



Reporting to New Brunswickers



***The New Brunswick
Health Care Report Card 2003***

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Health Care Today

Residents of New Brunswick are among the luckiest people in the world today – they are Canadians. Over the past decade, Canada has received international recognition as one of the best countries in the world in which to live. Our national standard of living and quality of life are admired and envied around the globe. Our life expectancy, educational achievement and earning potential are continuing evidence of the Canadian success story.

Part of that success story is Canada's publicly-funded health care system. It is immensely valued by Canadians wherever we live. We attach great importance to the values of sharing and caring that underpin Medicare and our health care system.

The Challenge

Our health care system, however, is facing new pressures and challenges right across Canada. Health care costs are growing faster than the capacity of provinces to pay for them. Federal transfers, which once covered half the cost of health care services in Canada, now pay only 14 cents of every health care dollar. New Brunswick and other provincial governments are facing a daunting challenge - to maintain high-quality, universal health care services that can be delivered at an affordable and sustainable cost to Canada's taxpayers. Canadians are seeking more timely access to quality health care services. Accountability demands are increasing for Governments and providers to report on performance to citizens. Innovations in health services delivery are advancing rapidly, giving us new opportunities but new challenges as well.

As our population ages over the coming decades, demands for health care services will both grow and change. This will present particular challenges for New Brunswick and the rest of Atlantic Canada, where the elderly are the fastest-growing segment of the population and where our rural population base has unique service needs. Many of our health professionals are nearing retirement thus adding to the challenge of meeting the demand for health services.

In order to meet these challenges, the Province is committed to renewing our health care system, so that future generations of New Brunswickers will continue to have timely access to quality, affordable services.

Our Commitment to Renewing Health Care

The government of New Brunswick has been working hard to renew our health care system. This commitment was one of five priorities outlined in *New Vision - New Brunswick*, which set out a new vision for health care in this province - a vision for a “patient-focused, community-based” health care system. In January 2000, I established the Premier’s Health Quality Council, to make recommendations directed at creating “a more equitable and sustainable health system” for New Brunswick.

The Council’s final report, entitled *Health Renewal: Report from the Premier’s Health Quality Council*, was released in January 2002. Included in this report were recommendations for the development of a provincial Health Care Report Card. This inaugural report card is an important step in meeting our commitment to provide regular, objective and transparent reporting to residents about our health and the performance of our health care system.

In future years, the New Brunswick Health Care Report Card will be expanded and enhanced in order to provide New Brunswickers with up-to-date information on our health and health care services in our province. New Brunswickers can use this information to assess the effectiveness of the health care system and to better understand the steps we are taking to make it better. Together, we can strive to maintain a high-quality, affordable health care system that will be sustainable for generations to come.

Bernard Lord - Premier of New Brunswick



Accountable to New Brunswick

In the wake of the release of the report of the Romanow Commission on the Future of Health Care, there has been much talk of accountability for the way provinces spend taxpayers’ money on health care.

With the release of the 2003 New Brunswick Health Care Report Card, the government is demonstrating its commitment to accountability. An accountability derived from the government’s recognition of our obligation to the citizens of this province to deliver quality health care in an efficient, effective and responsible manner.

The mandate of the government to renew health care was outlined in *New Vision - New Brunswick*. This report card presents the results of the renewal so far. It gives us a snapshot of the health care system today and points the way toward the health care system of tomorrow.

The report demonstrates that much work has been done to renew health care in New Brunswick. It also shows there is much work left to do. And it is a testament to our commitment to continue that work based on our goal of providing the right care, at the right time, in the right place, by the right provider at a cost New Brunswickers can all afford.

**Elvy Robichaud -
Minister of Health and Wellness**



About This Report

The health status and health system performance information presented in this report were derived primarily from Statistics Canada, Health Canada and the Canadian Institute for Health Information data sources. In order to provide comparisons between New Brunswick and the other three Atlantic provinces, source data were regrouped, and averages were calculated by the New Brunswick Department of Health and Wellness.

Additional detailed information on New Brunswick's health care system and population health can be found in "Health Performance Indicators, A Report to New Brunswickers on Comparable Health and Health System Indicators, September 30, 2002." This is part of a First Ministers commitment in 2001 to develop and publish data on comparable health indicators in 14 key areas. That report can be found on the Government's website at www.gnb.ca, keyword: Health.

This Health Care Report Card

This Health Care Report Card contains three main sections in order to provide a comprehensive look at the progress we are making in renewing New Brunswick's health care system.

- 1. Reporting on Health Care Renewal** – This section explains the Government's overall plan for health care renewal from 1999 to the present. It sets out the key financial investments made in health and senior care to make our system stronger and improve both the quality of and access to health care services.
- 2. Reporting on Health and Health Care** – This section looks at our health status as New Brunswickers. It sets out key determinants of health and how these could be measured.
- 3. Reporting on Health Care System Performance** – This section outlines how well our health care system is performing on a number of key measures – such as access to services, patient satisfaction, and effectiveness.

A closing section looks at the future of health care in New Brunswick. It sets out the priority areas being focused on to improve our health care system and what we can expect in the months and years ahead.

I. Reporting on Health Care Renewal

The Province has set a course to renew health care in New Brunswick. Our objective is to create a single, integrated, patient-focused and community-based health care system that will serve all the people of this province, no matter where they live or which official language they speak. The aim is to bring health care closer to the people, and ensure that New Brunswickers receive the care they need, when and where they need it, and from the provider best able to deliver it.

Our goal: provide the right health care services, in the right way, at the right time, by the right provider, at a cost taxpayers can all afford.

