New Brunswick Medical Society | Société Médicale du Nouveau-Brunswick

Health care in New Brunswick:

Physicians' Vision for Success

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Executive Summary

Background

The Government of New Brunswick is developing a new health-care plan for New Brunswick and published a discussion paper in January 2021 that outlines current challenges and future plans for health care across the province. The New Brunswick Medical Society (NBMS) was strongly encouraged by the seven objectives outlined in the discussion paper, and this document is our response in which we provide tangible solutions to addressing government's objectives. The NBMS and New Brunswick physicians are eager to work collaboratively with government, regional health authorities, and other stakeholders to address health system challenges and facilitate meaningful transformation in the years to come.

This submission was created based on the insights and experiences of New Brunswick physicians. The NBMS surveyed its physician members, gathering responses from all corners of the province. To enhance responses, data and best practices were researched from across Canada and the world.

Overview of recommendations

The NBMS has commented on the seven objectives outlined within the discussion paper by providing specific and tangible recommendations for each of them. Below you will find a list of the NBMS's recommendations. The recommendations look holistically at the health-care system and suggest improvements and enhancements to various sectors.

Objective	NBMS Recommendation
Objective 1: Optimize Population Health and Well-Being	*Develop an approach to reduce poverty*
	Enhance income supplementation and extend benefits to working New Brunswickers
	Improve physical environments
	Encourage healthy behaviours
	Address Indigenous health inequities
	Increase access to reproductive health services
	Improve LGBTQ2A+ health inequities
	Enhance public health capacity
Objective 2a: Provide Quality, Patient-Centred Care	*Increase health funding*
	Improve rural health care
	Francophone health care: ensure equitable access to services
	Improve health care for new Canadians
	Promote team-based care
	Augment after-hours care (walk-in clinics)
	Enable access to personal health information

	Implement a health quality program in New Brunswick
	Increase usage of electronic medical records (EMRs)
	Improve compassionate End of Life Care
Objective 2b: Primary Health Care	*Implement a Primary Care Leadership Structure*
	Encourage the development of a Practice Support program
	Build Family Medicine New Brunswick 2.0
	Encourage and support team-based care
	Address unattached patients
	Review primary care payment models
	Hospitalist model: improve efficiency for inpatient care
Objective 2c: Wait times	*Increase access to primary care*
	Address emergency department wait times
	Improve wait times for specialist care
	Enhance operating room capacity
Objective 2d: Efficiency and Safety	*Health-care efficiency initiatives: Implement Choosing Wisely Canada recommendations*
	Enhance virtual care and data integration
	Create a culture of fiscal efficiency
	Implement physician quality improvement and leadership initiatives
	Address workplace violence
	Expand and support patient advocacy initiatives
	Reduce unnecessary physician paperwork: sick notes
	Environmental emissions: Create a greener health-care system
Objective 3: Improved Addiction and Mental Health Outcomes	*Improve access to addictions and mental health services*
	Implement rapid access to mental health services
	Enhance early detection and intervention
	Enable integrated care models through collaboration
	Improve continuity of care
	Address the opioid crisis
Objective 4: Improve the Care and Service Experience of Seniors	*Create an age-friendly environment*
	Promote "Healthy Aging"
	Improve and modernize long-term care facilities
	Streamline processes for Alternate Level of Care patients

Objective 5: Provide Innovative Care Using Digital Technologies	*Implement a provincial virtual care framework*
	Enable platforms to promote continuity of care
	Support and education for providers and patients to promote adoption and success of digital technologies
	Enhance 811 service
Objective 6: Maintain and Invest in Facilities, Technology and Equipment	*Improve infrastructure*
	Enhance information technology
	Expand and standardize data sharing and storage
Objective 7: Recruit and Retain a Qualified, Accountable Health Workforce	*Develop a health human resource strategy*
	Enhance physician recruitment
	Augment physician retention

Introduction

New Brunswick's health system is facing many challenges. New Brunswickers have never been unhealthier, there is a shortage of health-care professionals and available hospital beds, and wait times for surgeries and emergency care among the highest in Canada. Our province also has the largest proportion of seniors in Canada. These are just a few of the challenges. The discussion paper published by the Government of New Brunswick acknowledges these changes. By working together, the NBMS believes that health-care providers, decision makers, and patients can overcome the challenges ahead.

Status quo is unsustainable. New Brunswick's health system needs a renewed provincial health plan built in collaboration with government, health-care leaders, and community stakeholders. To effect meaningful change, we must all work together. Efforts to enhance the system must be based on data and evidence with the goal of improving the health of New Brunswick patients. To effect change, additional funding will be necessary. A significant investment in our health-care system must be made immediately; the system cannot innovate under current budget constraints.

*NBMS's Vision for Health Care****: Improving the lives of New Brunswickers by providing the best health-care experience in Canada.***

This submission aims to provide insight into each of the seven objectives outlined in the government's discussion paper. This submission was compiled from physician commentary through an NBMS member survey with over 530 physician responses from all corners of the province, and a virtual meeting with more than 190 physicians. To augment responses, data and best practices were compiled from across the country and world. The NBMS anticipates working with government on facilitating changes within the health-care system and wishes to be an active partner in change.

Objective 1: Optimize Population Health and Well-Being

The social determinants of health play a vital role in the health of New Brunswick citizens. Addressing each determinant is crucial to ensuring a holistic and comprehensive upstream approach to health. The NBMS is encouraging government to adequately fund New Brunswick programs and services that address the social determinants of health to provide a data-driven approach in health-care planning and initiatives. Public Health New Brunswick is focused on the optimization of population health throughout the province, and the NBMS supports its expansion and continued support post-pandemic.

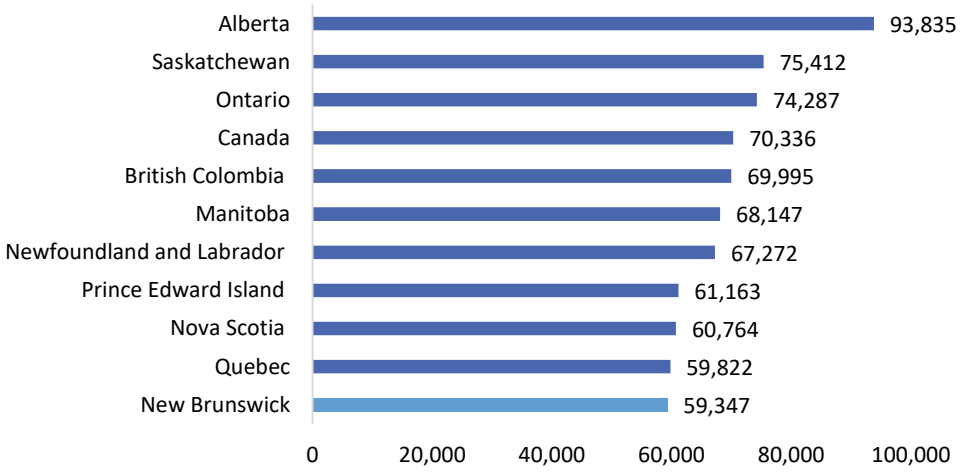
The NBMS recommends that government address the following challenges:

Develop an approach to reduce poverty

Income plays a large role in health outcomes[1]. Wages are directly related to health determinants: low-income citizens are more than twice as likely as those with moderate or high incomes to have lower quality of health[1,2]. Level of income shapes overall living conditions and housing; affects psychological functioning; and influences health-related behaviours, such as quality nutrition, physical activity, tobacco usage and excessive alcohol use[1,2].

Statistics Canada figures indicate that New Brunswick households are earning less than anywhere else in the country[3]. New Brunswick is also struggling with some of the highest rates of children living in low-income households, specifically in Saint John and Moncton[4]. Half of New Brunswick families have an income of $54,200 or less, with 13.8 per cent of our population living in poverty[4,5].

Median Household Income Level, New Brunswick, 2015[3]



(Canadian Institute for Health Information, 2015)

Poverty is a substantial cost driver in the system. There are costs to health, the economy, and society[6]. Those living in poverty who cannot afford to live in adequate housing are more likely to experience exposure to violence, communicable diseases, and increased chronic conditions[1]. Persons with

disabilities as well as those with a serious mental illness experience more poverty and for longer periods of time than New Brunswickers who do not have a disability[7].

The NBMS supports a focused and coordinated approach to reducing poverty. Government programs like the Economic and Social Inclusion Corporation[8] (ESIC) focus on poverty reduction and community inclusion and should receive additional support to target deep poverty, including elevating education and literacy, improving access to education and skills training programs, increasing the supply of affordable housing and rent supplements, along with income support and childcare subsidies.

