

SURVEY 2017

Being Patient

Accessibility, Primary Health
and Emergency Rooms

Who we are

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 performance and recommending improvements to the Minister of Health.

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How to cite this document

New Brunswick Health Council, "Being Patient - Accessibility, Primary Health and Emergency Rooms," 2017. [Online].

Cette publication est disponible en français sous le titre

Être patient : l'accessibilité, la santé primaire et la salle d'urgence

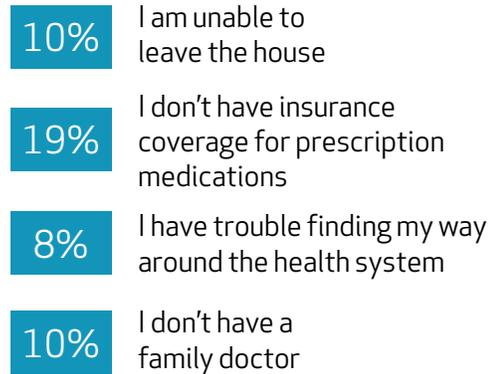
ISBN 978-1-4605-2175-5: English print version
ISBN 978-1-4605-2176-2: Version imprimée en français
ISBN 978-1-4605-2177-9: English PDF
ISBN 978-1-4605-2178-6: PDF français

Published: March 13, 2018
Revised:

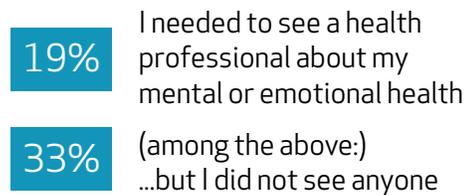
Accessing health services in New Brunswick

MY NEEDS AND CHALLENGES

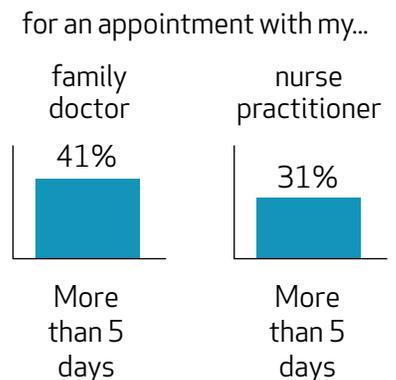
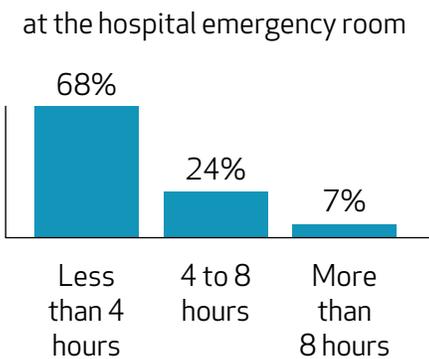
BARRIERS



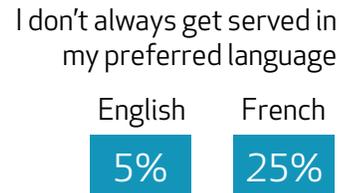
MENTAL AND EMOTIONAL HEALTH



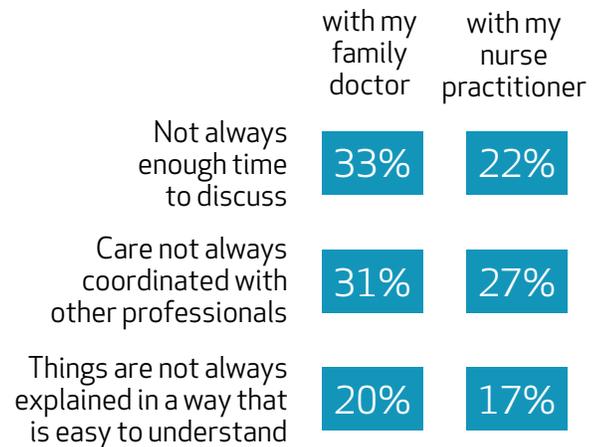
HOW LONG DID I WAIT?



LANGUAGE



QUALITY OF INTERACTIONS



Background

New Brunswickers have options in selecting where they will receive health services, whether in the office of their family doctor or nurse practitioner, a walk-in clinic, or the Emergency Room of their local hospital. There may be a greater variety of options in some communities, and in others some may experience barriers that make some options less desirable. How does this variability in care options and differing barriers to service affect the New Brunswick health system, and which factors may be driving New Brunswickers to choose one location over another?

