

Moncton Pre-Election Town Hall on Major Health Care Concerns – Key Messages

Background

The September 24th provincial election provides an excellent opportunity for New Brunswickers to raise issues to politicians crucial to the future of physical and mental health care.

Save Your Skin Foundation and the Canadian Arthritis Patient Alliance put a spotlight on these issues by hosting a town hall in Moncton on July 31st at the New Brunswick Community College.

The town hall welcomed New Brunswickers to hear from a variety of experts who shared their insights on issues with New Brunswick's health care system and who challenged political parties to address and prioritize these issues as part of their election platform. This event was non-partisan and was not a forum for political debate.

The town hall included an impressive slate of participants including keynote speaker André Picard, author, health reporter and columnist for *The Globe and Mail*. André opened the discussion by covering a variety of topics and facts pertaining to Canada's health care system, as well as specific challenges experienced by those in New Brunswick. Overall, André emphasized that Canada's health spending is out of control and that it doesn't hold up to international scrutiny where other European countries can deliver more care more cheaply. He spoke about health care system sustainability which he explained depends on the products and services you decide to cover and what outcomes you wish to achieve. He cited areas in the health care system that need improving, one is access to affordable treatment. "There are still people in this country who lose their houses paying for their drugs – and almost exclusively in the Atlantic provinces". Further, André declared that "Canada has the least universal "universal health care" system in the world". Town hall panelists and audience members confirmed that this is reality in New Brunswick by sharing their personal challenges, experiences and expertise.

Three people with lived experience - advocates for cancer, mental health and arthritis – described the challenges of navigating the complex health care system, how they had to research and find their own treatment options and at times travel out of province to receive the care they needed. They also spoke about the challenges of accessing affordable drugs and medically necessary treatments in a timely manner.

A second panel of experts focused on the need for policy and system improvements.

Speaking on behalf of New Brunswick's Health Council (NBHC), CEO Stéphane Robichaud, highlighted the variability in health system performance across the 33 communities across the province. Mr. Robichaud also shared that the NBHC's Health System Report Card gave the province an overall "C" performance grade compared to other provinces. Louise Binder, a

lawyer and health advocate who has been involved in informing the development of health policy and systemic treatment access practices from a patient perspective for more than 25 years, underlined the need to enhance opportunities to access drugs and the need to align health budgets with patient needs. She cautioned that people should read the fine print of any proposed Pharmacare program, especially given the outcomes in Ontario, once universal drug coverage for the under 25 age group was put into place. “Good health care policy is looking at populations of patients, deciding what are good health outcomes, and then working as a team to decide where money should be spent. I want politicians to think about Value-Based Health Care. Remove the silos in the health budget” she said. Linda Wilhelm, living with arthritis for over 25 years and President of CAPA wants patients included in the government’s decision making on health care. Linda stressed that patient engagement is critical in order to focus health policy and health spending on areas that will make a real difference to patients.

New Brunswick Minister of Health, the Honorable Benoît Bourque and Green Party Leader, David Coon shared their views about health care. Minister Bourque said, “What keeps me up at night is the fact that we are the oldest province in the country in terms of age. With more age, comes more chronic diseases.” Minister Bourque shared that he found the town hall dialogue informative and acknowledged the lack of patient engagement in the province, committing to improving this situation. He also committed to bring more clinical trials into New Brunswick through the new cancer centre in Moncton and said that he intends to increase mental health funding.

David Coon discussed the need for effective ways to provide health care. He said “Why couldn’t we implement a basic income guarantee in New Brunswick? It would have a huge impact on the overall health of the people here. We need to provide more rapid and effective treatment for our children and youth dealing with anxiety and depression. It’s something we need to tackle immediately”. Overall, Mr. Coon’s opinion is that our health care system is being run like a business and wants to see the element of “care” re-emphasized moving forward.

An engaged audience voiced their concerns, asking insightful questions based on their personal experiences and challenges with New Brunswick’s health care system.

