

*Improving Access & Delivery of Primary Health Care
Services in New Brunswick*



Consultation Brief – July 2011



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Background

In November, 2010, the Primary Health Care Advisory Committee, established by the Department of Health for the Province of New Brunswick, submitted a discussion paper entitled *Improving Access and Delivery of Primary Health Care Services in New Brunswick*. The Canadian Diabetes Association was asked to consult with the Department of Health on this document. The process of gathering information for the consultation on behalf of the Association involved seeking the opinions of our own, key health professional stakeholders in an effort to get a well-rounded perspective. As such, our recommendations for improvement come from a variety of views with multi-disciplinary emphasis.

The Canadian Diabetes Association believes, in spirit, the discussion paper creates the framework necessary to spur dialogue and create the robust change management necessary for the successful delivery of primary health care services.

Access

The discussion paper rightfully recognizes that new approaches need to be developed that allow greater access to health care services for people experiencing chronic illness in an effort to create positive health, make the health care delivery model more efficient and pertinent to the patient and prevent further, more costly interventions due to ailing health. Prevention of secondary complications due to diabetes justifies the need for enhanced access for patients that are more appropriate for current social and lifestyle realities.

The diabetes clinic system provides valuable service but requires travel to major centres for some patients. Accordingly, solutions need to be adopted that encourages greater access for people living in rural areas.

We recommend:

1. Exploit technologies that increase the amount and substance of patient interactions;
2. Expand the number and coverage of professionals with CDE (Certified Diabetes Educator) designations who provide primary care;
3. Extend extra-mural care to include a multi-disciplinary approach using more professionals with diabetes experience; and
4. Establish a program which provides necessary diabetes medication access for both the uninsured and underinsured who cannot afford the expense of their medicinal regime as prescribed by a doctor.

Teams

While access to a family physician for all New Brunswickers is an important goal, diabetes is a complex disease requiring a holistic health approach that recognizes and takes in to account all the patients psychological, physical, and social needs. Self-management requires better access to educational and professional services that extend far beyond the family physicians office.

We recommend:

5. Employ more diabetes case managers to increase community capacity;
6. Expand the sphere of professionals included in diabetes care to include other health disciplines such as optometry and pharmacy;
7. Conduct a complete review of Diabetes Education Centres in the province in order to make a determination if there are enough teams available to handle the current and expected future patient load and ideal locations; and
8. Expand Medicare services to include diabetes screening by optometrists.

Information and Communication

Timely information and the ability to communicate between health care providers are cornerstones of efficient healthcare delivery in the modern age. While multiple entry points to healthcare services is desirable, this is strongly dependent on the ability to share information among access points and healthcare team members.

We recommend:

9. Establish a Diabetes Program that standardizes diabetes care and surveillance in the province among the diabetes education centres;
10. Exploit new technologies to give health team's access to information after hours;
11. Invest resources in a NB Pharmacheck initiative in order to promote prevention of adverse drug events; and
12. Advance the issue of One Patient One Record to ensure connectivity between hospitals and family practice.

Healthy Living

The determinants of health are major factors that must be considered when addressing the development of a wellness strategy in Primary Health Care. There needs to be continued support for programs targeting children and a mechanism to make choosing healthy lifestyles and nutrition a priority for families. Self management of chronic disease also must be promoted and supported within the Primary Healthcare Teams.

We recommend:

13. Implement healthy living policies in all government run facilities;
14. Implement taxation policies to decrease consumption of foods linked to obesity;
15. Develop partnerships with Health Charities to support education and awareness utilizing existing resources;
16. Create strategies targeting highest risk populations; and

17. Invest in a coordinated, community development approach toward healthy living leveraging existing community resources and the local desire to effect change

About the Canadian Diabetes Association

The Canadian Diabetes Association is the third-largest health charity in Canada, with a well-recognized and respected reputation for over 50 years. The Association speaks on behalf of the nine million Canadians living with diabetes and pre-diabetes, and supports over 10,000 healthcare professionals with the best and most up-to-date clinical guidelines for preventing and managing diabetes.

For 55 years, the Association has provided leadership in raising the profile of diabetes, improving the lives of those living with the disease, providing essential information to those at risk and accelerating the search for a cure through the funding of world-class research.

With a presence in over 150 communities in Canada, our Public Programs & Services teams deliver innovative, quality programs and services that support, empower and motivate people to adopt healthier lifestyles leading to improved prevention and management of diabetes.