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Health System Sustainability in New Brunswick

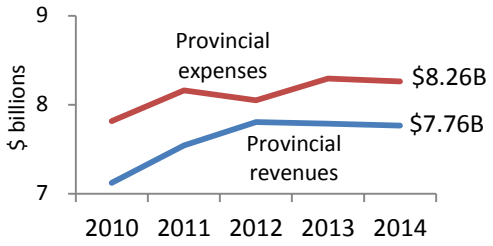
New Brunswick / Nouveau-Brunswick

New Brunswick Health Council | Conseil de la santé du Nouveau-Brunswick

Health System Sustainability

DID YOU KNOW?

In the past five years, total provincial government expenses have increased from $7.82 billion to $8.26 billion, but revenues have only increased from $7.12 billion to $7.76 billion, and remain insufficient to meet spending demands. Public health system expenses represent close to 41% of provincial government expenses. [1]



New Brunswick citizens expect that their health system is contributing to improving the health status of the population, that it provides services that meet their needs and expectations, and that it is managed in a sustainable way for future generations. Unfortunately, as a province, we have been underperforming compared to the national average on all three of these dimensions. Our health system's current course is not sustainable.

Aim for the health system*	Where we stand in New Brunswick	Planning opportunities
Aim 1: To have an engaged and healthy population	Our health status is *worse* than the national average in several areas. For example, we have higher rates of hypertension, diabetes, chronic obstructive pulmonary diseases (COPD) and avoidable mortality than the Canadian average.	• To adopt a citizen-centred focus • To set priorities based on demographics and health status trends
Aim 2: To improve health service quality	The quality of our health services *varies greatly* throughout the province. This variability is reflected in areas such as: • Our ability to have an appointment with our family doctor on the same day or next day • Wait times for youth access to mental health assessments Also, we *underperform* compared to the rest of the country for the following: • We rank very poorly on rates of avoidable hospitalizations in Canada. • Our specialist wait times are worsening compared to the rest of Canada. • New Brunswickers use more emergency room services than other provinces. • Primary health services quality has consistently received an overall D grade when compared to other provinces.	• To set provincial benchmarks and targets for health service quality

* Based on the *Triple Aim Initiative* from the Institute for Healthcare Improvement

Aim for the health system*	Where we stand in New Brunswick	Planning opportunities
Aim 3: To have a sustainable health system	Our health spending and human resource levels *exceed* the national average. For example: • We have more general practitioners per capita than the national average. • The number of community mental health and Extra-Mural Program employees per capita varies greatly in the province.	• To set multi-year, sustainable, and realistic financial targets

The need for multi-year integrated planning

A sustainable health system can be achieved in New Brunswick if we have a clear and sustained commitment to multi-year integrated planning. This planning approach can be accomplished with the current health system structure and legislative framework by:

a) Adopting a citizen-centred focus
b) Setting priorities based on demographics and health status trends
c) Setting provincial benchmarks and targets for health service quality
d) Setting multi-year, sustainable, and realistic financial targets

The main challenge is that this will require a systematic approach to change led by strong governance and leadership to execute solutions. We already have a wealth of information in New Brunswick to guide us.

The most efficient diabetes clinics focus on the citizens

Although the health system is not sustainable as a whole, some diabetes clinics already deliver positive results in an efficient way. In the *Evaluation of the Effectiveness of Diabetes Education Centres Across the Province of New Brunswick (2014)*, clinics that achieved better health outcomes and demonstrated efficient use of resources used a holistic approach in developing a good relationship with patients, equally allocated power and responsibility with the patient for disease management, were flexible in offering of services to patients, maintained strong links with other health services and community resources, and had a work environment (physical, organizational, cultural) that enabled staff to be person-centred in the way they work. [2]

a) Adopting a citizen-centred focus

The health, well-being, and voice of citizens must be at the centre of a new approach. Citizens and health service recipients must be engaged in the validation and on-going development of this information for decision support at all levels of the provincial health system. New Brunswickers have continued to express what they define as, and expect from, quality and affordable publicly funded health services. This includes access to quality citizen-centred care that guides and tracks patients over time, through a comprehensive range of health services, spanning all levels of intensity of care, in a timely and cost-effective manner. [3] [4] [5] [6] This involves access to seamless services that meet both their physical and emotional needs, which contributes to breaking down the silos between programs and services.

