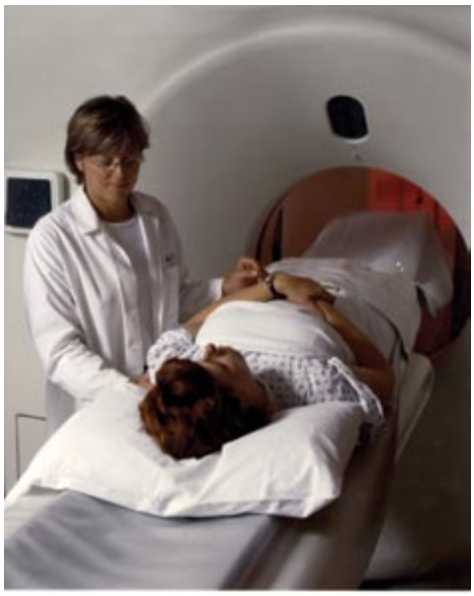
Toward Better Health Care for British Columbians



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MINISTER'S MESSAGE

From school-age children through to seniors, we have a lot to be proud of—the longest life expectancy within Canada; the second-lowest smoking rate in all of North America (after Utah); and some of the best cancer outcomes in the entire world. By the time B.C. welcomes the 2010 Winter Olympic and Paralympic Games, we could be the healthiest population ever to act as host. The true legacy of the Games will be more than new buildings or gold medals. It will be a higher standard of health and wellness for all British Columbians.

In 2001 we extended a challenge to the health care system, health care professionals and government to undertake the necessary changes to improve health care in British Columbia for the long term. We have increased the health care budget by $2.4 billion since 2001/02, to a total of $10.9 billion today. This year we joined with our provincial and territorial counterparts to seek increased health care commitments from the federal government. In landmark agreements reached in September 2004, the federal government agreed to develop an Aboriginal Health Action Plan, and increase guaranteed federal funding to B.C. by approximately $5.4 billion over ten years.

In B.C., our vision for health care was outlined in 2002 in *The Picture of Health*, a document that identified necessary improvements to the health care system to make it effective and sustainable into the future. Access to services, resource allocation and system sustainability must all be planned for the long term, in the context of our difficult geography and our rapidly changing demographics. We know with the help of our skilled health care professionals and the public we will work through all of the challenges facing us.

We've laid the foundation for our future and will continue to work towards a leading-edge, patient-centred health care system. B.C. is set to focus our strengths and resources strategically to meet patient needs, and ensure our health care system continues to meet the expectations of British Columbians, no matter where they live in the province.

Colin Hansen
Minister of Health Services

Honourable Colin Hansen
Minister of Health Services

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The Right Time, the Right Advice and Care

The health care system is only as strong as the health care providers who work within it. Skilled and caring health professionals provide the backbone of British Columbia's health care system, with thousands of British Columbians seeking medical attention every day. From symptoms of the common cold to major surgery in a regional hospital, health care professionals are available 24-hours a day, seven days a week to ensure British Columbians enjoy some of the best health outcomes in the world.

Even with British Columbia's difficult geography and widely dispersed population, medical assistance can be delivered quickly and efficiently, no matter where patients live. Recent changes have made the health care system responsive, accessible and focused on meeting patient needs.

With approximately 70 per cent of our health care budget going directly into salaries, our goal is to ensure all health professionals are supported to use their full knowledge and skills in challenging, supportive, health care environments. We are implementing programs to ensure that we are educating health care professionals to meet the needs of all British Columbians today and into the future.

As we move towards more integrated team-oriented health care services, a broader array of providers and practitioners will be needed. How these health care workers are prepared, organized, deployed and paid will directly influence their ability to provide quality care within our changing health care system. We know that these caring professionals will also be invaluable in passing on their skills and knowledge to students and recent graduates entering their respective professions.

By 2005/06 government will have nearly doubled the number of first year medical school spaces in British Columbia since 2001, from 128 to 224. In addition to medical school spaces, 364 spaces have been added since 2001 for allied health programs such as: medical laboratory technicians, sonography, radiation therapy and respiratory therapy; 247 seats have been added for care aides, 40 spaces have been added for midwives and, for the first time nurse practitioners are being educated in B.C. More than 2,100 spaces have been added to nursing schools and over 6,000 nurses have benefited from continuing skills upgrading and specialty certification in areas such as intensive care, emergency room and other specialties with specific funds being targeted to mental health, community heath and long term care in 2004/05.

Continuing education is important for all health professionals. A hospital pharmacist recruitment strategy is being developed with

"British Columbia has put in place an innovative government structure that emphasizes accountability and quality in health care, which are both key to ensuring the sustainability of publicly funded health care in Canada. I am confident the new government of British Columbia is committed to the renewal of Canada's health care system."

Allan Rock,
Federal Minister of Health,
July 2001

"The Government and the BCMA have been able to negotiate a good agreement that benefits patients in our health care system and, indeed, all British Columbians. The fact that this agreement came about as a result of negotiation, rather than through the conciliation process, shows that great strides can be accomplished when there's a willingness to work together to solve differences."

Dr. Jack Burak,
President of the
British Columbia
Medical Association

the goal of increasing the supply of pharmacists available to work in hospitals throughout the province and 1,500 paramedics have received additional training to be brought up to Paramedic Level 1 proficiency.

Agreements have been reached between the Health Employers Association of British Columbia (HEABC) and the British Columbia Medical Association (BCMA), the Nurses Bargaining Association (NBA), and the Paramedical Provincial Bargaining Association, in addition to an agreement reached between the *BC Ambulance Service* and CUPE local 873. These agreements have resolved salary questions for the next two years, ensured patients are the number one priority for all health professionals and begun a new era of discussion between government and unions representing health care professionals.

Renewing the Partnership Between Physicians and Government

Physicians in British Columbia are on the front lines of daily health care delivery. Physicians bring a unique perspective to health care in British Columbia, and are invaluable in helping us understand the pressures the health care system is facing. Recent agreements between the British Columbia Medical Association (BCMA) and government include provisions that allow the BCMA to participate in discussions with government about the future of health care.

Patients are the winners in the three-year agreement negotiated between the government and B.C. physicians, announced in July 2004. The new agreement reallocates $100 million to direct patient care and commits physicians and government to working together on several reform initiatives. These initiatives will improve the quality of patient care and provide better support to physicians for delivery of their services. Physicians have agreed to no increases in fees, salaries, sessional payments or service contract rates for at least two years.

The new three-year agreement signed between the BCMA and government on July 28, 2004, will make strides towards improving access for patients in both rural and urban settings. Nine key areas were identified to benefit patient access in the province, including improvements and enhancements to:

- chronic disease management
- maternity care
- hospital based care by general practitioners

- care for the frail elderly
- support to patients requiring end of life care
- care for patients with chronic mental illness
- care for patients with addictions
- 24/7 community based care, and
- provision of advanced access

British Columbians with chronic conditions or mental illness aren't always able to anticipate their need for an appointment. For these patients, getting an appointment fast can be a challenge. 'Advanced Access' is a unique solution to this problem. Under the program, doctors leave some appointments 'unbooked' on their schedule each day. This ensures patients receive the treatment they need immediately and their condition is addressed before it progresses.

B.C. Recruits and Retains More Rural Physicians

B.C. has continued to attract physicians, despite Canada-wide challenges in recruiting and retention. B.C. has turned its attention to training more doctors in rural and remote medicine. Between 1998 and 2002, B.C. had a net in-migration of doctors of 6.4 percent, second only to Alberta in the number of physicians recruited from within Canada. *HealthMatch BC* contributed to this improvement in 2003 by filling 131 physician vacancies and 141 nurse vacancies around the province. Additional medical school spaces at UBC, UVic and UNBC with the new Northern Medical Program (NMP) will continue to supply British Columbia with new physicians to see to the needs of patients. The Physician Compensation Branch of the Ministry of Health Services oversees a number of key programs and incentives and administers rural physician programs.

A recent Statistics Canada survey showed that only 2.9 per cent of British Columbians have had difficulty finding a family physician. Only Nova Scotia was lower with 2.26 percent indicating difficulty finding a regular doctor.

Government has funded $58.8 million towards rural physician programs including:

- Up to $45.7 million for eligible physicians to receive premiums depending on where they practice.
- $3.7 million in training programs for rural physicians and medical students.
- $2.25 million to support and train physicians in rural practice.
- $1.9 million in incentives for physicians who fill approved vacancies in rural locations.
- $300,000 to assist communities having difficulties filling a physician vacancy.
- $2.0 million for physicians who visit rural and remote communities to provide medical services.

Educating, Recruiting and Retaining BC Nurses

With more than 36,000 registered nurses (RNs), registered psychiatric nurses (RPNs) and licensed practical nurses (LPNs) able to practice in the province, nurses are the largest group of health care professionals in British Columbia, and often the first point of contact patients have with the health care system. For several years prior to 2001, the number of practising and student nurses had been falling in B.C. That trend is now reversing with the injection of government funding into nursing strategies designed to educate, recruit and retain. These strategies have resulted in an increased number of students entering the profession.

The Northern Health Authority has successfully recruited 33 of 38 soon-to-graduate registered nurses from the University of Northern British Columbia into positions within the health region. These new nurses will assume full-time jobs in acute care sites, mental health and addictions settings, and public health units in Fort St. John, Prince Rupert, Terrace, Vanderhoof, Quesnel and Prince George.

