

Reporting to the People of Newfoundland and Labrador:
First Minister's Accord 2004
Implementation Report December 2005



GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

**Department of Health
and Community Services**

CONTENTS

INTRODUCTION	1
SECTION I – NEWFOUNDLAND AND LABRADOR POPULATION TRENDS, HEALTH SYSTEM DESIGN	1
POPULATION TRENDS IN NEWFOUNDLAND AND LABRADOR	1
HEALTH SYSTEM DESIGN	2
SECTION II - IMPROVING ACCESS TO HEALTH SERVICES	2
CHALLENGES RELATED TO IMPROVING ACCESS	2
HOW ARE WE DOING?	3
WHAT IS GOVERNMENT DOING TO IMPROVE ACCESS?	5
NEXT STEPS.....	6
SECTION III - STRATEGIC HEALTH AND HUMAN RESOURCES ACTION PLAN	7
CHALLENGES.....	8
ACHIEVEMENTS	8
ACTION PLAN	11
SECTION IV - HOME CARE.....	13
SECTION V - PRIMARY HEALTH CARE REFORM.....	14
SECTION VI - ACCESS TO CARE IN THE NORTH.....	15
SECTION VII - NATIONAL PHARMACEUTICAL STRATEGY.....	16
SECTION VIII - PREVENTION, PROMOTION AND PUBLIC HEALTH.....	16
SECTION IX - HEALTH INNOVATION	17
CONCLUSION.....	19

Introduction

In September 2004, an agreement was reached between the Federal Government, Provinces and Territories which is referred to as the First Ministers' Accord 2004 - A 10-Year Plan to Strengthen Health Care. Central to that agreement was a commitment by all jurisdictions to produce regular public reports on the performance of our health care system. This report fulfills the December 2005 reporting requirements of the Government of Newfoundland and Labrador under the 2004 Accord and highlights our progress in efforts to strengthen our health and community services system. It also contributes to a better understanding of the health system by examining opportunities and challenges related to the provision of quality health and community services to the citizens of this province.

Section I – Newfoundland and Labrador Population Trends, Health System Design

Population trends in Newfoundland and Labrador

The population of Newfoundland and Labrador has been declining over the last 25 years due to a decline in birth rate and an increase in out-migration. Much of the out-migration has been from rural areas, creating the challenge of delivering safe and effective health services to widely-dispersed and sparsely-populated rural areas.

While the population of children and youth in the province has decreased in the province, the population of seniors aged 65+ has increased. In Newfoundland and Labrador approximately 12 per cent the population is aged 65+, similar to Canada. However, Statistics Canada predicts that Newfoundland and Labrador will have the highest proportion of individuals over the age of 65 in the country by 2021.

The realities of an increasing aging population must be considered when planning delivery of health and community services. The health and community services system must plan for an anticipated increase in the demand for certain services. As a population ages, chronic illnesses will become more prevalent, resulting in a greater utilization of services. An increased need for services and supports for seniors such as long term care, home support and prescription medication must also be considered when planning for the future health needs of the province.

Health system design

Historically, the delivery of health and community services throughout the province has been under the mandate of health boards. Over the last three decades the province has gone from approximately 50 single governing boards to the current four Regional Integrated Health Authorities (RIHA) of today. The new health authorities became legal entities in April 2005, and will facilitate better coordination and planning for the needs of the regions, improve the continuity of care and reduce duplication of services. It also allows for more effective use of resources and helps sustain our ability to provide consistent and predictable quality care. RIHAs are accountable for the delivery of health services across the full continuum of care, from health promotion and community services to acute and long-term care services. The RIHAs are responsible for identifying priority areas and directing financial resources to meet the health needs of the population served.

Government and the RIHAs are challenged with sustaining programs and services to meet the changing health needs of the province. The health and community services system will require ongoing modifications to ensure its optimal effectiveness and sustainability. As priorities change, and the cost of delivering health services increase, new and innovative ways to deliver health and community services must be considered.

Section II - Improving Access to Health Services

The Government of Newfoundland and Labrador is committed to timely access to quality programs and services in the health and community services system. Improving access to health services is recognized as a priority in all jurisdictions in Canada and is an issue of global concern. Much of the debate related to access is related to wait time for elective/routine or scheduled services. Emergency and urgent care is provided in a timely manner and those who have the greatest need for services of the publicly funded health system, are given the highest priority.

