2017-2018
Recommendation to the Minister of Health

New Brunswick | Nouveau-Brunswick

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

Who we are

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by engaging citizens in a meaningful dialogue, measuring, monitoring, and evaluating population health and health service quality, informing citizens on health system performance and recommending improvements to the Minister of Health.

For more information

New Brunswick Health Council
Pavillon J.-Raymond-Frenette
100 des Aboiteaux Street, suite 2200
Moncton, NB E1A 7R1
Phone: 1 (877) 225-2521
1 (506) 869-6870
Fax: 1 (506) 869-6282
Web: www.nbhc.ca

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Message from the Chair of the New Brunswick Health Council

Since joining the New Brunswick Health Council (NBHC) as Chair in the fall of 2017, I have been following with great interest the information about New Brunswickers' health and the quality of their health services. I have also learned a lot about the NBHC mandate and the evolution of its work. All new Council members have a similar reaction when first exposed to this information; New Brunswickers need to be better informed about the performance of their health system.

My fellow Council members and I, who brought a variety of ideas and opinions to our meetings, found ourselves having constructive discussions about the state of health services in New Brunswick in light of the common information we received. With each meeting, all Council members gain a deeper understanding of the NBHC's work. Questions that arise from these discussions were shared with staff for further evaluation and served to formalize priority areas. Council members often pursue their reflections in communications in their communities between meetings.

Within this insightful environment, I felt fortunate that this year would be the start of annual recommendations from the NBHC to the Minister of Health. Our reflections were guided by a combination of information from the Council's 10 years of work and its most recent research and surveys, as well as consultations with key stakeholders and all of the organizations that make up the public health system. Council members worked with staff to produce a document that they believe speaks to priority work required to improve health service quality and having a healthier population.

If you read this recommendation and agree, please help the NBHC to share its message and to encourage change. If you feel there are other priorities, please add your voice to the discussion, and help to influence next year's recommendations.

Finally, I would like to thank all current Council members for their efforts, the staff of the NBHC, especially our CEO Stéphane Robichaud for guiding this work, as well as all former Council members for their contribution to this work. A special note of thanks to Meghan Richards, and to Past Chair Jean-Claude Pelletier, who were part of this work, but whose Council mandates finished before the final document was prepared.

Michel P. Richard

New Brunswick Health Council board members

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Chair

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Board member

Michel Doiron
Board member

Peggy Doyle
Board member

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Board member

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Board member

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Board member

Paulette Richard
Board member

Eva Sock
Board member

The rationale for recommendations

The NBHC mandate

The New Brunswick Health Council (NBHC) has a dual mandate in its legislation: to report publicly on the performance of the health system and to engage New Brunswickers in the improvement of health service quality. The legislation also includes recommendations to the Minister of Health as part of the NBHC's role. The NBHC presented its first recommendations in 2011. Beginning with 2017-2018, the NBHC intends to prepare annual recommendations to the Minister of Health.

New Brunswickers have a right to be aware of the decisions being made by the health system, to be part of the decision-making process, and to be aware of the outcomes delivered and their cost. The New Brunswick Health Council fosters this transparency, engagement, and accountability by engaging citizens in meaningful dialogue, by measuring, monitoring, and evaluating population health and health service quality, and by informing citizens on health system performance.

Throughout the 10 years of the New Brunswick Health Council's existence, this work has provided evidence and data to support the planning and management of health services in New Brunswick. The NBHC has engaged New Brunswickers in provincial consultation sessions and undertaken large provincial surveys to collect and report on their experiences with health services.

Governance

Governance has an important role to play in the implementation of an innovative provincial health system. Currently, the health system governance has two levels of operation: the Minister of Health as the representative of the provincial government, and the boards of crown agencies, which include RHAs.

Effective governance is dependent on a constructive relationship between the Minister of Health and these boards. Given that ultimate authority resides with the Minister, he or she has a leadership role to play in defining this relationship, with the support of the Department of Health.[1]

1. GNB. Regional Health Authorities Act (R.S.N.B. 2011, c. 217), http://laws.gnb.ca/en/showfulldoc/cs/2011-c.217//20180427

2018 priority: Primary health services

It has become clear that the focus for the health system must be on improving the quality of primary health services and addressing inequities in the provision of those services. The challenges of an aging population and a high prevalence of chronic health conditions contribute to a sense of urgency for these improvements.

The NBHC has often reported publicly on the lack of timely access to appropriate services, limited coordination of services, and increasing health system spending as main challenges in the health system today.