Several key themes emerged in cancer, mental health, other medical conditions and overarching.

Following is a summary of these key themes.

1. Cancer

Diagnosis

Delays and mis-diagnoses are impacting people's lives and costing the health care system. Resources must be made available for continuing medical education so that doctors learn about new medical conditions, new information about known medical conditions and diagnostics to improve both the timeliness and accuracy of diagnosis.

Accessibility

Drastic improvements in clinical trial access in New Brunswick would greatly reduce the burden on patients seeking life-saving and life-changing drugs out of province. Access to clinical trials would provide more timely access to the medications patients require, reducing their stress of having to travel long distances for the care they need as well as their out-of-pocket expenses relating to travel and accommodation.

Integrated Care

Resources must be directed towards the redesign of the province's diagnostic and treatment continuum from the current siloed approach to an integrated team approach across different medical specialties and different hospitals to improve efficiencies in care as well as the patient experience. Many patients are forced to spend their own time researching to find information and support required to inform their treatment paths and options. This is not viable or acceptable.

2. Mental Health

New Brunswick's Mental Health Action Plan

The "Action Plan for Mental Health in New Brunswick 2011-2018" wraps up this year. This action plan must be renewed with an emphasis on an individualized approach to treating mental illness and on enhancing the knowledge of both health care providers and the people suffering from this disease, in order to improve diagnosis, treatment and outcomes.

Community Support

Mental illness is a disease that makes one feel very alone with a dark future ahead. An important aspect of recovery from this disease is connecting with others who are

experiencing similar challenges. More resources must be made available to provide more community support and to increase awareness of the support organizations and programs available to patients.

Affordability

Innovative depression medications are often unaffordable. New Brunswick's public drug plan does not cover all necessary drugs prescribed. Many people cannot afford to pay out of pocket for their drugs. Without the necessary medication needed to get better, they incur unnecessary pain and suffering, lost productivity, disruptions in income-earning and strained relationships with others. These adverse effects are not only difficult for patients to endure, but they also have adverse impacts on both our health care system and our economy. No one should be denied the care they need because they can't afford it.

Accessibility

Three priority issues were highlighted on mental health and accessibility to care:

1. The number one issue afflicting the young in New Brunswick is mental health. Increasing resources to provide more available, rapid and effective treatment is needed now.
2. Generally, wait times for access to mental health services in New Brunswick are excessively long, sometimes years. People are choosing not to wait, foregoing the treatment necessary.
3. New Brunswick has one of the highest rates of suicide. An increased focus on suicide prevention should be made a priority. There is an admitted shortage of psychiatrists in the province that cannot be addressed due to present billing caps. Timely access to quality health care providers and resources is needed to begin addressing suicides in the province.

3. Other Medical Conditions

Many of the themes raised by cancer and mental health patients including timely and appropriate treatment access, affordability and problems navigating the complex health care system to get the right treatment at the right time, were echoed by those with chronic pain conditions and audience members who shared their personal challenges with New Brunswick's health care system. One compelling issue specific to hip replacements was raised.

Hip Replacements and Accessibility

Wait times for hip surgery are unacceptably excessive in the province, with some on a wait list for years. Wait times vary drastically depending on where you live, with Moncton posing a particular challenge with extraordinary bottlenecks relating to these types of surgeries.

Waiting years for this type of surgery leads to other health complications, impacting patients and their families' quality of life and costing the system and the economy more money.

4. Overall

Many disease-agnostic issues on New Brunswick's health care system were highlighted throughout the town hall and are categorized and summarized here.

