



Healthy Futures:
Securing New Brunswick's
Health Care System

The Provincial Health Plan
2004-2008

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Message from the Premier

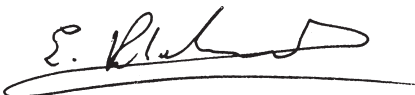
Since June 7, 1999, this government has been focused on meeting the priorities of New Brunswickers. That is why we have worked hard to sustain and renew our province's health system. We have invested \$660 million more this year than in 1999, to ensure stable and growing funding to support our health care services, to recruit and retain more doctors, nurses and other health professionals and to involve communities in determining the future of their health system. This government has a vision for health care that will ensure that we have the health services we need when we need them, and that we will be able to pass this legacy to our children. This Provincial Health Plan will help ensure that we can sustain and maintain our cherished health care system for today and tomorrow.



Hon. Bernard Lord
Premier of New Brunswick

Message from the Minister of Health and Wellness

The Provincial Health Plan embodies the vision that our government has set out for health care: a community-based, patient-focused health system that serves all the people of New Brunswick. This document sets out a plan for meaningful, enduring change that will sustain the health system that we value so dearly not just for today, but for tomorrow as well. To achieve this vision, we will have to make difficult choices. But we do so in the knowledge that in making difficult choices today, New Brunswickers will continue to have for tomorrow the high-quality, efficient and safe health care that they expect and deserve. It will allow us to redirect health care dollars to take more action on health promotion and disease prevention in order to improve the overall health of the population.



Hon. Elvy Robichaud
Minister of Health and Wellness

Main Elements of the Provincial Health Plan

New Brunswickers will find the main components of the provincial health plan, according to the *Regional Health Authorities Act*, throughout this document. The table below sets out each of the main components and indicates which page it may be found in *Healthy Futures*.

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Vision

A single, integrated provincial health care system that is patient-focused and community-based, providing health services in the official language of choice at a cost New Brunswickers can afford.

Introduction

Health care is a top priority of New Brunswickers. They want access to quality health care when they need it. They want to know that their health care system will be there for them when they need it.

New Brunswickers want to live healthy, safe lives with their families in their communities. Healthy living goes hand in hand with quality health care. Our health care system needs to focus not just on taking care of us when we are sick, but also on helping us to live healthy lives in the first place.

Healthy Futures, the Provincial Health Plan, provides a road map to meet these needs. It sets out for all New Brunswickers to see, a four-year health care plan to secure our province's health care system and make it sustainable into the future. It will help those working in the health care system to make long-term plans for investment where care is needed most and to implement changes that need to be made.

"Today, I am carrying forward a message to New Brunswickers of challenge and change. For the two go hand-in-hand. Unless we make changes to the way we deliver health care services, we won't be able to meet the very real challenges our health care system faces. That making our health care system sustainable tomorrow, means making changes today." **Premier Bernard Lord, Speech in Saint John, October 29, 2002.**

Healthy Futures' goal is simple: To improve the overall health and well-being of New Brunswickers by building a sustainable health system that delivers the right services, in the right way, at the right time at a cost taxpayers can afford.

Healthy Futures moves our health care system away from bricks and mortar to focus on patients and services. It puts patients first with new, innovative delivery options that will make our health care system more accessible. It makes our health care system more effective and efficient so savings can be reinvested in front-line services and wellness initiatives.

"To build a healthy system for the future, we must address the realities and the problems within our current system.", **Premier's Health Quality Council Report, page 13.**

Healthy Futures recognizes that meeting the health care needs of New Brunswickers both today and in the future is a major challenge for all of us. The cost of health care is rising

faster than the province can currently afford. New federal investments will not keep up to these growing needs. New Brunswickers themselves are not as healthy as they should be due to poor lifestyle habits. This leads to higher incidences of chronic diseases and increasing demands on our health care system. In addition, our aging population is placing more stress on providing more and better health services to seniors.

Healthy Futures shows that to meet these challenges we must take steps to change our health care system. All provinces face these same pressures and are changing their health care systems to meet these challenges. New Brunswick is no different. We are not immune to the need for change. Unless we change the way we deliver our health care services, we will simply not be able to afford the new investments we all want and need.

Healthy Futures sets out what these challenges are and how we can work together to make changes that will secure our health care system into the future.

What's In the Provincial Health Plan

Healthy Futures begins by setting out the key health and financial challenges facing New Brunswickers today. It catalogues the progress we have made as a province in renewing health care over the past five years. It reminds us of the process undertaken to get us to this point.

Healthy Futures goes on to state the key goals, principles, strategies, and priorities that will guide our health care investments and improvements throughout the four-year plan. It lists the actions and initiatives that will be undertaken in support of the plan. Finally, it summarizes the accountability, implementation, and financial steps that will be taken to help fund and measure our performance and progress under *Healthy Futures*.

Highlights

Healthy Futures contains both new investments and efficiencies to help fund these new initiatives. Here are some of the main highlights under the Provincial Health Plan:

Investments in Care and Services

- A multi-year funding commitment that will see the department of Health and Wellness invest \$125 million more in health care in 2008 compared to 2004.
- Renewed commitment to 24/7 access to primary health care services wherever you live.
- Enhanced ambulance services to meet Canadian standards.
- Establishment of four new Community Health Centres.
- Recruitment and retention strategies for allied health personnel.
- 70 net new physicians to be recruited.
- 40 more Nurse Practitioners to be recruited.
- 95 new nursing seats to be established.
- At least four new primary health care collaborative practice clinic sites established.
- Establishment of a new surgical access management program.
- New provincial Cancer care network.
- Enhanced chronic disease management strategies for congestive heart failure,

diabetes, chronic obstructive pulmonary disease and hypertension.

- Expanded immunization coverage for all children and youth.
- Enhanced home-based palliative care, acute care and mental health services.
- Electronic patient record investment and tele-health expansion.
- \$3 million more for health research.
- Wellness strategy.
- Smoke-free legislation.
- Enhanced provincial cardiac care program.
- Introduction of a provincial methadone maintenance program.
- Four additional satellite dialysis units.

Efficiencies & Savings

- Targeted total savings of approximately \$46 million on an annualized basis by 2008.
- Savings from non-clinical efficiencies directed to new catastrophic drug program.
- Phase-out of 298 hospital beds.
- Consolidation of some non-clinical support services.

Accountability & Implementation

- Creation of four new health stakeholder committees to advise Minister of Health and Wellness on implementation of key elements of provincial health plan:
 - Patient Safety and Clinical Care Collaboration Committee
 - Non-clinical Services Consolidation Committee
 - Provincial Programs Steering Committee
 - Primary Health Care Collaboration Committee

Progress on Health Care Renewal

Investing more in health care has been the number one priority of government since June 1999. Following years of provincial and federal cuts and neglect, health care in our province needed significant new investments to stabilize our health care system and meet the growing health care needs of New Brunswickers.

Significant New Investments

Provincial government spending on health has risen each and every year for the past five years. The budget this year will spend over \$660 million more on health and senior care than in 1999. Cumulatively, the provincial government has invested over \$2.4 billion more on health and senior care from 1999 through to this year.

Recruitment and Retention of Health Professionals

Recruiting and retaining doctors and nurses has been a key focus of health care renewal. Having more doctors and nurses has helped to improve access to health care and the quality of patients services. Through the province's first-ever physician recruitment and retention plan and nursing resource strategy, and allied health professionals recruitment initiatives new targeted investments have been made to increase the number of doctors, nurses, and other health care professionals in the province.

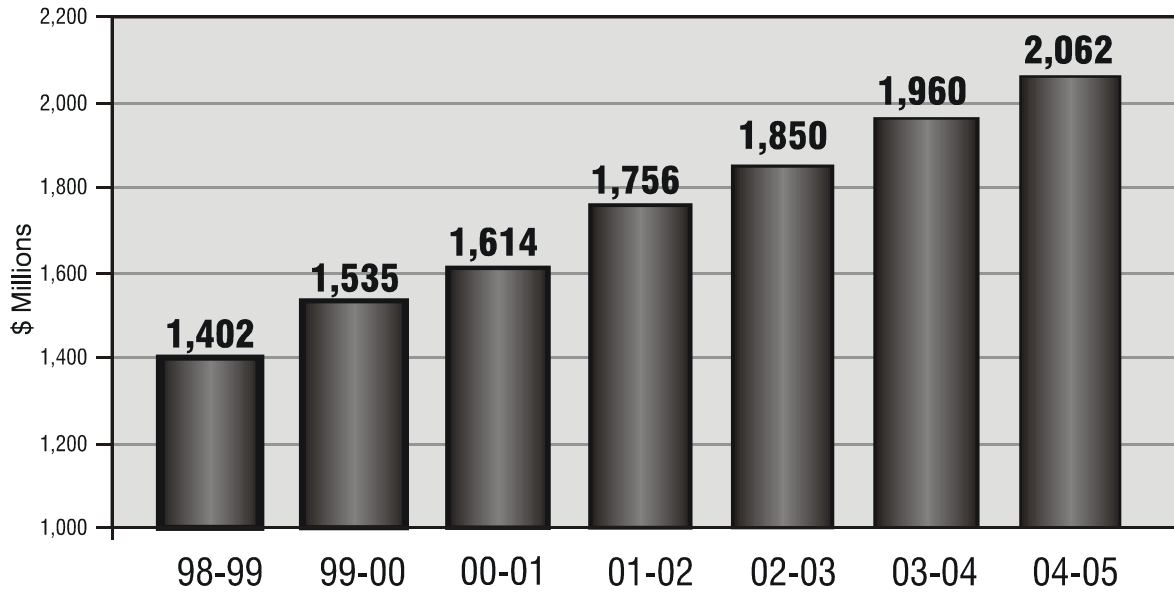
Investing in Medical Equipment and Infrastructure

At the same time, the provincial government has been investing more in new medical equipment and important health care infrastructure around the province. Our MRI coverage is amongst the best in the country following the establishment of three new fixed MRI units in Saint John and Moncton and two mobile units serving Fredericton, Edmundston, and the three northeastern health regions.

Over \$27 million will be invested over the next two years alone to purchase sophisticated medical equipment such as CT Scans, Ultrasound Unit and Renal Dialysis equipment.

Increased funding for capital infrastructure for hospitals, community health centers, and other facilities has also been announced. This includes a new 70-bed hospital in the Upper River Valley, the Stan Cassidy Center for Rehabilitation, Moncton Hospital Ambulatory Care Unit, a new Addictions Services Center in Campbellton.

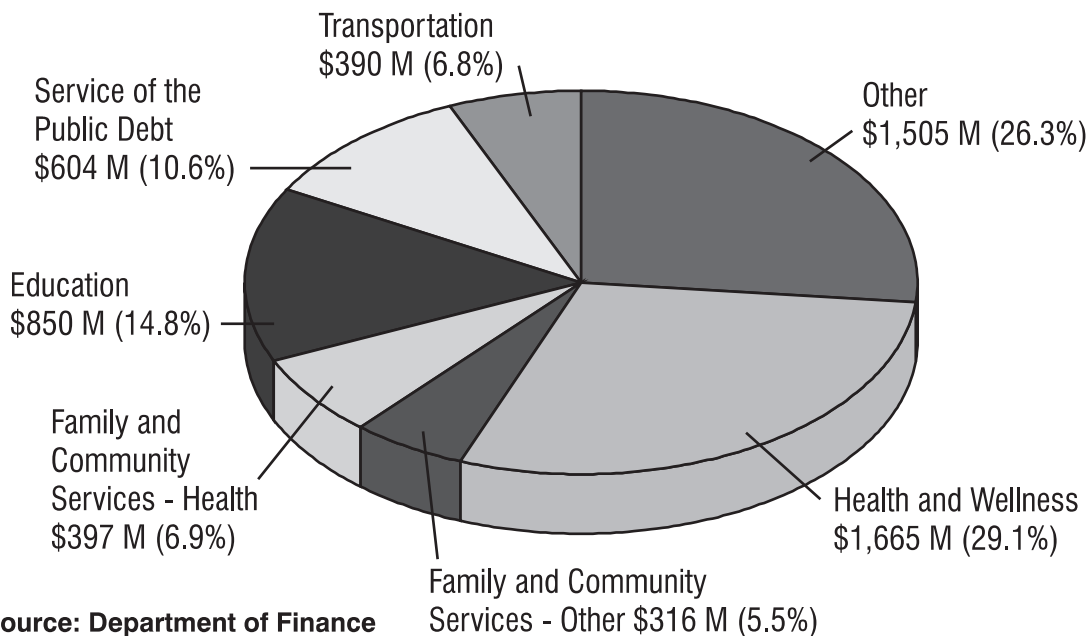
Health and Senior Care Investments



Source: Department of Finance

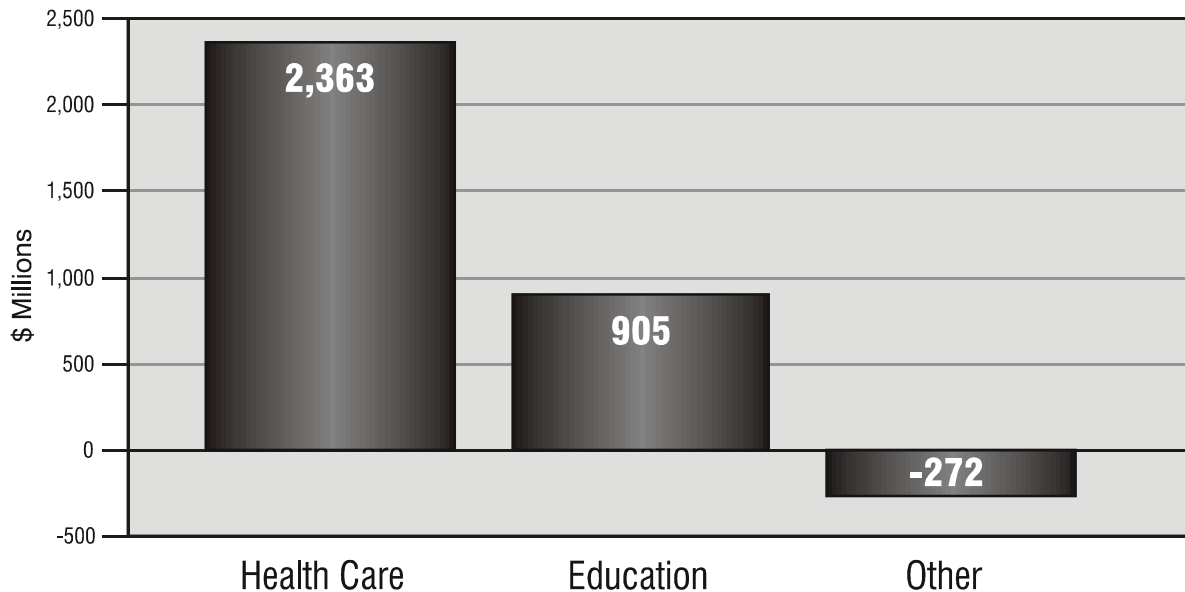
Health care is the single-largest spending item in the provincial budget. Today, the province spends \$1.8 million more per day – each and every day – on health and senior care than it did five years ago in 1999. All in all, almost 80 per cent of all new government spending has gone to health and senior care during this period.