Challenges related to improving access

In efforts to improve access to health and community services, many challenges exist. Government and the RIHAs are dealing with an increasing demand for services based on the changing health needs of the population. Factors that impact the demand for health services include an aging population, the health status of the population, an increased incidence of chronic disease, availability of health providers, growth in the availability of new treatments and lack of clinical guidelines to ensure appropriate referral and utilization of services.

The geography of our province also poses a challenge to timely access to health services. The population of our province is widely dispersed with many citizens living in rural and remote areas. Initiatives such as telemedicine, expansion of primary health care teams, and medical travel assistance have improved access; however, further action is needed.

The First Ministers Accord 2004 outlined five areas of priority access for Canadians: cancer, cardiac, joint replacement, diagnostic procedures, and vision restoration. Perhaps the greatest challenge faced by governments responding to the 2004 Accord is achieving a balance between improving access to these priority areas while maintaining acceptable levels of access in other service areas. Also, as we monitor access to existing services, new areas of need will emerge as dictated by the health needs of the population. Responding to new areas of need is challenged by the limited flexibility within the operations of the health system. Resources needed to expand one program area, e.g. staff, equipment etc. are not easily transferred to new programming areas. In order to address these challenges, Government and RIHAs must ensure the most effective and efficient use of health care dollars. This requires strategic planning for health service delivery, strategic new investments, and efficient use of current resources including their reallocation as priorities change. Also, provincial information management systems that monitor access to an array of health services need development.

The combined efforts of Government and RIHAs to improve access have met with success in many service areas, however, further work is needed to ensure these efforts are sustained. The cost associated with initiatives to improve and sustain access are substantial. The Government of Newfoundland and Labrador currently spends 46 per cent of all program dollars on health and community services. According to the Canadian Institute of Health Information, the health expenditure per capita for this province was \$2,890 in 2003, the highest among the provinces. Ensuring the sustainability of our health system will require collaboration among all stakeholders, and strategic planning for health delivery at the Government and regional levels to ensure we are building system capacity to meet the health needs of the province. Government is committed to a health and community services system that is well-managed and efficient, ensuring quality services within available resources.

How are we doing?

On December 12, 2005 Provincial and Territorial Governments released the first set of national benchmarks in Canadian history. Benchmarks express the amount of time that clinical evidence shows is appropriate to wait for a particular procedure. To arrive at these benchmarks, Deputy Ministers commissioned the Canadian Institutes of Health Research to examine evidence related to the establishment of benchmarks for the five priority areas identified in the 2004

Accord. Newfoundland and Labrador supports the initial set of benchmarks and will strive to meet and exceed these over time. The comparison of wait times across Canada poses a great challenge as data related to wait time measurement is not being collected in a standardized way and population health needs are not uniform.

Table 1 outlines the agreed-upon national benchmarks and provides current wait time data for Newfoundland and Labrador, where available.

Table 1: Current Wait Times in NL Compared to National Benchmarks

Service Area	Pan-Canadian Benchmarks announced December 12, 2005	Newfoundland and Labrador Wait Times (current)
Cancer Curative Radiotherapy	Within 4 weeks (28 days) of being ready to treat.	84% of all cases have commenced treatment in 30 days.
Cardiac (Coronary bypass surgery) Level 1 Level 2 Level 3	Within 2 weeks (14 days) Within 6 weeks (42 days) Within 26 weeks (182 days)	87% of all coronary artery bypass surgery cases completed in 182 days. Data has not been collected according to these new national urgency levels.
Sight Restoration Cataract	Within 16 weeks (112 days) for patients who are at high risk	Provincial range is from 54.3% in Eastern to 96% in Central of all cases completed in 90 days. Data has not been collected according to risk category.
Hips & Knees Hip Fracture Hip Replacement Knee Replacement	Fixation within 48 hours Within 26 weeks (182 days) Within 26 weeks (182 days)	Data collection currently underway for hip fixation. Provincial range is from 92% in Western to 100% in Central of all cases completed in 182 days. Provincial range is from 70% in Eastern to 100% in Central of all cases completed in 182 days.
Diagnostic Services Mammograms Cervical Screening	Women aged 50-69 every two years. Women, starting at age 18, every three years to age 69 after two normal pap test.	Approximately 20,900 women aged 50-69 years had at least one screening mammogram procedure in the previous two years at one of the provincial breast screening centres. Additionally, thousands of mammograms for screening purposes are performed in hospitals each year. In 2003, the province launched the provincial Cervical Screening Initiatives Program with a staged implementation strategy. Currently provincial guidelines recommend annual cervical screening. In 2004/05, 43% of women aged 18-69 years in NL had a pap test.

