

Striving for Dependable Public Health Care

A discussion paper on the future
of health care in New Brunswick



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Minister's Message

Every New Brunswicker has the right to expect that their provincial health-care system will provide consistent and timely access to quality health services. Even more importantly, they should be able to have faith that those services can be sustained well into the future. Unfortunately, we don't always meet this expectation.

The demands being placed upon New Brunswick's health-care system and the people who work inside it are extraordinary. Approximately 30 per cent of our hospital beds are occupied by seniors requiring care that could be better provided outside of a hospital's walls. Our emergency rooms are full of individuals who would be better served by their primary health-care provider or who can't be admitted because there is no space for them. Ninety per cent of us have a family doctor, but only 55 per cent can get an appointment with our physician within five days. Less than half of the patients waiting for hip and knee replacement surgery will receive that service within the national benchmark of six months.

In addition, our population is aging. By 2026, 26.3 per cent of our population will be over age 65 and our need for health-care services increases exponentially as we age. Our workforce is also aging. The system is struggling with shortages of nurses, doctors, public-sector psychologists and other professionals. Federal health transfers are based on a per-capita formula that does not meet the needs of New Brunswick's population.

We cannot continue to ignore these problems. It is time for the people using our system, the people working in our system, community leaders and all levels of government in every corner of the province to come together in a united approach to improve health care.

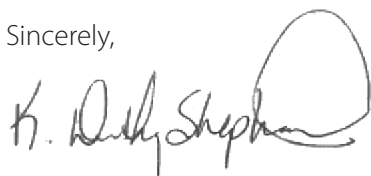
New Brunswickers need not – and should not – fear a health-care review. They should expect their elected leaders to address these challenges. We are currently living the reality that comes from not taking action: a system that doesn't meet the needs of patients, is a frustrating place to work for health professionals and that requires improvement so we can continue to provide the quality care New Brunswickers deserve. New Brunswickers can be assured that their government will do everything in its power to work with communities to build a sustainable health-care system and create a safe, rewarding work environment for our health-care professionals.

Our government wants to work with New Brunswickers to build a safe, sustainable health-care system that is responsive to the needs of patients and communities now and into the future. This discussion paper details the challenges our system is currently facing, outlines our government's vision for the future of health care and asks for input.

I will be inviting key stakeholders to participate in an engagement process about the future of health care in New Brunswick, and I invite every New Brunswicker to provide feedback. I especially encourage front-line health professionals to share their views and experiences. You may do so by writing to my department at healthplansante@gnb.ca. The information collected will be considered in the development of a five-year provincial health plan.

The future of our health-care system depends on the actions we take in the coming months. I genuinely look forward to working with New Brunswickers to forge a path forward towards safe, sustainable health care for all.

Sincerely,



Hon. K. Dorothy Shephard
Minister of Health

Want to share your thoughts about the future of health care?

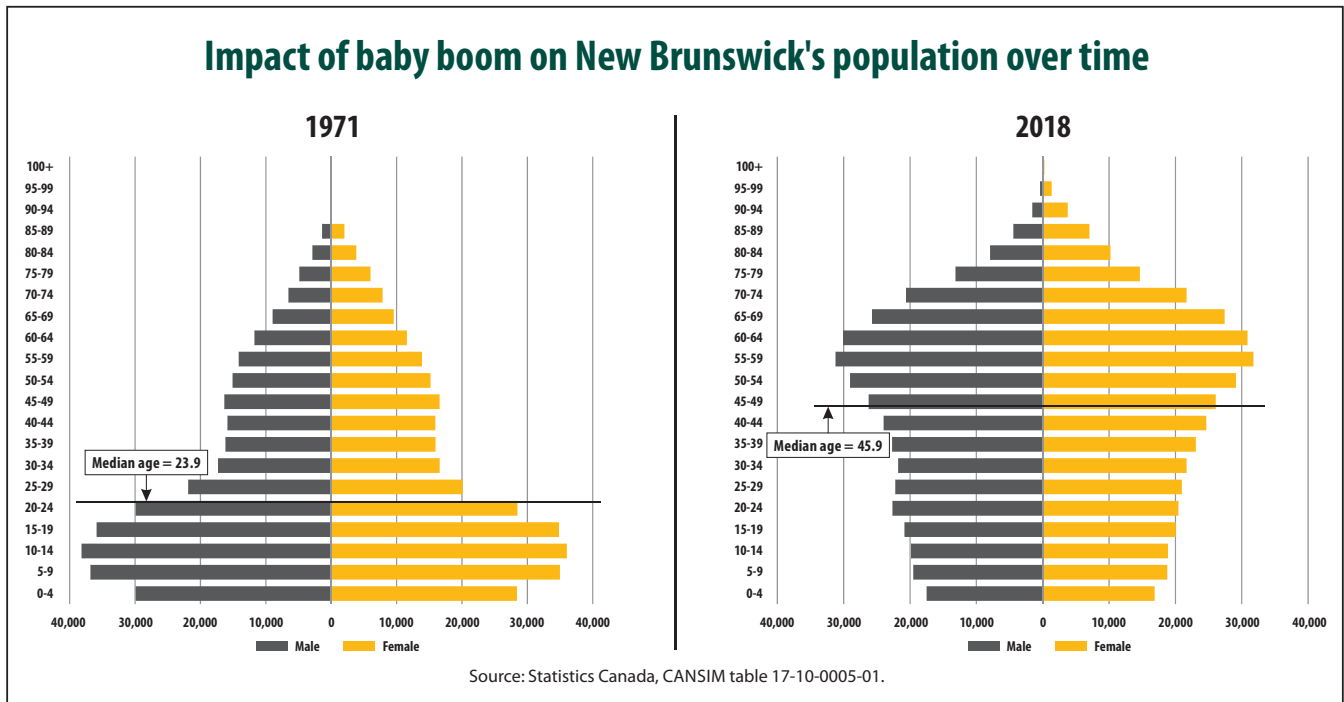
Write to: healthplansante@gnb.ca

An Overview of Today's Health-Care Challenges

In successive New Brunswick Health Council (NBHC) surveys, New Brunswickers have given their health-care system fair-to-good ratings and indicated they generally feel well served once they get to see a provider.

