree' or 'agree strongly' that they know or understand how their work contributes to the achievement of the Ministry business plan.	83% (2002)	95% (2003)
4.C Satisfaction rating among other Ministries with Alberta Health and Wellness' contribution to cross-ministry initiatives.	84% (2002)	86% (2003)

Key Strategies

- 4.1 Enhance the department's internal capacity through supportive work environments and strong and effective teams (e.g. Business Resumption Plan, Regulatory Review Plan).
- 4.2 Create and support effective collaborative processes and structures to engage key stakeholders, with roles and accountabilities clearly delineated.
- 4.3 Provide staff, stakeholders and citizens with ready access to better information.
- 4.4 Ensure cross-ministry initiatives benefit from the department's leadership, and contribution of high quality, timely and effective resources.
- 4.5 Improve information quality and access by operationalizing the Information Management Framework and adopting/developing system-wide standards.
- 4.6 Lead the Health Sustainability Initiative to strengthen collaboration, integration and co-ordination across government ministries to enhance the sustainability of the public health care system.
- 4.7 Provide leadership in Federal/Provincial/Territorial and other collaborative, cross-jurisdictional engagements pertaining to health and health care.

Note: Alberta Health and Wellness collects a wide range of statistical information about the health of Albertans and the performance of our health system. From this wide array of information, the Ministry selects its key performance measures. Additional information about the health of Albertans and health system performance is reported in numerous publications, including: the *Ministry Annual Report, Measuring Up, Health Trends*, the *Report on the Health of Albertans*, the *Alberta Health Care Insurance Plan Statistical Supplement*, and the annual report on *Province-Wide Services*. Many factors and influences external to the Ministry will have an impact on the performance of the health system for which measures are included in this plan.

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (AADAC)

The Alberta Alcohol and Drug Abuse Commission (AADAC) is mandated by the *Alcohol and Drug Abuse Act* to operate and fund services addressing alcohol, other drug and gambling problems, and to conduct related research.

AADAC is an agency of the Government of Alberta reporting to the Minister of Health and Wellness. The Commission is governed by a Board of up to 12 Commissioners, appointed by the Lieutenant Governor in Council. The Chair is a Member of the Legislative Assembly. The Commission Board provides policy direction for AADAC's programs and services. AADAC's goals and strategies are linked to the government's core businesses through Alberta Health and Wellness' Business Plan, Goal 3, Strategy 3.5.

VISION

AADAC's vision is: *"A healthy society that is free from the harmful effects of alcohol, other drugs and gambling."*

MISSION

AADAC's mission is: *"Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling."*

CORE BUSINESSES, GOALS, STRATEGIES AND PERFORMANCE MEASURES

Strategic Priorities

For 2003-2006, the following strategic priorities will guide the delivery of AADAC's core businesses. AADAC will:

- ensure the ongoing sustainability of its information, prevention and treatment services as part of the Alberta Health Sustainability Initiative.
- reduce tobacco consumption in Alberta.
- continue to emphasize youth programs in support of the Alberta Children and Youth Initiative.
- enhance research and evaluation to support program planning and performance measurement.

Core Business 1: Information

AADAC provides Albertans with current and accurate information on alcohol, other drugs and gambling. Information management and dissemination creates greater awareness of addiction issues and AADAC services, and is required to support the development and delivery of prevention and treatment programming. Information and resource materials are available through AADAC offices and clinics and are accessible on the AADAC website at www.aadac.com.

Goal

To inform Albertans about alcohol, other drug and gambling issues and AADAC services.

Key Strategies

1. Disseminate results from the *Alberta Youth Experience* school survey and the *Substance Abuse and Gambling in the Workplace* study.
2. Initiate an adult illicit drug prevalence study.
3. Continue to enhance the *ASIST* client information system.
4. Review problem gambling intervention training for gaming vendors/operators.

Key Performance Measures

	Actual	Target
1. Percentage of Albertans who are aware of AADAC services.	66% (2000)	70% (2003-04)
2. Number of visitors to AADAC websites.	114,390 (2001-02)	Increase 5% (2003-04)

Core Business 2: Prevention

AADAC provides programs and services that are designed to prevent alcohol, other drug and gambling problems, and reduce the harms associated with substance abuse and problem gambling. Prevention strategies are intended to increase protective factors and reduce risk factors for the population as a whole, and within specific groups.

Goal

To prevent the development of and reduce the harms associated with alcohol, other drug and gambling problems.

Key Strategies

1. Increase education and early intervention services for youth in schools.
2. Enhance prevention services for pregnant women as part of the Early Childhood Development Initiative.
3. In collaboration with the Brewer's Association of Canada, support the *YA!* project to reduce alcohol consumption among rural youth.
4. Implement a tobacco reduction campaign targeted to youth.

Key Performance Measures

	Actual	Target
1. Prevalence of smoking among Alberta youth.	17.9% (2000-01)	16% (2003-04)
2. Percentage of Alberta women who consumed alcohol during pregnancy.	4.0% (2000)	3.8% (2003-04)

Core Business 3: Treatment

AADAC offers a broad continuum of treatment services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems. Treatment is aimed at adults, youth, and their families who are displaying significant problems. Services include community-based outpatient counselling, day programs, crisis and detoxification services, short and long-term residential treatment, and overnight shelter. Specialized programs are available for youth, women, Aboriginal Albertans, business and industry referrals, and persons with opiate dependency or cocaine addiction.

