

# VISION 2020

The Future of Health Care in Alberta | PHASE ONE | December 2008



Alberta

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# introduction

**VISION 2020** sets the course for a health system that is first and foremost geared toward the **needs of the patient**.

**Albertans want and deserve an excellent health-care system.** A system that provides the care they need today and into the future. A system that adapts to Albertans' changing needs, but will be there for them when they need it. A system that supports a high quality of life now and in the years to come.

Today's health system is highly technical, increasingly complex, relies on expertly trained staff, and includes 104 hospitals and 195 sites that provide long-term care services across the province. It is a system that provides more services and levels of care to more people than ever before. While the province's health system generally serves Albertans well, it isn't perfect. Some facilities are operating at their capacity, others are underused, and Albertans are waiting too long for access to some services. There are pressures on and for staff, and services can be better co-ordinated.

Change is needed to ensure Albertans have the health services they need in the future.

**VISION 2020** identifies a path forward for Alberta's health system, describing how health care will be delivered in a strong, sustainable way by the year 2020. It builds on, and goes beyond, the studies and work done to date to improve access and quality – from the Mazankowski report in 2001, to a recent review of health service delivery. **VISION 2020** provides direction on how to improve the delivery of services across the whole health system including public health, acute and continuing care, delivery of pharmaceuticals, ambulance services, health system governance and accountability.

**VISION 2020** sets the course for a health system that is first and foremost geared toward the needs of the patient, or in other words, is patient-focused. It recognizes we all have a role to play when it comes to our health. This includes accepting more responsibility as individual Albertans for maintaining our own good health through actions like proper diet and exercise, or by stopping smoking. It also includes recognition that individuals have a responsibility to ensure they access the health-care system in an appropriate way.

**VISION 2020** is not about the private delivery of health services. It is about a stronger, more efficient and sustainable publicly-funded health system.

Alberta is a leader in health care. Our health system is staffed and led by dedicated and outstanding health providers and professionals. We provide leading edge treatments and technologies and have become a national and international leader in health research. Yet there are increasing challenges and pressures on the system that must be addressed.

**Health-care facilities are not used equitably.** Some facilities are operating at their capacity, while others are underused. Today in Alberta, the 10 largest hospitals in the province have an average occupancy of more than 90 per cent. The vast majority of long-term care facilities have greater than 96 per cent occupancy. However, more than half of the hospitals in Alberta with fewer than 20 beds have occupancy rates below 75 per cent, and almost 20 per cent of these have occupancy rates below 50 per cent. And, almost 50 per cent of Alberta's hospitals with fewer than 20 beds are within 50 kilometres of another hospital.

**Access to some services takes too long.** Sometimes patients are not being cared for in the right setting, resulting in increased waits for needed services. Too many emergent patients are using emergency departments for health concerns that could be handled by a primary care practitioner, and too many continuing care patients are being cared for in hospitals. This backs up admissions throughout the hospital and delays emergency room admissions and hospital services for people needing scheduled surgical procedures.

**There are critical shortages of health service providers.** As just one example, Alberta currently has a shortage of more than 1,500 nurses. By 2020, if care patterns do not change and training is not expanded, the province may be short by more than 6,000 nurses. Adding to the shortage is the fact that only 40 per cent of Alberta's registered nurses work full-time, the lowest rate in the country and well below the Canadian average of 56 per cent. Alberta also has a growing shortage of allied health care providers, including pharmacists, physical therapists, medical technologists, and especially health-care aides.

**Our population is growing, rapidly aging and facing a significant burden of chronic disease.** Alberta's population is predicted to grow by another half million people by the year 2020. Between 2007 and 2020, forecasts show the demand for hospital beds in Alberta will grow by 32 per cent, the demand for long-term care beds will climb by 52 per cent, and the demand for primary care physicians and nurses will rise 40 per cent. The high prevalence of chronic disease and cancer will drive a disproportionate share of health-care costs.

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Achieving these changes will require a long-term, concerted commitment by all partners, including Albertans.