Enhance income supplementation and extend benefits to working New Brunswickers

It is widely documented that the causal relationship between employment and health status directly leads to better health[9]. Well-paying work provides individuals with the financial means to live better. Individuals with higher incomes are more likely to have medical providers and insurance coverage. These individuals are also more likely to see these providers more regularly. There are several psychological benefits to employment, including improved self-esteem, self-worth, purpose, and sense of identity. In 2012, workers aged 18-64 in Canada had average health-care expenditures of $3,264 compared to $6,464 for those in the same age group who were not employed[9].

The COVID-19 pandemic has precipitated a shock to our economic system and labour market. In April 2020, 2.4 million Canadians were officially unemployed, with an additional 2.4 million Canadians employed with no working hours[10]. The official unemployment rate in Canada was calculated at 13 per cent — almost the highest in Canadian post-war history[10]. However, a realistic measure of Canada's unemployment rate is 33 per cent, given that many were employed without working hours[10]. New Brunswick is not immune to these challenges. In 2020, the rate of unemployment in New Brunswick was 9.8 per cent, over two per cent higher than in 2019[11]. This does not include the number of individuals who were employed but could not work due to illness, childcare responsibilities, workplace safety, etc.

The Canadian Centre for Policy Alternatives has suggested changes for workplaces, based on experiences due to the COVID-19 pandemic, including working safety, paid sick leave, precarious employment, and income security[10]. To transition citizens back to work post-COVID-19, the NBMS encourages extending benefits, training opportunities, prescription drug programs, and dental and optometry care to those working who cannot afford health insurance. By making these policy changes, the overall well-being of New Brunswickers can be elevated.

Improve physical environments

According to the Canadian Observatory on Homelessness, homelessness is defined as "the situation of an individual, family, or community without stable safe, permanent, appropriate housing of the immediate prospect means and ability of acquiring it"[12]. There are many reasons why people experience homelessness, including a lack of structural supports for those experiencing poverty or job loss, or inadequate discharge planning for those leaving hospitals, correctional facilities, and mental health

facilities[12]. In 2020 alone, there are approximately 500 individuals experiencing homelessness in New Brunswick. An estimated 9.0 per cent of families are in core housing need[14].

In 2013, homelessness cost the Canadian economy $7.05 billion annually. The average monthly cost of housing someone in a hospital bed while they are experiencing homelessness is estimated at $10,900[15]. The NBMS is encouraged by the 2019-2022 Action Plan for reducing Homelessness in New Brunswick and will continue to be an advocate to encourage the "Home First Strategy," the repair of low-income homes, accessible housing, and the Community Housing Initiative[14].

Encourage healthy behaviours

Chronic diseases are the leading cause of death and disability worldwide and are directly linked to increasing health costs[16]. Preventative care and focusing on the upstream impacts of population health are imperative to improve the overall health and well-being of New Brunswick's population. The overall health of New Brunswickers has never been worse. On several key indicators that directly contribute to avoidable mortality, such as obesity and high blood pressure, New Brunswick scores significantly higher than the Canadian average[17].

The NBMS encourages an investment in healthy communities, with a focus on early childhood intervention and activity, built environment, natural environment, and social environment. Initiatives that could help create healthy behaviours from a young age include banning sugar-sweetened beverages in schools, teaching children about food and nutrition values, providing nutritional foods for children and students who need it, encouraging and promoting physical activity, and setting policy that will help reduce child and youth vaping. Communities built with a healthy environment, including walking and biking trails, accessible areas of play, and community garden availability encourage citizens to get physically active and outside.

Address Indigenous health inequities

Indigenous peoples continue to experience barriers to health care throughout the province, resulting in significant and ongoing health disparities compared to other New Brunswickers. While the life expectancy and infant mortality rates have improved among Canada's Indigenous population in the past half century, there remains several health challenges including a high burden of chronic and infectious disease paired with inadequate approaches for addressing the social determinants of health[89]. The NBMS encourages government to place emphasis on addressing health and social inequities for Indigenous peoples in New Brunswick and to promote equitable access to health care services for these communities across the province.

Increase access to reproductive health services

Reproductive services including abortions are only available in two cities in New Brunswick: Moncton and Bathurst. Limiting access to this service disproportionately impacts marginalized New Brunswickers including those living on low income or without access to transportation. Physicians and Horizon Health Network have both acknowledged the need to improve access to abortion services across New

Brunswick. The NBMS recommends a comprehensive review of services with the aim to improve access for reproductive services throughout the province.

Improve LGBTQ2A+ health inequities

The health and health-care needs of LGBTQ2A+ persons are affected by several social, behavioural, and structural factors including deep-rooted stigma and discrimination, and inadequate health insurance policy[18]. A limited body of literature documents several health issues that disproportionately affect sexual minorities including mental health issues, substance use, and tobacco use[18]. The NBMS is encouraging equitable access to care for all New Brunswickers. A review of services to enhance care for LGBTQ2A+ populations is encouraged.

Enhance public health capacity

Public health is a critical part of strong health systems and is described as "what we as a society do collectively to assure the conditions in which people can be healthy"[19]. The goal of a robust public health strategy is to improve health outcomes for populations through preventing disease, mitigating the health consequences of environmental hazards and natural or man-made disasters, promoting behaviours that reduce the risk of communicable and non-communicable diseases and injuries, and ensuring access to quality health services[20]. Public Health New Brunswick operates to promote, improve, and protect the health of the people in New Brunswick[21]. It is an extension of the Department of Health. The COVID-19 pandemic has highlighted how essential Public Health efforts are for New Brunswick citizens and the advancement of health care in the province.

The NBMS supports post-pandemic enhancements to Public Health New Brunswick. A post-COVID-19 review of its response to the pandemic is recommended as a step to prepare for potential future crises. Strong public health systems ensure availability of critical strategic epidemiologic information, strengthen public health institutions and infrastructure, and support critical operational and applied research[20]. Integrating Public Health New Brunswick into additional governmental departments and into both regional health authorities for provision and planning is encouraged. Ensuring Public Health teams are adequately supported and funded to prepare for future health emergences is recommended. The NBMS is optimistic to see the initial work on the province's Public Health Information System (PHIS) and will continue to advocate for additional enhancements and expansions to the program for a robust provincial information system.

Objective 2a: Provide Quality, Patient-Centred Care

Quality, patient-centred care is defined as "care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that the patient's values guide all clinical decisions. Patient-centred care is one of the six domains of quality of care, where listening to and seeking to understand patients' perspectives of their needs is key to the delivery of good quality care"[22]. Providers in the system are striving to and accomplishing strong, patient-centred care, but additional resources and capacity are needed as we look to the future of health care in New Brunswick, with demographic challenges and system capacity issues. Quality, patient-centred care requires increased health funding. The NBMS strongly recommends an increase to the health budget to ensure proper structure and administration of programs. The NBMS encourages team-based interdisciplinary care, with patients, physicians, and allied health professionals working collaboratively to develop an inclusive patient-centred care plan. This structure would enable patients to receive equitable access to care as an active contributor to their preventative health actions by having access to their health information.

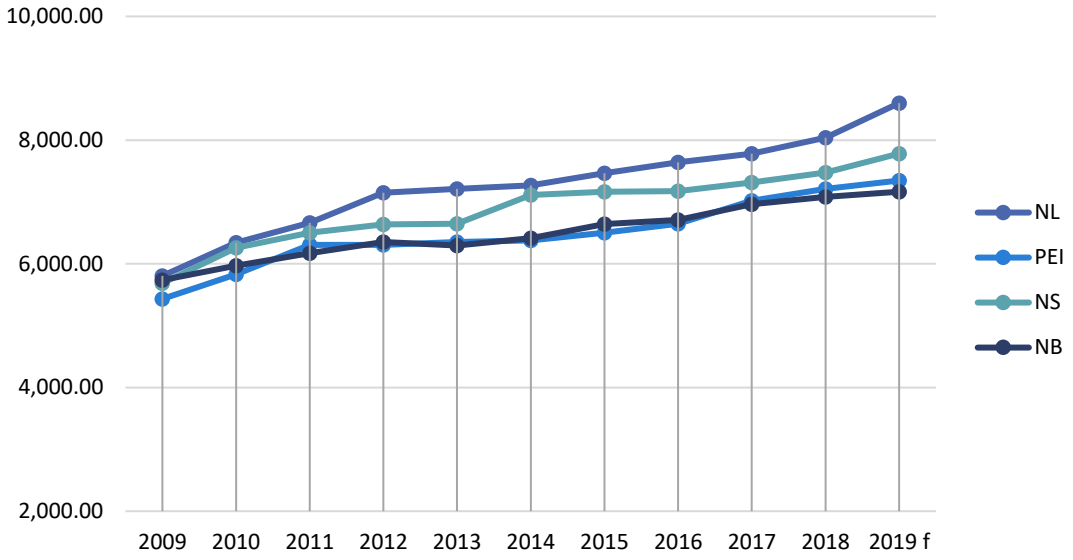
The NBMS recommends that government address the following challenges:

Increase health funding

Access to health care based on need rather than ability to pay is the founding principle of the Canadian health-care system. Medicare was born as a federal cost-sharing arrangement among the provinces. Today, the health-care system is less a true national system than a decentralized collection of provincial and territorial plans covering a narrow basket of services, free at the point of care[23]. There are profound inequities to services, with health funding becoming less and less. Fiscal constraints are felt at both the national and provincial levels, with provincial governments increasingly reducing the rate of growth in health-care spending, which constitutes approximately 38 per cent of provincial budgets[23].

