Health

Annual Report
2019–2020

New Nouveau Brunswick

Health
Annual Report 2019-2020

Province of New Brunswick
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Transmittal Letters

From the Minister to the Lieutenant-Governor

The Honourable
Lieutenant-Governor of New Brunswick

May it please your Honour:

It is my privilege to submit the annual report of the Department of Health, Province of New Brunswick, for the fiscal year April 1, 2019, to March 31, 2020.

Respectfully submitted,

Honourable K. Dorothy Shephard
Minister

From the Deputy Minister to the Minister

Honourable K. Dorothy Shephard
Minister of Health

Madam:

I am pleased to be able to present the annual report describing operations of the Department of Health for the fiscal year April 1, 2019, to March 31, 2020.

Respectfully submitted,

Gérald Richard
Deputy Minister

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Minister's message

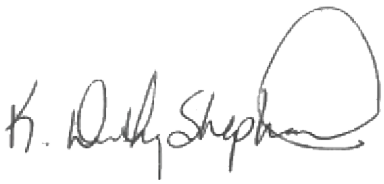
Fiscal year 2019-2020 was a time of transition for the Department of Health as we began a series of projects designed to improve access to health-care services and recruit and retain more health professionals to our province.

Through this work, new nurse practitioner clinics will be established in Fredericton, Moncton and Saint John. The department and the regional health authorities are also working on projects designed to reduce wait times for hip and knee surgery and community mental health services. These projects will continue in 2020-2021.

We worked collaboratively with nursing stakeholders to launch a new nursing strategy and with physicians to eliminate billing numbers and replace it with a physician resource strategy. Work also continues on a supply and demand analysis for all of New Brunswick's health professions.

With an aging population and HR shortages in the health-care system, GNB remains committed to New Brunswickers. This commitment is realized by providing high quality availability and delivery of health-care services, while fostering a healthy and strong quality of life for the people of our province.

We will put New Brunswickers at the forefront of all our decisions as we work to improve outcomes in New Brunswick's health-care system, and make it more efficient, more accessible and more accountable.



Hon. K. Dorothy Shephard
Minister

Deputy Minister's message

The Department of Health's mandate is to keep people healthy, prevent illness and provide timely and appropriate health services. This year's annual report summarizes our department's activities under our mandate in the 2019-2020 fiscal year, evaluates our performance and highlights the successes we have achieved in our effort to ensure New Brunswickers have a safe and sustainable health-care system that provides quality health-care services to all our residents.

As our population ages, and our workforce ages along with it, our health-care system is facing ever increasing demands for services while it becomes increasingly challenging to provide them. The Department of Health is working with the regional health authorities, health professionals and other health-care partners on innovative ways to ensure the most appropriate care is provided at the correct time. By fostering a culture of innovation and continuous improvement, New Brunswick can make a shift in the way that we think about health care. We need to develop policies and programs that will help New Brunswickers to stay healthier and support them in making healthy choices.

Our department is committed to working with our health-care partners and all New Brunswickers to strengthen our health-care system and support better health for everyone who lives in our province.

Gérald Richard
Deputy Minister

Top Government Priorities

Strategy and Operations Management

The Government of New Brunswick (GNB) uses a Formal Management system built on leading business practices to develop, communicate and review strategy. This process provides the Public Service with a proven methodology to execute strategy, increase accountability and continuously drive improvement.

The development of the strategy, using the Formal Management system, starts with our government's roadmap for the future of New Brunswick that focuses on key priorities and the importance of public accountability

Our Top Priorities:

Affordable and Responsive Government
Getting our financial house in order will make it possible for government to be responsive and provide sustainable high-quality public services for all New Brunswickers.

Dependable Public Health Care
New Brunswickers deserve a sustainable, high-quality health-care system where they are able to access the services they need when they need them.

World-class Education
New Brunswick's young people need access to a world-class education, so they can make the most of their lives and compete in future job markets.

Energized Private Sector
All New Brunswickers benefit from a thriving private sector. Increasing private sector investment, growing our labour force and being home to successful businesses of all sizes is good for our province.

Vibrant and Sustainable Communities
Vibrant communities are places people want to call home. More vibrant and sustainable communities make for a more resilient province.

High-performing Organization
All New Brunswickers benefit when engaged and empowered civil servants use their talents and skills to make our province a better place.

Highlights

During the 2019-2020 fiscal year, the Department of Health focused on these strategic priorities through:

- The provincial government has released a nursing resource strategy focused on recruitment, retention, promotion of the nursing profession, and enhancing nursing education and employment and work-life balance.

- The Department of Health phased out the billing number system for both general practitioners and specialists.

- A roundtable discussion on mental health was held to identify improvements to services provincewide and resulted in funding for an Integrated Mobile Crisis Response Team in Saint John, a collaboration between the city's police force and Addiction and Mental Health Services. The team provides on-site acute addiction and mental health needs assessments, as well as specialized crisis intervention. The team also offers visits and check-ins for high-risk individuals in an effort to provide better support.

- The provincial government and the New Brunswick Medical Society moved from a single integrated Provincial Electronic Medical Record to an open market, giving choice to physicians.

Performance measures

World-class Education	Measures
Improve education outcomes	Participation rate for Healthy Toddlers.
Dependable Public Health Care	**Measures**
Improve access to health care	Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate.
	Number of patients removed from the Patient Connect NB waiting list.
Build a safe, sustainable health-care system	Percentage of less urgent emergency department visits (triage Level 4 and Level 5) in regional hospitals.
	Percentage of conservable and ALC days.
Affordable and Responsive Government	**Measures**
Eliminate deficits and reduce debt	Ratio of actual to budgeted expenditures.

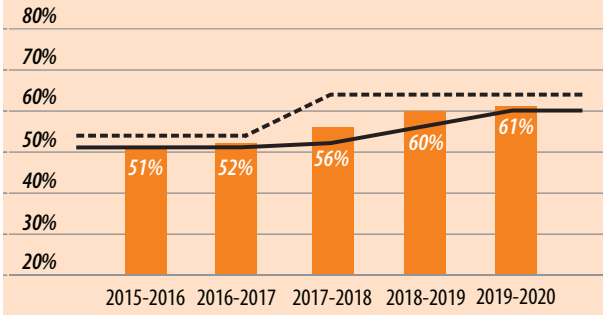
World-class education

Objective of the measure
Improve education outcomes

Measure
Participation rate for Healthy Toddler Assessment

Description of measure
The measure tracks the number of children with a completed Healthy Toddlers assessment. The rates are based on the number of eligible children who reach 24 months of age within the given year who had a healthy toddler assessment completed.

Overall performance
This indicator saw improvement over the previous year but did not meet its target.



Baseline: 56%
Target: 64%
Actual: 61%

Why do we measure this?
Participation rate is the measure used to determine the proportion of children who have a Healthy Toddlers assessment. This assessment supports the healthy growth and development of young children by providing early screening and assessment, promoting healthy lifestyle practices and behaviours, identifying resources and referring to services where needed. Ultimately, the government expects that success on this measure will improve educational outcomes in early childhood as well as primary and secondary education.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?
In 2019-2020, the department conducted a project with Horizon Health Network to understand why participation rates were low in two health zones. The zones are implementing identified solutions to increase participation rates and have developed a process to monitor and control implemented solutions.

