



**New Brunswick
Health Council**

Engage. Evaluate. Inform. Recommend.

2014-2015 Business Plan

March 24, 2014

I. Mandate of the NBHC

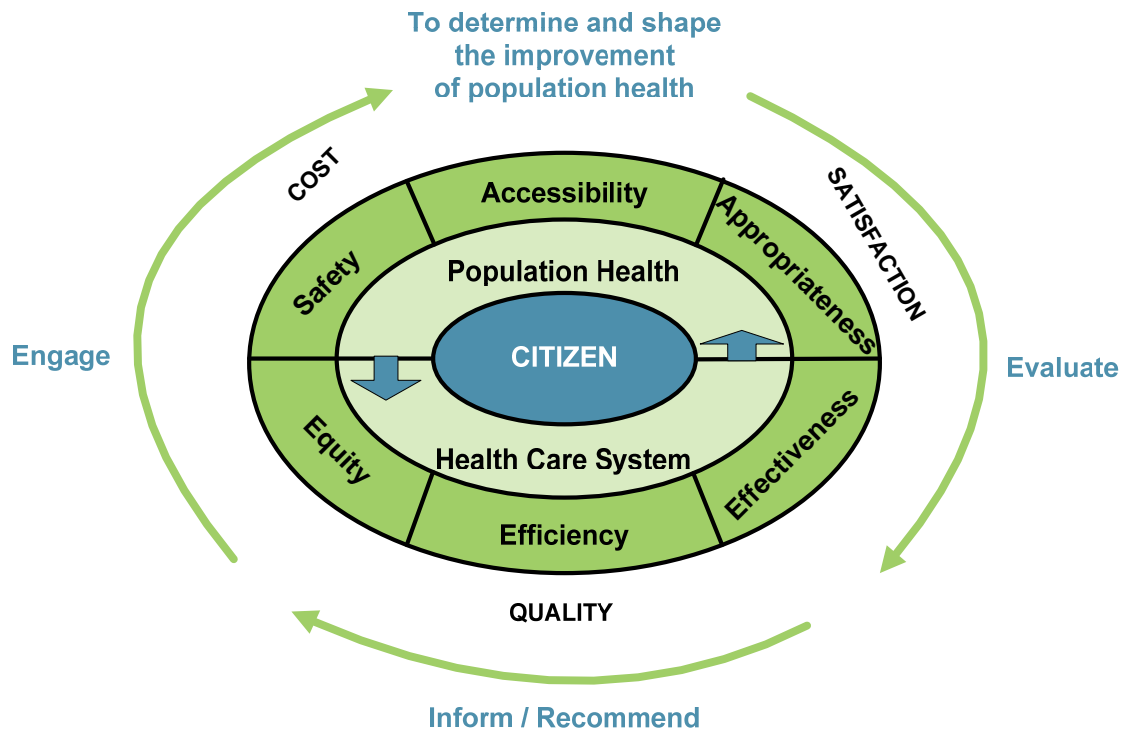
New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by:

Engaging citizens in a meaningful dialogue.

Measuring, monitoring, and evaluating population health and health service quality.

Informing citizens on health system's performance.

Recommending improvements to the Minister of Health.



II. 2014-2015 Business Plan

The work of the New Brunswick Health Council continues to be guided by the five strategic axes listed below. Furthermore, our Council was structured in four working groups; Engagement, Population Health, Care Experience and Sustainability.

Following are our five strategic axes with the respective working group appearing in parenthesis:

1. Develop and implement mechanisms to engage the population as well as other interested parties (**Engagement**)
2. To measure, monitor and evaluate the level of population health (**Population Health**)
3. To measure, monitor and evaluate health service quality (**Care Experience**)
4. To measure, monitor and evaluate the level of population satisfaction with health services and health service quality (**Care Experience**)
5. To measure, monitor and evaluate the sustainability of health services in New Brunswick (**Sustainability**)

While respecting our mandate and role in the health care system, the nature of our work continues to evolve. We have built a constructive network of collaborators to feed the evolution and updating of our reporting tools.

NBHC's reports on population health and health service quality continue to provide new information to those who have an influence on the quality of health services. The level of interest towards this information is very encouraging. Meanwhile, the demand for either support in communicating the information or for further sub-analysis does create a challenging volume of work for the NBHC team. We will need to prioritize and make choices. This challenge is a positive sign regarding the perceived value of NBHC information.