Overall health spending in New Brunswick is low. New Brunswick has the lowest per capita health expenditures in the Atlantic provinces[24].

Per capita total health expenditures for the Atlantic provinces, 2009 to 2019[24]



(Canadian Institute for Health Information, 2020)

New Brunswick is unique to other provinces in its patient demographics. Approximately 20 per cent of New Brunswick's population is 65 years and older with many having significant chronic illness[60]. The province is largely rural, with 51 per cent of the population residing outside of urban areas[26]. New Brunswick is the only officially bilingual province, providing services in two languages throughout the province. These factors all have a considerable impact on funding and budget.

Modern, innovative, responsible, and accessible health-care systems require significant investment. The system is already operating under a fiscal constraint. To ensure sustainability, the health-care system requires additional funding immediately. The NBMS is encouraged given the recent announcement of a 5.1 per cent budget increase this year, however, to continue innovation and progress, the NBMS strongly recommends an increase in the health care budget of six per cent per year over the next five years to ensure initiatives have a strong foundation and can be well-established to operate in the future.

Improve rural health care

Almost one-fifth of Canadians (18 per cent) live in rural communities, but they are served by only eight per cent of the physicians practising in Canada[25]. Rural populations in Canada are generally older, less affluent, and more sick[25]. These communities face ongoing challenges in recruiting and retaining physicians and other health-care professionals. Considerable systemic change is needed to improve rural health care, including Indigenous health. People in rural areas face more difficulty accessing health care than their urban counterparts and when they do access health care, they have poorer outcomes[25].

Living in rural New Brunswick should not hinder access to quality, timely health care. Rural communities need rural-based solutions and regional capacity to innovate, test, and determine what works. An opportunity exists to narrow health disparities by providing care closer to patients in their homes. Rural

New Brunswickers have been left behind in health-care decisions and advancements, and we must take action to improve health outcomes for patients in rural communities.

The NBMS encourages government to explore best practices for the provision of equitable access to health services in rural New Brunswick. Provinces like British Colombia have government departments solely focused on rural policy and programs. Applying similar emphasis on rural health care in New Brunswick should ensure equitable access to services for rural patients. There are positive examples of health services unique to rural communities that better serve citizens, such as the Community Health Centre in Minto. There are international examples of providing strong primary health care in rural areas. In Australia, 60 General Practice (GP) Super Clinics have been established across the country, comprised of multidisciplinary teams[91]. These clinics focus on building a strong primary health-care system, including a greater focus on management of chronic disease, health promotion and illness prevention, and better coordination between private family physician services, community health, and government services[91]. Changes must be implemented immediately to ensure all New Brunswick patients are receiving the same level of care, regardless of the community they live in.

Francophone health care: ensure equitable access to services

As Canada's only officially bilingual province, New Brunswick has unique challenges in providing health care, and the province's francophone communities experience many difficulties in accessing care and specialized services. In 2012, an action plan to augment services for New Brunswick's francophone population was announced[90]. The NBMS encourages government to review this program and proposes that equitable health care be re-prioritized, ensuring all New Brunswickers are receiving the same level of health care, particularly in rural francophone communities. This includes the accessibility for translation of clinical documentation, such as referrals, consultations, and reports, for all physicians and health-care providers throughout the province. In addition, the NBMS supports strengthening a commitment to francophone education, training, and research to promote recruitment and retention of health-care professionals in rural, francophone communities.

Improve health care for new Canadians

Immigration remains an important force shaping New Brunswick demography and identity; however, health status is not equitable across all subgroups of immigrants. New Brunswick welcomes approximately 5,000 new immigrants each year, which places additional strain on the health-care system[95]. Certain migrant populations experience a higher risk of infectious diseases, cancer, diabetes, and heart disease, which has clinical implications for those providing care to migrant communities[92]. The health of migrants is a product of environmental, economic, genetic, and socio-cultural factors related to immigration, where and how they lived in their country of origin, and how and why migration occurred[92]. In addition, postmigration factors involving integration can impact health including their new location of residence, employment, education, poverty, and accessibility and responsiveness of health practitioners and responsiveness of the New Brunswick health care system[92]. The NBMS supports programs to enhance the health status of immigrants throughout the province to ensure all New Brunswick citizens receive equitable access to services.

Promote team-based care

Team-based care is "the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers - to the extent preferred by each patient - to accomplish shared goals within and across settings to achieve coordinated, high-quality care."[27]

Team-based care has the potential to improve the comprehensiveness, coordination, efficiency, effectiveness, and value of care, as well as the satisfaction of patients and providers[28]. To achieve this, the transition to team-based primary care often requires profound changes in a typical practice's culture and organization of care, its interactions among colleagues and with patients, in education and training, and in the ways in which primary care personnel and patients understand their roles and responsibilities.

The NBMS believes that team-based care, with the family physician as the pillar, supported by other health-care providers, can have significant positive impacts on patient quality and care. Encouraging and supporting clinicians to practise together by providing proper financial incentives and technology is required.

Augment after-hours care (walk-in clinics)

Patients without family physicians may use walk-in (after hours) clinics or emergency departments as a substitute for primary care. If patients are unable to access their family physician in a timely manner, they may also look to these settings to receive care. There is a reliance on these care settings across the province. In 2017, 84.4 per cent of New Brunswickers surveyed who have a family physician said they rely on walk-in clinics as a result of poor accessibility to their family physician[29].

Additionally, 17 per cent of residents with a family physician indicated they would still go to a walk-in clinic when they need care, and 38 per cent of New Brunswickers without a family physician leverage this care setting most often[29]. The distribution of walk-in clinics varies across the province with the highest concentration in the Moncton region. In fact, 60 per cent of all walk-in visits are situated in Zone 1[88].

The frequent use of these care settings across the province signals deeper challenges than simply patient access and attachment. Walk-in clinics do not allow for continuity of care, leading to lower overall quality of care and higher costs to the health care system.

The NBMS is encouraging standardization of walk-in clinic and after-hours practices across the province. There should be standards of care developed for walk-in clinics that encourage more comprehensive care and sharing of visit information with the patient's existing circle of care. This should include improved documentation of walk-in patients and communication with identified family physicians and defining responsibility to manage unattached patients and offer more comprehensive services.

Enable access to personal health information

Offering patients portals of access to health information supports patient engagement and encourages patients to participate in the management of their own health care. Having access to their health information empowers patients to be able to update family physicians or allied health professionals on their current health status, supporting vital communication between primary care providers and other health-care practitioners[30]. It affirms and validates that patients can act to ensure their own best health.

Sweden has led the way in offering patients universal access to medical records. All Swedish hospitals, primary care centres, and psychiatric facilities use electronic medical records (EMRs). Research shows that 89 per cent of patients who were surveyed strongly agreed that access to health records was positive, and 43 per cent of the population had logged in through the national patient portal as of September 2017[30].

The NBMS believes that patients should be active contributors to their health-care plan. The NBMS encourages a collaborative relationship between provider and patient. With patients having access to their own information, they can be a valued member of their health-care team and health plan. Engaging physicians in early planning stages of this initiative is critical.

Implement a health quality program in New Brunswick

It is common practice in other provinces and countries to have robust health quality centres to monitor and report on health system performance, provide guidance on important quality issues, assess evidence to determine optimal care, partner with patients and provide them a voice in shaping a quality health system, and promote continuous quality improvement aimed at substantial positive change in health-care[31]. These centres are rich in data and provide meaningful contribution to health care[32]. They work collaboratively with hospitals, regional health authorities, and provincial governments to ensure benchmarks are tracked and providers are performing[33,34].

The NBMS strongly encourages a well-funded health quality program in New Brunswick, with access to health-care data. Such a program can work as an extension of government to provide an unbiased projection and assessment of health care in New Brunswick and can promote quality improvement initiatives across all departments in our system.