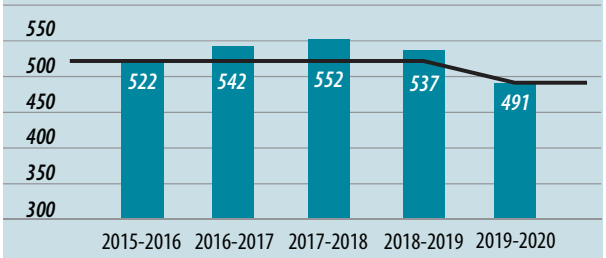
Dependable public health care

Objective of the measure
Improve access to health care

Measure
Ambulatory Care Sensitive Conditions (ACSC) hospitalization rate (crude rate).

Description of measure
The measure tracks acute care hospitalizations (crude rate) for conditions were appropriate ambulatory care would prevent or reduce the need for admission to the hospital. The ACSC indicator is multi-faceted and includes admissions for seven different chronic conditions (angina, asthma, Chronic Obstructive Pulmonary Disease (COPD), diabetes, congestive heart failure (CHF), hypertension and seizures). The measure tracks the number of hospitalizations per 100,000 population for individuals younger than 75.

Overall performance
The measure showed improved performance in 2019-2020.



Baseline: 522/100,000
Target: N/A
Actual: 491/100,000

Why do we measure this?
Reductions in ACSC admissions will indicate the effectiveness of community-focused interventions and assist in ensuring that hospital resources are used for less preventable, acute conditions.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?
In 2019-2020, the Department of Health carried on with the roll out of several initiatives to improve chronic disease management in the province. This included the new INSPIRED/UPSTREAM program with Horizon Health Network. As part of this program, Telecare 811 is provided with a care plan for enrolled COPD patients, who call 811 for support rather than visit the ER.

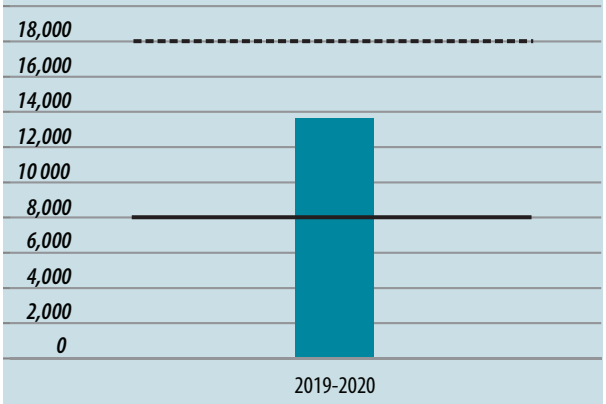
Dependable public health care

Objective of the measure
Improve access to health care

Measure
Number of patients removed from the Patient Connect NB waiting list.

Description of measure
The measure tracks the number of people removed from the waiting list for a primary health-care provider. This includes patients who have been placed with a primary health-care provider, patients who have found their own provider and those who cannot be contacted.

Overall performance
This is the first year that the Department of Health has tracked this measure and did not meet its target. Given the number of primary health-care providers eligible to retire in the next five years, the number of patients waiting for a primary care provider is likely to fluctuate widely even though recruitment efforts continue. At the end of 2019-2020, more than 40,500 patients remained on the list.



Baseline: 8,000
Target: 18,000
Actual: 13,614

Why do we measure this?
GNB is strongly committed to ensuring access to a primary health-care provider for all citizens.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?
In 2019-2020, the Department of Health and the regional health authorities recruited 51 physicians to the province to replace the 50 who retired, left the province or ceased practicing. Additionally, work began to add nurse practitioner clinics in Fredericton, Moncton and Saint John. Each clinic will have at least six nurse practitioners, meaning up to 18,000 New Brunswickers will be matched with a primary health care provider and removed from the list.

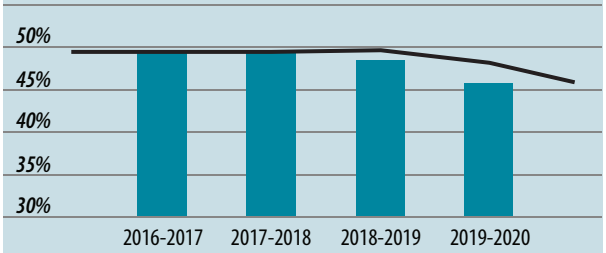
Dependable public health care

Objective of the measure
Build a safe, sustainable health-care system

Measure
Percentage of less urgent emergency department visits (triage Level 4 and Level 5) in regional hospitals.

Description of measure
This indicator is measured to track the percentage of less urgent visits in regional hospitals; i.e., Level 4 (less urgent) and Level 5 (non-urgent). This information is helpful in understanding the use of the emergency room as well as the availability of primary health-care options. This measure should help determine if efforts to increase access to more appropriate and cost-effective primary care options outside of a hospital setting are successful.

Overall performance
The measure continues to show good performance as the percentage of less urgent emergency department visits continues its gradual decline. In 2018-2019, the department began reporting the percentage of less urgent visits to regional hospitals rather than all hospitals since family doctors in more rural communities provide ED coverage, reducing their ability to provide primary care in their offices. The percentage of less urgent visits in non-regional hospitals was 70.7 per cent in 2019-2020, virtually unchanged from the year before.



Baseline: 48.5%
Target: N/A
Actual: 45.8%

Why do we measure this?
This information is helpful in understanding the use of the ED in regional hospitals as well as primary health-care options. This measure should help determine if the department's efforts to increase access to more appropriate and cost-effective primary care options outside of a hospital setting are successful.

What initiatives or project were undertaken in the reporting year to achieve the outcome?
The Department of Health, in partnership with the regional health authorities (RHAs) continued their work to improve access to primary health care through the roll-out of Family Medicine New Brunswick, primary health care integration and the addition of primary health-care practitioners to the system.

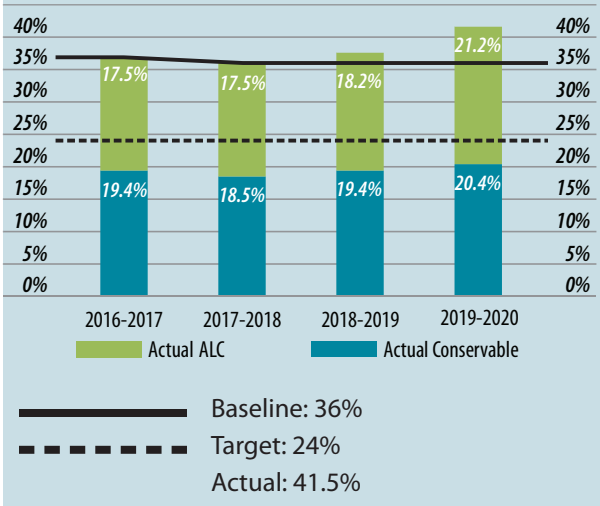
Dependable public health care

Objective of the measure
Build a safe, sustainable health-care system

Measure
Percentage of conservable and ALC days

Description of measure
This measure tracks the percentage of acute care hospital days beyond the expected length of stay, for a variety of reasons, as well as the percentage of acute care hospital days being utilized by patients who no longer require acute care but are waiting to be discharged to an alternative setting more appropriate to their needs. The vast majority of ALC days are associated with elderly patients.