Health Care in General

Four topics were raised on New Brunswick's health care system in general:

1. Wide health care system performance variability exists across the 33 communities within New Brunswick. This highlights the importance of planning health care services and delivery along with prevention strategies that considers each community's unique needs
2. Greater focus and funding should be provided to community-based health services to provide more effective support for the patient throughout the care continuum.
3. New Brunswick compares favourably to the national average on how much it spends on health care per person and for most providers. Citizens should be getting better results from both a population health and quality services perspective with the health care dollars available by finding more effective and efficient ways of providing care.
4. A change in Canada's Health Transfer System now considers only the population size of each province, not other relevant demographics or special needs within each, such as the age of the population. New Brunswick must have a voice at the national level to return Canada's Health Transfer System back to the way it was to better reflect the province's needs and increase the funding it receives from the federal government.

Patient Engagement in Health Policy Decisions

Unlike Ontario and British Columbia where a dedicated patient engagement committee on drug policy exists, New Brunswick does a poor job engaging patients in discussions that inform changes to health policy that would improve the health and experiences of patients in the province.

Unity Across Patient Organizations

Patient organizations must unite in mutual support of each other's needs to government.

Social Determinants of Health

Education and training, income, employment, gender, sex, race, social networks influence long-term health status and must be considered in providing health care. There are significant levels of poverty and addictions in New Brunswick that correlate to an unhealthy population. New Brunswick must invest in supports for social programs and healthy living to reduce the demand for health care services in the long run.

Affordability

No matter the medical condition, New Brunswick's public drug plan demands significant co-pays by patients, that represent up to 30 percent of drug costs, that many people simply cannot afford.

Dental Coverage

Somehow, our health care system does not believe one's mouth to be part of one's body. Dental treatment is unaffordable to many and poor dental health leads to a host of other issues. Some people who have no means to pay for dental services over time die from septicemia where the bacteria has entered their blood stream. Dental health issues impact one's quality of life and productivity and add to the strain of New Brunswick's health care system and economy.

Home Care

Lack of health budget is directly tied to lack of care. Greater focus on a home care strategy will reduce the burden on hospitals and cancer centers and allow people more independence, comfort and confidence to manage their illness and/or recover.

Alternative Level of Care (ALC) and Long-Term Care

As in other provinces and territories, there is a shortage of long-term care beds in New Brunswick. Patients living in hospital waiting for a long-term care bed are referred to as Alternative Level of Care patients and in New Brunswick almost a third of patients in the province are ALC. New Brunswick is the oldest province in the country in terms of age and with age comes more strain on hospitals and long-term care.

A long-term care strategy must be defined and implemented that addresses this issue in the immediate term and that considers the demographics of the aging population and its evolving needs.

Siloed Care Continuum

Siloed and disconnected health care services are pervasive leading to treatment inefficiencies, delays and in poorer patient outcomes. Integrated care is needed to improve quality outcomes, and to reduce overall healthcare costs and the negative impact on patients and our economy.

“Universal” Health Care in Canada

This term implies public coverage for all basic aspects care. In fact, drug coverage outside hospitals is not part of the *Canada Health Act*. Each province funds this drug coverage based on individual priorities and resources, so coverage varies: what is covered in one province isn't necessarily covered by another. This is an important point to consider given that the federal government has prioritized Universal or national Pharmacare for Canadians. While patients and patient groups strongly support this concept, the devil is in the details to create a Pharmacare approach that is meaningful and provides medically necessary treatment no matter where people live or how much money they have. Patients must be integrally and meaningfully involved in defining our country's Pharmacare strategy.

Some European countries appear to have a universal health care system that is working, resulting in more favourable health outcomes for their populations. So, why can't Canada learn from them and implement similar strategies? The big difference between European countries and Canada is that countries in Europe have one federal health care system, but Canada has 15 health care systems (1 federally, 10 provincially, 3 territorially and one for workers compensation). In addition, European countries spend more of their budget on social programs and therefore need to spend less on health care.