A Two-Stage Process

The process of renewing health care, based on the principles set out in *New Vision - New Brunswick*, began early in the government's mandate. Beginning in 1999, health care renewal has been undertaken in two stages. **Stage 1** - stabilize the system with immediate new investments in doctors, nurses, hospital services, diagnostic equipment, and other key health care needs. **Stage 2** - improve access to services for all New Brunswickers based on the vision of a patient-focused, community-based health care system. Highlights of each stage are set out below:

Stage 1 – New Investments

- \$1.6 billion more invested in health and senior care
- Physician recruitment and retention - 87 new doctors
- Nursing strategy - 436 more full-time nursing positions
- Three new fixed magnetic resonance imaging units (MRIs) and two mobile magnetic resonance imaging units (MRIs)
- Over 100 new drugs added to the Prescription Drug Program

Stage 2 – Improved Access to Services

- Eight new Regional Health Authorities established with local decision-making and accountability
- Nurse Practitioner legislation and expanded nursing roles now in place to improve access to primary health care
- Four new Community Health Centres to be implemented in 2003 as part of a comprehensive strategy to enhance 24/7 access to primary health care
- Health Charter of Rights and Responsibilities to be legislated in 2003 to ensure greater accountability

Is Health Renewal Working?

Yes. But renewing our health care system in full will take time. It will take new investments from both the provincial and the federal Governments. It will also need cooperation from health care providers - doctors, nurses, hospitals, and others who work in our health care system - and communities to help change the way we deliver services so it works better for patients.

New Investments

New investment in health care is one of the Province's highest spending priorities. Funding commitments for health and senior care have increased each and every year since 1999. Total spending for health care in 2003/2004 now stands at \$1.9 billion, almost \$500 million more this year than in 1999. Today, health care accounts for 35 per cent of all spending by the Province on programs and services.

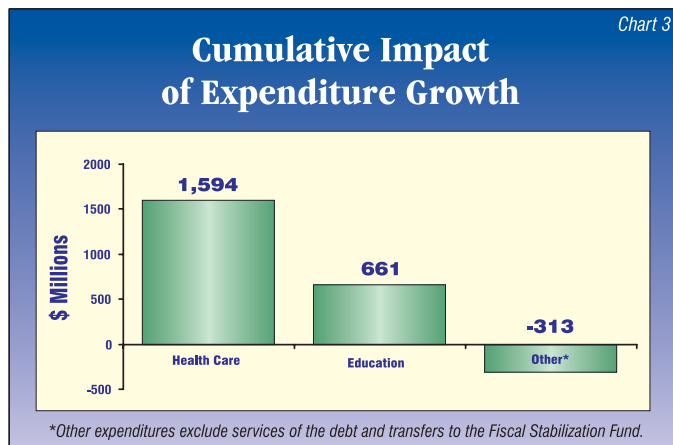
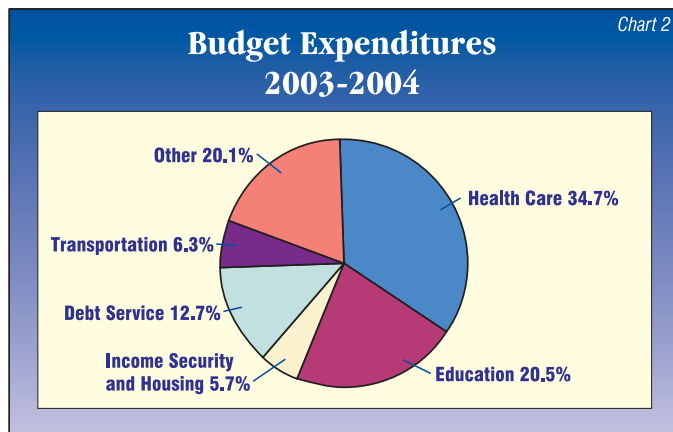
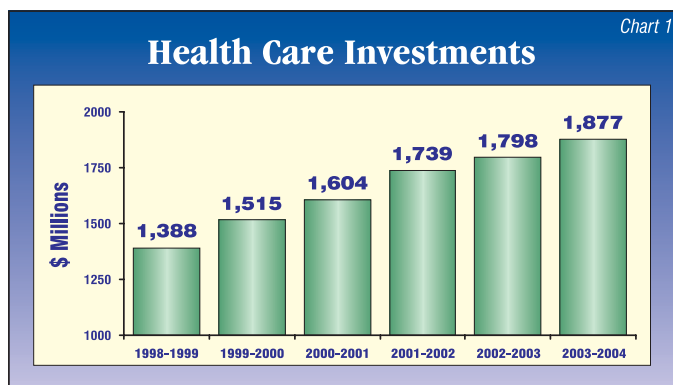
Since 1999, 82 per cent of all net new spending by government has been allocated to health care services. During this period, a cumulative total of \$1.6 billion in new funding has been invested in health care.

Since 1999, funding has been increased in all areas of health care, including:

Medicare: \$97.5 million increase
 Hospital Services: \$234.3 million increase
 Nursing Homes and Long-Term Care: \$138.9 million increase
 Prescription Drug Program: \$55.1 million increase

Capital Infrastructure

The Province has made substantial investments in maintaining and upgrading New Brunswick's health care facilities. Over the past four years, the Province has invested more than \$80 million for new construction and equipment in the health care system. In 2003/2004 the Province will invest a further \$24 million.



Medical Equipment

The Province has made significant new investments in medical equipment to give New Brunswickers access to the most modern diagnostic and treatment facilities available. Working with hospital foundations, the Province has greatly expanded its network of magnetic resonance imaging equipment (MRIs). New Brunswick now has three fixed units in Moncton and Saint John, and two mobile MRIs that serve the St. John River Valley and the three northeastern health regions. Today, New Brunswick has the best network of MRI services of any province in Canada with the shortest wait times.



Health Care Professionals

Challenges:

New Brunswick, like the rest of Canada, is facing challenges in matching the supply of health care professionals to the demands of the health care system and the patients it serves. Competition amongst provinces to recruit new doctors and nurses is fierce right across Canada, requiring continued fee and salary increases to remain competitive. Rural New Brunswick also has unique challenges in recruiting and retaining health care professionals that must be addressed. In addition, health care professionals' desire for more stable, less demanding work lives affect both their supply and availability in the health care system.



That is why a new Physician Recruitment and Retention Strategy and a new Nursing Resource Strategy have been put in place to ensure that we have a sufficient supply and the right mix of health professionals to provide New Brunswickers with the right service, at the right place and at the right time. These strategies are a key element in the government's overall plan to renew health care.

Physician Recruitment and Retention Strategy

In November 1999, the Province introduced a comprehensive Physician Recruitment and Retention Strategy designed to recruit family practitioners and specialists to the province. *Physician Friendly New Brunswick: A Comprehensive Approach to Physician Recruitment and Retention* includes several specific strategies aimed at increasing the supply of physicians working in the province, now and in the future.