Budgetary Expenditures 2004-2005 - \$5,727 M



Source: Department of Finance

Cumulative Impact of Expenditure Growth April 1999 to 2004-2005 Budget



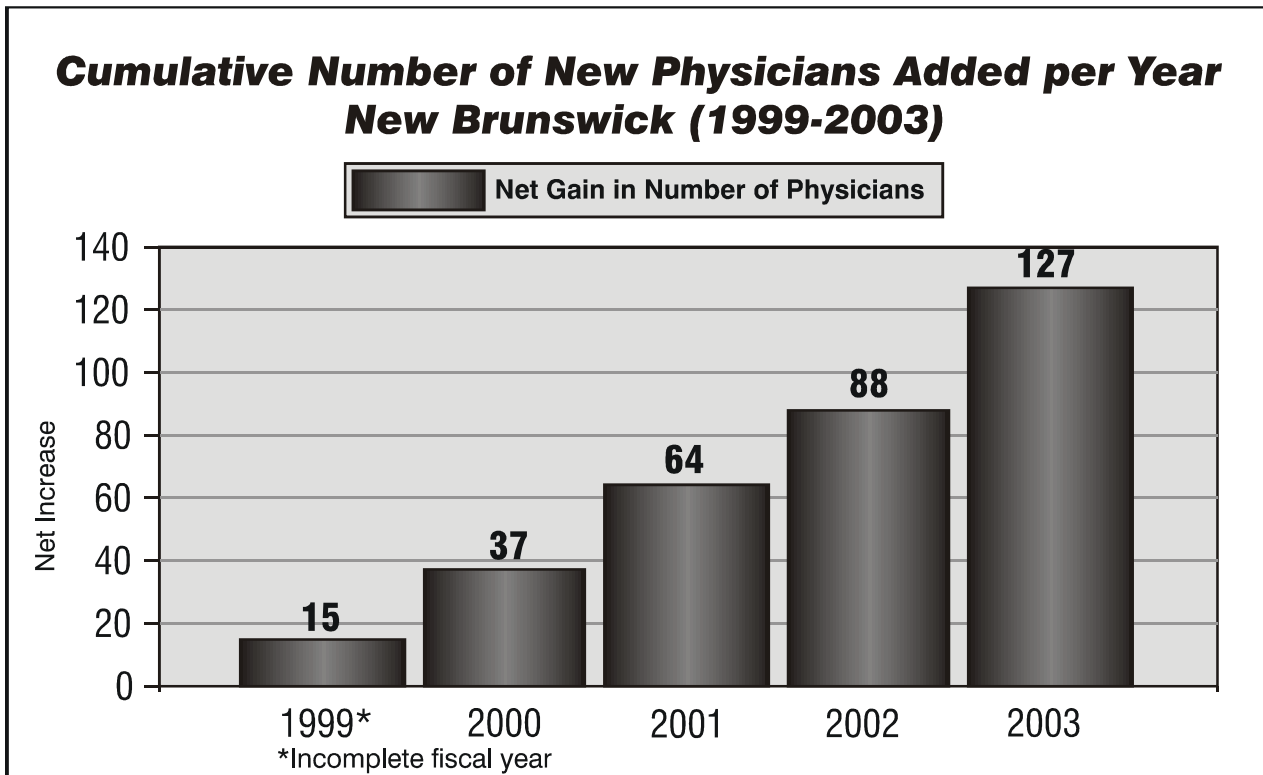
Source: Department of Finance

Wellness Initiatives

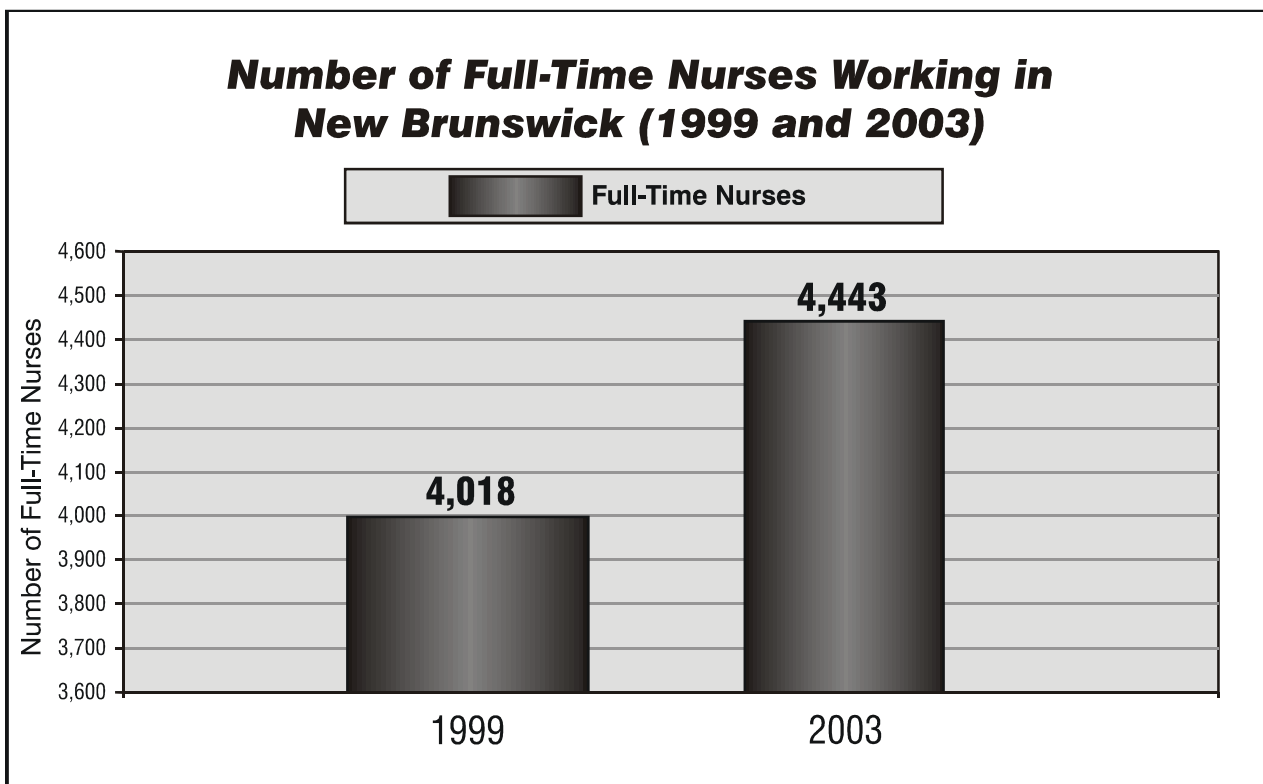
Numerous wellness-related initiatives have been implemented by the government since 1999, including:

- SuccèsNBSuccess – Canada’s first interactive, web-based and cyber-coached campaign to promote literacy and active living.
- Healthy Minds Program – Provides free nutritious food to hungry children in schools from kindergarten to grade three. Funding for food, equipment and operational expenses is provided to school districts.
- Healthy Learners Program – Promotes the development of health promotion and prevention strategies for students. It was initially introduced to 20 pilot high schools in September 2000. It has since been expanded to K-5 schools, and to grades 6-8 in four districts.
- Early Childhood Development Agenda – Phase 1, begun in 2001-2002, involved initiatives for pregnant women, children under the age of six, and their families. Phase 2 will involve continuation of these initiatives, as well as enhancement of the enhanced child day care services; community capacity building for children and families; enhancements to the Early Childhood Initiatives Program; and the Early Language Program for pre-school children.
- School Communities in Action – An awareness and recognition program that takes a community-wide approach to physical activity, this program will be piloted in 30 schools this year.
- In addition, the New Brunswick government has been working with other Atlantic governments to develop an Atlantic Wellness Strategy and in calling for a national wellness strategy to be developed with the cooperation of all provinces and territories.

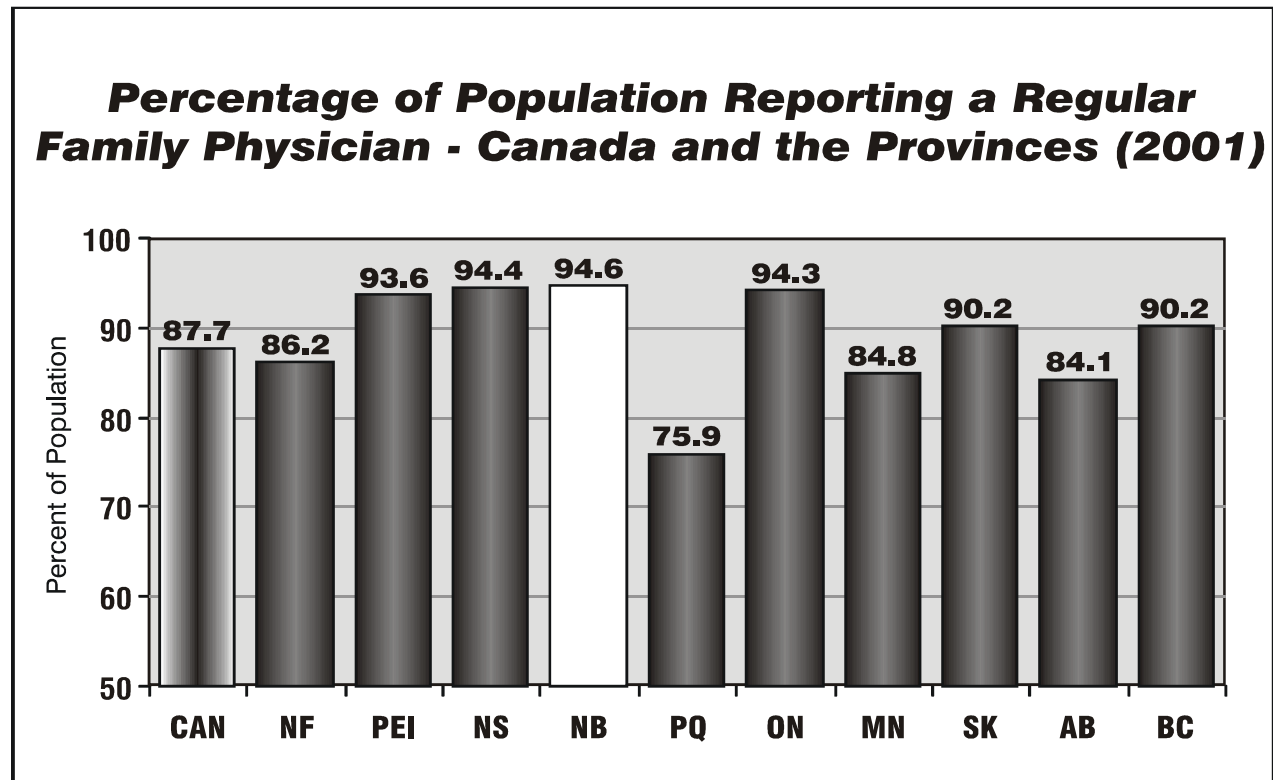
The results are clear and show real progress on health care renewal. There has been a net gain of 127 more physicians in New Brunswick from 1999 to 2003.



There has been an increase of 425 full-time nurses from 1999 to 2003.



In 2001, over 94 per cent of New Brunswickers reported having access to a regular family physician – better than the national average.



Challenge and Change

“We also need to renovate our concept of medicare and adapt it to today’s realities. In the early days, medicare could be summarized in two words: hospitals and doctors. That was fine for the time, but it is not sufficient for the 21st century.”, page xvii, Romanow Commission Report on the Future of Health Care in Canada.

New Brunswick’s health care system is facing major challenges. Meeting those challenges together is necessary if our health care system is to be made secure for the future.

We face three major challenges to our health system: financial pressures, declining population health status, and the health system structure itself. To ensure our health care system is sustainable and secure for the future, we must address each of these challenges.

Together, these challenges will require all of us to adopt and embrace new ways of delivering and receiving some health services. It will mean making certain changes today to ensure we have a sustainable health care system for tomorrow.

Unless we face these challenges together, we will be unable to meet the rapidly growing and rising costs of health care, and address the very real health needs of some members of our population. The alternative will be to raise taxes or make significant cuts across the board to all other government programs and services to pay for the growing cost of health care.

New Brunswick is not alone in this health care challenge. All provincial governments are facing similar challenges to ensuring the financial and clinical sustainability of their health care systems. All are making changes to the way they deliver services to help meet these challenges.

The Financial Challenge

The single greatest challenge facing our health care system today is funding. Since 1999, health care expenditures have grown almost 7 per cent on average. Ten years ago, provincial government spending on health and senior care took up approximately 29 per cent of the budget; today, it accounts for 36 per cent of the total provincial budget.