**The cost of delivering health care continues to rise.** Today, Alberta Health and Wellness spends \$13.4 billion on health services, or 35 per cent of all provincial spending. If the rise in demands on the health system remain unchanged and more efficient ways of delivering health services are not implemented, the money spent by former regional health authorities could potentially triple. For example in 2007-08, regional health authority spending was \$8 billion. This could grow to \$24 billion by 2020.

These challenges are not unique to Alberta. Other provinces and countries face the same situation, with spending on health care outpacing growth in government program spending and economic growth. What is unique to Alberta, however, will be the solution. It will be a solution that is right for Albertans and for Alberta.

If we carry on as we have in the past and continue to deliver health care in the same way, the challenges to providing accessible, high quality care for Albertans in a sustainable manner will increase dramatically. In the absence of change, a new 300-bed hospital will have to be built in the province every two years to meet growing demands and population growth, and Alberta will also face a shortfall of many health-care providers.

It is government's goal that the health system focuses on patients' needs, that efficiency in health service delivery increases, that the quality of care Albertans receive is improved, and that the health system is sustainable in the future. There are five key strategic goals that will achieve these objectives and reflect the future of health care in Alberta:

- 1. Providing the right service, in the right place and at the right time;**
- 2. Enhancing access to high quality services in rural areas;**
- 3. Matching workforce supply to demand for services;**
- 4. Improving co-ordination and delivery of care; and**
- 5. Building a strong foundation for public health.**

Achieving these changes will require a long-term, concerted commitment by all partners, including Albertans. Working together, government, health-care providers and individual Albertans all have an important role to preserve and enhance our province's health system.

## STRATEGIC GOAL 1:

# Providing the right service, in the right place and at the right time



In the Lethbridge area, innovative thinking about seniors' care has helped bring many patients out of traditional nursing homes and into community and supportive living options that are more like home, if not home itself. As a result, the percentage of patients in long-term care (nursing homes) in the Lethbridge area has decreased from 85 per cent to 50 per cent.

**Historically, our health-care system was built on care delivered out of facilities such as hospitals and nursing homes.** The quality of that care was associated with having a hospital, the size of the hospital or the number of beds in the hospital. We have since learned that the actual health services that are provided are more important than the bricks and mortar in which they are housed.

Patients can receive a number of services outside of hospital and long-term care settings. Increasing the number and availability of community-based services such as physician clinics and urgent care centres (facilities with expanded hours that provide care for less serious emergencies) will provide a number of advantages:

- Freeing up space in emergency departments, hospitals and long-term care facilities and reducing overall wait times;
- The amount of travel time required by Albertans living in rural areas will decrease as services are provided closer to home;
- Senior citizens with stable medical conditions can be better served in supportive living options, as compared to long-term care facilities; and
- People needing mental health services may be better served in community settings rather than having extended stays in hospitals.

### The right services for an aging population

Alberta's population is growing the fastest in all of Canada, and in 20 years, one in five Albertans will be over the age of 65. This means that more than three-quarters of a million seniors will live in the province by 2028. Providing care options that closely match patients' needs will become even more crucial as Alberta's population ages and we see an increased burden of diseases such as diabetes, hypertension and asthma.



## Throughout Alberta, there are several **innovative mental health programs currently underway.**

International research shows that encouraging seniors to “age in place” can improve their quality of life. Albertans have expressed a desire to stay in their homes as they age and receive the care they need closer to family and friends.

Since the 1999 release of *Healthy Aging: New Directions for Care* (commonly known as the Broda Report), Alberta has made significant progress towards the aging in place strategy. The goal for the future is to provide services to Albertans in communities, changing the current trend of moving to long-term care facilities.

### **The right services for mental health**

Mental health is another area where providing the right service, in the right place and at the right time can be improved. There are a variety of community care approaches that effectively serve individuals with mental illness. Many of these approaches have been successful in reducing emergency room and hospital visits, in providing a more cost-effective approach to care and most importantly, in improving the lives of those with mental illness and their families.

Throughout Alberta, there are several innovative mental health programs currently underway. These include short-stay treatment programs in Edmonton and Calgary, telemental health, shared care programs and the use of community-based care facilities. These programs are helping to achieve the goals of hospital stay reduction, extending mental health care into the community, and matching care to patients’ needs.

