



**NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION**

REBUILDING NL HEALTH:

**PROPOSAL BY THE NLMA TO THE MINISTER OF HEALTH AND
COMMUNITY SERVICES**

**Prepared by the
NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION
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Introduction:

What single initiative could result in higher quality care, greater financial sustainability, improved recruitment and retention of providers, and a better balance between community care and acute institutional care? The answer is reconfiguring the roles of our health facilities and the distribution of our health services.

All these benefits from a single initiative is a bold claim. Yet that is the belief among the vast majority of stakeholders in the health system, and it is the goal pursued by other jurisdictions where health services have been reconfigured. The poor health status of the Newfoundland and Labrador population combined with the high level of per capita spending are proof that transformational measures are needed.

Rebuilding NL Health is not about bricks and mortar. The emphasis is on reconfiguring of existing resources with an infusion of technology to deliver smarter, less costly, high quality and stable health care that is focused on staying healthy outside hospital walls.

Rebuilding NL Health must start with a review of the province's facilities and services. The review should deliver:

1. A Role Delineation Framework;
2. A Clinical Services Plan; and
3. A Health Human Resource Plan.

In conjunction with the above, the review should develop new approaches for medical transportation and the adoption of technology, along with a change management plan.

Background:

The NLMA's original proposal to the provincial government in March 2016 to undertake a review of facilities and services was rooted in the deep fiscal challenges of the provincial government. If cost reduction is going to be imposed on the health sector, as seems inevitable, it should be based on the optimal number and location of health facilities and services in the province. It would be inappropriate to take savings from frontline care if there were obvious and/or appropriate savings to be attained from better use of facilities and better distribution of services. After the system review is complete and the facilities and services properly aligned, there would still be a requirement for efficiency measures of many different types, but they would build on a cost-effective distribution of clinical services. The NLMA emphasized in its original proposal that the changes to facilities and services distribution could be accomplished without compromising patient care. Indeed, improved patient care could result from this process.

The Forum held on October 19, 2016 provided excellent guidance on the need to protect quality patient care when reconfiguring facilities and services. The Forum discussions also emphasized the priorities of:

- Preventing, managing and treating chronic disease;
- Community engagement when designing solutions;

- The need for independent and objective review processes followed by decisive action;
- The importance of using consistent standards between regions while allowing for flexibility for truly unique circumstances; and
- Ongoing transparent communication during the review process and the reforms that subsequently occur.

Forum attendees understood both the urgency of the fiscal situation and the dramatic demographic changes in the province, particularly the shrinking and aging of many rural communities. While there was a clear appreciation of the political difficulty of change, the Forum displayed a significant degree of impatience for reforms long overdue.

As part of the Forum, attendees had an opportunity to learn about the methodologies that the Australian state of Tasmania employed in its review and reform of its clinical services between 2014 and 2016. Overall, Forum attendees reacted favourably to the approaches presented. Moving forward, there is an opportunity for *Rebuilding NL Health* to use and refine these tools as part of its own review process.

Based on the Forum proceedings, the NLMA has drafted a proposed terms of reference for the review. These terms have been circulated to the Forum attendees and are outlined in the remainder of this document. We see the terms of reference as a starting point for further discussion about how a review can be successfully conducted.

Terms of Reference:

1. Objective: To review the roles of health care facilities and the distribution of health care services in Newfoundland and Labrador and report to the Minister of Health and Community Services with recommendations on a clinical services plan that will promote quality care and enhance financial sustainability of the health care system.
2. Key Deliverables:
 - a. A Role Delineation Framework;
 - b. A Clinical Services Plan; and
 - c. A Health Human Resource Plan.
3. Scope:
 - a. The review should include tertiary, secondary and primary clinical services, and the facilities associated with delivering these services.
 - b. It is recognized that primary medical/clinical care is one component of a broader primary health care team service, and government is developing a new approach to primary health care teams in the province. While the team model may vary from region to region, the delineation of the required or core primary care services in each region can still be defined in a review of facilities and services, setting a standard for capacity and service level. The particular way that such services are blended into a team model with additional primary health services would not be part of this review.
 - c. Other components of the broader health system, such as long term care, population health and public health can benefit from the same methodology suggested for this review, or could be reviewed as a second stage.

