A Primary Health Care Framework
for New Brunswick

New Nouveau Brunswick

Contents

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Minister's Message

As the Minister of Health it is my pleasure to accept this report from the Primary Health Care Steering Committee.

A Primary Health Care Framework for New Brunswick is a long-term strategic plan for improving primary health care in New Brunswick.

Our goal is to provide New Brunswickers with the health care they need, when and where they need it. We will do this by creating a patient-centered system where community-specific team-based care is provided by primary health care workers who feel valued and supported.

Government has been engaged in primary health care renewal activities since last spring when the Primary Health Care Steering Committee, in collaboration with government, released the discussion paper *Improving Access and Delivery of Primary Health Care Services in New Brunswick*.

The committee has done a tremendous amount of work and I would like to thank members for their efforts. They have been instrumental in driving primary health care change which is necessary if we are to maintain a sustainable health care system for future generations of New Brunswickers.

I would also like to thank those who have participated in this process through public and stakeholder consultation.

We know that our health care system needs to be more responsive to the needs of New Brunswickers and we know that change is necessary in order to accomplish this.

Our government is committed to taking action by working with New Brunswick communities to follow through on the changes necessary to improve the way we deliver primary health care services.

Sincerely,

Madeleine Dubé
Minister of Health

Intention for a Primary Health Care Framework for New Brunswick

The intention of this framework is to recommend a strategic plan to government on how to renew primary health care. Each recommendation offers rationale, evidence and specific actions for government to consider.

Executive summary

The Government of New Brunswick is committed to renewing and strengthening primary health care. Primary health care is usually the first place people go when they have health concerns. Primary health care is the part of the health-care system that people use the most and includes routine care, care for acute and complex health problems, mental health care, maternity and child care, psychosocial services, home care, health promotion and disease prevention, nutrition counseling, periodic health exams (i.e. PAP tests), managing chronic illness, serious acute illness and end-of-life care. It is usually delivered in the community and by a wide range of providers including general practitioners or family physicians, nurse practitioners, nurses, psychologists, physiotherapists, occupational therapists, pharmacists and other community health workers. Primary health care providers and teams are a critical hub of the comprehensive approach required for patient-centered, integrated care that can improve the efficiency of the health-care system, health outcomes, patient satisfaction and quality of care[1].

A strong primary health-care system is the foundation to ensuring that individuals and communities can get the health care they need, when and where they need it. It can help patients and their families better manage their health conditions in the community, thereby reducing pressure on more expensive and resource-intensive acute care services. Since the establishment of Canada's system of universal, publicly-funded health insurance, innovations in primary health care have been numerous and varied.

The road to primary health care renewal in New Brunswick began in 2002 with strategic federal investment through the Primary Health Care Transition Fund. Although numerous improvements were realized through this influx of investment, such as the establishment of seven community health centres, the introduction of nurse practitioners and primary care health paramedics and enhanced tele-care services, the traditional primary care delivery system of solo, fee-for-service community physicians in office practices remained intact.

1 Hollander MJ, Kadlec H, Hamdi R et al. (2009) Increasing value for money in the Canadian healthcare system: new findings on the contribution of primary care. Healthcare Quarterly; (12) 4:33-44

New Brunswick is at a tipping point, where our economic future and subsequent health-care system is threatened. In order to achieve the vision for primary health care expressed by New Brunswickers through extensive consultation which began in March 2011, was reinforced at the province's Primary Health Care Summit in October 2011 and concluded with a post–summit follow-up meeting in February 2012, a transformative approach needs to be embraced.

New Brunswick has significant investments in infrastructure and health-services delivery. As identified by the New Brunswick Health Council, the challenge facing our province is how we will integrate care to achieve improved health outcomes for New Brunswick's population. This will require addressing policy, funding and practice issues. Through strategic, patient-centered transitioning and eventual reallocation of our resources, lower costs for overall health care can be achieved.

The vision, *better health and better care with engaged individuals and communities*, will be achieved through improved integration of existing services and infrastructure and the implementation of patient-centered primary health care teams working collaboratively together and with the regional health authorities in a shared accountability structure to meet the identified needs of communities. In addition, these teams will be required to achieve defined performance indicators and measurable outcomes that will be evaluated on an annual basis. The importance of and commitment to the health and wellness of our province should be promoted across all government levels, professional associations of health-care providers, university and college programs and the public. This primary health care framework will provide direction to government about how this vision will be realized over a 10-year period, how various strategic initiatives could be implemented and studied throughout the province and how success will be measured.

Recommendations: at a glance

Integration of primary health care services

1. Conduct community health needs assessments
2. Primary Health Care Steering Committee to define the operation, definitions, scope and terms of reference for the Collaborative Services Committees
3. As a result of the community health needs assessments, implement corresponding Collaborative Services Committees

Community-specific team-based care

1. Assemble team-based models of care
2. Establish electronic medical records in team-based care settings
3. Create a provincial Connect-NB unattached patient registry

Accountability

1. Implement an accountability framework including performance indicators and clinical outcomes

Stakeholder and patient engagement

1. Implement stakeholder engagement strategies
2. Implement *Patient Voices Network*
3. Enhance membership of the Primary Health Care Steering Committee with a patient representative

Leadership for system transformation

1. Implement a team to lead change
2. Develop and implement strategies to lead change
3. Enhance membership of the Primary Health Care Steering Committee with an e-health representative from the Department of Health and a First Nations representative

Background

The road to primary health care renewal

Primary health care is referred to as the first place people go when they have a health concern. Often, this is to a family physician or other primary care provider such as a nurse practitioner, physiotherapist, pharmacist or psychologist, among others. The philosophy of primary health care places the emphasis of health care in the community, where primary health care providers support the continuum of care from cradle to grave. In supporting the continuum of care, primary health care providers play a pivotal role in linking the community and the hospital system. Primary health care is foundational to a sustainable and effective health-care system.

Currently, primary health care is delivered to New Brunswickers through an extensive network of services that include community development, health promotion and disease prevention, health education, chronic disease management and primary care. These services are provided through:

- family physicians' offices;
- community health centres;
- satellite community health centres;
- health service centres;
- community mental health centres;
- collaborative practices;
- Tele-Care;
- public health offices;
- First Nations health centres;
- addictions services;
- the Extra-Mural Program ;
- emergency department;
- after-hours clinics; and
- private allied health practitioners.

