



NEWFOUNDLAND  
AND LABRADOR

**HEALTH  
BOARDS  
ASSOCIATION**

**RESPONSE TO**

*Reaching Consensus and  
Planning Ahead*

**HEALTH FORUMS 2001**

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## 1 INTRODUCTION

The Newfoundland and Labrador Health Boards Association (NLHBA) welcomes the opportunity to contribute to the planning discussions on the health system for the future in this province. The Minister of the Department of Health and Community Services (DOHCS) has arranged for and participated in a series of regional Health Forums to be held across the province of Newfoundland and Labrador with participation from invited stakeholders in each region. The Health Forums are intended to facilitate meaningful discussions on the questions identified in *Reaching Consensus and Planning Ahead*, the document developed by the Government as a resource for the consultations. The recommendations developed from the Health Forums will feed into the planning process that is under way for the health system. The goal for the process is a strategic plan for the health system, dovetailing with and complementing the Strategic Social Plan (SSP).

Our three key messages and comments on individual questions in the Health Forum document are discussed below.

## 2 KEY MESSAGES

### **2.1 Key Message #1: Is there a Need for a New Model for the Health System?**

*The NLHBA strongly supports our current population health based model for the health system, the implications of which are still working their way through the system.*

The principles of the current model for the health system in this province are solidly based on contemporary population health thinking, evidence and research about what makes individuals and their society healthy and are widely supported by health managers, researchers and professionals in this province, nationally and internationally.

The vision articulated in the provincial Strategic Social Plan, adopted in 1998, of “a healthy, educated, distinctive, self-reliant and prosperous people living in vibrant, supportive communities within sustainable regions” relies on the same population health

principles, and brings a high level strategic direction to public policy in this province. Canada-wide support for basing health systems on population health principles is reflected in health reports from national organizations such as the Canadian Institute for Health Information and the Canadian Public Health Association. The Canadian Institutes of Health Research, the Canadian Health Services Research Foundation and the Centre for Applied Health Research also have broadened their mandate, allocating funding for health research according to broader population health principles as well as pure medical research.

On several occasions during the Health Forums process, Minister Bettney has stated her intention to develop “a new model” for the health system. The NLHBA takes these statements very seriously in view of discussions in other provinces and federally that appear to be considering such about-turns in principle as user fees, and therefore look forward to clarification of the “new model.”

### 2.1.1 Current Model for the Health System

- In 1994, the restructuring of the health system began with the appointment of regional health boards to operate the health services in each region of the province.
- In 1997, DOHCS and NLHBA jointly worked on the articulation of a new model for the health system, basing their discussions on the broadened definition of health developed by the World Health Organization and the growing understanding of the role of non-medical factors in the overall health of a population.
- Based on population health principles, key determinants of health were recognized to include lifestyle, socio-economic factors such as employment and family issues, physical environment, biology and genetic heritage.
- The document that was produced, *Framework for a Redesigned Health System in Newfoundland and Labrador (1997)*, laid the foundations for a healthy public policy and guiding principles for the regional development of health services that would more effectively address the health needs of the population, using three levels of health services, primary, secondary and tertiary.

- In 1998, in keeping with the general principles of the Strategic Social Plan, the mandates of the four Community Health Boards were significantly broadened and they became the regional Health and Community Services Boards. The Health and Community Services Boards were mandated to deliver programs and services in continuing care, mental health, addictions, health promotion, disease control and epidemiology, child, youth and family services, community corrections and youth diversion programs, and adult services. Over the following three years, these programs and services have been devolving to the four Health and Community Services Boards and the two Integrated Boards, the Grenfell Regional Health Services Board and Health Labrador Corporation.
- Integrating services from the former Community Health Boards with the Child Welfare, Community Corrections, and Family and Adult Rehabilitative Services from the Department of Human Resources and Employment was intended to provide a continuum of care in the community based on principles of early intervention, prevention and interdisciplinary teamwork and offering a coordinated, single entry access to services.
- Institutional Health Boards have been streamlining their approach to acute care, in an ongoing adjustment to the changes in the health system resulting in new ways of delivering services, expansion of programs and addition of new programs

### 2.1.2 Current Model: Requirements Still to Come

The fact that there is a satisfactory model for the health system in this province that is well-supported in principle does not, of course, mean that the NLHBA feels that the overall situation in the health system is proceeding in the best manner possible. There is plenty of room for improvements to enable the model to fulfill its potential and ensure that the system will achieve the anticipated results. There are gaps to be filled and obstacles to be removed, some due to policies and practices remaining from the previous medical model, some arising from unforeseen outcomes of reform. Political resolve and support are needed for the difficult decisions on programs and services that may have to be made under the strategic health plan in order to deliver the best health services possible with available funding.