Overall performance
This measure did not perform well in the current year as New Brunswick's aging population is compounding the complexity of reducing this number.



Why do we measure this?
New Brunswick has one of the highest rates of conservable and ALC days in the country. This reflects poor use of hospital beds, which has significant impacts on the patient and the hospital system. This includes a deterioration of health status for patients with longer length of stay and reduced availability of acute care beds, resulting in overcrowding of emergency rooms and longer surgical wait times. In 2018-2019, the department began reporting the percentage of both Conservable and ALC bed days as both are a measure of efficiency of bed use within the hospitals.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?
The department continued to collaborate with Social Development to reduce ALC days, including work on the Home First initiative which will increase the number of seniors receiving services in their own homes, a special care home pilot and efforts to reduce the wait time to access long-term care services.

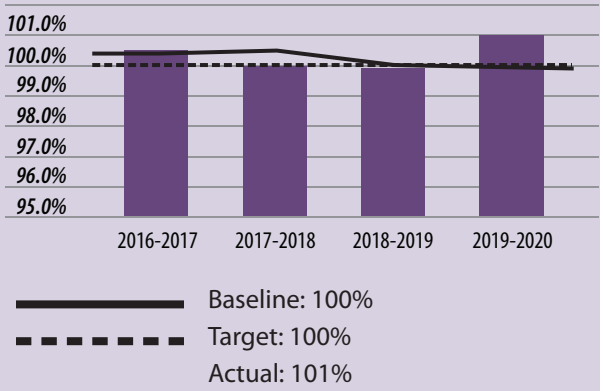
Affordable and responsive government

Objective of the measure
Eliminate deficits and reduce debt

Measure
Ratio of actual to budgeted expenditures.

Description of measure
This ratio measures whether the department is over- or under-budget. This ratio will exceed 100 per cent when spending is over-budget and be less than 100 per cent when spending is under-budget.

Overall performance
The department carefully managed its expenditures in 2019-2020, and its expenditures were slightly over-budget, which was offset by an increase in revenue.



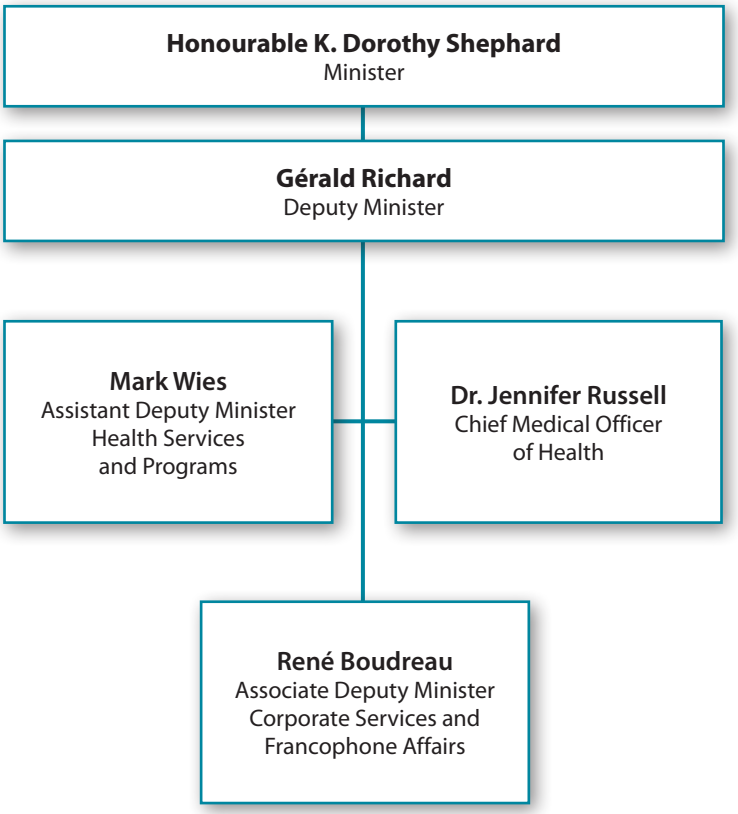
Why do we measure this?
This indicator measures the department's ability to manage its overall expenses as compared to budget. The department must ensure that expenses are managed in accordance with the budget and be prepared to take corrective action if expenses are projected to be over budget during the year.

What initiatives or projects were undertaken in the reporting year to achieve the outcome?
The department works closely with health-care partners to maintain the cost of health care within budgeted parameters.

Overview of departmental operations

The department of Health oversees New Brunswick's health-care system, leading and enabling a sustainable system through planning, funding, monitoring and strategic service delivery.

High level organizational chart



Corporate Services and Francophone Affairs

The **Corporate Services and Francophone Affairs Division** provides advice, support and direction on administrative-related issues, specifically financial services, analytical services, Contract Management, corporate support services and information technology services. It is responsible for the management of health-related capital construction projects, capital equipment acquisitions, and emergency preparedness.

The division oversees the following branches: **Corporate Support and Infrastructure; Financial Services; Medicare and Physician Services; Planning, Performance and Alignment; Policy and Legislation; F/P/T Relations and Atlantic Collaboration; Corporate Privacy; Health Facility Planning; Health Analytics; Emergency Preparedness and Response**, and the **Continuous Improvement Branch**. The division also ensures the delivery of quality health services in both official languages to all New Brunswickers.

The **Corporate Support and Infrastructure Branch** is responsible for facilities management, strategic procurement, contract management, vehicle management, identification cards, security, parking and telephones. It is also responsible for internal communications, records and information management, the departmental library, the mailroom, translation and interpretation services, and for managing the Third Party Liability Unit, which recovers health-care costs associated with personal injury claims caused by negligent acts.

The **Financial Services Branch** reviews budget proposals and decisions; forecasts expenditures and revenues; prepares budget submissions and quarterly statements; ensures expenditures and revenues are properly recorded; and carries out other financial analysis and processes.

The **Medicare and Physician Services Branch** plans, develops, implements and oversees activities related to Medicare Eligibility and Claims, Medicare Insured Services, and Physician Remuneration.

The **Planning, Performance and Alignment Branch** supports strategic planning and alignment within the department and across the health system. It also leads the implementation and management of the department's formal management system, including continuous improvement initiatives using Lean Six Sigma processes.

The **Policy and Legislation Branch** serves as a support for the department in developing the public policies that underpin programs and operations. The coordination and development of public legislation related to health is also the responsibility of the branch. The branch coordinates responses to requests under the *Right to Information and Protection of Privacy Act* and appointments to the agencies, boards and commissions within the responsibility of the department. The branch supports the minister in respect of their legislative oversight of private health profession legislation and administration of the *Cemetery Companies Act*.

The **Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch** is the department's lead for intergovernmental relations with the federal government and other provinces and territories. The branch supports the minister and deputy minister in advancing New Brunswick's priorities at health ministers' meetings and council of deputy ministers' meetings. The branch collaborates with Atlantic colleagues to identify potential opportunities for the advancement of Atlantic priorities as identified by ministers and deputy ministers. The branch is responsible for providing New Brunswick's input to the federal government's *Canada Health Act* annual report.

The **Corporate Privacy Office** provides policy direction for the department's management of personal information and personal health information as governed by the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. The office works with departmental business owners and health partners to support a consistent approach to the protection of privacy in New Brunswick. One key forum is the Chief Privacy Officers' Working Group, which consists of the chief privacy officers from the department, the RHAs, Service New Brunswick, the New Brunswick Health Council and Ambulance New Brunswick.