However, New Brunswickers struggle with access to care, whether that care is being provided in a family doctor's or nurse practitioner's office, an operating room, a nursing home, an emergency department (ED) or a mental health clinic. In *Being Patient: Accessibility, Primary Health and Emergency Rooms*, the NBHC 2017 Primary Health Care Survey, 90 per cent of New Brunswickers indicated they have a family doctor, but only 55 per cent of New Brunswickers can see their family doctor within five days.¹ Less than half of the patients waiting for hip and knee replacement surgery will receive that service within the national benchmark of six months. Only 38 per cent of high acuity community mental health clients receive care within the national benchmark of 10 days.

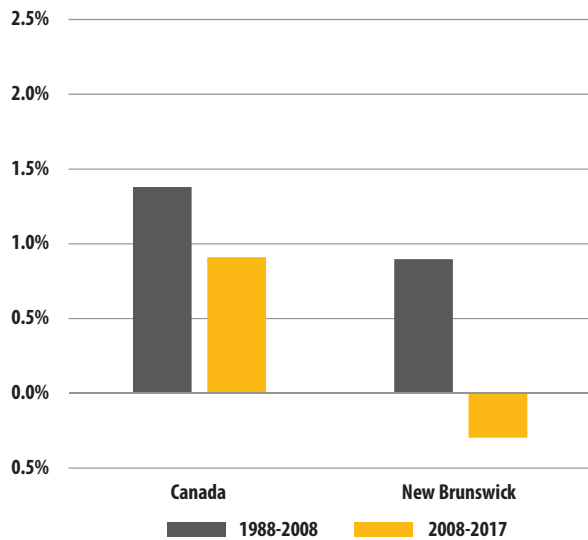
This rising demand for access to health-care services is caused in part by an aging population and the chronic conditions that often accompany aging. New Brunswick economist Richard Saillant says that "over the last half-century, a growing life expectancy and an exceptionally large generation, the baby boomers, have combined to produce an unprecedentedly old and fast-aging population." In 1971, the average age of a New Brunswicker was 23.9 years of age. Today the average New Brunswicker is 45.9 years old.



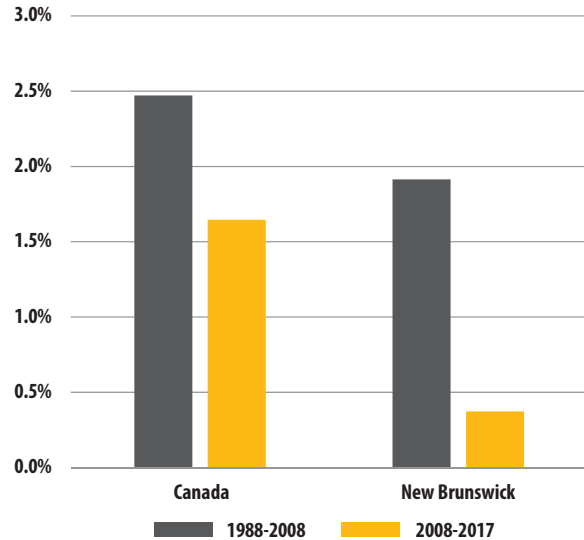
Saillant says that New Brunswick is among the provinces most affected by baby boomers retiring. In fact, "when baby boomers began retiring at the turn of the last decade, New Brunswick's long-term growth prospects were *instantly* cut by half, if not more. . . Aging-induced health spending pressures are going to increase as boomers reach the age of 75 and beyond. Pressures will by far be starkest in New Brunswick and the rest of Atlantic Canada."²

Economic impacts of retiring baby-boomers

Average annual labour force growth



Average annual real GDP growth



Source: Statistics Canada, CANSIM tables 14-10-0018-01, 36-10-0222-01 and 18-10-0005-01.

Across Canada, health-care expenditures grow by three to five per cent annually, an inflationary pressure brought about by competition for health-care professionals, rising drug costs and changes in technology. Since 2010, despite these pressures and in the face of a difficult fiscal situation, New Brunswick’s health-care partners have worked co-operatively to manage health-care costs, reducing growth to two per cent per year on average.

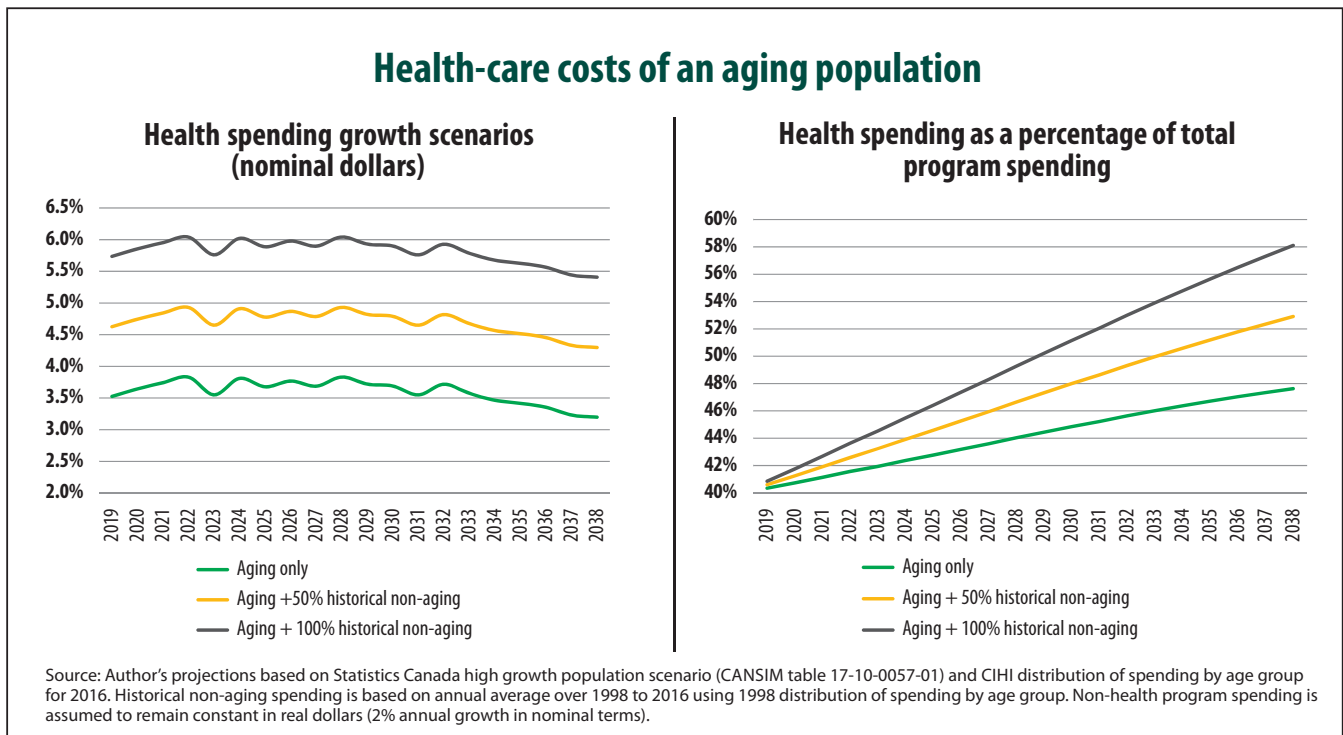
The Canadian Institute for Health Information (CIHI) tracks national health expenditure trends and reports them annually. As illustrated below, in 2017, the last year for which final data is available, only British Columbia, Quebec and Ontario, provinces with much larger populations, spent less on health care than New Brunswick on a per capita basis.³ This means that New Brunswick has, arguably, the most cost-efficient health-care system in the country.