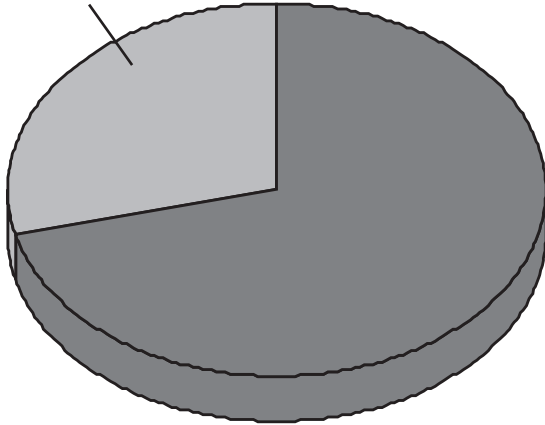
Did you know that the provincial government spends \$5,647,337 per day on health care, which is \$235,306 per hour?

What this means is that the cost of health and senior care is rising more than twice as fast as provincial revenues. In other words, the cost of funding our health care system is growing far more than our ability to pay for it.

There are three main reasons for this financial challenge. First, the federal government is not contributing its fair share of paying for New Brunswick’s health care burden. Second, our population is aging with increasing number of seniors who are the largest consumer of

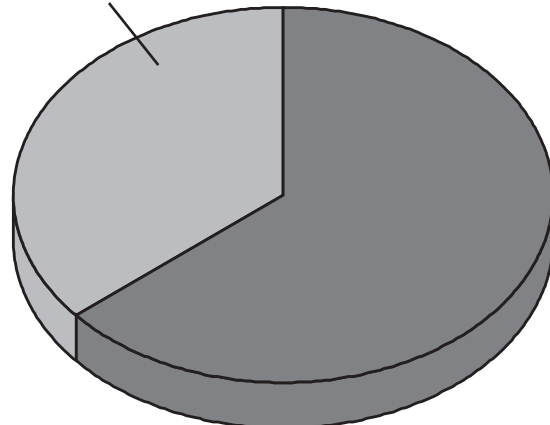
Health and Senior Care Expenditures As a percentage of Budgetary Expenditures

Health 29%



1994-1995

Health 36%



2004-2005

health services. Third, the cost of many services, such as new drugs and salaries and benefits for health care professionals, continues to rise significantly.

Federal Government Fair Share

The federal government's financial contribution to health care and other social programs in Canada has declined from 18 per cent in 1993-94 to 16 per cent today. This includes federal reinvestments as a result of the 2000 and 2003 federal/provincial/territorial health agreements.

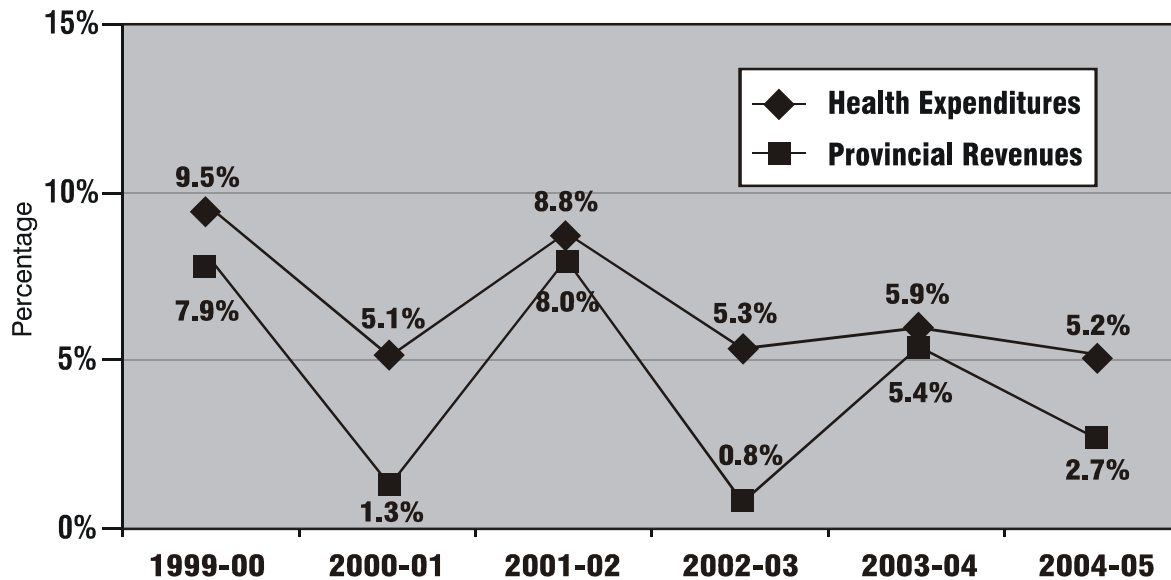
This means the federal government only pays 16 cents for every dollar spent on health care in New Brunswick compared to 84 cents spent by the provincial government.

Earlier this year, the Conference Board of Canada concluded in a comprehensive study that there is a significant fiscal imbalance in the country where the federal government will enjoy large and growing surpluses while provinces will overall face persistent deficits.

"...the different fiscal prospects will widen in the future, as only the federal government will have the financial capacity to pay down its debt or implement new initiatives, such as tax cuts and new discretionary program spending." **Conference Board of Canada, Fiscal Prospects for the Federal and Provincial/Territorial Governments, February, 2004**

Did you know that federal health transfers to provinces and territories represented just 8% of total 2003/04 federal spending, compared to almost 40% of total spending that health spending represented in provincial/territorial budgets?

Health Expenditure Growth vs. Growth in Provincial Revenue



As a result of this unfair and unequal contribution, the provincial government is investing more and more in health care in New Brunswick compared to the federal government. Yet, it is the federal government that is forecast to have strong financial surpluses and reserves to contribute more to health care in the provinces.

An Aging Population

New Brunswick's population is aging. Already, there are 5 per cent more seniors in the province than there were just five years ago. The percentage of our population that will be made up of seniors is also growing. By the year 2010, seniors will make up over 15 per cent of the provincial population, compared to 12 per cent of the population in 1994.

Did you know that seniors 65 years of age and over account for about 13% of the population, but 30% of all health care costs?

Health Costs

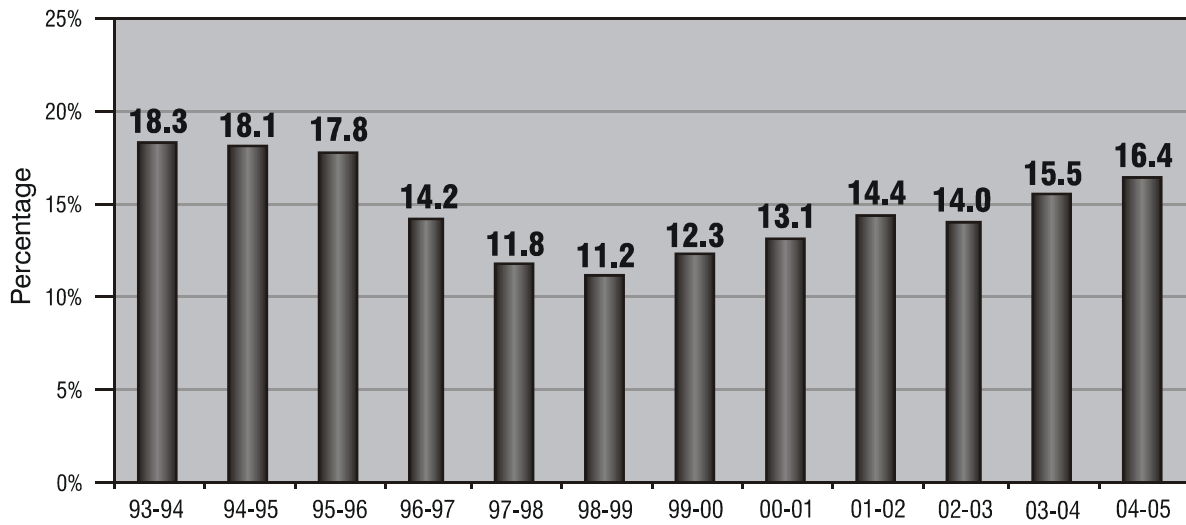
There are many high cost drivers within our health care system. The cost of drugs is rising at 13 per cent per year. New medical technologies such as MRIs and CT scans are becoming more available but with a growing price tag. Efforts to recruit and retain health professionals such as doctors and nurses are paying off, but at a significant cost with higher wage and benefit settlements in order to remain competitive with other jurisdictions. Overall "health inflation" - the annual cost of providing health care - is 6.7 per cent, compared to just 2.9 per cent for the Consumer Price Index.

Did you know that drug expenditures are the fastest growing component of health care costs in New Brunswick? Since 1999-2000, the prescription drug program budget has almost doubled –from \$70 million to \$132 million in 2004-05.

The Health Status Challenge

How you live affects not just your health, but the cost of treating you should you fall ill. Today, 40 per cent of New Brunswickers are overweight and more than half the population is physically inactive. The majority of us have poor nutritional habits. While tobacco use has declined in recent years, too many New Brunswickers continue to smoke. The result of these choices has been increased pressure on the health system to provide care for chronic lifestyle related diseases.

Federal Funding Share of Provincial/Territorial Health Care and Other Social Programs



Provincial/Territorial expenditures are based on the Conference Board report on vertical fiscal imbalance released in February 2004. These shares include elementary and secondary education

Did you know that, on average, smokers die nearly 7 years earlier than non-smokers?

Health Status of New Brunswickers			
Risk Factor	NB	Atl Cda	Canada
Current Smokers %	26.4	27.9	26.0
High Blood Pressure%	14.5	15.0	13.0
Diabetes %	5.1	4.0	4.2
Obese (BMI > 30) %	20.2	19.8	14.9
Physically Inactive %	61.1	58.1	53.5
CVD Mortality Rate (per 100,000 pop.)	257.7	276.2	245.8
Low Income %	15.5	15.5	11.3
BMI = Body Mass Index CVD = Cardiovascular Disease			

This table shows the incidence of risk factors and common chronic diseases in NB as compared to Atlantic provinces overall and the rest of Canada. In three areas - *diabetes, obesity and physical inactivity* – the percentage of New Brunswickers with these risk factors is greater than the Atlantic and national average. The good news is that these risk factors & chronic diseases are largely preventable.

This is not news to New Brunswickers. We know that our health is not as good as it should be — New Brunswickers have the worst self-rated health status in the country. We have to take steps that will help New Brunswickers live healthier and happier lives. In doing so, we will save the health care system money that can be put to other uses.

The management of chronic diseases and conditions presents a huge challenge to New Brunswick’s health care system. Chronic diseases are those that can only be controlled and not, at present, cured.

Due to New Brunswick’s aging population, both the prevalence and costs of chronic-illness care are expected to rise. As a result, like many other provinces across the country, New Brunswick must make improvements in how we support and provide care for people living with chronic diseases. New Brunswick’s current health care system is well designed to support acute and episodic care, but changes are needed to better manage complex chronic diseases. These changes will require a major shift in health care, from a system that is essentially reactive – responding mainly when a person is sick – to one that is proactive and focused on keeping a person as healthy as possible.

Did you know that 87% of all diabetes cases in New Brunswick are preventable?
Did you know that diabetes costs New Brunswickers an estimated \$200 million a year in health care costs?

The Health System Structure Challenge

"We must make changes to the way we deliver health care services to meet the challenges our health care system faces. We must recognize that while more funding is required, money by itself will not fix our health care system. Changes to the way we deliver health care services is just as important. And we must continue to invest in growth and prosperity to generate the economic wealth we need to help fund our growing health care needs." **Premier Bernard Lord, Speech in Saint John, October 29, 2002**

New Brunswick's health care system of hospitals and other facilities was originally built to meet different health care needs. New Brunswick spends more per person on hospitals than all but two other provinces. As a result, New Brunswick today has 646 more hospital beds than the national average based on national hospital bed utilization patterns.

Did you know that 75% of all patients seen in emergency rooms are considered to be non-urgent?

A major study of how hospital beds are utilized in the province found that 17 per cent of patients should not have been in an acute care bed on their first day of hospitalization; 46 per cent did not need an acute care bed for subsequent days of hospitalization. These patients either needed no care, or could have been cared for as outpatients, or in a long-term care facility.

New Brunswick's health care system currently spends around \$246 million each year on administrative and non-clinical support services. These ancillary services include laundry, food services, housekeeping, general administration and so forth. There is duplication and overlap in services that could be consolidated with the savings put in direct patient care. The table below shows the cost of providing each of these types of services:

Non-clinical Support Service	Costs (\$M)
Laundry	12.8
Food Services	27.0
Housekeeping	28.5
Materials Management	17.4
Financial/HR/Payroll	15.4
Health Records/Patient Registration	29.5
Telecommunications	4.4
Plant Maintenance and Operations	56.3
Bio-Medical Engineering	6.3
Systems Support	20.5
General Administration	28.3
TOTAL	246.4

The Need for Change

“Better management practices, more agile and collaborative institutions and a stronger focus on prevention can generate significant savings.”, page xvi, Romanow Commission Report on the Future of Health Care in Canada.

The challenges listed above demonstrate clearly the need for change. There are three principal areas in which we need to change:

First, we need to change the way we live. We must start to live healthier lifestyles, exercise more, and take more personal responsibility for our own health. Many illnesses are preventable, costing the health care system millions of dollars each year that could instead be saved and directed to other health care needs.

Second, we need to change the way we deliver health services. We have to change how some health services are delivered so they are more effective, efficient, and safe for patients. This means ensuring specialized services are available with enough trained physicians to ensure availability of service 24/7 and enough cases for service providers to maintain their skills to provide safe care to patients. It means moving toward more community based delivery models for primary health care, such as collaborative practices and community health centres. And it means providing more services at the community level and in the home outside the more expensive hospital settings.

Third, we need to change the way we invest health dollars. We have to invest more of our scarce health care dollars into health promotion and disease prevention as well as in front-line services, drugs, doctors, nurses, and medical equipment, and away from costly overhead, administration and bricks and mortar. Collaborating more across health regions on clinical programs and consolidating some non-clinical administrative or support programs will save money that can be used for direct patient investments.