The **Health Facility Planning Branch** oversees the planning and design of additions, expansions, and renovations to New Brunswick's health establishments.

The **Health Analytics Branch** supports the department in enhancing the use of analytic tools, methods and metrics to plan, implement and measure improvements in patient care experiences, population health and focused health system investments.

The **Emergency Preparedness and Response Branch** leads and coordinates efforts to ensure the province's health-care system maintains a level of readiness to enable it to respond quickly and effectively to all health and medical emergencies.

The **Continuous Improvement Branch** supports strategic planning and alignment within the department and across the health system. It also leads the implementation and management of the department's formal management system, including continuous improvement initiatives using Lean Six Sigma processes

Financial Information -

Corporate Services and Francophone Affairs

Budget	$ 754,304,100
Actual expenditures	$ 771,746,400

Highlights

- The Policy and Legislation Branch led amendments to two pieces of legislation. These changes improved the department's ability to manage its public drug plans by strengthening and clarifying its authority, and that of the third-party administrator of the plans, with respect to audits of claims made by participating pharmacies and recovery of overpayments to pharmacies.

- The Continuous Improvement Branch trained an additional 11 Yellow Belts during fiscal 2019-2020, while the department's trained Yellow Belts completed 25 projects during the same time period.

Medicare payments by practitioner payment modality, number of practitioners and average remuneration by speciality, 2019-2020								
Specialty	Number of practi-tioners	Fee-for-service	Capitation	Salary	Sessional or alternative payments	Benefits	Total Payments	Average remuneration*
Ophthalmology	34	$25,212,034	$0	$0	$0	$298,770	$25,510,804	$905,130
Diagnostic Radiology	115	$52,227,498	$0	$0	$0	$672,591	$52,900,089	$738,621
Neurosurgery	12	$303,344	$0	$0	$5,184,468	$221,202	$5,709,015	$682,861
Gastroenterology	18	$10,673,443	$0	$0	$115,456	$98,632	$10,887,531	$640,421
Cardiology	27	$14,099,676	$0	$887,431	$657,775	$175,998	$15,820,880	$585,959
Otolaryngology-Head & Neck Surgery	24	$8,375,349	$0	$307,140	$0	$275,719	$8,958,208	$585,513
Nephrology	16	$8,080,831	$0	$0	$61,900	$102,857	$8,245,589	$582,918
Urology	24	$11,059,292	$0	$307,395	$12,428	$269,928	$11,649,043	$574,668
Vascular Surgery	10	$3,933,506	$0	$0	$0	$93,999	$4,027,506	$565,849
General Surgery	66	$17,557,245	$0	$1,279,676	$2,703,076	$685,500	$22,225,498	$494,788
Dermatology	15	$5,812,998	$0	$0	$0	$98,849	$5,911,846	$482,401
Respiratory Medicine	15	$4,103,039	$0	$1,565,464	$1,171,377	$97,608	$6,937,488	$462,499
Radiation Oncology	11	$789,216	$0	$3,705,130	$0	$58,967	$4,553,313	$455,305
Plastic Surgery	19	$7,049,350	$0	$0	$1,680	$172,808	$7,223,837	$449,168
Orthopedic Surgery	56	$17,257,761	$0	$0	$11,456	$827,581	$18,096,798	$423,487
General Internal Medicine	30	$7,676,215	$0	$1,961,256	$1,796,089	$238,768	$11,672,327	$399,529
Anesthesiology	104	$21,648,019	$0	$3,877,106	$3,142,588	$733,645	$29,401,358	$392,362
Obstetrics & Gynecology	65	$14,464,540	$0	$2,627,999	$664,971	$1,417,529	$19,175,039	$384,377
General Pathology	11	$130,550	$0	$3,385,407	$636,453	$70,217	$4,222,627	$383,875
Neurology	24	$4,177,583	$0	$3,251,062	$81,106	$200,664	$7,710,415	$383,078
Physical Medicine & Rehabilitation	15	$2,226,555	$0	$1,177,211	$1,204,897	$54,917	$4,663,580	$380,319
Medical Oncology	15	$303,088	$0	$5,061,011	$0	$75,755	$5,439,854	$362,657
Anatomical Pathology	43	$382,103	$0	$10,678,431	$1,757,674	$220,862	$13,039,070	$346,866
Psychiatry	105	$12,821,592	$0	$15,887,359	$192,265	$497,917	$29,399,134	$344,489
Internal Medicine	20	$1,957,194	$0	$1,010,812	$1,012,468	$100,054	$4,080,529	$324,136
Pediatrics	72	$5,732,532	$0	$9,452,064	$108,080	$375,831	$15,668,508	$321,964
Rheumatology	14	$2,357,935	$0	$2,044,033	$17,900	$68,760	$4,488,628	$320,616
Emergency Medicine	15	$230,565	$0	$0	$3,260,626	$90,342	$3,581,533	$312,366
Geriatric Medicine	13	$130,076	$0	$3,814,623	$46,840	$59,367	$4,050,905	$311,608
General Practice	1,021	$142,462,687	$3,404,548	$22,597,864	$61,181,154	$8,938,984	$238,585,237	$285,051
Endocrinology & Metabolism	10	$382,096	$0	$1,478,840	$185,562	$39,514	$2,086,013	$231,787
Other Specialties**	107	$8,342,379	$0	$12,117,244	$9,247,765	$492,813	$30,200,201	$371,692
Total	**2,146**	**$411,960,292**	**$3,404,548**	**$108,474,558**	**$94,456,053**	**$17,826,951**	**$636,122,403**	**$372,187**

*Only practitioners with $100,000 or more in earnings are included.

** Other specialties are all specialties with fewer than 10 practitioners.

Health Services and Programs

The **Health Services and Programs Division** has oversight of health-care programs and services that touch patients across the continuum of care within the two regional health authorities and EM/ANB. The division also has oversight responsibility of the Action Plan for the Equitable Distribution of Health Services. It also oversees activities related to pharmaceutical services, health human resources and eHealth.

There are seven branches within this division: **Addictions and Mental Health Services; Acute Care; Primary Health Care, Psychiatric Patient Advocate Services; Pharmaceutical Services; Health Workforce Planning**; and **Innovation and eHealth**.

The **Addiction and Mental Health Services Branch** oversees the delivery of the following services through the RHAs: addiction services (withdrawal management services, short- and long-term rehabilitation services, outpatient services and opioid replacement clinics); community mental health centres (prevention, intervention and post-vention services); and in-patient psychiatric care (in-patient and day hospital services through the psychiatric units of regional hospitals and the province's two psychiatric hospitals).

The **Primary Health Care Branch** is responsible for the following four units: Emergency Health Services, Community Health and Chronic Disease Management, Home Care and Healthy Aging. It is the focus point for community and home-based initiatives with a strong emphasis on chronic disease prevention, management and primary health-care renewal.

The **Acute Care Branch** provides oversight of hospital operations and works with the RHAs on the planning and delivery of hospital-based services and provincial programs. It is also responsible for the New Brunswick Cancer Network which manages an evidence-based provincial strategy for all elements of cancer care, including prevention, screening, treatment, follow-up care, palliative care, education and research.