Initiatives underway include:

- The Province has purchased 10 additional seats per year at Memorial University in St. John's, Nfld. and increased the number of seats purchased in Quebec universities from 20 to 25. In total, these additional 70 medical seats purchased from 2000-2005 will increase the potential supply of available physicians in the future.

- A Location Grants Program, which provides financial incentives to newly-recruited physicians and specialists. As of December 31, 2002, 144 physicians have received grants of \$25,000 to \$40,000 to establish practices in all regions of New Brunswick.
- Funding of 19 additional residency positions to allow physicians to complete training in a recognized speciality, with a return-of-service agreement that ensures they will return to New Brunswick once their training is complete.
- A Summer Rural Preceptorship Program that offers a summer work experience with a rural medical practice for qualified medical students. An average of 45 students per year are taking advantage of this program.
- A more competitive fee structure, negotiated with the New Brunswick Medical Society. By April 2005, rates paid to fee-for-service physicians through Medicare will have increased by 33 per cent, making New Brunswick one of the most competitive provinces in Canada to recruit and retain physicians.
- An improved remuneration package for salaried physicians in the province.
- A dedicated Website aimed at new physicians who may be interested in coming to New Brunswick.

Impact:

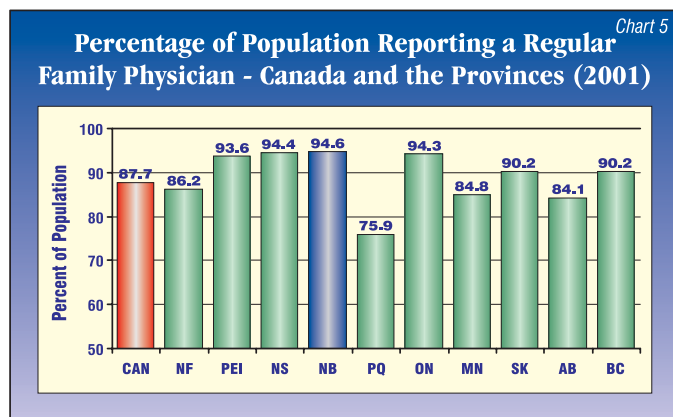
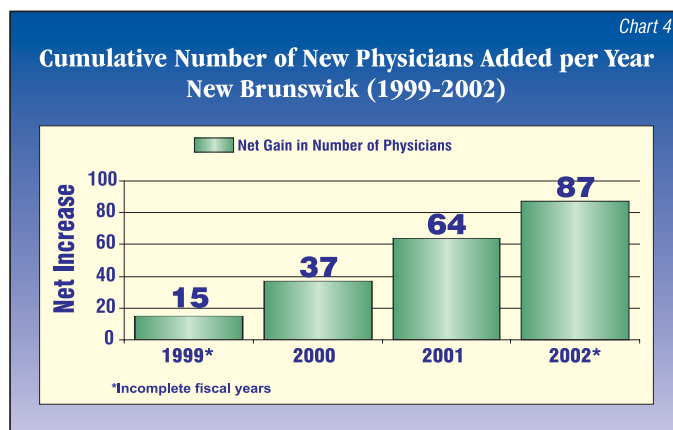
As shown in chart 4, this strategy is working. Between 1999 and 2002, New Brunswick has enjoyed a total net gain of 87 new family practitioners and specialists.

According to a recent Statistics Canada report, New Brunswick enjoys the highest rate of family physician coverage in the country – 94.6 per cent of New Brunswickers report having a regular family doctor.

Nursing Resource Strategy

In 1999, during its first 200 days in office, the government created 300 new, permanent nursing positions in the province. During 2001/02 and 2002/03, the government negotiated new collective agreements for registered nurses, nurse managers and nurse supervisors, and nurses working in the provincial public service. Improved wage settlements included in these agreements have helped enhance the competitiveness of nursing in the province and strengthened efforts to recruit and retain nurses.

In April 2001, a three-year, \$8.1 million nursing resource strategy was released by the Province. This new strategy is aimed at keeping nurses in New Brunswick and recruiting new ones by attracting students to our nursing programs and creating secure work opportunities



in our health care system. This partnership with nurses, licensed practical nurses, their professional organizations, educators and employers will help ensure that we have a sufficient supply of nurses to meet our growing health care needs.

The Nursing Resource Strategy's three major objectives and associated action areas are:

1. To increase the number of registered nurses (RN) and licensed practical nurses (LPN) in New Brunswick.

- A summer employment program for 150 second-year and third-year nursing students.
- Reimbursement of tuition for refresher courses for RNs and LPNs who wish to re-enter the workforce.
- Conversion of part-time positions and casual hours into full-time, permanent jobs in hospitals and nursing homes.
- A bursary program for student nurses and LPNs aimed at hard-to-recruit sectors.
- A review of the need for increased nursing seats in New Brunswick universities.

2. To keep nurses in New Brunswick.

- Introduction of a New Brunswick Critical Care Nursing Program.
- A renewal of orientation programs for new nursing staff.
- Removing legislative barriers to enable nurses to practice to the full scope of their training and skills.
- Passing legislation to introduce nurse practitioners in the province.

3. To plan for the changing conditions in health care.

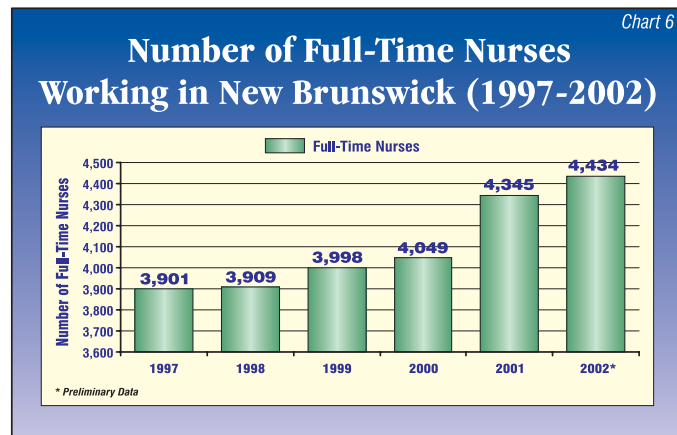
- Updating the Nursing Service and Resource Management Plan.
- Reviewing the use, skills and mix of nurses and LPNs.
- The hiring of a Nursing Resource Advisor in the Department of Health and Wellness.
- A new job evaluation system for nurses.
- Improved use of all health care workers through integrated resource planning.