Table 1: Provincial Per Capita Health Expenditure

Province	Per Capita Health Expenditure
Newfoundland and Labrador	\$6,019
Saskatchewan	\$5,536
Manitoba	\$5,435
Alberta	\$5,428
Prince Edward Island	\$5,052
Nova Scotia	\$5,044
New Brunswick	\$4,805
Quebec	\$4,547
Ontario	\$4,410
British Columbia	\$4,373

Source: CIHI, National Health Expenditure Database, Table B.3.2 Public-sector per capita health expenditure

CIHI states that the average spending for patients 80 years of age and older is nearly eight times the cost of providing care for people between the ages of one and 64.⁴ Using data sourced from Statistics Canada and CIHI, Saillant projects that aging alone will generate a cost escalation of between 1.5 and nearly two per cent annually (3.5 to four per cent with inflation). Even if non-aging costs were held to half of their historical trend, health spending could grow close to five per cent annually, occupying a growing share of overall program spending.⁵



The province's ability to pay for these increased costs will be further stymied by reduced federal transfers, which are now based on a per capita formula. Since 2017, New Brunswick lost approximately \$103 million dollars in federal health transfer funds. Health-care expenses have increased by \$150 million in that same period.⁶ Additional federal funding will be necessary if New Brunswick is to offer a comparable level of care to provinces with a younger demographic profile.

While the fiscal and demographic issues our health-care system is facing are alarming, they are not nearly as pressing as its human resource challenges. Just as New Brunswick's population is aging, so is its workforce. Data collected and maintained by the Department of Health indicates that 35 per cent of New Brunswick's family doctors are within five years of retirement. Nearly 35 per cent of medical laboratory technicians and 40 per cent of New Brunswick's registered nurses are in a similar position. In fact, if nothing changes, the province's health-care system is poised to lose 1,300 nurses over the next 10 years.

Health professionals are in high demand throughout the western world as the baby boomers continue to age. In the past, New Brunswick competed with Nova Scotia or Quebec for nurses and doctors, and later with Ontario and the western provinces. Today, New Brunswick must compete on the world stage for individuals with these valued skills. The National Health Service in the United Kingdom posts 25,000 jobs each month for all types of positions and is in the midst of a nursing shortage.⁷ In the United States, researchers predict that one million registered nurses will retire by 2030.⁸

The shortage of health-care providers is already having an impact on New Brunswick's health-care services. Since October 2018, Horizon Health Network and Réseau de Santé Vitalité have closed or reorganized services 20 times due to staffing shortages. In his report *Failure to Protect*, New Brunswick Ombud Charles Murray cited "chronic

understaffing” at the Restigouche Hospital Centre as a key reason for the quality of care concerns he expressed in the document.⁹

Violence is also a concern. According to the New Brunswick Nurses Union, 63 per cent of its members who participated in a 2017 survey reported physical or verbal abuse or both during the preceding 12 months.¹⁰ The union blames the decline of staffing levels, the increase of patient acuity and weak security protocols which fail to offer adequate protection. In September 2019, Dr. Serge Melanson, past president of the New Brunswick Medical Society, told CBC’s Information Morning that violence in the workplace is a reality for health-care professionals. He pointed to long, frustrating lineups in emergency departments as part of the problem. He also said violence occurs as a result of people in a mental health crisis, those under the influence of drugs and those with complex memory problems such as dementia.

Securing sufficient health human resources to operate New Brunswick’s health-care system will require both investment and transformation. New investments will be required to compete with richer provinces and richer countries, especially the United States. Transformation will be required to create work environments that are attractive to employees and physicians, where they can work in team-based practices with proximity to urban areas and have distributed call schedules that provide a reasonable quality of life.

A Vision of Dependable Public Health Care

New Brunswickers expect their provincial health-care system to be responsive to their needs. Whether they need an appointment with their primary health-care provider, access to mental health services or an appointment with a specialist or surgeon, the system should provide consistent and timely access to quality services.

A dependable health-care system:

- Optimizes population health and well-being;
- Provides quality, patient-centred care, starting with access;
- Improves addiction and mental health outcomes;
- Improves the care and service experience of our seniors;
- Provides innovative care using digital technologies; and
- Maintains and invests in facilities, technology and equipment.

VISION: *New Brunswick will have a dependable, sustainable public health-care system which delivers high quality services to its citizens in a safe and timely manner.*

The regional health authorities (RHAs), the departments of Health and Social Development, as well as Service New Brunswick have worked together to develop a list of key performance indicators to measure our progress towards a more dependable public health-care system. These measures will be included in new accountability agreements with the RHAs. The RHAs’ three-year regional health and business plans will outline the work they plan to undertake to improve upon the key performance indicators. Each year, the government will report on the health system’s results.