The **Psychiatric Patient Advocate Services Branch** is responsible to inform patients of their rights, to represent them at tribunal and/or review board hearings and to ensure that the Mental Health Act and the rights of patients are always respected.

The **Pharmaceutical Services Branch** manages two publicly funded drug programs: the New Brunswick Prescription Drug Program and the New Brunswick Drug Plan. It is also responsible for the development and delivery of pharmaceutical policies, programs and services; sets strategic direction and policies for publicly-funded drug programs and initiatives; and manages and monitors drug program related agreements.

The **Health Workforce Planning Branch** is responsible for the planning of an integrated human resources workforce that is responsive to the health system's needs and designs. This includes monitoring the supply and demand of the health workforce and identifying trends; ensuring the utilization of full scope of practice and the right skill mix for all professions; developing and implementing recruitment and retention strategies for health-care professionals; and ensuring training requirements and needs are met, including continuing professional development.

The **Innovation and eHealth Branch** designs, implements and oversees corporate system-wide digital Solutions supporting the health system, including the Electronic Health Record, the Diagnostic Imaging Repository, Client Registry and the Public Health Information Solution. The branch focuses on health business solutions while providing services to programs in the areas of strategy and planning, project management, change management, application support and maintenance as well as information services.

Financial Information -

Health Services and Programs

Budget	$2,025,162,900
Actual expenditures	$2,049,969,900

Highlights

- The Primary Health Care Branch oversaw the development of the provincial dementia strategy and action plan
- The Paramedics Providing Palliative Care project went live, with an increased focus on having palliative patients remain in the home when appropriate by linking to existing care plans.

- Policy changes and data cleaning of PatientConnectNB were also made, leading to the prioritization of orphan patients first.

Office of the Chief Medical Officer of Health

The mission of the **Office of the Chief Medical Officer of Health** (OCMOH) is to improve, promote and protect the health of the people of New Brunswick. It is responsible for the overall direction of public health programs in the province and works collaboratively with the regional health authorities and other government and non-government providers. Its core functions are: health protection, disease and injury prevention, surveillance and monitoring, health promotion, public health emergency preparedness and response, and population health assessment.

The OCMOH has the mandate and legislative responsibilities of the office while some of the daily operations fall under the purview of other provincial departments and the RHAs. These departments support OCMOH operations through memorandums of understanding, service level agreements and work plan agreements as relevant.

Financial Information -

Office of the Chief Medical Officer of Health

Budget	$42,254,200
Actual expenditures	$43,108,600

Highlights

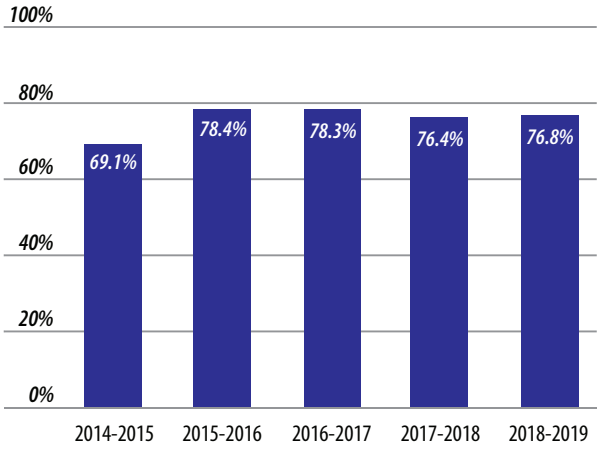
In 2019-2020:

- New Brunswick declared a measles outbreak in Saint John on April 26, 2019 with 12 cases reported over the period of 5 weeks with the last case being reported on May 31st. The outbreak was declared officially over July 8, 2019. Implementation of an extensive public health outbreak management strategy has resulted in containing the outbreak in such a short period. This strategy included: tracing of potentially 7,500 exposed contacts, 12 immunization clinics offered with 2,370 patients participating, approximately 15,870 doses of MMR distributed between April and July 2019. This was possible through the dedication of more than 850 staff and employees working behind the scenes within 11 different organizations.
- Cases of gonorrhea have been increasing in New Brunswick since 2016. In 2018, 96 cases were reported while the 5-year average count is 54 cases. In the first quarter of 2019, gonorrhea activity has remained at a sustained high level. Therefore, a provincial outbreak has been declared on April 25, 2019. An updated provincial gonorrhea outbreak response plan as well as a communication plan were sent out to our stakeholders on April 25, 2019 and indicators to monitor the outbreak have been formulated. The outbreak is still ongoing.
- From January through March 2020 the OCMOH was actively engaged in COVID-19 preparedness and response. OCMOH collaborated very closely with an unprecedented range of partners provincially, as well as nationally, to actively monitor the situation and to ensure that cases would be rapidly identified and immediately managed to protect the population. External provincial partners and stakeholders (e.g. fire and police) were also engaged at this time. OCMOH also collaborated with health-care professionals to provide current updates, evidence-based information and resources that included risk assessments, advice on public health measures, infection prevention and control, and enhanced surveillance (reporting of cases). The first confirmed COVID-19 case in New Brunswick was March 13, 2020, two days after the World Health Organization declared the global COVID-19 pandemic. On March 19, GNB declared a state of emergency under section 12 of the Emergency Measures Act to enhance measures to help contain the spread of COVID-19. New Brunswick's COVID-19 case count stood at 79 cases on March 31, 2020.

Key Performance Indicators

Percentage of children with all vaccines at school entry

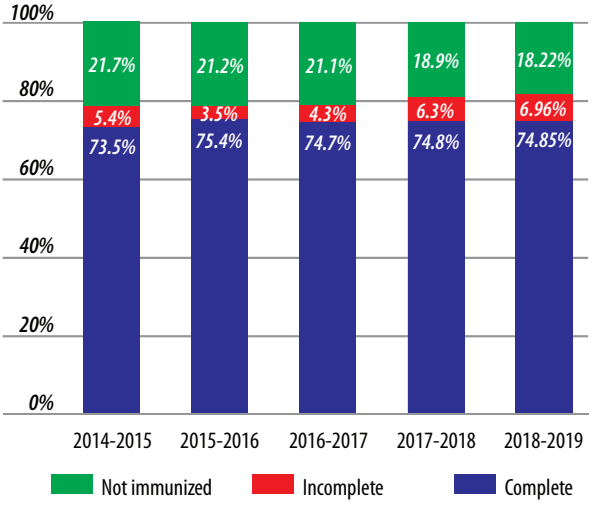
Adequate pre-school immunization decreases the risk of contracted communicable diseases, which protects population health and reduces health-care costs.



2019-20 school year data were not available at time of publication.

Grade 7 female students HPV vaccination rate

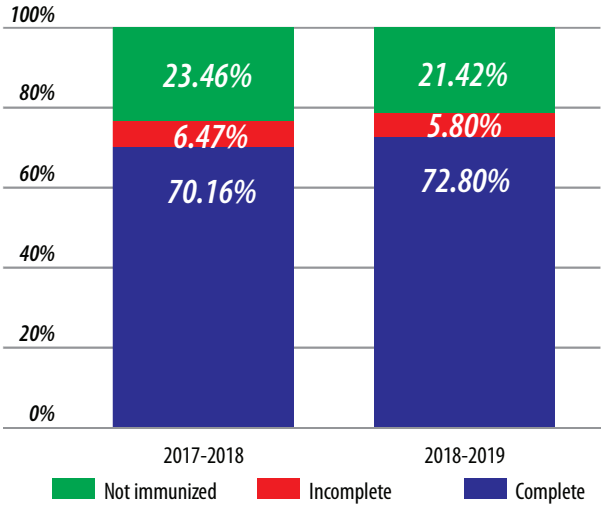
Administering this vaccine to female students in Grade 7 provides them with protection from HPV, which will lead to fewer women in the future being diagnosed with cervical cancer and genital warts.