Building the Provincial Health Plan

The requirement to develop a provincial health plan is set out in the new *Regional Health Authorities Act*, passed in January 2002. With respect to the Provincial Health Plan, the act specifies that:

6(1) The Minister shall establish, and may amend, a provincial health plan, which shall include

- (a) the principles upon which the provision of health services in the province are to be based,
- (b) the provincial objectives and priorities for the provision of health services in the Province or areas of the Province,
- (c) the health services to be provided or made available by a regional health authority within its region and, where applicable, outside of its region,
- (d) the health services to be acquired by the Minister from outside of the Province,
- (e) the provincial programs for the provision of health services in the province,
- (f) the nature and scope of any basic or applied research initiatives that are to be conducted in relation to health care and health services,
- (g) the programs for training of persons in the medical and other health professions, including practice settings for the training of health professionals,
- (h) the policy framework, parameters and standards for the consolidation of clinical and non-clinical services provided by regional health authorities,
- (i) a comprehensive financial plan that includes a statement of how material and human resources, including but not limited to, financial resources, are to be allocated to meet the provincial health plan.

Premier's Health Quality Council

"Fundamental change is needed to ensure our health system is truly responsive and sustainable." **Premier's Health Quality Council Report, January, 2002, page 12**

Healthy Futures is the result of several years of work that began with the creation of the Premier's Health Quality Council (PHQC) in January 2000. Its final report, delivered in January 2002, contained recommendations to renew health care for New Brunswickers. It

recommended the renewal of New Brunswick's health care system based on four major themes:

1. An Integrated and Accessible Health Care System
2. Management Structure and Accountability
3. Rights and Responsibilities
4. Program Improvements.

That report was accepted by the government as the basis for new investments and changes to the way health care services are delivered in the province. The Provincial Health Plan is the latest initiative to evolve from the work of the PHQC and shows the major health system changes that are being introduced as a result.

The government acted on priority recommendations from the Council's report relating to primary care, accountability measures and the structure of the health system. In January 2002, the Legislative Assembly approved legislation to transform the province's existing hospital corporations into Regional Health Authorities (RHAs), with enhanced accountability to the public and a broader mandate for delivery of health services and improvement of New Brunswickers' health status. The new structure was put in place on April 1, 2002. The first elections to RHA boards occurred in May, 2004.

The PHQC recommended a realignment of roles between the Department of Health and Wellness and Regional Health Authorities, giving RHAs a mandate for the delivery of a broader spectrum of health services. In keeping with that recommendation, legislation has been introduced to transfer responsibility for mental health and public health services from the Department of Health and Wellness to the Regional Health Authorities. The transition process for relocating management of these services is now under way.

In the spring of 2002, the Government introduced legislation to facilitate the introduction of nurse practitioners to the province — another priority recommendation of the Premier's Health Quality Council. Nurse practitioners with advanced training in diagnosis and prevention of disease are now working alongside physicians, registered nurses and other health professionals in several communities. They are playing an important part in the growth of the province's network of Community Health Centres (CHCs).

To facilitate access to better primary care services, the PHQC recommended the creation of a network of Community Health Centres as part of a multi-disciplinary model involving doctors, nurses, nurse practitioners, and other health care professionals. CHCs will provide a new venue for community-based and patient-focused care, with health professionals working collaboratively to improve the health of their patients and the community at large. CHCs are now in place or in development in five New Brunswick communities, and a model for the establishment of new facilities has been developed.

"We must transform our health care "system" from one in which a multitude of participants, working in silos, focus primarily on managing illness, to one in which they work collaboratively to deliver a seamless, integrated array of services to Canadians, from prevention and promotion to primary care, to hospital, community, mental health, home and end-of-life care." page xviii, **Romanow Commission Report on the Future of Health Care in Canada.**

Roles and Responsibilities Under the Provincial Health Plan

Under the provincial health plan, both the Department of Health and Wellness and the Regional Health Authorities have important collaborative and operational responsibilities. The overall provincial direction for providing health care services is set by the department through the provincial health plan. The RHAs are the principal “delivery arm” of the provincial health plan. Each RHA is responsible for developing their own regional health and business plan based on the overall objectives and priorities of the provincial health plan, its approved funding level as well as regional input on population health needs within the health region.

Roles and Responsibilities		
	Role	Program/Service Responsibility
DHW	<ul style="list-style-type: none"> Plan, fund and monitor the health system Establish health system priorities, overall direction and standards for the health system Deliver provincial services 	<ul style="list-style-type: none"> Office of Chief Medical Officer Public Health Inspections Provincial Epidemiology NB Cancer Care Network Vital Statistics Medicare Prescription Drug Program Health Human Resources Planning Wellness Office of E-health Youth Treatment Program
RHAs	<ul style="list-style-type: none"> Manage and deliver services/ programs in accordance with legislative mandate and PHP Establish regional priorities, direction and standards consistent with PHP 	<ul style="list-style-type: none"> Hospital services Extra-mural services Addiction services Community health services Public Health and Mental Health (proposed) Wellness Health Human Resources Recruitment

Dr. Léandre Desjardins also noted the following in his recent book «La Santé des francophones du Nouveau-Brunswick» «Pour que les interventions aient un impact sur l'état de santé et non seulement sur les services hospitaliers, plusieurs conditions doivent se réaliser... un nouveau partage des responsabilités entre le ministère de la Santé et du Mieux-être et les communautés, un appui continu aux efforts et initiatives de la population qui désire la prise en charge de sa santé et du mieux-être...

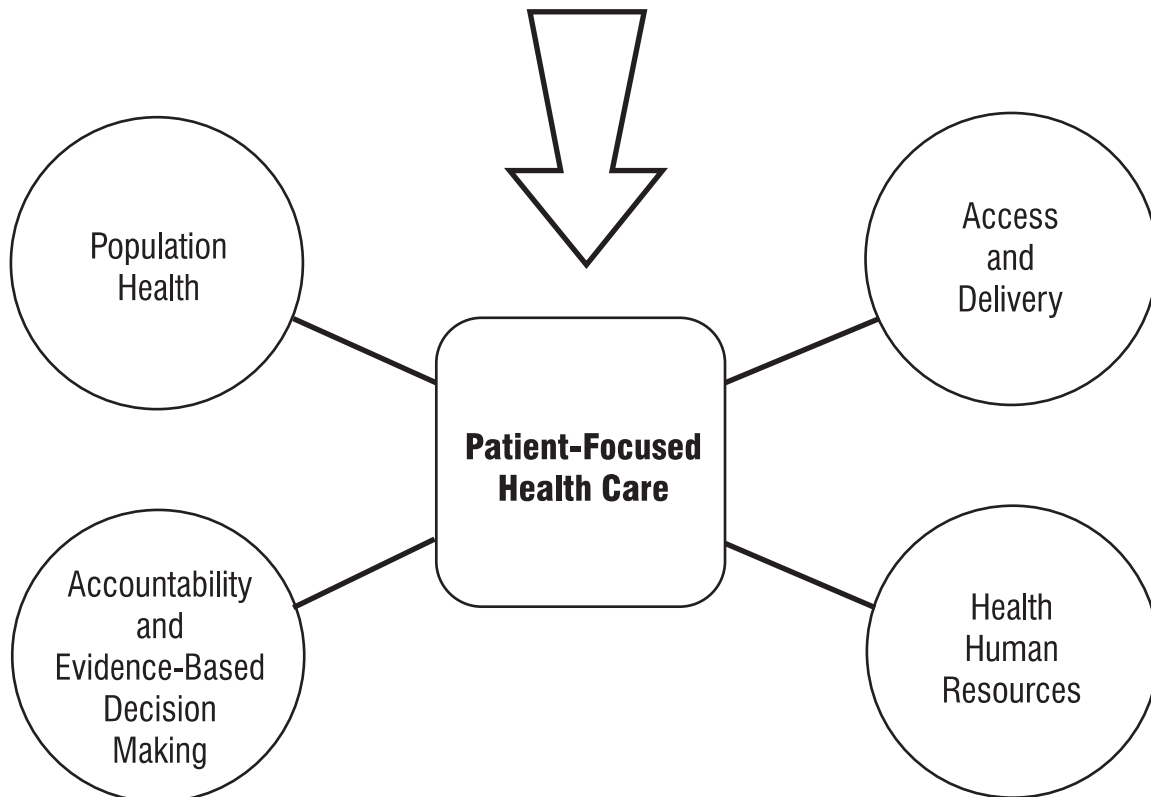
The Department of Health and Wellness and the Regional Health Authorities will continue to work with the Société Santé Mieux-être en Français du Nouveau-Brunswick (SSMEFNB), a coalition of representatives from communities, Regional Health Authorities and francophone educational institutions, in order to ensure development of service delivery models that meet the needs of francophone communities.

Healthy Futures: The Provincial Health Plan

Vision

A single, integrated provincial health care system that is patient-focused and community-based, providing health services in the official language of choice at a cost New Brunswickers can afford.

Patient-Focused Strategies



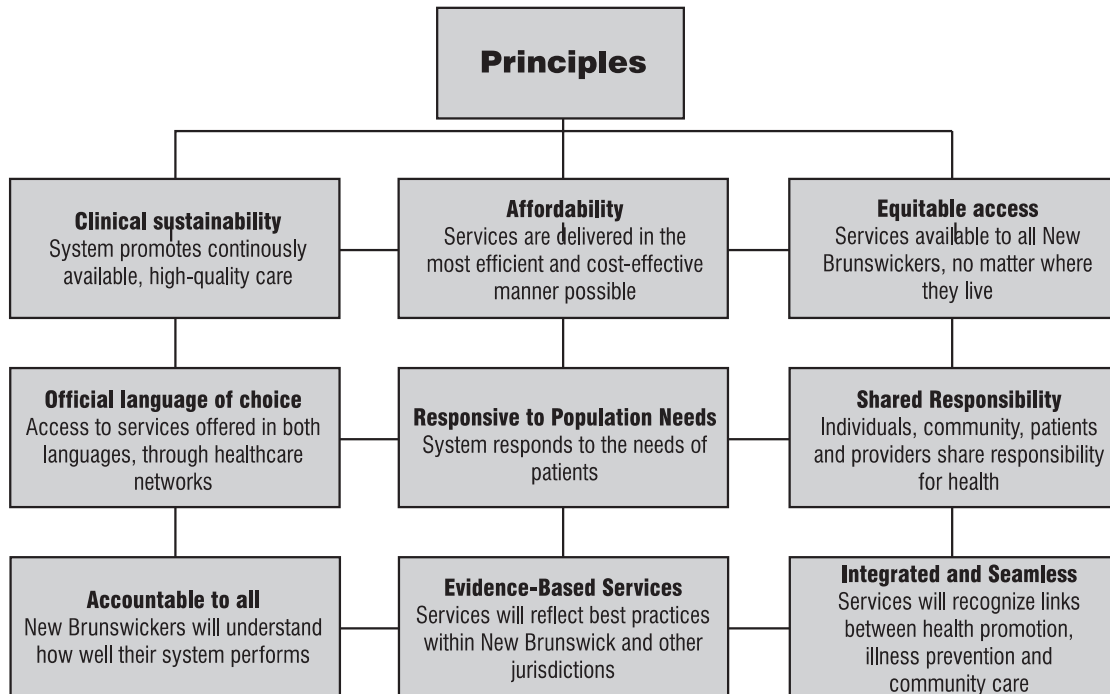
Healthy Futures: Vision

Healthy Futures is based on an overarching vision statement; here is what it means:

- New Brunswick must have a **single** health care system, in which the eight regional health authorities and the Department of Health and Wellness function, to the greatest extent possible, as one — working together to remove barriers to improved patient care and well-being.
- It must be **integrated** with other government agencies and the community so seamless services are provided to patients from one part of the health and wellness system to another.
- It must be **provincial** in scope ensuring that clusters of expertise for the most specialized health services are maintained at key points in the province for access by all New Brunswickers.
- That system must be **patient-focused**: it must organize itself to provide services that focus on the patient's needs, not the system's or providers needs.
- It must be **community-based**: offering appropriate services where people live while linking other needed services as required through the integrated provincial health care system.
- It must be a **health services system**, whose focus is not merely on caring for the sick but also for promoting the overall wellness of New Brunswickers.
- It must provide services **in the official language of choice**, through the province's network of health facilities and providers, thereby ensuring that vital health services are truly accessible to all of the people of New Brunswick.
- And it must provide these services **at a cost New Brunswickers can afford**, so that we can pay for publicly-funded health care from within our means, without compromising other public services that New Brunswickers value, now and into the future.

Healthy Futures: Principles

This vision is supported by nine key principles designed to achieve our vision and provide quality, accessible health services to New Brunswickers at an affordable cost:



Equitable Access

All New Brunswickers, regardless of where they live or which official language they speak, have equitable access to all components of the health care system through the province’s network of health service facilities.

Responsive to Population Needs

Health services will be responsive to the demonstrated needs of each health region’s population based upon the provincial and regional health plans. Services will be provided to meet both provincial and regional health needs. For instance, 24-hours-a-day, seven-days-a-week access to primary care may be provided through an office visit with a family physician, but may also include consultation with a nurse practitioner, access to tele-care services, or through a provider working at a Community Health Centre.

Clinical Sustainability

Programs within Regional Health Authorities will be organized in a way that ensures continuous availability of high quality care by having sufficient health care professionals treating enough cases to maintain their skills. This will ensure high service quality and better health outcomes for patients. It will enable more effective delivery of specialized clinical programs and services that can be sustained over the long term.

Integrated and Seamless

New Brunswick’s health services will be provided in a manner that recognizes the connections between health promotion and protection, illness prevention, community care, acute care and chronic care. Services will be organized to follow the patient, meeting the

unique and varied health needs of each patient across the full spectrum of health services. Integrated and seamless health services help ensure that wellness is enhanced and illness is clinically addressed in the most effective and efficient manner possible so it focuses on the patient.

Evidence-Based Services

Services provided by the Department of Health and Wellness and Regional Health Authorities will reflect lessons learned from key performance indicators and best practices identified in New Brunswick and other jurisdictions.

Shared Responsibility

Health is a shared responsibility between the individual, family, community, health care providers and health system administrators. As many of the determinants of health (education level, diet and exercise, healthy child development, income level) are areas for individual, family and community action, New Brunswickers must act to ensure their own personal well-being and quality of life.