National Pharmacare Program in Canada

A singular National Pharmacare program won't fly in Canada as it would mean shifting costs from employers who provide private drug plans, to the federal government in the amount of \$24 billion. New Brunswick's per capita spend is \$312 on prescribed drugs by the public drug plan and \$759 on prescribed drugs by private plans. What this means is that private plans are paying more than double what the public plan is paying on prescribed drugs in the province. If private coverage is taken away, how would a public plan pay for the difference?

A National Pharmacare program does not mean that all drugs will be covered for all people. Citizens of New Brunswick and Canada at large must engage and ask questions of what is being proposed to truly understand how this proposed program would impact them. People should read the fine print of any proposed Pharmacare program and use Ontario's experience with universal drug coverage for under 25s as a lesson learned, where the public system became payer of first choice that resulted in long delays for coverage for some and no coverage for others.

Health Care Transformation

Our national health care system is based on a 60 years old model with providers at the center rather than patients. Providers are not compensated based on patient outcomes but rather volume of services provided. Quality of services and patient outcomes across the care continuum are neither considered nor measured. Quality is defined by providers following practice guidelines and pre-defined processes. This must change to ensure our health care dollars are being spent to address and improve the quality of patient outcomes.

Our country's health care budget rises by billions of dollars annually, yet many people experience long wait times for medical appointments or to be attended to within hospital emergency rooms. No matter your medical condition, there are profound accessibility and affordability issues plaguing patients within the province and across the country.

Without a health care system transformation, we will continue to throw endless amounts of taxpayer dollars at a system that is fundamentally broken, that looks to shift costs rather than reduce them while optimizing patients' outcomes. Albert Einstein said, "Insanity is doing the same thing, over and over again, but expecting different results." Now is the time to focus our collective efforts on a fundamentally different way of approaching health care – one that focuses on value, defined by measuring patient outcomes relative to cost.

Patients, not providers, need to be driving our health care system. To transform our health care system into one that is patient-centered, it is imperative that patients are meaningfully included in defining health care strategies, plans, policies and budgets. Patients know first-hand what is working well and what isn't in our health care system.

Our Ask of Politicians (not in priority order):

1. Bring more clinical trials for cancer drugs into New Brunswick.
2. Ensure innovative drugs are available when required, both before they are approved for general reimbursement for people who cannot wait for them to be approved through a compassionate access program, and then by early review for reimbursement in line with other provinces across Canada.
3. Invest more in social programs, such as subsidized day care, basic income guarantee, etc. along with healthy living to reduce poverty, promote health and prevent illness.
4. Invest more in mental illness with a focus on community-based programs and services that offer more and improved treatment and support.
5. Renew the Action Plan on Mental Health in New Brunswick.
6. Invest in continuing medical education so that physicians learn about new medical conditions, new information about known medical conditions, and new treatments and diagnostics.
7. Find new ways to address surgical and treatment wait times. For example, for hip and knee replacement surgery, consider a centralized booking system so that patients can choose to wait for the nearest hospital or receive their surgery sooner by travelling elsewhere within the province.
8. Given the variability of performance across the 33 communities that make up New Brunswick, invest resources in working towards standardizing health outcomes and targeting unique population needs.
9. Invest in ways to improve the effectiveness and efficiency of available health resources to get more value out of what's being spent in the province.
10. Commit to solutions that address suicide prevention.
11. Include reasonable dental coverage in the provincial public health plan.
12. Regulate dentists just like physicians are regulated.
13. Reduce the burden on hospitals by ensuring more treatment, drugs and devices are covered for home care.
14. Ensure there are sufficient beds and adequate care offered by long-term care homes in New Brunswick that address both short and long-term needs.
15. Meaningfully engage patients in transforming our outdated health care system and in the National Pharmacare Program discussions that are underway. Our existing system is one that is provider-centric and promotes the shifting of health care costs within a pre-set budget. This system must evolve into one that is patient centric, focuses on quality outcomes for patients and both measures and rewards value across the care continuum. Budget siloes must be removed from the health budget. As part of this transformation, ensure that social determinants of health are addressed.