

A Report on

The 10-Year Plan to
Strengthen Health Care

and

Medical and Diagnostic Equipment Funding



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A Report on the 10-Year Plan to Strengthen Health Care & Medical and Diagnostic Equipment Funding Saskatchewan Health February 2006

I. Introduction

In September 2004, Canada's First Ministers signed a 10-year agreement aimed at addressing priority areas in the health care system and providing new funding to support health care delivery. *The 10-Year Plan to Strengthen Health Care* included a series of specific commitments in the areas of wait time reduction, health human resources, home care, pharmaceutical coverage, primary care, and health promotion. At their meeting, the provincial premiers and prime minister also released a communiqué regarding Aboriginal health issues.

Since the 2004 First Ministers' Meeting, Saskatchewan has introduced a series of initiatives in the priority areas identified in the *10-Year Plan* to address the commitments contained in the agreement. Some highlights include:

- investing \$19.4 million to reduce wait times for surgical and diagnostic services;
- announcing, along with other provincial and territorial governments, wait time benchmarks for the provision of medical treatments and screening services;
- investing \$53 million in capital construction and medical and surgical equipment;
- releasing a health human resource strategy, entitled *Working Together: Saskatchewan's Health Workforce Action Plan*.
- releasing a draft *Aboriginal Blueprint: Saskatchewan Approach* as part of the Aboriginal Health Blueprint process.
- invested all new health transfers in health care priority areas and invested all targeted health funding in the required areas. Significant new provincial funding in support of health care priorities has augmented federal transfers.

Another commitment by First Ministers was to report publicly on health system performance and, specifically, on the elements of the *10-Year Plan*. In December 2004, Saskatchewan Health reported initial progress on the *10-Year Plan*, as well as on the 2003 First Ministers Health Accord. The 2004 report can be found at: http://www.health.gov.sk.ca/mc_rpt_reformfund_diagmed equip.pdf.

As part of this commitment to public accountability, the following report provides an update on the steps taken in 2005 by Saskatchewan to meet the policy and funding commitments contained in the *10-Year Plan* and Aboriginal health communiqué.

II. 10-Year Plan Health Care Priorities

Reducing Wait Times and Improving Access

Reducing surgical wait lists is a high provincial and national priority. Specifically, the *10-Year Plan* included commitments to develop comparable indicators of access; establish evidence-based benchmarks for medically acceptable wait times in five areas; and to establish, by the end of 2007, targets to achieve priority benchmarks.

Saskatchewan is working to improve access to care through a series of provincial and national initiatives.

- In the 2005-06 budget, the province allocated new funding of \$8.9 million for reducing wait times for surgical services, \$10.5 million for reducing wait times for diagnostic services, \$8.1 million to support the Saskatchewan Cancer Agency, and \$16.5 million for capital equipment.
- As part of a comprehensive strategy to improve surgical access, Saskatchewan has already developed performance goals that set target time frames for surgery based on patients' level of need. These target time frames apply to all surgical procedures.
- The Saskatchewan Surgical Care Network reported that hospitals in major centres are performing more surgeries and that the surgical wait list in the province's seven largest regions dropped by more than 3,200 people between January 2004 and June 2005.
- During 2005-06, the province also expanded access to diagnostic imaging services, with the addition of a new MRI machine in Regina and CT machines in North Battleford and Lloydminster. CT scanners were upgraded in Prince Albert Parkland, Saskatoon and Regina (2) Health Regions. The province has developed a diagnostic imaging strategy to guide future improvements in this area.
- In December 2005, First Ministers announced benchmarks in the following priority areas:
 - Radiation therapy to treat cancer within four weeks of patients being ready to treat;
 - Cardiac bypass surgery within two weeks, six weeks or 26 weeks depending on how urgently care is required;
 - Hip fracture fixation within 48 hours;
 - Hip replacements within 26 weeks;
 - Knee replacements within 26 weeks;

- Surgery to remove cataracts within 16 weeks for patients who are at high risk;
 - Breast cancer screening for women aged 50 to 69 every two years; and
 - Cervical cancer screening for women aged 18 to 69 every three years after two normal tests.
- Wait time benchmarks will be developed in other areas (e.g. MRIs, CT scans) as evidence is produced.
 - Provinces and territories are establishing comparable indicators, along with the Canadian Institute for Health Information, to track how well they are improving access to care. The focus will be on services that now have common benchmarks, such as cardiac bypass surgery, radiation therapy for cancer, and cataract surgery.