Affordability

Services will be delivered in the most efficient and cost-effective manner that is consistent with the provincial and Regional Health Authority model of health system delivery. A more efficient and effective health system will result in savings in regional duplication and overlap that can be reinvested in front-line services that go directly to patients as well as health promotion / disease prevention. This also includes enabling health care providers to practice to the full scope of their training and having non-clinical support services delivered in the most efficient manner possible.

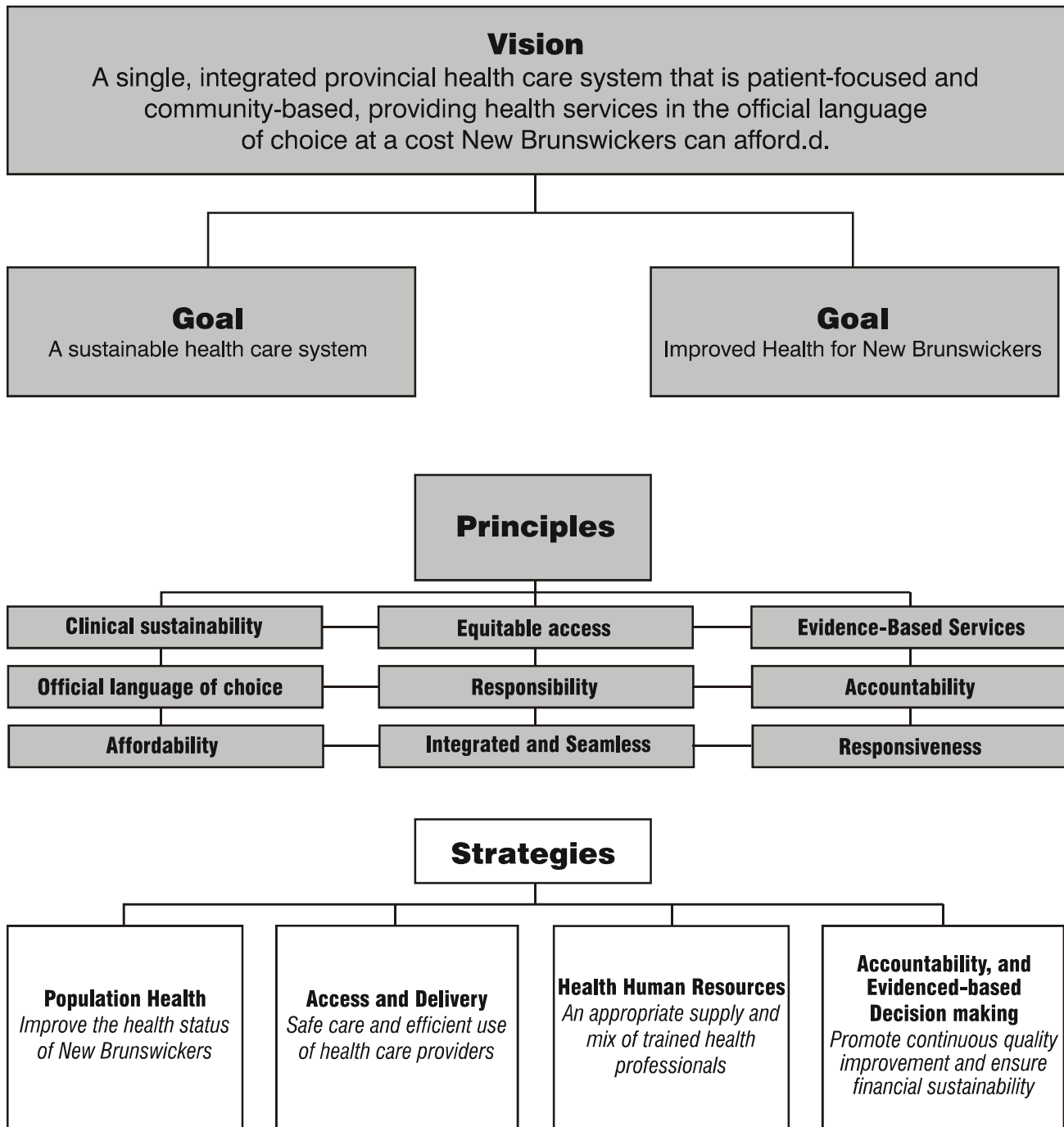
Official language of choice

Consistent with the provisions of *New Brunswick's Official Languages Act* and the Government's vision for a single, integrated, patient-focused health system, access to health services will be offered in the official language of choice for the patient.

Accountable to All

Ongoing reporting of activities, progress, and performance of the health care system through the Accountability Framework, the Health Care Report Card and other provincial and federal/provincial/territorial reporting mechanisms will help ensure that New Brunswickers are able to understand, assess, and measure how well the system is working for them.

Provincial Health Plan



Healthy Futures: Goals and Strategies

Healthy Futures has two goals:

Goal 1 – Improved health for New Brunswickers.

Goal 2 – A sustainable health care system for taxpayers.

Each of the main principles and strategies have been designed to achieve these goals over time. Not everything can be accomplished all at once. That's why the provincial health plan is a four-year plan. This will allow for changes to take place over time, involving people and communities, and allowing for those working in the health care system to plan and prepare.

Improving the health of New Brunswickers is as much the responsibility of individuals as the health system itself. A sustainable health care system means change, not just more money. Any new money put into our health care system must be invested in bringing about change and more safe, effective, and efficient delivery of services to patients.

Together, this will help us achieve our goals of improved health for New Brunswickers and a sustainable health care system for taxpayers.

Strategic Priorities

Healthy Futures sets out four strategic priorities which will guide new investments, actions, and service choices as we move forward to secure New Brunswick's health care system into the future.

1. Improving Population Health

Improving the health status of New Brunswickers is the first strategic priority of the provincial health plan. Healthy living is basic to good health and personal well-being. Wellness and preventive health measures such as immunization for children are important to prevent sickness and disease in the first place. Health services must be provided that promote wellness and disease prevention while organizing existing and new services to develop chronic disease management strategies for cardio-respiratory and circulatory diseases such as diabetes, hypertension and asthma. Some segments of our population such as obese persons, smokers, and others have particular health needs that must be addressed through targeted programs that will help them become and stay healthy. This will decrease current demand on our health system.

2. Better Access to Care and Services

Providing better access to quality health care is the second strategic priority of the provincial health plan. Investments to recruit and retain more physicians, nurses, nurse practitioners, and other health care professionals will lead to better access. 24/7 primary care access through community health centers, collaborative practice models, tele-health, and other means will result in better "first contact" access and care for patients and families. Reduced wait times for surgeries will occur through a new provincial surgical care management program. An enhanced ambulance service network with higher

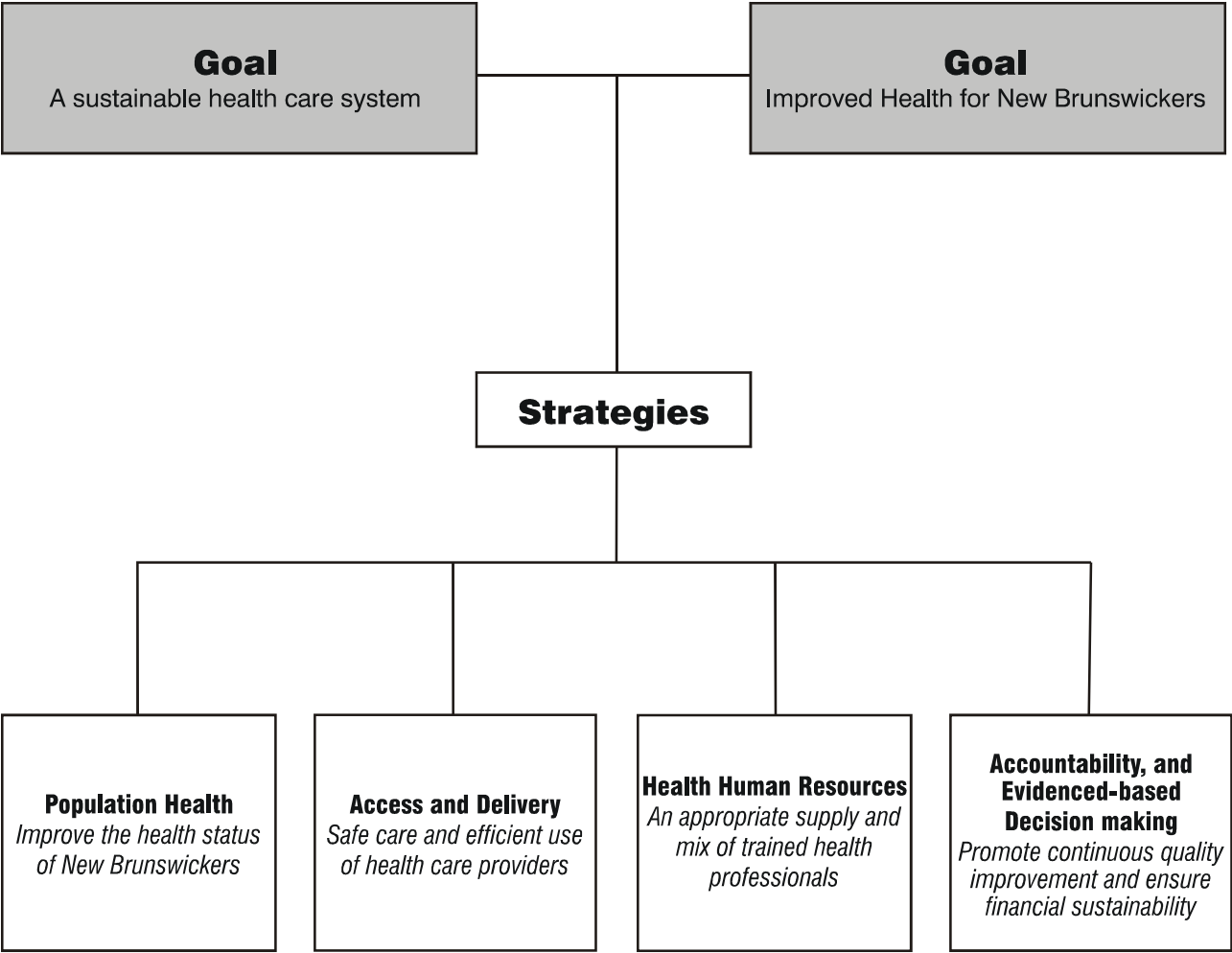
paramedic training standards will support communities better and link the provincial health system network more closely. Better access will occur through more investment in home care, prescription drugs, and priority medical diagnostic equipment and technologies.

3. Building Health Human Resources

Ensuring an adequate and appropriate supply and mix of health human resources to support our health care system is the third strategic priority of the provincial health plan. Changing health needs and a changing health work force must be linked to ensure we have both the right number and the right kind of health professionals for the future. Targeted recruitment and retention initiatives will focus on filling any health care gaps now while planning for new needs over the course of the plan.

4. Accountability and Evidence-Based Decision Making

Ensuring accountability to New Brunswickers and using evidence-based decision making to meet changing health care needs is the fourth strategic priority of the provincial health plan. Accountability and evidence-based decision making links performance measurement, best practices and public reporting. This ensures continuous improvement focused on quality and health outcomes. Regular reporting to provincial residents ensures accountability for the overall management of the health care system and allows for appropriate national comparisons. New health research initiatives can support both of these objectives.



- Wellness Strategy
- Chronic Disease Management Strategies
- New Brunswick Cancer Strategy
- Immunization
- Health Emergency Response

- Community Health Centers
- Collaborative Practice Clinics
- Alternative Primary Health Care delivery
- Hospital Based Clinical Programs
- Hospital Beds
- Ambulance Services Training
- Catastrophic Drug Program
- Methadone Maintenance Program
- Dialysis
- Home Care
- E-Health Initiatives
- Surgery Access Management

- Integrated HHR Strategies
- nurses
- physicians
- allied health

- Accountability Framework
- Health Research
- Stakeholder Participation in system planning and monitoring

Healthy Futures: Actions and Initiatives

This section of *Healthy Futures* sets out the major actions and initiatives that will be undertaken in each of the four strategic priority areas under the provincial health plan.

Strategic Priority # 1: Improving Population Health

1. Wellness Strategy

The Wellness Strategy endorses the general direction called for in the Select Committee on Health Care report, *Working Together for Wellness: A Wellness Strategy for New Brunswick*, and focuses on four themes related to healthy lifestyles with an emphasis on children and youth.

- Physical activity
- Nutrition and healthy eating
- Tobacco cessation
- Mental health and resiliency

The Department will work with its partners to continue to build on existing wellness initiatives such as Success NB, Healthy Minds and Healthy Learners Program, by taking the following new actions:

- Develop a New Brunswick Nutritious Food Basket (guide) that will help families select healthy food choices that all New Brunswickers can afford.
- Conduct a social marketing campaign to raise awareness of healthy lifestyles and influence lifestyle behaviours, with an emphasis on healthy eating and physical activity.
- Introduce legislation respecting smoking in public places and workplaces.
- Pursue opportunities to collaborate between government, schools, communities, the private sector, not-for-profit groups and others to:
 - promote healthy eating and physical activity and participation in school, recreation and sport programs
 - promote mental well-being, self-esteem and resiliency in children and youth
- Research best models and practices for the development of a corporate strategic plan for employee workplace wellness for government employees and other interested parties
- Challenge New Brunswick employers to develop workplace wellness programs
- The Deputy Ministers' Wellness Strategy Committee will monitor the implementation of the Action Plan and report progress annually. It will also promote and coordinate government wellness actions, facilitate the development of healthy public policy on an ongoing basis, and update the Wellness Strategy Action Plan every four years.

2. Chronic Disease Management Strategies

New Brunswick's chronic disease management strategy will address systemic barriers and reduce the gap between current practices and established best-practice standards of care for specific diseases. These include strategies and elements for improving care in the health system, in communities, in organizations, in clinical practice and with patients.