Primary health services refer to the care received upon first contact with the health system, before referral elsewhere. They focus on health promotion, illness and injury prevention, and the diagnosis and treatment of illness. They include:

- Family physicians
- Nurse practitioners
- Other multidisciplinary health professionals
- After-hours clinics
- Ambulances
- Emergency rooms
- Health Centres/ Community Health Centres
- Tele-Care

NBHC RECOMMENDATION TO THE MINISTER OF HEALTH

The NBHC recommends that the Minister of Health oversee the implementation of an accountability framework for primary health services.

This may be accomplished by:

a. Instructing the Regional Health Authorities (RHAs) to develop, with assistance from the Department of Health, a primary health services accountability framework, as well as to be responsible for the framework's implementation and ongoing management	Effective use of an accountability framework would improve the planning, operation, and performance management of primary health services. The two RHAs are to be assigned the responsibility to implement it consistently and in alignment with each other.
b. Establishing targets for key performance measures in alignment with the accountability framework following consultation with the RHAs	RHAs are to publicly report, in a timely fashion, on the fulfillment of those targets. The NBHC proposes the following areas of focus as a starting point: • The ability to be seen by one's primary health care provider within 5 days • The coordination of care between primary health care providers and other health providers and places • The quality of communication between citizens and their primary health care provider • The reduction of avoidable hospitalizations
c. Requiring the RHAs, with assistance from the Department of Health, to make public the distribution of primary health resources by community	Additionally, a definition of Full Time Equivalence (FTE) for family physicians, nurse practitioners and other providers is to be agreed upon. This work will enable standardized reporting and support evidence-based planning and decision-making for needs-based resource allocation.

ANALYSIS

The importance of primary health services

Our analysis of primary health services produced the following observations:

1. A high performing primary health sector responds to citizens' needs. Family physicians and nurse practitioners who provide coordinated and responsive services empower citizens to prevent the onset of chronic conditions through prevention and health promotion efforts. Primary health providers also support individuals with chronic health conditions to better manage and control these conditions. Timely access to these providers is an essential component of a strong and effective primary health sector.
2. Clear roles and responsibilities, and stronger accountability for the services provided by primary health providers, are necessary to improve the accessibility and appropriateness of primary health services.

A primary care provider (PCP) is a health care practitioner who sees people that have common medical problems. This person is most often a doctor. However, a PCP may be a physician assistant or a nurse practitioner.

Quality of primary health services is not improving

	2011	2014	2017	Variability
Interactions with my family doctor				
I can get an appointment within 5 days	57.9	60.3	55.8	19.5% to 75.4%
I always have enough time to discuss feelings, fears and concerns about health	68.6	71.9	67.3	53.0% to 75.7%
Care was always coordinated with other health professionals	68.9	70.7	69.3	45.6% to 80.3%
Things are always explained in a way that is easy to understand	77.3	80.2	80.1	65.6% to 89.6%
Interactions with my nurse practitioner				
I always have enough time to discuss feelings, fears and concerns about health	87.3	84.6	78.3	Sample too small
Care was always coordinated with other health professionals	73.6	73.8	73.1	Sample too small

Source: NBHC's Primary Health Survey

Lack of clarity around roles and responsibilities in primary health services

There is confusion and a sense of ambiguity among senior leaders when defining or addressing the roles and responsibilities of health system organizations, especially for those in Department of Health (DoH) and the Regional Health Authorities (RHAs). This is a problematic situation, particularly with attempts to improve primary health services. The recruitment, allocation and accountability of primary care providers are activities requiring clear responsibility from a management perspective.

Family physicians get a billing number from Medicare (DoH) and get paid by them, either directly or through RHAs. Although family physicians are normally affiliated with one of the RHAs, there is a lack of clarity on the role or involvement of RHAs in the planning and the management of family physicians as a resource.

There are three methods of physician payment: fee-for-service, salaried or blended remuneration. In New Brunswick, 100% of nurse practitioners (n=105) are salaried, and family or general physicians (n=828) are divided as 84% Fee-for-Service and 16% Salaried (whereby salaries are negotiated in advance) as primary methods respectively. [2]

Each of these models of payments has their advantages and disadvantages. It is essential to consistently match the provider and method of payment to the needs of the community to which they are being recruited or allocated to.