Health Human Resources Action Plan:

Maintaining an adequate, stable supply of health professionals has been a serious issue in Saskatchewan and across Canada. The *10-Year Plan* reflected this challenge by committing federal, provincial and territorial governments to increase the supply of health professionals based on their assessments of the gaps. As well, action plans were to be public by December 31, 2005 and include targets for training, recruitment and retention of professionals.

Saskatchewan Health met this commitment by releasing in December 2005 the strategy: *Working Together: Saskatchewan's Health Workforce Action Plan*. (http://www.health.gov.sk.ca/hplan_health_workforce_action_plan.pdf) Based on input received from an extensive consultation process, the Plan reflects the government's commitment to:

- recognize and retain the health professionals that Saskatchewan has and support them in the work they are doing;
- improve self-sufficiency in education and train our own health professionals, within available resources;
- recruit from outside Saskatchewan to supplement our own supply; and
- find innovative ways to keep Saskatchewan youth in our province by providing them with training and employment opportunities in the health care field.

The government spends at least \$75 million annually to train, educate, recruit and retain health professionals. Work is occurring on several fronts: quality workplace initiatives, improving available equipment, continuing education and training, bursaries, and recruitment initiatives. These efforts include an International Medical Graduate Fund, increased financial support for the University of Saskatchewan College of Medicine, and programs aimed specifically at recruiting health professionals for northern and remote communities.

Home Care:

The *10-Year Plan* contained a commitment to improve the quality of life for many Canadians by improving access to home and community care services. First Ministers agreed to provide first-dollar coverage by 2006 for specific home care services program in the areas of short-term acute, end of life, and acute community mental health services.

Saskatchewan, as one of the jurisdictions with a well developed home care program, had already met most of the standards in the areas of short-term acute and palliative home care. In October 2005, Saskatchewan introduced improvements and now meets the home care commitments of the *10-Year Plan*, except for crisis response that will be implemented in 2006. Saskatchewan's program includes:

- increased capacity for short-term acute home care which includes case management, nursing, personal care and home intravenous without fees for up to 14 days;
- end of life home care which includes case management, nursing, personal care, and palliative pharmaceuticals without fees (with no specific timeframe stated); and
- acute community mental health home care which includes case management, professional and home support, and crisis response without fees for up to 14 days.

Primary Care Reform:

Saskatchewan Health continues to move forward with the implementation of primary health care teams. As of February 2006, there are 37 primary health care teams providing access to primary care services for approximately 23 per cent of the population. The goal is that the entire population will have access to quality primary care services by 2010.

Saskatchewan Health has taken the administrative lead on behalf of all jurisdictions on a National Primary Health Care Awareness Strategy. Launched in September 2005, the national initiative is centered on a public information website (www.primaryhealthcare.ca) featuring information about the project, the partners, publications and links to additional resources.

Saskatchewan is also involved in a number of projects funded by Health Canada's Primary Health Care Transition Fund including:

- development of common evaluation criteria for HealthLines in Western Canada;
- development of a Chronic Disease Information Technology program to be used in each western province; and

- development of common national strategies regarding the nurse practitioners role in Canada.

The primary health agenda was further supported through increased use of HealthLine, a province-wide telephone advice line that received over 73,500 calls in 2004-05. In April 2005, in response to initial recommendations from the Legislative Secretary on Substance Abuse Prevention and Treatment, HealthLine services were enhanced to include referrals to addictions counselors on a 24-hour basis. HealthLine received over 61,940 calls during the nine-month period from April 1, 2005 to December 31, 2005

National Pharmaceuticals Strategy:

As directed by the *10-Year Plan*, Saskatchewan is working with its provincial and federal colleagues on a National Pharmaceuticals Strategy with a report anticipated in June 2006.

Work on the National Pharmaceuticals Strategy is progressing through a federal-provincial-territorial committee of officials. In October 2005, federal and provincial health ministers reaffirmed their commitment to the National Pharmaceutical Strategy and noted that the strategy must protect all Canadians from catastrophic drug costs if it is to be viewed a success.