These types of mental health innovations need to expand across the province.

As addictions and mental illness frequently are co-occurring disorders, Alberta has recently taken steps to integrate these two previously separate areas of care. This will result in improved services for all Albertans, particularly for those with concurrent disorders.

The Mental Health Amendment Act will allow earlier intervention for individuals with mental illness and will help service providers facilitate compliance with treatment in the community.

As part of Alberta’s Safe Communities initiative, 20 new addiction recovery residential treatment beds have been announced for young adults who have mental health and substance abuse issues to help keep them out of the justice system.

The Government of Alberta has also recently announced \$50.5 million to improve equitable access to children’s mental health services across the province and to address the mental health needs of children and youth at risk.

All of these initiatives align with the provincial mental health plan’s three strategic directions: risk reduction, capacity building, and support and treatment for those with mental health problems.

**GOAL 1:** Providing the right service, in the right place and at the right time

# NEXT STEPS



Patient-centered care in community settings is already in place in some areas of Alberta. For example, the Okotoks Community Health and Wellness Centre provides: urgent care 12 hours-per-day, seven days-per-week; immunization and well-child services; mental health services; speech language services; and pre- and postpartum services. When the centre opened, there was a significant decrease in visits to the local hospital emergency rooms.

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Calgary's Sheldon Chumir outpatient centre is another example of integrated community-based health services that focus on patient needs. This centre will provide: 24 hours-per-day care, seven days-per-week; diagnostic and laboratory services; primary health care; specialty and chronic disease clinics; rehabilitation services; and mental health programs. Care will be provided by emergency physicians, family physicians, nurses and other allied health providers.

**VISION:** The Government of Alberta envisions a patient-focused health system delivered by an integrated health-care team comprised of health providers such as physicians, nurses, pharmacists, physical therapists and health-care support workers. This system would be able to match services and infrastructure to the patient to provide the right level of care and the right provider at the right time, in a cost-effective way.

In order to achieve this vision, the following key actions will be taken:

- Enhance services in short stay, non-hospital facilities and other clinic-type arrangements as an alternative to hospitalization;
- Develop incentive and training programs to encourage local recruitment of key health professionals and other staff;
- Develop more assisted living and supportive housing capacity for seniors. Assisted living and supportive housing serve as a bridge between home living and facility living by providing on-site care services in varying degrees depending on the senior's ability to manage their own care;
- Address the need for more mental health and addictions services in non-hospital facilities and community settings; and
- Set performance benchmarks and targets that measure progress towards themes and monitor progress through quality assurance and compliance checking.

## Enhancing access to high quality services in rural areas

**Alberta's size and wide variations in population density present challenges to delivering health services in rural areas.** There are many ways to enhance the quality and accessibility of health care in rural areas, including increasing telehealth options, integrating emergency medical services (EMS) into all streams of health services, and expanding selected rural hospitals.

Tools such as telehealth enhance the availability and quality of medical expertise in rural areas. The technology connects Albertans with health providers, no matter where they live. It connects patients and specialists securely and confidentially with pictures, voices and information so effective health-care decisions can be made. Alberta already has one of the largest and best integrated telehealth networks in North America. Increased usage of this network will increase access to health-care services.

Another way to enhance access to high quality services in rural areas is to increase training of EMS personnel. Fully integrating EMS into the health system will lead to a mobile health resource that addresses gaps in care and in some cases, can serve as the first point of access for emergency services. For example, highly trained paramedics can have a phone conversation with a physician to determine whether a patient can actually be treated on site and released, or taken to a walk-in clinic. In community-based settings, expanded use of EMS personnel's full education, skills and experience allows them to better triage patients in the field and provide direct referrals for physician evaluations, lab tests or other diagnostics. Reducing the use of emergency rooms and hospital facilities by non-urgent patients will improve wait times and free-up hospital capacity.

Lastly, the role of hospitals needs to be critically reviewed to ensure they remain a place for providing complex services that are well linked with community-based care settings. There are currently small hospitals that are providing low levels of complex care that could be better delivered in enhanced urgent-care type settings; there are also small hospitals that could be expanded to better meet their communities' needs.



