

Department of Health and Community
Services

STRATEGIC PLAN

2017-20





MESSAGE FROM THE MINISTER

In accordance with the *Transparency and Accountability Act*, I am pleased to present the Department of Health and Community Services' 2017-2020 Strategic Plan. This plan highlights the priorities of the Department for the next three years which are intended to drive continuous improvement in health care and strengthen health outcomes.

The strategic issues identified in this plan are in line with the Department's Triple Aim approach, a framework that simultaneously aims for better health, better care, and better value. By more effective use of technology and increased efficiencies and improvements in service delivery, we can support health care providers to improve the quality of care. This in turn will drive improved health outcomes in our population while containing costs.

This plan is in line with the commitments in *The Way Forward*, the overall strategic directions of the Provincial Government, and responds to the challenges facing our health and community services system and our residents. The entities reporting to the Department will align their plans with these strategic directions to ensure consistency across the health sector.

As Minister of Health and Community Services, I acknowledge that I am accountable for the preparation of this plan and the achievement of the specific goals and objectives contained within.

A handwritten signature in black ink, appearing to read 'John Haggie'. The signature is stylized and written over a horizontal line.

Honourable John Haggie,
Minister of Health and Community Services

Departmental Overview

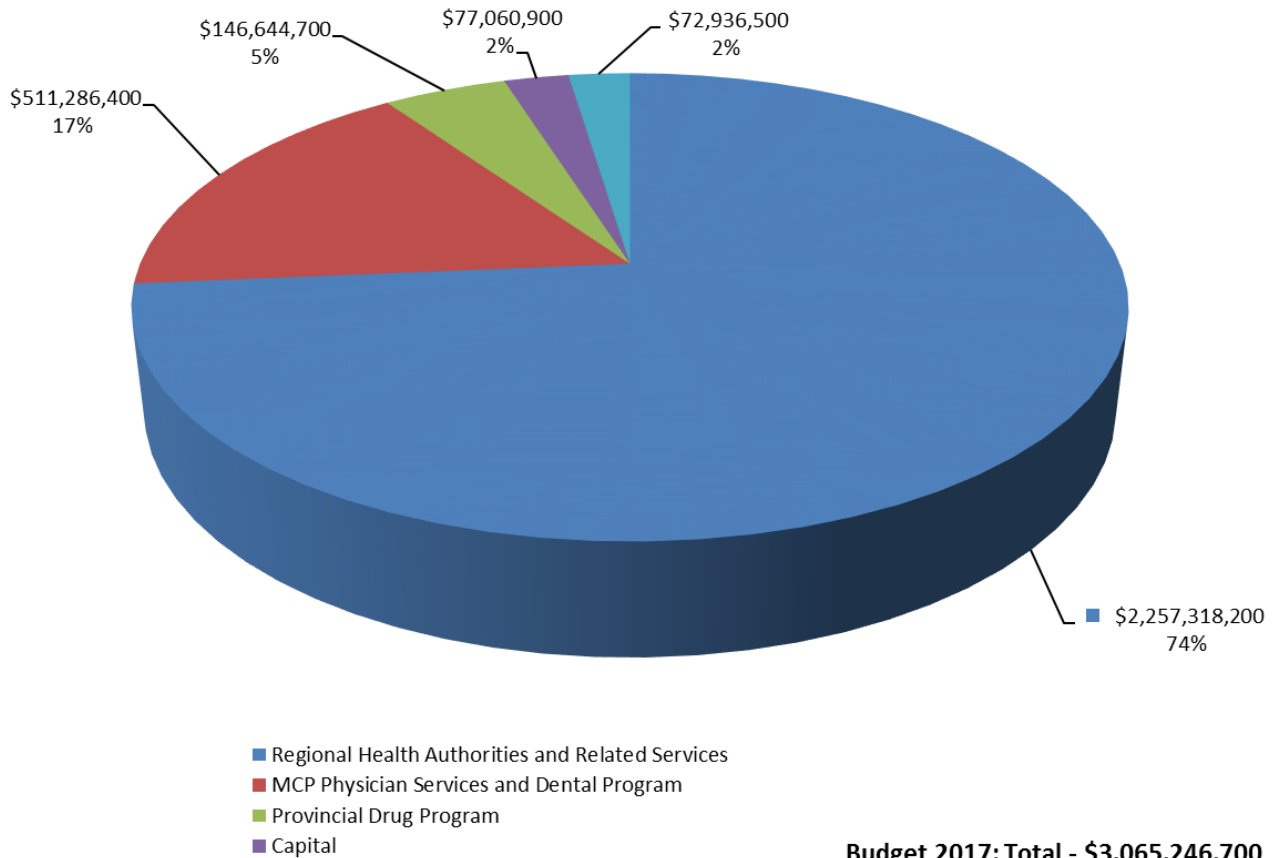
Staff and Budget

As of March 31, 2017 the Department of Health and Community Services had a total of 178 employees (131 females and 47 males) located throughout four locations across the province; Confederation Building (West Block) and Major's Path in St. John's; Grand Falls-Windsor; and Stephenville. The Department is organized as follows:

Department of Health and Community Services Staff Compliment

Branch	Female	Male	Total
Executive Branch	9	3	12
Minister's Office	2	1	3
Departmental Operations	120	43	163
Total	131	47	178

Where Health Dollars are Spent



Additional information on the Department of Health and Community Services, its mandate, and lines of business can be found at the following link:

<http://www.health.gov.nl.ca/health/department/index.html>

Strategic Issues

The Triple Aim is a concept that implies that health reform has three interconnected and inseparable dimensions: improving population health; enhancing the patient and provider experiences of care; and creating better value for health care expenditures.¹ Given the challenges currently facing the health care sector in Newfoundland and Labrador, the Triple Aim framework will be used to Guide the work of the Department of Health and Community Services for the 2017-2020 planning period.

