

# Health System Overview

## Medicare and Insured Services

New Brunswick, and other Canadian provinces and territories, must comply with the requirements of the federal Canada Health Act to maintain their eligibility for the Canadian Health Transfer. The Canada Health Act ensures that all Canadians have access to medically necessary physicians and hospitals services are provided to Canadians regardless of their ability to pay. The provinces decide how and where services are provided. The Act does not cover prescription drugs outside of hospital, home care, long-term care or dental care. Ambulance services are also not considered to be an insured service under the Canada Health Act.

New Brunswick’s physicians are paid for their services through the Medical Services Plan, which is developed through negotiations with the New Brunswick Medical Society. The Medical Services Payment Act determines which services are eligible for coverage and which are excluded.

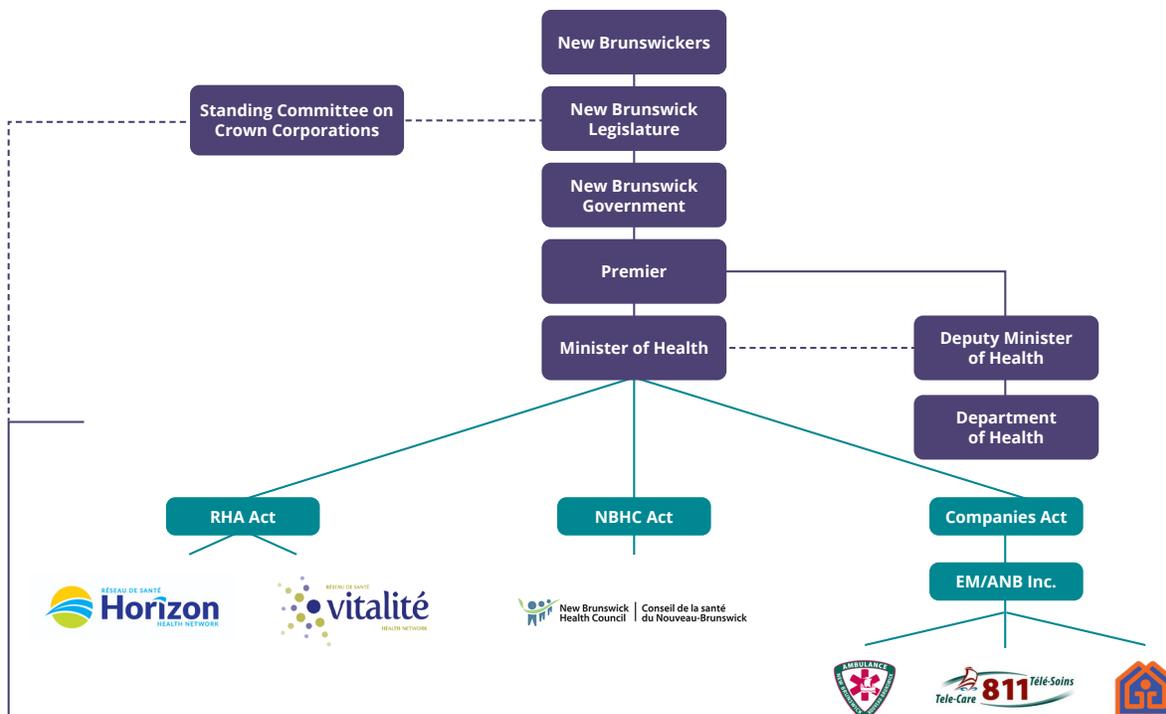
New Brunswick residents are entitled to certain in-patient and out-patient hospital services. Insured in-patient services include accommodation and meals, nursing, laboratory and diagnostic procedures, drugs, use of

facilities (e.g. surgical, radiotherapy, physiotherapy, and the services provided by professionals within the facility).

Insured out-patient services in a hospital facility include the hospital component of available outpatient services for maintaining health, preventing disease and helping diagnose and treat any injury, illness or disability. These include laboratory and diagnostic procedures. However, those related to the provision of drugs or third-party diagnostic requests are excluded.