Saskatchewan's prescription drug plan assists residents with high drug costs, low incomes or a combination of the two. In the spring 2005 budget, Saskatchewan provided an additional \$16 million (9.5 per cent) to cover escalating drug costs and allow for the addition of new drug treatments to the provincial formulary. In September 2005, Saskatchewan introduced a new Prescription Information Program that provides health professionals with confidential access to patients' medication records, and assists them in selecting the best medication to avoid drug interactions and duplications of therapy.

Prevention, Promotion and Public Health:

The *10-Year Plan* recognized that public health efforts on health promotion, disease and injury prevention are critical to achieving better health outcomes for Canadians and contributing to the long-term sustainability of Medicare by reducing pressure on the health care system.

The 10-Year Plan included a commitment to develop goals and targets for improving the health status of Canadians. In October 2005, Health Ministers approved the Health Goals for Canada, and agreed that they would inform provincial and territorial governments in the development of their own initiatives.

Saskatchewan Health, Regional Health Authorities and other sectors have developed a provincial health promotion strategy entitled *Healthier Places To Live, Work and Play... A Population Health Promotion Strategy for*

Saskatchewan. Released in 2004, the strategy provides a framework for health promotion at the local, regional and provincial levels. It focused on the following goals:

- improve the conditions that support positive mental well-being;
- reduce barriers to, and increase opportunities for healthy eating habits;
- reduce tobacco, alcohol and drug use; and
- reduce barriers to, and increase opportunities for regular and enjoyable physical activity in communities, schools and workplaces.

The report *Healthy Choices in a Health Community*, released in August 2005, highlighted the serious issues related to alcohol and substance abuse, and recommended strategies in the areas of supply reduction, prevention and treatment. Through the Premier's Project Hope initiative, the province has committed \$10 million in new annual funding, in addition to the \$4.7 million announced in the 2005-06 budget, to prevent and treat substance abuse. Expanded awareness, training and prevention initiatives will be launched through the newly created Alcohol and Drug Prevention Education Directorate.

The province has continued its efforts to prevent youth from smoking, to denormalize the use of tobacco in our society, and to work toward a smoke-free Saskatchewan.

III. 10-Year Plan Funding:

The *10-Year Plan* included a commitment by the federal government to provide increased funding to assist provinces and territories in meeting the health needs of their residents. Specifically, the federal government will increase funding to the provinces and territories by \$41 billion over 10 years through the Canada Health Transfer and targeted, short-term transfers. The following table shows the increased funding to Saskatchewan in the first years of the agreement.

Increased Federal Funding - 2004 First Ministers Health Agreement*

	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	6-yr total
Total	2.125B	3.125B	\$3.440B	3.298B	\$3.029B	3.037B	\$18.055B
SK share	\$66M	\$97M	\$107M	\$102M	\$94M	\$94M	\$560M

* Transfers to Saskatchewan are calculated on a 3.1% share. Final amounts will be determined by census results. These amounts may be offset by other adjustments in the Canada Health Transfer formula.

The \$97 million in new federal health transfers for 2005-06 were fully invested in health care programs and services through the spring 2005 budget, which included an additional investment of \$192 million, or 7.1 per cent, in health care.

Included within the \$97 million was \$19.4 million in targeted funding for wait times reduction. These dollars were allocated to wait time reduction initiatives as follows:

- Reducing wait times for surgical services (\$8.9 million)
 - funding to target patients waiting for more than 12 months for surgery
 - funding to implement tools and systems for monitoring, analyzing, and improving management of surgical services.
- Reducing wait times for diagnostic services (\$10.5 million)
 - funding to continue expansion of MRI and CT capacity begun in 2004-05
 - funding to increase the number of MRI scans, CT scans, and bone mineral density tests
 - funding to purchase new, more technically advanced equipment

In addition to these wait time reduction initiatives, the budget directed new funding to retaining and recruiting health care providers, promoting health and preventing illness, and providing efficient, accountable, quality health care services.

Additional information regarding the 2005-06 health budget can be found at <http://www.gov.sk.ca/finance/budget/budget05/2005papers.htm>

IV. Medical and Diagnostic Equipment Funding

Saskatchewan received funding targeted to the areas of medical and diagnostic equipment in the 2003 First Ministers' Health Accord and the 2004 *10-Year Plan to Strengthen Health Care*.