In consideration of the Triple Aim, the Department's mandate, commitments in *The Way Forward* and available financial resources, five key priorities have been identified for inclusion in the 2017-2020 Strategic Plan of the Department of Health and Community Services. These priorities are:

1. Community supports and capacity building
2. Primary health care
3. Mental health and addictions
4. e-health technology and evidence to improve health care delivery
5. Service delivery improvements

Within each of the above priority areas the Department has identified a three year goal along with annual objectives to guide the Department towards achieving outcomes in these areas. Indicators have been identified for each goal as well as the first year's objectives to show how the Department will demonstrate success in achieving the goals and objectives. The second and third year indicators will be identified in subsequent annual reports.

¹ The Triple Aim is a framework which was developed by the Institute for Healthcare Improvement in the United States and has been adopted and applied internationally. Additional information can be found at the following link: <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

Issue One –Community Supports and Capacity Building

Strong community supports are necessary to ensure residents of the province are able to live safely in their own homes as they age, recover from illness and injury, or live with disability. Individuals who do not have appropriate supports to meet their healthcare needs in their homes often stay in hospital longer after illness or injury, or require long term care in a healthcare facility. Newfoundland and Labrador has the oldest median age in the country, and by 2035, it is anticipated that the number of individuals over age 65 will increase to 30 per cent, making the need for effective community supports even more urgent.

When patients don't have appropriate supports in the community while recovering from illness or injury, they are at risk of remaining in the hospital longer than they should at an "Alternate Level of Care" (ALC). ALC is a clinical designation for when a patient has been medically discharged but remains in hospital while awaiting the availability of an appropriate form of care such as a long term care (LTC) home. These patients often wait extended periods in hospitals for transfer to a more appropriate setting and this delay prevents other patients from accessing hospital beds, increases wait times in emergency departments and impacts access to elective surgeries. Most individuals prefer to receive their care at home and their conditions often decline when in ALC, necessitating further medical interventions.