We Were Wondering:

- How do you define quality health care?
- What kind of services should be available in your community to help you stay healthy?
- What health services do you need to have close to home?
- What health services are you comfortable accessing virtually?

Achieving a dependable public health-care system that will provide the services New Brunswickers need now and in the future requires change. Change will happen either by design or by default because the system simply cannot continue to function as it is now. The demands are too great. The province's current health-care system isn't sustainable, but it can be.

Objective 1: Optimize Population Health and Well-Being



Dependable health care begins with a system that is focused on keeping people healthy and preventing illness.

However, New Brunswick's aging population is not as healthy as it could be. In New Brunswick, 36.5 per cent of the population has obesity, compared to the national rate of 26.9 per cent¹¹, which can lead to other chronic diseases such as heart disease, diabetes and certain cancers. About 23 per cent of New Brunswickers have high blood pressure and 10 per cent of the population has diabetes.¹² New Brunswick also has lower rates of physical activity than the rest of the country and higher

rates of heart attacks. These factors contribute to New Brunswick's rate of avoidable deaths being higher than the national average.¹³ Avoidable deaths are untimely deaths that should not occur in the presence of timely and effective health care, including prevention.

Around the world, evidence-informed population health and prevention strategies have been seen to build a healthier population, reduce substance use and improve mental health. The key to overcoming life challenges is having the appropriate coping mechanisms in place. Protective factors to build resilience include: physical activity, access to emotional support, social activities, proper nutrition, adequate sleep and developing new skills.

In the late 1990s, Icelandic teens were among the heaviest-drinking youths in Europe. Today, Iceland tops the European table for the cleanest-living teens. The percentage of 15 and 16-year-olds who had been drunk in the previous month plummeted from 42 per cent in 1998 to five per cent in 2016. The percentage who have ever used cannabis is down from 17 per cent to seven per cent. Those smoking cigarettes every day fell from 23 per cent to just three per cent. This transformation was achieved through a collaboration between policy makers, behavioural scientists, field-based practitioners and Icelandic communities. These groups worked together to introduce curfews for youth and organized sport, music, art, dance and other clubs, to give kids alternative ways to feel part of a group, and to feel good, rather than through using alcohol and drugs. The program is government sponsored so that young people from all income levels are able to take part.¹⁴

New Brunswick's health system partners agree that our health system needs to be transformed to focus on the health and well-being of New Brunswickers. They would like to see chronic disease be managed in the community with fewer hospital admissions, greater programming to support healthy life choices and better coordinated care.

We Were Wondering:

- What barriers do you encounter when trying to be healthier?
- What do you know about the programs and services available in your community to help you maintain your health?
- How does your community support its vulnerable members?
- How can the provincial government support you in your efforts to live a healthier lifestyle?
- What does your community need to help its population be healthier?
- How could your prescription drug needs be met more effectively?

Affordable access to prescription drugs is an important tool in managing chronic disease. Prescription drugs are often the best and most cost-effective treatment for many conditions. Drugs used outside a hospital setting are not covered by Medicare. Each province and territory is responsible for delivering and administering public drug programs. About 80 per cent of New Brunswickers have drug coverage through private drug plans or through government-sponsored drug plans. It is estimated that the 20 per cent who are uninsured spend approximately \$120 million to \$150 million on prescription drugs each year. Many of these families face hardship associated with the cost of prescription drugs. In fact, because of the cost, many patients do not fill their prescription, which can harm their health and have negative impacts on the health-care system.

Since the introduction of the New Brunswick Drug Plan in May 2014, residents have had access to drug coverage regardless of their age or pre-existing conditions. This drug plan provides coverage to New Brunswickers who do not have prescription drug insurance as well as some New Brunswickers who have drug coverage but who have insufficient coverage for their needs.

Public policy decisions at all levels of government should be made with a view to improving the economic and social conditions of New Brunswickers. Creating a system that focuses on the health and well-being of New Brunswickers will require an organized effort by individuals, organizations and all levels of government to keep people healthy and prevent injury and premature death. Collaboration will be required to create supportive environments and policies that promote health and reduce health inequities, prevent disease and protect the public from the risk of harmful events.

Community health needs assessments have been built throughout the province with community representatives and patients. These plans acknowledge that health needs vary throughout the province and as plans are updated, they could be evolved to be more outcome-focused, reach beyond primary health-care needs and recognize the existing resources in the community.

The health system's success in achieving this objective will be measured by monitoring the overall hospitalization rate and the hospitalization rate for ambulatory care sensitive conditions. This measure tracks the number of people with chronic disease whose hospitalizations may have been prevented through primary health care.

Objective 2: Provide Quality, Patient-Centred Care

A citizen-centred health system focuses on: improving the health of the population; engaging citizens in their own health care and in the larger system; ensuring high-quality care regardless of where it's received; providing a seamless transition when transfers occur within the health system; and ensuring an integrated system.

The *New Brunswick Health Council Act* states that quality has been defined to have six dimensions:

- **Accessibility:** The ability of patients/clients to obtain care/service at the right place and the right time, based on respective needs, in the official language of their choice.
- **Appropriateness:** Care/service provided is relevant to the patients'/clients' needs and based on established standards.
- **Effectiveness:** Care/service, intervention or action achieves the desired results.
- **Efficiency:** The desired results are achieved with the most cost-effective use of resources.
- **Equity:** Quality care/service is provided to all, regardless of individual characteristics and circumstances.
- **Safety:** Potential risks of an intervention or the environment are avoided or minimized.

In the first year of the provincial health plan, the health system partners have agreed to prioritize improving access to care, as this is a chief concern for New Brunswickers and the core of several of the government's health-related

commitments. They have agreed to work together to reduce surgical wait times, reduce wait times in emergency departments and improve access to a primary health-care provider.

Their success will be measured by the following key performance indicators (KPIs):

- The percentage of all programs/service with targeted wait times providing service within benchmark;
- The percentage of New Brunswickers with a primary care provider; and
- The percentage of patients able to access an appointment with their primary care provider within 48 hours/five days.

Primary Health Care

Primary health care comprises preventative care, wellness initiatives and primary care. Primary care is often the first place people turn when they have health concerns. It is usually delivered in the community and is the part of the health-care system that people use the most. It is delivered by a wide range of providers including general practitioners or family physicians, nurse practitioners, nurses, psychologists, physiotherapists, occupational therapists, pharmacists and other community health workers. It includes routine care, care for complex health problems, mental health care, psychosocial services, home care, health promotion and disease prevention, nutrition counselling, managing chronic illness and serious acute illness and end-of-life care.

