

Green Party of New Brunswick Policy Proposal: Health Care
(items in GREEN exist in current policies)

Context

Health care costs in Canada are rising, people are living longer, and treatments both surgical and medical are becoming expected and expensive. In NB, the ratio of seniors on pensions to younger citizens who pay into Medicare is higher than in other provinces, and is expected to grow. Thus, care for seniors makes up an increasing proportion of the health care budget, especially because senility is also on a world-wide increase. Care homes for those who cannot care for themselves are needed, but those waiting for placement are taking up expensive hospital beds which are also needed for the acutely ill.

Issues

New Brunswickers complain to their politicians and doctors about the same issues year after year. They want better access to a family doctor within a reasonable time-frame, so that they are not forced by desperation to go to a hospital emergency room. They want shorter wait times for specialist appointments and treatments, and especially faster help for mental health issues. Young people are asking for mental health treatment in record numbers. PTSD and drug addiction is increasing.

It is said in law that justice delayed is justice denied. The same can be said for health care: delayed health care is no care at all for those suffering. Especially troubling is the delay of mental health care, where the results of mental illness can have rapidly expanding disastrous effects on not only the victim but their families and society at large. Inadequate treatment also costs our economy. For example, the Conference Board of Canada released a report on January 30, 2018, which states, “ensuring that Canadians living with depression have access to minimally adequate treatment would represent significant benefits for Canada’s economy and health care system”. This treatment would result in 700 fewer hospitalizations and savings of \$5.7 million per year. They define “minimal” treatment as more than four counseling sessions, or a course of antidepressants that exceeds 84 days. Another example in which prevention would reduce costs to the health care system is obesity. Obesity prevention is not rocket-science, however not taking it seriously enough results in an obese person requiring an average of 42% more in medical costs than a non-obese person (US stats, Conference Board of Canada report on health-care spending among nations).

The proportion of health-care spending in most industrialized countries is rising each year, and with our aging populations, will keep rising. Clearly, increased costs and inadequate or delayed treatment appear to be two sides of the same coin. But throwing more money at these will not necessarily improve health. In its calculation of health care spending versus indicators of improved health (things like rates of infant mortality and premature mortality), the Conference Board reports that high per capita spending does not lower these indicators, this probably due to inflations felt elsewhere. They point out diseases caused by smoking and diabetes due to high sugar intake are especially expensive. Industrialized countries that spend less on per capita

medical care, but where the population has a generally better lifestyle (diet, exercise, low smoking) have much lower rates of infant mortality and premature death.

Thus prevention is the key to lowered costs *and* better treatment. Prevention means education in healthy living, easier access especially in rural areas, and reduced waiting times for treatment. It means treating a health issue when it is small before it gets larger and more costly. It means family doctors for all, doing regular health checks on everyone. It also means keeping in mind that the social determinants of health (income levels, education, employment) are closely linked, so that government policies that improve housing, for example, will always improve the health of those needing housing. Social determinants of health cause 60% of illness. (CMA Apr. 2017)

Action Plan

1. Preventative Healthcare

A Green government would adopt a focus on **preventative healthcare system as the pillar of its sustainable public health system**, recognizing that illness and accidents are often caused by social and environmental factors (poverty, ignorance, poor housing, poor mental health).

Because **physical activity promotes wellness**, a Green government would:

1. **focus on preventative measures through activities such as K-12 physical education and outdoor education programs** support and strengthen healthy physical activity in schools through outdoor education programs and sports; and
2. promote and provide low-cost access to recreational indoor and outdoor infrastructure with wide accessibility.

Because **education in health practices benefits society as a whole**, a Green government would:

1. strengthen the role of teachers to teach health, safety, healthy habits, emotional, and psychological health to students of all ages in school;
2. strengthen the role and message of police and educators in prevention of drinking, drug use, and texting while driving; and
3. begin a province-wide strategy to educate against and reduce smoking (with partners like the NB Lung Association).

Because **preventing known diseases reduces care costs, time away from work and school, and long-term negative effects**, a Green government would:

1. provide free vaccinations for seniors and those immunocompromised and ensure that private healthcare plans include vaccinations;
2. **strengthen pollution regulations and phase in a ban on the release of carcinogens (cancer-causing substances) and developmental toxins (affecting hormone, brain and motor, and fetal development) into the air, water or onto land** and emphasize that

cigarettes are air pollutants;

3. research the effect of increased taxation on **levy a junk food tax to encourage healthy food choices** and sugary drinks.

Because timely and easy access to health care reduces costs and further illness, a Green government would:

1. improve NB residents' access to primary care practitioners by a) filling one-half of NB family physician billing number positions that have been empty for over a year with nurse practitioners, b) increase the number of billing numbers for family physicians to balance identified regional residents' needs, c) increase specialty billing numbers for specialty physicians (e.g., psychiatrists) based on regional demographics and evidence-based health guidelines, and d) increase new nursing home beds by 120 per year to move seniors and long-term care patients out of acute care hospitals;
2. **build a more integrated health care system through the expansion of decentralized health care programs with local delivery and governance, such as through community health clinics.** expand the number of Community Health Clinics (CHC) across the province (two new CHCs to be added annually until regional primary cares are met) and implement a collaborative practice model of care within each. At CHCs, after-hour and walk-in appointments will be offered, and professional staff will include nurse practitioner, physician, physiotherapist, nurse, nutritionist, social worker, and occupational therapist positions, based on the demonstrated health needs of the community. At least one CHC staff will have advanced expertise working with people suffering from complex addiction and substance abuse health challenges;
3. promote research on the effects of heavy use of electronic devices, unhealthy work habits related to them, toxic workplaces, and suicide prevention;
4. require every doctor and clinic to use electronic medical records for efficient and safer record keeping.
5. **Enhance homecare to minimize hospitalization and nursing home care for frail seniors;**
6. **Reduce over-prescribing of drugs such as painkillers, antibiotics and anti-depressants;**
7. **implement effective programs to improve lifestyles, including tax incentives for engaging in healthy activities and tax disincentives for consuming food with excessive salt, sugar or saturated/trans fats; and**
8. **remove caps on Medicare billing numbers.**