Moving forward, New Brunswick needs a consistent approach to community needs assessments, health services planning and resource allocation. Since 2002, RHAs have been required by law [3] to assess the health needs of the population that it serves, as well as determine the priorities for the provision of health services. They are also required to develop Regional Business Plans for approval by the Minister of Health. As a result, RHAs are well positioned to manage all publicly funded primary health services delivered to the populations they serve.

2. GNB. Department of Health. (NBHC in-house calculations)
3. GNB. Regional Health Authorities Act (R.S.N.B. 2011, c. 217), http://laws.gnb.ca/en/showfulldoc/cs/2011-c.217//20180427

The need for accountability for improving the quality of primary health services

Anyone who has experienced an illness or been affected by an illness in their family understands the value of primary health care providers. Given limited funding for health care, government must ensure that health services, including those provided by primary health care providers, deliver good value for the money spent. While a majority of primary health care providers are not government employees, they are clearly linked with the health care system by virtue of being paid with public health care dollars. Regional health authorities manage the majority of publicly funded health services. The outcomes of poorly performing primary health services lead to more sickness, which in turn lead to an increase in demand for hospital services.

For this reason, all the entities involved with publicly funded primary health services, including physicians, must have clear health service quality performance targets to ensure optimal value for citizens. It is also important that the legislation related to physician services reflect these responsibilities, in alignment with accountability to appropriate practices and priorities for the system.

There are currently no specific accountability processes and agreed-to standards of practice, such as hours of practice per day, number of patients to be seen per day, or practice size. This has implications on managing the services of primary care providers, and maximizing the benefit from their expertise and skills.

Besides the performance of primary health care providers and their practice models, various factors influence timely and appropriate access to primary health services, such as:

- Sickness levels in the community
- Longer visit times needed for patients with multiple chronic conditions
- Overutilization of services
- Long wait times for specialty care
- Time required to provide care for patients admitted to hospitals

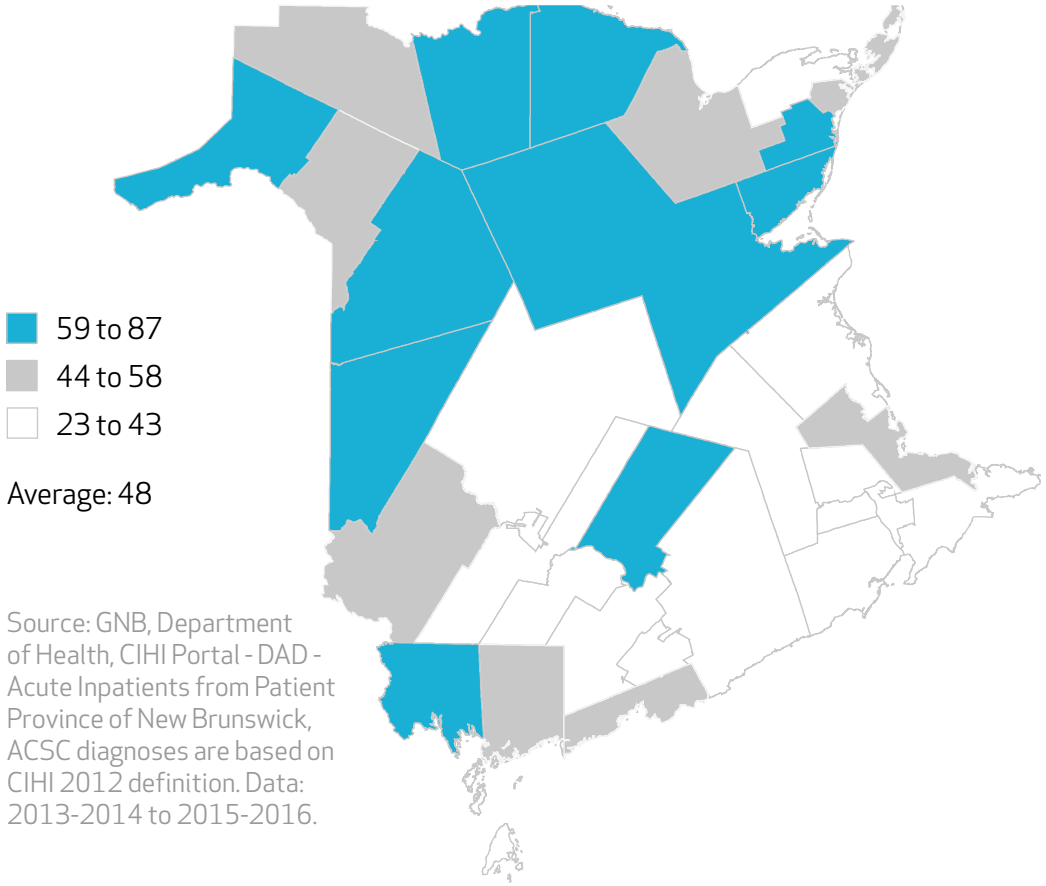
With clear accountability for the planning and management of primary health services, these factors can be properly weighted in planning efforts for a given community.