There has not been time for the changes inherent in the current model to be thoroughly implemented throughout the health system. There has certainly not been time over the past five years of constant change to assess and evaluate the effectiveness of this model. The most recent stage in the restructuring of the health system, the integration of services, began only three years ago and is still ongoing. A wide range of innovative health services and programs are under way, in the pilot stage or still at the planning stage. There is not enough public awareness of these changes and new perspectives.

Funding projections that link population needs to budgeting are needed to support services and programs and to continue to administer the health system according to the principles of the Strategic Social Plan. Additional funding is needed to implement the change to prevention and early intervention principles, since the need for crisis intervention at one end of the continuum is not met by establishing programs and services in prevention and early intervention at the other end of the continuum. Over the past five years, the institutional health boards have faced increasing, more acute population needs, and increasing costs and more demands on their funding from every aspect of their operations. However, many participants in the Health Forums agreed that there are sufficient funds in the health system currently. The NLHBA recommends that the utilization of those funds be reviewed with a focus on gaining efficiencies and evaluated according to the model and the goals of a strategic health plan to be developed by the planning process. The review of the primary health sector will be a crucial element for consideration in this regard.

Decisions on the availability, extent and location of programs and services need to be made by Government in the light of available funding and in the context of an overall strategic plan.

## **2.2 Key Message #2: Support for Strategic Planning**

*The NLHBA welcomes and supports the strategic planning initiative by DOHCS as an essential component of an effective health system that is currently missing from our provincial health system.*

A major NLHBA theme for advocacy purposes has been to lobby at every opportunity for a strategic plan for the health system to complement the new strategic directions and to use for long-term planning, monitoring and evaluation. A strategic plan will guide the operations of the system and lead to a culture of continuous improvement in which all participants know where they are going and are able to measure their progress towards their goals.

It has been clear throughout the process of health system reform that the elements that are missing are vital to the effectiveness of the model. The absence of consistently applied province-wide operational goals, standards and benchmarks and clear population needs-based criteria for the allocation of funds, has inhibited long term planning by Health Boards. Treasury Board has developed an accountability framework for government, agencies and boards that also calls for all parties to develop a strategic plan for their organizations. It is not possible to make the best decisions on the most effective and efficient usage of health resources, human, capital or financial, without basing them on an agreed-upon strategic plan.

Decisions are needed on the services that should be offered, the locations for those services, the needs of the population and whether certain needs will be met, based on what the province can afford.

**2.3 Key Message #3: Evidence-based Decision Making and Change**  
*No decisions on change should be made without good evidence that the proposed change will improve the health system.*

This is particularly important since the health system in our province has been in a state of flux over the past seven years. Even with evidence from such initiatives as Primary Care Reform Research and the research by Dr. Pat Parfrey, we are very slow to implement change. Health systems have been faulted in the past for not basing decisions on reliable evidence, and there is a national consensus that health services and accountability are greatly improved by evidence-based decision making.

The Health Forums have provided an excellent opportunity for stakeholders to gather at various locations for fruitful discussions on questions as specific as the ideal number of regional health boards. The next step should be to investigate the recommendations from the Health Forums to ensure that the recommended change would offer demonstrated improvements, using available human, physical and financial resources more effectively and better addressing the population's needs.

A stable period of reflection and evaluation of where we are now in the health system is needed at this point. Taking into account the operational challenges due to ongoing change, no further changes should be attempted unless the recommendations for action:

- firstly, are supported by reliable evidence generated by a thorough evaluation of the system, and
- secondly, support the goals of the strategic health plan.