Impact:

Actions to implement the Nursing Resource Strategy are underway and working. As shown in chart 6, in 2002 there were 436 more full-time nurses working in New Brunswick than in 1997. New Brunswick continues to enjoy among the highest ratio of nurses per 100,000 population of any province in Canada.

Other Health Professionals

The number of professionals per 100,000 population in most other health disciplines remains higher than the combined average of the other Atlantic Provinces, with the exception of pharmacists. However, there are challenges that must be met in some health professions and within some regions of the province. The government is currently examining the supply and demand of these health professionals to establish which professional groups require specific recruitment and retention strategies.



II. Reporting On Health and Health Care

The goal of recent health care renewal initiatives is to improve the effectiveness and sustainability of the health care system and enhance the health and well-being of all New Brunswickers. But what determines health? How can we measure the performance of the health care system, and how will we know if new health care initiatives are working?

What Determines Health?

Research has taught us that health care is only one of many factors which influence the overall health of the population. As shown in table 1, a wide range of lifestyle, social, economic, and environmental factors also influence health. These “determinants of health” interact in combination to influence health at both the individual and population level. For example, living in crowded housing can increase a person’s chance of being exposed to a communicable disease; but the likelihood of living in crowded housing is related to income, which in turn is influenced by education. Therefore, building a strong, growing economy with more jobs and greater personal income for people is an important strategy for improving the population health of New Brunswick. That is why the government has initiated a comprehensive, 10-year economic growth plan called *Greater Opportunity: New Brunswick’s Prosperity Plan*.

Other population health focused initiatives undertaken since 1999 include: the *Healthy Minds* school nutritional program for kindergarten to grade 5; the *School Communities in ACTION* and *Healthy Learners in School* programs; the *Early Childhood Development Agenda*; and the *Green Infrastructure Program* to improve waste and wastewater infrastructure in our cities, towns and villages. Each initiative is designed to contribute to the overall health and well-being of New Brunswick children, families and individuals.

How is Performance Measured?

Because many factors unrelated to the health care system can influence health, the performance of the health care system cannot be measured simply by looking at the health of the population.

- In this report two different groups of measures are used to examine (1) the health status of the New Brunswick population and (2) the performance of our health care system. Together these measures provide us with a good indication of how well the health care system is performing, and in turn how the performance of the health care system impacts on population health.

Table 1

Key Determinants of Health

Income and Social Status

Wealth and social status influence health by determining how much control people have over circumstances such as housing, nutrition and physical activity.

Social Support Networks

Support from families, friends and communities helps people to cope with difficult situations and maintain a sense of control over their lives.

Education

Education provides knowledge and skills for daily living and increases opportunities for employment.

Employment/Working Conditions

Meaningful work with economic stability and a healthy work environment are linked to good health.

Physical Environment

Air and water quality, housing and community safety have a major impact on health.

Biology and Genetics

Some people have a genetic predisposition to certain illnesses. Diabetes is one example.

Personal Health Practices and Coping Skills

Effective coping skills enable people to solve problems and make choices that enhance their health.

Healthy Child Development

Prenatal and early childhood experiences have a lifelong effect on health.

Health Services

Adequate access to preventive and primary health care services plays an important role in promoting good health.

Population Health Status

The health of a population can be measured in various ways. Table 2 presents three types of health status indicators for the New Brunswick population. The **overall health** status indicators provide general measures of the longevity and ‘wellness’ of the population. The **healthy behaviour** measures show the proportion of New Brunswickers with lifestyles that contribute to good health. Finally, the **leading causes of premature death** section shows the potential years of life lost (PYLL) by individuals before the age of 75 due to specific types of illness and injury.

What Do The Results Tell Us?

The results show that in many respects the health status of New Brunswickers is similar to that of other Canadians and Atlantic Canadians. New Brunswick’s performance in terms of low birth weight and years of life lost to stroke were at least 10 per cent better than the national and “other Atlantic” averages, respectively. New Brunswick’s results on measures of being physically active and healthy body weight, however, were below the comparable national and/or other Atlantic averages. It is known that unhealthy lifestyles contribute to premature mortality from cancer, heart attack and unintentional injury and may also negatively influence self-rated health status. On the following page, the results for the healthy behaviour indicators and their links to other aspects of population health are examined in more detail. (See note)¹

Table 2			
Health Status			
	NB	CAN	Other Atlantic
Overall Health Status			
Life Expectancy (average years of life)	78.1	78.6	77.7
Disability-free Life Expectancy ¹ (years of life before developing a moderate or severe disability)	66.6	68.6	66.5
Self-rated Health ² (% of population reporting either “very good” or “excellent” health)	58.9	65.2	66.0
Low Birth Weight (# of infants weighing between 500g and 2500g at birth, per 1,000 live births)	5.2	5.7	5.5
Healthy Behaviour			
Non-Smokers ² (% of population aged 12+ who currently do not smoke)	71.6	72.5	69.6
Physically Active ² (% of population aged 12+ who are physically active)	36.4	42.4	39.1
Healthy Body Weight ² (% of population aged 20-64 with an acceptable body mass index)	39.4	47.9	40.7
Responsible Drinking ³ (% of those aged 20+ who are either non or moderate drinkers)	84.2	84.8	79.7
Leading Causes of Premature Death			
Premature death is defined as death before age 75. A person dying at age 25, for example, has ‘lost’ 50 potential years of life. The numbers presented below are the total number of years of life lost due to each cause per 100,000 population.			
Years of Life Lost to Lung, Colorectal, Prostate and Breast Cancer	1030.9	969.1	1082.9
Years of Life Lost to Heart Attack	401.2	340.9	392.7
Years of Life Lost to Stroke	125.1	135.7	143.8
Years of Life Lost to Suicide	487.8	444.9	339.4
Years of Life Lost to Unintentional Injury	845.8	713.7	703.7
Other Atlantic - Weighted Averages for NFLD, PEI, NS. Unless otherwise indicated the NB, CAN and Other Atlantic figures are the most recent five year averages. ¹ 1996 data only; ² Figures based on 4 most recent measurement periods; ³ Figures based on 3 most recent measurement periods.			