In June 2017, the New Brunswick government released the framework for its New Brunswick Family Plan. Like many strategies, initiatives and plans that came before it, this plan aims to improve the lives of New Brunswickers by addressing factors that contribute to overall population health. Highlighting

the needs of an aging population, the plan emphasizes helping citizens prevent and manage chronic health conditions. While New Brunswick has known for several years that timely access to family doctors plays an important role in serving individuals with chronic health conditions, the system continues to struggle with this measure, and provincially, 59.6%* of patients visiting the ER are there for less urgent and non-urgent reasons (triage codes 4 and 5).

Using results based on the responses of more than 14,000 New Brunswickers who participated in the NBHC's 2017 Primary Health Survey, this brief will look at their health service experiences, some factors that influenced them, and what needs to change if any plan or initiative is going to be successful in having an impact on the health of New Brunswickers.

*Source: New Brunswick Health Council, New Brunswick Health System Report Card, 2016 edition (Excel file)

Using the ER as a regular place of care is a problem

Emergency room visits can vary in New Brunswick from individuals who avoid ERs except in the most urgent situations to individuals who regularly consult their family physicians in the ER during the doctor's ER shifts. While using an emergency room as a regular place of care is an option for many citizens, it is one that should be avoided for a number of reasons.

Whether from the point of view of access (treating less urgent or non-urgent needs in an ER can lead to delays in treating patients requiring urgent care) or safety (continuity of care reduces the possibility of harm from interactions with other care providers), ongoing care from a family doctor or nurse practitioner should be the preferred option for most general needs.

Establishing an ongoing relationship with a primary health care provider (family doctor or nurse practitioner) can produce more continuity and coordination of care. It also helps citizens better manage their health conditions at home, even more for individuals with 3 or more chronic conditions.

With this in mind, let's look at some of the care experiences New Brunswickers have shared with the NBHC.



70,000 New Brunswickers use the ER as their regular place of care

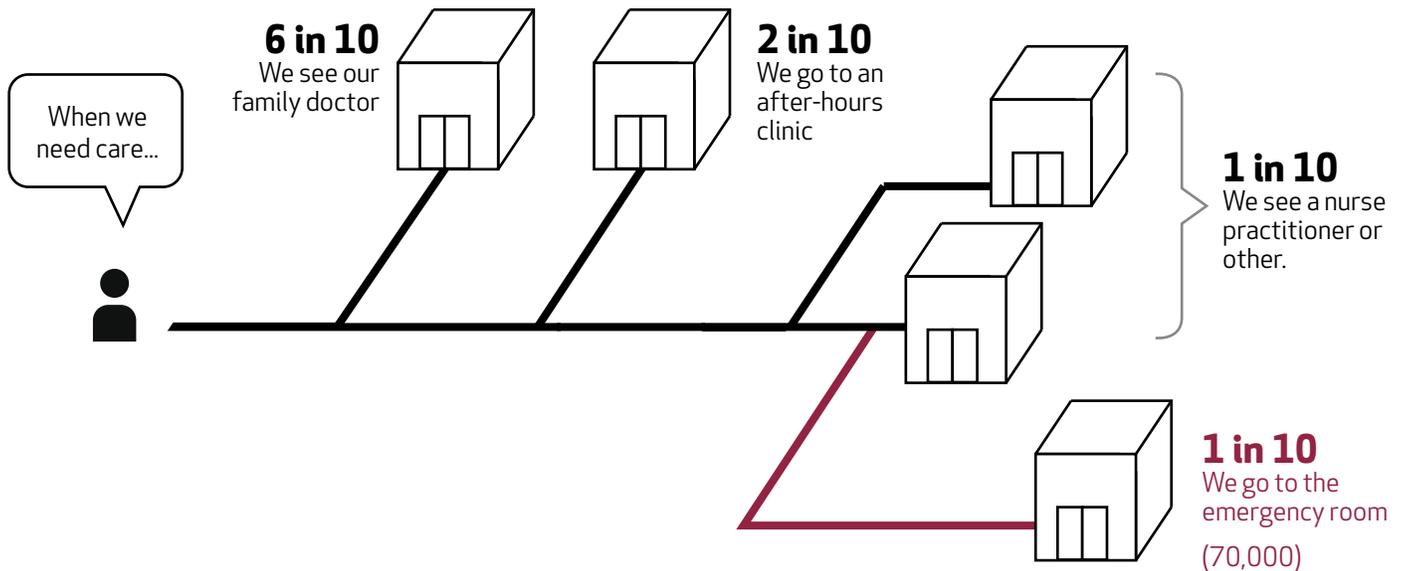


Figure 1. Regular places of care for New Brunswickers (Primary Health Survey 2017)