Newfoundland and Labrador has a high ALC rate and over 40 per cent of hospital discharges are to long-term care facilities. Strong community supports can help reduce the burden on the acute care system through reduced emergency department visits, length of stay, readmission rates, and ALC while helping individuals access appropriate levels of care in their homes or in the community.

During the 2017-2020 period, Government will work to build the capacity of community support systems to provide the appropriate level of care for individuals in the community through the Home First Initiative². To help seniors stay in their own homes longer, Government will implement healthy living assessments for individuals aged 70 and older. These assessments will provide seniors and their families an opportunity to identify health-related issues that are potentially preventable or amenable to interventions to improve a senior's health and quality of life. Through these assessments, seniors will be able to identify and resolve issues early that will help them live healthier lives and support them to stay in their homes. To further increase access to community supports, Government will review its financial assessment policies for community support services. Government will implement streamlined processes, incorporating a single, income based, financial assessment tool which will improve regional health authority (RHA) efficiencies, and make the application and financial assessment processes easier for clients.

The Department is also working in collaboration with the four RHAs to improve palliative and end-of life care throughout the province. Access to services will be improved through the Home First Initiative, providing care for complex and palliative individuals in the community.

Building community capacity to deliver supports to children with disabilities is equally important. Government will also work to develop community supports to help children with disabilities reach their full potential in the community which will include the development of an action plan to support children living with Autism Spectrum Disorder.

² The Home First Initiative is a program designed to provide the necessary supports to individuals so they can return home after hospitalizations to avoid ALC, to stay in their home as long as possible and potentially even prevent admission to long term care.

Goal:

By March 31, 2020 the Department of Health and Community Services will have achieved higher quality of care and better value in the healthcare system by providing necessary supports to individuals within the community.

Goal indicators:

- Increased access to community based home support and care services;
- More efficient client assessments;
- Increased use of personal care homes for respite and restorative care;
- Reduced number of hospital Alternate Level of Care (ALC) placements;
- Improved patient/client satisfaction with community based services.

Objective 1:

By March 31, 2018 the Department of Health and Community Services will have initiated the enhancement of community supports to facilitate the uptake of community based services.

Indicators:

- Work with each RHA to implement the Home First Initiative in each region;
- Promoted the provincial home support program across all healthcare and community sectors³;
- Designed healthy living assessments for individuals 70 years of age and older;
- Increased the treatment options available for children living with Autism Spectrum Disorder (ASD).

³ i.e., long term care, acute care, primary care and community support services.

Objective 2

By March 31, 2019 the Department of Health and Community Services will have enhanced community supports.

Objective 3

By March 31, 2020 the Department of Health and Community Services will have expanded community based services commonly provided within acute care.

Issue Two – Primary Health Care

Primary health care is typically a person's first point of contact with the health care system. It encompasses a range of community based services that are essential to maintaining and improving health and well-being and includes visits with a family doctor, community health nurse, physiotherapist, or pharmacist to name just a few. Effective primary health care has been proven to keep individuals, families and communities healthy and, as such, helps reduce the need for acute care services and more costly interventions such as emergency room visits, surgeries, drug utilization and hospitalization. Acute care is a vital component of the health care system but it is designed to treat serious medical issues and emergencies, not to provide preventive or supportive care that can and should be provided in the community.

Not only is primary health care essential for the prevention and treatment of illness and disease, it is typically more convenient, located closer to home, and significantly less costly than treating people in an acute care setting. Additionally, the effective use of primary health care increases access to acute care services for those who truly need them.

Newfoundland and Labrador's population is facing significant health challenges: 63 per cent of residents have at least one chronic disease, and 30.4 per cent, of

the population are obese⁴, 36 per cent of population have hypertension⁵, and 11 per cent of the population have Chronic Obstructive Pulmonary Disease⁶. As a result of these and other factors, including our aging population, rural geography and low physical activity rates, Government spends \$1,238 more on health care per person than the Canadian average (the Canadian average is \$4,095 per person compared to the NL average of \$5,333 per person).⁷

To address these health care challenges, Government will work to expand the number of primary health care teams throughout the province to provide timely access to primary healthcare supports. In keeping with *The Way Forward* commitment to expand primary health care teams, Government will establish primary health care teams in Corner Brook, on the Burin peninsula and elsewhere across the province.