We have substantial infrastructure and resources in primary health care in New Brunswick. The major challenge is that these resources are not always coordinated or integrated.

Primary health care reform has been an area of focus in New Brunswick for over a decade, since the inception of the federal government's Primary Health Care Transition Fund (PHCTF, 2000-2006). This $800-million dollar fund provided strategic investment opportunities to provinces and territories in an effort to improve primary health care, nation-wide[2].

2 Health Council of Canada. (2010). *At the Tipping Point: Health Leaders Share Ideas to Speed Primary health care Reform.* Toronto: Health Council. www.healthcouncilcanada.ca

New Brunswick received $15-million in funding. In New Brunswick, this investment was directed to:

- establishing seven community health centres with physicians supported by a range of allied health professionals;
- delivering interdisciplinary provider education (Building a Better Tomorrow program);
- implementing collaborative practice models for primary care delivery with family physicians working with nurse practitioners;
- enhancing Tele-Care (811);
- investigating of the use of advanced care paramedics and introducing primary care paramedics;
- integrating Ambulance Services under one sole provider.

Since the end of the PHCTF in 2006, the province has continued work to improve primary health care in New Brunswick. In 2005, the Minister of Health established a working committee of key stakeholders, known as the Primary Health Care Steering Committee (PHCSC), to develop and implement new ways of improving access and delivery of primary health care[3]. On March 29, 2011, the Minister of Health, Madeleine Dubé, in partnership with the PHCSC, released the committee's discussion paper: *Improving Access and Delivery of Primary Health Care Services in New Brunswick*.

A consultation process followed the release of the discussion paper. The PHCSC held dialogue sessions with stakeholders to hear their position on the discussion paper and the public submitted comments electronically. Simultaneously, the New Brunswick Health Council (NBHC) surveyed over 14,000 New Brunswickers about their primary health care experiences. The report on these findings was released July 2011.

The NBHC also released a recommendations document to the Minister of Health in which the Council put forth three comprehensive recommendations. The following is the Council's recommendation on primary health care:

> *"The Government of New Brunswick, through the Department of Health, review the organization and delivery of primary health care in the province with a view to maximizing the utilization of existing human and financial resources. This review should focus on ways to improve access to care and quality of care, as well as integration with other health service programs, namely hospital services".*[4]

The results of the PHCSC's consultation process and the NBHC's survey results were used to inform the Primary Health Care Summit, held in October 2011. The goal of the summit was to ignite change in primary health care by producing a shared vision and commitment to improve primary health care access and service delivery across the province. The two-day event was

3 Primary Health Care Advisory Committee. (2010). *Improving Access and Delivery of Primary Health Care Services in New Brunswick*. New Brunswick: Province of New Brunswick.

4 New Brunswick Health Council. (2011). *New Brunswick Health System Report Card 2011.*

attended by a range of stakeholders including policy and decision makers in government, primary health care practitioners, health care-related organizations, academics and community leaders. There were three, clear areas of focus that emerged from the summit:

- reviewing the governance model;
- creating primary health care teams; and
- implementing electronic medical records (EMR).

As a follow-up to the Summit, the committee held a meeting on February 2, 2012 of a cross-section of stakeholders from the Summit to present a draft of this framework for validation/feedback purposes.

This framework is a product of the extensive stakeholder consultation and primary health care review that has taken place over the last year. The recommendations in this framework reflect the majority of the original 12 recommendations and the overarching strategic approach identified in the PHCSC's original discussion paper as well as the main themes that emerged from the Primary Health Care Summit.

Investing in Primary Health Care

Our province's current economic and fiscal climate is challenging and all departments are finding efficiencies in an effort to reduce the province's debt. At present, the Department of Health consumes over 40 per cent of the province's overall budget. Without intervention and strategic, long-term investments, it is predicted that health-care costs will continue to rise while our population continues to decline. While our province's spending on health care is among the highest in Canada (when health expenditures are represented as a percentage of GDP)[5], our health outcomes are among the lowest. We are at the tipping point, a point where the health-care system as it currently operates is no longer sustainable.

Concurrently, the demographics and health profile of our province are shifting: we have an aging population and there is an increase in chronic disease, across all age groups. As many as seventy per cent of New Brunswickers are affected by at least one chronic disease[6] which is a significant cost-driver on the health-care system. As people live longer with chronic conditions, sometimes from childhood onward, the concepts of co-morbidity and multi-morbidity have become increasingly important. Caring for people with chronic conditions involves supporting some people with a single condition, others with co-morbidities (issues related to an initial condition, such as diabetes and renal failure) and still others with multi-morbidities (multiple conditions, some related to each other, some complicated and some that are unrelated but coexisting). A common example of multi-morbidity is a person with diabetes, hypertension and asthma who develops arthritis or dementia[7].

One of the key roles of primary health care is to help patients better manage their chronic disease(s), thereby reducing their need to go the hospital for emergency/acute care[8]. With an aging population and chronic disease on the rise, importance must continue to be placed on primary health care as cost effective, low intensity care, focused on prevention/management. Acute hospital care is more costly due mainly to high intensity specialty services and the use of expensive technology and equipment[9]. Research demonstrates that shifting the focus from hospital-based care to preventative and primary health care has been linked to reduced aggregate health-care spending and it is suggested that a health-care system focused on primary health care is more likely to produce better health outcomes and greater patient satisfaction, all at a lower cost[10].

5 New Brunswick Health Council. (2010). *Understanding New Brunswick's Health Care Costs and Capacity to Delivery Health Care: Relationship Between Health Care and Sustainability*

6 Statistics Canada. (2005). *CCHS Cycle 3.1*

7 (Nasmith L., Ballem P, Baxter R., Bergman H, Colin-Thorné D., Herbert C., Keating N., Lessard R., Lyons R., McMurchy, D. Ratner P., Rosenbaum, P., Tamblyn, R. Wagner E., & Zimmerman B., 2010) .