Health regions are co-operating in the operation of a mobile renal dialysis service that travels to many rural communities, including Whitecourt, Hinton and Edson. Mobile dialysis is an excellent concept as it is one investment that serves a greater population and reduces patient travel time. The communities are very pleased with this program.

The Grande Prairie and Medicine Hat areas have been working on new and integrated ways of using ambulance services over the past three years. In these areas, paramedics have been integrated into the health system and in some instances they work in emergency departments to help emergency room staff. These areas also experience improved medical oversight, more co-ordination of EMS vehicles and dispatch, and enhanced services for local residents.

A mobile MRI unit visits Cold Lake, Hinton, Westlock, Camrose and Lloydminster. The unit rotates among these locations - situated within two health regions - on a weekly basis to increase access to patient care.

## GOAL 2: Enhancing access to high quality services in rural areas

# NEXT STEPS

The Alberta Cancer Board has established a mobile screening program, called Screen Test, to bring mammogram screening and breast health education to women in more than 100 communities in rural Alberta. This service rotates throughout the province, transporting mammography equipment to rural communities where a temporary screening clinic is set up. The images are sent to Calgary or Edmonton where they are developed and reviewed by a radiologist.

Programs such as telestroke in Calgary and Edmonton have significantly improved access to, and the quality of, stroke care in rural Alberta. This program uses technology to increase access to neurologists and radiologists who can remotely diagnose and treat patients. As a result, the number of stroke patients receiving potentially life-saving thrombolytic therapy has grown from five per cent to 22 per cent.

One of the largest telemedicine programs in Alberta is called telemental health. This program has increased access to mental health services, especially in rural areas. Approximately 3,500 patients were seen in 2007-08 through telemental health and patient satisfaction was high. Ninety-six per cent of surveyed patients reported being satisfied with the session outcome.

**VISION:** Rural communities should have health services designed to meet their needs, and local services should also be linked and well co-ordinated to more complex care that is typically provided in larger urban centres.

In order to achieve this goal, the following key actions will be taken:

- Review the range of services at hospitals that are existing, approved and underway, and those in the capital planning process to ensure they reflect local requirements and evaluate what services can be delivered more effectively in either short-stay care, outpatient care or other clinic-type arrangements;
- Centralize key functions such as patient intake assessment and triage for select services to improve co-ordination on a provincial level;
- Enable emergency medical technicians to practise to the full extent of their knowledge and skills, supported by necessary medical supervision and training requirements;
- Develop incentive programs modeled after initiatives such as the Rural Physician Action Plan to encourage other professions to work in rural settings; and
- Promote use of telehealth (e.g. remote monitoring, specialist consultation, etc.) for preventative care, treatment purposes, and increased access in local communities.

# Matching workforce supply to demand for services

**Quality health care relies on doctors, nurses and other key health professionals to deliver services.** Alberta's workforce recruitment and retention strategy has, in the past, focused on physicians and nurses. A modern health system requires multi-disciplinary teams and increased flexibility, and as a result the skills and training of health providers have been expanded in recent years.

A provincial workforce strategy will continue to recruit and retain skilled health service providers, and includes initiatives and incentives to both increase productivity and encourage health providers to work in locations where there is an undersupply.

Health care can be delivered more effectively by allowing health professionals to provide services for which they are uniquely educated and skilled to deliver. Such an approach of using more than one kind of service provider to perform a particular procedure will mean people get the care they need quickly from the most appropriate provider. Some innovative programs in Alberta are already using this model, for example through primary care networks (PCNs), which is a system where different health-care providers work in a team approach to patient care. The Edmonton Southside and Oliver PCNs employ nurses and other non-physician health providers to use the full extent of their education, skill and experience. Nurses for example, complement the care provided by the family physician by spending time educating and supporting patients. The nurses help patients manage diabetes or support them with the stress that accompanies chronic illnesses like diabetes and asthma. By allowing these health providers to see some patients independently, the PCNs provide increased access to care and there is also increased job satisfaction among general practitioners, nurses and other allied providers.