For the period of 2017-2020, the Department of Health and Community Services will work to improve the primary health care system so that individuals have increased attachment to primary health care providers and improved access to more coordinated health and community services.

Goal:

By March 31, 2020 individuals in the province will have increased access to primary health care services and timely access to health and community-based services.

⁴ Canadian Community Health Survey, 2014

⁵ Canadian Chronic Disease Surveillance System, 2014/15

⁶ Canadian Chronic Disease Surveillance System, 2014/15

⁷ National Health Expenditure Trends, Canadian Institute for Health Information, 2016.

Indicators:

- Established primary health care services and interdisciplinary teams across the province;
- Utilization of shared electronic health records systems to support primary health care teams;
- Reduced emergency department utilization in areas where primary health care teams have been established;
- Reduced hospitalizations for ambulatory care sensitive conditions⁸ in locations where primary health care teams have been established;
- Client reported improvement with managing chronic conditions;
- Client reported satisfaction with access to primary health care.

Objective 1:

By March 31, 2018 the Department of Health and Community Services will have established primary health care services and interdisciplinary teams across province.

Indicators:

- Established primary health care services and interdisciplinary teams;
- Introduced remuneration schemes (e.g., fee codes for physicians) to facilitate cross discipline collaboration;
- Increased use of Electronic Medical Records;
- Number of patients accessing primary health care services at select sites;
- Reduction of emergency department visits by the same patients at select sites.

⁸ Conditions that can be effectively treated through primary health care to avoid hospitalizations.

Objective 2:

By March 31, 2019 the Department of Health and Community Services will have increased access to primary health care and community based services through enhanced use of technology.

Objective 3:

By March 31, 2020 the Department of Health and Community Services will have shifted services from the emergency and acute care settings to primary health care and community-based services to meet the needs of the population.

Issue Three - Mental Health and Addictions

In March, 2017 the All Party Committee on Mental Health and Addictions released their report and recommendations. The document identified a number of gaps in the mental health and addictions system and 54 recommendations for improvement. Government committed in *The Way Forward* to transform the way mental health and addictions services are delivered. This will involve enhancing access to community-based services and improving access to acute care services, when and where they are required across the province. The Department released its response to the recommendations on June 27, 2017.

As part of the transformation of the mental health and addictions system, the Department will implement a Stepped Care Model for mental health and addictions services. This approach matches an individual's needs to the appropriate level of care by providing the least intrusive treatment with the greatest likelihood of improvement. Under this approach, services can range from brief interventions initiated by the individual, peer, family member or primary care provider, to blended approaches which use technology for self-management, counseling and coaching, and more intensive interventions including individual therapy, group therapy, medication and hospitalization.

For the period of 2017-2020, the Department of Health and Community Service will work to transform the way mental health and addictions services are offered across the province to address gaps and barriers to care and ultimately improve the mental health and addictions system and outcomes for patients.

Goal:

By March 31, 2020 the Department of Health and Community Services will have achieved a mental health and addictions system that provides the appropriate level of service to individuals when and where they need it.

Indicators:

- Decreased wait times to access mental health and addiction services;
- Increased access to mental health and addictions services;
- Patient, client and family satisfaction with mental health and addictions services;
- Mental health care provider satisfaction with mental health and addictions services.

Objective 1:

By March 31, 2018 the Department of Health and Community Services will have completed the planning of a stepped care model and will have begun the implementation of community supportive services in mental health and addictions.