Strong primary health care is the foundation of a sustainable health-care system. It ensures that individuals can get the health care they need at the right time and in the right place. It can help patients and their families better manage their health conditions in the community, thereby reducing pressure on more expensive and resource-intensive acute care services.

When primary health-care services are not readily available, patients end up in our province's emergency departments (EDs) seeking help for problems caused by chronic diseases that are not in control or looking for care for a less urgent or non-urgent health concern. In 2018, 58.1 per cent of the patients in New Brunswick's EDs were seeking care for less urgent or non-urgent health-care needs. This number is as high as 70 per cent in rural hospitals where family doctors in the community generally provide ED services.

We Were Wondering:

- Are you able to easily access your family doctor or nurse practitioner?
- How often do you visit the ED because you can't get an appointment with your primary care provider?
- Would you be willing to be a patient in a team-based practice?
- What do you consider when deciding where to access health-care services (physicians, EDs, etc.)?
- Do you live with a chronic disease? Is it under control?



The results of *Being Patient: Accessibility, Primary Health and Emergency Rooms*, indicate that 70,000 New Brunswickers (one in 10) used the ED as their primary place of care in 2017.¹⁵ However, 55,000 of those individuals have a primary care provider and 47,000 of those with a primary care provider said they have trouble accessing their doctor. As the NBHC states in *Being Patient*, “while using an emergency room as a regular place of care is an option for many citizens, it is one that should be avoided for a number of reasons. Whether from the point of view of access (treating less urgent or non-urgent needs in an ER can lead to delays in treating patients requiring urgent care) or safety

(continuity of care reduces the possibility of harm from interactions with other care providers), ongoing care from a family doctor or nurse practitioner should be the preferred option for most general needs.”¹⁶

NBHC data indicates that only 55 per cent of New Brunswickers can get an appointment with their family doctor within five days. This figure varies from 20 to 75 per cent depending on where the patient lives. The Council argues that any discussion of improved primary health-care services must include a discussion of timely access. “If the planning process for improved primary health services does not include timely access... New Brunswick will not move toward a health system that meets the needs of an aging population and ERs will continue to be a challenge,” it states in *Being Patient*. “Increasing timely access to family doctors and nurse practitioners is crucial to improving primary health services, reducing ER wait times, improving population health outcomes and health system sustainability.”¹⁷

Almost 42 per cent of New Brunswick’s doctors work in a solo practice, meaning they have no one to cover for them when they are on call, resting after an overnight shift in the ED, on vacation or even when they are sick. This is the second highest rate in the country.¹⁸

Table 2: Main Patient Care Settings by Province

Province	% in Solo Practice	% in Group/Interdisciplinary Team Practice
Prince Edward Island	49.2%	16.5%
New Brunswick	41.6%	19.3%
Ontario	22%	41.2%
British Columbia	21.2%	51.1%
Nova Scotia	18%	38.1%
Saskatchewan	17.2%	57.5%
Newfoundland & Labrador	16.6%	26.6%
Manitoba	11.2%	51.5%
Alberta	10.3%	56.1%
Quebec	8.5%	37.1%
Source: 2017 National Physician Survey*		
*Remaining physicians surveyed have hospital-based practices.		

Today’s new physicians do not see working alone with a patient load of several thousand patients as an attractive model of care. They are not able to dedicate the time they want to commit to their patients and it does not allow for the work-life balance that they would prefer. Increasingly, these types of practices are disappearing, and it can take up to three new physicians to replace a retiring physician.

Models of care such as Family Medicine New Brunswick can provide increased access to primary health-care services. The approach is intended to allow for greater collaboration among family doctors who wish to participate. More teamwork – combined with New Brunswick Medical Society support – allows doctors more time for patient care. Doctors working with the program are encouraged to see patients more quickly. Participating clinics are open during extended hours, including on weekends. If a patient’s doctor is unavailable, they will be able to see a different physician with full access to their medical record and history. Patients formally sign up with their family doctor and become a rostered patient. Patients may be able to email or call their doctor with questions when appropriate.¹⁹ This new model of practice has attracted attention throughout the country and at present, 36 Family Medicine New Brunswick teams have been established. The New Brunswick Medical Society continues to promote this model to its members and it is an especially attractive proposal for new doctors seeking to establish

a practice in the province. The Department of Health and the RHAs will continue to work with the New Brunswick Medical Society to promote this model of care.

There are also other models of team-based care. The RHAs are working with the Department of Health to open three new primary health-care clinics staffed by nurse practitioners in Moncton, Fredericton and Saint John. These new clinics will also be team-based and will include evening hours for their patients. Each of the nurse practitioners in the clinic will carry a full panel of patients who were removed from the Patient Connect NB wait list.

A team-based practice could also include a myriad of other services offered by allied health professionals who work with doctors and nurse practitioners to keep the members of their community healthy, such as a community health centre. Each community's needs are slightly different and are identified as part of community health needs assessments.

Wait Times

A fundamental principle of Canada's universal health-care system is "worst first." No matter the province, when an acutely ill person requires care, the system jumps into action. Everyone else is expected to wait, whether they are sitting in an ED with a sick child or require a medically necessary surgery such as a hip or knee replacement.

But how long is too long? Wait times in New Brunswick's EDs vary widely, depending upon the number and severity of the cases being managed at any given time and the availability of beds for patient care. Most of the patients experiencing long waits in New Brunswick's congested EDs are seeking access to the primary health-care services they need but can't access in a timely way. EDs are also crowded by patients waiting for a bed in another unit.

Patients waiting for surgery are also experiencing long waits, especially for those waiting for a hip or knee replacement. Those who need this surgery live with pain, have trouble walking, miss time from work and struggle to do things they enjoy. In New Brunswick, only 47 per cent of patients receive a hip or knee replacement within six months from the time the orthopedic surgeon agrees to operate. On average, 72 per cent of Canadians receive the surgery within six months of being referred.²⁰

The provincial government plans to eliminate the current list of people waiting more than a year for hip and knee surgery by October 2021 and the health system will further improve that goal by working to make sure overall wait times meet the national benchmark over the next five years.