As we monitor access to health services, we must be mindful of the increased demand for these services. An improvement in access may not be reflected in a reduction in wait time, rather, the increase in the volume of cases completed. Also, as new technology and medical treatments emerge, the need for some procedures may actually decline. Table 2 provides a four-year summary of the number of procedures performed in the five priority areas identified in the 2004 Accord.

Table 2: Volume of Surgical Procedures Performed¹

Procedure	Fiscal Year			
	2000	2001	2002	2003
Total Hip Replacement	221	221	299	347
Total Knee Replacement	221	255	281	378
Surgical Intervention for Fractured Hip	120	234	218	292
Cataract Removal	1905	2540	2636	3091
Coronary Artery Bypass Graft ²	546	613	610	631

Notes:

1. Data is reflective of principle procedure performed during hospitalization, included inpatients and outpatients, and those done under general and local anaesthesia.
Source: Newfoundland and Labrador Centre for Health Information.
2. Includes Coronary Artery Bypass Graft & Coronary Artery Bypass Graft plus other cardiac surgery.
Source: Eastern Health Cardiac Care Database.

What is Government doing to improve access?

Government invested \$23.2 million in Budget 2005 to address access to acute care services. This investment was made in the five priority areas under the 2004 Accord, as well as other priority areas identified by the Regional Integrated Health Authorities. These monies were used for the purchase of new medical equipment, modernization of existing diagnostic and medical equipment, and the expansion of select services in all of the province's major health centres. Following the 2005 Budget a further \$1.05 million was allocated for a new CT scanner for Burin. These investments will allow the RIHAs to deliver over 43,000 additional MRI, CT, cardiac and other diagnostic procedures, surgeries and cancer treatments, once all investments are fully operational. The full impact of the investment on wait time is not evident as some of the equipment is not yet operational. We have seen an improvement in access in the area of cardiac bypass surgery largely through improvements in wait time management as well as the use of alternative treatments in the management of cardiac disease. We are continuing to monitor the impact of the investment on access in other areas.

Realizing there are a number of elements involved in improving access to health services, Government has committed to an increased focus on health promotion, disease prevention and primary health care. Government allocated \$2.4 million in Budget 2005 to support initiatives related to a provincial wellness action plan. This plan is currently being developed and will focus on communities and populations for the prevention of disease, promotion of health and protection of the public. Preventing health problems in a population through the reduction of risk factors for various diseases will lead to better health outcomes, and have a positive impact on the demand for health services. Government has also made strategic investments in the areas of home care, pharmaceuticals, mental health and addictions, and health innovation, to further efforts to improve access to a broad range of health services.

Next steps

Government is committed to improving health and community services and making timely access to appropriate health services a priority. The Department of Health and Community Services will work in collaboration with RIHAs, health providers, and the public to improve access. Efforts will be centred on building capacity to efficiently manage appropriate access, monitor progress and evaluate outcomes.

Enhancements to the current health system will reflect the changing needs of the population and include a focus on the expansion of primary health care teams in the province, a greater focus on health promotion and disease prevention, accompanied by strategic investments in priority areas. Reports related to access will be made public on an ongoing basis. The Department of Health and Community Services will also use this information to evaluate how access to programs and services changes over time and better plan for the future.

Section III - Strategic Health and Human Resources Action Plan

Newfoundland and Labrador has a vibrant work force of approximately 20,000 health and community services employees and physicians working in urban, rural and remote communities throughout the province. One of the greatest strengths in sustaining our valuable health human resources is a long-standing tendency for residents of this province to return to or stay in the province to work where employment opportunities exist. As a result, Newfoundland and Labrador has experienced much success in retaining those trained in the province, including registered nurses, licensed practical nurses, social workers, respiratory therapists and medical laboratory and medical radiation technologists especially when full time employment is available. For example, more than 92 per cent of our registered nursing workforce was educated in this province. Conversely, the province has experienced some difficulties attracting and retaining health professionals trained outside of the province, such as radiation therapists, audiologists, and some physician specialities, among others.