In 2001, government formed the nursing directorate and hired a Chief Nurse Executive to provide leadership and direction to all nurses in the province. As a result:

- There are more than 2,100 new nursing spaces in B.C. schools—a 50% increase.
- More than 6,000 nurses have received continuing or specialty education in areas like critical and emergency care.
- 750 nurses have been funded through the Return to Nursing initiative.
- 280 LPNs have received funding through the LPN Pharmacology program, allowing them to work to their full scope of practice.
- There has been an increase in the number of practicing nurses working in the health care system.
- Registered Nurses Association of British Columbia (RNABC) reports a retention rate of 91.4% of new graduates who stay in the province following graduation.

On September 30, 2004, the Health Employers' Association of B.C. (HEABC) and the Nurses Bargaining Association (NBA) agreed to a precedent setting Framework Agreement for establishing policy discussions. Agreement was reached on:

- A letter of understanding on phased-in retirement/new graduate partnerships
- A policy of enhanced scheduling options for nurses
- A project commitment to review casual and overtime hours with a view to addressing the need for increased regular positions.

Nurse Practitioners — Class of 2005

Throughout Canada, nurse practitioners (NPs) are integral members of health care teams with roles complementing traditional hospital and physician services. British Columbia is welcoming its first group of provincially educated nurse practitioners in May of 2005. These nurses will be particularly helpful in situations where their knowledge and skills can provide patients with a more integrated and complete range of care options.

In May 2003, government announced 30 spaces per year for NP education at UBC and UVic. These programs started in September 2003. A third program is being developed at the University of Northern British Columbia which will add an additional 15 seats per year, and is expected to start taking students in 2005. The three priority areas for NP education and clinical practice in British Columbia will be primary health care, mental health care and geriatric/elder care.

Drafting of regulations for NPs is in progress and should be finalized in Winter 2005 with registration of NPs beginning in May 2005.

UBC's first class of nurse practitioners will be ready to join health care teams in May 2005.

Access to Surgery and Diagnostics

The fact that some patients may have to wait several months on a wait list to receive medical surgery and other procedures is common throughout Canada. While there are legitimate concerns about patients being put on wait lists, the lists themselves aren't compiled in a way that provides us with a clear picture of the true situation. For example, about 50 per cent of surgeries in British Columbia are done on an emergency basis. There are no wait lists for emergency surgeries in British Columbia and these take precedence over scheduled elective (non life-threatening) surgeries.

Wait lists are growing in part because an active baby boomer generation are benefiting from procedures like hip and knee replacements on a much more regular basis than in decades past. In fact, since 2001, 33 per cent more knee surgeries and 23 per cent more hip replacement surgeries have been done in British Columbia.

Many elective procedures that were not done at all when Medicare first started are now considered routine. The Provincial Surgical and

Wait times are improving:

- The median wait time for non-emergency surgeries dropped from five weeks in 2001 to 4.3 in 2003.
- The median wait time for diagnostic tests has dropped below the Canadian average. From 2001 to 2003 it dropped to the shortest in any province.
- The median wait time to visit a specialist has dropped from four weeks in 2001 to three in 2003. This is the shortest of any province.

(Source: Statistics Canada)

Procedural Service project underway by the Provincial Health Services Authority (PHSA) and the Western Canada Waiting List project will help identify solutions to improve surgical and procedural services province-wide.

Snapshot: How our Health System has changed

Number of Procedures in B.C.	1967	2000/01	2002/03	2003/04*
Cardiac Bypass	0	2,509	2,576	2,678
Cataract Surgery	0	31,216	34,972	37,214
Hip Replacement	0	2,874	3,139	3,434

Hospital Discharge Abstract Database (DAD)

*Incomplete Year – 2003/04 data is based on records submitted up to August 4, 2004

Responsive Emergency Patient Care

On July 1, 2004, BC Ambulance celebrated its milestone 30th anniversary of providing pre-hospital emergency care and patient transfer services to British Columbians. No matter where a patient falls ill or is injured in the province, our ambulance service is prepared to respond.

The British Columbia Ambulance Service (BCAS) is the largest provider of emergency health care in Canada and one of the largest in North America. Formed in 1974, the service responds to more than 460,000 ambulance calls each year over a service area of almost one million square kilometers. BCAS employs a network of more than 3,200 trained emergency medical personnel supported by 450 ambulances as well as specially fitted aircraft and boats. This ensures all British Columbians in need of emergency pre-hospital care get the medical attention they need, regardless of where they live in the province.

Expert paramedic help begins when the BCAS dispatch centre receives an emergency call. Working with the caller over the phone, trained emergency medical dispatch staff assess the urgency of an incident, and provide medical instruction, assurance and assistance while an ambulance is dispatched. Upon arrival at the scene, the ambulance crew completes an on-site assessment of the patient's condition and needs. Finally, paramedics provide seamless transfer of the patient into the care of physicians and nurses in a hospital. BCAS is also responsible for

On November 10, 2004, CUPE local 873 (representing the province's approximately 3,200 paramedics) voted in favour of a four-year agreement that will improve patient care through increased flexibility in responding to local community needs. The agreement has the potential to improve ambulance response times, especially in remote and rural British Columbia, through better service delivery models. In addition, paramedics will benefit from increased training opportunities.

providing inter-facility transfers via ambulance or AIREVAC for patients who require additional health services at a different medical facility.

BCAS paramedics are proud members of their communities. They devote countless hours of volunteer service in the form of public education campaigns and work cooperatively alongside other public safety agencies such as police, fire and Coast Guard. BC Ambulance shares the health authorities' commitment to quality patient care.

"The morning of September 10, 2003 was both the happiest and scariest of our lives. When our son decided to make his entrance into the world faster than anticipated, my husband and I knew we couldn't make it to the hospital, but knew we couldn't do it alone. This was the first time in our lives that relying on the expertise of strangers was a life and death situation. To the five brilliant paramedics who came to our rescue: the ambulance dispatch operator and the four ambulance attendants—THANK YOU. Not only did you all perform your duties with unparalleled professionalism and confidence, but you also showed a warmth and caring that helped us relax in the face of one of the most stressful situations a family can cope with."

Yours Truly,
The Brownie Family

On September 10, 2003, the Brownie Family were added to the growing number of British Columbians who have experienced the professionalism and caring of BCAS paramedics firsthand.

A Step Ahead for Paramedical Professionals

Paramedicals are not paramedics. They are part of a professional group that includes dieticians, occupational therapists, hospital pharmacists, physiotherapists, social workers and diagnostic professionals such as medical technologists and medical imaging professionals. The Paramedical Professional Collective Agreement covers approximately 13,000 health science professionals.

On September 30, 2004, the Health Employers Association of B.C. and the Paramedical Professional Provincial Bargaining Association voted overwhelmingly in favour of ratifying the Paramedical Professional Provincial Collective Agreement. The parties agreed to a new bumping system; a revised posting process; an option for electronic statement of wages; and several housekeeping and administrative changes. These positive initiatives will allow employers and employees to move forward together to provide quality, accessible health care for British Columbians.

IMPROVED INFORMATION LEADS TO IMPROVED PATIENT CARE

Government must take the lead in ensuring access to quality care for British Columbians, just as care providers must take the lead in caring for patients and mentoring new health professionals, and patients must take the lead in monitoring and maintaining their own health. When implemented, the Electronic Health Record (EHR) system, supported by other data systems such as PharmaNet, will strengthen our ability to ensure British Columbians are receiving the best health care possible.

Using the EHR system, the regional health authorities will be able to provide authorized health care providers with quick and easy access to important clinical information about their patients, regardless of where the patient goes for medical attention. This means care providers can quickly make the best treatment decisions for patients, potential medical errors will be reduced and the overall efficiency of the health care system will be improved.

Minister Hansen observes an example of the Fraser Health Authority's (FHA) new PACS system, which will allow linking of MRIs and ultrasounds throughout the FHA.

B.C. is working with Canada Health Infoway (CHI) to develop key EHR initiatives. To date, B.C. and the Fraser Health Authority have acquired approximately $28 million in CHI investment to create a common Picture Archiving and Communication System (PACS /diagnostic imaging) across the Fraser Health region.

The province is also implementing new provider and enhanced client registry systems. Both registries are key EHR building blocks that ensure information on the right client gets quickly and securely to the right authorized care provider. CHI has also engaged B.C. to take the early lead in the development of a new Pan-Canadian Public Health Communicable Disease Surveillance and Management System.

As part of the development of the EHR system, the government continues to:

- enhance the PharmaNet system, providing access to all hospital emergency rooms and an increasing number of physicians' offices; planning is also underway to enable e-prescribing by physicians.
- plan the development of a province-wide lab results reporting system; and,
- work with health authorities to integrate regional EHRs into a provincial framework.

The goal is to make it possible for health care providers to access critical clinical information anywhere in B.C. Because it is partly funded through Canada Health Infoway, much of the development work being performed in B.C., will be made available to other jurisdictions throughout Canada.

Drug interactions may cause death or illness. Each year, numerous British Columbians, particularly seniors, are admitted to hospital because of complications related to medications. PharmaNet is a province-wide network that increases prescription drug safety by tracking all drugs dispensed in B.C. The PharmaNet system provides patient profiles that include drugs dispensed, reported drug allergies and patient identifiers such as age, address, drug history and physician.

- Over 30 million claims are processed annually.
- PharmaNet provides information to allow pharmacists to detect duplicate prescriptions, dangerous drug interactions or drug allergies, so they can advise patients accordingly.
- Streamlines claims payments by offering immediate assessment for pharmacists.
- Allows the Ministry of Health access to key management information to inform policy development and decision-making.

The Range of Telehealth

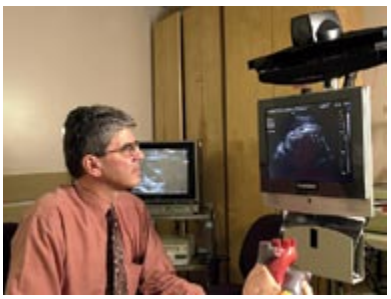
Telehealth is the use of information and communication technology to deliver health care services, expertise and information when the patient or the care provider are geographically separated. Telehealth enables clinical consultation, continuing professional education, and health care management.