Indicators:

- Utilization of therapist-assisted online cognitive behavioral therapy;
- Increased utilization of community-based supportive services;
- Developed measures to assess the appropriate utilization of psychiatric care services;
- Developed measures to assess patient/client and family satisfaction with mental health and addictions services;
- Developed a new governance structure for provincial mental health and addictions services which oversees the planning and implementation of the stepped care model;
- Released an implementation plan and implemented select recommendations from the All-Party Committee on Mental Health and Addictions.

Objective 2:

By March 31, 2019 the Department of Health and Community Services will have begun the implementation of a stepped care model and will have continued the implementation of select community supportive services in mental health and addictions.

Objective 3:

By March 31, 2020 the Department of Health and Community Services will have continued the implementation of a stepped care model and will have implemented further community supportive services in mental health and addictions.

Issue Four - Using eHealth Technology and Evidence to Improve Health Care

Central to a sustainable health care system is the application of evidence and data that can inform health care providers and patients and guide decision makers in the healthcare system.

Digital health or eHealth refers to the use of electronic information communications technology, services and processes to deliver health care services or to facilitate better health care. Utilization of eHealth technology can improve overall quality and efficiency of care and enhance patient safety while providing health information to inform future health planning and policy development.

Through *The Way Forward*, Government is committed to improve the use of technology in the delivery of quality health Care. As such, the Department of Health and Community Services is committed to using eHealth technology and evidence derived from the health care system to improve health care delivery in the province. The implementation of Electronic Health Records (EHR) will bring together all the old paper and film aspects of medical records into the digital world. The EHR includes everything from x-ray images to people's prescription history, and involves multiple aspects of health care system utilization, including hospitals, emergency departments and pharmacies. In essence, it allows health care providers, such as family physicians, to access patients' complete medical history. Ongoing implementation of the EHR will benefit both patients and the health care system through better clinical decision-making and patient safety, reduced duplicate tests, improved chronic disease management, and increased communication among providers. Additionally, aggregate EHR data will support research and evaluation aimed at improving health policies and services leading to system sustainability.

As an example, telehealth initiatives support increased access to health services for individuals living in rural and remote communities, thereby reducing travel time and costs to clients and the health care system. Using Telehealth for medical consultation among physicians to assist with patient management in rural communities (e.g., Telestroke; and, expanding Telehealth beyond established Telehealth sites and allowing for secure, remote connectivity from clinics and homes) will help support access to health services.

In addition to the ongoing implementation of the EHR, the Department will focus on improving evidence-based decision-making through the establishment of a coordinated approach to data collection and analysis across health entities in the province. By making more data-driven evidence available to decision makers, the Department will be able to focus resources on higher need areas of the health care system and achieve tangible improvements for the people of the province. A Health Analytics Action Plan will better leverage data and research so that decision makers can make more informed decisions and are able to more strategically track system level issues and improvements.

Goal:

By March 31, 2020 the Department of Health and Community Services will have improved patient care through seamless, secure and timely sharing of accurate health information by electronic means.

Indicators:

- Utilization and of the Electronic Health Records system;
- Utilization of Telehealth services;
- Utilization of Electronic Medical Records;
- Patient satisfaction with access to health information;
- Health care provider satisfaction with access to health information;

- Availability of regional and provincial chronic disease data for system planning and benchmarking;
- Availability of a health services portal for residents to learn about services available in and near their community.

Objective 1:

By March 31, 2018 the Department of Health and Community Services will have expanded the use of the electronic health record and related systems, including telehealth services.

Indicators:

- Integration of lab and clinical data across all Regional Health Authorities;
- Number of physicians enrolled in e-DOCSNL (Provincial Electronic Medical Record);
- Number of telehealth services available;
- Creation of a measure to assess patient/client satisfaction.

Objective 2:

By March 31, 2019 the Department of Health and Community Services will have advanced additional opportunities to increase the utilization of the EHR and expand the use of technology in the delivery of health care.

Objective 3:

By March 31, 2020 the Department of Health and Community Services will have advanced further opportunities in the area of EHR and continued to expand the use of technology in health care delivery.