Not all highly-specialized services are available in-province. New Brunswick has formal agreements for reciprocal billing of insured hospital services with all Canadian provinces and territories. New Brunswick will reimburse other provinces where its resident receives medical service in an out-of-province hospital in Canada, and vice-versa. New Brunswick also has reciprocal agreements with all provinces except Quebec for the provision of insured physicians’ services. Services provided by Quebec physicians to New Brunswick residents are paid at Quebec rates, if the service delivered is insured in New Brunswick.

## These organizations provide services under the purview of the Minister of Health:



### Regional Health Authorities

New Brunswick's two health authorities, Horizon Health Network and Vitalité Health Network, operate in English and French respectively. While each health authority operates in its official language, each must provide health services to patients in the official language of their choice.

The RHAs manage and deliver patient services through many different points of service. This includes:

- 24 hospitals, providing various levels of care. Based on volumes and complexity of cases, they are categorized as follows:
  - » Four large hospitals and six medium-sized hospitals that provide services such as clinics, emergency, family medicine, a variety of specialized services, and palliative care. These services vary depending on the size of the facility.
  - » 12 small hospitals, nine of which have urgent care centres and three which have emergency rooms due to their distance from regional facilities. These facilities primarily offer chronic care beds for patients awaiting long-term care placement.
  - » Two tertiary hospitals – the Restigouche Hospital Centre and the Stan Cassidy Centre for Rehabilitation.

- Seven community health centres, using multidisciplinary teams of health providers to provide primary health care services, illness and injury prevention, chronic disease management and community development services.
- 28 health service centres, providing primary care physicians or outreach services, or both, with nursing and administrative support in an office practice setting.
- 14 community mental health centres, delivering mental health services and managing core community-based programs, including: acute services, child and youth services and adult long-term care services.
- 8 addictions services centres, delivering addictions services directed at prevention and promotion, protection and provision of care. Most programs are community-based, although short- and long-term residential services are also available.
- 18 public health offices, delivering public health programs and services including: communicable disease prevention and control, immunization, Early Childhood Intervention Program, sexual health services, HIV testing, Healthy Learners Program and healthy eating/nutrition programs.

#### **The RHAs also work collaboratively with the Department of Health to provide the following provincial programs and services:**

- » [NB Heart Centre](#)
- » [NB Organ and Tissue Program](#)
- » [NB Perinatal Health Program](#)
- » [NB Stem Cell Transplantation Program](#)
- » [NB Trauma Program](#)

The Regional Health Authorities Act requires the Minister of Health to provide a provincial health plan to provide guidance to the RHAs in the delivery of health services. The RHAs then use the plan to manage existing-health care resources, develop new programs and make financial decisions. These plans and decisions are submitted to the Minister for approval in a regional health and business plan.

The RHA boards have 15 voting members, eight of whom are elected and seven appointed. All members serve a four-year term. The board also includes three non-voting members; the chief executive officer (CEO), the professional advisory committee chair and the medical advisory committee chair. The Minister appoints the chair from the 15 voting members. The Minister also appoints the CEO but the CEO is accountable to the board of directors and must act within the policies and directions of the board.

## **EM/ANB Inc.**

EM/ANB Inc. provides most Extra-Mural and all ambulance services in New Brunswick. It employs about 1,000 paramedics working around the clock to provide services to New Brunswickers. The fleet consists of more than 130 ambulances responding to over 100,000 calls each year. It also employs about 900 full-time Extra-Mural Staff who conduct over 450,000 visits across New Brunswick each year, working out of 29 office locations with a fleet of 515 vehicles. Extra-Mural staff provide home health care services including: acute care, palliative care, home oxygen program, long term care assessment and rehabilitation.

EM/ANB Inc. is a Part III Entity under the Companies Act that is managed under contract by Medavie Health Services New Brunswick under two, separate performance-based contracts. Ambulance services are provided under the Ambulance New Brunswick brand. Extra-mural services continue to be provided by nurses and other allied health professionals employed by the Extra-mural program.