Increase usage of electronic medical records (EMRs)

EMRs provide health-care teams with a more complete picture of their patients' health. EMRs can improve communication among members of the care team and between providers and their patients[35]. According to a pan-Canadian study, EMRs can:

- enhance efficiencies in community-based practices and allow staff to focus on patient care,
- reduce the number of duplicate tests that are ordered, resulting in health-care system efficiencies,

- improve patient safety by reducing adverse drug events,
- support improved interactions and communications among care team members and between providers and patients,
- improve health outcomes when used for preventive care and chronic disease management.[35]

The NBMS encourages the use of EMRs in practice and support programs to assist physicians in transitioning from paper to electronic. This process is time consuming; providing clinicians with tools and supports to help in this transition is imperative to its success. The NBMS is also supportive of an open-market EMR system, encouraging continuity of care and technologies to operate interchangeably with each other when possible.

Improve compassionate End of Life Care

Consultations with patients and families about death and dying are a crucial part of medical care. Patients express a desire to have discussions about goals of care, and many patients have thought about their end-of-life care but have not had an opportunity to openly talk with providers about this. Although physicians are often expected to lead these conversations, allied health professionals also play a vital role in the identification of opportunities to address compassionate end-of-life goals and should be a resource for the care team in facilitating these conversations at all points on the care continuum. Public engagement is paramount to normalizing conversations about death and dying, and the health-care system needs to partner with health agencies and private groups to open these dialogues. Providers at all levels need improved education in having these difficult but essential conversations. The NBMS encourages government to support providers through advanced care directive planning with patients. Providing standardized medical assistance in dying (MAiD) treatment across the province is important to delivering equitable care for all New Brunswick citizens.

Objective 2b: Primary Health Care

Implement a Primary Care Leadership Structure

Although complex, many areas of the health-care system (i.e. hospitals and long-term care) tend to be centrally managed with clear accountabilities and formal support structures are meant to enable continuous quality improvement, change management, collaboration, and focused problem solving. The delivery and responsibility for primary care is dispersed with shared responsibility across individual family physicians, government, health authorities, the NBMS, and other community stakeholders. Given the distributed nature of primary care, stakeholders must formally partner to build capacity and address current challenges. By sharing responsibility and working in collaboration, stakeholders can make meaningful improvements to support better health outcomes and improved patient satisfaction including addressing issues of unattached patients, limited access to care, reliance on walk-in clinics and emergency departments, and how best to implement new technologies.

The NBMS would like to work collaboratively with government to establish a leadership structure that co-manages a series of scalable primary care access improvement initiatives collectively designed to increase attachment, improve access, reduce reliance on walk-in clinics and emergency departments, and improve overall health outcomes. A primary care leadership group would provide oversight for the range of initiatives throughout the province and would be funded to support community-based family physicians in improving primary care access.

Encourage the development of a Practice Support program

Family physicians in New Brunswick provide services to their patients with a high level of autonomy and independence. They are independent service providers and manage their own practices and staff without the formal improvement, training, and change management supports available in other areas of the health and the broader public sector.

As the medical, legal, regulatory, and administrative components of primary care have become increasingly complex, multiple jurisdictions have adapted by increasing the formal supports available to family physicians[36]. These supports are typically designed to support increased integration with other elements of the health-care system, meeting changing patient needs and expectations, improving the management of chronic disease, adopting evidence-based improvements, introducing team-based care, and fully leveraging emerging technologies (e.g. EMRs, virtual care, and more robust clinical data)[36].

The NBMS is encouraging the development of ongoing programming to support community-based family physicians in enhancing primary care access, including expanding the adoption of virtual care, team-based care, and unattached patient initiatives. A scalable, physician-led, centralized practice support unit could provide practice-level clinical efficiency guidance, accredited training and continuing professional development, facilitated continuous quality improvement, and funding for practice improvement initiatives.

Build Family Medicine New Brunswick 2.0

Family Medicine New Brunswick (FMNB) was developed by physicians in consultation with patients and other health-care professionals in 2015. This approach is leading to improved patient access to care and enhanced chronic disease prevention – the most significant cost driver in health-care today. The success of FMNB has the potential to strengthen the entire health-care system.

The key principles of the program are that physicians are encouraged to see patients more quickly and offer extended hours, including on weekends. If a patient's family physician is unavailable, they will be able to see a different physician with full access to their medical record and history. Patients are also able to email their physician with questions when necessary. Physicians operating under the FMNB model manage their own collaborative practices with ongoing support provided by the NBMS.

The NBMS is encouraging enhancements to the FMNB model, including integrating allied health professionals based on roster size, enhancing the use of nurses to increase care continuity, training medical learners in a collaborative practice model, and developing a program for practice efficiencies. The NBMS will continue to work collaboratively with government on this primary care model.

Encourage and support team-based care

Primary care in New Brunswick is built largely on an isolated set of community-based primary health-care services. Unlike the rest of the health-care system (e.g., acute and tertiary care), primary care is often managed independently by local family physicians with little support, oversight, or formal organization. Not only are New Brunswick family physicians lacking support from key system stakeholders, but they also often lack opportunities to collaborate with their peers, stifling innovation and creating inefficiencies and duplication of effort. This may begin to shift as new family physicians enter practice with strong supervisors encouraging team-based care models through their training.

There are several areas where practice structures appear to lag in New Brunswick. Solo practices remain the main care setting and are significantly more prevalent in New Brunswick (42 per cent) than the Canadian average (17 per cent)[29]. Only 32.8 per cent of New Brunswickers indicated that they had access to a primary health team and only 10 per cent of physicians work in a group practice setting, significantly lower than the Canadian average of 28 per cent[84]. Only 22 per cent of New Brunswick physicians share after-hours services with other practices or groups – the poorest showing of all provinces. Physician practice type, limited access to team-based care, and a lack of collaboration between practices are likely drivers of patient access and attachment challenges[84].

The NBMS is recommending a collaborative care model available for all physicians. Jurisdictions with the highest prevalence of interdisciplinary team-based care make funding available to cover the cost of health care providers that collaborate with family physicians. This can be accomplished by building team-based care into new population-based remuneration models or by providing funding to cover salary and overhead costs. This also involves collaboration between community-based physicians and the Extra Mural Program, enabling continuity of care throughout the community.

Family physicians want to have nurses in their practice but cannot afford their salaries without support. Subsidizing these costs to ensure physicians can practice collaboratively will enable more access for patients and easier transition when physicians are retiring from practice. Data shows that young physicians and residents often seek to practice collaboratively. Ensuring that this system is in place will serve as a recruitment tool following their entrance into practice. Team-based care could also be enabled through virtual processes.

Address unattached patients

In 2013, the provincial government, through Tele-Care 811, launched Patient Connect NB – a provincially managed, bilingual patient registry for New Brunswickers without access to a primary care provider. As of December 31st, 2020, there were 44,226 individuals on the Patient Connect list[96]. An average of 1,500 patients per month joined the Patient Connect list between January and October 2019[86]. The Fredericton/River Valley region (Zone 3) has the highest number of individuals on the Patient Connect list per 100,000, suggesting it may have the highest unattached population in the province. Unlike other jurisdictions, New Brunswick's centralized waiting list does not prioritize, or triage patients based on vulnerability or complexity. In fact, little information is collected around patient demographics. Patient Connect NB does not capture every individual without a primary care provider in the province as you must self-register to be placed on the list. Some estimates place the number of unattached patients in the province to be as high as 70,000[85].

The NBMS recommends unattached patient initiatives. This includes active management of the Patient Connect NB list and ensuring patient information is up to date. In addition, enhancing the current incentive programs for physicians to take a patient from the Patient Connect NB list is recommended. An additional unattached patient initiative includes the formal rostering of patients. Currently in New Brunswick, patients are not formally rostered or attached to a particular primary care provider. By formally rostering patients to a specific provider, the Department of Health would have a better understanding of patient panel size from physicians throughout the province. In addition, this would deter patients from requesting a new provider if they are already attached. Instead, patients would have to "detach" from their provider to request a new one.

Review primary care payment models

Currently, most physicians in New Brunswick are compensated on a fee-for-service basis, with a small subset of family physicians practising in a salaried model. Physicians in the fee-for-service payment model report that they are not effectively supported to have prolonged patient encounters, or interdisciplinary, team-based care, particularly when compensated for chronic disease management, mental health care, and senior care. In addition, this payment model does not adequately support clinical teaching models.

The NBMS would like to work collaboratively with government to review and adjust the current pay structures to accomplish greater attachment and enhanced access. The NBMS believes that by reviewing the payment models, we may be able to achieve these goals. By reviewing payment models, the NBMS

would look to preserve the valuable elements associated with the fee-for-service model that encourages physician productivity while improving patient-centred care.