In recent years, a high percentage of the graduates of Memorial University of Newfoundland's Faculty of Medicine, and in particular the Family Medicine Residency Program, have chosen to remain in the province to practice, many in rural areas. Part of this success can be attributed to a collaborative approach between the provincial government, RIHAs, and the Faculty of Medicine. These organizations recognize that financial support and quality student experiences during medical education have considerable influence on future practice choices. Through the leadership of the provincial physician recruitment co-ordinator, these organizations have worked hard to keep new physicians in our province.

This province has typically had more registered nurses, licensed practical nurses, and pharmacists per capita than the Canadian average and fewer clinical psychologists, occupational therapists and physiotherapists. While these statistics do not reflect the diverse models of service delivery across jurisdictions and resulting human resource needs, they do present interesting findings and a focus on where challenges exist in recruitment and retention for health professionals in the province.

Challenges

Low population density in many rural areas of the province influence recruitment and retention, core staffing requirements, quality of work-life, areas of sole practice and other issues. Additionally, many key occupational groups are quite small in number yet are vital for sustaining services. For example, nuclear medicine technologists, cytologists, cardiovascular perfusion technologists, dosimetrists and several physician sub-specialty groups have less than 15 providers each for the entire province. In fact, some of these groups have four or less individuals and, as a consequence, vacant positions can significantly reduce access to services. Despite these challenges, the health authorities have been largely successful in recruiting and retaining most specialized groups.

Similar to most jurisdictions, areas for ongoing improvement exist. The Department of Health and Community Services, RIHAs and stakeholders are involved in various initiatives to support recruitment and retention, work place wellness and a culture of safety, competencies, professional development, productivity, improved staffing levels and the continuity of services to the public, while minimizing employee absences and turnover. Sustaining quality education and training programs is a priority however they depend on maintaining sufficient clinical placements. Some are also facing an increase in faculty turnover with an aging professoriate. The need for improved human resource information management tools and system leadership, including succession planning and skills development, have also been identified as priorities in this time of restructuring and ever-increasing challenges.

The overall workforce is currently stable for most professional groups. There are gaps, however, in selected locations and with selected professional groups. For example, the Labrador-Grenfell RIHA has had a long-standing shortage of pharmacists. Some physician speciality groups have an older workforce which increases pressure to recruit in a timely fashion to sustain services. Priority areas vary over time and close monitoring is necessary to ensure stable, long-term solutions.

Achievements

Significant work in the area of health human resources has been completed in recent years, culminating in a provincial report released in 2003. This report, developed by the Department of Health and Community Services, former health boards and system stakeholders, included five-year forecasts (2003-07) for 13 occupational groups. These forecasts predicted no gaps, or relatively small gaps, for 10 groups and small surpluses for three groups. Forecasts for physician groups were not included in the report. Stability in the system suggests these predictions are basically accurate to date. These forecasts will be repeated in the next year building upon the emerging national research that will allow improved forecasting.

Recommendations in the provincial report were grouped into five over-arching goals of: 1) integrated planning, 2) system leadership, 3) appropriate supply, 4) quality workplaces, and 5) having adequate planning data. Many of these 30 recommendations have been acted upon and continue to guide health human resource planning work in this province, for example:

- Annual Physician Supply Reports have been produced;
- Physician human resource planning has resumed;
- Learning plans were developed and resourced in 2004/05 for managers and other professionals;
- Funding to advance the implementation of human resource information systems using a provincial framework was made available;
- Centralized health human resource planning has continued;
- A third iteration of the Provincial Human Resource Indicator Report covering all employees (except physicians) and all earned hour types, was completed;
- Revised RN Supply Report and LPN Supply Report completed;
- Health authorities, regulatory bodies, provincial associations, educators, and unions, have also worked to maintain the momentum created by this initiative.

The Atlantic Advisory Committee on Health Human Resources facilitated the recent completion of the Atlantic Health Human Resources Planning Study. Internationally-recognized experts in the field of health human resource planning led the work. The study used a comprehensive needs-based approach to health human resource planning and included factors such as workforce productivity, service levels and trends in the health needs of the population. A key finding from the study is that short-term health human resource gaps are best addressed through increasing workforce participation and productivity, while changing the number of training seats should be treated only as a carefully-considered long-term solution.