In British Columbia, telehealth videoconferencing technology is in place in over 50 communities, encompassing nearly 120 dedicated sites in health care facilities. Clinical applications link rural or remote facilities to specialists in larger centres. The same equipment is also used for continuing medical/nursing education sessions and to support administrative conferences.

One of the many applications of telehealth technology allows doctors to remotely identify heart problems in children using paediatric echocardiograms. This diagnostic method uses sound waves to create a moving picture of the heart.

"In the past, parents and children from the North would have to travel to Vancouver, have an echocardiogram done, and talk with a physician there, which would involve plenty of time and travel," said Dr. Jeffrey Simons, a paediatrician at Prince Rupert Regional Hospital.

Telehealth equipment allows paediatric heart specialists in Vancouver to see the echocardiogram as it happens in other communities. The specialist can immediately discuss treatment options with the patient, their family, and local health care providers.



UBC obstetrician Dr. Gerald Marquette performs a telehealth ultrasound.

Open, Transparent, Accountable Health Care: Ensuring Value for Patients Through Investment In Health Care

As a result of careful financial management, government is increasing funding to health authorities. These funds will go directly to patient care. The health care budget in British Columbia was a record $10.9 billion in 2004/05. This is an increase of $2.4 billion, or 28 per cent in the past four years and will be increased by an additional $600 million over the next two years.

In addition, increased federal contributions for health care, announced at the September 2004 First Ministers' Meeting, will mean approximately $5.4 billion in additional health funding for B.C. over the next 10 years.

Today's health care spending represents 43 per cent of the total provincial budget, which is more than all other ministries combined, with the exception of Education and can be compared to 33 per cent just 10 years ago.

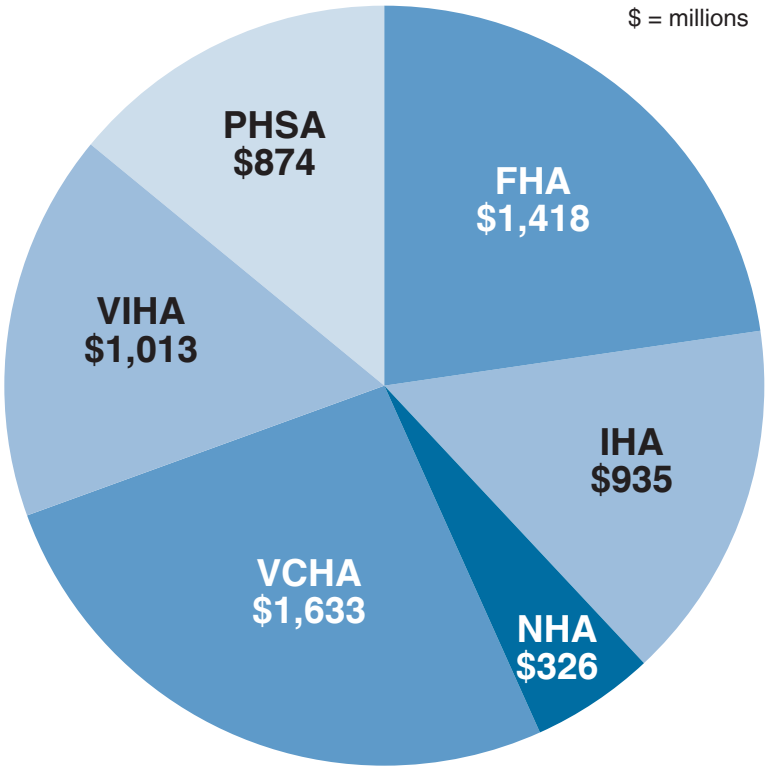
Health costs continue to grow due to higher drug costs, an aging population, advances in technology, expanded services and the need to upgrade facilities.

Restructuring and Streamlining

In building a system that is responsive to patient needs, sustainable and makes the most out of every health care dollar, British Columbia depends on the health authorities to manage the delivery of patient care and to decide how health care dollars are spent. Funding allocations to health authorities are determined using a population needs-based formula that allocates resources based on the health needs of the population. The formula considers factors such as demographics, patient flow, complexity of cases and remoteness.

In December 2001, British Columbia's 52 health authorities were consolidated into five geographic health authorities. In addition, a separate "province-wide" health authority was established to coordinate high-quality specialized health care services such as cancer services (through the BC Cancer Agency), public health (through the BC Centre for Disease Control), and renal services (through the Provincial Renal Agency) to name a few. The newly formed health authorities are accountable for their service delivery through performance agreements. The consolidation of the health authorities is one of the major factors in helping heath authorities achieve administrative and support savings (projected reduction of about $100 million between 2000/01 and 2004/05). These savings have been redirected to patient care.

Health Authority Funding Allocations—2004/2005



Laboratory Services Reform

Government and the British Columbia Medical Association (BCMA) recently reached agreement on an approach to lab reform which will see savings in lab fees reinvested to expand primary care physician services and modernize B.C.'s laboratory system. Governments' laboratory reform initiative covers areas of improvement including:

- the enhancement of anatomic pathology services
- enhancement of quality improvement processes
- enhancements to academic activities and training of laboratory professionals
- the development of supporting IT systems

Government and the BCMA have formed a three-member panel to evaluate lab fees and make further recommendations to the Medical Services Commission. The lab reform initiative will ensure better co-ordination of lab tests for patients throughout the province and allow British Columbians to take advantage of new technology developments in laboratory medicine.

The health authorities were asked to:

- ensure patient care is the first priority of funding
- ensure patients have improved access to care
- prioritize services for those most at risk
- ensure services are planned and integrated
- assure the principles of the Canada Health Act

Primary health care organizations (PHCOs) encourage physicians and other health professionals to join group practices and approach health care delivery as a team. These organizations may include a cross-section of health professionals such as doctors, nurses, dietitians, massage therapists and physiotherapists. The makeup of each team will vary depending on regional, demographic and population need, but individuals and families will benefit from accessibility to different, interlinked care providers within one setting. Currently there are 11 Primary Health Care Organizations and five Community Health Centres operating throughout the province in places like Agassiz, Chase, Logan Lake, Langley and Ladysmith. In total, there are 28 – 30 PHCOs and Community Health Centres planned to be operating by March 2006 for areas such as Kamloops, Abbotsford, New Denver, Kaslo and Vancouver.

The PHCO in Logan Lake is staffed by two full-time physicians, a full-time primary health care nurse and a full-time emergency nurse —co-located with laboratory, X-ray and other diagnostic facilities, as well as mental health, home nursing and massage therapy services. The range of services provided to local residents has increased significantly. Nurses in Logan Lake are doing everything from treating sprains and ear infections, to counselling patients on how to manage their chronic illness.

" Our community has really embraced the clinic," says Jenny Garthwaite, primary health care nurse. "This is a fabulous way to practice as a member of a team. We offer a full range of services to the people of Logan Lake, and if I have questions, I can talk to a mental health counselor, a lab technician or a physician without having to wait."

A Simple Approach to Primary Health Care

Primary health care is the entry point into the health care system for all British Columbians, and has been one of the top priorities for reform in the province since 2001. Because identifying and treating health care concerns early can improve overall health outcomes of the population and reduce the need for hospital care, the health authorities are developing integrated primary health services with the help of $74 million from the federal government's Primary Health Care Transition Fund.

The province's approach to primary health care renewal will offer patients:

- 24/7 access to health professionals
- extended hours at family practices or clinics
- better health outcomes especially for patients with chronic illnesses
- improved continuity of care
- appropriate care by the most appropriate provider
- better linkages between primary, home and community care

Centres of Excellence for Specialist Care

Effective management of chronic diseases, for example high blood pressure and diabetes, can help prevent other conditions such as cardiac and kidney disease. In response to the growing need for research, treatment and management of these conditions, British Columbia has developed Centres of Excellence in cardiac and cancer care. The Provincial Health Services Authority (PHSA) is responsible for managing these specialized health services, which are delivered in a number of locations throughout the province.

The four Centres of Excellence for Cardiac Surgery, located at St. Paul's Hospital (Vancouver), Vancouver General Hospital, Royal Columbian Hospital (New Westminster) and Royal Jubilee Hospital (Victoria) provide high quality cardiac care for patients across the province.

BC Cancer Agency Goes Head to Head with 'The Big C'

It's impossible to ignore. At some point in our lives, most of us will likely have to deal with cancer, whether our own or that suffered by a loved one. But for British Columbians faced with this diagnosis there is reason to be optimistic. The BC Cancer Agency (BCCA) has some of the most favourable cancer outcomes in the world, including an 85 per cent survival rate for women five years after a breast cancer diagnosis, and a 91 per cent survival rate for men five years after a prostate cancer diagnosis (improving on the Canadian averages by three and four percent respectively).

Through the BCCA's Communities Oncology Network, cancer programs are provided at more than 50 locations across B.C. with no wait lists for patients requiring radiation therapy. B.C. boasts some of the most comprehensive screening programs for breast and cervical cancers. Breast cancer death rates have decreased by 25.8 per cent since 1990.

BCCA's research departments are world-renowned, and have produced a new technology which will identify alterations in cancer cells—increasing our knowledge of how cancer develops and grows.

The BCCA has four regional cancer centres operating in the Fraser Valley, the Southern Interior, Vancouver and on Vancouver Island, with plans to complete a fifth in Abbotsford in 2007. The agency operates nine research departments including the Michael Smith Genome Sciences Centres and the Terry Fox Laboratory.