By leveraging our understanding of our mandate and our role, we have what we need to face these choices. Whether in working group discussions or at Council meetings, we will have discussions to guide us through these choices.

III. Objectives for 2014-2015

Here are observations and proposed key deliverables for each area of our work for 2014-2015:

Population Health

In order to inform New Brunswickers on the state of population health, the NBHC has developed a number of tools that either compares the province to the rest of Canada or provides an appreciation of variations within the province. In addition to leveraging indicators from provincial and national sources, the NBHC manages a number of surveys that also serve as sources of information. In addition to our care experience surveys, the NBHC also oversees two school surveys, kindergarten to grade 5 and grades 6 to 12, in collaboration with the Department of Healthy and Inclusive Communities and the Department of Education and Early Childhood Development.

This base of indicators has enabled the development of 33 community profiles that cover the whole province. Stakeholders are demonstrating a great interest in community level information. The NBHC will invest efforts in raising awareness of these profiles and helping stakeholders in how to use this information. One of these opportunities will be a workshop lead by the NBHC in July of 2014.

The 2011 Recommendations to the Minister of Health provided areas of focus for health promotion and disease prevention based on their prevalence in the population and impact on health service utilization. The target areas are achieving healthy weights, lowering high blood pressure rates, improving mental health and preventing injuries. These four areas will serve to focus our attention as we continue to enhance our understanding of the state of population health in New Brunswick.

During the following year:

- We will be releasing our updated Population Health Snapshot in the winter of 2015;
- We will also have updated information regarding our Youth Population Health indicators in the fall of 2014.
- Throughout the year, we will be raising awareness regarding the availability of the 33 community profiles and we will identify opportunities to help stakeholders in how to leverage this information.

- We will be providing fact sheets to the Department of Healthy and Inclusive Communities regarding the 2013-2014 school survey of grades 6 to 12 by the fall of 2014.
- We will be surveying kindergarten to grade 5 and we will have school level reports, for each school, by the fall of 2014.

Care Experience

The NBHC is required to report on the quality of our health services and on population satisfaction with health services and health service quality. Our Health System Report Card has helped highlight the need to focus on primary care and has also served as a reference tool for identifying performance indicators regarding our health services. In fact, the perceived value of the tool within the system helped increase the number of commonly agreed upon indicators from 48 for the first report card to 137 indicators in our 2013 report.

In 2013-2014, the NBHC explored the opportunity to have zone-level report cards. The more local are the results, the more relevant the information becomes for those who manage health services. These efforts will continue in the coming year. It is also important to recognize the increasing demand for further analysis of indicators, as health managers are attempting to better appreciate the causes behind the performance of their health services.

In addition to the Health System Report Card, the NBHC is also developing annual care experience surveys in order to cover the full scope of publicly funded health services: Acute Care (2010), Primary Care (2011), Home Care (2012). Now that the first survey cycle is completed, each survey will be repeated every three years.

The evaluation of diabetes clinics that was recently completed provided a strong case for identifying the key factors that influence how to effectively assist citizens in the management of chronic conditions. There will be opportunities to assist health service managers in understanding the results of this study in the year ahead.

In the coming year, we will be doing the following work:

- We will have a public release of our Primary Health Care Survey results in the winter of 2015;
- We will publicly release an update to our Health System Report Card in the spring of 2015;

- We will be working on the preparation for the second edition of our Home Care Experience Survey starting in the fall of 2014;
- Throughout 2014-2015, we will assist in the communication of the assessment of diabetes clinics in the province of New Brunswick.

Sustainability

The health care system sustainability challenge is receiving more attention today than it did five years ago. The NBHC has made an effort to incorporate resource-level or costing information, whenever possible, in its reports. By raising awareness regarding the level of resources in New Brunswick compared to other jurisdictions, more citizens recognize that the health care system should be delivering far better quality results with current resource levels.

Meanwhile, much more work is required in appropriately reflecting the level, distribution and utilisation of resources within the health care system. In particular, human resources represent the largest proportion of spending. Our most recent Health System Report Card emphasized; “above average resources per population, average performance and below average health status”. Clearly, the current approach is not sustainable.

The transition towards a sustainable health care system requires far more than a control of expenditures. The approach must start with a strong understanding of population health needs. There must also be a recognition and understanding of the needed improvements in health service quality that is provided. The move towards a sustainable health care system requires an approach that combines population health trends and required health service quality improvements, while using existing resources more effectively and efficiently.