8 Atun, R. (2004). *What are the advantages and disadvantages of restructuring a health care system to be more focused on primary care services?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; http://www.euro.who.int/document/e82997.pdf

9 Atun, R. (2004). *What are the advantages and disadvantages of restructuring a health care system to be more focused on primary care services?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; http://www.euro.who.int/document/e82997.pdf

10 Atun, R. (2004). *What are the advantages and disadvantages of restructuring a health care system to be more focused on primary care services?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report; http://www.euro.who.int/document/e82997.pdf

Approximately 93 per cent of New Brunswickers have a family physician[11]. In their 2011 New Brunswick Health System report card, the NBHC gave our province's primary health care sector an overall C grade[12]. The primary reason for this low grade was accessibility to family physicians. While most New Brunswickers have a family doctor, being able to access primary health care in a timely manner is often a challenge. Research suggests that reduced access to primary health care can result in decreased population health[13].

In their extensive survey of over 14,000 New Brunswickers, the NBHC found that only 30 per cent of respondents could get a same-day or next-day appointment with their family doctor (15 per cent below the national average). Only 22 per cent of respondents indicated that their family doctor had an after-hours arrangement when the office was closed[14].

Through their survey, the NBHC identified community-specific patterns of *how* New Brunswickers access primary health care. When asked where they go ***most often*** when they are sick or need care from a health professional (in non-emergency situations), respondents were asked to choose between a personal family doctor, an after-hours clinic or walk-in clinic, a hospital emergency department and other. The NBHC found that citizens in many small communities often visit the hospital emergency department when in need of primary health care. While larger communities utilized the ER less for non-urgent health care needs, respondents frequently used after-hours and/or walk-in clinics to access primary health care [15].

The consequences of poor access to primary health care have widespread effects throughout the rest of the health-care system. The NBHC found that 65.8 per cent of emergency room visits are classified as non-emergencies (CTAS 4 and 5)[16]. Receiving care in the emergency room costs taxpayers double what it would cost to receive care in a primary health care setting. From a patient-centered perspective, non-emergency cases can be better cared for in a primary health care setting at the community level, outside of the hospital system.

Primary health care investments must be focused on increasing accessibility to primary health care and on prevention and management of chronic disease. Primary health care renewal is the cornerstone of creating a sustainable health-care system and meeting the health-care needs of future generations.

11 New Brunswick Health Council. (2011). *New Brunswickers' Experiences with Primary Health Care, 2011 Survey Results*

12 New Brunswick Health Council. (2011). *Recommendations to the New Brunswick Health Minister, Moving towards a planned and citizen-centered publicly funded health care system.*

13 McMurchy, D. (2009). *What are the Critical Attributes and Benefits of a High-Quality Primary Healthcare System?* Ottawa: Canadian Health Services Research Foundation.

14 New Brunswick Health Council. (2011). *New Brunswickers' Experiences with Primary health care, 2011 Survey Results*

15 New Brunswick Health Council. (2011). *New Brunswickers' Experiences with Primary Health Care, 2011 Survey Results*

16 New Brunswick Health Council. (2011). *New Brunswickers' Experiences with Primary Health Care, 2011 Survey Results*

The vision for primary health care in New Brunswick

Better health and better care with engaged individuals and communities.

Better health	Better care	Engaged individuals and communities
•Improved health outcomes •A culture focused on chronic disease prevention and self-management	•Patient-centered care •24/7 care for New Brunswickers •Better access to inter-disciplinary primary health care •Comprehensive, continuous and coordinated care •Opportunities for continuous training for our primary health care professionals •Care delivery that meets the specific needs of communities	•Patients and families involved in their own health care decision making •Patients and communities engaged at the system level

The vision for primary health care renewal in New Brunswick is based on the following three core attributes:

- Patient-centered care;
- Community-specific team-based care; and
- Primary health care workers who feel valued and supported

Patient-centered care

Patient-centered care is a philosophy whereby the engagement of the patient in their health care decision-making is imperative and the patient and provider(s) work as a team to meet the unique needs of the patient. A thorough understanding of the patient's complete health profile is a necessity in achieving care that is truly patient-centered. Patient-centered primary health care can have a significant impact on the health of the population, especially in the prevention and management of chronic disease. Patients who are active participants in their health-care planning have a better understanding of the health-care system[17].

17 Health Council of Canada. (2011). *How engaged are Canadians in their Primary Care?* Toronto: Health Council. www.healthcouncilcanada.ca.

Community-specific team-based care

Based on the results of the NBHC primary health care survey, feedback received from the Primary Health Care Summit and dialogue with key stakeholders, it is clear that every New Brunswick community has different needs that will change over time and that a one-size-fits-all primary health care model will not work for our province. The models of care for each community will need to be different, but there is a common thread: the citizens of New Brunswick need a team-based approach to primary health care. Team-based care is one way to improve the quality of care, since teams can focus on the prevention of chronic disease, offer better access to services, shorter wait times and achieve better coordination of care to help ensure that patients receive the right care, by the right provider, in the right place, at the right time[18].

Primary health care workers who feel valued and supported

Working in the health care sector is often stressful and demanding. It is imperative that those working in primary health care feel valued and respected. To help ensure this, primary health care providers need to be working to their full scope of practice to fulfill patient and community needs. Working to full scope of practice promotes an effective use of time and resources and can also help optimize patient access. It also fosters a culture whereby the skills of primary health care professionals are highly valued as members of a team. While it is fundamental that primary health care providers are valued and respected within the system, their importance to the health and wellness of our province should be promoted across all government levels, their respective professional associations, university and college programs and to the public.

RECOMMENDATIONS

In order to create a healthier New Brunswick, the PHCSC supports the following recommendations which align with the committee's vision for ***better health and better care with engaged individuals and communities.***

18 Health Council of Canada , *At the tipping point: Health leaders share ideas to speed primary health care reform,* (May 2010) p 3

Integration of primary health care services

RECOMMENDATIONS

- **Conduct community health needs assessments**
- **Primary Health Care Steering Committee to define the operation, definitions, scope and terms of reference for the Collaborative Services Committees**
- **As a result of the community health needs assessments, implement corresponding Collaborative Services Committees**

During the PHCSC's dialogue sessions with stakeholders, the committee heard on numerous occasions that in many of New Brunswick's communities there are weak linkages between primary health care providers and RHA resources (i.e. nurses, allied health providers, etc.). These linkages are essential in order to foster patient-centered, team-based care in the community.