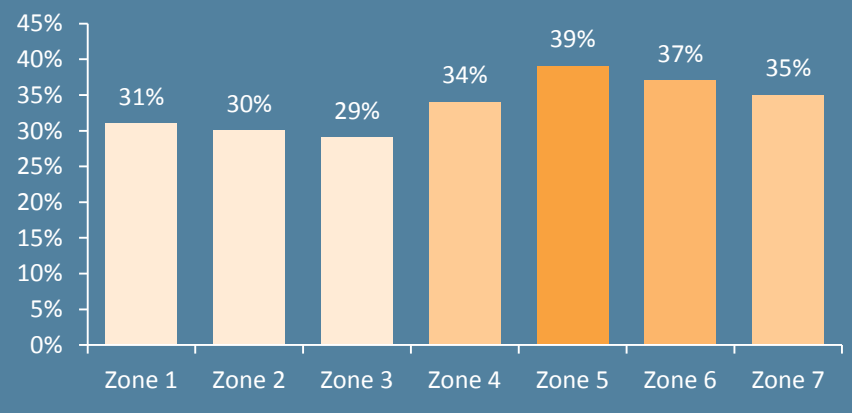
b) Setting priorities based on demographics and health status trends

Provincial priorities must be clearly articulated and incorporated in an integrated provincial planning approach that includes the Provincial Health Plan and the regional health authorities' Regional Health Business Plans. The demographic and health status trends should be the starting point for these priorities. For example, the aging and migration patterns of the New Brunswick population, although widely recognized, are not reflected in the current planning and coordination of services available at the local level. From a health service perspective, high users are associated with being older, having multiple chronic conditions, and reporting poorer self-perceived health. [7]

Aging population

Zones 4 through 7, located in the north of the province, have the oldest populations in the province. But even zones 1 through 3 – which have the younger populations in the province – are still older than the Canadian average.

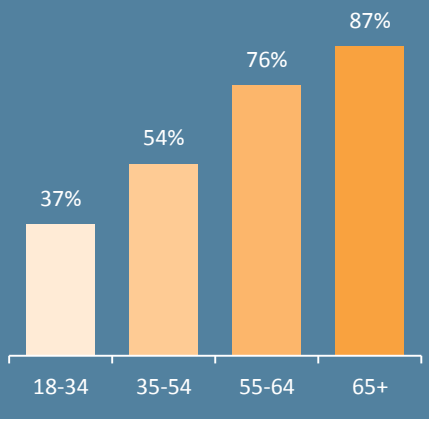
Percentage of the population in New Brunswick over the age of 55 by health zone



Chronic conditions

The more chronic conditions we have and the earlier in life they appear, the greater they will exert demand on health services.

Percentage of the population with one or more chronic health conditions by age group



WHAT ARE THE SEVEN HEALTH ZONES?

New Brunswick is divided up in seven health zones for the delivery and administration of health services.

1) Moncton and South-East area (population: 203,840) - Horizon and Vitalité
2) Fundy Shore and Saint John Area (population: 175,060) - Horizon
3) Fredericton and River Valley Area (population: 173,875) - Horizon
4) Madawaska and North-West Area (population: 49,000) - Vitalité
5) Restigouche Area (population: 26,920) - Vitalité
6) Bathurst and Acadian Peninsula Area (population: 77,795) - Vitalité
7) Miramichi Area (population: 44,690) – Horizon

(Population estimates are from Statistics Canada's 2011 Census)

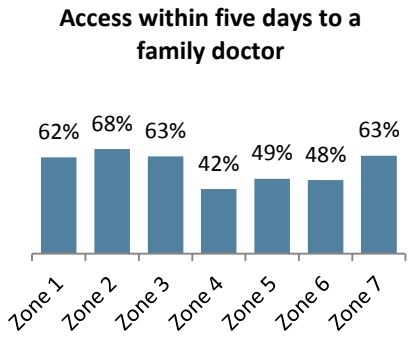
c) Setting provincial benchmarks and targets for health service quality

Provincial benchmarks and targets regarding health service quality are required to address current regional variations and help guide planning efforts. These benchmarks and targets must be developed around an understanding of the needs and expectations of citizens. The consequences of lack of benchmarks and targets in any one program or service area can create pressures and inefficiencies in other health service areas. In addition, significant inequities can result in poorer patient outcomes. For example, lack of access to a family doctor within five days has shown to be associated with greater use of emergency departments as a regular place of care. Lack of continuity has been shown to impact the ability to manage a chronic health condition, to increase use of hospital services, and to increase overall health care costs. [8] International research has also shown that countries with strong primary health services are recording lower rates of hospitalisation, lower mortality, and better health outcomes generally.