Issue Five - Modernize and Streamline the Delivery of Services

The Department of Health and Community Services accounts for over 37 per cent of Government's total expenditures, the largest proportion of spending across all government departments. By modernizing and streamlining the delivery of services, Government can spend health dollars more efficiently, provide better care and realize improved health outcomes.

The Department intends to streamline and modernize health care services through sharing non-clinical services, and coordinating clinical resources more effectively (e.g. ambulance, laboratory and other clinical services) to reduce duplication and maximize the value of services provided. While the goals and objectives noted elsewhere in this plan will contribute to the modernization of the health and community services system, the Department will take action in key areas to reduce duplication and improve efficiency.

By sharing services and reducing duplication of activities in the health care system, spending can be redirected to front-line care where the most value is achieved. For example, the Department will implement new streamlined models of delivering administrative and information services across the four regional health authorities and the Newfoundland and Labrador Centre for Health Information. The focus of this approach will be to achieve standardization, improved business processes and enhanced efficiencies in the operations of health care by sharing services such as procurement and supply chain, finance, payroll, human resources and information management and technology. This approach will position the regional health authorities to better focus their skills and resources on patient care rather than administrative processes, and is consistent with Government's commitment to a more efficient public sector.

The Department will also work to improve clinical efficiencies by allowing health care providers to work to their full scope of practice (the range of responsibilities that a provider is competent and able to perform). By expanding and maximizing the scope of practice of healthcare professionals, particularly those working in primary healthcare such as pharmacists, paramedics and nurse practitioners, the Department can support patients in receiving the appropriate level of care for their needs from the health provider best suited to provide it to them.

Goal

By March 31, 2020 the Department of Health and Community Services will have achieved more efficient health care spending through modernizing and streamlining the delivery of services.

Indicators:

- Expenditures on administrative and related operations;
- Procurement costs;
- Utilization of clinical resources.

Objective 1:

By March 31, 2018 the Department of Health and Community Services will have initiated the implementation of select shared services and initiatives toward a more efficient health care system.

Indicators:

- Implemented a provincial model for select administrative functions;
- Commenced the implementation of a provincial model for delivery of services for the NL health care system;
- Initiated the implementation of a centralized ambulance dispatch center;

- Collected baseline data on the efficiency and effectiveness of select shared services and reduced expenditures on administrative and related operations.

Objective 2:

By March 31, 2019 the Department of Health and Community Services will have continued the implementation of select shared services and implemented additional initiatives toward more coordinated clinical services.

Objective 3:

By March 31, 2020 the Department of Health and Community Services will have implemented shared services in additional areas within the health care system and implemented further initiatives toward more coordinated clinical services.

Annex A: Department of Health and Community Services Strategic Directions

Strategic Direction #1: Better value through improvement

Outcome: An improved health and community services system that achieves better value through lower costs while improving patient outcomes through appropriateness of care and the appropriate utilization of resources.

This outcome will require focus in the following areas:

- E-health technology (e.g., evidence based decision making, electronic medical record, electronic health record, health analytics,)
- Performance Measurement (e.g., public reporting and accountability, setting meaningful and measurable goals for future improvements)
- Health Workforce Planning
- Policy Development
- Sharing Services (e.g., procurement)
- Coordinating services (e.g., laboratories and diagnostic imaging)

Strategic Direction #2: Better health for the population

Outcome: Improved health outcomes and well-being for the people of Newfoundland and Labrador.

This outcome supports a healthy population and will require focus in the following areas:

- Cardiovascular Health
- Chronic Disease Prevention and Management
- Mental Health and Addictions

- Primary Healthcare
- Public Health
- Health in All Policies

Strategic Direction #3 Better Care for Individuals

Outcome: Improved accessibility of health and community programs and services toward better care of the population, including vulnerable persons.

This outcome supports an accessible health and community services system and will require focus in the following areas:

- Wait times
- Community supportive services
- Infrastructure Improvements