As evidenced at the beginning of this framework, New Brunswick has a strong community-based health infrastructure. The challenge is to better integrate these services. Community health needs assessments have the potential to not only bring communities together around health care but to collectively identify community assets, strengths and gaps in the system. The PHCSC recognizes that communities across the province are taking part in these assessments to determine the unique need of their communities. The PHCSC believes that the process for organizing and carrying out a community health needs assessment can become the impetus for assembling Collaborative Services Committees (CSC). A CSC then becomes the body to address the health needs of the community as identified in the community health needs assessment, including but not limited to:

- managing the integration and re-profiling of RHA resources into team-based settings;
- determining investment needs;
- working to remove systemic barriers to improve care delivery;
- providing family physicians and allied health professionals with support and the ability to influence patient care;
- providing citizens with increased accessibility and enhanced quality of care; and
- contributing to the sustainability of the health-care system[19]

A CSC is an innovative way of providing solutions to the complex and inter-connected issues facing the delivery of primary health care services at the community level and its interface with the acute care system[20]. The PHCSC recommends that each CSC be co-chaired by a physician representative and a representative from the RHA based in that particular community. This model will help ensure leadership and commitment from both groups.

19 The Document of Intent for the creation of Collaborative Services Committee in British Columbia was analyzed to inform the role of a CSC in New Brunswick.

20 Document of Intent for the creation of Collaborative Services Committee in British Columbia

The Health Council of Canada has indicated that primary health care needs an organizational body (like a CSC) at the community level to act as an integrative force and serve as the link between government and professionals providing care[21]. A collaborative working agreement and an accountability framework will be developed and applied across all CSCs. It is the vision that each accountability framework will be developed and signed by the CSC members. This accountability framework will identify goals, objectives, roles/responsibilities and the working processes of the community-specific primary health care teams. Shared accountability is a cornerstone of this model and the CSCs will be responsible for ensuring that the recommended performance indicators and clinical outcomes are realized.

At the macro level, our current publicly-funded primary health care delivery system design could be improved to connect local stakeholder groups. At present, the RHAs are accountable for primary health care providers except for FFS physicians. Within the structure of the Department of Health, physician remuneration, e-health and primary health care are separate divisions and require opportunities for collaboration and shared planning and funding roles.

21 Health Council of Canada. (2010). *At the Tipping Point: Health Leaders Share Ideas to Speed Primary health care Reform.* Toronto: Health Council. www.healthcouncilcanada.ca

Community-specific team-based care

RECOMMENDATIONS

- **Assemble team-based models of care**
- **Establish electronic medical records in team-based care settings**
- **Create a provincial Connect-NB unattached patient registry**

Our population is growing older, and baby boomers will soon outpace the growth of the working age population. As people age, they become more susceptible to chronic disease(s) and often require more contact with the health-care system to help manage chronic diseases.

The prevalence of chronic disease is widespread throughout our province. Approximately 70 percent of New Brunswickers are affected by at least one chronic disease[22]. Over one third of New Brunswick children and youth (ages two-17) are either overweight or obese[23]. The growing incidence of chronic conditions means that more patients need greater support from their primary health care providers. At the same time, family physicians have identified that caring for more complex patients is placing increasing pressure on their practice.[24]

All New Brunswickers deserve timely access to primary health care services that provide comprehensive and coordinated care. Collaborative team-based care is one way to improve accessibility to primary health care, since teams can focus on the prevention/management of chronic disease, offer better access to services, shorter wait times and achieve better coordination of care to help ensure that patients receive care when they need it[25].

Extensive international research has demonstrated that inter-disciplinary teams deliver comprehensive, continuous and coordinated care, which is especially beneficial for those with chronic conditions. Effective chronic disease management (CDM) requires a shift to a continuous, patient-centered and team-oriented approach. New Brunswickers living with chronic disease require coordinated and integrated strategies/interventions to support them to confidently self-manage. Self-management is a critical component for optimal CDM because in the course of a year persons with chronic disease may spend a few appointments, equal to half a day, discussing their health with a primary health care provider but require the knowledge and skills to spend the rest of the year effectively managing their own condition.

22 Statistics Canada. (2005). *CCHS Cycle 3.1*

23 Department of Wellness, Culture and Sport. (2009). *Live well, be well: New Brunswick's Wellness Strategy 2009-2013.* New Brunswick: Province of New Brunswick

24 Health Council of Canada. (2010). *At the Tipping Point: Health Leaders Share Ideas to Speed Primary Health Care Reform.* Toronto: Health Council. www.healthcouncilcanada.ca

25 Health Council of Canada. (2010). *At the Tipping Point: Health Leaders Share Ideas to Speed Primary Health Care Reform.* Toronto: Health Council. www.healthcouncilcanada.ca

Responsiveness to community needs is a key element to team-based care[26]. Team-based care is a preferred model of most primary health care renewal strategies as research suggests that:

- team-based care is one way to improve the quality of care, since teams can offer better access to services, shorter wait times and achieve better coordination of care; and
- a team approach can also result in the delivery of more comprehensive care, particularly for people with chronic conditions.[27]

During the Primary Health Care Summit, over 90 percent of delegates agreed that a team approach is the preferred model for delivering primary health care in New Brunswick. The PHCSC recommends that team-based models are the preferential models for the future of primary health care renewal. The committee also endorses moving away from solo-provider care models.

Team membership

There is no one-size-fits-all primary health care team model that will best serve the needs of all New Brunswick communities. The community health needs assessments that have already been conducted across the province, as well as the NBHC's extensive primary health care research, have illustrated that every community has its own unique population health profile. As we heard from stakeholders during the Primary Health Care Summit, the formation of primary health care teams must be derived from the needs of the community and those teams must be made up of primary health care providers who can meet those needs.