¹Note: Additional information on New Brunswick’s health status indicators is available in the report titled *Health Performance Indicators, A Report to New Brunswickers on Comparable Health and Health System Indicators, September 30, 2002* (www.gnb.ca, keyword: Health)

Healthy Behaviour

Healthy lifestyle habits such as not smoking, being physically active, using alcohol responsibly and maintaining a healthy body weight have a significant impact on individual health and the overall health status of the population.

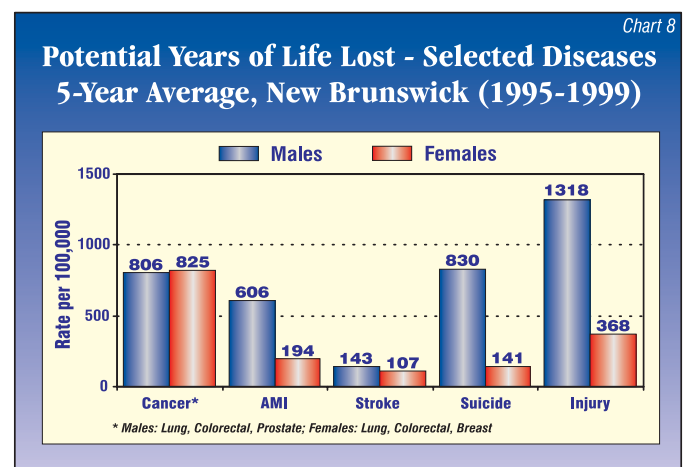
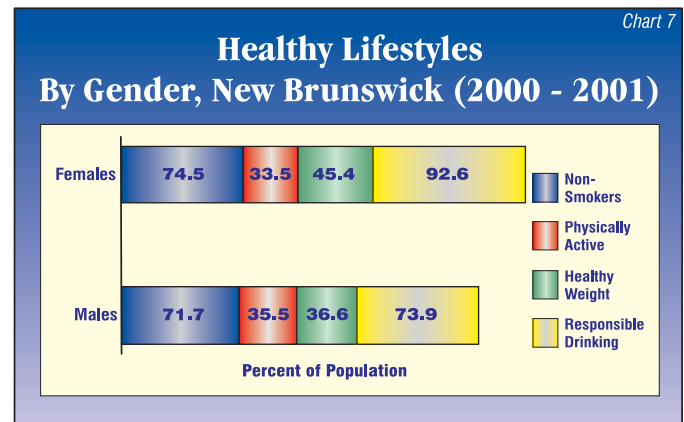
As shown in chart 7, while a majority of New Brunswickers have adopted some aspects of a healthy lifestyle, there is still considerable room for improvement. On the positive side, about 73 per cent of the population are non-smokers and 84 per cent do not abuse alcohol. However, two areas that require improvement are apparent - physical activity and body weight.

Approximately 54 per cent of New Brunswickers do not participate in regular physical activity, and over 55 per cent are overweight. This finding is of significant concern because being overweight and physically inactive is directly linked to several major categories of chronic disease and disability including cancer, cardiovascular disease and diabetes. As shown in chart 8, cancer and heart disease (AMI) are two of the leading causes of premature death, accounting for hundreds of years of life lost before the age of 75 in both men and women.

It should be noted that PYLL rates are influenced by two factors: the number of deaths that result from a particular cause and the age at which those deaths occur. For example, although unintentional injuries cause fewer deaths in men than heart attacks, the PYLL for injury in men is higher than that for AMI because deaths due to injury tend to occur in younger men.

Obviously, encouraging New Brunswickers to adopt healthier lifestyles is a key strategy for improving population health and controlling the growth of demand on the health care system. However, an individual's lifestyle is not simply a matter of personal choice, it is also influenced by the social, economic, and cultural context in which he or she lives. In order to promote healthy lifestyles it is important that government, communities and individuals work together to create a positive environment that fosters healthy lifestyle choices.

It is equally apparent that chronic disease is not the only major population health issue for New Brunswick. Unintentional injury and suicide among young men are also significant problems. Reducing deaths from causes such as unintentional injury clearly requires broad strategies that involve more than just 'health care' initiatives. Programs to improve social and economic conditions, to promote safe driving, to reduce recreational vehicle accidents and enhance work place health and safety will all contribute to improving population health status.



III. Reporting on Health Care System Performance

Table 3 presents three types of health system performance indicators. **Access to Health Services** indicators reflect the health care system's capacity to provide appropriate and timely treatment and care according to need. **Satisfaction** indicators assess the ability of the health care system to meet patients' needs and expectations. **Effectiveness** measures demonstrate the success of health care programs and services, particularly those in the hospital system, in achieving desired clinical outcomes.

What Do The Results Tell Us?

The results show that the performance of New Brunswick's health care system is similar to and, for two measures (Access to Home Care and Readmission for Pneumonia), at least 10 per cent better than average performance levels in the other Atlantic Provinces. New Brunswickers also tend to report higher satisfaction with the health care system than Canadians on average. However, performance on the cancer survival rate measures tend to be below the national average. These health care system performance measures are examined in more detail on the following page. (See note)²