2. Primary Healthcare Reform

Performance improvement is possible in the health system by taking a number of different approaches in the short, medium and long term. A Green government would develop and implement a comprehensive performance improvement plan based on the following considerations:

- **There is no single simple one-time solution,**
- **There will be opportunities for improvement in the short (new fiscal year), medium (1-3 years), and long (on-going) terms,**

- It is not necessary to reinvent the wheel; substantial “best-practice” performance information is readily available;
- Change can be evolutionary and avoid public alarm;
- Four main improvement categories:
 - efficiency/cost-minimization;
 - effectiveness/cost-effectiveness/value for money;
 - performance management; and
 - accountability.

A Green government would take advantage of the substantial “best-practice” performance information already developed. These would include:

1. Ensuring the accountability of leaders (Premier, Minister, senior officials and RHA Board and CEOs) for high performance and financial management;
2. Implementing a province-wide network of collaborative primary care centres with expanded hours of operation accessible to all (See above under Family Health Teams)
3. Provide for province-wide accessibility of chronic disease management programs (e.g. diabetes, cardiovascular and respiratory diseases, dementia) and treatment and family support for addictions, mental ill-health, and Autism spectrum disorder.

3. Health Transfer

A Green government would work with the other Maritime provinces to lobby the federal government to adjust increase the federal per capita monetary health transfer adjusted for age of the population.

4. Gender-based Health Issues

Considering that the health of women, including those of marginalized women, and the health of persons born of sexual, gender and physical diversity, requires recognition of their Women and people with gender diversity have a right to self-determination and to control of their bodies. A Green government would:

1. support and promote research that promotes into women's and LDGBQ health issues;
2. ensure access to health and social services that are physically adapted and free from prejudice to women and LGBDQ persons and include measures to reduce social marginalization;
3. promote provide access to free contraception in secondary schools, colleges and universities;
4. provide free family planning advice;
5. take into account that the needs of women differ according to age;
6. address the stigma, discrimination, judicialization, and invisibility of women of all persons living with HIV and/or HCV;
7. integrate a regulated midwifery program and birthing centres into the publicly funded health care system in order to allow women to choose the option of home birth and to choose their own birth attendants (at their own expense) without legal repercussions;

5. Pharmacare

A Green government would support a national pharmacare program that would include:

- a universal public drug plan to replace the more expensive patchwork of private and public plans. The public plan would be cost-shared (federal, provincial government and employers) and administered by provinces and territories;
- a national formulary to cover the complete cost of all essential drugs. Decisions on which drugs are paid for would be based on independent evaluation of safety, effectiveness, and value for money. Allowances will be made for special needs and circumstances;
- a national strategy to obtain reductions in drug prices through bulk purchasing;
- a national public drug information system, free of conflict of interest with the pharmaceutical industry, to provide unbiased drug information for all health care professionals and the public;
- the strengthening and strict enforcement of legislation to ban all forms of direct-to-consumer advertising of prescription drugs;
- improving prescribing behaviour of professionals so that drugs are used only when needed, and the right drug is used for the right problem; and
- acceleration of access to more affordable non-patented drugs and repeal the regulations that extend monopoly patents beyond 20 years.

6. Seniors' Health

A Green government would:

1. ensure timely access to healthcare services to seniors recovering from acute medical events. Best practices in hospitals include consultation with the patient and family members to determine what activities the person wants to resume and the integration of these goals into the care plan. Members of the hospital care team must encourage and promote a return to normal functions. The regaining of mobility and resumption of activities of daily living must be the goal;
2. shift the healthcare paradigm from treatment to prevention, which would address the underlying causes of the acute events that bring seniors to hospital in the first place: balance issues, confusion and polypharmacy (the use of medications that compromise activity/mobility), among others;
3. bring long-term care homes under the purview of the public healthcare system, with staff and resources determined by needs rather than costs (introduce a staff per resident ratio);
4. deliver an effective home care program that provides in-home services and assistance to the older population while paying home-care workers a decent wage;
5. support the Canadian Medical Association in their call to the federal government for a National Seniors' strategy as decided in a Roundtable on Senior Care 2015.

7. Public Health

The Medical Officer of Health is an advocate for the people of NB against dangers to their health from disease, pollution, or societal ills. The officer must therefore be independent of

government of the day with freedom to speak, to investigate issues of public health concern including future health hazards, and to deliver an annual report.

A Green government would support and fully fund the independent role of the Medical Officer of Health as a doctor, not a bureaucrat.

8. Safety for the Vulnerable

It is well known that illness and accidental death is greater amongst drug users, the mentally ill, and the homeless. It is also well known that children are more severely affected by toxins in air, water, and the medicine cabinet. They can be affected for a lifetime by violence, neglect, and mental illness in caregivers. A Green government would:

1. install safe injection sites in cities;
2. collaborate amongst departments and non-profit organizations to increase beds for homeless people;
3. ensure Naloxone kits (anti-opioid overdose) are available to all emergency health care providers and in all public spaces; and
4. ensure that children's health is a priority in relation to poisoning, air quality, water quality, family violence, sexual violence, and mental health.

9. Right to Assisted Death (MAID)

A Green government would ensure that the right to Medical Assistance In Dying (MAID) which became law in Canada in June 2016 is available to the people of NB who fit the requirements.