Avoidable hospitalizations

Hospitalization rates for Ambulatory Care Sensitive Conditions (ACSC) measure hospitalizations that can be avoided when quality health services are provided. The rates at which ACSCs are being hospitalized, as well as the variability in these rates at the community or health zone level, serve as markers for assessing health service delivery performance. This measure has often been used to measure both effectiveness and efficiency of primary health services delivery. [4]

A large body of evidence has shown that timely access, coordination of care and communication can impact rates of ACSCs. Researchers measured the strength of primary care in 31 European countries, using indicators of governance, economic conditions, workforce development, access, continuity, coordination and comprehensiveness. Results showed that strong primary care is associated with lower rates of ACSCs, better population health and relatively lower socioeconomic inequality in self-perceived health.[5] Medical practice variations in

The rate of avoidable hospitalizations (per 10,000 population) varies between communities from 43 to 87



Source: GNB, Department of Health, CIHI Portal - DAD - Acute Inpatients from Patient Province of New Brunswick, ACSC diagnoses are based on CIHI 2012 definition. Data: 2013-2014 to 2015-2016.

4. Canadian Institute for Health Information. Indicator library- Ambulatory Care Sensitive Conditions, http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114181

5. World Health Organization – Europe (2016). "Assessing health services delivery performance with hospitalizations for ambulatory care sensitive conditions- working document", http://www.euro.who.int/_data/assets/pdf_file/0010/305875/Assessing-HSD-performance-with-ACSH.pdf

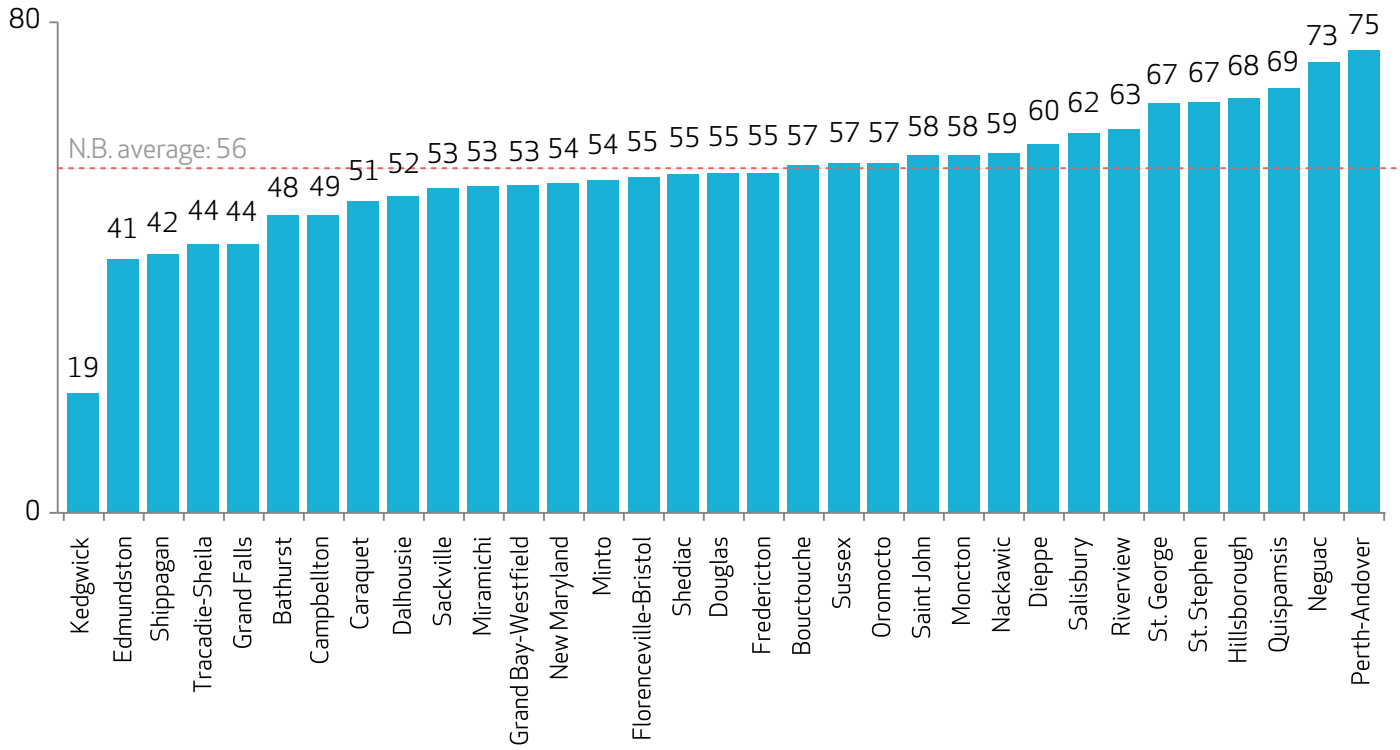
primary care service delivery have been reported as one of the major inefficiencies leading to high numbers of ACSCs.