In 2003/04, the BC Cancer Agency:

- assisted 13,444 new patients
- completed 34,387 chemotherapy treatments
- performed 165,051 radiation therapy sessions
- conducted 222,549 mammograms

Courtenay residents take up the "Walk of Hope" in support of the National Ovarian Cancer Association's fundraising activities. The walk is one of many that take place regularly in B.C. in support of cancer research.

"...British Columbia has the lowest mortality rate from prostate cancer; primarily due to the leading edge treatment and care offered in this province."

Dr. Martin Gleave

Taking the Lead in Renal Care

Estimates show that more than 145,000 British Columbians suffer from significantly reduced kidney function, and most don't even know it. Many never receive treatment because tests and procedures for diagnosis vary across the province.

A first in North America, through an initiative of the Provincial Renal Agency, laboratories in British Columbia are introducing new early testing procedures that measure kidney function in patients who are at risk for kidney disease. By ensuring patients are recognized as early as possible, kidney disease sufferers can be offered a quality of life that was unheard of in B.C. 20 years ago.

Hemodialysis — the patient's blood is circulated outside the body through a filter (the artificial kidney) and then returned continuously for several hours, usually two to three times each week.

Peritoneal dialysis — a slower, more gradual process than hemodialysis, which utilizes the natural lining of the abdomen, the peritoneum, as the exchange membrane. The process is usually done in a series of fluid exchanges over a period of eight hours or more (and can be done in a patient's home, overnight, while the patient is sleeping).

Certain people are more at risk of kidney disease than others. They include those with diabetes; hypertension; known atherosclerotic disease; or a family history of kidney disease.

Although renal patients can be asymptomatic at the beginning of the disease, there are some clues to watch for:

- Foamy or bloody urine
- Headaches
- Frequent night time urination
- Puffy eyes or ankles

Other symptoms may develop as the disease progresses:

- Fatigue
- Nausea
- Restless legs
- Anorexia
- Polyuria

Any British Columbian suffering any of these symptoms should consult their physician.

The number of renal stations in B.C. has increased by 37 per cent since 2001, providing renal patients with increased access to new technologies, home based services, and less invasive treatments. The BC Provincial Renal Agency (BCPRA) plans and coordinates the care of patients with kidney disease throughout the province. The agency offers a comprehensive program that allows patients to manage their own renal care by using limited or self care dialysis units, peritoneal dialysis and home hemodialysis options such as nocturnal (overnight) and short daily visits to a local health centre.

Prescription Drugs for All

Because access to medical services is only successful if an effective public drug plan exists, British Columbia has historically been one of the most generous provinces when it comes to our drug plan. Changes made in May 2003 brought in the new Fair PharmaCare program which bases access to prescription drugs on income, ensuring that lower income families can get the drugs they need, when they need them. About 280,000 B.C. families are now paying less than they did in the past.

Example:
Barbara is a single mom living in Cranbrook with one child, earning $28,000 per year. Her family's annual prescription drug costs average $2,000.

	OLD		NEW	
	PharmaCare paid	**Barbara paid**	**Fair PharmaCare pays**	**Barbara pays**
Barbara – Total Annual Drug Costs = $2,000	$700	$1,300	$1,175 – 68% more than before	$825 – 37% less than before

Prescription drug needs are different for those who are nearing the end of life. Many British Columbians choose to spend their last days at home, surrounded by family and friends. The BC Palliative Care Benefits Program takes care of 100 per cent of eligible prescription medications for pain, symptom control and quality of life, as well as some over-the-counter drugs that are considered medically necessary for quality palliative care. Health authorities provide specified medical supplies and equipment, at no cost to the client.

BCPharmaCare

Register for Fair PharmaCare

Any British Columbian who hasn't registered to receive their maximum financial assistance under Fair PharmaCare should visit: *pharmacare.moh.hnet.bc.ca* or call toll-free in British Columbia *1-800-387-4977*

Healthy individuals form healthy communities. Many chronic diseases can be prevented through moderate exercise, good nutrition and the prevention and reduction of tobacco-use. Research tells us that good health habits work together and independently to promote healthy body weights, protect against chronic disease and build good physical and mental health.

Our population is aging, and this means chronic care will be the cornerstone of family physician practice. By putting standards and guidelines in place that assist doctors as they coach patients with chronic disease, doctors are helping individuals self-manage their own health outcomes.

Health Services Minister Colin Hansen is encouraging all British Columbians to take up his 3% Challenge.

"By spending just three per cent of your day engaged in some form of physical exercise, your health will improve, you'll spend less time at the doctor's office and your energy levels will be higher. That's about half-an-hour each day, to walk, dance, swim or participate in whatever activity you prefer."

Easing the burden of disease

Over 30 per cent of the health care budget is consumed by about five per cent of the population who suffer from multiple chronic illnesses which may be largely preventable with proper education and information. One of the best ways to ensure British Columbians have the opportunity to live long and healthy lives is to reduce the need for health intervention through healthy living over the long term. Too often health care is accessed only when an injury or illness occurs, rather than as a preventative maintenance plan over the course of an entire lifetime. Most of the time, it is less costly to both the patient and the system to avoid the condition rather than treat it afterwards.

Being obese or overweight is a major risk factor for serious diet-related chronic diseases. These include cardiovascular disease, type 2 diabetes, certain cancers and chronic musculoskeletal problems. A recent B.C. Nutrition Survey found that 55 percent of BC adults are overweight or obese. This is noticeably higher than the 44 percent of overweight/obesity assessed in the 1989 BC Health Heart Survey.

The growth in the prevalence of overweight and obese children was noted by the Provincial Health Officer. In sample studies done through UBC and *Action Schools!BC*, the number of obese and overweight 10 to 12-year-old children has increased steadily from 25 percent to 36 percent.

Preventative health covers four broad categories: health improvement; the prevention of disease, disability and injury; environmental health; and health emergency management. British Columbia has numerous preventative health and health maintenance programs in place. Vaccinations, drinking water protection, tobacco prevention, advice through the 24/7 BC NurseLine and other programs are all part of B.C.'s goal to make preventative health a high priority for all British Columbians.

Chronic Disease Management

Chronic disease management is quickly becoming the cornerstone of family doctor practice. In response to this shift in approach to health care, B.C. has introduced Chronic Disease Management Collaboratives, which support family physicians to make practical, small-scale improvements in their clinical practice. Collaboratives develop targets for good management of chronic diseases based on the B.C. Care Guidelines for specific diseases. As part of the collaborative process, patients set their own self-management goals.

Professional and patient satisfaction is high with results showing dramatic improvements in care and patient outcomes. According to Dr. David McCulloch of the MacColl Institute for Healthcare Innovation, "the commitment from the B.C. Ministry of Health Services to the BCMA-led Diabetes Collaborative has been incredible. This work over the long term is certain to bring improved health outcomes for the citizens of British Columbia, while at the same time reducing overall health care costs in the province."

Don Woods from Port Moody was diagnosed with diabetes last year. Like many British Columbians, Don had a passing familiarity with the disease, but didn't consider his condition serious until he was diagnosed with early kidney damage. Don turned to the Diabetes Education Clinic at Eagle Ridge Hospital in Port Moody for help, and now maintains a healthy diet and watches his weight.

"I have nothing but praise for the nurses and dietitians at the diabetes centre," said Don. "They are wonderfully positive individuals who helped me change my nonchalant attitude and got me back on track."

The Ministry of Health Services supports 80 Diabetes Education Centres (DECs) across British Columbia. Most DECs are staffed by nurses and dietitians and may also employ other professionals such as social workers, podiatrists, pharmacists and physiotherapists. DEC staff provide individual and group education to people newly diagnosed with diabetes, and those who have had diabetes for any length of time.

"Your performance on getting patients on beta blockers is out of this world - the results are better than any I've seen in the US. As well, the number of patients who now have self-management goals is tremendous."

Connie Sixta,
Former Director of the
US Institute for Healthcare
Improvement

Art Paul and Gerald Williams of Canim Lake joined Marnie Brenner, RN and Home Care Nurse from the Three Corners Health Services Society in Williams Lake, for a 4-day Leader-Training Workshop. Eighteen new leaders were trained, and as a result, the Chronic Disease Self-Management Program has been delivered in Soda Creek, Canoe Creek and Dog Creek. More courses are planned.

"The Chronic Disease Management Toolkit is not only innovative, it is revolutionary."

Dr. William Redpath, family physician.

One of the challenges we all face when making decisions about our own health care, is a lack of knowledge, information and coordinated care. Patients with chronic diseases often need their medical services coordinated so they aren't duplicating visits, seeing specialists out of order or missing regular check-ups.

Enter the ***Chronic Disease Management Toolkit***, a secure web-based technology that allows doctors to track their patient's treatment, generate clinical and administrative reports and advise patients on the newest information that can help them reach their self-management goals. With minimal start-up costs, more than 10 per cent of B.C.'s doctors are already incorporating this tool into their day-to-day clinical practice.

Although doctors are critical in helping patients manage their chronic illness, the ***Chronic Disease Self-Management Program*** (CDSMP) provides a complementary support system and helps to reinforce traditional patient education. CDSMP is provided through teams of trained volunteers who also have a chronic illness. Volunteers provide new information, teach skills and abilities and help develop ways to manage and cope with chronic conditions. The program is implemented throughout British Columbia by the University of Victoria Centre on Ageing, with funding provided by Health Canada through the Primary Health Care Transition Fund.

For more information, see the ***Chronic Disease Self-Management Program*** web site or contact the program toll-free at: 1 866 902-3767.

B.C. Going for Gold in Health

British Columbians are being challenged to be one of the healthiest jurisdictions ever to hold an Olympic Games by 2010. By focusing on preventative health and increased physical activity, all British Columbians will be encouraged to participate in lifestyle changes and activities that will help them achieve their health goals and reduce the burden of chronic, and often preventable, disease.