What can we learn from the 2017 Primary Health Survey to better understand the experiences of citizens who choose the ER as their regular place of care? An initial question could be whether these individuals used the ER because they had no family doctor. Looking at the survey results, we see that

of the 70,000 who use the ER regularly, 55,000 described themselves as having a family doctor. So the lack of a family doctor isn't the primary factor that leads New Brunswickers to choose the ER as their regular place of care.

Note: The 2017 Primary Health Survey shows that a lower percentage of citizens are attached to a family doctor, a trend that should be addressed (see Supplement 1).

Lack of timely access to family doctor is the key reason New Brunswickers visit the ER as a regular place of care

In the 2017 Primary Health Survey, citizens with a family doctor who use the ER as their regular place of care were asked why they go most often to the ER when they are sick or in need of care from a health professional. Among the estimated 55,000 New Brunswickers who have a family doctor but use the ER as their regular place of care, about 85% (47,000) said it was due to poor access to their family doctor.

This barrier to access leads these New Brunswickers to select the ER for non-urgent conditions, influencing the cost of services, ER wait times, and the quality of care they receive. The influence of these non-urgent uses of the ER on ER wait times is a major area of public concern, but the solution isn't found within the ER itself.

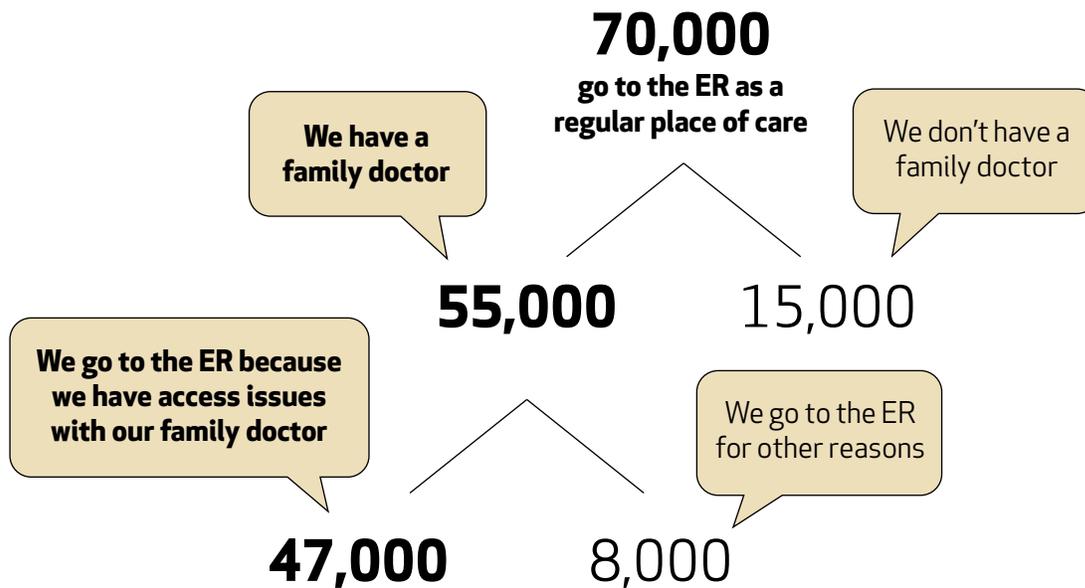


Figure 2. Reasons for regular ER use by attachment to a family doctor (Primary Health Survey 2017)

A fundamental shift to improving timely access to family doctors would have an impact on:

- improving primary health services;
- reducing ER wait times;
- and improving the health outcomes of New Brunswickers.

Improving timely access to family doctors and nurse practitioners, as part of a plan to improve primary health services, has to become a strong area of focus if we aim to create a citizen-centred health system for an aging population.

What is the current experience for citizens who try to make an appointment?