	NB	CAN	Other Atlantic
Access to Health Services			
Population with Regular Family Physician (<i>% of population 15+ with a regular family physician</i>)	94.6	87.7	91.6
Access To Home Care (<i>% of population 75+ receiving homecare services</i>)	20.2	...	16.6 [^]
Unmet Needs (<i>% of population reporting unmet health care needs due to 6 specific reasons</i>)	9.7	9.2	9.3
Satisfaction			
Patient Satisfaction (<i>% of population 15+ "very satisfied" or "somewhat satisfied" with services received in past year</i>)			
Overall Health Care	86.0	84.6	86.5
Hospital Services	83.1	79.5	81.8
Physician Care	92.3	90.9	92.4
Community Health Care	94.0	81.7	92.7
Effectiveness			
5-Year Survival Rates for Cancer ¹ (<i>% of cancer patients who survive for at least 5 years after diagnosis</i>)			
- Lung Cancer	13.0	15.0	14.0
- Colorectal Cancer	52.0	58.0	57.5
- Prostate Cancer	83.0	87.0	78.5
- Breast Cancer	77.0	82.0	81.4
Net Survival Rates * (<i>% of patients who survive for the specified time after their first admission to hospital</i>)			
- 365-Day Rate for Heart Attack (AMI) ² (<i>% of heart attack victims who survive for at least 1 year</i>)	91.8	...	92.0
- 180-Day Rate for Stroke ³ (<i>% of stroke victims who survive for at least 180 days</i>)	88.4	...	85.7
30-Day In Hospital Mortality ³ (<i>% of patients who die in hospital within 30 days</i>)			
- Due to Heart Attack (AMI)	13.0	12.6 [†]	12.9
- Due to Stroke	21.9	19.2 [†]	23.4
Readmission for Heart Attack (AMI) ³			
(<i>% of AMI patients with unplanned re-admission to hospital within 1 year</i>)	8.6	7.3	8.3
Readmission for Pneumonia ³			
(<i>% of pneumonia patients with unplanned re-admission to hospital within 1 year</i>)	2.6	3.3	3.4
<i>Other Atlantic - Weighted average of NFLD, NS and PEI; * Only NB and NS data available; ^ NF data not available; ¹ Figures based on most recent year of data only; ² Figures based on 2 most recent measurement periods; ³ Figures based on 3 most recent measurement periods; [†]Data for some provinces/territories not available; ... Data not available. The Access and Satisfaction measures were derived from the 2000-01 Canadian Community Health Survey</i>			

²Note: Additional detail on New Brunswick's health system indicators is available in the report titled: *Health Performance Indicators, A Report to New Brunswickers on Comparable Health and Health System Indicators, September 30, 2002* (www.gnb.ca, keyword: Health)

Access to Care

The vast majority of New Brunswickers report that their health care needs are being met at the right time, in their own communities and in the official language of their choice. Almost 95 per cent of New Brunswickers report having a regular family physician, a percentage that is above the national average. In addition, New Brunswick seniors have greater access to home care than seniors in the other Atlantic provinces.

As shown in table 4, less than 10 per cent of New Brunswickers reported unmet health care needs in 2000/01. Among the small percentage who did report unmet needs, the most frequently reported cause was having to wait too long to receive the service. However, even in this category New Brunswick's performance was better than both the national average and the average for other Atlantic Canadians.

Patient Satisfaction

New Brunswickers are generally well satisfied with the health care services they receive.

Eighty-six percent of New Brunswickers who received health care services in 2000/01 were either somewhat or very satisfied with the care received. Satisfaction ratings for physician and community care were particularly strong. More than 92 per cent were satisfied with the care they received from a physician and 94 per cent were satisfied with care received in the community, demonstrating the positive impact of ongoing efforts to strengthen access to primary health care and the development of leading edge community-based health care services.

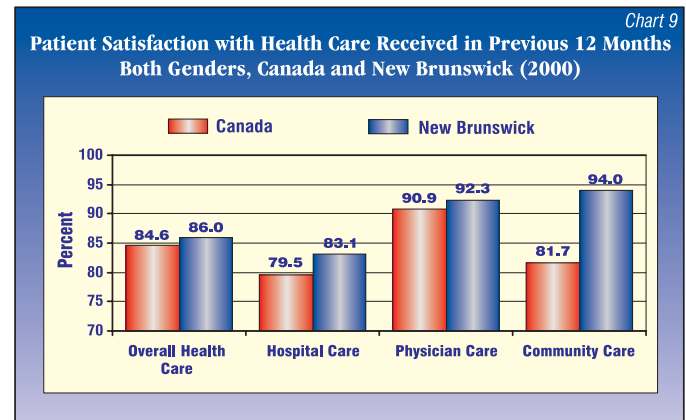


Table 4

Unmet Health Care Needs New Brunswick, Canada and other Atlantic Average, 2001

Area	Unmet Need Due to Selected Reasons % of Population	Reason for Unmet Health Care Need						
		Care Not Available In Area	Care Not Available When Needed	Wait Time Too Long	Felt Care Would be Inadequate	Cost	Didn't Know Where to go	Language Problems
CANADA	9.2	8.8	17.3	30.5	15.1	10.3	3.9	0.5
New Brunswick	9.7	8.4	19.0	27.2	16.2	7.5	6.4	0.0
Other Atlantic*	9.3	11.3	18.8	34.9	12.7	8.0	2.2	0.3

Notes: Household population aged 15 and over.
Based on population reporting an unmet need for health care services in the past 12 months, for self or family member
Analysis excludes non-response ("don't know", "not stated", and "refusal").

Data source: Canadian Community Health survey cycle January 1, 2000
* Other Atlantic - Weighted Average for NFLD, NS and PEI based on survey population.