We need at this point to take the time to undertake a systematic evaluation of the health system from the perspective of effectiveness, efficiency and meeting the needs, not just to count how much money is being spent and where. At present, little or no data has been gathered on the effectiveness of the model as compared with the former way of running the health system. How is the health system doing? We do not know and have few or no

criteria for measuring its status. We have only a little work completed on evaluation of the regionalization of the institutional service delivery. The integration of services from the Department of Human Resources and Employment, after three years of constant change, must be completed and stabilized before evaluation can be implemented. This evaluation must take place in order to fulfill the required accountability needs of the health system. The reliable data that has been generated, provincially or nationally, has not been effectively acted on. To improve the system, solid evidence is required on how well the current system is working in order to identify areas for improvement and craft evidence-based solutions.

From a comparative point of view, evaluation will be hampered by the lack of an overall strategic health plan to date, but can be undertaken initially using the individual Health Boards' strategic plans, such standards and guidelines as currently exist, and other planning initiatives that have been taken into account in the past for policy and operational decisions. Decisions for rationalizing and improving the health system will then be based on existing data and full evaluation, addressing all aspects of the proposed change, including the effect on other services and human and financial resources that will be required.

### **3 HEALTH FORUM QUESTIONS**

Health Boards appreciated the opportunity to participate in the regional Health Forums and found it to be a positive experience, enabling a structured discussion amongst people from a variety of backgrounds and generating consensus on a number of approaches. We expect that any actions resulting from Health Forums recommendations will recognize that the controlled format and selected audience necessarily ruled out in-depth discussion and that the discussion was restricted to the selected issues without the chance for public input at the table.

The three Key Messages outline the NLHBA's recommendations on how to proceed with the next stage by using a long-term strategic approach rather than a short-term quick fix.

The comments on individual Health Forum questions assume that the three Key Messages will be applied in examining each question.

Everyone looks forward to moving proactively past the period of unprecedented change and reform, towards a stable and sustainable health system based on population health principles.

### **3.1 Individual Health Forum Questions**

#### **Questions 1, 2, 3 – Boards, Board Numbers and Governance**

There is no one answer to any of these questions. Although, as noted in the Health Forums document, we have the population of a mid-sized Canadian city, we also have the geography of the United Kingdom, a country with a population of approximately 60 million. Health Boards support the move towards a better continuum of care, but that does not necessarily require a reduction in the number of Health Boards in all regions. Each region should be individually reviewed and any proposed changes should be based only on clear evidence of benefit. It is clear that there will be no significant overall cost savings by reducing the number of boards, so it is important to evaluate the potential benefit to each region in terms of more effective use of those funds resulting in better population outcomes. Past board reorganization still has negative repercussions in some regions so changes should be approached with caution. In many regions, Health Boards are already co-ordinating their approach to select programs and services, and it may be that enhanced partnerships will prove to be the best option in some of those regions.

As far as governance is concerned, government has asked about various options. Health Board Trustees rival school board trustees for the most under-appreciated volunteers in the province. Taking this into account, questions asked include whether there will be enough candidates for an election, since they would be drawing upon the same pool of potential candidates as the school boards. School board elections have not been strongly supported by voters. Whether elections for health boards are to be implemented or not,

serious consideration should be given to methods for attracting more candidates and retaining the trustees currently appointed.

#### **Questions 4, 5 and 6 – Health Services Funding**

The first step that should be taken is to institute a strategic framework for the allocation of health funds. The development of a strategic health plan, accompanied by a strategic funding formula with open and defensible population health principles for allocation of funds, will significantly enhance the administration of health funding. We understand that, as part of the overall planning discussions, the Health and Community Services Planning Committee is considering the funding formula based on population needs-based principles that was developed by NLHBA for discussion with DOHCS. The strategic health plan will hopefully offer operational goals, standards and benchmarks for programs and services. NLHBA believes that the adoption of clear and open strategic funding criteria based on population principles will clarify the allocation process, enhance partnerships among Health Boards and ensure that funding is allocated according to priority strategic goals for the health system. Reallocating funds within the health system itself should include reviewing all the current services currently included under the umbrella of “health” in order to determine whether they should be included or be pursued by other means, such as partnerships.