The government has already increased funding to the RHAs to increase time in New Brunswick's operating rooms for hip and knee surgeries, but due to the aging population, demand for the surgery is increasing and wait times continue to grow. Strategies will be developed to improve surgical wait times, improve surgical care access and make recommendations to address inequities in the system. Work will also be done to ensure the process of prioritizing patients for surgeries is fair and transparent, and alternatives for non-surgical management of hip and knee surgery, such as physiotherapy, will be examined. While there will be a focused effort to reduce wait times for hip and knee replacement surgery, strategies will also be developed to

We Were Wondering:

- The average patient load in New Brunswick is about 1,700 patients per family physician. Some physicians have much fewer patients. Some physicians have much more. What is an appropriate patient load?
- Should fee-for-service physicians be expected to take on a minimum number of patients in exchange for their ability to bill for their services?
- Does your primary health-care provider provide services in the evening or on weekends?

We Were Wondering:

- Did your physician refer you for physiotherapy when you complained of knee or hip pain?
- Did you make an appointment for physiotherapy? Why or why not?

address lengthy wait times for all types of surgery.

New Brunswickers are also concerned about ambulance wait times and the Department of Health is working with Extra-Mural/Ambulance New Brunswick Inc. (EM/ANB) to improve this service. A non-emergency transfer service dedicated to planned patient transfers between health facilities was created. This allows EM/ANB to maintain its strategic focus on emergency care and improve emergency response times. Forty casual paramedics were converted to full-time status as a result. EM/ANB is presently looking at ways to enhance the transfer system using shuttles, transfer cars and/or multi-patient vehicles for low-acuity patients. These options will be brought to the government for consideration.

EM/ANB is also being more transparent about its wait times and contractual wait times. Raw response time data is now posted by region and battalion on its website monthly.

Next Step: Efficiency and Safety

The health system needs to take steps to address two other aspects of quality: efficiency and safety.

Clinical sustainability must be brought to the system. A clinically sustainable service typically requires four or five physicians in one specialty to ensure a program is available 24 hours per day, seven days per week, 365 days per year without significant disruption. This allows RHAs to offer a service more efficiently, provides health-care providers with a reasonable work-life balance and the opportunity to learn from each other, and have enough patients to maintain their skills and provide safe services.

Sustainability matters in recruitment and retention, especially for specialists. However, New Brunswick's demographic challenges and intense, global competition for health human resources are aligning in such a way that a dependable public health-care system will not be possible unless substantive changes are made.

If the status quo continues, temporary closures will occur with increasing frequency until they become permanent. Staff and physicians will leave the province seeking better working conditions. Recruitment will become even more difficult. Programs will close because services cannot be provided safely.

In addition, it must be recognized that many health-care services are interdependent, and these services must also be sustainable. For example, services such as trauma rely upon several sustainable programs to deliver high-quality care (e.g. general surgery, orthopedic surgery, internal medicine, neurosurgery). This concept is most often referred to as the clustering of services.

But is it enough for a service to simply be clinically sustainable? When independent departments work in silos, scarce resources become duplicated, expertise is diluted, and it is difficult to develop and maintain subspecialty choices. The New Brunswick Heart Centre is an example of a centre of excellence on the cutting edge of care in Canada. As New Brunswick's only tertiary cardiac care centre, it provides close to a million Atlantic Canadians with world-class cardiac care and attracts specialists in clinical cardiology, interventional cardiology, cardiac surgery, electrophysiology and anesthesiology, while also fostering cardiac research. However, a centre of excellence that parallels the heart centre may not be feasible for every speciality. Another model is a network of excellence in which physicians are collected together under a single leadership structure to collaborate and provide coverage for each other.

New Brunswickers and health professionals have an opportunity to redesign New Brunswick's health-care services, based on data and best practices. These changes can be made while also aggressively recruiting new health professionals to work in a transformed system which provides better working conditions for physicians and staff.

Objective 3: Improve Addiction and Mental Health Outcomes

In keeping with the “worst first” principles of the rest of the health-care system, New Brunswick’s addiction and mental health services are structured to support individuals in crisis, followed by those of high and medium acuity. Individuals with milder forms of mental illness have long waits for access to community mental health services and often turn to the services being provided by non-governmental organizations that have stepped in to fill the gap in care. Public awareness campaigns designed to remove the stigma of mental illness have begun to take effect, normalizing the idea of treatment for mental illness and the demand for community mental health services has risen by 16 per cent over the last five years.

It is positive that individuals who would previously have suffered in silence are now seeking care, however the one-on-one therapy model of care being used in the RHAs’ community mental health clinics today cannot meet this new demand for service. Many of these needs could be met in a family doctor or nurse practitioner’s office, but not all primary care providers feel equipped to treat mild mental health issues.

For the past year, the RHAs and the Department of Health have been working with clinicians on a new addiction and mental health strategy that will allow for early intervention and treatment and can be stepped up or stepped down depending on the client’s level of distress. The model will be client-centric rather than process driven, be easier for citizens to navigate and will provide a full continuum of timely care. Additionally, existing integrated services for youth and adults need to be reinforced across all government departments and agencies to maximize their benefits.

This model will include both group and individual therapy and will move patients along a continuum of care appropriate to their needs. Walk-in services will also be made available.

Mental health clinicians will require ongoing professional development to help them manage their diverse and often complex caseloads as part of this change.

Some people living with low-acuity mental illness can also benefit from self-directed care pathways and services provided by community organizations. The provincial government has undertaken a project to better understand the services being provided by non-government organizations. New Brunswick’s Department of Health is also working with the Government of Newfoundland and Labrador and Canada Health Infoway to introduce an e-mental health website that will provide a digital option for care.

The success of this strategy will be measured by the following KPIs:

- Hospital stays for harm caused by substance use;
- Hospital stays due to self-harm; and
- Repeat hospital stays for mental illness and drug use.

We Were Wondering:

- If you have sought services from a community mental health clinic, was the clinic able to meet your needs?
- How long did you wait to be seen?
- Have you ever explored what other services are available in your community?
- If an application were developed, what types of services and information would you be looking for?
- Do you support a housing-first approach to support people with addictions and mental health needs being independent and healthy?

