New Brunswick Medical Society

Société Médicale du Nouveau-Brunswick

FIXING NEW BRUNSWICK'S HEALTHCARE SYSTEM.

New Brunswick's Doctors Have A Plan.

CARE FIRST.

INTRODUCTION

It's been over a year since the Government of New Brunswick asked New Brunswickers to offer input on the creation of a new health plan for the province[1]. Our last provincial health plan expired in 2012, and a new one was promised by the end of 2013. The Provincial Plan was released in September, but we learned at the announcement that it was more of a "management philosophy." Doctors are detail-focused. We think health care needs a little less philosophy, and a lot more specifics.

Reports from many sources[2,3] have confirmed what doctors declared last year, long before it was a popular topic of conversation. Our health care system does indeed face a sustainability challenge. The cause of this is obvious to most people when we look around and in the mirror. New Brunswick is one of the 'oldest'[4], 'largest'[5], and sickest[6] provinces in the country. No one chooses to be sick, but we make many decisions daily that increase our risk of chronic illness. Instead of limiting access to health services, we need to address the root problem. If we're in a sinking boat, we can bail it out as much as we want – but someone should be patching the hole.

Last year, New Brunswick's doctors answered the government's call for help[7]. The New Brunswick Medical Society took the request seriously, as did the 400 doctors who offered their input. Our submission to government was based on nationally-agreed upon direction from the Canadian Medical Association and Canadian Nurses Association[8]. It was applauded by the Regional Health Authorities[9] and media outlets in the province,[10,11] but we haven't seen most of our ideas take shape.

After a difficult year, doctors in New Brunswick again are showing their leadership by expanding on our original ideas with specific, actionable steps. Be warned, though: our proposed changes aren't easy. If our suggestions for change were simple, they would be done by now. These changes are difficult – a lot more difficult than simply limiting access to care and hoping for the best.

They require transformative change. In fact, we'll go so far to say that the test of our universal healthcare system will be how quickly and effectively we can accomplish what we've outlined here. The four themes that follow are those that countries around the world and provinces right next door are tackling. If we fail at progress on these points, we are in trouble.

If patients are looking for teamwork on their behalf, the doctor is in. We're in it for the 20,000 patients we saw today, and for the 600,000 New Brunswickers we see at least once a year.

MOVING FROM A SICK CARE SYSTEM TO A *HEALTH*CARE SYSTEM.

When they have a non-urgent medical issue, most people see their family doctor[12]. Some see a nurse practitioner[13], but 60,000 New Brunswickers have to think carefully about their choice[14]. They call Telecare, or rush to get to the lineup at the local walk-in clinic, or simply head straight for the emergency room. We have to do better for these patients, who are looking for "primary care" – their first point of contact in the health system.

Over recent months, a number of suggestions have been proposed. Some groups have said that if only they could prescribe advanced medications and be paid more, our problem would be solved. Some have said doctors should just work harder. Others propose limiting the number of sick people.

In the meantime, doctors have been pushing for changes to access to the primary care system for nine years. Last year, the government announced it was moving forward with changes. We're actively working with them on a number of items, but patients have waited long enough. We must act now.

The three things we need to renew our system of primary care are:

- Create teams of primary care professionals across the province who work together.
- Use electronic medical records to help these teams communicate.
- End the bureaucratic prohibition on allowing doctors to practice where patients need them.

Create teams of primary care professionals

Doctors are experts in medical care. Sometimes, patients who need a flu shot or their blood pressure checked don't need an expert; they need someone who is very well trained to do specific tasks. At the same time, we cannot have people who aren't experts trying to do things that doctors should do. There's a balance to be struck. Most provinces in the country realised long ago that the solution is to have the people that provide patient care with various skill sets working together, so they understand each other's work, what everyone can do safely, and how to give patients quick access to the person with the most appropriate skill for the job at hand[15].

The Government of New Brunswick realised this last year[16]. They announced a new shift in how they think about primary care, and we applauded their efforts[17]. Doctors need to share the load by working in teams with other professionals – and doctors welcome that. For patients, this should be better access to care, linked to your family doctor, and shorter turnarounds to get an appointment. For the system, it means less expensive emergency room visits, fewer hospital admissions, and happier health professionals. Finally, it means a long-term focus on preventative care and patient education[18] – a move

from sick care back to health care. At the same time as we update our thinking around team-based care, we should re-evaluate the original Community Health Centres to ensure they are still cost-effective.