2019-20 school year data were not available at time of publication.

Grade 7 male students HPV vaccination rate

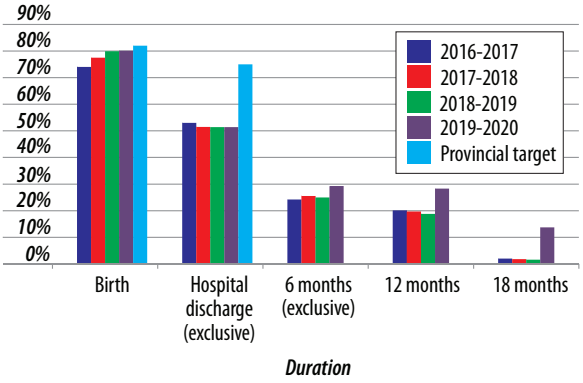
HPV vaccine started to be offered to Grade 7 male students in the 2017-2018 school year.



2019-20 school year data were not available at time of publication.

Breastfeeding initiation and duration rates

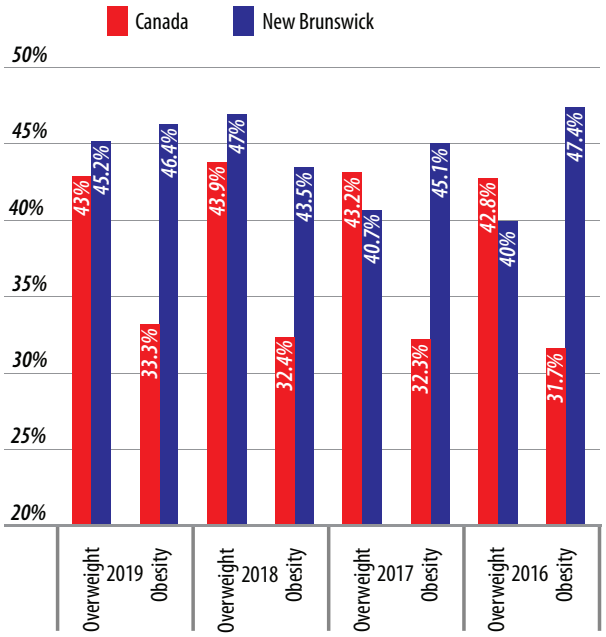
Breastfeeding is the normal, safest and healthiest way to feed a baby. There are many protective health benefits for mother and baby associated with exclusivity and duration of breastfeeding. Health Canada and the Department of Health recommend that infants be exclusively breastfed for the first six months with continued breastfeeding for up to two years and beyond.



*6-month exclusive, 12-month duration and 18-month duration data was corrected this year. Data analysis had been excluding entries in error in past years.

Percentage of New Brunswick adults (18 years and older), overweight or obese

Overweight and obesity are risk factors for many diseases including diabetes, cardiovascular disease and cancer and are important contributors to increased morbidity and mortality.



* In 2015 there was a redesign of the Canadian Community Health Survey. Comparisons to previous years are to be used with caution.

Source: Statistics Canada, Canadian Community Health Survey. Table: 13-10-0096-01. Health characteristics, annual estimates.

Financial information

Financial information		
Primary	**Budget ($000)**	**Actuals ($000)**
Status Report by Primary		
Personal Services	$20,494.2	$25,408.2
Other Services	$32,343.6	$35,910.7
Materials and Supplies	$10,506.1	$28,255.8
Property and Equipment	$1,504.2	$4,119.9
Contributions and Grants	$2,756,873.2	$2,770,959.7
Debt and Other Charges	$-	$170.5
Grand Total	**$2,821,721.3**	**$2,864,824.8**
Program	**Budget ($000)**	**Actuals ($000)**
Status Report by Program		
Corporate and Other Health Services	$164,188.9	$161,999.9
Medicare	$671,919.0	$684,661.0
Drug Programs	$205,385.7	$220,112.4
Regional Health Authorities	$1,780,227.7	$1,798,051.5
Grand Total	**$2,821,721.3**	**$2,864,824.8**

The expenditures of the Department of Health were higher than budgeted mainly due to increased expenses within Medicare and the Regional Health Authorities.

Summary of staffing activity

Operational and transactional human resources ser¬vices were delivered by Finance and Treasury Board from April to December 2019 at which point they began transitioning back to Part 1 Departments and agencies.

Pursuant to section 4 of the *Civil Service Act*, the Secretary to Treasury Board delegates staffing to each deputy head for his or her respective departments. A summary of the staffing activity for 2019-2020 for the department is presented below. (April 1, 2019 - March 31, 2020).

Number of permanent and temporary employees as of Dec. 31 of each year				
Employee type	2016	2017	2018	2019
Permanent	307	296	238	251
Temporary	18	34	41	41
TOTAL	**325**	**330**	**279**	**279**

The department advertised 45 competitions; including 37 open (public) competitions and eight closed (internal) competitions.

Pursuant to sections 15 and 16 of the *Civil Service Act*, the department made the following appointments using processes to establish merit other than the competitive process:

Appointment type	Appointment description	Section of the *Civil Service Act*	Number
Specialized Professional, Scientific or Technical	An appointment may be made without competition when a position requires: • a high degree of expertise and training • a high degree of technical skill • recognized experts in their field	15(1)	0
Equal Employment Opportunity Program	Provides Aboriginals, persons with disabilities and members of a visible minority group with equal access to employment, training and advancement opportunities.	16(1)(a)	0
Department Talent Management Program	Permanent employees identified in corporate and departmental talent pools, who meet the four-point criteria for assessing talent, namely performance, readiness, willingness and criticalness.	16(1)(b)	0
Lateral transfer	The GNB transfer process facilitates the transfer of employees from within Parts 1, 2 (school boards) and 3 (hospital corporations) of the Public Service.	16(1) or 16(1)(c)	1
Regular appointment of casual/ temporary	An individual hired on a casual or temporary basis under section 17 may be appointed without competition to a regular properly classified position within the Civil Service.	16(1)(d)(i)	0
Regular appointment of students/ apprentices	Summer students, university or community college co-op students or apprentices may be appointed without competition to an entry level position within the Civil Service.	16(1)(d)(ii)	0

Pursuant to section 33 of the *Civil Service Act*, no complaints alleging favouritism were made to the Deputy Head of the Department of Health and no complaints were submitted to the Ombud.

Summary of legislation and legislative activity

Bill #	Name of legislation	Date of Royal Assent	Summary of changes
12	*An Act Respecting the Management of Prescriptions and Recovery Authority*	March 17, 2020	The amendments to the *Prescription and Catastrophic Drug Insurance Act* and the *Prescription Drug Payment Act* strengthened and clarified the authority of the Department of Health, as well as the third-party administrator of the New Brunswick drug plans (the New Brunswick Drug Plan and the New Brunswick Prescription Drug Program), with respect to audits of claims made by participating pharmacies under these plans. The amendments also clarified the authority of the Province to recover overpayments made to pharmacies. Overpayments include any paid pharmacy claims that do not comply with the Acts, regulations, or policies.