The use of non-physician health providers is an important way to help general practitioners function more efficiently. For example, selected non-hospital visits can be diverted to pharmacists, registered nurses, dietitians, physical therapists and other providers. Instead of relying upon a physician to help control their diabetes, a diabetic can see a pharmacist at the local drugstore for diabetes information and advice on topics such as medication, nutrition and exercise.



To encourage new models of patient care, Alberta Health and Wellness has provided financial incentives to grow PCNs. There are currently 29 PCNs operating throughout the province involving over 1,600 physicians. These PCNs provide care to more than 1.9 million Albertans.

## GOAL 3: Matching workforce supply to demand for services

# NEXT STEPS



In St. Paul, the local Band Council identified a need that 27 per cent of their pre-natal patients did not receive any pre-natal care. A PCN has since established weekly 'mom care' clinics on the Saddle Lake Reserve. Residents needing care are seen on these days by nurses and physicians.

In Lethbridge, a treatment approach called group visits has been developed, where a large group of patients come together who have the same health condition, such as diabetes. A physician leads the group visits and involves a pharmacist in getting patients' diabetes under control through medication. Patient feedback has been very positive about this approach.

**VISION:** As more room in the health system is created and efficiency is increased, patient access to the system will improve. At the same time, well managed retention initiatives will increase workforce satisfaction and productivity.

In order to achieve this vision, the following key actions will be undertaken:

- Introduce targeted near-term and long-term recruitment and retention strategies to attract and retain staff, with a special focus on health-care aides and nurses;
- Address barriers that currently limit health-care providers from working to the full extent of their education, skill and experience;
- Support health-care providers by implementing revised processes and tools such as automation that will help them do the job they have been trained to do. This in turn will improve overall productivity and system effectiveness;
- Promotion of team-based care by continuing to focus on the development of models such as, but not limited to, PCNs;
- Increase the percentage of health-care professionals working full-time to improve consistency of care and productivity; and
- Change reimbursement incentives to align with new models of care.

## Improving **co-ordination** and **delivery of care**

**Alberta's new single health service board has been established to provide an integrated system of care for residents across Alberta.** The goal is for patients to receive, and have access to, quality health care no matter where they live while at the same time using health resources as effectively as possible.

### Care teams

There are many opportunities to maximize and share resources across Alberta. One example is integrating the entire spectrum of health services, from the care received at a physician's office through to long-term care. Using teams made up of different health-care professionals will allow more physician time to be spent on complex cases, because the burden of managing care will not be placed solely on the physician. This will allow pharmacists, nurse practitioners and other professionals to assume a greater role in care delivery. New roles such as patient navigators will also help patients find their way through the system to ensure appropriate services are being provided.

### Pharmaceuticals

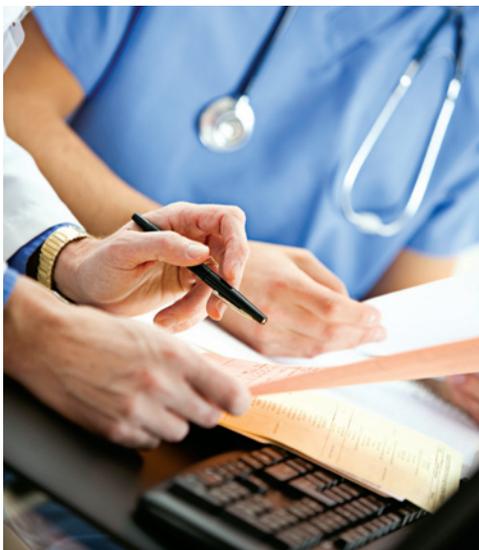
A second example of how to share resources in the future involves the government's numerous drug benefit programs. Prescription drugs are a critical part of modern medicine and are essential in the management of acute and chronic illness. The Alberta government currently funds a series of separate, loosely co-ordinated drug benefit programs operated by five different ministries. Government spends \$1.2 billion each year on prescription drugs and it is anticipated that total Alberta government pharmaceutical drug spending will reach \$2 billion within five years.

Future prescription drug coverage in Alberta needs to be more accessible, affordable, efficient and therapeutically effective. Better co-ordination of drug benefit programs will mean increased sustainability, fairness, consistency and equity across all programs. Improvements will also be seen in the management, funding and purchasing process for prescription drugs.