Geographical accessibility of care directly correlates with the availability of providers, distribution of the health workforce and population access to transportation. In the case of chronic conditions which affect people of working age, the possibility of accessing regular check-ups with minimal disruption to patients' daily routines is an important factor in preventing exacerbation of conditions.[6]

Timely access

The fact that New Brunswickers do not enjoy the same level of accessibility across the province (i.e. ability to see their family doctor/primary health care provider within 5 days) influences their ability to prevent illness, manage their chronic health conditions and consequently avoid the need to seek hospital services (e.g. ER or admissions).

The ability to get an appointment with one's family doctor within 5 days varies from 19% to 75%



Source: 2017 edition of the NBHC's Primary Health Survey

6. New Brunswick Health Council (2016). "Chronic conditions and health service quality: Are we meeting the needs?", https://www.nbhc.ca/sites/default/files/documents/chronic_conditions_and_health_service_quality_-_are_we_meeting_the_need.pdf

Coordination

Coordination of care (Integration of services) is an important tool in preventing hospital admissions, especially the provision of well-coordinated secondary prevention activities. Integration of care heavily relies on providers' ability to identify patients' needs, tailor care processes and coordinate with other care providers.[7]

Communication

An improvement in communication practices between primary care providers and patients has been shown to be associated with better screening practices, linked with appropriateness and effectiveness of care.

The implementation of clear accountability processes, through reporting on performance targets, improves transparency in the system and consequently builds trust and increases the effectiveness of health system governance.

Proper engagement of primary care providers

There can be no effective accountability framework without proper engagement of primary care providers. The high level of variability in outcomes related to the quality of primary health services among New Brunswick communities underline that there can be very different realities in health services demand and delivery. Proper engagement of primary care providers ensures they have a voice in understanding the current context and what any future model of service could look like. As mentioned earlier, there is not currently a proper understanding of health trends, health service quality outcomes and resource levels and distribution for primary health services planning and management across New Brunswick. It is essential that primary health care providers be properly engaged as this understanding evolves for each community and in planning for the future.

7. New Brunswick Health Council (2016). "Chronic conditions and health service quality: Are we meeting the needs?", https://www.nbhc.ca/sites/default/files/documents/chronic_conditions_and_health_service_quality_-_are_we_meeting_the_need.pdf

Improving public reporting on resources in primary health services

The need to know

Past provincial planning efforts have not met the criteria for integrated planning with well-established objectives, targets and clear ownership. Failure to plan in an integrated way has contributed to the inefficient and ineffective use of resources, duplication of efforts, and initiatives that have not addressed the existing shortfalls. Consequently, New Brunswick's publicly funded health services have evolved in a "reactive" rather than "proactive" fashion.