Last year, we said "the best care often comes from teams of professionals." We said we needed to build on what we have, and warned against creating "two duplicative systems that compete with each other." Finally, we said "everyone deserves timely access to a family doctor; that physicians should be encouraged to practice with other providers; that change is difficult and requires time."[19]

Use electronic medical records to help teams communicate

When was the last time you've faxed your booking information to an airline, and got a ticket in the mail? Had your lifetime financial records printed off at the bank and picked them up? Went to the grocery store and had the cashier at the checkout write out your grocery receipt by hand?

But when was the last time you got a prescription from your doctor on a little white pad scrawled in blue pen and had to physically hand it over to the pharmacist? Health care can no longer be an exception to the rule that is present in so many facets of our lives. Computers, when used properly and securely, are tools that can help us. We've seen other provinces race ahead with federally-cost-shared EMR programs. New Brunswick is now on the road – but we are left with one year of federal funding to launch an EMR program, when many provinces have benefitted from ten years of federal funding.

Last year, we asked the government to partner with New Brunswick's doctors to equip physicians with electronic medical records, in partnership with the federal government's Canada Health Infoway. We asked the government to create annual targets and incentives to encourage at least half of family doctors to adopt EMRs by the end of the plan.[20]

End the bureaucratic prohibition on letting doctors practice where patients need them

In the early '90s, the Ontario health system looked at the way in which they were trying to control costs. Common to other provinces in Canada at the time, their thinking was blunt. If they limited the number of family doctors and controlled where they were through bureaucratic systems, fewer people would get referrals to specialists or lab test orders, which would save the government money. Right?

But as time went by, they noticed that many people would go to the emergency room instead – and often they came with illnesses that were expensive to cure, but could have been prevented with better access to family doctors. They abandoned their system[21] - which leaves New Brunswick as the only province in Canada to use this exact same system, which we call 'billing numbers'. In the face of all evidence[22], the government continues to go with the idea that 'bureaucrats know best' when it comes to attaching patients to doctors. Urban areas now have a tough time recruiting doctors, leaving thousands of city-dwellers 'doctorless'. This is the reverse of what's

happening around the country and even where billing numbers are available in cities, we aren't able to find doctors for them because the billing number system makes New Brunswick appear 'closed' to many doctors.

Health system leaders in Ontario opined the billing number system a coercive measure; "coercive measures are not real answers but, rather, unproven short-term interventions that victimize both the communities in question and young physicians."[23] New Brunswick has stuck with a failed experiment for too long.

Last year, we said that "physicians should be encouraged to practice in adequate numbers in areas of the province which need it most, which cannot happen with our antiquated billing number system."[24]

What's working well?

- The Province has announced plans to create 10 teams of primary care.
- The Province has engaged with doctors to deliver electronic medical records.
- The Province has publicly mused about ending bureaucrats' control over where and how doctors care for patients.

How can we improve?

Create teams of primary care professionals across the province who work together.

- Set a target for the number of physicians working in group-based practices, and set a finite date for when the 10 proposed Family Health Teams will be up and running.
- Publicly commit to only changing scopes of practice in the context of team-based care – not duplicating existing services at twice the cost.
- To avoid creating comprehensive teams in some areas and leaving others out of the loop, double the proposed number of Family Health Teams.
- Now that Family Health Teams will be the dominant model of team-based care, review Community Health Centres for their cost-effectiveness.

Use electronic medical records to help these teams communicate.

- Support physicians currently using an EMR to be able to move to the provincially-funded system within the next year.

- The Province should fund the EMR program by itself if the federal government is unwilling to extend its cost-sharing arrangement past its agreed-to deadline.
- Set a target date for when pharmacists will be required to follow doctors' lead and adopt a similar system to ensure fewer medication errors and adverse events.

End the bureaucratic prohibition on allowing doctors to practice where patients need them.

- With the stroke of a pen, end the bureaucracy's control over where doctors practice.
- Aggressively recruit our homegrown medical students and residents and retain our current physicians to ensure New Brunswick is not training the next generation of Alberta's doctors.

SAVINGS PROFILE

The use of electronic medical records was recently evaluated by the federal government. Canada Health Infoway found that nationwide, $177 million was saved in 2012 from better test management and less paperwork and $99 million through fewer duplicate tests.[25] New Brunswick's share of those savings was almost nil, as EMR adoption is very low (26%, compared to 74% in Alberta). If we used the national average as our benchmark, we could save at least $6 million annually by simply spending less time looking for paper and duplicating tests.[26]

FACT: A recent study[27] has shown the more higher-care-needs patients were attached to a primary care practice, the lower the costs were for the overall healthcare system. The majority of the cost reductions stemmed from decreases in the costs of hospital services.