## **The New Brunswick Health Council (NBHC)**

The NBHC is an arm's length organization which measures, monitors and evaluates the performance of New Brunswick's health system. It conducts public consultation and satisfaction surveys and issues reports on population health and primary and acute care satisfaction. It provides recommendations to the Minister to improve health care. It is governed by the New Brunswick Health Council Act, its bylaws and its annual business plan, which is approved by the minister.

The NBHC is a Part III Crown Corporation with a 12-member board who is appointed by the Lieutenant-Governor-in-Council for a three-year term. No member may serve more than two consecutive terms. The Lieutenant-Governor-in-Council appoints the chair from the council. The council chooses the Chief Executive Officer, who is appointed by the Lieutenant-Governor-in-Council.

### Medical Education and Research

High-quality health research drives clinical improvement, helps to attract and retain scarce health human resources and promotes a culture of innovation and change in the health-care system. A recent Canadian Medical Association Journal (CMAJ) article suggests that Canada's approach to clinical research is insufficient. The article notes that, "problems that impede the efficiency and productivity of clinical research in Canada include inefficient research infrastructure, fragmented research and a culture of research being separate from clinical practice." The CMAJ suggests that Canada adopt a model similar to that of the National Health Service in the United Kingdom where clinical research is embedded in health the system itself.

New Brunswick has historically been under-invested in health research mostly due to the absence of undergraduate and graduate medical training programs. Since the introduction of the Université de Sherbrooke's family medicine program at the Université de Moncton in 2006 and the subsequent creation of Dalhousie Medicine New Brunswick at the University of New Brunswick – Saint John in 2010, increasing investments have been made in research to facilitate the recruitment and retention of highly skilled physicians and to capture a growing share of the multibillion-dollar Canadian health research enterprise.

Since the inception of the New Brunswick Health Research Foundation (NBHRF) in 2008-2009, Government of New Brunswick funding has increased from roughly \$0.8 million to \$5 million in 2017-2018. In total the New Brunswick government has invested approximately \$22.3 million in the NBHRF during its first 10 years of operation. In that same period the NBHRF provided a return on invested capital of at least 74 per cent and likely as high as 93 per cent. That means that for every dollar invested in the NBHRF, between \$1.74 and \$1.93 was returned to the province through employment, spending on good

### Partners

In addition, several departments are also responsible for the delivery and support of health services in New Brunswick. For example, the Department of Social Development is responsible for the delivery of many services to the elderly, including long-term care services.

and services, and government revenues. In addition, investment in health research also builds capacity in health research enterprise. This leads to increased success and economic growth by attracting additional funding dollars from external sources as well as attracting highly qualified professionals to the province.

Research is being conducted within the Horizon Health Network, the Vitalité Health Network, the University of New Brunswick (Fredericton and Saint John) the Université de Moncton, Mount Allison University, St. Thomas University, Dalhousie Medicine New Brunswick and the Atlantic Cancer Research Institute. Support for these researchers is provided through both regional health authorities and through the Maritime SPOR Support Unit. The work is funded by granting agencies such as the New Brunswick Health Research Foundation, the Canadian Institutes for Health Research, charitable organizations and the pharmaceutical industry.

An example of research happening within Vitalité Health Network is the establishment of clinical learning units. These regional, multidisciplinary, solution-oriented teams seek to improve health-care delivery by filling gaps and identifying problems in clinical care. Patients are full-fledged members of these teams and their perspectives and lived experiences help to shape each unit's research agenda. By bringing together patients, clinicians, researchers, health professionals and decision-makers, clinical learning units are a means of achieving this goal and organizations can continue to be active partners in this process.

The Department of Health and the New Brunswick Health Research Foundation are working with Opportunities New Brunswick, the Regional Development Corporation and the New Brunswick Innovation Foundation on a research and innovation framework to guide New Brunswick's participation in this critical sector.

In addition, Service New Brunswick provides essential support to the entire health-care system, including various IT systems.