Only 6 in 10 New Brunswickers can see their family doctor within 5 days

Results from the 2017 Primary Health Survey indicate that provincially, only 55.8% of citizens can get an appointment with their family doctor within 5 days. Looking at this from the level of New Brunswick’s 33 health communities, we see something even more troubling: in one community as few as 19% of respondents can get an appointment within 5 days, compared with 75% of citizens in some other communities.

Variability such as we see here speaks to unmet needs at the community level. Some communities may need to address issues with patient attachment, others may need to work with physicians to adopt more effective scheduling practices, and some may require adjusting scheduling family doctors in the

local ER to ensure more patients can receive office visits. The other challenge highlighted by variability is the reality that the current care delivery model is not an equitable division of health services. Adding more doctors is not necessarily the solution (see Supplement 2). We also see from survey results that the percentage of those who get an appointment within five days is dropping.

Timely access and equitable services are the two things that citizens value the most in our health system. In spite of this, timely access to family doctors has not improved for New Brunswickers in the last six years and many citizens are still suffering the consequences of inequity.

	2011	2014	2017	2017 variability
Citizens who can get an appointment with their family doctor within five days	57.9%	60.3%	55.8%	19.5% - 75.4%

Conclusion

Many New Brunswickers are choosing regular ER use instead of waiting 5+ days for appointments with their family doctors. Changes to scheduling practices and the recognition that some patients have greater needs (like those with multiple chronic conditions) can have a direct impact on changing regular ER use. *If a community needs new doctors they must be hired with consideration for their scheduling and prioritization processes, or their impact on the choice of ER for regular care may be minimal.*

To succeed, any plan or initiative must recognize the factors that influence regular ER use and ensure that they are addressed as part of the implementation. If the planning process for improved primary health

services does not include timely access, and the only focus is to add more doctors, New Brunswick will not move toward a health system that meets the needs of an aging population and ERs will continue to be a challenge. Increasing timely access to family doctors and nurse practitioners is crucial to improving primary health services, reducing ER wait times, improving population health outcomes and health system sustainability.



Supplement 1: New Brunswickers access to a family doctor is decreasing

To have timely access to a family doctor begins with being attached to a family doctor. Patients with complex health needs should be confident in their ability to rely on a primary health care provider (family doctor or nurse practitioner) to help them manage their health condition. This isn't possible if they are still searching for a provider.

In 2017, 90.4% of citizens reported that they have a personal family doctor. While this is generally lower than in previous years, variability at the community level also shows a 20% difference between communities, a situation that requires identifying the related community needs.

Another point for future consideration is the increasing percentage of New Brunswickers without a family doctor who see a nurse practitioner as their regular place of care.

While there are other ways to improve timely access, we shouldn't allow this indicator to continue to decline as we implement the other solutions. Also, as previously noted, the selection of new doctors or nurse practitioners should take into account scheduling practices and patient prioritization based on need.

	2011	2014	2017	2017 variability
Citizens who have a personal family doctor	92.6%	92.1%	90.4%	76.4 - 96.7%

Supplement 2: Adding more doctors will not significantly reduce visits to the hospital emergency room

In the 2017 Primary Health Survey, we asked New Brunswickers where they go most often when sick or in need of care from a health professional. Among citizens who do not have a family doctor, 25% use the ER as their regular place of care versus 10% for those with a family doctor.

If we convert these percentages into numbers, in 2017 there are approximately 55,000 New Brunswickers with a family doctor who use the ER as their regular place of care, compared to 15,000 New Brunswickers without a family doctor who use the ER as their regular place of care.

In New Brunswick, if the only focus is to add more doctors, this will not have a significant impact overall on reducing ER use, because ER use among citizens with a family doctor far outweighs ER use among those without a family doctor. In addition, if the new physicians use the same scheduling and prioritization methods as some of the current physicians, a significant number of those newly attached patients will continue to make regular use of the ER due to a lack of timely access to their new physician.

Data tables of key 2017 Primary Health Survey indicators

The following tables show key results from the Primary Health Survey. To see additional survey indicators, consult our Excel file at www.nbhc.ca.

Table 1. Being patient: Results from the 2017 edition of the Primary Health Survey

Table 2. The needs and challenges of New Brunswickers: Accessing health services

Table 3. Family doctors in N.B.

Table 4. Nurse practitioners in N.B.

Table 5. Hospital emergency room (ER)

Table 6. Chronic health conditions

Table 7. Health behaviours

Table 8. Prescription medications