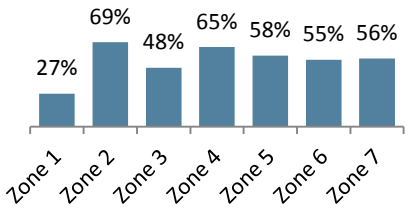
Wait times are a priority

Among all issues raised by citizens, most are associated with accessibility challenges. The graphs on the right show the great variability in wait times for different services by health zone.

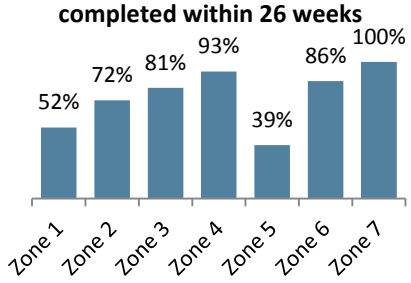
It's important to note that higher resource levels do not necessarily translate into better accessibility.



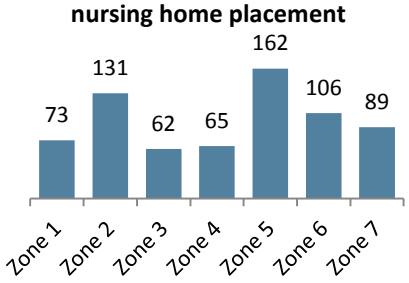
Access within five days to a family doctor



Access to treatment within 30 days for youth community mental health services



Hip replacement surgery completed within 26 weeks



Average wait time (in days) for nursing home placement

KEY WORDS:

Health system sustainability: To make reasonable and informed choices for the best affordable and equitable health care now and in the future. [Department of Health, 2009]

Citizen-centred: To meet the needs and preferences of individuals and communities, rather than expecting people to adapt to what the system has to offer.

d) Setting multi-year, sustainable, and realistic financial targets

Annual increases in health spending that are too high are not sustainable, but eliminating increases altogether is not realistic. What are considered sustainable and realistic multi-year financial targets for New Brunswick?

In 2012, in collaboration with the NBHC, the Canadian Institute of Actuaries produced a report on health spending trends in the province. [9] Their model projected increases in health care costs at an annual average of 4.4% (split as 1.3% for aging, 1.1% for increased utilization and technology, and 2% for inflation). This 4.4% increase is not sustainable, but the projection can help define efficiency targets once financial targets are set.

Spending increases in the past decade

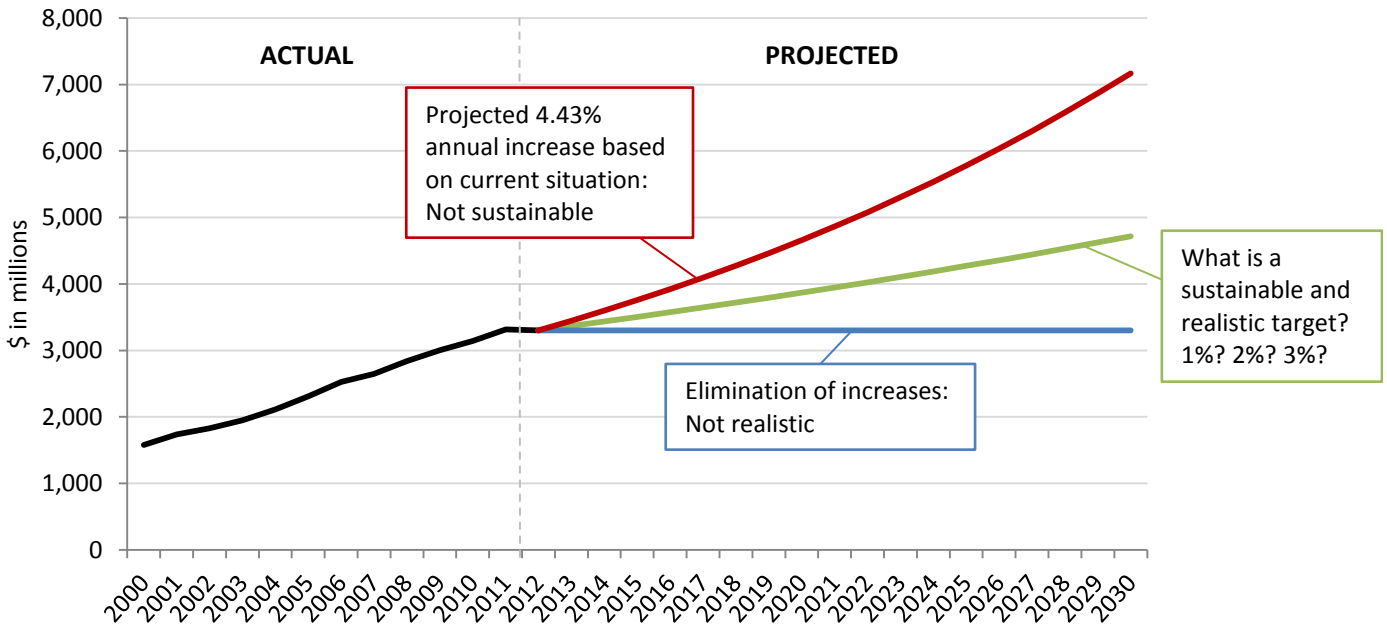
The past decade includes two very different periods regarding health spending for all provinces in Canada. The first was associated with the federal-provincial agreement that included a 6% annual increase to federal health transfers, and it saw annual provincial health spending increases of 6% to 8%. Not only were these trends not sustainable, but for the most part, the improvements expected with the increased financing did not materialize.