Anecdotal evidence suggests that the training program graduate figures for physicians, registered nurses, practical nurses, pharmacists, social workers, respiratory therapists and laboratory and radiation technologists in this province currently meet system requirements when accompanied by reasonable graduate retention rates. Naturally, many factors come into consideration when determining the appropriate number of graduates required for the province, including retention rates, availability of positions, workforce turnover, external supply, retirements and many others.

Some key indicators for selected occupations are presented in Table 3. Although national or other benchmarks for vacancy and turnover rates are few or non-existent, anecdotal and other evidence suggests that most of the figures shown are within acceptable limits. Occupational therapists, physiotherapists, and speech language pathologists have the highest vacancy rates of the groups shown, although these rates can vary greatly with the filling of just a few vacant positions, due to the small number in the workforce.

The average age of the Newfoundland and Labrador workforce is generally below the national average for most occupations and although trends show increased retirements in the next five to ten years, they seem to be increasing at a manageable rate. Note that figures refer to the RIHA workforce and not those employed in the private sector.

Table 3: Health Human Resource Workforce Attributes.

Occupation	Workforce Size ¹	Annual Graduates ²	Vacancy Rate ³	Retirement Rate ⁴
Dietitian/Nutritionist	69	NA	1.7%	4.3%
Licensed Practical Nurse	2701	110	1.1%	16.9%
Manager	879	NA	2.6%	24.0%
Medical Laboratory Technologist	366	24	2.1%	16.4%
Medical Radiation Technologist	256	12	2.8%	14.8%
Occupational Therapist	101	NA	4.5%	5.0%
Pharmacist	82	31	5.1%	7.3%
Physiotherapist	109	NA	4.7%	6.4%
Psychologist (Clinical)	59	NA	6.5%	11.9%
Registered Nurse	4916	225	1.7%	9.7%
Respiratory Therapist	75	12	3.8%	1.3%
Social Worker	648	44	2.0%	8.3%
Speech Language Pathologist	41	NA	5.6%	2.4%

Notes:

1. RIHA workforce size as of March 31, 2003. Only groups having more than 40 individuals are included in the summary due to the high variability of statistics for small groups.
2. Groups marked "NA" do not have educational programs in this province. Figures are the estimated annual average 2006 to 2010 (five years).
3. This is the average number of vacancies divided by the workforce size. The average number of vacancies is the average of seven point-in-time surveys conducted quarterly over fiscal years 2004/05 and 2005/06.
4. Retirement rate is the total projected number of retirements from 2006 to 2010 (five years) divided by the workforce size in 2003.

Balancing supply and demand must be examined at the provincial level as well as in a regional and local context. Despite localized instances of individual positions that may remain vacant for long periods (e.g. pharmacy and audiology positions in selected areas), and high turnover (e.g. young allied health personnel), the provincial statistics on turnover and vacancies show a workforce of general stability.

Action plan

The Government of Newfoundland and Labrador is committed to sustainable health services to the public, and ensuring a stable health and community services workforce. The Department of Health and Community Services will work with system stakeholders to build on the five themes developed in the 2003 provincial report, and commits to the following action plan:

Goal One: Integrated Planning

1. With the RIHAs now established, develop a health human resource planning structure in 2006 to focus on collaborative planning with stakeholders;
2. Continue physician resource planning, gather more evidence, and improve methodologies;
3. Update or create occupation-specific forecasts where supporting data permits;
4. Continue to address scope of practice issues within primary healthcare teams, as initiated by the Office of Primary Health Care;
5. Work through the office of the Provincial Chief Nursing Officer to identify and address key nursing human resource issues;

Goal Two: Support and Develop System Leadership

6. Continue to provide bursaries and scholarships for graduate studies in health administration, offered through the Newfoundland and Labrador Health Boards Association;
7. Develop a plan to address leadership development and succession planning in the health and community services system;
8. Review the “National Nursing Sector Study”, “National Physician Sector Study” and “Atlantic Health Human Resource Study”, among others, to determine priority recommendations for consideration by Government;
9. Work with federal/provincial/territorial counterparts to implement the “Framework for Collaborative Pan-Canadian Health Human Resources Planning” released by Ministers in November;