Medical and Diagnostic Equipment Funding 2003 and 2004 First Ministers' Health Agreements

	2004-05	2005-06	2006-07
2003 Accord: Medical and Diagnostic Equipment Fund	15.9M	15.8 M	-
2004 10-Year Plan: Medical Equipment	15.5M	-	-
	\$31.4M	\$15.8M	0

All federal funding for medical and diagnostic equipment was spent in these areas according to the criteria governing the use of these funds. Saskatchewan augmented these federal dollars with significant, additional investments for medical and diagnostic equipment.

A detailed summary of medical and diagnostic equipment expenditures for 2004-05 can be found in Appendix 1. The expenditure levels presented in Appendix 1 exceed the funding levels shown in the table above, as a result of the additional provincial funding committed to medical and diagnostic equipment.

The 2005-06 funding for medical equipment had not been allocated to health regions and the Saskatchewan Cancer Agency at the time of this report. Details regarding the distribution of these funds will be provided in a future report.

V. Aboriginal Health Blueprint

On September 13, 2004, First Ministers met with the leaders of the Assembly of First Nations, Inuit Tapiriit Kanatami, Métis National Council, Congress of Aboriginal Peoples, and Native Women's Association of Canada. The meeting resulted in a communiqué directing federal, provincial and territorial Ministers of Health and Aboriginal Affairs to work with Aboriginal leaders to develop a blueprint to improve the health status of Aboriginal peoples and health services in Canada.

In the September 2004 communiqué, the federal government also announced increased funding for Aboriginal health initiatives totaling \$700 million over five years. The funds are to be used to promote health transition initiatives, health human resource initiatives, and health promotion initiatives.

Saskatchewan Health contributed to the development of a national Aboriginal health blueprint document as part of a working group that included federal, provincial, territorial governments and representatives from the five national Aboriginal organizations. Saskatchewan led a series of engagement meetings to discuss provincial priorities for the blueprint.

A Saskatchewan blueprint approach document was developed based on the priorities that emerged from provincial blueprint engagement sessions and submissions from Aboriginal organizations. The approach document identifies further actions that will be undertaken in collaboration with Aboriginal peoples. The Engagement Report and Saskatchewan's Approach Document can be found at: http://www.health.gov.sk.ca/mc_publications.html.

At the First Ministers Meeting in November 2005 the federal, provincial, and territorial governments and Aboriginal leaders agreed to the goal of closing the gap in health status between Aboriginal peoples and other Canadians. The national Aboriginal blueprint was received as a "work in progress", and the meeting communiqué notes that it will be implemented at the federal level and through "tripartite negotiated agreements".

VI. 2003 First Ministers' Accord on Health Care Renewal

Saskatchewan also received funding in 2004-05 and 2005-06 that is attributable to the 2003 First Ministers' Accord on Health Care Renewal. These dollars were also fully invested in health care services, and where dollars were targeted to specific areas these conditions have been fulfilled.

Funding from the 2003 First Ministers Accord on Health Care Renewal

	2004-05	2005-06	2006-07
Health Reform Transfer	\$46.7M	0	0
2003 Accord Supplement	\$31.8M	\$15.8M	0
Medical and Diagnostic Equipment Fund	\$15.9M	\$15.8M	0

Under the 2003 Accord, federal transfers received through the Health Reform Fund were to be invested in the areas of catastrophic drug coverage, primary health care, and home care. In 2004-05, Saskatchewan received \$46.7 million through the Health Reform Fund and allocated these dollars within the targeted areas as follows: \$41.6 for the drug plan; \$4.4 million for primary health care; and \$700,000 to cover the addition of diabetic supplies and therapeutic nutritional products to the drug plan. With the establishment of a new funding agreement through the 2004 *10-Year Plan*, the Health Reform Fund has been rolled into block funding provided through the Canada Health Transfer and

VII. Accountability and Reporting to Citizens

Saskatchewan Health is committed to continuous improvement of our health care system including greater reporting on health system performance for purposes of public accountability. Many mechanisms, in addition to this report, are already in place to ensure that the public is informed about health system performance.