This strategic framework will go a long way towards discouraging *ad hoc* decisions in this area and resolving the ongoing discussions in the health system on the way that funding is allocated and whether the process is fair and equitable. A certain amount of reallocation will necessarily take place according to the principles of the strategic plan, and the targeting of priority areas with funding will help the health system to fulfill its potential. As stated in the introduction to this brief, it takes a generation for the benefits of the current health system model, based on population health principles, to work its way through the system. Until then, both crisis intervention and early intervention and prevention will need to be in place.

Health Boards agree that user fees are not a good idea as they penalize the most vulnerable members of our population, the working poor, children and the elderly, and lead to a two-tiered health system. Public funding of the health system is widely supported in this province. However, a comprehensive review and evaluation of the health system should include identification of core services to be provided by government, together with an analysis of the appropriate mix of public and private services that the health system can sustain. An education campaign should be undertaken to clarify for the public what is offered by the health system, so that public expectations are not allowed to grow unchecked by the realities of the health system. Challenges of rising drug costs must be met with co-operative inter-provincial structures to manage and control costs and the NLHBA welcomes the recent beginning of that process for the Atlantic provinces. Teams of providers working together in an integrated fashion offers a new model for primary health services for which federal funding is available. We have the tools and need to refine and apply them to renew our publicly funded health system.

#### **Questions 7, 8 and 9 – Wellness Focus**

As identified in the three key messages, the NLHBA supports this as a crucial element of our current population health model.

Wellness and health promotion initiatives, however, are not cost-free and it is imperative to focus on these elements in funding allocation and goals for the system. Currently most of the funding in the health system goes to medical-based services run by institutional boards, hospitals and physician services.

In addition to the funding, there is a perception and understanding problem. Most of the attention is paid to the medical model and most of the attention from the media also goes to the medical model. We have not done a good job of publicizing the population health model and the benefits of a focus on early intervention and prevention. Outside the health system there is little understanding that over the past six years a major shift in focus has occurred. A wellness focus requires a change in mindset in all corners of the health system towards early intervention and prevention. In a very real sense many of the

problems in the health system today are communication problems and should be addressed as such.

The Strategic Social Plan and the development of a strategic health plan will help to clarify the role of DOHCS in enhancing the wellness of the population and avoid expanding the focus of DOHCS to encompass all social and economic wellbeing in the population. To address poverty or obesity, for example, requires partnerships of a number of different departments, not DOHCS alone. A wellness focus requires a comprehensive public strategy through the SSP to help people understand the issues involved and take responsibility for their own lifestyle.

### **Questions 10, 11, 12 and 13: Health Services Delivery Model**

The NLHBA is on record over the past few years as arguing for a strategic health plan with operational goals, standards and benchmarks. These are essential for the broad principles identified in the Health Forums document: accessibility, quality, accountability and sustainability. The NLHBA supports these principles as long as they are interpreted according to population health principles and meeting identified population needs, in order to fit with the strategic health plan that is under development and the Social Strategic Plan. The key here is to avoid starting another structure parallel with the strategic planning process, and possibly clashing in some respects with the overall strategic directions.

*Accessibility* as a broad principle will need to be carefully defined, with clear standards on which to base decisions for location of services. Under the *Canada Health Act*, reasonable access in terms of physical availability of medically necessary services has been interpreted using the “where and as available” rule. Thus, residents of a province or territory are entitled to have access to insured health services at the setting “where” the services are provided and “as” the services are available in that setting. The addition of *Quality* as a principle could affect the definition of accessibility, since to improve quality may alter accessibility, for example in clustering physicians to maintain and secure provision of services. The two do not always go together. *Quality* as a principle will also

require clear standards and guidelines for measurement and definition of quality delivery of a quality service. The NLHBA supports the principles of *Accountability* and *Sustainability*, and looks forward to both DOHCS and the Health Boards fulfilling their respective roles in the accountability framework.