Objective 4: Improve the Care and Service Experience of our Seniors

As mentioned previously, New Brunswick's population is aging quickly. In 2016, New Brunswick had nearly 20 per cent more seniors than the rest of Canada. This gap is expected to grow and based on current projections, nearly one-third of New Brunswick's population will be over the age of 65 by the late-2030s. Compounded with the level of chronic health conditions within our population, greater demands are being placed on the health-care system.



Considering the age of our population combined with our relatively poor health as compared to the rest of Canada, it's easy to see why New Brunswick's health-care system is struggling to keep up. New Brunswick hospitals have more beds than the average hospital in Canada, but they are still at capacity. Approximately 30 per cent of all beds in New Brunswick hospitals are being occupied by patients requiring an alternative level of care (ALC) predominately in a nursing home or special care home. A significant percentage have some level of cognitive decline. This is not an efficient use of hospital beds nor does it provide ALC patients with the care and social support that best meets their needs.

This situation is likely to get worse. In 2020, the waitlist to enter a nursing home had approximately 660 names on it. That waitlist is projected to reach 2,500 in five years. In 10 years, there will be 4,100 people waiting for a bed in a nursing home.²¹ The province will not be able to establish or staff enough long-term care beds to care for our senior population.

New Brunswick needs to be proactive and continue to build a healthier overall population by implementing policy decisions that make it easier for New Brunswickers to make healthy choices, including not smoking, eating a healthy diet and getting regular exercise. This will in turn lead to a healthier senior population who are able to stay in their homes longer.

To better support New Brunswickers as they age, seniors must have access to a variety of care and support services in their communities that enable them to live a healthy life at home for as long as possible. These services include access to primary health care, home support, social support and home care including allied health services such as physiotherapy. An enhanced focus on home support and home care has been shown to increase the quality of life for seniors, result in fewer emergency room visits, decrease negative health outcomes and reduce admission to residential care. Integrated health care and social support has been shown to improve quality of care, is cost effective and can decrease the rates of placement into long-term care facilities. Support of the family or unpaid caregiver is crucial to ensuring seniors are able to age in place. If the time comes that a senior is not able to live in their home, they should have timely access to the most appropriate level of care to meet their needs, including adult residential facilities and nursing homes.

The province's success at meeting this objective will be measured by the following KPIs:

- An increased percentage of seniors aging in place; and
- The percentage of beds occupied by ALC patients.

Objective 5: Provide Innovative Care Using Digital Technologies

The world of digital health is continuously expanding and has enormous potential to provide adequate, cost-efficient, safe and scalable eHealth interventions to improve health and health care.

It is time to reimagine the traditional, in-person approach to care. Digital health solutions can change the way New Brunswickers receive services and how citizens and providers engage with the health-care system. These services or interventions should be designed around the patient's needs and pertinent information should be shared in a proactive and efficient way through smarter use of data, devices, communication platforms and people.

During the COVID-19 pandemic, New Brunswick has rapidly rolled out digital health services that have been in discussion and development for some time. The MyHealthNB application currently provides New Brunswickers with their COVID-19 test results but will eventually allow New Brunswickers to have access to their lab and diagnostic imaging results, as well as drug and immunization information. During the pandemic, physician and mental health appointments have rapidly moved online or started taking place over the telephone.

Canada Health Infoway recently conducted a survey of 58,000 Canadians about how they thought technology would impact their care experience. An overwhelming majority (92 per cent) of those surveyed want technology that makes health care as convenient as other aspects of their lives. More than half (53 per cent) of Canadians who have used health technology in the past year say it helped them avoid an unnecessary in-person visit to a provider or an emergency department. Of those Canadians who received virtual care during the pandemic, 91 per cent were satisfied with the experience, 86 per cent agreed that virtual care tools can be important alternatives to seeing doctors in person and more than three-quarters (76 per cent) are willing to use virtual care after the pandemic.²²

New Brunswick's health-care system will introduce patient-oriented digital health solutions that allow patients to be more informed about their health and provide them with improved access to care. These solutions should augment traditional care.

As we move towards virtual solutions for health care, consideration must be given to those without internet access or capability. Virtual services must meet the needs of patients and providers and result in outcomes that are as good or better than when a patient meets in-person with their provider.

The health system will measure the success of this objective by tracking the percentage of people with digital access to their health information. Discussions are ongoing across the country about how to best measure patient outcomes with respect to virtual care.

Objective 6: Maintain and Invest in Facilities, Technology and Equipment

It's not just our population and our workforce that are aging, our health-care infrastructure is aging too. New Brunswick needs to renew and maintain its existing health-care facilities, technology and equipment and strive for environmental sustainability in our facilities. New Brunswick has \$4 billion worth of health-care infrastructure and \$700 million in medical equipment. Our health-system infrastructure includes 22 hospitals and 45 buildings such as clinics and community health centres. In New Brunswick, 53 of our health-care buildings are at least 25 years old, which means increased maintenance costs since older buildings cost substantially more to maintain than newer buildings.

We Were Wondering:

- Have you had access to virtual care since the COVID-19 pandemic began? Were you given a choice between an in-person visit and a virtual visit?
- Were you satisfied with your virtual visit? Would you have preferred an in-person appointment?
- Are you interested in having online access to your health information?
- How often do you use the internet or online applications to get answers to your health questions?

The price tag to properly maintain all of this infrastructure and equipment is approximately \$110 million annually. Despite being as efficient with resources as possible and prioritizing investments, the province cannot afford to maintain existing infrastructure at this level. Instead, New Brunswick has been able to invest approximately \$35 million in health-care infrastructure each year. Maintaining health-care infrastructure is a huge budget pressure and we have decisions to make as New Brunswickers to ensure we have the ability to pay for the necessary maintenance and upgrades required to operate a quality, patient-centred health-care system.

IT systems

The health-care system operates using multiple IT systems. Most of these systems were purchased more than 30 years ago and now need to be replaced at a significant expense. Currently, IT systems use more than 1,800 pieces of software to perform clinical functions such as hospital registrations, lab orders and scheduling for surgeries and various clinics. They also perform various administrative functions.