Hospitalist model: improve efficiency for inpatient care

Motivated by a search for improved quality and efficiency, there is an increasing number of hospitals and physicians exploring systems for hospital care. The current model in New Brunswick is that family physicians manage their own hospitalized patients or rotate this responsibility among a group of physicians in voluntary or mandatory systems. To increase efficacy and patient quality, many areas are moving to a system where the care of patients is transitioned to the care of an inpatient physician, the "hospitalist"[78]. All hospitalists manage medical patients in the hospital. Hospitalists may add value by being more available to inpatients, having more hospital experience and expertise, and having an increased commitment to hospital quality improvement compared to family physicians[78]. A variety of models of care are needed to meet the clinical, organizational, financial, and political demands of diverse health-care systems. The NBMS supports the creation of a voluntary hospitalist program to provide physicians with options for inpatient care for their patients and to allow for additional coverage for patients who do not have a family physician.

Objective 2c: Wait times

Providing timely access to care is a challenge across Canada, and New Brunswick is no exception. Serious health consequences to long wait times include increased mental anguish, physical pain, greater deterioration in patients' health, longer recovery time following treatment, and unfavourable health outcomes. Long waits also contribute to poor health system performance. Long waits are economically costly to patients, families, and the province through lost productivity, lost earned income and lost tax revenues for governments. The NBMS suggests addressing access to primary care and reducing wait times for emergency and specialist care as critical to improving wait times across the health system.

The NBMS recommends that government address the following challenges:

Increase access to primary care

In 2018, 90.3 per cent (583,600) of New Brunswickers 12 years and over reported having a regular health-care provider – higher than the Canadian average of 85.3 per cent. Despite this, challenges remain with respect to accessing primary care services when they are needed most. Only 25 per cent of New Brunswickers believe they can get an appointment with their family physician within 48 hours. Conversely, 38 per cent of physicians believe most or almost all their patients can get a same day or next day appointment. While 55.8 per cent of patients believe they can get an appointment within five days, 17 per cent indicated it takes more than two weeks to get an appointment. In addition to accessing appointments for urgent care needs, accessing after-hours care in New Brunswick with your own family physician can be challenging as well. Only 16.2 per cent of New Brunswickers indicate that their family physician has extended office hours (weekends or past 5 p.m. on weekdays) and only 18.2 per cent indicate that their physician has alternate arrangements for after-hours care. This, in addition to unattached patients unable to access a family physician altogether, provides a clear view of some of the most pressing issues around primary care in the province.

Improving access to primary care may require incentivizing after-hours work, promoting team-based care models, encouraging and supporting office efficiencies, and allowing asynchronous communication from patients to providers. Patients without a provider should also have in-person and virtual options for accessing care. By creating a strong primary care system, earlier intervention can be obtained, and health outcomes can be improved downstream.

Address emergency department wait times

Emergency department (ED) wait times are also an issue in New Brunswick. EDs often operate as the gateway to many acute care hospitals, and patients who arrive at the ED will often experience long wait times[37]. Excessive wait times can lead to health risks, patients leaving without being treated, ED overcrowding, and low patient satisfaction. The issue of overcrowding in waiting rooms delays treatment for individual patients and reduces the efficiency of patient flow[37]. One cause is non-urgent patients seeking treatment in these settings. The NBMS recommends establishing new programs in the

emergency room to triage patients more effectively and efficiently. Enhancing the triaging of patients can ensure appropriate tests are ordered prior to physician visit. This improves efficiency and patient satisfaction significantly. The Moncton Hospital piloted a "physician at triage" model that showed increased throughput of patients leading to elevated patient satisfaction. By introducing enhanced triage models and improving primary care access, only appropriate patients will visit the ED.

Improve wait times for specialist care

Atlantic Canadians endure the longest wait times for specialist care in the country. The average Canadian waits 22.6 weeks for a specialist consultation while patients in New Brunswick report waiting 41.3 weeks[38]. Waiting for specialist consultation can have significant negative implications to patient health and can delay advancing treatment plans for patients[38].

The current referral process in New Brunswick is paper-based and requires a knowledge of specialists and subspecialists throughout the province. The NBMS is advocating for a more efficient system, where physicians could submit a referral electronically. The physician could also receive notification when their patient is booked for an appointment, providing a closed-loop system for referrer and specialist. For certain specialties, a single-entry model for referrals could alleviate wait times. Providing patients with an option to travel for a shorter wait time in another area of the province is another potential solution.

Providing specialists with proper office management support and tools is also encouraged by the NBMS. Practice support programs for all specialists would assist in creating efficiencies for referral and wait list management, office proficiencies and support for new providers throughout the province.

The NBMS supports models whereby primary care providers can communicate with specialists for non-urgent patients. This in turn allows for appropriate patients to be in the queue waiting for a specialist visit. The eConsult model was implemented in New Brunswick in May 2017 and allows for family physicians and nurse practitioners to ask a patient-specific question to a specialist. The proof-of-concept demonstrated a 67 per cent reduction in face-to-face visits with the use of eConsult. Expanding this program and ensuring adequate remuneration of providers and stability of the electronic health record (EHR) is encouraged.

Enhance operating room capacity

The operating room (OR) is a cost-intensive environment requiring efficient and effective management. The performance of the OR is dependent on the cooperation of the surgical, anaesthesia, nursing, and allied health professionals involved[39]. Improving OR capacity requires a multi-faceted and coordinated approach, from hospital capacity, operating room staff, surgical equipment, patient admission, and discharge. [39]. The NBMS encourages government to utilize the expertise of physicians in planning and optimizing operating room capacity.

Certain specialties may benefit from centralized centres of excellence. Central intake programs and models are one example; they are widely used for orthopedic procedures, such as arthroplasty surgeries where referrals are centrally managed and scheduled[40]. In addition, many physicians use Enhanced Recovery After Surgery (ERAS) methodology to increase the throughput of patients[41]. The NBMS encourages innovative solutions to surgical and operating room capacity for all surgical specialties, ensuring physicians are involved at the initial planning stages of these projects.

Objective 2d: Efficiency and Safety

Health system efficiency has been the focus of several high-profile international studies. They provide insight into potential improvements that could be brought about not with increased resources, but by improving how existing resources are used[42]. There are several ways to improve inefficiencies within the system, by adoption Choosing Wisely Canada recommendations, implementing team-based care, using virtual care and data integration, creating a culture of fiscal efficiency, and implementing physician quality improvement and leadership initiatives.

Patient safety is the absence of preventable harm during the process of health care and reduction of risk of unnecessary harm associated with health care[43]. New Brunswick reports on several patient safety indicators, including in-hospital sepsis infection, obstetric trauma, and potentially inappropriate medication prescribed to a senior[44]. Patient safety is of the utmost concern to all clinicians and providers in the province. Patient advocacy programs are extremely useful and beneficial when creating and reviewing initiatives throughout the province. They provide an unbiased, patient-focused approach to program development and ensure patient safety is at the forefront. The NBMS is strongly supportive of an expansion of patient advocates in New Brunswick. An additional area of safety overlooked within New Brunswick is workplace violence towards health-care workers. The NBMS recommends the implementation of workplace safety strategies led by physicians and health care professionals to encourage and support a safe working environment.

The NBMS recommends that government address the following challenges:

Health-care efficiency initiatives: Implement Choosing Wisely Canada recommendations

Choosing Wisely Canada is part of the international movement to help clinicians and patients engage in conversations about unnecessary tests and treatments[45]. The movement began in the United States in 2012 and now includes 20 countries across five continents[45].

Choosing Wisely Canada encourages patient education and engagement and works to dispel the false notion that “more care is better care.” Across Canada, there is a groundswell of local Choosing Wisely Canada implementation projects – in hospitals, health regions, long-term care homes, primary care clinics, etc. – with many demonstrating dramatic reductions in the volume of unnecessary tests and treatments[45]. Inspired by these efforts, there is now a series of published toolkits for each specialty. These are simple how-to guides for reducing overuse, waste, and harm in different clinical settings. Each toolkit was developed by a clinician who has successfully implemented a Choosing Wisely Canada recommendation in their setting and achieved significant results[45].

The current areas of focus for Choosing Wisely in New Brunswick are[46]:

- imaging for lower back pain,
- antibiotics for viral respiratory infections,
- preoperative tests for low-risk procedures,

- antipsychotics in long-term care,
- benzodiazepines in long-term care,
- Using Blood Wisely, campaign to decrease inappropriate red blood cell transfusion practices in Canada.

The NBMS encourages the use of Choosing Wisely Canada recommendations and specialty-specific toolkits to improve efficiencies and reduce unnecessary care within the system.