Summary of Official Languages activities

Introduction

The Department continues to recognize its obligations under the *Official Languages Act* and is committed to delivering services in both Official Languages.

Focus 1

Ensure access to service of equal quality in English and French throughout the province:

- The department continues to ensure new employees are oriented on the Language of Service policy and guidelines at the time of hire.

- Linguistic profiles are updated and reviewed as changes occur in the organization to ensure the department maintains its ability to provide services in both Official Languages.

Focus 2

An environment and climate that encourages, for all employees, the use of the Official Language of their choice in the workplace:

- The department continues to ensure new employees are oriented on the Language of Work policy and guidelines at the time of hire.

Focus 3

Ensure that new and revised government programs and policies took into account the realities of the Province's Official Language communities:

- The department continues to collaborate with the *Société Santé et Mieux-être en français du Nouveau Brunswick* through their action networks which focus on the organization of services, training and research as well as community-led actions to foster healthy communities.

- The department continues to provide correspondence and information to the public in the Official Language of their choice and ensures new program and policy information is communicated in both Official Languages.

Focus 4

Ensure public service employees have a thorough knowledge and understanding of the *Official Languages Act*, relevant policies, regulations, and the province's obligations with respect to Official Languages.

- New employees are required to complete the Language of Service and Language of Work eLearning modules.

- Employees are required to review the Language of Service and Language of Work policies and guidelines as part of the annual performance management process.

Conclusion

The department continues to work on meeting its obligations under the *Official Languages Act* and related policies and to ensure its ability to provide services to the public in both Official Languages.

Summary of recommendations from the Office of the Auditor General

Name and year of audit area with link to online document	Recommendations
	Total
Medicare Cards - 2019	16

Adopted Recommendations	Actions Taken
Paragraph 2.37 - We recommend Medicare develop an online application process similar to other provinces to allow individuals to apply directly to Medicare for a Medicare card.	The Department is currently looking into application/ renewal form through SNB. Work was delayed while they implemented the address change functionality.
Paragraph 2.38 - We recommend Medicare work with the Government of Canada to expedite the receipt of documentation required to process applications for a Medicare card for new immigrants residing in New Brunswick.	There is currently a backlog at the federal level (Immigration, Refugee, and Citizenship Canada) for processing immigration files/documents. The delay in service has increased due to COVID-19. The Department and the other Canadian jurisdictions have voiced their concerns to IRCC.
Paragraph 2.45 - We recommend Medicare analyze whether it would achieve a positive payback by investing additional resources in identifying individuals with a NB Medicare card who have become ineligible. If Medicare determines there are benefits to doing more in this area, it should enhance its processes for monitoring the continued eligibility of cardholders.	Medicare has requested a staffing increase to assist with the implement the recommendations outlined in the 2019 Report.
Paragraph 2.58 -We recommend Medicare determine if the anticipated cost savings from moving to an automatic Medicare card renewal process were achieved, and whether those cost savings are sufficient to offset the additional risk associated with adopting that process.	The Department is currently exploring ways to modify the auto renewal process. Medicare is working collaboratively on a project with MyHealth NB to establish a Personal Health Number Registry. Included in this work will be the requirement to determine Medicare eligibility during this new process.
Paragraph 2.59 -We further recommend if the savings achieved by the change were not sufficient to offset the additional risks it has taken on, Medicare reverse the automatic renewal process.	The Department is currently exploring ways to modify the auto renewal process. Medicare is working collaboratively on a project with MyHealth NB to establish a Personal Health Number Registry. There would also be a requirement to determine Medicare eligibility during this new process.
Paragraph 2.60 - Regardless of the renewal process it employs, we recommend Medicare develop procedures to verify mailing addresses before sending out renewal documents in the future.	The renewal process will be modified which will address data quality concerns.

Paragraph 2.66 - We recommend Medicare evaluate associated risks as well as the necessity of having two private organizations contracted to produce and distribute Medicare Cards instead of one.	The analysis and negotiations of the current contract was delayed because of the Department of Health's response to COVID-19.
Paragraph 2.67 -We recommend Medicare obtain a CSAE 3416 report on controls annually from Medavie/CPI in connection with the card production and distribution services provided by the two third party providers.	The analysis and negotiations of the current contract was delayed because of the Department of Health's response to COVID-19.
Paragraph 2.75 - We recommend Medicare, as a minimum, add photo identification to NB Medicare cards to enhance card security.	The cost-benefit analysis will be undertaken during the implementation of the MyHealth NB project.
Paragraph 2.76 - We recommend Medicare provide information on its website as to the circumstances in which the public should report suspected cases of inappropriate use of Medicare cards, and how that reporting should be done. Fully addressing this area would likely require Medicare to develop and promote a direct tip line.	Medicare will be moving forward with a tip line for suspected cases of inappropriate use of Medicare cards in the coming months.
Paragraph 2.77 - We further recommend Medicare assign responsibility for following up on any tips received.	Medicare will be moving forward with a tip line for suspected cases of inappropriate use of Medicare cards in the coming months. This initiative was delayed because of resourcing issues. Additional resources have been requested.
Paragraph 2.82 - We recommend that Medicare upgrade their registration system to reduce the number of manual procedures required to administer the registration process.	This recommendation will be considered and addressed as part of the MyHealth NB registration process.
Paragraph 2.88 - We recommend Medicare negotiate a reciprocal billing arrangement with the Province of Quebec, based upon the arrangements now in place between New Brunswick and other provinces.	Bi-lateral discussions with the province of Québec have been deferred because of COVID-19.
Paragraph 2.91 - We recommend Medicare's contracts with Service New Brunswick and Medavie Blue Cross be amended to include performance metrics and related reporting requirements.	The analysis and negotiations of the current contract was delayed because of the Department of Health's response to COVID-19.
Paragraph 2.96 - We recommend that Medicare prepare a staffing plan to help it develop the capacity to implement necessary changes to the Medicare card program while maintaining current operations at an acceptable level.	Medicare has submitted a request for additional resources.

Paragraph 2.99 - We recommend Medicare: • develop key performance indicators to allow assessment of Medicare performance; • set performance targets and measure actual results against those targets; and publicly report the results on an annual basis.	Over the past year, Medicare worked with the Planning, Performance and Alignment Branch to establish performance indicators.