As identified in the PHCSC's March 2011 dialogue paper, **all New Brunswickers must have access to a family physician**. It is envisioned that each primary health care team model will include a family physician. Other team members in this collaborative team model could include but are not limited to: nursing resources, allied health providers, health educators and social workers. Each team would include administrative support and/or management as required.

Electronic medical record

A tool that enables the delivery of comprehensive and coordinated care in team-based settings is an electronic medical record (EMR). International research suggests that EMRs support collaborative care models by ensuring that team members have timely access to patient and patient population health history, are alerted to patient needs that require timely action and can measure practice performance indicators and clinical outcomes.

The Conference Board of Canada has identified that the "continuity of information between and among health-care providers correlates with improved quality of care, administrative processes

26 Health Canada. (2006). About Primary Health Care. Retrieved from http://www.hc-sc.gc.ca/hcs-sss/prim/about-apropos-eng.php

27 Health Council of Canada. (2010). *At the Tipping Point: Health Leaders Share Ideas to Speed Primary Health Care Reform.* Toronto: Health Council. www.healthcouncilcanada.ca

and patient safety[28]" as providers have quick access to data to track performance indicators and clinical outcomes. EMRs can enhance team collaboration, reduce duplication and ensure that team members can access the patient data they need when they need it[29]. The importance of EMR utilization in primary health care teams is increased when members of the team are not co-located. Furthermore, the Health Council of Canada suggests that EMRs can lead to effective chronic disease management in primary health care team settings[30].

Patients can also benefit from the implementation of EMRs. The College of Family Physicians of Canada suggests that in order to help champion patient-centered care, patients should have access to their medical records, as agreed upon by the patient and their family physician and primary health care team[31]. Research suggests that EMRs have been shown to improve patient satisfaction with the following:

- the quality of their visits;
- their physician's familiarity with their health care needs;
- patient-provider communication;
- the use of time during the visit; and
- comprehension of the decisions made during the visit.[32]

In order for EMRs to effectively contribute to the renewal of primary health care in New Brunswick, EMRs must be adequately funded, be standardized to ensure common data management and be integrated with other electronic health records (i.e. One Patient, One Record)[33]. The College of Family Physicians of Canada found, through a comprehensive evaluation of peer-reviewed literature, that cost-sharing or financial support from government is necessary to support the high cost of EMR adoption[34]. Sufficient training and ongoing technical support will also be required. It is recommended that an EMR be implemented as part of the start-up of primary health care teams.

Unattached patient registry, Connect-NB

At present, both RHAs have unattached patient registry systems where New Brunswickers who do not have a regular family physician are listed and placed with a family physician when openings are available. Patients and stakeholders have identified that improved processes and models could be considered to optimize the current registry systems. These changes would see

28 Conference Board of Canada. (2006). *Enhancing Interdisciplinary Collaboration in Primary Health Care: The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care. Ottawa.*

29 McMurchy, D. (2009). *What are the Critical Attributes and Benefits of a High-Quality Primary Healthcare System?* Ottawa: Canadian Health Services Research Foundation.

30 Health Council of Canada. (2009). *Getting it Right: Case Studies of Effective Management of Chronic Disease Using Primary health care Teams*. Toronto: Health Council. www.healthcouncilcanada.ca

31 The College of Family Physicians of Canada. (2011). *A Vision for Canada: Family Practice, The Patient's Medical Home.*

32 Hsu J., Huang J., Kinsman J., Fireman B., Miller R., Selby J., Ortiz E. (2005). *Use of e-health services between 1999 and 2002: A growing digital divide.* J Am Med Inform Assoc.

33 The College of Family Physicians of Canada. (2011). *A Vision for Canada: Family Practice, The Patient's Medical Home.*

34 The College of Family Physicians of Canada. (2011). *A Vision for Canada: Family Practice, The Patient's Medical Home.*

improved monitoring of unattached patients, ensuring data is accurate, up-to-date and more transparent information is available for the public.

The PHCSC recommends a provincially-managed, bilingual patient registry with one easy and familiar number (i.e. 811) that all New Brunswick citizens, without a family physician, can call. The responsibility centre for actively managing the registry will be with the Tele-Care provider. Criteria will be developed in consultation with various stakeholders including the RHAs, primary health care providers, CSCs and emergency departments to determine priorities for registry management and how patients come off of the list once available providers are identified.

The PHCSC recommends that government implement initiatives that reflect collaborative, team-based practices at the community level. A local CSC would be at the helm of each initiative to ensure accountability and support. It is envisioned that these initiatives would be structured, or modeled, based on the needs of the local community. These needs would be identified through community health needs assessments. It is expected that identified needs would be met through the availability of existing resources. While some financial investment may be required for new or non-existent resources, our system does have quality resources that can be utilized more effectively. Through reorganization, these resources can help meet the primary health needs of communities. To ensure strategic investments, the prioritization of these initiatives must complement the strategy set forth in the department's upcoming Provincial Health Plan (2012-2016).

Accountability

RECOMMENDATION

- **Implement an accountability framework including performance indicators and clinical outcomes**

The Canadian Health Services Research Foundation found that achieving a high-quality health-care system is facilitated by accountability, supported by a culture of continuous quality improvement and ongoing measurement and monitoring[35]. Primary health care stakeholders across the province have identified that establishing clear and measureable performance indicators and clinical outcomes should be a priority for primary health care renewal and that those measures need to be evaluated, province-wide, and communicated on a consistent basis. This will allow for province-wide comparison and will help foster a culture of accountability. Research illustrates a link between public reporting and quality improvement during primary health care renewal[36].

The PHCSC recommends the development of an accountability framework including performance indicators and clinical outcomes and that a working committee be created and tasked with providing the province with recommendations on which performance indicators and clinical outcomes should be measured. All primary health care teams will be required to measure and readily demonstrate adherence to performance standards. Communicating the results of performance indicators and clinical outcomes will be a fundamental component of the process to lead change.

Primary health care renewal will require providers, government and the RHAs to shift the way they deliver primary health care. In turn, this will change how the public experiences primary health care. Communicating the effectiveness of primary health care renewal may encourage buy-in from those who are resistant to change, will encourage the sharing of success stories, validate the effective use of health care dollars and help support the work being done by the New Brunswick Health Council.