4. Principles:

- a. The review process should be guided by the following principles:
 - i. Placing patients first and ensuring clear and affordable pathways to needed care;
 - ii. Ensuring the quality and safety of care through agreed standards and minimum service volumes;
 - iii. Strengthening the ability to plan health services on a province-wide basis;
 - iv. Providing evidence-based health services that are not wasteful of resources; and
 - v. Building partnerships with community service providers.

5. Evidence:

- a. Develop forecasts and projections for population, demographic characteristics, and health status at the sub-regional or catchment area level;
- b. Profile the existing demand for services provided at each site and the provincial level;
- c. Project the service demand at each site and the provincial level (base case);
- d. Profile the existing human resources and capital assets/site capacities related to each facility and service;
- e. Identify minimum and optimum service volume standards consistent with safety, quality and efficiency in service delivery;
- f. Identify models and techniques used in other jurisdictions:
 - i. To provide services to remote and isolated communities that protect safety and quality;
 - ii. For emergency medical transportation, patient transfer, and non-emergent medical transportation and accommodation needs.

6. Role Delineation Framework

- a. Develop a role delineation framework, using the methodology employed in Tasmania and other Australian states. The Framework should specify the minimum volumes of service needed to assure safety, quality and efficiency. The framework would also describe each service in terms of six (6) categories of complexity, and determine the support services, staffing, safety standards and other requirements that would be needed at a site depending on the level of complexity.
- b. Assemble clinical advisory groups for each service type to advise on the development of the framework.
- c. The final framework would become a resource document for ongoing clinical services planning, and will require periodic updating.

7. Clinical Services Plan

- a. Develop a Clinical Services Plan that assigns services with a specific level of complexity to specific facilities. The plan would be based on the complexity and other guidance provided by the Role Delineation Framework.
- b. Use the clinical advisory groups to provide input on the development of the plan.

- c. Identify measures to maintain appropriate access to services in areas where a service may be physically located farther away than at present. These measures will include, but are not limited to:
 - i. Improved primary health care;
 - ii. Improved emergency transportation and paramedical care;
 - iii. Visiting physicians or other providers;
 - iv. Expanded telemedicine services or other information and communications technology (ICT) solutions;
 - v. Assistance to travel to other sites.
8. Patient/Public Engagement
- a. At each stage of the review process, data, options and related material must be made available to stakeholders and the public. Appropriate timelines must be used to receive stakeholder and public input before proceeding to the next stage.
 - b. A patient council will be established to provide feedback on the overall review.
9. Health Human Resources Plan
- a. Develop a Health Human Resources plan based on the Clinical Services Plan.
10. Ancillary Plans
- a. Develop a medical transportation and accommodation plan;
 - b. Develop a service delivery information and communication technology plan; and
 - c. Develop a change management plan.
11. Structure of Review Process
- a. Independent office headed by eminent expert, appointed by the Minister of Health and Community Services. Independence is established by authority to pursue terms of reference and interact with the public, media and stakeholders.
 - b. Sufficient budget to hire short-term staff, or public/health sector secondments, and appropriate consultants. The office would maintain close consultation with the Department, RHAs, NLCHI and clinical/regulatory bodies in order to ensure relevance of recommendations and to obtain internal expertise and advice.
 - c. Expected time frame for final recommendations – one year.

Conclusion

The NLMA recommends that the provincial government undertake a review according to these terms of reference. The expected outcomes will include higher quality care, improved safety, and greater efficiency. It will make a contribution towards the fiscal goals of government. The NLMA will be a supporter and partner with government in this process.