

A PLAN FOR HEALTH CARE IN NEW BRUNSWICK: ELECTION 2018



New Brunswick
Medical Society
NBS

Société
Médicale
du Nouveau-Brunswick

NEW BRUNSWICK'S PHYSICIANS HAVE A PRESCRIPTION FOR SMARTER HEALTH CARE AND A HEALTHIER PROVINCE.

You see it with the long waiting times for treatment. You see it with the towns and cities struggling, for years, to fill vacant specialist positions. You see it when bureaucratic rules, rather than population needs, determine where physicians are allowed to practice.

Our health care system is not as good as it could be. We believe New Brunswick needs a concrete plan for smarter health care. Smarter health care means a planned approach to service delivery and targeted reforms. It means directly engaging with New Brunswickers, physicians, and other health care professionals across the province to develop a comprehensive provincial health plan and put it into practice. It means building a smarter system, rather than continuing to patch up the holes in our current one.





In 2018, health spending represents about 31 per cent of all program spending in New Brunswick - \$3.3 billion.¹ Ongoing investments of taxpayer dollars in health care delivery will always be needed. This is particularly true in the context of an aging population that will place increased demands on an already stretched system.

OUR PRESCRIPTION FOR SMARTER HEALTH CARE IN NEW BRUNSWICK INCLUDES:

- 1 PUTTING PHYSICIANS WHERE PATIENTS NEED THEM**
- 2 REDUCING EMERGENCY ROOM (ER) WAIT TIMES**
- 3 FILLING 66 SPECIALIST POSITIONS**

¹2018-2019 Budget, Government of New Brunswick

1 PUTTING PHYSICIANS WHERE PATIENTS NEED THEM

PYHSICIANS SHOULD BE ABLE TO PRACTICE WHERE THEY ARE NEEDED.

82 PER CENT OF NEW BRUNSWICKERS IDENTIFY HAVING MORE FAMILY PHYSICIANS AS THE MOST CRITICALLY IMPORTANT FUNDING PRIORITY IN HEALTH CARE.²



We agree. However, the reality is new physicians are not able to do this when confronted with New Brunswick's billing number system that controls where, and how many, physicians can work in the province.

Under the billing number system, there is no flexibility to respond to the changing demographics of the province. Even though the regional health care needs of the province don't stay the same year after year, the billing numbers do. We know that other provinces that previously had billing numbers have long since done away with them.

The billing number system can also make New Brunswick less appealing to new medical graduates because of its restrictiveness. Recruiting new family physicians is harder than ever before. We need a flexible strategy for the recruitment and retention of physicians in the province so they can establish a practice where their services are needed while still meeting the needs of under-serviced areas.

²Corporate Research Associates, 2018 Health Issues Public Opinion Study, 2018

Each year, 50 medical students graduate from New Brunswick's two medical schools, and 37 new physicians complete their medical residency in the province. Many want to work in New Brunswick, but the barriers the billing number system poses can be a deterrent. We believe these physicians should be recruited and encouraged to stay.

An overwhelming number of New Brunswickers believe that hiring more family physicians is critically important. As our population continues to age, its needs become greater. In addition to caring for a population with some of the highest rates of diabetes, obesity and progressive lung diseases in the country, our physicians also care for patients in hospitals, and many take on other duties such as working in hospice or teaching our future physicians. They are busy, patient needs are increasingly complex, and we need more physicians to meet this demand.

Hiring 50 new family physicians would ensure that the over 44,000 New Brunswickers currently seeking a family physician get one. Government also needs to fill the 39 current vacancies as soon as possible.

Many communities in New Brunswick are under-served and have difficulty attracting family physicians due to geography and the inflexible billing number system. To encourage new physicians to consider opening a practice in an under-served community, the government must establish financial incentives.