Department information, annual reports, strategy documents and performance plans can be found at our website:

http://www.health.gov.sk.ca/mc_publications.html.

Links to specific documents associated with this report include:

Saskatchewan Health Annual Report and Performance Plan:

[Annual Report 2004-2005](#)

[Performance Plans 2005-2006](#)

Department Documents:

[Saskatchewan's Health Workforce Action Plan](#) - December 2005

[Saskatchewan's Action Plan for Citizens with Cognitive Disabilities](#) - September 2005

[Supporting Mental Well-Being and Decreased Substance Use and Abuse](#) - August 2005

[Population Health Promotion Strategy for Saskatchewan](#) - April 2004

[Action Plan for Saskatchewan Health Care Progress Report](#) - September 2003

[Action Plan for Saskatchewan Health Care](#) - December 2001

Premier's Project Hope - [Provincial Action Plan for Substance Abuse](#)

Premier's Project Hope - [Addley Final Report](#)

Aboriginal Health Blueprint:

http://www.health.gov.sk.ca/ps_aboriginal_health.htm

Report on the 2003 First Ministers Health Accord:

[Health Reform Fund & Diagnostic and Medical Equipment](#) - December 2004

Appendix 1

The following tables provide detailed information regarding the expenditure of medical and diagnostic equipment funding received through the 2003 and 2004 First Ministers' health agreements.

Diagnostic and Medical Equipment Fund

All federal funding for medical and diagnostic equipment was spent in areas according to the criteria governing the use of these funds. Saskatchewan augmented these federal dollars with significant, additional investments for medical and diagnostic equipment.

Table 1

In 2004-05 regional health authorities, the Saskatchewan Cancer Agency and Provincial Laboratory augmented the federal contribution of \$15.9 million, and spent \$18 million on equipment that met the criteria of the Diagnostic and Medical Equipment Fund.

Capital Equipment meeting Diagnostic and Medical Equipment Fund Criteria * - Spending by Agency 2004/05

Agency	Capital Expenditure (\$)
Athabasca Regional Health Authority	64,050
Cypress Regional Health Authority	452,000 ⁽¹⁾
Five Hills Regional Health Authority	878,000 ⁽¹⁾
Heartland Regional Health Authority	367,000
Keewatin Yatthe Regional Health Authority	70,000
Kelsey Trail Regional Health Authority	316,000
Mamawetan Churchill River Regional Health Authority	100,000
Prairie North Regional Health Authority	639,000
Prince Albert Parkland Regional Health Authority	723,000
Regina Qu'Appelle Regional Health Authority	6,860,000 ⁽²⁾
Saskatoon Regional Health Authority	5,309,000
Sun Country Regional Health Authority	399,000
Sunrise Regional Health Authority	1,122,750 ⁽¹⁾
Saskatchewan Cancer Agency	400,000
Provincial Laboratory	300,000
Total	18,000,000

(1) Includes CT funding for Moose Jaw and Swift Current and Yorkton

(2) Includes new MRI and associated renovations in Regina

*The Medical and Diagnostic Fund allows for the purchase of new or replacement equipment in the following categories established by Health Canada:

- Diagnostic imaging equipment - e.g. MRI's, CT scanners, nuclear medicine equipment, mammography, ultrasound, x-ray/fluoroscope;
- Other diagnostic and therapeutic equipment – e.g. linear accelerators, bone densitometry, echocardiography, major laboratory equipment, Picture Archiving Communication Systems (PACS);
- Medical and surgical equipment:
 - Surgical, e.g. lithotripters, laparoscope, surgical laser, anaesthetic gas machines, sterilizers
 - Life Support, e.g. dialysis, defibrillators, external pacemakers, ventilators
 - Vital signs, e.g. blood pressure & oxygen meter, pumps, monitors
 - Patient comfort/safety equipment – e.g. patient/bed lifts, mobility equipment, patient bathing equipment.
 - Laboratory Equipment
 - Rehabilitation Equipment
 - EMS equipment, vehicles and communication systems
 - Information technology hardware
 - Information technology software

Table 2

In 2004-05, Saskatchewan regional health authorities and the Cancer Agency spent nearly \$41 Million on diagnostic and medical equipment purchases as indicated in Table 2. The source of funds for these purchases came from RHAs' own-source revenues and the Diagnostic and Medical Equipment Fund.