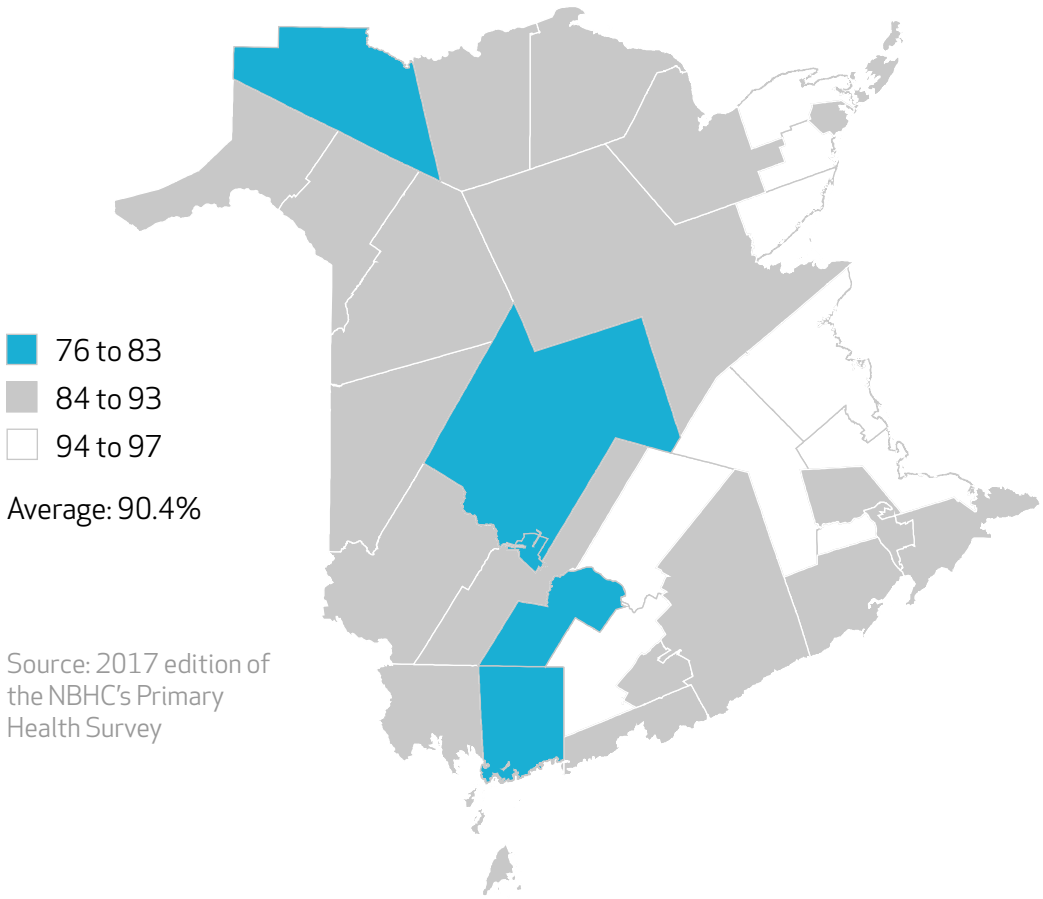
There is a lackof public awareness regarding available primary care provider resources and their distribution across the province. This has contributed greatly to the widely held assumption that there is a lack of resources and, consequently, pressures on government to spend more. The public is not alone in this situation, given that those with responsibilities to manage primary health services don't have a comprehensive understanding of available primary care resources and their distribution across the province either.

A lack of clarity around the terms, definitions and models of practice, renders the reported indicators inadequate to make informed decisions when planning and allocating resource based on community needs.

There is currently a lack of proper needs assessments with proper consideration to health trends, health service quality and existing services. The prevailing approach is to provide an appearance of equal distribution of health services as a key decision factor. This leads to a focus on the number of services distributed in communities versus ensuring equitable positive health outcomes throughout New Brunswick. Decisions not based on community needs can lead to undesired consequences. For example, opening a new walk-in clinic at the local pharmacy can reduce the amount of time participating Family Physicians have

available for their own practice.
New Brunswick has slightly more resources per population than what other provinces have on average. The fact that our health system has consistently underperformed, both from health service quality and health outcomes perspectives, implies that we have not optimized the utilization of our resources. Why have the extra resources not accelerated the improvement of health outcomes for New Brunswickers? [8]

The proportion of New Brunwickers with a family doctor varies between communities from 76% to 97%



Source: 2017 edition of the NBHC's Primary Health Survey

8. New Brunswick Health Council (2013). New Brunswick Health System Report Card, https://www.nbhc.ca/sites/default/files/reportcard-2013.pdf

What the New Brunswick Health Council can do

Transparency and accountability are essential for ensuring that those in charge commit to move things forward. Informing New Brunswickers about the fulfillment of this recommendation will foster transparency. Once the Minister responds to the recommendation, public reporting will help ensure that all stakeholders are made aware of and mobilized regarding the implementation of this recommendation.

The NBHC is now committed to providing annual recommendations to the Minister of Health based on the learnings from its work. In addition to making publicly available its annual recommendations to the Minister, there will also be the opportunity to provide public updates on prior recommendations. The NBHC is looking forward to incorporating these new activities in its annual Business Plans.