Performance Indicators

The performance indicators by which the team will be measured will be mutually agreed upon by the team. Performance indicators will reflect the overall principles subscribed to below and will be reported at regular intervals. Meeting performance standards will be tied to ongoing financial and resource support. The following section provides principles and examples of indicators that will be captured in an Accountability Framework.

35 McMurchy, D. (2009). *What are the Critical Attributes and Benefits of a High-Quality Primary Healthcare System? Ottawa:* Canadian Health Services Research Foundation.

36 McMurchy, D. (2009). *What are the Critical Attributes and Benefits of a High-Quality Primary Healthcare System? Ottawa*: Canadian Health Services Research Foundation.

Overall principles to guide the development of performance indicators and clinical outcomes

1. **Sound accountability structure**

   Goals and objectives documented in an accountability framework, which will also describe the patient population served.

2. **Resources management**

   How financial and human resources will be managed efficiently to meet the goals and objectives.

3. **Risk management**

   How teams will measure, accept and manage risk.

4. **Key indicators to be measured**

   The qualitative and quantitative measures needed to assess performance towards reaching goals.

Key indicators

1) Process of care

i) Assessing routine or on-going care at any time of day
Example – *Mean number of days that a patient contacting a team office or referred to a primary provider will wait until the first available appointment.*

ii) Accessing immediate or urgent care on the same day
Example – *How many patients were able to access their team for immediate or urgent care on the same day that they contacted or referred to the team.*

iii) Primary health care team arrangements for extended office hours regularly (%)
Example – *There is a sustainable and effective after hours arrangement in place. Number of patients that were accommodated in after hours care.*

iv) Appropriate screening for traditional conditions
Example - *PAPS, mammography, colorectal and prostate cancers, blood pressure, blood sugars and other targeted conditions that are more endemic to patient population.*

2) Outcomes of care

i) **Measurements of the change in health status for patients or cohorts**
Example - *Tracking HbA1c levels for diabetics, BP for hypertension.*

ii) **System utilization – hospital admissions or emergency department**
Example - *Number of patients with one or more of four select chronic conditions who were seen in the emergency department or admitted to hospital in the last six months.*

iii) **Coordination of Care – i.e. mental health or specialist referral/care**
Example – *Number of patients referred for specialized care and where they were referred in the last 6 months.*

3) Patient and caregiver satisfaction

i) **Regular surveys** (twice a year) using existing surveys.

4) Costs

i) **Reimbursement** – does it encourage desired outcomes and recognize case mix in patient population being treated?

ii) **Sustainability**

iii) **Supports adoption and use of health information technology**

Stakeholder and patient engagement

RECOMMENDATIONS

- **Implement stakeholder engagement strategies**
- **Implement** *Patient Voices Network*
- **Enhance membership of the Primary Health Care Steering Committee with a patient representative**

Stakeholder engagement

Feedback from the primary health care dialogue process and the summit has identified that primary health care providers who took part in the dialogue process and the summit felt engaged in primary health care renewal and were able to make connections with their peers to share best practices and success stories. The insight and recommendations from engaged stakeholders has been critical to the development of this framework. As such, it is recommended that a communications strategy be developed to keep stakeholders informed of the province's primary health care initiatives and that they are consulted with throughout the primary health care renewal process. Building trust, fostering open dialogue and continuous relationship building will be instrumental to successful primary health care renewal in New Brunswick.

Patient engagement

Patient-centered care is a philosophy whereby the engagement of the patient in their health care decision-making is imperative and the patient and provider(s) work as a team to meet the unique needs of each patient. A thorough understanding of the patient's complete health profile is a necessity in order to work towards care that is patient-centered. Patient-centered primary health care can have a significant impact on the health of the population, especially in the prevention and management of chronic disease. There are many benefits to patient engagement, including[37]:

- patients take a more confident and active role in maintaining their health, are more satisfied with their care and feel more positive about their overall health;
- shared decision-making between patient and provider is increasingly recognized as an ideal model of care; and
- engaged patients have improved knowledge and understanding of their care, resulting in better use of health services and resources.

37 Health Council of Canada. (2011). *How engaged are Canadians in their Primary Care?* Toronto: Health Council. www.healthcouncilcanada.ca

At the patient-provider level, team-based collaborative care can help foster a culture of patient engagement. However, there are socio-economic barriers that can stand in the way of patient engagement. In 2003, over 60% of Canadians scored below the minimum health literacy score required for engagement[38]. Secondly, as identified by the New Brunswick Health Council, the way that many New Brunswickers access primary health care shows that there is an apparent lack of understanding about the health-care system.

Literacy and socio-economic status and support are indicators of readmission rates for individuals who are affected by chronic disease[39]. Addressing the social determinants of health is an integral component to renewing primary health care. An individual's social determinants of health influence how they go about accessing and understanding primary health care, the self-management of ailments and chronic conditions, understanding prescribed health care treatments and engaging in healthy behaviors. The departments of Social Development and Education have programs and services currently in place to help support New Brunswickers coming from families of low socio-economic status. In team-based practices, linkages between patients and community resources can be better facilitated than in sole-practitioner practices.

At the system level, patients engaged in planning and designing health-care services can lead to improved quality of care and can strengthen their accountability[40]. Currently there is a lack of patient engagement at the system level. It is recommended that a patient network be developed and guided by a provincial committee made up of government officials, patients and primary health care providers and community stakeholders. British Columbia founded its *Patient Voices Network* in 2008 to promote healthy behaviours, patient engagement at the system level and patient-centered care. The PHCSC recommends a similar model for New Brunswick.

The PHCSC also recommends that health care-related boards and committees, such as those within the Department of Health, the RHAs and other health-related organizations, seek patient input to help inform decision-making and program development. On a go-forward basis, the PHCSC will be adding a patient perspective to the committee. This unique voice is currently not represented on the PHCSC.