Capital Equipment Spending by Category - 2004/05

Category	Capital Expenditure (\$)
Diagnostic Imaging Equipment	8,095,088
Other diagnostic and therapeutic equipment	2,526,891
Medical and surgical equipment;	10,414,353
Equipment to improve patient safety and comfort	5,015,177
Laboratory equipment	3,266,640
Rehabilitation equipment	37,715
EMS equipment, vehicles and communication systems	720,574
Information technology hardware	1,916,474
Information technology software	6,848,150
Other	2,119,193
Total	40,960,256

10-Year Plan to Strengthen Health Care

Table 3

The 10-Year Plan to Strengthen Health Care Fund, established under the 2004 First Ministers' Agreement, provided funding to meet health needs for Saskatchewan residents and included such things as:

- Improving timely Access to Quality Care, Surgical Backlog and Access
- Diagnostic Services Backlog
- Strategic Equipment and Infrastructure

Table 3 shows the 2004-05 distributions of funds in three categories under the *10-Year Plan*.

Equipment Spending by Agency Made Available Through the *10-Year Plan*

Agency	Safer Workplaces	Patient Care Equipment	Equipping Surgical Suites	Total
Athabasca Health Region	12,000	12,000		24,000
Cypress Health Region	310,000	310,000	290,000	910,000
Five Hills Health Region	310,000	310,000	290,000	910,000
Heartland Health Region	290,000	290,000		580,000
Keewatin Health Region	52,000	52,000		104,000
Kelsey Trail Health Region	280,000	12,000		560,000
Mamawetan Health Region	36,000	36,000		72,000
Prairie North Health Region	430,000	430,000	580,000	1,440,000
Prince Albert Parkland Health Region	345,000	345,000	290,000	980,000
Regina Qu'Appelle Health Region	1,210,000	1,210,000	1,780,000	4,200,000
Saskatoon Health Region	1,325,000	1,325,000	1,780,000	4,430,000
Sun Country Health Region	415,000	415,000		830,000
Sunrise Health Region	485,000	485,000	290,000	1,260,000
Total				16,300,000

- Patient care and safer workplace allocations were based on a % of Regional Health Authority's operating budgets.
- Surgical Suite allocations were based on the funding pool being divided by the number of tertiary and regional hospitals in the province.

Table 4

Under the *10-Year Plan to Strengthen Health Care* medical equipment fund another \$8M was spent on Block Funding for Infrastructure Upgrades. Table 4 shows the spending of this Fund under this initiative.

Block Funding for Infrastructure Upgrades - Spending by Agency - 2004/05

Agency	Capital Expenditure (\$)
Athabasca Regional Health Authority	100,000
Cypress Regional Health Authority	330,000
Five Hills Regional Health Authority	465,000
Heartland Regional Health Authority	300,000
Keewatin Yatthe Regional Health Authority	55,000
Kelsey Trail Regional Health Authority	300,000
Mamawetan Churchill River Regional Health Authority	40,000
Prairie North Regional Health Authority	590,000
Prince Albert Parkland Regional Health Authority	405,000
Regina Qu'Appelle Regional Health Authority	1,970,000
Saskatoon Regional Health Authority	2,450,000
Sun Country Regional Health Authority	470,000

Sunrise Regional Health Authority	525,750
Total	8,000,000

- Infrastructure upgrades allotted based on M² of building
- The objective of this pool of funding was to invest in the provincial health care infrastructure such that it is sustainable into the future for health care service delivery.
- Life safety/emergency and infrastructure projects ranged from fire alarm system upgrades and fire protection sprinkler installations to roof replacements.

Table 5

Table 5 shows distribution of additional capital equipment funding from the 10-Year Plan in 2004-05.

Additional Capital Spending Made Available Through the 10-Year Plan

Capital Category	Total
New computed tomography (CT) scan machines – North Battleford/Lloydminster	5,300,000
Saskatchewan Cancer Agency linear accelerator	3,000,000
Diagnostic equipment upgrades	8,300,000
Provincial laboratory equipment	600,000
Equipping 8 new telehealth sites	400,000
Final magnetic resonance imaging (MRI) machine payment (Regina)	2,400,000