Enhance virtual care and data integration

The health-care industry has lagged behind nearly every major consumer-facing industry in the adoption of technology. The shift to virtual care during the COVID-19 pandemic has demonstrated that the level of convenience and efficiency achieved in other industries are possible in health care[47]. We must sustain the momentum the pandemic has created and actively respond to the needs of both providers and consumers by permanently adopting virtual care.

Virtual care provides tremendous efficiencies but implementation can be tedious and time consuming for both clinician and patient. The NBMS encourages educational supports, tools, and guidance to be established to ease this process. Equitable access to virtual care solutions must be explored to ensure patients with limited digital literacy and broadband access can access technologies as well. In addition, the NBMS supports virtual care tools that communicate with each other to ensure collaboration across disciplines to further increase efficiency.

Accessing, analyzing, and utilizing data is extremely important throughout the health-care system. Kaiser Permanente is a leading organization in high quality, integrated care, and incorporates of clinical services. Kaiser Permanente has comprehensive clinical data access and workflows to achieve coordination, eliminate waste and provide highly efficient, patient-centred care[97]. The NBMS supports the adoption of platforms where data is accessible and promotes the usage of data across sectors to plan and support initiatives.

Create a culture of fiscal efficiency

Organizational change is cultural change[48]. Leadership supports must be in place to drive any improvement efforts. Prior to embarking on widespread initiatives, senior administrators in any health-care organization should conduct an organizational self-assessment to determine readiness for change efforts[48]. Incenting and rewarding efforts to improve quality and save valuable resources can also help support the development of fiscally nimble organizations. Creating a culture dedicated to performance takes time, energy, and dedication.

Implement physician quality improvement and leadership initiatives

There is increasing recognition of the need for physician leadership in quality and patient safety and emerging evidence that physician leadership contributes to improved care. Hospitals are beginning to establish physician leader positions; however, there is little guidance on how to define these roles and the strategies physician leaders can use to improve care[49]. Physician quality improvement initiatives have been identified in other jurisdictions and have had tremendous impact on various initiatives and on job satisfaction[49]. The NBMS strongly encourages the implementation of a physician leadership and quality improvement framework to support initiatives and enable physicians to become change advocates.

Address workplace violence

It is documented that 75 per cent of nearly 25,000 workplace assaults occur annually in health-care settings, with 30 per cent of nurses and 26 per cent of emergency department physicians reporting incidence of violence[50]. Those unfamiliar with daily events in health-care institutions may be shocked to learn that violent altercations are so common that most employees consider them to be simply part of the job. According to a Canadian survey of 720 primary care physicians, 30 per cent of respondents were exposed to aggressive behaviour in the month prior to taking the survey, with 39 per cent reporting that this behaviour was severe and included assault, stalking or sexual assault[51]. The NBMS encourages government to review workplace safety to ensure all clinicians and providers are safe at work.

Expand and support patient advocacy initiatives

Health-care organizations worldwide are tapping into the expertise of patients, families, and caregivers to better understand patients' personal experiences and to drive improvements in the safety and quality of health care[52]. Engaged patients have better health outcomes and experiences[53]. There is growing evidence that purposeful patient engagement is fundamental to transforming areas of the health system, including policy, care delivery, research, and education[53]. It is well recognized that partnering with patients, families, and caregivers offers important insight that can lead to improvements in health care and health systems to better meet their needs[53]. The NBMS supports expanding the current patient advocacy efforts in New Brunswick.

Reduce unnecessary physician paperwork: sick notes

The burden of paperwork on a physician's office has grown exponentially in recent years and is now considered a significant contributing factor to physician burnout across Canada. A primary area of concern is employers requiring "sick notes" from physician should an employee be unable to attend work. The NBMS and other physician associations across Canada have advocated against the use of sick notes for many years. Requiring evidence from a physician to verify an entitlement to sick leave is inappropriate for many reasons.

Employees are having to attend emergency rooms, walk-in clinics, and family practice clinics when they are ill with even a minor ailment. This has many negative effects on our health system: it forces sick patients into small waiting areas where they risk spreading their illness to others;it limits access to medical appointments for others who may require more urgent care; and in many cases, physicians are asked to verify that a patient was sick, days after an illness has passed.

The NBMS encourages government to change policies requiring sick notes to reduce the volume of patients seeking a physician's time and medical expertise.

Environmental emissions: Create a greener health-care system

Air pollution is a leading cause of morbidity and mortality globally. Climate change has been identified as the single greatest public health threat of the 21st century[94]. As a large, resource-intensive sector of the Canadian economy, the health-care system itself contributes to pollutant emissions, both directly from facility and vehicle emissions and indirectly through the purchase of emissions-intensive goods and services[94]. The NBMS encourages the government to guide hospitals and providers toward a more sustainable and green health-care system by adopting carbon-emission reduction strategies.

Objective 3: Improved Addiction and Mental Health Outcomes

Addiction and mental health resources in New Brunswick are lacking, and patients are suffering as a result. The total cost from mental health illnesses to the Canadian economy is estimated to be at least $50 billion per year[54]. This represents 2.8 per cent of gross domestic product. Over the next 30 years, the total cost to the economy will have added up to more than $2.5 trillion[54]. In any given year, one in five Canadians experiences a mental health problem or illness. More than 6.7 million Canadians are living with a mental illness today. By comparison, 2.2 million people in Canada have Type 2 diabetes[54].

The NBMS is pleased to see the recent release of New Brunswick's Mental Health Action Plan[57]. Many of the priority areas highlighted align with the NBMS's policy concerns including interventions to improve population health, access to care, early intervention, appropriate care, and addiction intervention. The NBMS will continue to work closely with government on the advancement of these key pillars and advocate for enhanced addictions and mental health services.

The NBMS recommends that government address the following challenges:

Improve access to addictions and mental health services

There is clear evidence that only a minority of individuals with mental health and substance use challenges, including addiction, seek help from mental health specialists and addiction services. Most are more likely to seek help from other community services such as family physicians[87]. People are also engaged in multiple community services simultaneously over time and report challenges in accessing specialist services[87]. By shifting resources and educating allied health professionals on mental health care, patients seeking treatment will have more readily and qualified options available.

Implement rapid access to mental health services

Mental health crises occur often. Access to adequate supports and services is necessary. While mobile health units do exist in New Brunswick, the NBMS is encouraging the expansion of these services to include equitable access for all New Brunswickers. This may include virtual care services in rural areas of the province or ensuring there is a mental health professional available at each hospital or community health centre available for synchronous communication.

Enhance early detection and intervention

Trained primary care providers and collaborative care models increase opportunities for earlier detection of mental health and addiction problems or high-risk situations[55]. This can be supported by proactive screening initiatives, broad or targeted, provided through primary care services with well-communicated protocols for referral to more specialized services. Many people with mental health or substance use problems have co-occurring physical health problems such as cardiovascular or pulmonary disease, diabetes, or arthritis and may already be in contact with primary care services[55].

Enable integrated care models through collaboration

Co-morbidity of mental health and substance use problems is common in New Brunswick. The co-occurrence of these problems is particularly high in people seeking treatment for substance use concerns and mental health issues. Patients with co-existing disorders have been reported to be difficult to engage and maintain in treatment, although integrated care models have shown some success[57].

Integrated care models provide more fluidity with the collaboration and coordination of a patient's treatment, where primary care and mental health needs are simultaneously addressed[57]. The culture of integrated care models leads to holistically evaluating and treating each patient. Integrated teams comprise both primary care and mental health clinicians in an interprofessional manner[57].

This model encourages population-based care, using routine screening and databases to track mental health services, interventions, and outcomes. Rather than referring a patient with identified mental health needs outside of the primary care clinic, these needs are addressed by the interprofessional primary care team[57].

Improve continuity of care

Across health care generally, and certainly with respect to mental health and addiction services, individuals report major challenges in making the transition through various types of care both horizontally (e.g., across different levels of mental health or addiction care and support) and vertically (e.g., across sectors, such as from a hospital stay to the community)[54]. With the use of virtual care and EMRs, clinicians could easily work collaboratively to improve the continuity of care received at each facility. The NBMS recommends enhanced continued of care across sectors and among providers.

Address the opioid crisis

Overprescribing has played a role in the current opioid crisis. Canada is the second highest consumer of opioids worldwide and must take a comprehensive approach to halt widespread prescribing[58]. Historically, opioids were prescribed for chronic pain, prior to the release of guidelines suggesting the dangers of overprescribing and guidance for opioid therapy[59]. The current demand for prescription opioid-related addiction treatment has increased substantially. In addition, since the onset of COVID-19, there has been an increase in opioid related deaths nationally[59].