Goal Three: Maintain an Appropriate Supply of Health Human Resources

10. Complete a project to develop best practice standards for provincial physician recruitment and retention (funded by Health Canada);
11. Implement the International Medical Graduate Pathway project. This initiative is intended to advance the preparation of international medical graduates for entry into family/general practice, to advance the postgraduate training assessment process, and to develop comprehensive best practices for recruitment, hospitality and orientation services. (funded by Health Canada 2005-2010);
12. Attract and retain health professionals, by continuing to offer or support targeted incentives. Some of these include:
 - Resident and Medical Student Practice Incentive
 - Medical Resident Bursary Program
 - Traveling Fellowship Program
 - Psychiatric Resident Bursary Program
 - Allied Health Bursary Program
 - Rural Nursing Student Incentive Program
 - Nurse Practitioner Bursary Program
 - Retention incentives for RNs and social workers in remote Labrador communities
 - Labrador Inuit Nursing Access Program

Goal Four: Quality Workplaces

13. Participate in and support the healthy workplaces initiative focused on creating an enhanced culture of safety in all RIHAs (funded by Health Canada);
14. Continue to support initiatives such as the Quality Professional Practice Environments for Nurses (partial funding from Health Canada);

Goal Five: Improve Health Human Resource Planning and Management Evidence.

15. Continue to collect, analyse and report detailed health human resource data in partnership with health authorities, educational institutions, professional associations and other key stakeholders; and
16. Complete an initiative to standardize health human resource data in health authorities and continue to investigate the feasibility of a provincial human resource information system (funding support from Health Canada and the Newfoundland and Labrador Office of the Chief Information Officer).

The Provincial Government will continue to work closely with RIHAs, which have shown innovation and creativity in their approach to staffing services and supporting their employees. RIHAs have also shown commitment to reducing employee illness and injury, providing quality work environments, and reorganizing to improve the efficiency and continuity of services.

Government acknowledges and supports the hard work of all organizations who share the common goal of a stable health workforce in Newfoundland and Labrador. These organizations include employers, educators, professional associations, regulators, researchers and unions, but also national organizations including Health Canada and the Canadian Institute for Health Information, among others.

Section IV - Home Care

The provision of home care services is an essential component of a comprehensive health system. Access to an array of home care services benefits both the client and the health system. Ease of access to home care services provides many patients with a choice related to where their care is received, it enables them to receive the care they need at home, in many ways improving their quality of life. Improving access to home care services also impacts the acute care health system. Discharging patients who can receive services at home, relieves pressure on acute care beds allowing them to be used by those more acutely ill. Acute care resources can be targeted in areas where it is needed the most.

Recognizing the benefits of improving access to home care services, Government invested \$2 million (Budget 2005) to expand a provincial post-acute home care program and an end-of-life care program. The acute home care program will provide expanded home care services to assist patients who are recovering from surgery, other medical interventions, or those requiring wound management, for a two-week post discharge duration. The end-of-life care program enhancements will give terminally ill patients the choice of spending their final days within their own homes. This will assist in alleviating the pressures and burdens placed on family caregivers and allows patients and their families to achieve the best possible quality of life in time of need. The Department is currently examining options for expanding the wound management program. Program and policy development in the other areas will follow in 2006/07.

Section V - Primary Health Care Reform

Primary health care is often the first point of contact for citizens seeking health services. It involves the delivery of primary health services to citizens in the community when and where they need it, and by the appropriate health provider. The focus of primary health care is health promotion and disease prevention, chronic disease management, and the creation of teams of health providers to work with clients to better manage their health. Government believes this comprehensive approach to the delivery of health services in the community will improve access to a broad range of health services. Government is moving forward with primary care renewal and invested \$4.3 million in 2004/05 to advance this initiative. These monies were made available through the Federal Government Primary Health Care Transition Fund. A total of \$9.7 million was provided over a four-year period.

Primary health care teams in the province include health providers in the community (e.g. public health, mental health, home care, social workers, and other allied health professionals) and institutional providers who provide primary health care. To date there are eight primary health care teams in place in the province. These teams service areas ranging from a minimum population of 6000 to a maximum population of 25,000. This translates into 22 per cent of the population of Newfoundland and Labrador currently having access to the new model of interdisciplinary teams. Future plans include the implementation of six more teams by April 2006, and it is anticipated that approximately 30 teams will provide services to 100 per cent of the population in the future.