The priority conditions that have been targeted for enhanced chronic disease management include:

- Congestive heart failure
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Hypertension

A number of products and initiatives to support and measure improvements in care for people with chronic diseases have been developed and are being pilot tested through the Interdisciplinary Team / Shared Practice (IT/SP) initiative. The IT/SP project has developed best-practice protocols for six of the leading chronic diseases: Adult diabetes, Congestive Heart Failure, Primary Hypertension, Chronic Obstructive Pulmonary Disease (COPD), Primary Hyperlipidemia and Asthma.

An enhanced chronic disease management strategy will focus on accelerating and expanding the adoption of best-practice approaches throughout the province, in Community Health Centres, Collaborative Practice clinics, hospitals, outpatient clinics and through the Extra-Mural Program.

It is important to recognize that with the right support the majority of people with chronic conditions can learn to be active participants in providing their own care and managing their conditions. This can help them to prevent complications, slow down deterioration and avoid developing other conditions. Improved care and services for people with chronic conditions will have a beneficial impact on waiting lists, emergency care and admissions to hospitals. Good chronic disease management will not only improve the quality of patient care, it will also free-up resources to improve services across the health system.

3. New Brunswick Cancer Strategy

New Brunswick has the second-highest rate of cancer in Canada, and the incidence of cancers in this province is growing — it is expected that the number of New Brunswickers diagnosed with cancer will increase by 23 per cent over the next decade. Reducing the incidence of cancer and providing better treatment for those with the disease is the aim of the New Brunswick Cancer Strategy.

A New Brunswick Cancer Network will serve as a vehicle for coordinating cancer control efforts with the rest of the provincial health system. The Network will ensure standards and guidelines are established ensuring delivery of quality health care. Roles and responsibilities for all elements of cancer control (prevention, screening and treatment modalities) will be defined. The foregoing will be done in a manner to assure patient-centered, coordinated and evidence-based care from the point of entry into care and back for all elements of the cancer control system.

A Provincial Cancer Advisory Council will be established to develop implementation of the strategy, which will lead to the development of multi-year plans for cancer services throughout the province.

4. Immunization

Immunization is one of the most powerful and cost-effective tools of modern medicine to prevent disease and illness. To reduce the incidence of disease and illness in children and youth, the province will introduce four new publicly funded vaccines. These vaccines have been recommended for use by the National Advisory Council on Immunization. The introduction of these vaccines will put New Brunswick on an equal footing with other provinces and territories with respect to new vaccine utilization. Their introduction is a result of federal/provincial/ territorial efforts to implement a National Vaccine Strategy that has as one of its major goals the equity of access to new vaccines across Canada.

The four new vaccines are:

1. Varicella Vaccine – this prevents chickenpox and complications arising from chickenpox, including skin infections and encephalitis (infection of the brain).
2. Adolescent Pertussis, Diphtheria and Tetanus Vaccine – In addition to preventing diphtheria and tetanus (lockjaw), this new vaccine will prevent whooping cough in our teen population, which has become the main age group affected by this disease in recent years. In addition, to protecting teens, it also reduces the risk of the teen population infecting young infants who are vulnerable to severe complications from whooping cough.
3. Conjugated Meningococcal Type C Vaccine – this vaccine prevents meningitis and serious infections of the blood stream from this type of bacteria.
4. Conjugated Pneumococcal Vaccine – this vaccine prevents infections from seven types of pneumococcal bacteria that can cause meningitis, pneumonia, serious infections of the bloodstream and middle ear infections.

Some 40,000 New Brunswick children and adolescents will benefit from access to these vaccines in the first year of introduction. The vaccines will become part of the existing universal publicly funded vaccine program, which will protect New Brunswickers from these diseases for years to come. They will be administered beginning this year through our current delivery system which utilizes physicians and Public Health staff.

5. Emergency Response

The 2003 SARS outbreak in Ontario demonstrates the value of a coordinated response to a disease outbreak or other health emergency. The provincial *Emergencies Measures Act* requires the Department of Health and Wellness to assess disaster problems and related disaster functions; prepare staff instruction, emergency orders and regulations; and plan for the establishment and operation of emergency health services in the event of a disaster. Our priority is to ensure that regional health services are ready to respond to any large-scale emergency that may impact their region. Over the course of this plan, efforts will be made to increase training health emergency incident command systems, establishment of a mobile field hospital and conducting exercises to plan for disaster contingencies, as well as refurbishing emergency supplies around the province.

Strategic Priority #2: Better Access to Care and Services

1. Community Health Centers (CHC) Network

Delivering primary health care in communities where New Brunswickers live and keeping them healthy while making best use of our valued health professionals: these are all key components of New Brunswick's vision for health care renewal. All of these are embodied in the mission of the Community Health Centres (CHCs) now being established around the province.

Community Health Centres are all about teamwork and collaborative practice - doctors, nurses and other health professionals working together to improve the health of their patients. They are designed to provide the right care, by the right provider, so that patients get well and stay well. The government will expand this network of community health centres to include four new CHCs in the following communities: Plaster Rock, St. Quentin, Dalhousie and Caraquet.

2. Collaborative Practice Clinics

Access to primary care or "first contact" with the health care system by patients, will also be improved by implementing at least four new collaborative practice clinics in the province in areas demonstrating a need for additional primary health care providers. Collaborative practice clinics are staffed by physicians, nurses and nurse practitioners who work in teams to ensure that patients receive primary care from the most appropriate provider. The first collaborative practice clinic, the Gibson Clinic, opened in Fredericton in 2003.

3. Alternative Primary Health Care Delivery

Developing and implementing new ways of improving access and delivering primary or "first contact" health care to New Brunswickers is an ongoing priority. Our health care providers are a key source of information for generating new delivery models. Government will create a new Primary Health Care Collaborative Committee comprised of stakeholders. This Committee will review and make recommendations on establishing more accessible and effective primary care service delivery models.

4. Hospital-based Clinical Programs

Patient Safety and Clinical Care Collaborative Committee

In order to ensure that New Brunswickers have access to safe, quality clinical programs in a timely manner, a new patient safety and clinically-focused committee consisting of representatives from the New Brunswick Medical Society, the Nursing Association of New Brunswick, the College of Physicians and Surgeons, and other stakeholders will be created. Through collaboration, this committee will:

- 1) review hospital-based clinical programs to ensure programs are safe and sustainable, and

- 2) develop and implement a surgical access management program that will ensure the most urgent surgical cases are treated quickly and wait times are reduced.

Clinical Programs currently offered will continue to be available through each Regional Health Authority and the provincial network.

Provincial Programs Steering Committee

Some RHAs are responsible for providing specialized clinical programs for the entire province. Examples of these programs are: cardiac surgery and interventional cardiology, neurosurgery, neonatology, tertiary psychiatry, tertiary rehabilitation and nephrology. Ensuring New Brunswickers have equitable access to these provincial programs is a priority of the government. For this reason, a new committee comprised of the Minister and Deputy Minister of Health and Wellness and representatives from each RHA will be established to oversee and monitor access to provincial programs.

In New Brunswick, some highly specialized care will only be offered at one or two centres but all New Brunswickers in need will have access to them. The Provincial Programs Steering Committee will ensure full collaboration amongst RHAs to ensure these programs are seamless and integrated for patients.

Interventional cardiology and cardiac surgery will continue to be provided at the Saint John Regional Hospital, as a service to all New Brunswickers. There will be one Nephrology program, which will continue to be provided at three centres. Tertiary rehabilitation will continue to be provided at the Stan Cassidy Rehabilitation Centre in Fredericton, and tertiary psychiatric care will be provided at Centracare in Saint John and at the Restigouche Hospital Centre in Campbellton. Radiation oncology will be provided at Region 1 Beauséjour and Region 2 (Saint John).

Cardiac Care Program

The province's Cardiac Care Program offered by the Saint John Regional Hospital was recently reviewed by a team of clinical experts. The review resulted in several recommendations to strengthen the program and to improve access to the program by all New Brunswickers, no matter where they live. The recommendations called for creation of a formal program management structure, expansion of the existing cardiac catheterization facilities, and introduction of a cardiac electrophysiology service at the current site. Work on implementing these recommendations will begin.

5. Hospital Beds

New Brunswick is fortunate to have an excellent health care system. Maintaining this system within available resources will continue to be a challenge. We know that compared to the rest of the country, New Brunswick has an overabundance of hospital beds. In fact, New Brunswick has 646 more beds per capita than the national average. In order to maximize funding for front line patient services, and to meet changing patient needs, 298 inpatient beds will be closed in health care facilities around the province. The number of bed closures by region by facility is shown in the following table.

Even with these closures, New Brunswickers will still have the fourth-highest ratio in Canada of beds per population.

Table: Hospital Beds by Region by Facility

Facility	Beds in operation	Beds removed from the system	Beds added to the system	Total beds remaining
Moncton (Dumont)	330	28		302
Ste. Anne	20			20
Region 1B	350	28	0	322
Moncton (City)	409	28		381
Sackville	21			21
Albert	0			0
Region 1SE	430	28	0	402
Saint John (SJRH)	537	24		513
Saint John (St. Jos)	62			62
St. Stephen	59	19		40
Sussex	36	11		25
Grand Manan	10	0		10
Black's Harbour				0
Region 2	704	54	0	650
Fredericton (DECH)	330	16		314
Woodstock	39	39		0
Oromocto	45	0		45
Perth	27	12		15
Bath	17	17		0
Minto	9	9		0
Plaster Rock	15	15		0
Fredericton (SCRC)	16			16
Harvey				0
McAdam				0
Stanley				0
Waterville	0		70	70
Region 3	498	108	70	460
Edmundston	169	0		169
Grand Falls	35	15		20
St. Quentin	12	10		2
Region 4	216	25	0	191
Campbellton	146	0		146
Dalhousie	44	44		0
Region 5	190	44	0	146
Bathurst	230	15		215
Tracadie	59			59
Caraquet	39	39		0
Lameque	12			12
Region 6	340	54	0	286
Miramichi	183	27		156
Region 7	183	27	0	156
Total	2,911	368	70	2,613

6. Ambulance Services – Enhancements

A high-quality ambulance service staffed by well-trained professionals is a key element of health care delivery. Given the geography of our province and our dispersed population, an ambulance attendant is often the first caregiver that many patients will see — and lives rest on their training and skills.

Over the past decade, New Brunswick has made significant strides in modernizing its ambulance services, providing better coordination of service and an enhanced level of training for ambulance attendance. The government is now moving to the next step, to provide New Brunswickers with high quality ambulance services in keeping with today's needs.

In future, ambulance staff will be required to train as paramedics. There will also be provision for Advanced Level Paramedics who will provide basic life support as well as more sophisticated emergency treatment, including intubation, I.V. medications and a number of other complex procedures. These standards will be implemented on a gradual scale such that every ambulance responding to a call will have advanced life support services available to the patient. To facilitate these objectives, ambulance service operations will be consolidated.

7. Catastrophic Drug Program

New Brunswick currently has a Prescription Drug Program which offers assistance to those in the greatest need. NBPDP provides subsidized drug coverage to New Brunswickers on income assistance, seniors with low-incomes, nursing home residents and those suffering from certain diseases. This program serves approximately one of every seven New Brunswickers. Although it only serves those in greatest need, this program is one of the fastest growing costs facing government: the increasing use of prescription drugs and the price of new drugs has led to the cost of NBPDP to rise by more than 12 per cent in each of the last four years.

Rising drug costs affect many New Brunswickers, especially those families with no coverage and those with inadequate private insurance to cover the cost of drugs for medical treatment. In order to ensure New Brunswickers do not incur undue financial hardship, the government will establish a Catastrophic Drug Program from savings realized through the course of the provincial health plan.

8. Methadone Program

Several New Brunswick communities have identified the need for a methadone maintenance service to assist residents of their communities with drug addictions. Studies demonstrate that the availability of these services results in a marked reduction in illicit drug use and criminal activity, as well as improvement in employment rates and psychological status of persons addicted to drugs.

Government will respond to this need by developing an organized methadone maintenance service targeted at opiate addicts. This service will reflect evidence-based

“best practices” that include administering, monitoring compliance, counselling and long-term follow-up and be phased-in around the province.

9. Dialysis

Over the past three years, the number of hemodialysis patients in New Brunswick has increased on average between 9 and 10% a year. The incidence of diabetes is also increasing. For this reason, the number of satellite units providing dialysis will be expanded, when clinically sustainable, to include Sussex, the Upper Saint John River Valley, Campbellton, Tracadie and to other regions of the province as appropriate.

10. Homecare

New Brunswick has long been a leader in the field of delivering health services to residents in their own homes. The Extra-Mural Program, operated by Regional Health Authorities, is acknowledged as a pioneer in the development of innovative methods for delivering health care outside of hospitals. The Extra-Mural Program will continue to provide high-quality services outside of hospital walls by:

- expanded acute care
- palliative (end-of-life) care

In addition, mental health crisis intervention, early psychosis intervention and assertive community treatment services will be expanded to better meet the homecare needs of persons with mental health challenges.

11. E-Health

New Brunswick is now working to develop an electronic patient record, which allows access to patient records automatically via computer, at any time from any location. This is a complex undertaking, but vital to the concept of providing patient-focused and community-based care. There will be a need to create a single database for all health clients and health providers that can share information, while protecting the privacy of personal health data. This will ensure better and more efficient care, faster communication of test results, reduced duplication of tests and safe treatment of individuals.

Existing systems, such as the Medicare system, will be renewed as will others systems, which assist day-to-day operations and management of health programs and long term planning of the health system.

To harness new technology to our needs, the Department of Health and Wellness and the eight Regional Health Authorities have established an Office of E-Health to champion the development and integration of a broad range of information technology for the health system and promotion of expanded tele-health services. These innovations allow patients to get better and faster care, and enables the health system to be operated more efficiently.

12. Surgical Access Management - Towards Timely and Appropriate Surgical Care

New Brunswickers deserve to receive health services in a timely manner. They want assurances that those in greatest need will be the first to receive urgent attention, and that others should not be subjected to onerous waiting times for surgery and other services that affect their quality of life. The Patient Safety and Clinical Care Collaborative Committee will be tasked to establish a new surgical care network. It will look at the factors that influence wait times and review the wait time situation in New Brunswick.