OUR PRESCRIPTION FOR PUTTING PHYSICIANS WHERE PATIENTS NEED THEM:

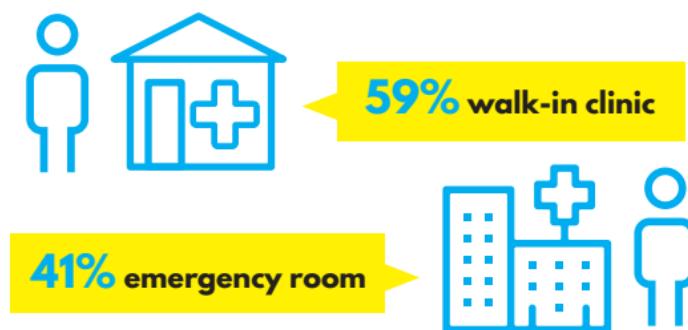
- Hire 50 new family physicians in addition to filling the 39 current vacancies;**
- Create an incentive to encourage physicians to practice in under-served communities throughout the province;**
- Recruit new physicians trained in New Brunswick.**

2 REDUCING ER WAIT TIMES

THOUGH THEORETICALLY INTENDED FOR URGENT CARE ONLY, THE PROVINCE'S ERs HAVE BECOME THE FIRST CONTACT POINT FOR TOO MANY NEW BRUNSWICKERS ACCESSING THE HEALTH CARE SYSTEM.

Over 40 per cent of New Brunswickers indicated they would visit the ER for non-urgent medical needs if their family physician was not available.³ The reality is, the ER is unfortunately the only place some New Brunswickers can access primary care.

Where do New Brunswickers seek medical attention for non-emergency medical issues when their family physician isn't available?



While the issue of overcrowded ERs is complex, the fact that so many New Brunswickers visit them for non-urgent care indicates an issue with primary care access. Family Medicine New Brunswick, developed by the New Brunswick Medical Society, is changing the way many family physicians practice by increasing collaboration between physicians with technology while improving patient access. The province now needs to show the same ingenuity and reinvent the way primary care is delivered in walk-in clinics.

³Corporate Research Associates, 2018 Health Issues Public Opinion Study, 2018



Many patients have experienced issues with walk-in clinics. Common complaints include long wait times, limited hours, and difficulties in getting an appointment. There's no denying that walk-in clinics serve an important purpose, but we believe the role they play in the health care system could be improved. Increased hours of service, modern scheduling systems (instead of a first-come first-serve model), and electronic medical records would all benefit patients. We would add that sharing information between the treating physician at the clinic and the patient's regular family physician should be part of the standard of care.

We also need a solution for overcrowded ERs – improving efficiency and flow is necessary. Other health care professionals have an important role to play, and we need to invest more efforts and resources in the triage and patient access to health services. We believe a new program in ERs is required so patients get quick care, while reducing the burden on emergency physicians.

OUR PRESCRIPTION FOR REDUCING ER WAIT TIMES:

- Establish a new program in ERs to address quick-care patient needs;
- Create better standards of care for walk-in clinics;
- Better integrate other health care professionals.

**SMARTER
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3 FILLING 66 SPECIALIST POSITIONS

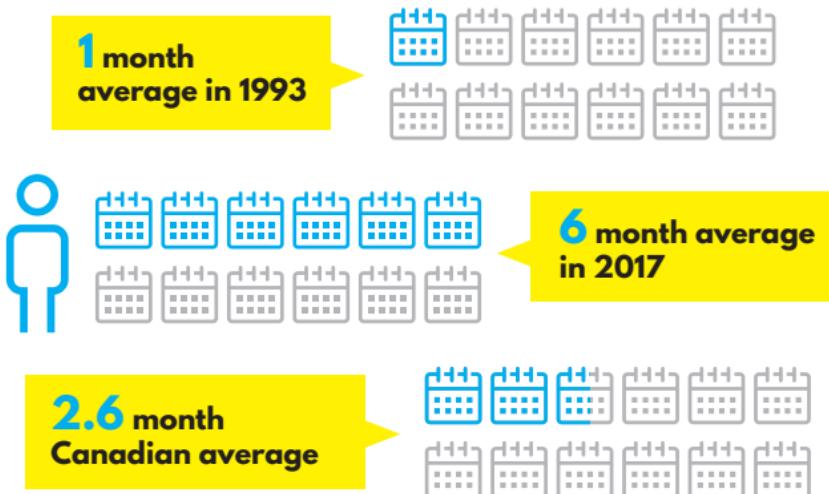
NEW BRUNSWICK HAS THE LONGEST WAIT TIMES FOR SPECIALIST CARE IN CANADA.