Government has joined with New Brunswick in launching a self-care-telecare initiative. This investment will enhance primary health care services through the creation of a toll-free health nurse-line for all residents to access, regardless of where they live. Once this system is in place, health information and advice can be provided to the public 24 hours a day, seven days a week, by professional nursing staff and through a website.

The Office of Primary Health Care, in cooperation with primary health care sites, has moved forward with a new provincial approach to prevent and manage chronic disease. This approach is based on clinical practice guidelines, using "Chronic Disease Management Collaboratives". A Diabetes Collaborative is currently underway in the province to provide service to the population with diabetes.

Realizing that the sharing of appropriate patient information is essential when functioning in an interdisciplinary environment, work is underway to enhance the information technology available to primary health care teams. The Office of Primary Health Care in partnership with the Newfoundland and Labrador Centre for Health Information and the RIHAs is currently involved in two pilot projects related to information technology. The first project involves pilot testing access to Electronic Health Records (EHR), by all primary health care providers, in both a rural and urban project area. A second project, currently in the planning phase, is related to pilot testing an Electronic Medical Record (EMR) in two urban family practice physician offices. There is also a provincial Telehealth plan which, supported by Canada Infoway funds, is in the late stages of development.

Section VI - Access to Care in the North

Access to specialized health services is a challenge for those living in remote or rural areas. This is particularly true for those living in Labrador where residents in many remote communities must access specialized health services only by air.

For citizens living in these areas travel costs may become a barrier to accessing the health services they need outside their communities and regions. Although Newfoundland and Labrador was not included in the Federal Territorial Access Fund, the provincial government recognized the need to support individuals to access select health services. In Budget 2005, improvements to medical transportation assistance benefits for those living in Labrador to travel to larger centres to access specialized services were approved at a cost of \$567,000 per annum. The Provincial Government is seeking federal financial support to assist with this endeavour on an ongoing basis.

The delivery of non specialized health services in remote area also poses a challenge for Government. The recruitment and retention of qualified health providers to work in remote areas has historically been difficult. Through collaboration with various professional associations Government has been able to offer a number of incentives to recruit and retain staff. This has been met with some degree of success, however further work is needed in this area.

Many residents living in these remote areas of Labrador are of aboriginal descent. Common risk factors in this population that impact their health status and hence the provision of health services include; nutritional status, increased rates of diabetes and obesity, drug and alcohol abuse along with poor housing and shelter. The presence of these risk factors, amongst others, indicate that Aboriginal people have health needs that require unique strategies. Recognizing this, Government is currently involved with its Federal/Provincial/Territorial counterparts in the development of an "Aboriginal Health Blueprint", a strategy to improve the health status of aboriginal people. The implementation of the proposed strategy in the province will involve collaboration at the community,

provincial and federal level, as well as consistent, substantial, new funding from the Federal Government.

Section VII - National Pharmaceutical Strategy

The Newfoundland and Labrador Prescription Drug Program (NLPDP) provides assistance to eligible residents of the province with the purchase of pharmaceuticals and some related medical supplies. One of the goals of Government is improving access to needed drug therapies without undue financial hardship.

In Budget 2005, \$7 million was invested to enhance the provincial drug plan, adding 25 new drugs to treat people with arthritis, cancer, cardiac, lung disease, diabetes and other illnesses. This investment will give program recipients greater access to drugs they need to treat illness and lead healthier lives. Government also invested \$350,000 to introduce Visudyne, a new treatment used to treat age-related macular degeneration, a vision disorder. This investment will allow the administration of 200 treatments per year. Also, in November 2005 Government announced the Province will introduce a new drug, Herceptin, to the provincial systemic therapy formulary to treat selected patients with early stage breast cancer. The province will spend approximately \$2 million to cover treatment costs for approximately 40 patients.

Despite these investments, a high percentage of individuals have no drug coverage, a challenge common to most jurisdictions. In an effort to address this and other challenges, the province is currently actively involved with its F/P/T counterparts in developing a National Pharmaceutical Strategy that will address equity of access to pharmaceuticals, for all Canadians.