Effectiveness

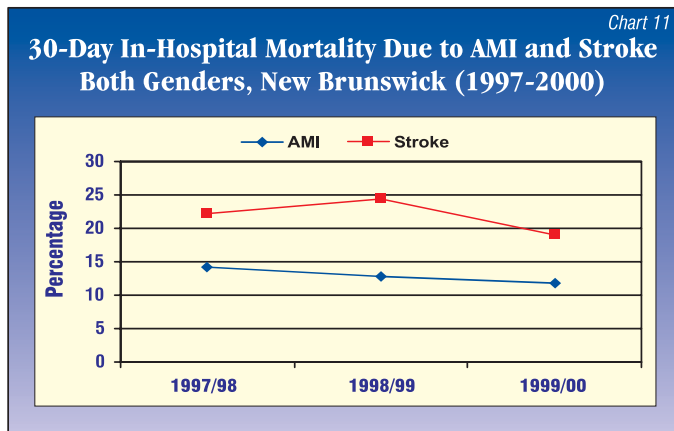
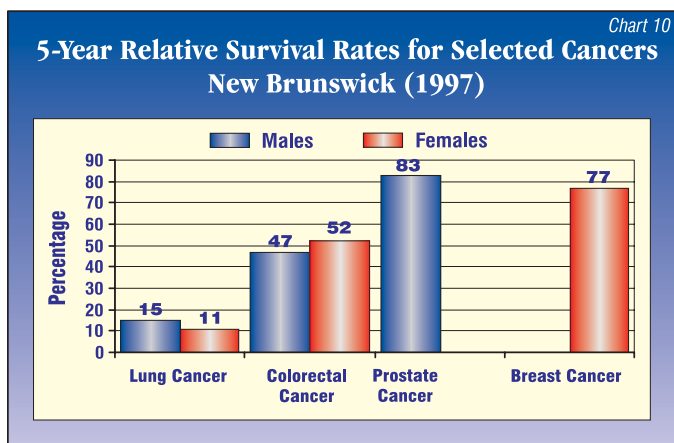
Five-year cancer survival rates reflect both the success of early detection efforts and the effectiveness of treatment after diagnosis. New Brunswick's five-year cancer survival rates for prostate and breast cancer were similar to those for other Canadians. However, our survival rates for lung and colorectal cancer were below the national average, particularly in women.

One-year survival rates for heart attack and 180-day survival rates for stroke are influenced by the quality of initial hospital care and the effectiveness of ongoing community-based care after discharge from hospital. New Brunswick's net survival rates for heart attack and stroke were very similar to the average results for the other Atlantic Provinces.

Thirty-day in-hospital mortality rates for heart attack and stroke are indicators of the effectiveness of emergency treatment and the quality of hospital care. New Brunswick's performance on these measures was similar to the average for other Atlantic Canadians.

As shown in chart 11, there has been an overall decline in 30-day AMI and stroke mortality rates in New Brunswick in recent years. This decline reflects improvements in emergency treatment, hospital care, and community-based primary care.

Readmission rates for heart attack and pneumonia provide an indication of the quality and effectiveness of both hospital and community-based care. New Brunswick's performance on the heart attack readmission indicator was similar to the average for the other Atlantic Provinces, while performance on pneumonia readmission was better than either the national or other Atlantic Provinces' average.



IV. Future of Health Care in New Brunswick: Patient-Focused and Community-Based

Priorities for Renewal

Future changes to improve and sustain New Brunswick's health care system to make it more patient-focused and community-based will focus on three main areas:

1. Better access to primary health care.
2. Improving the health status of New Brunswickers.
3. Sustaining our health care system.

1. Better Access to Primary Health Care

Primary health care is the first and most frequent contact most New Brunswickers have with the health care system. It includes access to a family doctor, nurses and nurse practitioners to diagnose and treat illness, and bringing together teams of health care professionals to provide a range of health promotion, medical and health care services.

Even though close to 95 per cent of New Brunswickers report that they have a family physician, the highest percentage in Canada, the government is committed to ensuring that all New Brunswickers have timely and appropriate access to primary health care. This aspect of renewal will be achieved through the following initiatives:

Community Health Centres

A key strategy for improving access to primary health care is the introduction of new Community Health Centres (CHCs). CHCs will provide a comprehensive range of 24/7 primary health care services based on the needs of the community they serve. Basic services available at a CHC may include: assessment, diagnosis, intervention and treatment, counselling, referral, health education, health promotion and prevention at individual and community level, chronic disease management, follow-up and monitoring, and community partnerships.

Services will be provided by a team of health care providers, that may include physicians, nurse practitioners, nurses and other service providers as determined by community needs. These professionals will work collaboratively to ensure that patients and clients receive the right care at the right time from the most appropriate provider.

In the coming year, new CHCs will be established in Saint John, Lamèque, Minto and Doaktown. These facilities are expected to be in operation by June 2003. More CHCs will be established in other communities around the province in the coming years, as health care needs evolve, and resources permit.

Nurse Practitioners

In 2002, legislation creating nurse practitioners within our health care system was passed. Nurse practitioners are nurses who have received advanced training in the fields of patient assessment, diagnosis and health care management. Under the legislation, nurse practitioners will be able to order laboratory tests and a variety of diagnostic procedures, and will also be authorized to issue prescriptions for certain drugs.

Nurse practitioners will improve access to primary health care for New Brunswickers. They will be a new addition to our health care team, employed in hospital emergency rooms, Community Health Centres, nursing homes and family physicians' offices. Expanding the role

of nurses in the health care system and creating nurse practitioner positions will help reduce waiting times in hospital emergency rooms.

Full Scope Nurses and Licensed Practical Nurses

At the same time as nurse practitioner positions were created, legislation was amended to expand the role of nurses in the health care system. It enables front-line nurses to maximize their role in delivering primary health care services to the residents of New Brunswick by removing barriers that have prevented registered nurses and licensed practical nurses from working to the full scope of their training and abilities.

In particular, this will allow nurses with many years of varied experience to attend to minor conditions for patients in emergency rooms and nursing homes, without having to be seen by a physician. Working in collaboration with physicians, nurses will be able to order simple tests, such as blood work and X-rays. This will provide patients with improved access to basic health care services and make better use of scarce health care resources.

Removal of these barriers will also enable more consistent use of licensed practical nurses (LPNs) throughout our health care system. Together, these initiatives will create a more effective and efficient health care system.

2. Improve the Health Status of New Brunswickers

Making New Brunswickers healthier is a priority goal. This will be accomplished by a range of initiatives including better integration of strategies to combat disease such as cancer, and by promoting wellness.

Cancer Care

A Cancer Care Steering Committee has been established to strengthen cancer services in New Brunswick and assist in implementing a Cancer Services Action Plan. This Action Plan was developed by a provincial stakeholder committee with the objective of promoting standardization and consistency in the delivery of cancer care services across New Brunswick. The Action Plan will focus on the following three priorities:

- Developing and implementing a comprehensive, integrated, patient-centered community cancer care program.
- Developing and implementing clinical practice guidelines.
- Identifying the number and type of health professionals required to provide appropriate cancer services in the province.

Promoting Wellness

Preventing illness and injury and promoting healthy living is a key component of the government's vision for renewing health care in New Brunswick. In *New Vision - New Brunswick*, the government pledged to promote wellness as part of its overall plan to improve the health of New Brunswickers.