Several provincial regulators across Canada have placed an emphasis on significantly reducing opioid prescriptions. An Opioid Prescribing Task Force was created in New Brunswick to review the issue and propose solutions. The Opioid Prescribing Task Force has created both provider and public information websites to educate on the dangers of opioid prescribing. The NBMS is also supportive of a prescriber profile: a personalized dataset for each prescriber in New Brunswick that outlines their opioid prescription rate, assesses its appropriateness, and compares the provider to their colleagues and peers. This promotes safe prescribing habits by allowing prescribers to hold each other accountable. The NBMS

is also supportive of prescribers having access to a Prescription Monitoring Program that may flag any contraindications for medication, including overprescribing of opioids and may identify diversion.

While addressing opioid overuse is important, patients must have adequate access to services for pain management and addiction. The NBMS recommends increased access to appropriate pain management resources and care for all New Brunswick, expanding on current programs throughout the province. In addition, the NBMS supports the availability of robust addiction treatment resources for all New Brunswickers.

Objective 4: Improve the Care and Service Experience of Seniors

New Brunswick's aging population is one of the greatest challenges the province's health-care system faces. With 20 per cent of the population 65 or older, New Brunswick has the highest concentration of seniors as a percentage of its total population in the country[60]. Prior to COVID-19, seniors occupied one in four hospital beds across the province[64].

Not only is this placing a significant strain on the health-care system, but 60 per cent of residents have been diagnosed or treated for one or more chronic health conditions - with 20 per cent indicating they have been treated for three or more chronic health conditions[62]. Having more than one chronic illness is linked with higher utilization of health-care services. New Brunswickers with one or more chronic conditions made up 72 per cent of overnight hospital stays in 2017[63]. New Brunswick's population is getting older and less healthy.

The COVID-19 pandemic highlighted the poor care delivery in long-term care homes across the country. The Canadian Institute for Health Information reported in June 2020 that Canada had the worst record among wealthy nations for COVID-19-related deaths in long-term care facilities for older people; some called it "a national disgrace"[93, 98]. In Canada, 80 per cent of all COVID-19-related deaths occurred in long-term care facilities. In part, this is a result of underqualified staff, poor treatment of staff, substandard and aging infrastructure, overcrowding, and poor infection control capabilities[93].

The NBMS believes that several strategies must be employed to improve the health and quality of life for our senior population, including: creating age-friendly environments, launching a "healthy aging" strategy to promote the well-being of seniors, establishing a comprehensive continuum of services to enable seniors to stay home, addressing long-term care homes, and creating appropriate settings for alternate level of care patients.

The NBMS recommends that government address the following challenges:

Create an age-friendly environment

It is important to promote the independence of older Canadians so that they may live in their own homes and communities, avoiding costly institutionalization for as long as feasible. To help older New Brunswickers successfully maintain their independence, it is important that governments and society ensure that the social determinants of health care are addressed when developing policies that affect them. This includes ensuring that the following supports are available to older Canadians:

- Adequate Income: Elderly poverty is both a social and a fiscal problem that will be exacerbated as higher percentages of populations in developed countries move into the over-65 demographic. Poverty rates among the elderly tend to be highest among women, particularly widows over the age of 75[65]. Approximately 14.5 per cent of older Canadians currently live below the poverty line[65]. The NBMS supports initiatives to enhance services offered to seniors, despite income.

- Housing: Nearly all of Canada's seniors live in their own homes; fewer than 10 per cent live in long-term care facilities[66]. Options are available that permit older New Brunswickers to live independently even those with disabilities or other health-care needs. The NBMS is encouraged to see the provincial government release solutions like the "Home First Strategy" and will continue to support this initiative to provide around the clock care for patients[14].

- An age-friendly built environment: To enable seniors to live independently, their needs must be taken into consideration when building communities. Accessible public transportation should be available where a large concentration of seniors live.

Promote "Healthy Aging"

The Public Health Agency of Canada (PHAC) defines healthy aging as "the process of optimizing opportunities for physical, social, and mental health to enable seniors to take an active part in society without discrimination and to enjoy independence and quality of life."[67] It is believed that initiatives to promote healthy aging and enabling older Canadians to maintain their health will lower health-care costs by reducing the overall burden of disability and chronic disease. These initiatives may include:

- Physical activity: Enable community activities for older adults to become physically active such as a designated area and time for walking, swimming, or other activities.

- Injury prevention: Falls are the primary cause of injury among older Canadians; they account for 40 per cent of admissions to nursing homes, 62 per cent of injury-related hospitalizations, and almost 90 per cent of hip fractures[68]. The causes of falls are complex, including both physiology (e.g. effect of illness) and environmental (e.g. poorly maintained walkways)[68] factors. Most falls can be prevented through a mix of interventions. Offering strength and balance training and education for older adults may help address this challenge.

- Nutrition: In 2010, 62.6 per cent of New Brunswickers over the age of 65 were considered obese. This is higher than the Canadian average of 57.2 per cent[69]. Nutrition issues are complex; they may be related to insufficient income to purchase healthy foods or to disabilities that make shopping or preparing meals difficult. The NBMS recommends additional funding and augmentation of local programs that support senior nutrition in communities.

- Mental health: An estimated 10-15 per cent of seniors report depression, and that rate is higher among those with concurrent physical illness, or those living in long-term care facilities[70]. Depression among older adults may be under-recognized and under-treated since it might be dismissed as a normal consequence of aging[70]. Poor mental health is often associated with social isolation, a common problem among seniors[70]. The NBMS supports the exploration and funding of various senior loneliness initiatives, such as The Silver Line program in the United Kingdom, which attempts to alleviate loneliness among seniors[99].

Improve and modernize long-term care facilities

Many services required by seniors, including home care and long-term care, are not covered by the Canada Health Act[71]. Funding of these services varies widely from province to province. Long-term care beds are in short supply. As a result, more than 5,000 hospital beds across Canada are occupied by patients waiting for long-term care placement, making them unavailable for those with acute care needs[71]. In 2015, one in four hospital beds in New Brunswick were occupied by alternative level of care patients[64].

Long-term care facilities in New Brunswick are privately owned, many of which operate independently. They each have an autonomous Board of Directors to provide surveillance of care. New Brunswick is also lagging on the addition of new long-term care beds each year, as seen in the recent release of the Auditor General's report on the Department of Social Development[72]. The NBMS is advocating for the modernization of long-term care homes across New Brunswick to ensure equitable access and care of patients. In addition, the NBMS encourages efficiencies within each facility to ensure patients are in the right place at the right time. Adding to this, special care homes are also available in the province. There are instances where there are open beds in special care homes when there may be none in a long-term care facility. The NBMS recommends that government work collaboratively with the departments of Health and Social Development to invest into special care homes to meet the needs of seniors requiring additional care when a long-term care bed is unavailable.

Streamline processes for Alternate Level of Care patients

An Alternate Level of Care (ALC) patient is one who is occupying an acute care hospital bed but not acutely ill or not requiring the intensity of resources or services provided in a hospital setting[73]. ALC patients are primarily those who no longer need acute care but still require some form of care such as that which is offered in a long-term care facility[73]. This is problematic for patients, because it means they are not in the most appropriate place for the type of care they need. This is also problematic for hospitals, as beds may not be available, causing back-ups in the system for elective procedures or admissions from the emergency department.

Streamlining and modernizing the process from hospital discharge to securing a bed in a long-term care facility is recommended. In addition, utilizing special care home beds while waiting for a long-term care placement may be an additional area to explore. This includes evidence-based, provider- and patient-led discussions to ensure the needs of patients are met while responsibly overseeing the system and caring for patients.

Objective 5: Provide Innovative Care Using Digital Technologies

COVID-19 has had a significant impact on the way health care is delivered in New Brunswick and other jurisdictions around the world. The virtual care fee code and billing guidelines approved during the pandemic were a critical step to enabling the adoption of both synchronous (communication occurring in real time, such as video conferencing) and asynchronous (communication not occurring in real time, such as email) virtual care. New Brunswick was considered a provincial leader in opening the physician fee schedule during the pandemic. There is a significant opportunity to capitalize on the virtual care momentum created through the pandemic to alter the way health care is delivered in the province for years to come. However, additional supports for family physicians are needed to sustain this in the long-term.

Patients were also receptive to virtual care. New Brunswick polling in May 2020 indicated that 40 per cent of patients had a virtual care appointment, and 92 per cent were satisfied with their experience with 77 per cent of respondents supporting the continuation of virtual care post-pandemic[75].

The NBMS is supportive of continuing to develop and enhance virtual care throughout the province. The NBMS encourages a model that maximizes value and efficiency while minimizing risk.

The NBMS recommends that government address the following challenges:

Implement a provincial virtual care framework

As we emerge from the initial focus on virtual care as a temporary solution to pandemic constraints, New Brunswick needs to develop a comprehensive strategy to ensure the stabilization and long-term growth of high-quality virtual care. Without such a strategy, access to virtual care is likely to be fragmented, resulting in unequal access for patients.