Section VIII - Prevention, Promotion and Public Health

The key to achieving healthy communities, is the prevention of disease, and the promotion of healthy lifestyles. Improving the overall health and wellness of the entire population is a priority for the Government of Newfoundland and Labrador. Government has invested \$2.4 million in the 2005 Budget to support initiatives related to the Provincial Wellness Plan, which is currently being developed. This plan will focus on; healthy eating, reducing obesity, reducing smoking rates, reducing injury rates and increasing physical activity. This strategy will complement the on-going work in this area by community organizations, and Regional Wellness Coalitions in place across the province.

In an effort to promote healthy lifestyles in school-aged children, the Department of Health and Community Services has partnered with the Department of Education to implement the “Healthy Students Healthy Schools” program. The focus of this program is to create a school environment that supports healthy living for children and youth and to foster a healthy lifestyle that will continue through life. An example of an initiative in this area is the development of school food guidelines for administrators and caterers.

To better protect the children and adolescents in our province against illness and disease, Government has added three new vaccines to the public immunization program. These vaccines protect against illnesses such as pneumonia and ear infections, chicken pox, and meningitis. With the addition of these new vaccines children and adolescents in the province are now protected against a total of twelve diseases. Government will invest \$6.5 million over three years for these new vaccine programs from funding provided through the federal government’s Public Health and Immunization Trust.

The negative effects of tobacco on health are well known. In an effort to protect the citizens of this province from the harmful effects of second-hand smoke, Government amended the *Smoke-free Environment Act* in July 2005. This amendment prohibits smoking in all public places. The *Smoke-free Environment Act, 2005* will serve to strengthen public health and build a healthier future for the people of our province.

In the interest of protecting public health, Newfoundland and Labrador has partnered with Health Canada, Canada Health Infoway and other provinces/territories to enhance national public health surveillance. The goal of this initiative is to strengthen information capacity, which will improve the identification of disease outbreaks and emerging health issues, as well as improve the response to infectious disease challenges.

Section IX - Health Innovation

Advances in medical technology over the last number of years has resulted in improved access to health care services for those in remote or rural areas. It has also helped prevent the duplication of services through the fostering of communication amongst caregivers. Funding support provided by Canada Health Infoway has allowed the province to move forward with several initiatives, detailed below, that enhance access to care in the province.

The initiatives currently underway in the province support a person-specific electronic health record. The implementation of the electronic health record is part of a national strategy to facilitate sharing of appropriate patient information among caregiver, that will ultimately lead to improved quality of care. The Department of Health and Community Services has enlisted the services of the Newfoundland and Labrador Centre for Health Information to advance these initiatives.

Plans for a province-wide pharmacy network are currently being developed made possible by monies invested in the 2005 Budget. Government has committed 25 per cent of the funding however the ultimate implementation of this network will depend on receipt of funding from Canada Health Infoway who have agreed to 75 per cent of the cost of this initiative. This network will provide pharmacists, physicians and other authorized health care providers access to complete patient specific medication profiles. This increased access to appropriate medical information will enhance the quality of care, improve patient safety, and facilitate accountability.

Government also invested \$4 million in Budget 2005 to expand and enhance Picture Archiving Communication Systems (PACS) in all regions of Newfoundland and Labrador. The picture archiving communication systems enables diagnostic images such as X-rays, CT, MRI, and ultrasounds to be transferred electronically between sites almost instantaneously. This technology will improve access to diagnostic imaging services in rural areas by sending the images electronically to sites where a radiologist is present, in many cases eliminating the need for patients to travel to access specialist services.

In 2005/06 government also invested monies to launch a self-care-telecare initiative, a joint venture with New Brunswick. This investment will enhance primary health care services through the creation of a toll-free health hotline for all residents to access, regardless of where they live. Once this system is in place, health information and advice can be provided to the public 24 hours a day, seven days a week by professional nursing staff and through a website.

Government also contributed monies to the Newfoundland and Labrador Teleoncology Program. This 18 month pilot program is looking at the integration of telehealth/telemedicine in the delivery of cancer services, for those living in rural or remote areas. The use of this technology could improve access to cancer services by reducing travel for clients with cancer, allowing some parts of cancer care to be provided in or near the client's community.

Conclusion

The Government of Newfoundland and Labrador is pleased to report to its citizens the progress made in addressing the health needs of the province. Government believes that it is essential to keep the public abreast of developments in the health and community services system. The Department of Health and Community Services and its partners are working towards improving health and community services and health status in the province, and is committed to a health system that is well managed, efficient and sustainable, to ensure quality, timely services.