The document containing our 2011 Recommendations to the Minister of Health was titled “Moving towards a planned and citizen-centered publicly funded health care system”. The text leading to the first recommendation outlines how the publicly financed health care system has evolved and underlines the need to shift to a planned approach rather than evolving by default. Recommendation #1 reads as follows:

“The Government of New Brunswick, through the Department of Health, take steps to develop, within the next twelve month period, a multi-year comprehensive and integrated health services plan for the province.

The plan should outline the following: measurable desired health outcomes; measurable service targets (range and volume of services); standards for the level and quality of services; financial and human resources (inputs)

required to achieve service targets and the geographical and linguistic allocation of services and resources.”

Although no multi-year plan with the above-mentioned elements has been released since, these elements were part of the Office of Health System Renewal (OHSR) mandate and action plan. The action plan covered the period from July 2012 to June 2014. In the coming year, there will be an opportunity to assess what has been accomplished and potential lessons learned.

The NBHC will continue to contribute to efforts aimed at improving the performance of the health care system in the year ahead, whether within the context of the OHSR mandate or with the on-going interactions with health system organizations. In line with our reporting on health service quality, we will be pursuing our efforts at improving our understanding of the distribution and usage of human resources throughout the health care system. Therefore, here are the proposed deliverables for the coming year:

- We will continue to collaborate with all health system organizations and the Office of Health System Renewal during the coming year. Our primary goal is to enhance the collective understanding of population health and health service quality in order to maximise the use of existing resources;
- We will have a particular focus on enhancing our understanding of human resources levels, as well as their distribution and usage within the health care system;
- We will provide a public status report regarding the response to our first recommendations to the Minister of Health.
- A number of health related groups have been expressing their views on the sustainability of the health care system. We will be consulting with a number of these groups in order to explore potential opportunities regarding the role of the NBHC pertaining to the sustainability challenge.

Citizen Engagement

Section 3(b) of the New Brunswick Health Council Act serves as the basis for the “engagement” part of the NBHC mandate. It reads as follows: “to develop and implement mechanisms to engage the citizens of New Brunswick in meaningful dialogue for the purpose of improving health service quality in the Province”.

To guide our discussions and help plan our activities, the NBHC adopted the “Public Involvement Continuum” that is included with this document (Appendix 1). It outlines five levels of public participation and influence which can be leveraged to clarify the objective behind any planned public participation activity.

Considering the amount and quality of information within the NBHC regarding population health and health service quality, Council members have been expressing the need to have more citizens and stakeholders aware of the availability of this information. If this is the priority, then activities linked to the first, second and third levels of public participation, as illustrated in appendix 1, need to be considered. The community profiles released in 2014 will no doubt prove valuable in potential engagement initiatives (level 4) and partnerships (level 5).

In 2013-2014, efforts were targeted at developing a communication plan to ensure that current communications practices are maximized and strategic new efforts are identified. In addition, strategic dialogue sessions across New Brunswick will provide an opportunity for reporting publicly on the progress of our work, particularly on the progress pertaining to the areas citizens have helped us identify through our past various public participation initiatives.

In addition, the NBHC is recognized for delivering quality consultation sessions with citizens. This has led to being mandated twice by the Minister of Health as collaborators in initiatives that are the responsibility of other government departments. Both initiatives were compatible with the mandate of the NBHC. Although we welcome the opportunity to be part of such initiatives, the Council has recognized the value of developing “rules of engagement” that can be used in initial discussions with potential future collaborators. The goal is to ensure that key ingredients that contribute to successful initiatives are discussed and approved at the initial stage of future initiatives.

Keeping that in mind, we will:

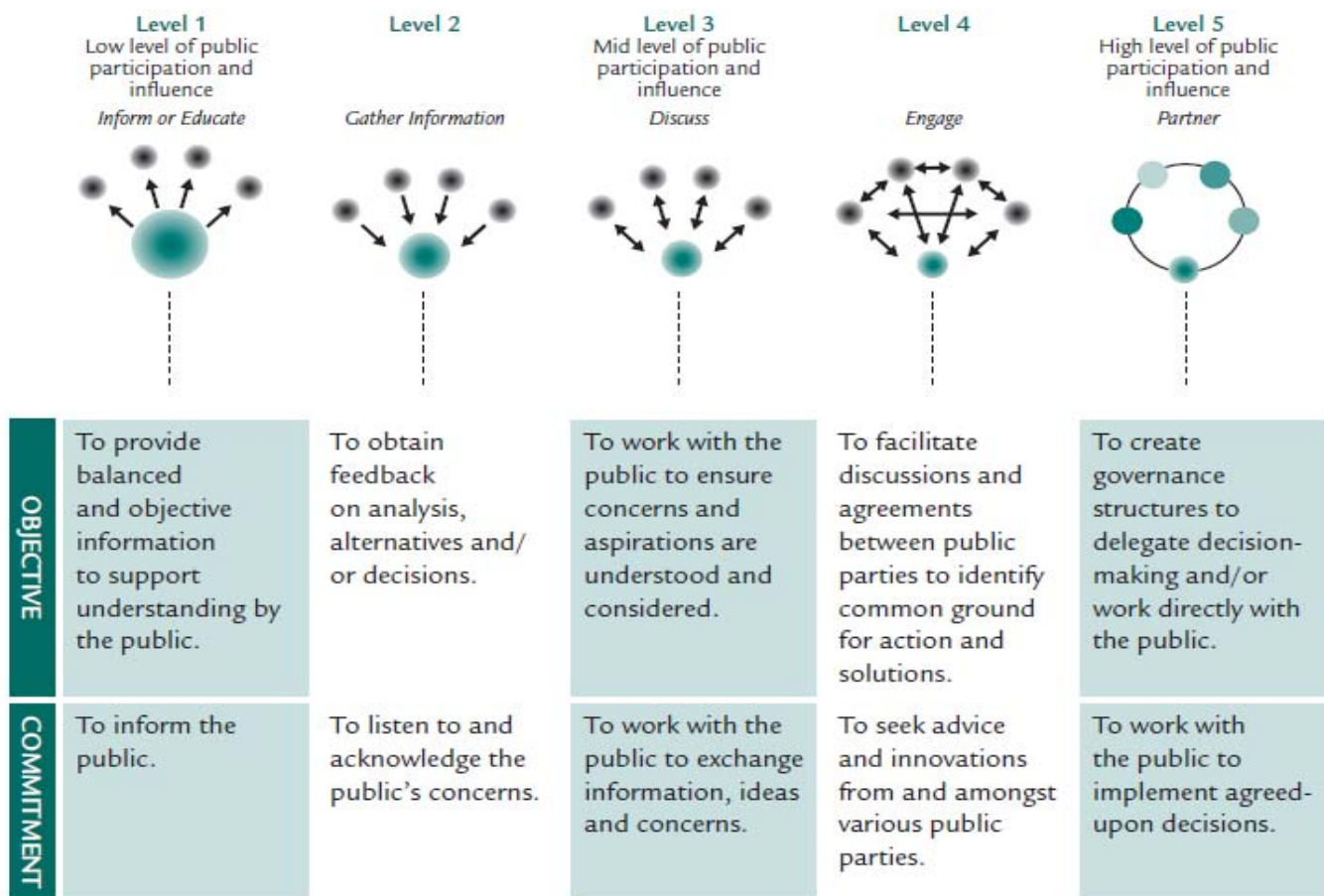
- Hold dialogue sessions in all zones across the province, with the primary goal of informing citizens of what we have learned through our work, particularly of what progress has been made in relations to our initial recommendations.
- Improve our communications to targeted audiences in order to increase the number of individuals who are aware of our information and facilitate their understanding of the information. This work will include an accountability framework in order to appreciate the evolution of our performance from a communication stand-point.

- Given the potential that the Minister of Health may require the NBHC to collaborate with a third party on a public consultations, we will be developing guidelines to assist in ensuring that key success factors are part of any future collaboration.

In conclusion, the members of the New Brunswick Health Council and its employees are proud of the work accomplished during the 2013-2014 fiscal year. We will continue our efforts to diversify, to analyse and to promote our information regarding population health and health service quality. The work of the NBHC provides a privileged perspective pertaining to the state of our provincial health system and its evolution. Council members are committed to providing quality reports pertaining to the work areas of the NBHC and to leveraging this information to inform and engage citizens in any future recommendations that are made to the Minister of Health.

Appendix 1

Public Involvement Continuum



Source: Adapted from Health Canada. Policy Toolkit for Public Involvement in Decision Making (2000) and the Public Participation: Principles and Best Practices from British Columbia (2008).