

Extra-Mural Program Interim Review

June 2019

Introduction

In keeping with the promise to review the service agreement with Medavie Health Services New Brunswick for the management of the Extra-Mural Program (EMP), this report provides an overview of the performance to date. While final 2018/19 year-end data is not yet available, this report uses preliminary data to assess the degree to which performance goals are being met.

Transition to EM/ANB

Since 1981, the Extra-Mural Program has provided comprehensive health-care services to New Brunswickers of all ages in their homes (personal residence, special care home, nursing home) and/or communities.

This publicly funded program has a mandate to:

- Provide an alternative to hospital admissions;
- Facilitate early discharge from hospitals;
- Provide an alternative to or postponement of admissions to long-term-care facilities.

The EMP was founded as a provincial public entity with a board of directors. Between 1996 and 2017, it was managed by the two regional health authorities, Horizon and Vitalité.

As of January 1, 2018, responsibility for the EMP moved to Extra-Mural/Ambulance New Brunswick Inc. (EM/ANB). EM/ANB is a public Part III company and the EMP remains a provincial, publicly funded program governed by the EM/ANB board of directors.

The board is responsible to contract and govern the EM/ANB administration for the provision of the EMP through management of key performance indicators and adherence to policies outlined in the Department of Health Extra-Mural Program provincial policy manual, health system bulletins, legislative acts and associated regulations which support the direction of the delivery of the program and services.

Medavie Health Services New Brunswick is responsible, through a service agreement with EM/ANB, to manage EMP services while ensuring home health-care services are available and delivered according to established policies and standards.

By leveraging the health-care assets that are already available in the community and utilizing appropriate care co-ordination and management of patients with complex needs, it is expected that New Brunswickers will receive the appropriate care, at the appropriate time, at the appropriate place, by the appropriate provider.

Status Update

Since the transition, work has focused on the provincial integration and standardization of services and support for both patients and staff. This involved a roadshow by senior staff from Medavie Health Services New Brunswick who met with Extra-Mural Program employees around the province; the implementation of a provincial leadership structure with areas of focus such as palliative care, technology and innovation, and seniors care; enhanced partnerships and collaboration with primary care and an increased focus on clinical practice leadership.

The service agreement with Medavie Health Services New Brunswick contains several indicators with incentives and penalties attached to encourage performance. While data is still preliminary, initial results show an improvement against the established baseline for all indicators except for one.

Early data shows that EMP patients are making fewer emergency department visits, indicating they are receiving regular and appropriate care by EMP professionals at home (see Table 1 for detail).

At the same time, wait times for care are decreasing (see Table 1), and patients are better able to access timely and appropriate home health care. In a recent home care survey by the New Brunswick Health Council that included some patients who accessed EMP services during and after the transition to EM/ANB, 94.1% of respondents indicated that services started as soon as needed. This compares to 94.3% in 2015.

Referrals from primary care providers in the community are increasing (see Table 1), indicating an improvement in access to EMP services. The goal is for EMP to be the first choice for the medical community, ensuring patients receive appropriate and cost-effective care options, thereby avoiding unnecessary emergency department visits or hospital admissions.

The number of visits made by EMP professionals is below the established baseline (see Table 1). In part, this has been driven by the number of staff vacancies early after the transition to EM/ANB. In January 2018, approximately 90 vacancies were reported but this has since been reduced to under 25.

Patient satisfaction remains high (see Table 1). In the recent New Brunswick Health Council home care survey 95.3% of patients surveyed were satisfied with the services they received, up from 95.1% in the 2015 survey. The report also notes that the EMP has the highest positive rating of all services evaluated by the New Brunswick Health Council with respect to overall satisfaction. This survey also included data from patients prior to the transition to EM/ANB.

Table 1: Performance Estimate (October 2018 - March 2019)

Indicator	Baseline	Preliminary Performance
New Referral to Care Time (Median)	3 days	2 days 
New Referral to Care Time (90th Percentile)	33 days	29 days 
Emergency Department Visits per EMP Patient Served – Note 1	0.60	0.37 
Referrals from Primary Care Providers In the Community*	3,713	3,928 
Visits to patients by EMP Professionals*	248,886	241,977 
EMP Patient Satisfaction	95.1%	95.3% 

*Annual baselines have been pro-rated to reflect measurement over six months.

Note 1: This equates to a reduction of 1,458 ED visits

Conclusion & Future Direction

Based on the initial analysis of performance to date and the strength of the service agreement, including performance-based incentives and penalties in place between EM/ANB Inc. and Medavie Health Services New Brunswick, the Department of Health is confident to continue the service agreement with Medavie Health Services New Brunswick. The Department of Health will continue to monitor and review the Extra-Mural Program performance according to the established monitoring and accountability framework.

Detailed information on performance will be published on an ongoing basis in the EM/ANB annual report. Future direction for the Extra-Mural Program will include:

- Increased integration and collaboration with Ambulance New Brunswick;
- The implementation of a Health Services Co-ordination Centre (HSCC), a health-care hub that will co-ordinate service options in the community and assist patients to navigate available services;
- Creating a platform to manage patients with complex needs, that may frequently utilize the acute care system for primary health-care needs.

The Department of Health remains responsible for the overall direction of the program in consultation with the regional health authorities, physicians and other stakeholders, and ensuring the mandate and philosophy of the EMP remain in place.