While a comprehensive strategy or provincial framework should address virtual care needs across the continuum of care, specific attention should be placed on primary and community care. There are several areas that will require discussions among key stakeholders and should be included as elements of a provincial virtual care framework:

- **Compensation**: For physicians to continue to provide virtual care there must be appropriate compensation models in place. This should include a commitment to maintain access to current virtual care codes as well as exploring funding options for asynchronous messaging, e-consult, remote patient monitoring, and other emerging virtual modalities. A key tenet of compensation should be maintaining parity for time required to provide virtual care compared to in-person care.

- **Modalities:** While telephone and video visits have become increasingly popular with both patients and providers, they represent only two of the multiple virtual care modalities that can

improve access to care. Asynchronous virtual care has increasingly been embraced by leading jurisdictions and health-care providers.

- **Integration**: Where possible, virtual care solutions and platforms should be integrated with existing technologies (i.e. EMR and EHR) to improve ease of use and information management. To successfully achieve this goal, stakeholders should map out existing technologies and develop standards for new modalities. Additionally, virtual care needs to be integrated into models of practice. Moving from face-to-face to a mix of modalities has been shown to work best when providers and patients are supported to embrace change.

- **Privacy and Security:** Not all virtual technologies are created equal. Protecting patient privacy needs to be a priority to ensure long-term trust and support for virtual care solutions. Developing privacy standards and protocols will help ensure family physicians are leveraging appropriate technologies and mitigate potential security risks.

- **Quality Assurance:** Virtual solutions will not replace all face-to-face care and not all virtual modalities are appropriate for specific patient needs. Developing appropriate evidenced-based guidance can help family physicians and patients better understand when to leverage specific solutions.

Enable platforms to promote continuity of care

Selecting appropriate technological solutions and platforms is essential to facilitate synchronous and asynchronous care delivery. Many forms of asynchronous care require access to common integrated platforms (i.e., e-consult, e-referral) and synchronous care uptake and user experience can be improved with the introduction of solutions which are supported and integrated.

Integration with existing clinical documentation tools such as an EMR or an EHR can greatly reduce task redundancy related to clinical documentation and simplify workflows for clinicians. There are many virtual care technologies available on the market today. Many of these are integrated with popular EMRs or can be integrated with leading solutions. Others are standalone technologies that must be incorporated into clinical workflows and supported independently.

Exploring clinical use cases and seeking alignment on priority uses will allow for the development of a technology roadmap and the creation of interoperability and architectural requirements. Clinical and technical/architectural requirements can then be assessed against the feasibility of known platforms and procurement strategies (i.e. development of standards versus centralized procurement options).

Support and education for providers and patients to promote adoption and success of digital technologies

The NBMS encourages the development of educational tools and supports to improve readiness and facilitate adoption of priority virtual care modalities. In addition, efforts to communicate virtual care offerings to patients should focus on available modalities and appropriateness of use.

Technology is only part of the solution. To improve readiness and facilitate adoption of a variety of virtual care modalities, family physicians need education and change management supports. Additionally, providers have identified the need for guidance and best practices around legal, privacy, and regulatory concerns relating to virtual care. The NBMS will continue to work with government and regulatory bodies to expand virtual care education and best practices.

Enhance 811 service

Enhancing 811 Tele-Care and triage services designed to support primary care access, improve continuity, and limit after-hour usage should be explored. Leading jurisdictions are frequently leveraging legacy Tele-Care systems to develop robust virtual health entry points for patients. These single points of access can serve as trusted sources for a patient seeking health information, help with health system navigation, and offer secure portals to facilitate access to personal health records. As part of a virtual care strategy, several enhancements could be explored and gradually introduced.

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

Infrastructure is a key pillar supporting the fundamental aim of promoting improved standards of care and well-being for all patients[76]. Maintaining hospital and facility infrastructure is an example of ensuring all New Brunswickers have a dependable health system while building the capacity to provide safe, quality care. Investing in facilities will also help grow the New Brunswick economy.

The NBMS recommends that government address the following challenges:

Improve infrastructure

The NBMS encourages the modernization of New Brunswick facilities to ensure patients are receiving state of the art care. This includes placing greater emphases on critical and routine repairs to ensure the safety of facilities. New Brunswick's infrastructure should be agile and allow for greater collaboration across health professions and disciplines. In addition, enabling New Brunswick facilities to be teaching domains with appropriate equipment for learning is an additional recruitment and retention tool for young health-care professionals.

Rural hospitals may benefit from virtual care solutions such as videoconferencing for in-patient rounds. This has been implemented in Prince Edward Island and has shown great success, ensuring equitable access for patients across the province[77].

The NBMS encourages the Regional Health Authorities and the Government to look to health-care providers as active contributors in infrastructure decisions and planning.

Enhance information technology

There have been many rapid advancements in patient adaptive technology. Patients are now able to monitor certain conditions from their own home, enabling efficiencies in New Brunswick facilities. The NBMS supports the advancement of these tools and recommends that government creates a vision for information technology investment for the future.

Expand and standardize data sharing and storage

The NBMS is supportive of a data sharing system that communicates across all facilities, enabling increased collaboration across all sectors. This includes a goal of eliminating paper charting by 2025.

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

The physician supply in Canada continues to outpace population growth. Over the last five years, the number of physicians per 100,000 population increased in all but one Canadian jurisdiction. In fact, a 2019 report indicates that New Brunswick has the second highest number of physicians per 100,000 across all Canadian provinces and territories[79]. However, given the reality of increases in number of individuals without a family physician, it would suggest that a growing problem is the distribution and utilization of physicians. There were 244.5 physicians per 100,000 citizens in New Brunswick as of 2019 – a slight increase from 2015 totals[80].

Due to the complex nature of physician remuneration and labour supply decisions, comparing headcounts relative to the population can give misleading results about access to care since many physicians work part time or are semi-retired while others take on other roles and might allow for minimal clinical care[82].

According to Statistics Canada, New Brunswick has an estimated population of 780,890. About half of the province's population in based in communities that are small towns or rural and remote settings. To illustrate the challenge this creates - 20 per cent of Canadians live in a "rural" setting, but only eight per cent of physicians are in similar-sized communities[81]. Like many provinces with a rural population, New Brunswick struggles to recruit and retain physicians based in these communities. As more physicians across the province retire, the increasing challenges with recruitment will only amplify access issues for citizens.

<u>The NBMS recommends that government address the following challenges:</u>

Develop a health human resource strategy

The NBMS is advocating for a robust health human resource strategy to improve recruitment and retention of physicians, nurses, and allied health professionals, who all play an integral role in optimal patient care. This strategy includes a central repository for health human resource management, considering a holistic plan for current and future needs for all regulated professionals in the province working within the health-care system. Projection planning is necessary to address the health human resource gap New Brunswick will be faced with in the near future.

Enhance physician recruitment

The NBMS strongly recommends establishing a provincial recruitment framework, including a "physicians hiring physicians" strategy. Physician recruitment requires a collaborative approach between government, regional health authorities, the NBMS, the College of Physicians and Surgeons of New Brunswick, and communities. The NBMS encourages government to develop this framework in collaboration with physicians, with a support from the NBMS for recruitment services. In addition, the

NBMS promotes mentorship to youth and young adults to increase interest in pursuing careers in a health-care field, including medicine.

Augment physician retention

Physician retention is as important as recruitment; in fact, the C.D. Howe Institute's report on physician recruitment and retention suggests that New Brunswick's primary focus should be retention of providers.[82] Where financial incentives are pre-existing, the NBMS is suggesting additional retention tools be explored or an enhanced incentive. Rural and northern New Brunswick requires additional focus on physician retention.

A survey of medical residents indicates that many graduating residents show a high interest in teaching[83]. The NBMS is supportive of a health system that is highly supportive and encourages education. Currently, there is no compensation for teaching medical learners in New Brunswick. In addition, there is evidence that young physicians want to practise collaboratively. Providing and supporting physicians with opportunities to practise collaboratively in team-based settings is a potential retention tool for New Brunswick. Finally, providing additional financial incentives, and allowing them to be paid at shorter intervals, may be beneficial in attracting and retaining physicians in New Brunswick.

Concluding remarks

The NBMS is encouraged to see several initiatives and action plans established by government this past year to address the many complex, challenging issues our health system faces. The newly released discussion paper is a step forward in the right direction for the province of New Brunswick and the health care of our patients. By continuing to foster a positive and collaborative relationship, the NBMS and the physicians of New Brunswick are eager to collaborate on the suggestions laid out in this submission, with the sole objective of providing exceptional care for the patients of New Brunswick.

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