Goals of the program will include:

- Reducing the prevalence of tobacco use and the proportion of British Columbians who are obese or overweight by 10 per cent;
- Increasing the proportion of British Columbians who eat nutritious

food daily and who are physically active during their leisure time by 20 per cent;
- Increasing the number of vulnerable women who have access to information about alcohol use during pregnancy by 10 per cent (by 2006 all health service delivery areas will have focused strategies for Fetal Alcohol Spectrum Disorder prevention).

BC HealthGuide: Innovative Self-Care Tools

Many British Columbians have shown an avid interest in managing and directing their own health. The information provided by BC HealthGuide on a range of common health topics will help all British Columbians make appropriate health care choices and move towards healthier lifestyles.

BC Health Guide is a comprehensive self-care approach that is unique in Canada. HealthGuide delivers 24-hour medical advice and information in a variety of formats including:

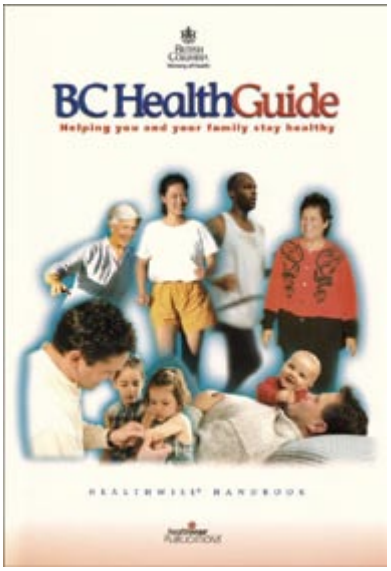
- BC NurseLine which enables callers to speak with a registered nurse 24/7 in over 130 languages, and a pharmacist from 5pm-9am daily.
- BC HealthGuide OnLine which provides more than 30,000 medically reviewed pages on over 3,000 health topics and conditions.
- BC HealthGuide Handbook (French and English) which provides information on more than 190 common health concerns.
- A companion First Nations Handbook has been developed together with the BC First Nations Chiefs' Health Committee.
- BC HealthFiles which offers more than 150 fact sheets on a range of public health and safety issues.

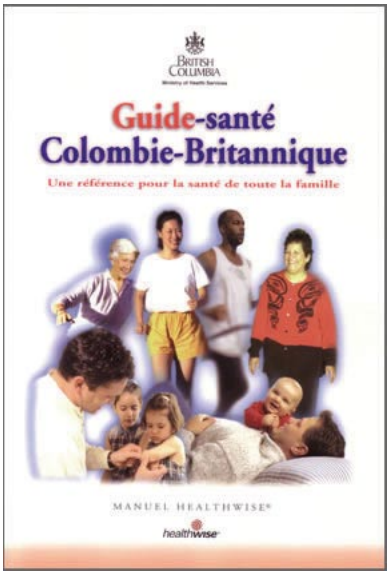
The BC HealthGuide program has been very successful since beginning operation in April 2001, with BC NurseLine receiving more than 680,000 calls and 17 million documents having been viewed on BC HealthGuide OnLine.

BCHealthGuide

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

www.bchealthguide.org





BC NurseLine a 24/7 toll-free health information line is staff ed by registered nurses. Pharmacists are available between 5:00 pm and 9:00 am daily. BC NurseLine ensures that professional, caring medical attention is never more than a phone call away.

Since 2001, BC NurseLine has achieved impressive results in helping people get the care they need:

- 43 per cent of callers were advised to go to the emergency room or visit a doctor within 12 hours. In some cases, BC NurseLine transferred the caller immediately to 911.
- 32 per cent of callers were advised to use home treatment or seek non-urgent health services such as a follow-up visit with a doctor the next day.
- 25 per cent of callers received general health information such as where to receive vaccinations, how to protect against disease or how to find a family doctor.
- Since June 2003, over 10,700 callers have accessed the pharmacist service and received assistance with medication related calls. Of the total, over 1,100 were triggered by adverse drug reactions.

In May of 2004, BC NurseLine's pharmacist service won the Canadian Pharmacists Association's Patient Care Achievement Award for Innovation, acknowledging the network of partner pharmacies that work with BC NurseLine to deliver after-hours information on medications, adverse effects and health concerns.

Action Schools!BC — Putting Fun Into Fitness

Physical activity helps to prevent chronic disease and promotes learning and overall well-being. When children are encouraged to be active and choose healthy lifestyles, those learned behaviours can last a lifetime. Increasing the physical activity of school-aged children decreases their risk of developing chronic diseases such as osteoporosis, obesity, heart disease and Type 2 diabetes.

Action Schools!BC is designed to provide low cost resources to educators, parents and community groups to complement physical activity programs already in place. Preliminary analysis suggests that in schools where the *Action Schools!BC* program is offered, children are more active throughout the school day. This demonstrates a significant and healthy change within the school environment.

Christy Clark and George Abbott joined students at James Thompson Elementary School on May 15, 2003, to launch Action Schools!BC

The pilot schools that are leading the way to a healthier B.C. are:

- Sir Matthew Begbie Elementary
- General Brock Elementary
- Sir Guy Carleton Elementary
- G T Cunningham Elementary
- Lord Nelson Elementary
- Sir Alexander Mackenzie Elementary
- Alfred B. Dixon Elementary
- James Thompson Elementary
- Westwind Elementary
- Dr. Annie B. Jamieson Elementary

For more information or to sign up your school, visit the *Action Schools!BC* website at *http://www.actionschoolsbc.ca/content/home.asp*.

B.C. Boasts Lowest Smoking Rates in Canada

The use of tobacco in any form has negative economic and social consequences. Tobacco use causes more than 5,700 deaths in B.C. each year and kills more people than motor vehicle collisions, murder, suicide, HIV/AIDS and all other drugs combined. Although B.C. has the second lowest smoking rate in North America (after Utah), we know we can do better.

British Columbia's Tobacco Strategy integrates legislation, legal action, public education, and a range of cessation and prevention programs to reduce tobacco use in the province. Objectives of the strategy include stopping youth and young adults from starting to use tobacco, encouraging and assisting tobacco users to quit or reduce their use of tobacco products and protecting British Columbians, particularly infants and children, from exposure to second-hand smoke.

A New Age for B.C. Seniors

Although we have an aging population, B.C. seniors are healthier than ever before, and many prefer housing and care options that help them to remain independent, contributing members of our communities for as long as possible. For-profit and not-for-profit housing and care providers are developing new assisted living and independent housing options for seniors so they can receive the care they need while remaining independent in their communities. Home care has also expanded and for those seniors who require 24/7 professional nursing care, residential care facilities are being updated and modernized.

Kiwanis Manor features 26 one-bedroom wheel-chair-adaptable units and four one-bedroom wheel-chair-accessible units. Tenants can use the services at the society's intermediate-care facility nearby.

When 82-year-old Marion Simpson moved into her apartment at Kiwanis Manor in Nanaimo three years ago, she knew this was where she wanted to live permanently. Marion loves her little apartment, the community, and the fact that her 62-year-old daughter lives in the same building. Although she's very independent, she does need help with cooking, housekeeping and assistance if the arthritis in her legs is bad, and she knows she may need more assistance in the future. The good news is that if she does have to move, she only has to move across the street to Kiwanis House, a new 45 unit assisted living housing development.

In addition to assisted living units developed by the health authorities, Independent Living BC (ILBC), a BC Housing program, is working towards completing 3,500 affordable independent living units throughout British Columbia.

Community Care and Assisted Living Act Protects Health and Safety

New models for community care are being developed, and these new models require a safety net through new regulations. In recognition of our growing, aging population, B.C. has modernized legislation that protects everyone living in assisted living residences and in licensed community care facilities. The Community Care and Assisted Living Act proclaimed in 2004 updates health and safety provisions for licensed facilities, including residential care and licensed child day cares, and makes B.C. the first Canadian province to register assisted living residences.

The Act establishes a Registrar who oversees the mandatory registration of all public and private assisted living residences and addresses complaints about health and safety in assisted living. Registrants must

meet and maintain health and safety standards. Vulnerable, dependent people in licensed residential care facilities or group homes and children in licensed day cares will continue to be protected through the work of health authority licensing officers.

Susan Adams, B.C.'s Assisted Living Registrar, took office on November 10, 2003. Her job is to ensure the timely and effective resolution of complaints about the health and safety of assisted living occupants; implement and administer a registry of assisted living residences in the province; and establish and regularly review health and safety standards for the operation of assisted living residences.

As registrar, Susan has jurisdiction over both public and privately owned assisted living residences and the authority to receive and investigate complaints about assisted living residences including the power to enter and inspect a residence where there is a concern about the health or safety of a resident.

Susan Adams can be contacted at:

Office of the
Assisted Living Registrar
200-1333 West Broadway
Vancouver, B.C.
V6H 4C6

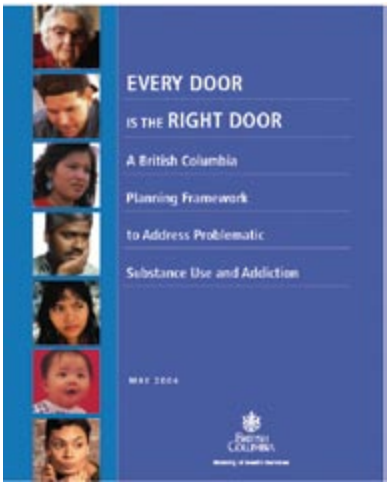
Telephone: *(604) 714-3378*
Fax: *(604) 733-5996*
Toll-free: *1-866-714-3378*
Email: *info@alregistrar.bc.ca*

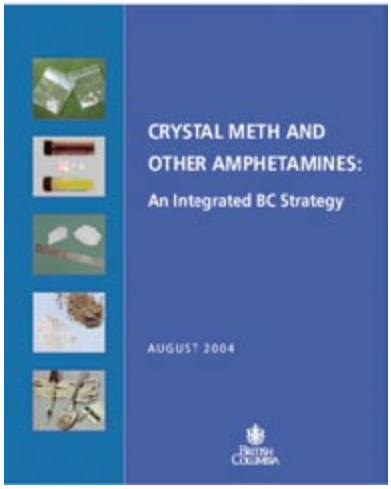
People Living with Addictions and Mental Health Issues

Traditionally, mental health and addiction treatments have always been approached separately, even though we know that up to 70 per cent of British Columbians who require help with one, also need help with the other. B.C. is proud to be at the forefront in integrating mental health and addictions services. The B.C. system recognizes the importance of prevention, early identification, treatment, rehabilitation, self-management, harm reduction and relapse prevention.