New Brunswick's health-care system will measure its success in addressing these challenges using the following KPIs:

- Capital improvement as a percentage of the overall capital budget;
- The percentage of the budget used toward IT renewal (planned upgrades and renewal); and
- Greenhouse emissions per facility area.

Objective 7: Recruit and Retain a Qualified, Accountable Health Workforce

As stated previously, ensuring we have enough health human resources to provide care to New Brunswickers now and in the future requires both transformation and investment.



A large percentage (35 per cent) of family doctors will be eligible for retirement within five years and these doctors will be replaced by younger physicians seeking a greater work-life balance than their predecessors, which includes carrying smaller patient loads than physicians in decades past. This presents a difficulty in a province already challenged to attract and retain physicians, particularly in rural New Brunswick where approximately 72 per cent of physician vacancies exist. This is further intensified in rural francophone New Brunswick, where 85 per cent of Vitalité's vacancies reside. A targeted and multifaceted physician resource strategy is required to address the physician resource

issues within New Brunswick. The Department of Health will work with the RHAs, the New Brunswick Medical Society and physicians to:

- Develop a rural/northern physician recruitment strategy (for both immediate and long-term needs);
- Analyze the current state versus the desired state, including how many family practitioners are needed, where they are needed and what criteria should be used to determine priority; and
- Develop a provincial physician resource management framework.

The best way to recruit and retain new physicians is to train them in-province. The provincial government continues to provide funding for 70 undergraduate seats per year in medical education programs. The Université de Sherbrooke's distributed medical education program at the Université de Moncton offers 24 seats to New Brunswickers and a further 30 seats are available at the Dalhousie Medicine New Brunswick program at the

University of New Brunswick Saint John. The Dalhousie Medicine New Brunswick program includes teaching sites in Fredericton, Miramichi, Moncton, Saint John and Waterville. New Brunswick also funds 10 seats at Memorial University of Newfoundland as well as 74 post-graduate medical seats for New Brunswick's new physicians to pursue their residency training.

As stated previously, new physicians prefer smaller practices and more flexible work-life balance. As independent service providers, these new fee-for-service physicians can make their own hours and operate their practices as they see fit with very little intervention from the RHAs that grant them privileges. However, it is difficult to balance more flexible work arrangements and patient access in a province where most physicians are solo practitioners. The NBHC argues that RHAs need to be given specific accountability for all aspects of primary health care so that greater transparency and improved access can be provided to New Brunswick patients.

In 2017-18, the NBHC recommended the Minister of Health oversee the implementation of an accountability framework for primary health services by:

- a. Instructing the RHAs to develop, with assistance from the Department of Health, a primary health services accountability framework, and to be responsible for the framework's implementation and ongoing management;
- b. Establishing targets for key performance measures in alignment with the accountability framework following consultation with the RHAs; and
- c. Requiring the RHAs, with assistance from the Department of Health, to make public the distribution of primary health resources by community.

The Council says that "accountability and transparency are at the forefront of health services delivery. Establishing performance targets and a strong accountability framework for all parts of the health system can increase the possibility of success in improving patient care experiences. Combined with increased transparency and efforts to inform the public and their staff about these efforts creates an opportunity to show New Brunswickers that improvement is possible and help them to recognize when success occurs."

The system is facing similar challenges in recruiting and retaining nurses. The number of registered nurses in the workforce decreased by 4.4 per cent from 2013 to 2017. Forty-one per cent of registered nurses in New Brunswick are 50 or older and 28 per cent of licensed practical nurses are 50 or older.

The government has developed a nursing resources strategy in collaboration with the Nurses Association of New Brunswick, the New Brunswick Nurses Union, universities and the RHAs. Over the next four years, these partners will work together to promote the nursing profession in the province, increase the number of first-year students entering nursing programs, attract and retain internationally educated nurses to the province and enhance nursing employment and work-life balance. This includes hiring a navigator to support internationally educated nurses wishing to work in New Brunswick through the process of immigrating to the province, active recruitment trips to other countries, converting temporary positions to permanent positions within the RHAs and a bridging program for internationally educated nurses whose credentials need to be upgraded to meet Canadian standards.

The government funds more than 200 nursing seats per year at the University of New Brunswick and the Université de Moncton.

Recruiting additional psychologists is critical to addressing the large number of patients seeking access to addiction and mental health services. New Brunswick has a significant and immediate need for psychologists throughout the province. It is difficult to attract and retain licensed psychologists as remuneration within the private sector is significantly higher, the workload is more manageable and the work schedule is more flexible. Many new psychologists choose to leave the public sector after five years, which typically coincides with reaching

the top of the salary scale. In addition, public sector psychologists are better compensated in nearby jurisdictions, such as Nova Scotia and Quebec, making recruitment and retention more challenging. The Department of Health is working with the RHAs, the College of Psychologists and the New Brunswick Union of Public and Private Employees on a new psychologist recruitment strategy which will be brought to government for consideration.

Additionally, EM/ANB Inc. is continuing its efforts to recruit and retain paramedics. The introduction of the new transfer service outlined previously and the creation of floater positions have enabled the organization to hire permanent, unilingual paramedics who were previously working on a casual basis. New paramedics graduate from public and private training programs each year, and there are 149 seats available for aspiring paramedics. EM/ANB Inc. also recruits at post-secondary institutions in other Maritime Provinces, Quebec and Ontario.

Success in recruiting and retaining health professionals will be determined by the system's ability to recruit and retain key human resource positions, create a safe work environment for all health-care workers, reduce sick leave, reduce WorkSafeNB claims and retain New Brunswick health-care graduates.

The KPIs include:

- Retention rates for New Brunswick health-care graduates;
- The use of sick leave; and
- Workplace injuries.

Conclusion

This discussion paper has presented the challenges our health-care system is facing, the vision for what a dependable health-care system should look like and some of the initiatives underway to improve the system for New Brunswickers. There is much work to be done; it starts with this discussion paper and an engagement process that is set to take place in early 2021.

We have an opportunity to make the system better for current and future patients and to ensure the survival of the system so that future generations of New Brunswickers continue to have access to quality care when they need it.

If you have ideas about how we can improve our system, please share them. You may do so by writing to the Department of Health at healthplansante@gnb.ca. The information collected will be considered in the development of a five-year provincial health plan.

Endnotes

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