Goal

To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems.

Key Strategies

1. Evaluate consolidation of AADAC help-line services through the provincial Health Link.
2. Continue to collaborate with Regional Health Authorities to support delivery of addiction treatment services in health care settings.
3. Continue to partner with service providers for tobacco cessation programs.
4. Support access to the Opiate Dependency Program.

Key Performance Measures

	Actual	Target
1. Percentage of clients who are satisfied with AADAC treatment services.	95% (2002-03)	95% (2003-04)
2. Percentage of clients reporting they were improved following treatment.	94% (2002-03)	93% (2003-04)

EXPENSE BY CORE BUSINESS

(thousands of dollars)

	Comparable 2001-02 Actual	Comparable 2002-03 Budget	Comparable 2002-03 Forecast	2003-04 Estimates	2004-05 Target	2005-06 Target
EXPENSE						
Core Business						
Deliver Quality Health Services	6,071,741	6,535,650	6,559,746	7,042,141	7,357,665	7,798,876
Encourage and Support Healthy Living	249,653	297,126	298,126	308,321	311,465	314,411
MINISTRY EXPENSE	6,321,394	6,832,776	6,857,872	7,350,462	7,669,130	8,113,287

MINISTRY STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable 2001-02 Actual	Comparable 2002-03 Budget	Comparable 2002-03 Forecast	2003-04 Estimates	2004-05 Target	2005-06 Target
REVENUE						
Internal Governmental Transfers	84,065	104,987	104,987	196,380	203,573	212,108
Transfers from Government of Canada:						
Canada Health and Social Transfer	1,091,777	1,147,716	952,858	1,112,809	1,179,902	1,235,307
Canada Health and Social Transfer - 2003 Supplement	-	-	-	99,200	99,300	49,700
Health Reform Fund	-	-	-	99,200	148,900	347,800
Diagnostic/Medical Equipment Fund	-	-	-	49,600	49,600	49,700
Other	51,671	23,861	16,263	36,363	18,688	16,164
Premiums, Fees and Licences	730,344	891,063	919,570	934,459	948,195	962,327
Other Revenue	77,745	58,975	61,948	65,452	65,452	65,452
MINISTRY REVENUE	2,035,602	2,226,602	2,055,626	2,593,463	2,713,610	2,938,558
EXPENSE						
Program						
Regional Health Services	3,671,545	3,866,623	3,866,623	4,112,038	4,270,175	4,385,033
Province-Wide Services	389,948	391,474	391,474	414,962	431,560	448,822
Total Regional and Province-Wide Health Services	4,061,493	4,258,097	4,258,097	4,527,000	4,701,735	4,833,855
Physician Services	1,226,803	1,439,383	1,429,383	1,516,183	1,577,361	1,640,986
Non-Group Health Benefits	363,667	367,423	412,743	416,519	416,519	432,381
Extended Health Benefits	23,505	-	-	-	-	-
Allied Health Services	62,509	64,515	64,515	75,358	82,759	92,378
Protection, Promotion and Prevention	154,816	166,287	167,322	169,795	169,395	168,895
Human Tissue and Blood Services	104,000	120,000	117,000	130,000	137,000	144,350
Other Provincial Programs	144,829	147,310	137,510	167,475	174,629	184,743
Alberta Alcohol and Drug Abuse Commission	43,865	58,147	58,647	59,963	59,256	60,441
Health Reform	-	38,845	36,338	121,726	189,083	392,066
Ministry Support Services	97,717	107,878	106,988	108,927	108,879	109,728
Systems Development	7,779	23,528	23,528	16,153	11,151	12,101
Health Care Insurance Premiums Revenue Write-Offs	32,328	41,363	45,801	41,363	41,363	41,363
Valuation Adjustments and Other Provisions	(1,917)	-	-	-	-	-
MINISTRY EXPENSE	6,321,394	6,832,776	6,857,872	7,350,462	7,669,130	8,113,287
Gain (Loss) on Disposal and Write Up of Capital Assets	7,858	-	-	-	-	-
NET OPERATING RESULT	(4,277,934)	(4,606,174)	(4,802,246)	(4,756,999)	(4,955,520)	(5,174,729)

CONSOLIDATED NET OPERATING RESULT

(thousands of dollars)

	Comparable 2001-02 Actual	Comparable 2002-03 Budget	Comparable 2002-03 Forecast	2003-04 Estimates	2004-05 Target	2005-06 Target
Ministry Revenue	2,035,602	2,226,602	2,055,626	2,593,463	2,713,610	2,938,558
<i>Inter-ministry consolidation adjustments</i>	(84,065)	(104,987)	(104,987)	(196,380)	(203,573)	(212,108)
Consolidated Revenue	1,951,537	2,121,615	1,950,639	2,397,083	2,510,037	2,726,450
Ministry Program Expense	6,321,394	6,832,776	6,857,872	7,350,462	7,669,130	8,113,287
<i>Inter-ministry consolidation adjustments</i>	(200)	(200)	(200)	(200)	(200)	(200)
Consolidated Program Expense	6,321,194	6,832,576	6,857,672	7,350,262	7,668,930	8,113,087
Gain (Loss) on Disposal and Write Up of Capital Assets	7,858	-	-	-	-	-
CONSOLIDATED NET OPERATING RESULT	(4,361,799)	(4,710,961)	(4,907,033)	(4,953,179)	(5,158,893)	(5,386,637)