Prevention and quality treatment are the keys to reducing the harm and risk associated with substance use. An addictions framework promoting services for people with problematic substance use was introduced in June 2004. Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance Use and Addiction, gives health authorities a planning model based on best evidence about prevention and treatment. The plan focuses services on clients and families, promoting their health and responding to their individual needs.

Targeting new risks to our teens is also key. Methamphetamine, a street drug more commonly known as 'crystal meth', is often used with substances like cocaine, crack, heroin or alcohol. Combining these drugs increases the risk of injury or death related to overdoses, accidents or violence. An integrated strategy to prevent the use and harmful effects of crystal meth and other amphetamines was introduced in August 2004.





The strategy introduced five priorities for action including:

- Identifying high-risk populations
- Reducing individual harm
- Building safer communities
- Increasing the skills of service providers
- Informing the public

Drinking alcohol during pregnancy can have a serious negative impact on both a mother and her unborn child. The rate of Fetal Alcohol Spectrum Disorder (FASD) in British Columbia is difficult to estimate, ranging from 0.2 to nine per 1,000 live births. FASD can be prevented with a commitment to prevention and diagnosis strategies. Prevention of FASD is best achieved through integrated support services for women at risk and diagnostic services for those affected. Through early identification of infants and children prenatally affected, birth mothers can be identified and provided with information and support that may reduce the risk of FASD in future pregnancies.

There are a number of programs operating throughout British Columbia that provide services to women at risk of poor pregnancy outcomes due to social and economic circumstances. They include:

- 46 Pregnancy Outreach Programs reaching about 3,500 high risk pregnant women.
- The Ministry of Health Services is a partner with seven western provincial and territorial governments in the new Western/ Northern FASD Research Network which will focus on better prevention and support strategies.
- Diagnostic services through Sunny Hill Health Centre for Children, an agency of the Provincial Health Services Authority.
- In November 2004, Health Authority Addiction and Mental Health service providers will participate in the pilot of a new online course on FASD developed by the Justice Institute, in collaboration with the Inter-Ministry Working Group on FASD.
- In October 2004, the Ministry of Health Services, in conjunction with the Minister of State for Early Childhood Development, distributed Living with FASD: A Guide for Parents to health authority staff in mental health and addictions and other key stakeholders working with families experiencing FASD.

Minister Susan Brice and Victoria Mayor Alan Lowe plant an apple tree at the opening of the Victoria Sobering and Assessment Centre on February 19, 2004.

Moving Away from Institutionalization

Since Riverview Hospital was built in 1916, it has been the main mental health facility in British Columbia. Exceptional work has been done by staff and caregivers, but having just passed its 90th birthday, Riverview's buildings and facilities are growing more and more outdated. In much the same way, the approach of institutionalizing people who are dealing with mental disorders has also become outdated. Instead of upgrading Riverview, $138 million is going towards building new, community-

Examples of New Mental Health Facilities:

Seven Oaks – a $7.74 million, 38-bed facility opened in Saanich in October 2002.
Iris House – a $1.325 million,10-bed facility opened in Prince George in 2002 and expanded to 20 beds in 2003 with an additional $1.125 million investment.
South Hills – a $4.238 million, 40-bed facility opened in Kamloops in 2003.
Seven Sisters – a $2.5 million, 20-bed facility is planned to open in Terrace in winter 2004/05.
Royal Inland Hospital – construction on a $18 million, 44-bed tertiary care facility began on the RIH grounds in July 2004, and should be ready by summer 2005.

based mental health facilities throughout the province. Patients will have more opportunities to live closer to home and maintain ties with their own community.

Patients Living in Rural B.C.

In a province where the population is spread over mountains, cities, islands, forests and desert, providing health care that meets the needs of everyone can be an imposing challenge. If the goal is to ensure that all British Columbians have access to high quality, timely health care, an adequate supply of health care professionals has to be a priority. Recruitment, education and retention of qualified professionals, with a focus on rural and remote medicine, are the best ways to ensure a sustainable rural health care program. A $58.8 million rural incentive program for doctors is just one example of how B.C. is addressing this.

As part of the Ministry of Health Services, B.C.'s Rural Health Office provides leadership and support for the delivery of health services in rural communities by working with regional health authorities. Through leadership in policy development and health services coordination, and by developing a framework for the delivery of health services in rural communities, the Rural Health Office is playing a pivotal role in protecting and promoting rural health care.

The Rural Health Office is also responsible for HealthMatch BC which is the recruitment agency for rural physicians and nursing in B.C. Their mandate is being expanded to include recruitment of urban specialists and pharmacists. The unique matching and job-searching opportunities provided by HealthMatch BC continue to be a major recruitment tool for communities throughout British Columbia, linking professionals with communities who have waited many years for replacements. In fact, five new specialists have been recruited to work in Cranbrook, four

Premier Campbell and MLA Kevin Krueger celebrated the opening of South Hills Tertiary Rehabilitation Cente. Beautiful mountain views and comfortable private rooms provide a peaceful home-like environment for patients and staff.

Because research shows graduates are more likely to practise where they studied, the Northern Medical Program (NMP) located at the University of Northern British Columbia in Prince George, will educate tomorrow's physicians, and offer them residencies throughout the North. The first group of students arrive at UNBC in January 2005, and will benefit from the state-of-the-art satellite and communications equipment links to the University of British Columbia Medical School.

BC's Medical School
Partners in Medical Education
UNBC Northern Medical Program
UBC Faculty of Medicine
University of Victoria Island Medical Program

in Trail and 12 in Prince George, while two general practitioners have been recruited to Port Hardy and one to Vanderhoof.

In the Kootenay's, patients with serious illness of the lung or throat used to make the trip to Kelowna when they needed to see a thoracic surgeon. That all changed recently as 22 patients, including Carol Hightower of Cranbrook, met with Dr. Bill Nelems in Kelowna via telehealth video consultation. "The whole experience was very positive," said Carol. "In the room, I had a nurse right with me who did the tests the doctor was ordering. I could see him, he could see me, and we could speak directly. "I am very pleased with the process and with the co-operation from all parties concerned," said Dr. Nelems.Along with allowing patients to be treated within their community, telehealth benefits include quick diagnoses, less stress and better health outcomes for patients.

The Advanced Maternity Fellowship for Rural Practitioners, a BC Women's Foundation fellowship funded through private donations and health authority support, has provided intensive training for 40 maternity care providers in northern B.C., Vancouver Island and Squamish. Enhanced incentive programs for doctors are improving access to obstetrical care, especially in rural areas, and programs like the South Community Birth Program are including midwives and doulas on health care teams to provide innovative care options for women experiencing low-risk pregnancies in South Vancouver. Fir Square at B.C. Women's and Children's Hospital is one of only two programs worldwide that provides coordinated care for substance-using women and their newborns.

Women's Health Action

As workers, caregivers and patients, women play an important role within the family, the community and the health care system. In recognition of the unique health needs of British Columbian women, government has invested millions of dollars in developing a provincial women's health strategy and other women-focused health care programs. From extensive screening programs for breast and cervical cancer, to telehealth programs specializing in remote fetal ultrasound, women's health is a top priority for all of the health authorities.

A recent Statistics Canada survey showed that B.C. women aged 50 to 69 years self-reported the second highest rate in Canada of receiving routine screening mammograms (B.C. 52.1 per cent, Canada 49.1 per cent). However, many B.C. women are not receiving their mammograms within the recommended time frame of every two years. This is in stark contrast to Europe, where the percentage of eligible women who go for a mammogram is as high as 85 per cent.

If 70 percent of women in British Columbia 40 years of age and older went for a free mammogram, we would reduce breast cancer deaths by one third.

Canadian Breast Cancer Foundation

One way we can improve on our strong mammogram program is to educate women on the importance of regular breast exams. In October 2004, government announced $2.75 million funding to support a promotional campaign to increase screening participation rates and an increase of 25,000 screens in the province. The Telus "Tour for the Cure" is visiting 26 shopping centres throughout British Columbia over the fall, winter and spring of 2004/05. The exhibit will include interactive information

displays and staff who can talk about breast cancer issues. The program is a partnership between the Canadian Breast Cancer Foundation/B.C. Yukon Chapter, the B.C. Government and Telus.