We now wait an average of 26.6 weeks for an initial consultation with a specialist after being referred by a family physician – more than 16 weeks longer than the Canadian average.⁴

Compare that to 1993, when the average wait time was only 4.1 weeks. Now, after the initial assessment, patients then have to wait an average of 15 weeks to receive treatment.

New Brunswickers expect and deserve better. There is a significant gap between what the public considers a reasonable wait time and the actual wait times for specialist appointments.⁵ Keeping in mind that critical cases are often addressed immediately – we believe it is reasonable to aim to close the gap and reach the Canadian average by 2030.

How long are New Brunswickers waiting for a specialist?



⁴Fraser Institute, Waiting Your Turn: Wait Times for Health Care in Canada, 2017

⁵Corporate Research Associates, 2018 Health Issues Public Opinion Study, 2018

⁶New Brunswick Health Council, Children and Youth in N.B.: Looking Back to Look Forward, 2016

We need a more aggressive recruitment approach to fill the province's 66 specialist vacancies. We believe a private sector recruiter should be engaged to address these vacancies. Of course, hiring more specialists will not do any good if there is no space for them to practice – that is why it is important the province addresses the lack of operating room time and hospital bed shortages. Also introducing or improving virtual consults and e-referrals, as well as pre-assessments in specialized clinics and a new provincial intake system would help improve specialist wait times.

It's impossible to ignore mental health in the context of specialist wait times. Improvements are still needed to access mental health care, especially for Indigenous youth. Though the province is improving the percentage of children and youth accessing needed services within 30 days of seeking help, our province still has the third highest hospital admission rate for youth with mental illness in Canada.⁶

Increased access to women's reproductive health services should also be a priority, both within private clinics and in hospitals across the province, to remove unnecessary barriers for New Brunswick women looking to access this care. Abortion is safe, legal, and is a woman's right in our province. This should be reflected in both access and education.

OUR PRESCRIPTION FOR FILLING 66 SPECIALIST POSITIONS:

- Engage a private sector recruiter;**
- Close the gap and reach Canadian average for specialist wait times by 2030;**
- Address the lack of operating room time and hospital bed shortages;**
- Introduce or improve virtual consults and e-referrals, as well as pre-assessments in specialized clinics and a new provincial intake system;**
- Continue to improve access to mental health services;**
- Enhance access to women's reproductive health services throughout the province.**

IF NEW BRUNSWICK WAS 10 PEOPLE*



1.2 don't have a family physician (44,000 people)

2 have three or more chronic conditions



4 have seen a specialist in the last year



6 have visited a walk-in clinic or emergency room in the past year



6.2 have a chronic condition



7.2 are overweight or obese



*Adults over 18



IT'S TIME TO RETHINK OUR HEALTH CARE SYSTEM AND MAKE THE CHANGES IT NEEDS.

It's time to allow physicians to practice where they are needed, reduce ER wait times, fill 66 vacant specialist positions and develop a comprehensive provincial health plan.

This is the prescription New Brunswick physicians believe will address the most critical areas in our health care system. Physicians across New Brunswick will mobilize to advocate for their patients and enhance the quality of health care in our province by meeting candidates and seeking their commitment to these priorities in the upcoming election.

Find out more at nbms.nb.ca

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