38 Canadian Council on Learning. (2008). *Health Literacy in Canada: A Healthy Understanding. Ottawa*

39 New Brunswick Health Council. (2011). *New Brunswick Health System Report Card 2011.* report card

40 Health Council of Canada. (2011). *How engaged are Canadians in their Primary Care?* Toronto: Health Council. www.healthcouncilcanada.ca.

Leadership for system transformation

RECOMMENDATIONS

- **Implement a team to lead change**
- **Develop and implement strategies to lead change**
- **Enhance membership of the Primary Health Care Steering Committee with an e-health representative from the Department of Health and a First Nations representative**

While team-based care has been identified by our stakeholders as the preferred model of care delivery in New Brunswick[41], change is not always easy. Primary health care providers will need to transform the way in which they have been providing care. The Health Council of Canada recommends that jurisdictions place more emphasis on leading change during the primary health care renewal process and notes that leading change can best be achieved through effective communication, support and involvement of all stakeholders[42]. Effective strategies to lead change are a key attribute of high-performing health-care organizations[43]. Clear communication of the vision and supporting changes; involving key stakeholders and opinion leaders; specifying the implementation process; identifying what constitutes successful implementation; ensuring there are solid measures to evaluate the success of change; and reinforcing and rewarding progress and success.

As such, it is recommended that government invest in a system transformation leadership team to ensure stakeholders, providers and citizens experience a smooth transition to this new model of care delivery. It is envisioned that the PHCSC will assume the mandate for overseeing system transformation and that government invest in resources to establish an implementation support team. The PHCSC's membership should be reviewed to reflect a new role.

The vision for primary health care in New Brunswick needs to be communicated clearly, and often. A comprehensive communications strategy will need to be developed to ensure stakeholder engagement through the primary health care renewal process. Research suggests that placing importance on evaluating performance indicators and clinical outcomes will help support process of leading change[44].

In an effort to enhance the strength and responsiveness of the committee and bring key stakeholders together, the PHCSC will incorporate new members into the committee including:

- A patient representative, as previously noted in recommendation 4;
- An e-health representative from the Department of Health; and
- A First Nations representative.

41 Real-time data collected from delegates during the Primary Health Care Summit, held October 21, 2011 in Fredericton, New Brunswick.

42 Health Council of Canada. (2010). *At the Tipping Point: Health Leaders Share Ideas to Speed Primary health care Reform.* Toronto: Health Council. www.healthcouncilcanada.ca

43 McMurchy, D. (2009). *What are the Critical Attributes and Benefits of a High-Quality Primary Healthcare System?* Ottawa: Canadian Health Services Research Foundation.

44 McMurchy, D. (2009). *What are the Critical Attributes and Benefits of a High-Quality Primary Healthcare System?* Ottawa: Canadian Health Services Research Foundation.

Conclusion

Over the past year, the PHCSC, in partnership with the Department of Health, conducted an extensive engagement process through various consultation and dialogue methods. We heard, overwhelmingly, that primary health care renewal is essential to ensuring sustainability in health care. Suggested methods for improvement have been consistent among stakeholder groups and are congruent with international research findings and evidence-based strategies that are currently being implemented in jurisdictions across the country. As part of this renewal process, concrete action is required in the way care is delivered and communities and citizens are involved.

Amid our current fiscal reality, our province is faced with a challenge unlike ever before: a quickly aging population and an unprecedented amount of New Brunswickers affected by chronic disease. Our province's primary health care providers want New Brunswickers to have access to the right provider, the right care, in the right place, at the right time. In order for this to happen, we have to realign our resources to better suit community needs and make investments in primary health care to, over the long-term, reduce the financial pressure on our system in order to achieve sustainability in health care and improved health of our population.

These changes to the system will transform the way that primary health care providers, government, the RHAs, the community, stakeholders and citizens interact and work together. The implementation of a strategy to lead change will be essential to ensure smooth transitions and to positively change the way all New Brunswickers interact with the health-care system.

The primary health care renewal process will be evolutionary and continuous. Patient and stakeholder engagement strategies will help encourage support and buy-in throughout this process. Patients need to be better engaged at the system level. The development of a provincial *Patient Voices Network* will facilitate the sharing of their insight and experiences into the policy development, planning and implementation process. This year's primary health care engagement process, led by the PHCSC and the Department of Health, has been well-received by stakeholders. This group needs to be continuously involved in the dialogue on primary health care renewal.

After a year of extensive dialogue and engagement, the PHCSC has landed on these strategic recommendations to renew primary health care in New Brunswick. Other province's like British Columbia, Ontario and Saskatchewan are deep into this process and have been identified by the Health Council of Canada as leaders in primary health care renewal. New Brunswick's financial situation and shifting demographics are indicators that the time for change is now. Making the right investments in primary health care have the potential to, in the long term, decrease health-care spending. Investments must be focused on increasing accessibility to primary health care and prevention and self-management of chronic disease. Primary health care renewal is the cornerstone of creating a sustainable health-care system and meeting the health-care needs of future generations.

Definitions

24/7 care primary health care services

24/7 primary health care services means basic health care services and information that are accessed directly by individuals, either in person or by telephone or other means of communication[45].

Chronic disease management (CDM)

Chronic disease management is a clinical management process of care. It spans the continuum of care from primary prevention to ongoing long-term maintenance for individuals with chronic health conditions or disease[46].

Collaborative practices

Collaborative health care refers to initiatives or activities that aim to strengthen links between different providers working together in a partnership; it also means that no one provider works alone to provide care. It is characterized by:

- Common goals,
- A recognition of and respect for respective strengths and differences,
- Equitable and effective decision-making,
- A focus on the patient, and
- Clear and regular communication[47].

Community health centres

Community Health Centres (CHCs) are organizations that provide primary health care services, illness/injury prevention, chronic disease management and community development services, using a population health promotion approach in an interdisciplinary team of health providers. These teams often include physicians, nurse practitioners, social workers, dietitians, health promoters, counselors and others healthcare providers[48].