The discussion of standards for location of health services is welcome and it is hoped that they will be developed and implemented as soon as possible, so that any relocation decisions can be based on and justified by the standards set by DOHCS. However, the discussion on Primary Health Care/Services must also develop clear goals, standards and guidelines, not just principles, in order for any new framework to function effectively. The NLHBA emphasises again the need for such province-wide, consistently applied goals, standards and guidelines to be developed throughout the health system. The movement towards Primary Health Reform is a positive and potentially effective initiative towards a health system that addresses current population needs.

The question on areas still to be addressed in the “health care” system presumably refers to the institutional side of the system, and will include such items as rationalizing waiting lists (one model for this is the *Western Canada Waiting List Project*), tighter use of acute care beds which will entail the development of more, and more varied, options for long term care, more options for home care, resolution of the drug needs of patients on early discharge from hospital and so on. However, the NLHBA believes that the best approach is to look at the health system as a whole, not just the institutional or just the health and community services sectors. Addressing these issues will require looking at the entire health system, and reallocating resources so that, for example, reliably accessible home care can ensure the care and safety of patients recently discharged from hospital or prevent hospitalization in the first place. Addressing an aspect of the health system separately does not improve the smooth functioning of the continuum of care and leads to dysfunctional decision-making, since anything that happens in one part of an integrated health system affects the rest of the system.

Any decisions made according to the principles and discussions on health services delivery should be thoroughly researched so that the changes are based on solid evidence indicating improvements and can be defended accordingly.

**Questions 14, 15, 16 and 17**

The Health Human Resources Planning Group, jointly managed by the NLHBA and DOHCS, is an important initiative now under way to gather reliable data on which to base decisions for human resources. To date efforts have been focused on three primary groups in the health system, dealing with recruitment and retention of nurses, physicians and allied health professionals, and have produced valuable data on which to base future planning.

Social workers comprise the second largest group, with physicians, of health human resources in the health system, working in a high-stress, highly qualified profession given little attention as health professionals in this province or in the Health Forums document. Social workers appear in the two tables, but are not mentioned in the accompanying discussion. As indicated earlier in this brief, a great deal of attention is paid to institutional health services, the only training and bursary programs currently funded are for institutional medical and health professionals, and this focus is illustrated in the Health Forums document discussion on Health Human Resources. In order for the health system to operate as intended with a population health focus, this will have to change.

**Questions 18, 19 and 20**

The major obstacles for accountability have been the lack of clear goals, standards and guidelines by which to measure and encourage progress, and lack of timely decisions on Health Board budgets. The NLHBA supports the accountability initiatives of Government as meeting the requirements set out by the Attorney General, and are ready to fulfill their role as identified in the Accountability Guidebook. The Guidebook also identifies and defines roles for Government and its Departments, which are essential for a fully functioning accountability system, and the NLHBA looks forward to DOHCS leadership in that regard.

With respect to individual responsibility for healthy lifestyles, the focus in the health system and DOHCS needs to turn from the crisis management mode towards supporting health promotion in a convincing and wholehearted way, accompanied by appropriate resources. Although a recent polling question sponsored by NLHBA showed that almost half the population supports a renewed focus on the promotion of a healthy lifestyle, even if it meant reducing funding for acute care, little real change in behaviour has occurred. There has been much discussion, even in the Health Forums document, about the importance of the high-level population health principles and the SSP, but whenever the discussion turns to details and concrete examples, it is always on a “medical model” topic. We need some solid plans, dedicated funds and health promotion goals to work towards and evaluate for evidence of progress.

Accountability to the public should start with clear goals to inform public expectations for the health system. Without a clear idea of what to expect, or of the parameters of our public health system and the available funding for a clear range of core services, the public are allowed to expect everything. If Government is open about what the health system can afford to offer to the population, the Health Boards can work with those realistic goals and meet expectations that are based on those goals. The August 2000 Final Report of the Provincial and Territorial Ministers of Health, *Understanding Canada's Health Care Costs*, has identified the cost-drivers and cost-accelerators that are always present in the prevention and treatment of disease. Without changing the standards and benchmarks for health service delivery, these costs will continue to increase.

#### **4 CONCLUSION**

The NLHBA welcomes the open discussions on the status of the health system in this province, and looks forward to the evidence-based decisions for the health system and the definition of clear goals, standards and benchmarks that will guide the health system in future and clarify public expectations.