



## 2009-2010 Work Plan

### Context

The New Brunswick Health Council (NBHC) was established to promote and improve New Brunswick's health system performance through a dual mandate of engagement and the evaluation of population health and health service quality.

We have seized our mandate and through discussions with health system partners have gained an appreciation of required stakeholder relationships and available resources. Given the provincial scope of the council and in order to inform the public, the availability of system wide indicators to guide our discussions and support our recommendations is vital.

There is general agreement on the lack of evidence-based decision-making when it comes to the planning and monitoring of our provincial health care system. Even though there are signs of solid evidence-based decision-making at the clinical level and within certain sections of our health care facilities, there is a lack of appreciation on the overall provincial picture when it comes to how the health care system is designed, planned and managed.

This realization has set the tone of our work in our first year. In order to access the information we need, the NBHC will rely on provincial and national sources. We will need to leverage the efforts of our stakeholders as a common provincial picture is developed. We will learn our way through this process. As information is gathered, questions will arise and so will issues upon which to engage the public.



## **Strategic Axes and annual objectives**

Our initial strategic axes are the components that we must have implemented in order to fulfill our mandate. Appreciating the timeline required to develop the information network, the development of provincial evidence-based decision-making processes and our ability to appropriately engage and inform the public, our strategic axes are developed with a 3 to 5 year timeline in mind.

These axes are reviewed on an annual basis and are subject to modifications and/or additions as the work evolves. In line with each strategic axis, annual objectives are set. The following section outlines our strategic axes and provides an overview of how each objective will be accomplished.

### **1. Develop and implement mechanisms to engage the population as well as other interested parties**

Objectives:

- a. To have provided/recommended engagement opportunities in support of our strategic axes by March 2010
  - Citizens must be informed of the current context of our health care system. As we appreciate the population health picture, the experience of care and the sustainability challenge, this will provide opportunities for citizen engagement.

Starting in the spring of 2009, we will be pursuing opportunities to introduce the NBHC and share our goals regarding population health, the experience of care and sustainability. These discussions will be opportunities to gather feedback on our approach and to learn of concerns, ideas or regional perspectives from the public.

We will initiate an extensive engagement process in the fall of 2009. By this time, we will be able to leverage the information gathered on population health and provide a context for local discussions in several communities across the province. The work in planning these sessions will be significant and will start this spring.



- b. To have undertaken engagement processes in response to mandates from the Health Minister and/or opportunities stemming from work with health system partners

- The NBHC legislation clearly states that the Minister of Health may require reports, records, documents or other information from time to time. This could require an engagement process for which, until the request is made, we are unable to plan. It is simply important to appreciate this possibility.

Furthermore, the NBHC is in a unique situation compared to other provincial health councils given that we were created within the framework of an overall provincial system redesign. For example, the RHAs are expressing an interest in potential collaboration. It will be important that the NBHC considers its “arm’s length” status when assessing these opportunities.

## **2. To measure, monitor and evaluate the level of population health**

Objective:

- a. To have a report on the provincial health population picture that will identify opportunities for improvements by December 2009

- For the purpose of our mandate, what indicators will we put forward in order to illustrate the population health picture? These choices will be influenced by the availability of information. In addition, much discussion will be required in selecting a limited number of indicators to support the planning, decision-making and monitoring at the provincial level.

There is a general recognition that this information is required by all health system stakeholders. The NBHC is well positioned to act as a catalyst or integrator in ensuring that the right stakeholders are mobilized in a joint effort. Furthermore, by having a Population Health Working Group, we can ask various stakeholders to report on the state of their work.

NBHC staff has already initiated discussions with the RHAs and DoH in communicating the urgency for such information. In addition, we have solidified a working relationship with the Canadian Institute for Health Information (CIHI). Having this national group involved in the process adds significant credibility to our efforts, in addition to being a key source of information for population health.



### **3. To measure, monitor and evaluate health service quality**

Objectives:

- a. To have finalized the definitions of the six quality dimensions by April 2009
  - The NBHC legislation indicates that we are to assess quality health care services through the six quality dimensions of accessibility, appropriateness, effectiveness, efficiency, equity and safety. The legislation does not provide a definition for these terms. Although there are generally accepted definitions for most dimensions, some discussions will be required with key health system stakeholders to commonly understand and accept definitions in order to better identify respective indicators.
- b. To have a report on available indicators regarding the six quality dimensions by December 2009
  - For our work on care experience, we have developed a partnership with Accreditation Canada who has recognized the opportunity to leverage the NBHC's quality dimensions. The RHAs will be concentrating energies on meeting Accreditation Canada requirements in the coming year. This relationship provides an opportunity for a joint approach where there is a common benefit.

The Care Experience Working Group will be leveraged to monitor the progress of this work through-out the year. By December 2009, the NBHC will be in a position to report on what is available as well as what is needed and to consider this context in determining the Council's future strategy.

### **4. To measure, monitor and evaluate the level of population satisfaction with health services and health service quality**

Objective:

- a. To have a report on population satisfaction by December 2009
  - Our collaboration with Accreditation Canada appears to be particularly beneficial for our work on client experience. Accreditation Canada has worked with several companies wanting to be accredited service providers in conducting care experience surveys. Accreditation Canada has also developed its own tools as additional options for health care institutions.



Through our discussions with provincial stakeholders, we have learned that there is an appetite in the system for a province-wide approach. With Accreditation Canada, we will initiate discussions with the objective of having the system agree to one approach: a private sector contract, an Accreditation Canada tool or a made in NB solution.

The Care Experience Working Group will be updated on the progress of this work. In December, we will be able to report on the status of the work.

## **5. To measure, monitor and evaluate the sustainability of health services in New Brunswick**

Objective:

- a. To have a report on the cost of the health system as well as the main cost drivers and trends by December 2009
  - The NBHC is required by legislation to report on efficiency as a quality dimension. Furthermore, it was clearly expressed by government that the sustainability of the health care system is to be included in our work and considered in our recommendations.

Our discussions with health system stakeholders have led us to appreciate two facets of sustainability: clinical and financial. Serious work was undertaken regarding clinical sustainability around 2002-2003. There is talk of revisiting this work and the Sustainability Working Group will be monitoring this work and will be updated as it progresses.

For 2009-10, it is proposed that we concentrate our efforts on the issue of financial sustainability. As with population health and care experience there isn't a clear common picture. In terms of sustainability, information regarding the cost of the health care system, the main trends and cost drivers are lacking. There is also no common understanding on what would constitute a sustainable approach.

We have initiated discussions with provincial health system stakeholders and there is a common agreement on the need for this financial picture. Our partnership with CIHI will also prove beneficial given that they also report on system costs. Finally, we have also initiated discussions with the New Brunswick Auditor General who has expressed a strong willingness to collaborate with us on this work and provide some assistance as to our approach to performance evaluation.