Name and year of audit area with link to online document	Recommendations Total
Addiction and Mental Health Services in Provincial Adult Correctional Institutions - 2018	17

Adopted Recommendations	Actions Taken
Paragraph 3.58 - We recommend Health provide clear direction through legislation and regulation as to who is responsible for health services including addiction and mental health services in provincial correctional institutions.	A Primary Health Care vision and model of care for correctional health will be developed and an implementation plan completed over fiscal 2020 -2021. The primary health care services model for correctional institutions will be brought forward in a MEC to government including any additional funding and/or requirements for legislative amendments so that responsibility for health services is transferred for fiscal 2021-22.
Paragraph 3.67 - We recommend Health, in consultation with Public Safety and other relevant parties, complete an integrated service delivery model for addictions and mental health services in New Brunswick correctional institutions. Existing agreements should be redrafted to meet the requirements of this service delivery model.	The integrated continuity of care model is still in development by a subcommittee, taking lessons learned from Saint John Correctional Case Management model and the Changing Directions model being piloted in Moncton and Miramichi.
Paragraph 3.72 - We recommend Health and Public Safety collaborate to capture and share addiction and mental health data. This data should be used to identify addiction and mental health needs in New Brunswick correctional institutions and develop strategic service delivery plans.	DH completed process map of current state in collaboration with DPS and provided the Health Analytics branch with the data elements requested.
Paragraph 3.84 - We recommend Public Safety (Corrections) in consultation with Health implement a recognized mental health screening tool in the admissions process.	Two mental health screening tools were tested, and one is now being used in the Saint John Correctional Centre upon admission by nursing staff to help identify clients who require addictions and/or mental health follow up. Plans are underway to expand use of this tool to other centres.

Paragraph 3.90 - We recommend Health, in coordination with Public Safety, provide training on mental health screening to nursing staff and admission officers.	Two mental health screening tools were tested, and one is now being used in the Saint John Correctional Centre upon admission by nursing staff to help identify clients who require addictions and/or mental health follow up. Plans are underway to expand use of this tool to other centres. DH provided training for the Nursing staff to use these screening tools.
Paragraph 3.93 - We recommend Health ensure nursing staff within a correctional institution receive access to, or notification of, client records in the Client Service Delivery System (CSDS). This will allow validation of treatment history and treatment options.	Privacy officers from DH, DPS and RHAs have been conducting preliminary privacy assessment in collaboration with departmental staff to identify and mitigate privacy risks. Next steps involve the development of a training plan and provision of training the nursing staff to use CSDS.
Paragraph 3.100 - We recommend Public Safety amend its admission process to: • eliminate duplication of effort in admissions; • improve the quality of inmate mental health data; and • incorporate best practices in mental health screening.	Two mental health screening tools were tested, and one is now being used in the Saint John Correctional Centre upon admission by nursing staff to help identify clients who require addictions and/or mental health follow up. Plans are underway to expand use of this tool to other centres.
Paragraph 3.105 - We recommend Health and Public Safety ensure inmates flagged from the screening protocol be referred to a qualified mental health professional for a comprehensive mental health assessment to develop a treatment plan.	Addictions and Mental Health is in the process of hiring 6 social workers in institutions to fill clinical gaps in services. To date, one position has been introduced in Saint John with plans to expand to other institutions. Next steps involve the development of an implementation committee to oversee the continued development of the role of the social workers within correctional centres. This work includes developing clinical practice guidelines and protocols as well as identifying training requirements and elements to consider for evaluation and monitoring.
Paragraph 3.117 - We recommend Health and Public Safety collaborate to ensure addiction and mental health counselling and therapy treatment options are available for inmates in provincial correctional institutions.	The integrated continuity of care model is still in development by a subcommittee, taking lessons learned from Saint John Correctional Case Management model and the Changing Directions model being piloted in Moncton and Miramichi. Addictions and Mental Health is in the process of hiring 6 social workers in institutions to fill clinical gaps in services. To date, one position has been introduced in Saint John with plans to expand to other institutions.

Paragraph 3.118 - We recommend Health and Public Safety use integrated clinical teams for assisting adults in custody, similar to the approach taken in the youth facility.	The integrated continuity of care model is still in development by a subcommittee, taking lessons learned from Saint John Correctional Case Management model and the Changing Directions model being piloted in Moncton and Miramichi. Addictions and Mental Health is in the process of hiring 6 social workers in institutions to fill clinical gaps in services. To date, one position has been introduced in Saint John with plans to expand to other institutions.
Paragraph 3.119 - We recommend Health and Public Safety support community-based addiction and mental health programs to treat inmates inside the correctional institution due to the logistical and security challenges of bringing inmates to community treatment centres.	The integrated continuity of care model is still in development by a subcommittee, taking lessons learned from Saint John Correctional Case Management model and the Changing Directions model being piloted in Moncton and Miramichi. The intent of the 6 new social work positions is to provide some addictions and mental health treatment on site in the correctional centres and to facilitate on-going continuity of care by working closely with community service providers to enhance their involvement while clients are incarcerated.
Paragraph 3.124 - We recommend Health ensure addiction treatment services are made available to inmates in provincial correctional institutions.	The integrated continuity of care model is still in development by a subcommittee, taking lessons learned from Saint John Correctional Case Management model and the Changing Directions model being piloted in Moncton and Miramichi. Addictions and Mental Health is in the process of hiring 6 social workers in institutions to fill clinical gaps in services. To date, one position has been introduced in Saint John with plans to expand to other institutions.
Paragraph 3.130 - We recommend Public Safety and Health ensure all provincial correctional institutions have continuous access to emergency mental health services.	Addictions and Mental Health is in the process of hiring 6 social workers in institutions to fill clinical gaps in services. To date, one position has been introduced in Saint John with plans to expand to other institutions. Although these positions will not be able to provide continuous access to emergency mental health care, the implementation committee will explore options to enhance access to emergency care.
Paragraph 3.134 - We recommend Public Safety implement a formulary for medications for use within all provincial correctional institutions. Where possible the formulary should be aligned with drug protocols in Federal penitentiaries.	The design phase of the Primary Health Care vision and model of care for correctional health and implementation plan will be inclusive of design and development of an operating model that includes medical oversight and delivery of pharmaceutical drugs.

Paragraph 3.140 - We recommend Public Safety implement an individualized protocol approach for inmates with mental health issues in segregation such as is used by Correctional Service Canada. Individualized protocols should be integrated into treatment plans and reviewed by mental health professionals.	Protocols are in development related to inmates with mental health issues and use of segregation. Individualized protocols will be part of treatment plans and reviewed by mental health professionals as part of case management.
Paragraph 3.151 - We recommend Health and Public Safety map out all services currently available to clients with addiction and mental health issues who are also involved in the criminal justice system. This information should then be used when developing the integrated service delivery model.	A mapping of services currently available to clients with addiction and mental health issues who are also involved in the criminal justice system was completed.
Paragraph 3.152 - We recommend Health and Public Safety develop appropriate protocols to ensure continued services for addiction and mental health clients who are placed in custody in provincial correctional institutions.	The integrated continuity of care model is still in development by a subcommittee, taking lessons learned from Saint John Correctional Case Management model and the Changing Directions model being piloted in Moncton and Miramichi. The role of the social workers will include facilitating continued community-based involvement when an individual is incarcerated.

Section 2 – Includes the reporting for years three, four and five.

Name and year of audit area with link to online document	Recommendations	
	Total	Implemented
Meat Safety – Food Premises Program, 2016	23	18
Horizon and Vitalité Health Networks and the Department of Health Infection Prevention and Control in Hospitals, 2015	2	2

Report on the *Public Interest Disclosure Act*

As provided under section 18(1) of the *Public Interest Disclosure Act*, the chief executive shall prepare a report of any disclosures of wrongdoing that have been made to a supervisor or designated officer of the portion of the public service for which the chief executive officer is responsible. The Department of Health received no disclosure(s) of wrongdoing in the 2019-2020 fiscal year.