Patient navigators are an example of how care co-ordination can be improved. Patient navigators support and assist patients, physicians and other health-care providers by co-ordinating patient services, acting as a liaison with other health-care providers and offering advocacy and ongoing patient support. In July 2008, the Alberta Cardiac Care Access Collaborative introduced cardiac patient navigators to provide more effective and efficient health services to cardiac patients.

Use of information technology (IT) will **improve information flow, improve access to patient information, and encourage patient safety** regardless of the care setting.



Alberta Netcare is an online, confidential electronic provincial health record and a portal (website) that can be accessed by providers across all health settings. Using standardized reporting of data, information moves with the patient from the hospital to doctors' offices and across regions. There are plans to add even more relevant clinical information so the record is even more complete, turning a patient health record into a truly valuable source of patient information. The security controls used to protect information in Alberta Netcare are based on international standards and best practices. Security features are built into every aspect of Alberta Netcare, within the tool itself, within the network that transmits the health information and at the point of care where a health professional logs in to access health information.

### Information technology

When patient records are lost or not available when and where they are needed, duplicate testing increases, patient safety is reduced, practitioner and patient time is wasted, and continuity of care decreases. Patients are also frustrated when they have to re-tell their health history to each health practitioner they encounter.

Use of information technology (IT) will improve information flow, improve access to patient information, and encourage patient safety regardless of the care setting. Such a system will also encourage more effective and efficient use of health resources and encourage team-based care. Investments in IT are clearly linked to increased productivity among nurses and other providers. For example, data shows many nurses spend up to 70 per cent of their time charting and performing other manual tasks. This can be reduced to 20 per cent through IT, thereby freeing nurses to perform other essential duties.

## GOAL 4: Improving co-ordination and delivery of care

# NEXT STEPS

**VISION:** Alberta's new governance and management structure will co-ordinate recruitment, training and development, as well as the integrated provision of care for residents across Alberta.

In order to achieve this vision, the following key actions will be undertaken:

- Prioritize improvements in service co-ordination starting with cardiac care, cancer services, respiratory disorders, diabetes, joint problems, mental health and addictions, including the use of technology to monitor wait times;
- Address unique service gaps for mental health, addictions and seniors' care;
- Undertake targeted operational service efficiency reviews to identify and implement process improvements;
- Improve Albertans' awareness of recommended healthy living practices, knowledge of the health system, personal health history and ability to book health services directly by implementing an on-line, personal and confidential health portal which will be made available to all Albertans;
- Pursue a long-term information and communication technology implementation and consolidation strategy for improved evidence-based decisions and timely information sharing; and
- Develop and implement a patient navigator model to support Albertans in accessing and navigating a co-ordinated and seamless health system.



Cancer services in Alberta are an example of improved care co-ordination. Once patients are in the cancer system, treatment is provided by a multi-provider team including medical oncologists, radiation oncologists, nurse specialists and other physicians. Care is often integrated with patients' family physicians, maximizing the team of health professionals working with the patient.

In the Lethbridge area, multi-disciplinary teams are co-led by physicians and nurses, with formal communication among all programs including seniors health, mental health, family health and complex care. Patients are the focus and they are matched to the care they need. For example, the Taber Asthma Project brought physicians, nurses and respiratory therapists together in caring for asthma patients. As a result, there has been a 61 per cent reduction in asthma-related emergency room visits at the local hospital.

## STRATEGIC GOAL 5:

# Building a Strong Foundation for **Public Health**

The focus of the Alberta Occupant Restraint Program is the reduction of injuries and trauma as a result of not using, or misusing, seatbelts and child safety seats in motor vehicles. Partners include the Alberta Centre for Injury Control & Research, Alberta Health and Wellness, Alberta Transportation and the RCMP. This effective partnership has significantly raised both rural and urban seatbelt use rates. Rural rates have increased to 87 per cent, an 11 per cent increase from 2001 and an 18 per cent increase from 1999.