The Status of Aboriginal Health

Aboriginal people living in British Columbia have unique communities and health care needs. B.C. participates on several Federal/Provincial/Territorial (FPT) committees related to Aboriginal health and co-leads the Aboriginal Health Reporting Framework initiative with Health Canada through the FPT Advisory Committee on Governance and Accountability. Working together these groups hope to overcome the barriers that prevent Aboriginals from achieving optimum health by:

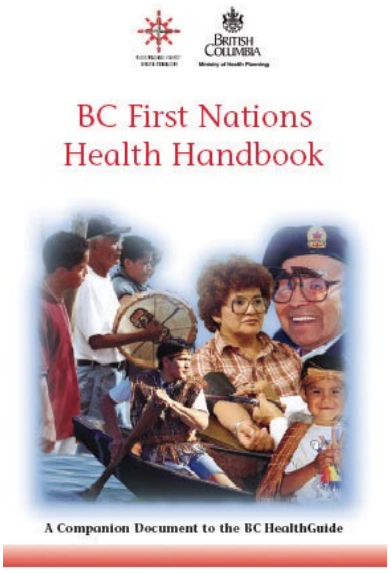
- Increasing Aboriginal involvement in the planning and delivery of health care services.
- Improving socio-economic disadvantages that affect overall health status.
- Integrating Aboriginal and non-Aboriginal health care policies and programs.
- Ensuring appropriate access to health care services, programs and information about their own health.

As part of the recently announced Public Health Agency of Canada, a new National Collaborating Centre for Aboriginal Health will soon be situated in B.C. While the mandate for the Centre is currently under discussion, it is intended to facilitate knowledge transfer from existing research centres to delivery agencies and communities. Using best practices learned from research and experience, the Centre will bring about visible, demonstrable and sustainable improvements in Aboriginal health status.

B.C. has also set specific goals to decrease the infant mortality rate and increase the overall life expectancy in the Aboriginal population. Each of the six health authorities has a Director of Aboriginal Health who is responsible for regional planning and will direct the development and implementation of a regional Aboriginal Health Plan. As well, the Provincial Aboriginal Health Services Steering Committee provides policy guidance and operates as an information-sharing vehicle for all members.

To help Aboriginal people make informed decisions about their health, the First Nations Health Handbook was developed as a companion to BC Healthguide. Other public health initiatives, such as Honouring Our Health: The BC Aboriginal Tobacco Strategy which was the first specific Aboriginal Tobacco Strategy in Canada, continue to improve the status of Aboriginal people throughout the province.

In response to the signing of the Aboriginal Health Action Plan at the First Ministers' Meeting in September 2004, further Aboriginal strategies will be introduced over the coming months.



Patient Safety Initiatives

Numerous patient safety measures already in place in British Columbia are working to protect patients—from the pharmacy to the intensive care unit. All clinical services must be delivered safely, cost-effectively and with the patient in mind.

The Patient Safety Task Force was formed in November 2003 to lead and coordinate provincial patient safety initiatives. The task force shares best practices and identifies safeguards in areas such as drug reactions, hospital-acquired infections and surgical/anaesthesia complications. Some health authorities are moving towards implementing web-based incident reporting information systems.

Public health initiatives such as food protection, BC NurseLine and improved disease control contribute to overall patient safety by helping to keep patients not requiring a hospital care out of emergency rooms. Other innovations like PharmaNet and the Cardiac Surgery Registry are able to track and monitor patient, drug and equipment information, ensuring the number of mistakes are minimized. In addition, through the new *Health Professions Act*, all health professions in the province will have enhanced quality assurances, structures and transparency.

British Columbia Centre for Disease Control Combats the Diseases of the 21st Century

Previously unheard of diseases like Severe Acute Respiratory Syndrome (SARS) and West Nile Virus have demonstrated the importance of having a strong, integrated public health network. With new viruses emerging more and more frequently, the British Columbia Centre for Disease Control (BCCDC) is vital in identifying and responding to emerging public health threats. As Canada's only existing integrated public health agency, BCCDC is recognized as a world-class leader in fighting the diseases of the 21st century.

The BCCDC helps regional health authorities provide specialized services to control communicable disease and promote environmental health. British Columbia is working with other partners to help develop Canada's new National Immunization Strategy and the BCCDC will host the new Public Health Agency of Canada's Collaborating Centre on Environment and Health.

The BCCDC, working with the Ministry of Health Services and local government, has developed a strategy to monitor and prevent West Nile virus. Along with the Alberta Public Health Laboratory, the Centre is working on Mycobacterium identification, molecular detection and

DNA sequencing of Norovirus (Norwalk like viruses), and bacterial enteric pathogen fingerprinting.

The BCCDC, working with the Ministry of Health Services and local government, has developed a strategy to monitor and prevent West Nile virus. BCCDC has been working in conjunction with the B.C. Ministry of Agriculture, Health Canada and the Canadian Food Inspection Agency to contain the avian flu epidemic. Along with the Alberta Public Health Laboratory, the Centre is working on identification of unusual forms of tuberculosis, molecular detection and DNA sequencing of Norovirus (Norwalk like viruses), and fingerprinting of viruses infecting the G.I. tract.

Source: BCCDC 2003/04 Performance Plan

"At the height of the SARS crisis last spring it was our scientists right here in B.C. who were the first to determine the genetic makeup of the virus. That was done under the direction of Dr. Marco Marra and his team at the B.C. Cancer Agency. I'm sure everybody remembers how tremendously proud we were as British Columbians that this discovery in fact took place right here in this province, made by our scientists."

Minister Hansen

Action Plan Delivers Safe Drinking Water

British Columbia enjoys one of the best supplies of drinking water in the world. Nevertheless, many of us who once gave little or no thought to the water that comes from our taps are increasingly asking the question: "Is my water safe to drink?" While tap water that meets provincial standards generally is safe to drink, threats to drinking water quality are increasing. The water we drink comes from streams, rivers, lakes, or from ground water wells that tap underground aquifers. The costs of treatment can be reduced or avoided by ensuring the sources of drinking water are safe from contamination.

On May 16, 2003, government enacted the amended *Drinking Water Protection Act and Drinking Water Protection Regulation* to help protect drinking water from source-to-tap. The Act represented the first provincial change to the regulation of drinking water in over 30 years. While the majority of British Columbians already benefit from high-quality drinking water, improvements will ensure public health is protected and public expectations for safe, clean drinking water continue to be met.

Some of the proposed improvements include:

- A new provincial drinking water officer and drinking water officers in the health authorities.
- A coordinated approach to ensure proper integration of water protection measures.
- Increased capacity at BCCDC to meet new microbiological sampling frequency for drinking water.
- New regulations to protect groundwater supplies.
- A provincial drought management plan to provide communities with planning tools for water supply and demand management.
- Education around the need for water conservation.

New Meat Inspection Standards Strengthen Food Safety

Good food is the basis of good personal and economic health and ensuring British Columbians have access to the best and most safe food possible is a priority. With the new meat inspection regulation, British Columbians can be assured that there is a consistent province-wide standard for inspecting meat sold to the public.

British Columbia produces some of the best and safest food in the world with access to fresh fruit, fresh fish, grade "A" livestock, organic vegetables and wild game.

The B.C. Meat Inspection Regulation is part of the *Food Safety Act* passed in 2002 and will apply to all meat sold anywhere in the province. It governs the slaughter of animals for food sales in British Columbia. The current system allows for different meat inspection standards in different parts of the province. This has led to confusion as to what standard applies in a given area and what meat can be sold. The new regulation will remove this confusion by moving the province to a single meat inspection standard by September 1, 2006.

Immunizations Promote and Protect Public Health

Immunizations are the single most cost-effective health investment and the cornerstone of efforts to promote and protect public health. These prevention programs not only avert disease, but also reduce physician visits, hospitalizations and even death.

Government funds a number of vaccination programs for infants, adolescents, seniors, high risk populations and all persons who require a primary series of immunizations regardless of their age. Infants

receive a primary series of immunizations at 2, 4, 6,12 and 18 months of age. Other programs include school age children in kindergarten, grade six and nine, and high risk programs e.g., annual influenza campaign.

New Vaccines

As new vaccines enter the market, the Canadian National Advisory Committee on Immunization (NACI) makes recommendations to public health officials across the country as to which persons in Canada should receive the new vaccine. In B.C., the Provincial Health Office works with the BC Centre of Disease Control and the members of the Communicable Disease Policy Committee to evaluate NACI recommendations by reviewing the scientific evidence, conducting an analysis of the program's cost effectiveness and providing a recommendation to the Minister of Health Services regarding the new vaccine program. B.C. has introduced a number of new vaccine programs within the last three years.

In January of 2001, B.C. introduced an infant hepatitis B program which ensures all infants have access to the following immunizations: diphtheria; pertussis; tetanus; polio; *haemophilus influenzae* type b; measles; mumps; rubella; and hepatitis B.

In March of 2003, B.C. introduced a pneumococcal and meningococcal program for those at high risk. The meningococcal vaccine program expanded in July 2003 to include all infants at 12 months of age, and again in September to include all infants at 2, 4, 6 and 18 months of age. The meningococcal vaccine can protect children against bacterial meningitis — averting up to seven cases of bacterial meningitis and one death annually. Pneumococcus is the major cause of childhood meningitis, pneumonia and middle ear infection. The conjugate pneumococcal vaccine program for children under two years of age may prevent 10,000 cases of middle ear infection, 700 cases of pneumonia, 100 cases of bacteremia and meningitis, 11,000 related physician visits, 550 hospitalizations, and 12 deaths each year.

In January 2004, additional funding was allocated to add a pertussis (whooping cough) component to the grade nine immunization program. Students in grade nine receive a combined tetanus, diphtheria and pertussis vaccine. Vaccination against whooping cough will protect grade nine students against significant illness. On average, teens with whooping cough require two physician visits and one percent are hospitalized for about five days. In teenagers, whooping cough prevents routine activities for an average of seven days, prevents school attendance for five days, and disrupts sleep for two to three weeks.