To reinforce this new approach, the name of the provincial Health ministry was changed to the Department of Health and Wellness. An all-party committee of the legislature was given the task of consulting with New Brunswickers on the issue of disease prevention and health promotion. The committee's report, *Working Together for Wellness: A Wellness Strategy for New Brunswick*, was tabled in the New Brunswick legislature in May 2001.

The committee recommended that the government focus on the promotion of healthy lifestyles among New Brunswickers. Studies show that New Brunswickers are more likely to smoke and less likely to exercise than other Canadians – circumstances that contribute to poor health and the prevalence of certain diseases among the province’s population.

This trend toward unhealthy lifestyles not only effects New Brunswickers’ overall health, but adds to the growing cost of health care, and thus effects the long-term sustainability of our health care system.

The government is committed to continue developing strategies to encourage healthier living among New Brunswickers, in areas such as physical activity, nutrition, tobacco cessation and good mental health.

3. Sustaining the Health Care System

Ensuring our health care system is financially sustainable and delivers quality services in an efficient, effective way is the goal of this priority.

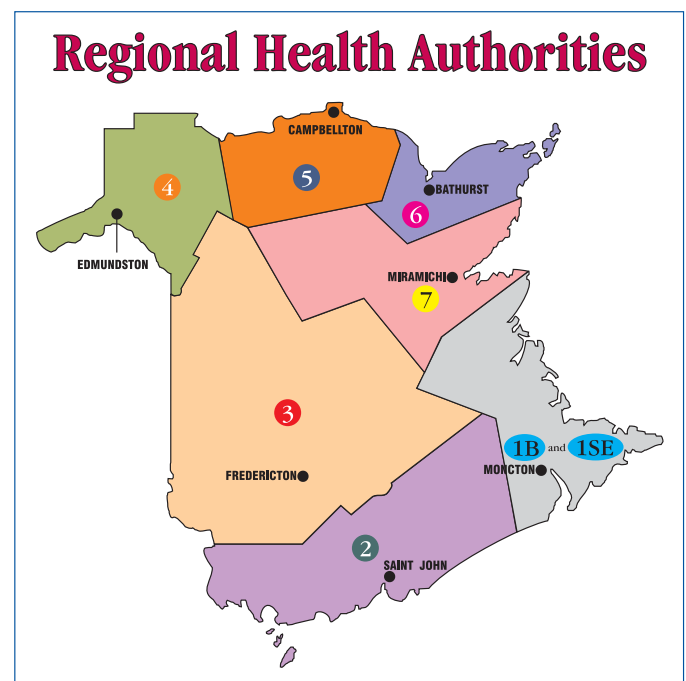
Regional Health Authorities

On April 1, 2002, eight new Regional Health Authorities (RHAs) came into effect. These allow increased local input into health care decision-making. The creation of Regional Health Authorities marked the beginning of the evolution to a more integrated health care system. Each RHA is responsible for the delivery and administration of health services within a defined geographic area. In order to plan for the delivery of health services to their target population, each RHA must:

- Determine the health needs of the population it serves, based on input from residents regarding needs and priorities in the region.
- Identify the health services required to meet those needs.
- Specify how its resources will be used to meet those needs.
- Establish mechanisms for measuring and reporting on its performance.
- Develop a comprehensive financial plan.

Based on these activities, each RHA will develop a three-year Regional Health and Business Plan that establishes priorities for health services in the region and defines how the Authority will work with the other RHAs to ensure that residents have access to the services they need.

Initially, RHAs will be responsible for managing and delivering acute care hospital services, extra-mural services and addictions services. This service delivery mandate will expand over time.



Provincial Health Plan

The Department of Health and Wellness is working in collaboration with the province's eight Regional Health Authorities (RHAs) to develop New Brunswick's first comprehensive Provincial Health Plan. The Plan will build on the government's vision for the New Brunswick health care system - a single, integrated, patient-focused and community-based health system - and provide strategic direction for the future by identifying priority areas and actions, with outcomes and targets for each. By identifying outcomes and setting targets with greater accountability, New Brunswickers will be better positioned to assess the performance of their provincial health system.

Official Languages Act

Under the new *Official Languages Act*, every New Brunswicker has the right to receive health services from the Department of Health and Wellness and Regional Health Authorities in the official language of their choice. When establishing a Provincial Health Plan under the *Regional Health Authorities Act*, the Minister of Health and Wellness must ensure that the principles upon which the provision of health services are to be based include the delivery of health services in both official languages.

Health Human Resources

To ensure that New Brunswick has an appropriate supply of the right kind of health care providers, the Department of Health and Wellness has undertaken a comprehensive study to identify New Brunswick's current supply of health professionals and to forecast future supply and demand for these occupations. This study will provide important information to better prepare the Department for the challenge of recruiting and retaining health care professionals in all regions of the province.

Recruitment and retention of health care providers remains a priority. The Department of Health and Wellness has created new positions to advise government on issues related to nurses, physicians and other health occupations. These include: a physician resources advisor; a nursing resources advisor; and an allied health resources advisor. These advisors work with professional associations, post-secondary institutions, RHAs and health care providers to continue to develop and implement strategies for recruiting and retaining health professionals.

Health Charter of Rights and Responsibilities / Provincial Health and Wellness Advocate

Following on its commitment in *New Vision-New Brunswick*, the government will introduce legislation during the current legislative session to create Canada's first-ever Health Charter of Rights and Responsibilities. As part of that Charter, a new Provincial Health and Wellness Advocate position will be created.

New Brunswickers have a right to quality health care. All of us - patients, providers, professionals, and individuals - also have certain responsibilities both in staying healthy and using the health care system wisely and responsibly. Health providers and professionals also have a responsibility in providing not just quality health care but more accountable health care. The Health Charter will explain to New Brunswickers what they can expect from the health care system and outline their responsibilities within the health care system and toward health professionals.

The Health Charter will include a new Provincial Health and Wellness Advocate. The Health and Wellness Advocate's role will be to facilitate access and communication for residents within the health care system, and address questions and concerns about the system within a clearly defined scope.