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The Non-Prescription Needle Use Initiative is a multi-sector alliance of government and non-government stakeholders whose shared goal is to reduce the harms associated with non-prescription needle use in Alberta as they relate to blood borne pathogens such as HIV and hepatitis. Since 1995, policy makers have met with field level staff and other stakeholders to identify issues and necessary steps needed to prevent the transmission of HIV and hepatitis through injection drug use. The percentage of new HIV infections from injection drug use in Alberta has decreased from 43 per cent in 1997 to 31.1 per cent in 2007. While this decrease cannot be attributed directly to one specific prevention activity, it does suggest that programming for injection drug users is having a positive effect on the number of new HIV infections.

**Public health services are the foundation from which to build a more effective and sustainable health system now and into the future.** Services that prevent disease and injury, promote health and protect the health of the population are effective ways to reduce disease and injury. Disease prevention and health promotion decrease future demand for care and treatment, improve the quality of life for Albertans and enhance the sustainability of multiple sectors, particularly health. The ongoing measuring and monitoring of the health of Albertans is key to assessing current health status and identifying emerging health issues.

Improved health outcomes require better co-ordination and collaboration between public health and the delivery of health services, particularly primary health care. Improved health outcomes also require co-ordination between health and other sectors such as education, transportation and urban development.

The healthy mental development of infants, children and youth cannot be overstated. Families, schools, communities and government share the responsibility to ensure that infants, children and youth have access to the resources that promote optimal mental health and well-being.

## GOAL 5: Building a Strong Foundation for Public Health

# NEXT STEPS

**VISION:** All Albertans - including babies, children and adults - should be healthy, active and have the resiliency to respond positively to life's challenges.

In order to achieve this vision, the following key actions will be undertaken:

- Promote further integration of health promotion and disease and injury prevention with other health-care services such as family physicians, as well as non-health settings such as schools and workplaces;
- Focus on initiatives that support government and communities in encouraging healthy behaviours through the development of supportive and safe physical and social environments;
- Promote the Children's Mental Health Plan for Alberta: Three Year Action Plan (2008-2011) by increasing mental health services in schools and communities, reducing risk factors for special populations, and implementing early intervention strategies for children and youth at risk;
- Continue implementing the Alberta Infection Prevention and Control Strategy over the next 10 years and monitor progress on provincial infection prevention and control standards released in January 2008;
- Strengthen population health assessment and surveillance in order to better plan, implement and evaluate health strategies; and
- Develop a health impact assessment process for reviewing all new government policies.



In partnership with a Calgary PCN, there are a number of health promotion activities underway to encourage healthy living for young people. Initiatives such as a free Sunday family swim (which increased pool utilization by 47 per cent), school breakfast programs, and a 'Kids Helping Kids' mentoring program for high-risk elementary students provides support, guidance and positive role models.

In Pincher Creek, there is a 'Good Health' initiative that focuses on health promotion activities for school-aged children at school and on reserves, as well as regular cervical health clinics for at-risk and marginalized populations.

# conclusion

Achieving the five strategic goals identified in **VISION 2020** will result in:

- A health system that is focused on patients' needs;
- Improvements to patient access and quality care;
- A sustainable health system for the future;
- More effective use of resources and infrastructure; and
- Improvements in the way health services are organized and delivered.

**VISION 2020 lays out a clear vision for Alberta's health system two decades into the future.** This vision is about access to services when they are needed, in the right location, and in a way that is sustainable in the years ahead. It is about ensuring we invest in a system that is patient-focused, co-ordinated and efficient.

**VISION 2020** is also about developing a stronger, more effective and sustainable publicly-funded health system. It looks at health care in a new light, and acknowledges that all stakeholders need to understand their responsibilities for positive health system change.

Achieving the five strategic goals identified in **VISION 2020** will result in:

- A health system that is focused on patients' needs;
- Improvements to patient access and quality care;
- A sustainable health system for the future;
- More effective use of resources and infrastructure; and
- Improvements in the way health services are organized and delivered.

By taking action now, we have the opportunity to take full advantage of positive health governance changes to ensure that a strong, publicly-funded health system is available for generations to come.

**VISION 2020 is the blueprint for making these goals a reality.**

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