Principles driving the development of the surgical care network will be:

- **Fairness:** Objective criteria are used, based on the patient's needs rather than by individual providers or institutions.
- **Appropriateness:** The time that people wait must be appropriate and proportional to their condition.
- **Certainty:** New Brunswickers will have a clear understanding of how long they can expect to wait, and why.

Key initiatives will include:

- A surgical patient registry
- Standardized patient assessment process
- Target times for surgery
- Public reporting of results.

Strategic Priority #3: Expanding Health Human Resources

Ensuring that New Brunswick has the health professionals it needs, when it needs them, is an important aspect of this Provincial Health Plan. Over the last five years, the Department of Health and Wellness has made considerable efforts to recruit more physicians, nurses and other health professionals, find ways to retain those workers now employed in the health services system and make the best use of all our valued health professionals. The Department's Health Human Resources Recruitment and Retention Strategy will build on the work done in the past to ensure that New Brunswickers have access to health professionals and the services they provide for the future.

Over the last five years, an aggressive physician recruitment effort has resulted in New Brunswick having more physicians at work today than ever before. To ensure that the supply of physicians is retained, the government will maintain the current recruitment strategies for physicians, including location grants and residency programs for doctors in training and look to add additional recruitment incentives over the course of this Plan. We will also continue to support medical education at the undergraduate and graduate levels for physicians in training, which has proven to be one of the most effective ways to recruit young physicians to this province.

Over the next four years, incentives for new physicians will be enhanced with the addition of even more recruitment incentives. These will include:

- business grants
- bursary programs
- expansion of eligibility for location grants
- a minimum salary guarantee
- student forgiveness loan program

To address forecasted future shortages, we will also add a minimum of 70 new physicians.

To meet the demand for nurses, Government will fund an additional 95 nursing seats at the province's university schools of nursing, including 40 full-time positions for nurse practitioners. More positions within the health system will be created for nurse practitioners, to put their skills to work in improving primary care delivery. It will also maintain existing programs to assist nurses in obtaining training and skills, and ensure that all nurses can work to the full scope of their professional competence.

But maintaining our health care workforce is about more than doctors and nurses. Government will also take steps to recruit and retain workers in allied health professions such as pharmacy and radiation technology, offering support to students studying in these fields, including bursaries, clinical experience and summer employment programs that will encourage students to stay in New Brunswick once their training is complete. New courses for health records practitioners and respiratory therapy will be offered and more training will be provided to students, to address workforce needs in those professions.

Strategic Priority #4: Accountability And Evidence-Based Decision-Making

1. Accountability Framework

New Brunswickers have the right to know how their health system is being renewed, and to be able to accurately measure the progress that is being made toward health care renewal. This section of Healthy Futures sets out an Accountability Framework that will be utilized to report on progress under the provincial health plan. It also sets out new provincial implementation mechanisms involving health care stakeholders to help ensure the plan meets its objectives and the financial and health status challenges facing New Brunswickers.

To successfully renew the health system, it is important that RHAs, the Department of Health and Wellness (DHW) and other partners in the health care system have clearly defined roles and responsibilities – and that they be held accountable for delivering on those responsibilities.

The Minister of Health and Wellness (the Minister) is responsible for the development of an Accountability Framework that will define the roles and responsibilities of the major health

system partner groups and identify the processes and mechanisms that will allow stakeholders to access health system performance at multiple levels. The purpose of this Accountability Framework is

- to enable management to make informed decisions that result in continuous improvements to service delivery;
- to provide information about the effectiveness and efficiency of programs and services; and
- to allow the public to assess the progress that is being made toward health care renewal.

Regional Health Authorities and the Department of Health and Wellness will work together to develop a provincial Accountability Framework. The major components of the Accountability Framework include:

1. Processes and mechanisms that define roles and responsibilities
 - a. *Regional Health Authorities Act*
 - b. Provincial Health Plan
 - c. Regional Health and Business Plans
 - d. Health Charter of Rights and Responsibilities
2. Methods for monitoring progress and outcomes
 - a. Performance measurement (e.g., Balanced Scorecard)
 - b. Comparable Performance Indicators (FPT initiative)
 - c. 5 – Year RHA review
3. Tools for reporting on intended and actual results
 - a. Provincial Health Report Card
 - b. DHW and RHA annual reports
 - c. Public consultation / reporting

While several components of an accountability framework are currently in place, it will be necessary for the Department and RHAs to continue to develop a mutually agreed upon system of processes, rules and procedures that will clearly define each partners' roles and responsibilities, and identify how they will report on their progress in achieving the goals set out in this Provincial Health Plan.

2. Implementing the Provincial Health Plan with Stakeholders

Involving the RHAs, health care professionals, and other health stakeholders in the provincial health plan is important to its successful implementation. While ongoing consultation takes place on a range of operational and planning issues now, Healthy Futures goes further in establishing a formal set of implementation committees to help develop and implement the various initiatives required to ensure the provincial health plan is put in place with patient safety first.

As a result, four new implementation and advisory committees are being established:

1. Patient Safety and Clinical Collaboration Committee

- **Mandate:** to ensure New Brunswickers have access to safe, quality clinical programs in a timely manner;
- **Focus:** review hospital-based clinical programs to ensure programs are safe and sustainable; foster greater collaboration amongst RHAs in the provision of safe, quality clinical programs; develop and implement the new surgical access management program that will ensure the most urgent surgical cases are treated quickly and wait times are reduced.
- **Membership:** Health and Wellness, representatives from the Physician Community, the Nursing Community, RHAs, and other stakeholders.

2. Provincial Programs Steering Committee

- **Mandate:** to ensure New Brunswickers have access to specialized clinical programs by ensuring full collaboration amongst RHAs to designated provincial programs that serve all New Brunswickers no matter where they live.
- **Focus:** seamless and integrated patient access to cardiac surgery and interventional cardiology, neurosurgery, neonatology, tertiary psychiatry, tertiary rehabilitation and nephrology.
- **Membership:** Minister and Deputy Minister of Health and Wellness and representatives from each RHA.

3. Primary Health Care Collaborative Committee

- **Mandate:** Developing and implementing new ways of improving access and delivering primary or “first contact” health care to New Brunswickers;
- **Focus:** review and make recommendations on establishing more accessible and effective primary care service delivery models for use around the province, such as collaborative practice clinics;
- **Membership:** Health and Wellness, New Brunswick Medical Society, College of Physicians and Surgeons, Nurses Association of New Brunswick, Regional Health Authorities and other health care stakeholders.

4. Non-Clinical Support Services Committee

- **Mandate:** to review and recommend consolidation of appropriate Regional Health Authority non-clinical support services to allow for reinvestment of savings into catastrophic drug program.

- **Focus:** Laundry, Food, Housekeeping, Finance/HR/Payroll, IT Support Services, Telecommunications, Materials Management, Administration; affected workers will be eligible for retirement or redeployment packages and assistance.
- **Membership:** Health and Wellness; RHA representatives.

2. Health Research

There is more to health care than physical infrastructure and qualified practitioners. Providing the best possible health services also requires research into the medical, behavioral and socio-economic issues that have an impact on the health and wellness of New Brunswickers.

Health research is a key ingredient in making the best use of our health resources, to train and attract health professionals and to promote a culture of research and innovation. Researchers can provide valuable knowledge that policy makers and planners can use to develop more efficient, effective health services. “Made-in-New-Brunswick research” will help us find local solutions to the challenges facing our health services system.

Research also has the potential to make an increased contribution to the New Brunswick economy. Every year, national funding agencies invest more than a billion dollars in health research across the country. However, very little of this funding comes to New Brunswick, due in part to the fact that New Brunswick is the only province without a provincial health research organization.

The Department of Health and Wellness will partner with New Brunswick Innovation Foundation (NBIF) and other stakeholders to build health research capacity, foster innovation in the health system, promote evidence-based decision-making and increase New Brunswick’s competitive position in the national health research funding arena.

NBIF will have a separate Health Research Advisory Committee comprised of representatives from the Department of Health and Wellness, Regional Health Authorities, the academic community and other stakeholder groups. Core activities will include:

- The Province will commit approximately \$3 million for health research.
- An annual ‘open grants’ competition which will replace the current Medical Research Fund of New Brunswick.
 - The Wordel Fund for kidney related research will continue to be administered as part of this annual competition.
- A capacity-building initiative that will provide support for promising researchers.
- A knowledge transfer program designed to help translate research into public policy and informed decision-making.
- A ‘matching funds’ program that will support research projects that have received partial funding from external sources.

Healthy Futures: New Investments for New and Enhanced Services

This section of *Healthy Futures* sets out the main funding commitments, approaches, and issues in support of the four-year provincial health plan.

Total health care funding will grow each and every year for the full four years of the provincial health plan.

	04-05	Health Plan Fully Implemented
Investments	\$25M	\$125M
Savings	\$15M	\$46M

New health care investments will be based on the following guiding principles:

First, health and senior care will be the number one new investment priority of the provincial government over the next four years as it has been since 1999.

Second, all savings realized from bed closures and consolidation of non-clinical support services will be invested immediately and fully into improved health and senior care.

Third, provincial funding for health care will continue to respect the principles of the *Canada Health Act*.

Once the health plan is fully implemented, \$125 M of new investments in new and enhanced services will be added to the base funding of the health system. This is above and beyond the additional funding that is required to maintain existing services.

To ensure New Brunswickers have access to the health services they need, it is important that the federal government provide adequate, sustainable and growing funding to New Brunswick and other provinces. The provincial government will work collaboratively with the federal government and our provincial and territorial partners to arrive at a new funding arrangement that will respect this growing need for a stronger federal funding commitment to health care for Canadians. In doing so, the federal government must first more adequately fund services already provided by provinces and territories in order to allow future new investments to be made by provinces and territories in new priority areas.

Healthy Futures:
**Securing New Brunswick's
Health Care System**

**The Provincial Health Plan
2004-2008**

**Appendix I
Health Services for New Brunswickers**

Health services are provided to New Brunswickers by Regional Health Authorities, by the Department of Health and Wellness and by out-of-province providers.

1. Health Services Provided by Regional Health Authorities

New Brunswick has eight Regional Health Authorities (RHA). Each RHA offers the following services to residents within its region.

Primary Care

Primary care is mostly offered through physicians' offices and hospitals, and in some regions may also be offered by Community Health Centres and Collaborative Practices.

Addiction Treatment Services

There are Regional Addiction Services in all health regions of New Brunswick. Program delivery varies between regions, but each region offers the following programs:

- *Detoxification Program*
- *Outpatient Programs*
- *Wellness*

On a provincial basis, New Brunswick also operates both short-term and long-term residential programs.

Extra-Mural Program

The New Brunswick Extra-Mural Program provides 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 provides quality home health care services to eligible residents when their needs can be met safely in the community.
- Professional service providers may include: nurses, registered dietitians, respiratory therapists, occupational therapists, physiotherapists, speech language pathologists and where funded, social workers.
- Services offered include: acute care, palliative care, home oxygen program, long term care assessment and rehabilitation services.

Mental Health

The institutional sector of Mental Health programs (two provincial psychiatric institutions and general hospital psychiatric units) is operated by RHAs under contract with Mental Health Services division.

Rehabilitation

Rehabilitation services are provided through a variety of RHA programs, and the provincial Stan Cassidy rehabilitation centre.

The list of hospital based clinical services provided within each RHA varies across the regions. The hospital services offered in each RHA are listed below.

RHA 1 Beauséjour

RHA 1 Beauséjour provides inpatient, day surgery, and ambulatory care services including family practice medicine, general surgery, orthopedics, urology, vascular and thoracic surgery, plastic surgery, otolaryngology, internal medicine, obstetrics/gynecology, pediatrics, ophthalmology, emergency, nephrology and renal dialysis, medical and radiation oncology, and psychiatry. The RHA also provides laboratory services, specimen collection, and diagnostic imaging.

RHA 1 South East

RHA 1 Southeast provides inpatient, day surgery, and ambulatory care services including family practice medicine, general surgery, orthopedics, urology, vascular and thoracic surgery, plastic surgery, otolaryngology, internal medicine, obstetrics/gynecology, pediatrics, ophthalmology, emergency, neurosurgery, neonatology, medical oncology, and psychiatry. Laboratory services, specimen collection, and diagnostic imaging are also provided by the RHA.

Region 2 Health Authority

RHA 2 provides inpatient, day surgery, and ambulatory care services including family practice medicine, general surgery, orthopedics, urology, vascular and thoracic surgery, plastic surgery, otolaryngology, internal medicine, obstetrics/gynecology, pediatrics, ophthalmology, emergency, psychiatry and tertiary psychiatry, nephrology and renal dialysis, medical and radiation oncology, neurosurgery, neonatology, interventional cardiology and cardiac surgery. Laboratory services, specimen collection, and diagnostic imaging are also provided by the RHA.

Region 3 Health Authority

RHA 3 provides inpatient, day surgery, and ambulatory care services including family practice medicine, general surgery, orthopedics, urology, vascular and thoracic surgery, plastic surgery, otolaryngology, internal medicine, obstetrics/gynecology, pediatrics, ophthalmology, emergency, psychiatry, renal dialysis, neonatology, and tertiary rehabilitation. Laboratory services, specimen collection, and diagnostic imaging are also provided by the RHA.

Region 4 Health Authority

RHA 4 provides inpatient, day surgery, and ambulatory care services including family practice medicine, general surgery, orthopedics, urology, thoracic surgery, otolaryngology, internal medicine, obstetrics/gynecology, pediatrics, ophthalmology, emergency, renal dialysis, and psychiatry. Laboratory services, specimen collection, and diagnostic imaging are also provided by the RHA.

Region 5 Health Authority

RHA 5 provides inpatient, day surgery, and ambulatory care services including family practice medicine, general surgery, orthopedics, urology, otolaryngology, internal medicine, obstetrics/gynecology, pediatrics, ophthalmology, emergency, psychiatry, and tertiary psychiatry. Laboratory services, specimen collection, and diagnostic imaging are also provided by the RHA.