The second period was characterized by efforts to not only control annual increases, but to eliminate them. Accordingly, the annual increases in New Brunswick for 2010 to 2014 were 4.5%, 5.6%, -0.5%, -0.7% and 1.5% (2013 and 2014 are forecast). This attempt to eliminate increases was not sustainable either, as it only reflected short-term financial efficiencies.

Long-term clinical efficiencies

In the past few years, annual increases in health spending approached zero. These cost containment efforts, however, reflected short-term financial efficiencies, as opposed to balanced long-term efficiencies that include attention to both financial measures (costs) and clinical measures (programs and services). Clinical efficiency is the link to the quality and experience of the care received. Therefore, when implementing sustainability initiatives, it is important to have both financial and health service quality objectives. [10]

N.B. actual and projected public sector health expenditures from 2000 to 2030



The main challenge for health sustainability: Governance and leadership

In recent years, the sustainability of the New Brunswick health system has been at the centre of many discussions, at all levels of the health system. Much effort is still required to strengthen the collective understanding of the sustainability challenge, whether from the perspective of the needs of citizens, the quality of services or the distribution and evolution of resources. Nevertheless, these discussions have significantly increased the recognition that current practices are unsustainable and that changes are required. Furthermore, there is a wealth of information available to support the identification of potential solutions.

Dialogue sessions with citizens have provided an opportunity to inform them of the current situation and trends. In light of what they learned, citizens recognized that changes are required in how priorities are set and decisions are made. Removing politics from health system management was mentioned in all dialogue sessions. Nevertheless, it was also recognized that citizens regularly attempt to involve and influence politicians for decisions that affect health services in their own communities. Removing politics from a publicly financed sector that is also said to be the most valued public good is not realistic. Meanwhile, there would be great value in recognizing the political realities found in the governance of a publicly financed health system and to openly discuss how best it could accomplish its purpose.

Effective governance and operations functions require a high level of collaboration. The leadership of the operations function must improve how it identifies and communicates trends and variations in population health status, health service quality and in the distribution and utilization of resources. The governance function must be focused on setting clear direction, having an effective accountability structure and in clearly identifying the financial restraints within which the health system is required to operate. Given the public sensitivity to decisions affecting publicly funded health services, efforts aimed at enhancing transparency and accountability would contribute to having a stronger collective understanding of the required changes.

The main challenge for health system sustainability resides in the execution rather than in the identification of sustainable solutions; therefore, the main opportunity is in the distinction between the functions of governance and operations with a systematic approach to change. There is a built-in hierarchy in the provincial health system governance: first, the elected provincial government, and second, the boards of the regional health authorities. The combined efforts of these two levels of governance are meant to provide the directions and accountability structure for the leadership of the health system. The political environment and rotating leadership in governance and operations are commonly recognized among the main challenges associated with health system transformation. They are among the main factors affecting the required focus and sustained effort associated with any successful change management effort. This puts the onus on those in all positions of leadership to recognize that these factors are part of the normal working environment, and respond through improved planning efforts.

Available data

To download indicators and data on health spending, human resources and key health system indicators, see our website at nbhc.ca/data.

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