Community mental health centres

Community Mental Health Centres (CMHC) are responsible for the effective delivery of community mental health services in a defined catchment area. They also ensure effective linkages and coordination of services between community mental health centres, the psychiatric unit, and other relevant agencies in the region. Each CMHC is responsible for managing core community-based programs. A community Advisory Committee (CAC)

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45 Province of New Brunswick, Department of Health, Primary Health Care branch

46 *Department of Health and Community Services (2006). Guiding Facilitation in the Canadian Context.* St. John's: Government of Newfoundland and Labrador. This definition can be found on page 58. Retrieved from: http://www.gnb.ca/0053/phc/pdf/Facilitation%20Guide%20-%20English.pdf

47 Ministry of Health and Long-term Care. (2005). *Guide to Collaborative Team Practice.* Ontario: Government of Ontario. This definition is found on page 3. Retrieved from: http://www.health.gov.on.ca/transformation/fht/guides/fht_collab_team.pdf

48 Department of Health and Wellness. (2003). *The New Brunswick Community Health Centres Framework.* New Brunswick: Government of New Brunswick. This definition is found on page 1. Retrieved from: http://www.gnb.ca/0601/pdf/FrameworkEnglishOct251.pdf

comprised of consumers, family, advocacy groups, and the public at large provides advice to each of the thirteen CMHCs[49].

Continuum of care/Continuity of care

Continuity of care refers to the ability of patients to access healthcare with and through the same professional care provider over time, often described as "cradle to grave"[50].

Electronic medical record (EMR)

Computerized systems that enable primary health care providers to store, retrieve and manipulate patient encounter and clinical information electronically at the point of care[51].

Extra-Mural Program

The New Brunswick Extra-Mural Program (known by many as the "hospital without walls") provides comprehensive home health care services to New Brunswickers in their homes and in their communities. The mission of the New Brunswick Extra-Mural Program is to provide a comprehensive range of coordinated health care services for individuals of all ages for the purpose of promoting, maintaining or restoring health within the context of their daily lives. The program also provides palliative services to support quality of life for individuals with progressive life-threatening illnesses[52].

Fee-for-service (FFS) physicians

Referring to a physician who is remunerated in accordance with a Tariff or a system of payment that provides reasonable compensation to the Medical Practitioners who practice within the provisions of the Act and its Regulations[53].

Health service centres

Health Service Centres (HSC) are primarily located in rural areas and provide nursing and administrative support to fee for service physicians in an office practice setting[54].

Patient-centered care

Respect for people's values, preferences, and expressed needs; coordination and integration of care; information, communication, education; physical comfort; emotional support and alleviation of fear and anxiety; involvement of family and friends; and transition and continuity[55].

Primary health care

Primary health care means the first level of contact of individuals, a family or the

49 Province of New Brunswick, Department of Health, Mental Health and Addictions branch

50 The College of Family Physicians of Canada. (2007). *Continuity and Comprehensiveness of Care: Overview.* Retrieved February, 2012: http://toolkit.cfpc.ca/en/continuity-of-care/index.php

51 Department of Health, E-health branch (with a modification)

52 Department of Health. (2012). *The New Brunswick Extra-Mural Program.* Retrieved February 2012: http://www.gnb.ca/0051/0384/index-e.asp

53 Province of New Brunswick, Department of Health, Fee-For-Service Master Agreement. Section 4.1.1

54 Province of New Brunswick. Department of Health, Primary Health Care branch

55 Stewart, M. (2010, January). Measuring patient-centered care: A primary health care perspective[Slideshow presentation]. Retrieved from http://www.f2fe.com/cihr/2010/postevent/workshops_monday/1.5%20Patient-Centred%20Slides%20for%20PHC%20Summit.pdf

community with the health system and the first level of a continuing health care process and may include health education, promotion and prevention at the individual or community level, assessment, diagnostic services, intervention and treatment[56].

Primary health care steering committee (PHCSC)[57]

The Primary Health Care Collaborative Committee, now called the Primary Health Care Steering Committee, was formed in 2005 with the following mandate:

> *"To develop and implement new ways of improving access and delivering primary or "first contact" health care to New Brunswickers, with the focus to review and make recommendations on more accessible and effective primary health care service delivery models for use around the province. "*

Membership included the following: Department of Family and Community Services representative (1), Department of Wellness, Culture and Sport representative (1); New Brunswick College of Family Physicians representative (1); New Brunswick Medical Society representatives (2); Nurses Association of New Brunswick representative (1); allied health professionals (2); Regional Health Authority representatives with primary health care responsibilities (2); Department of Health representatives (4); independent primary care practitioners/general practitioners (2); nurse practitioner (1); and Department of Health appointments.

In 2007, the committee was renamed the Primary Health Care Advisory Committee but the mandate and focus remained the same. The representative from the Department of Social Development, formerly known as the Department of Family and Community Services, was integrated into the committee. Development and a number of the "deliverables" were modified. Following the 2010 completion of the committee's dialogue paper, *Improving Access and Delivery of Primary Health Care Services in New Brunswick,* the committee was renamed the Primary Health Care Steering Committee to reflect a more active role in the implementation of primary health care reform[58].

Primary health care teams

A primary health care team in New Brunswick is an interdisciplinary group of primary health care professionals, including family physicians, working to their full scope of practice, brought together (either co-located or virtually) to deliver 24/7, comprehensive, patient-centered primary health care to meet the specific health needs of the community in which they serve[59].

Salaried physicians

A physician who is paid in accordance with the Medical Pay Plan.

Satellite community health centres

Satellite Community Health Centres (SCHC) provide primary health care services with physician and/or

56 Province of New Brunswick. (2002). *Regional Health Authorities Act.* (O.C. 2002-431).
57 Province of New Brunswick, Department of Health, Primary Health Care branch
58 Province of New Brunswick, Department of Health, Primary Health Care branch
59 As established in this document

nurse practitioner as primary care providers along with nursing services and administrative support. Each satellite is supported by a full scope CHC which provides access to the additional resources of the wider interdisciplinary team[60].

Tele-Care (811)

Tele-Care is a confidential, 24/7, health advice and information line[61].

Unattached patients

A patient not known to have a regular attending physician.

60 Province of New Brunswick,Department of Health, Primary Health Care branch

61 Department of Health. (2012). *Tele-Care.* Retrieved online: http://www.gnb.ca/0217/tele-care-e.asp

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