Region 6 Health Authority

RHA 6 provides inpatient, day surgery, and ambulatory care services including family practice medicine, general surgery, orthopedics, urology, thoracic surgery, plastic surgery, otolaryngology, internal medicine, obstetrics/gynecology, pediatrics, ophthalmology, emergency, renal dialysis, and psychiatry. Laboratory services, specimen collection, and diagnostic imaging are also provided by the RHA.

Region 7 Health Authority

RHA 7 provides inpatient, day surgery, and ambulatory care services including family practice medicine, general surgery, orthopedics, urology, internal medicine, obstetrics/gynecology, pediatrics, ophthalmology, emergency, and psychiatry. Laboratory services, specimen collection, and diagnostic imaging are also provided by the RHA.

2. Health Services Provided by the Department of Health and Wellness

The Department of Health and Wellness provides the following health services to New Brunswickers:

Ambulance Services

Ambulance Services provides a reliable, effective, efficient and standardized Emergency Medical Services system in New Brunswick, and works to create and maintain an environment that enables efficient and effective use of resources in the provision of prehospital and interfacility patient care.

In order to fulfill these roles, Ambulance Services is responsible for:

- Designing, funding and monitoring a balanced, effective, integrated network of land and air ambulance services for the population of New Brunswick;
- Determining policy, establishing service standards and enforcing compliance;
- Licensing ambulance services concurrent with the service agreements;
- Providing advice to the Department of Public Safety and other agencies regarding the operation of the E-911 system in New Brunswick;
- Contracting with various agencies and individuals to deliver the following:
 - A centralized revenue collection system
 - A vehicle and equipment procurement system
 - A provincial quality education and monitoring program currently delivered by the Mobile Health Services Quality Agency.

Mental Health Services

Mental Health Services are provided through the following three core programs areas and services are provided based on three types of interventions primary, secondary, tertiary.

- *Acute Program* - for individuals of all age groups who present a mental or emotional problem that interferes with their psychosocial functioning
- *Child and Adolescent Program*- mental health services to children and adolescents from birth to eighteen years inclusive, and their families
- *Adult Long-Term Program*- for adults, including elderly, in need of treatment and rehabilitative mental health services and who present a combination of factors relating to diagnosis, duration of illness and level of disability

In addition to these core programs, the following specialized programs are provided:

- *Youth Treatment Program* –Community Mental Health Centres work together with the Departments of Education, Public Safety, and Family and Community Services, for severely conduct-disordered youth up to the age of 18.
- *Suicide Prevention Program*- is based on two models, one conceptual in nature and the other intervention-oriented. The conceptual model rests on fundamental notions of the systemic and ecological theory. The intervention model is the one used for crisis intervention, with a psychosocial and community-focused approach. It involves three broad activity sectors: prevention and promotion, intervention, and postvention.
- *Critical Incident Stress Management (CISM)* – is a debriefing service for first line responders (police officers, fire-fighters, hospital emergency personnel, etc.) who are often faced with emergency situations in the community. The service includes primary and secondary prevention components

Public Health Services

Public Health Services supports communicable disease prevention, management and control, promotes healthy lifestyles and healthy families and protects the community from adverse health consequences from hazards in home or community. Areas of service include:

- *Early Childhood Initiatives Program* - including prenatal and postnatal services and 3 ½ year old health clinics, child protection support services
- *Injury and disease prevention* - initiatives in the community to promote healthy and safe environments (healthy eating and physical activity promotion, food security, tobacco control breastfeeding promotion, injury prevention etc)
- Healthy Learners in School Program
- sexual health program
- HIV testing program in community and in correctional facilities
- immunization
- communicable disease prevention, management and control food safety/control, water quality, community sanitation, institutional health, zoonotics and vector borne prevention and education (eg. West Nile, Rabies)

3. Out-of Province Health Services

Under the Provincial Health Plan, most health services for New Brunswickers will be provided in New Brunswick, by New Brunswickers. In most cases, direct services to patients will be provided by Regional Health Authorities, while the Department of Health and Wellness will provide funding and overall policy direction for health services in the province. In the case of certain specialized health services, New Brunswickers will be sent to other jurisdictions to obtain health services. A list of those services is provided below:

Diagnostic Testing

- testing for conditions where the New Brunswick volume is too low to justify developing expertise (e.g. genetic testing, environmental sensitivity)
- level 3 lab services for conditions other than Anthrax or Tuberculosis
- level 4 lab services (e.g. for Ebola virus). Canada's only level 4 lab is in Winnipeg.

Transplants/implants

- all organ transplants
- some tissue transplants (e.g. cornea, bone marrow).
- cochlear implants

Cardiac Services

- some cardiac catheterization, valve and coronary artery bypass surgery.
- cardiac electrophysiology studies/ablations and for cardiac defibrillator pacemakers.

Extensive burns

- Halifax is the center for Atlantic Canada (some New Brunswick cases also are transferred to Québec).

Neonatology

- all level III surgical cases, some level III medical services

Pediatrics

- Pediatric neurosurgery
- Most pediatric cardiac surgery and some other pediatric cardiac procedures
- Pediatric cancer service has historically been referred to Halifax or Quebec, although some is done in New Brunswick.

Neurosurgery

- Some neurosurgery using specialized equipment or techniques (e.g. Gamma Knife)
- Pediatric neurosurgery

Radiation Therapy

- Radiation therapy may be provided outside of New Brunswick.

Toxicology

- In cases of poisoning when a toxicology expertise is required, clinicians either call out of province to get advice on how to proceed or may send a case out of province.

Genetic Counseling

- Most services provided through Halifax (some via telehealth), and some in Quebec.

General Hospital Services

- Residents of Campobello Island and New Brunswickers visiting Campobello Island receive hospital services in Machias and/or Lubec, Maine

Mental Health

- Severe Eating Disorder Services
- Extreme Aggressive or Violent Behaviour that requires special security or special expertise
- Extreme Children and Adolescents cases requiring highly specialized residential placements

Some cases may be referred out of province when services offered within New Brunswick have not brought a positive response. These may be referred in partnership with Family and Community Services (when specialized residential facilities are required) or with Addiction Services in instances of dual diagnosis.

Public Health

- radon testing
- field epidemiological support from Health Canada for outbreak and disease control.
- Occasionally send food samples to the Canadian Food Inspection Agency lab in Halifax for analysis in an outbreak investigation.
- Occasionally acquire expertise from outside the province e.g. toxicology.
- Some lab tests, some verification testing for test performed in the province, e.g West Nile Virus, rabies are performed outside of the province.

Addiction Services

- some less common types of addiction (e.g. sexual addiction).
- complex cases where all provincial resources have been exhausted without success.
- Long-term residential treatment for women.
- Residential treatment for problem gambling.

Healthy Futures: **Securing New Brunswick's Health Care System**

The Provincial Health Plan 2004-2008

Appendix II: Training for Health Professionals

Physicians:

New Brunswick has developed valuable partnerships with universities in the Atlantic region and Quebec in the training of its physicians. Through agreements with individual institutions, spaces are reserved for New Brunswick students at five medical schools in three provinces: Dalhousie University, Memorial University of Newfoundland, Université de Montréal, Université Laval and Université de Sherbrooke.

As of September 2004, the number of medical school seats purchased by the Province at these institutions will number 60 per academic year, an increase of 20 seats since 1995.

Currently, the province is supporting the studies of 220 medical school students and 140 students in graduate medical programs.

Although they receive their degrees from out-of-province institutions, many New Brunswick students return to their home province each year for practical training and summer employment. The province's Regional Health Authorities take an active role in the training of new physicians, which helps recruit new doctors to the province and keep them here. The Department of Health and Wellness plays a supporting role by coordinating training programs with RHAs and the five medical schools.

Post-graduate training is also offered in the province through the following programs:

Family Medicine: Students in family medicine can receive some or all of their training in New Brunswick, either at the Dieppe Family Practice Teaching Unit (for francophone students) or at Family Practice Teaching Units based at hospitals in Saint John, Fredericton and Moncton (for anglophone students). Medical residents attached to these programs work with family physicians throughout the province, in both rural and urban settings.

Specialty Training: Residency rotations are offered at the Dr. G.L. Dumont Hospital, the Saint John Regional Hospital, the Moncton Hospital and the Dr. Everett Chalmers Hospital in a variety of medical specialties.

Supernumerary Residency Program: The Department of Health and Wellness will support more than 30 supernumerary residencies in 2004-05. Through return-of-service agreements with RHAs, specialty residents can obtain residency positions at medical schools throughout Canada.

Nurses:

Nurse Practitioners

Masters in Nursing degree programs for Nurse Practitioners are offered at the University of New Brunswick and at the Université de Moncton.

Registered Nurses

Bachelor of Nursing degree programs are offered by the University of New Brunswick at four campuses (Fredericton, Saint John, Moncton and Bathurst) and at the Université de Moncton at three campuses (Moncton, Shippagan and Edmundston). These are four-year programs. Advanced Nursing (Master of Nursing) programs are offered at the University of New Brunswick and the Université de Moncton. These is a two-year program following a Bachelor of Nursing degree.

A program in Critical Care Nursing is offered to New Brunswick nurses through the cooperation of the two university nursing faculties, regional health authorities and the Department of Health and Wellness. This is a 17-week program.

Licensed Practical Nurses

Training for Licenced Practical Nurses is offered through the New Brunswick Community College at several locations, including the Campbellton, Dieppe, Moncton and Saint John campuses. Other courses are provided on a contract basis according to need and demand.

Allied Health Professions:

Audiology / Speech Language Pathology

New Brunswick supports the training of NB students in these disciplines through the Regional Transfer Arrangement for 9 students per year at Dalhousie University (Audiology and Speech Language Pathology). Under *l'Entente Québec-Nouveau-Brunswick*, 1 seat per year is reserved in Audiology at l'Université de Montréal and 2 seats per year at l'Université Laval in Speech Language Pathology.

Cardiology Technologists

NBCC Campbelton, in partnership with NBCC Saint John is developing a curriculum for a new training program in Cardiology Technology (ECG). The possibility of offering a joint program with Electro Neurophysiology technology (EEG) is being explored by an advisory committee. A tentative start date of September 2005 has been proposed for this new program.

Electroneurophysiology Technologists

As stated above, the possibility of offering a joint program in Electroneurophysiology technology (EEG) and Cardiology Technology (ECG) is being explored by an advisory committee. A tentative start date of September 2005 has been proposed for this new program.

Health Information Management

NBCC Moncton will offer a program in Health Information Management, commencing in September 2004. This program will be offered in partnership with the Southeast Health Care Corporation and the Beausejour Regional Health Authority, which will provide clinical placements that are a key component of the students' training.

Medical Laboratory Technology

L'Université de Moncton offers an articulated program in Medical Laboratory Technology in partnership with NBCC Campbellton. NBCC Saint John offers a program in Medical Laboratory Technology in partnership with several Regional Health Authorities that provide clinical placements to students for practical training.

Medical Physicists

No seat arrangement currently exists to support students training in out of province programs in the study of Medical Physics.

Medical Radiation Technology

The University of New Brunswick offers an articulated Bachelor of Health Sciences program in radiography, which encompasses **Medical Radiological Technology (X-Ray Technician)**, **Nuclear Medicine** and **Radiation Therapy**. This is a partnership between UNB, NBCC Saint John and the Atlantic Health Sciences Corporation (AHSC). AHSC also has a partnership with the Saint John School for Radiological Technology for **Radiation Therapy**. The Université de Moncton offers a program in **Medical Radiological Therapy** in partnership with NBCC Campbellton.

Nutrition

L'Université de Moncton offers health studies in nutrition/dietetics.

Occupational Therapy

New Brunswick supports the training of NB students as Occupational Therapists through the Regional Transfer Arrangement for 9 students per year at Dalhousie University. As well, under *l'Entente Québec-Nouveau-Brunswick*, 2 seats per year are reserved at l'Université de Montréal and 3 students per year at l'Université Laval.

Optometry

New Brunswick supports the training of NB students as Optometrists through *l'Entente Québec-Nouveau-Brunswick*, with 2 seats per year are reserved at l'Université de Montréal.

Pharmacy

New Brunswick supports the training of NB students in Pharmacy through *l'Entente Québec-Nouveau-Brunswick*. Currently, a total of 6 seats per year are reserved at l'Université de Montréal and l'Université Laval. As well, under the Regional Transfer Arrangement, the College of Pharmacy at Dalhousie University admits an average of 20 NB students per year in its program.

Pharmacy Assistants

NBCC Campbellton, NBCC Saint John and CompuCollege School of Business offer training programs for Pharmacy Technicians.

Physiotherapy

New Brunswick supports the training of NB students in Physiotherapy through the Regional Transfer Arrangement for 15 students per year at Dalhousie University. As well, under *l'Entente Québec-Nouveau-Brunswick*, 4 seats per year are reserved at l'Université de Montréal and 5 students per year at l'Université Laval.

Psychology

Mount Allison University, l'Université de Moncton, St. Thomas University and the University of New Brunswick offer health studies in Psychology at the Master's Degree level. Both l'Université de Moncton and University of New Brunswick offer Psychology at the PhD level.

Rehabilitation Support Personnel

Preliminary work has been completed for NBCC Campbellton, in partnership with NBCC Saint John to develop a curriculum for a new training program. The curriculum will be based on a "generic" training model for all four rehabilitation disciplines, adapted from the 1996 curriculum developed by NBCC Saint John, which had been endorsed by all three professional associations representing the four rehab groups. A start date of September 2006 has been proposed.

Respiratory Therapy

L'Université de Moncton and NBCC Campbellton are working in partnership and are currently developing a curriculum to offer a program in respiratory therapy. The proposed start date is September 2005.

Social Work

St. Thomas University and l'Université de Moncton both offer health studies in Social Work at the Bachelor's and Master's Degree levels.

Note: Although formal arrangements do not exist between the Province of New Brunswick and the University of Ottawa, an average of 15 New Brunswick students are admitted annually into studies for rehabilitation disciplines (Audiology, Occupational Therapy, Physiotherapy and Speech Language Pathology).