In April 2004, a targeted varicella (chickenpox) program was funded. The program targeted immuno-compromised persons and their household contacts, other high-risk persons and all health care workers

Kelowna Fire Chief Gerry Zimmerman gets his flu shot.

in B.C. Varicella-zoster/chickenpox virus causes up to 47,500 cases of varicella each year in B.C. resulting in 17,000 visits to a physician, 172 hospitalizations and 1–2 deaths annually. Two-thirds of the hospitalizations due to varicella in B.C. are in children less than ten years of age.

In September 2004, B.C. expanded several immunization programs. These expanded programs were funded from the National Immunization Strategy.

Beginning September 2004 varicella (chickenpox) vaccine will be offered to all grade 6 and kindergarten children. In January 2005, varicella vaccine will be offered to all infants at 12 months of age.

Additionally in September 2004, a two-year meningococcal catch-up program will be implemented in the grade nine group. In B.C., the highest number of invasive meningococcal C infections is reported in the 15 to 18 year old age group.

In 2004, the influenza program was expanded to include all infants 6 to 23 months of age and the household contacts or caregivers of all infants zero to 23 months of age. Additionally, the vaccine was publicly funded for pregnant women who will deliver during the influenza season, as they become household contacts of the infant.

In 2004, the NACI added children aged six months to 23 months to the list of those for which influenza immunization is recommended because of higher risk of complications and hospitalization secondary to influenza. By vaccinating the household and caregivers of all infants 0-23 months of age, we offer greater protection to young children.

Basic Immunization Schedule

Age	Vaccine
2 months	Diphtheria/Pertussis/Tetanus/Polio/ *Haemophilus influenzae* type B Hepatitis B Pneumococcal conjugate (pneumonia)
4 months	Diphtheria/Pertussis/Tetanus/Polio/ *Haemophilus influenzae* type B Hepatitis B Pneumococcal conjugate (pneumonia)
6 months	Diphtheria/Pertussis/Tetanus/Polio/ *Haemophilus influenzae* type B Hepatitis B Pneumococcal conjugate (pneumonia)
On or after first birthday	Measles, Mumps and Rubella Meningococcal C conjugate (meningitis) Varicella (chickenpox)—beginning January 2005
18 months	Diphtheria/ Pertussis/Tetanus/Polio/ *Haemophilus influenzae* type B Measles, Mumps and Rubella Pneumococcal conjugate (pneumonia)
School Entry (4-6 years old)	Diphtheria/Pertussis/Tetanus/Polio Varicella (chickenpox)
Grade 6	Hepatitis B (if not previously received) Meningococcal C conjugate (meningitis) Varicella (chickenpox)
Grade 9	Tetanus/Diphtheria/Pertussis Meningococcal C conjugate (meningitis) —2004 to 2006 only

The Child Health Passport, ensures parents can record significant health information in one booklet for quick reference in times of emergency or injury. The passport is available online at *www.healthservices.gov.bc.ca/cpa/publications/childpassport.pdf* or can be picked up, free of charge, at any public health unit in the province.

Managing the Epidemic of HIV/AIDS in B.C.

Advances in medical science, along with improved quality of care and support have enabled many people living with HIV/AIDS to manage their health more effectively and extend their life expectancy. Although we hear a lot less about HIV/AIDS than we did in the 1990s, the epidemic remains a serious public health challenge with the number of newly diagnosed infections in B.C. increasing slightly in 2001 and 2002 after many years of steady decline.

In response, the government developed a provincial blueprint to complement, guide and support community and health authority efforts to manage HIV/AIDS in British Columbia called Priorities for Action in Managing the Epidemics – HIV/AIDS in British Columbia 2003 – 2007. Each health authority has now developed, or is currently developing, its own HIV service plan.

On May 1, 2003 HIV was added to the list of reportable conditions in Schedule A of the Health Act Communicable Disease Regulation. HIV Reportability will result in improved partner notification and follow up activities. This is a key public health strategy for reducing the number of British Columbians who are currently unaware they have been infected by HIV.

Our goal is to make British Columbia a world leader in effectively and responsibly managing the HIV/AIDS epidemic. Our goals focus on:

- Prevention – achieve a 50 per cent reduction in both the number of people infected each year and the number who are HIV-positive but unaware of their infection.
- Care, Treatment and Support – increase the proportion of HIV-positive individuals who are linked to appropriate services by 25 per cent.
- Capacity – improve the province's response to B.C.'s current HIV/AIDS epidemics and anticipate and respond to future developments through coordination and better linking of data.
- Co-operation and Co-ordination – encourage consensus and co-operation among stakeholders at the federal, provincial, regional and community levels.

Each year, there are over 23,000 health visits to the Dr. Peter Centre by people living with HIV/AIDS as well as mental illnesses and addictions. They access both complex care and basic necessities. The Centre has improved the health outcomes of these clients by improving their quality of life and reducing hospital stays by up to 90%.

With its day health program and assisted living residence, the Centre has found an effective and innovative way to best serve this community in need. The Dr. Peter Centre is the first facility of its kind in Canada.

BC Takes the Lead Nationally

In September 2004, First Ministers from across Canada met with the Prime Minister to develop an action plan to meet the health care challenges of the next decade. As a result of these meetings, Canadians can anticipate improved health services for Aboriginal people and guaranteed health care funding over the next ten years.

Throughout the planning and negotiation stages of the First Ministers Meeting, B.C. Premier Gordon Campbell was recognized as a leader by his counterparts at the provincial, territorial and federal level. The Premier was pivotal in securing an agreement that will benefit not only British Columbians, but all Canadians, and his leadership positioned British Columbia as a key contributor for future negotiations.

In September 2004, Premier Campbell and his counterparts signed a 10-year health funding agreement with the federal government that will provide the stable, long-term funding needed to improve health care for British Columbians.

Premiers and Aboriginal Leaders strongly supported the Prime Minister on the need for an action plan to improve health services for Aboriginal people throughout Canada. Within a year, a blueprint will be developed by federal and provincial health ministers, ministers responsible for Aboriginal affairs and Aboriginal leaders, which will allow provinces and territories to work collaboratively with the federal government to improve access to health services for Aboriginal peoples, ensure they benefit from system improvements and establish an agenda for federal investments in prevention and health promotion.

To support this, the federal government announced an Aboriginal Health Transition Fund, an Aboriginal Health Human Resources Initiative and new federal investments in health promotion and disease prevention focusing on suicide prevention, diabetes, maternal and child health and early childhood development. Another First Ministers Meeting specifically dedicated to a broad discussion of Aboriginal Health issues including key determinants of health, will take place in the near future.

The 10-year Plan to Strengthen Health Care contains a number of action items and guarantees. Highlights of the agreement include:

- Approximately $5.4 billion in funding for B.C. over the next 10 years.
- The establishment of a task force co-led by British Columbia, that will develop and implement a national pharmaceutical strategy that will include: a national formulary; mechanisms to allow better access to breakthrough drugs; strengthened evaluation procedures to ensure drug safety and effectiveness; and innovative purchasing strategies for drugs in Canada.
- A commitment to increase timely access to care by March 31, 2007. Provinces and territories will have the ability to establish their own priorities for improving access.

- The development of jurisdictional human resource action plans to ensure an adequate supply and appropriate mix of health care professionals. Each province and territory is required to have its action plans made available to the public by December 31, 2005.
- A renewed commitment to enhance home, end-of-life and community mental health care. All jurisdictions have committed to moving forward with the enhanced home care services.

Additional commitments in the agreement included establishing a best practices network to share information and find solutions to barriers to progress in primary health care reform; accelerating development and implementation of the electronic health record and access to telehealth for rural and remote communities; and accelerating work on a pan-Canadian public health strategy.

British Columbia already has plans well underway in all of these areas, and with the strong foundation we've built in prevention, primary and public health care, we are well positioned to take the lead nationally on many of these initiatives.

Toward Better Health Care

Currently, the Government of British Columbia uses 43 per cent of the annual provincial budget to improve direct patient care and access. Since 2001, funding for health care has outpaced funding for every other provincial ministry combined, with the exception of education.

Health authorities and health organizations have been streamlined to ensure they are efficient and effective in responding to patient needs. New or upgraded facilities have been planned and built to ensure seniors can choose from a range of care options to match their lifestyles. Mental health and addictions programs have been integrated. New facilities are providing patients with improved care in their home communities. Doctors and nurses are working with government and health authorities to share innovative ideas and best practices. Patients are enjoying improved outcomes for cancer, renal disease and chronic disease management. Our technology infrastructure has benefited from additional funding, and this innovation is enhancing the quality and delivery of health care, particularly in rural and remote areas. We have led the country, and the world, in various public health responses to infectious disease outbreaks and research. All British Columbians can take pride in knowing our public health network will protect us in the future, backed by the excellent work of the British Columbia Centre for Disease Control.

British Columbia has come a long way in health care over the past three years. Our strong foundation will support stronger preventative, primary and public health initiatives for many years to come. The hard work has been done, now we are ready to show the world that we can lead not just in innovation and restructuring, but also in how healthy our population is.

Find out more at:

www.gov.bc.ca/bchealthcare

Ministry Of Health Services

General Information Line	**1-800-465-4911**	**Victoria**	**(250) 952-1742**
BC NurseLine & Pharmacist Service	**1-866-215-4700**	**Vancouver**	**(604) 215-4700**
Deaf & Hearing Impaired	**1-866-TTY-4700**		

Health Authorities

Northern Health Authority	(250) 565-2649	http://www.northernhealth.ca
Interior Health Authority	(250) 862-4200	http://www.interiorhealth.ca
Vancouver Island Health Authority	(250) 370-8699	http://www.viha.ca/
Vancouver Coastal Health Authority	1-866-884-0888 (604) 875-4252	http://www.vch.ca/
Fraser Health Authority	(604) 587-4600	http://www.fraserhealth.ca
Provincial Health Services Authority	(604) 675-7400	http://www.phsa.ca/default.htm

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