LISTEN TO THE FRONTLINE FOR ADVICE ON THE BOTTOM LINE.

Walk into a hospital in New Brunswick and we bet you'll see someone with a clipboard walking around and making notes, and a number of people in suits, not scrubs. These folks are involved in the administration of health care, and we need the best people in New Brunswick involved in that challenge. Some engineers, accountants, and lawyers are necessary in a 21st century health system.

As doctors, we'd argue that we also have a lot to contribute, but we find ourselves outside the boardrooms. In some cases, we mean it literally: doctors are legislatively barred from sitting on the Boards of the Regional Health Authorities. In other cases, we see decisions made that show us no one is listening.

A couple of years ago, someone decided that thick surgical gloves were too expensive and thinner ones were cheaper. Obviously, doctors and nurses need gloves that won't rip or tear when working on patients, but the thin ones rip all the time. Now, we use two or three pairs of thin ones to ensure they don't tear right through to our skin. In searching for the lowest price, we might not find what's most cost-effective.

The three ways in which we can benefit most from frontline input are:

- To support the work of doctors in lowering their costs to the system.
- Allow frontline professionals to offer advice to the highest levels of the Regional Health Authorities.
- Engage frontline professionals in strategic, system-level discussions about sustainability.

Support doctors in their efforts to lower system costs

It's been said that the most expensive piece of medical equipment in Canada is the doctor's pen. Doctors refer patients to other doctors; they order lab tests; they prescribe medications. All of these actions cost the health system money, and the Regional Health Authority – which pays for the operating rooms, the lab technicians, the hospital beds – is affected to a great extent by how physicians practice[28].

Right now, New Brunswick's doctors are working with colleagues across the nation to ensure we are partnering with patients to make decisions that are supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary. This might mean lab tests we order routinely and might not need to, or common procedures that have recently been questioned by good evidence. This initiative is tentatively being called Choosing Wisely Canada, after the American initiative of similar intent.[29]

Doctors are working hard to find out how they impact the costs of the system. We have to do better with the dollars we do have, and lowering our impacts on the system while providing the best care has to be

a goal for everyone. Last year, we asked the government to share cost information involved in care with professionals to inform us on how our clinical choices affect healthcare spending, and explain how FacilicorpNB's decisions were cost-effective.[30]

Allow frontline professionals to offer advice to the highest levels of the Regional Health Authorities

We have watched system re-organisations across the country. In some provinces, there is one health authority; in others, there are no health authorities. New Brunswick has two, and some have asked if one would do. It seems to become a political football wherever these discussions take place. As of the time of this writing, it is an active election issue in Nova Scotia[31,32] and caused a whole health leadership shuffle in Alberta[33].

More important is the issue of how we get the best people we can, with the best information, to make the best decisions for patients. In examining the Boards of FacilicorpNB[34], the New Brunswick Health Council[35], and the Health Authorities,[36,37] we see a grand total of one physician involved in Board level decision-making. In fact, we have a law that specifically prohibits doctors from being named to the Regional Health Authority Boards – and they can't even run for election.

Instead of trying desperately to keep doctors away from decision-makers, many provinces are making active efforts to include them. Let's be honest: doctors tell it like it is. We are often direct and use tough medicine. But if anything, those aren't reasons to keep doctors away from senior leaders – they're reasons to put us in the room. Last year, we asked the government to end the prohibition on physicians running in Health Authority Board elections as a sign that doctors are welcomed at the decision-making table.[38]

Engage frontline professionals in strategic, system-level discussions about sustainability.

In early June, the Province released the Executive Summary of a report done by an accounting firm[39]. This report was done to examine the discrepancy between what most provinces spend on hospitals and what New Brunswick spends. The authors found that through three principal means, hundreds of millions of dollars could be saved.

Many people jumped on this report. Some health professions said it was time to close hospitals. Some unions said there was no possible way to improve productivity. The government said it was proof of the overspending in healthcare. Doctors took the view that the report should be examined closely, we should learn what we can, and we should involve health providers in the discussion - even when an accounting firm is writing the report. If anything, we believe the situation highlights the necessity of a collaborative approach with all parties on tough problems.

Last year, we asked the government to convene groups of health professionals to guide the execution of the Health Plan, and to show professionals our input is valued by acting on reasonable suggestions.[40] In the absence of any plan, we think more health professionals should be involved on the numerous working groups and provincial committees now studying system sustainability.

What's working well?

- There is a national recognition that doctors need to be empowered to lead changes in their own practices to find more cost-effective ways to deliver results for patients.
- Administrative physician leaders in New Brunswick are strong, and the evidence in recent years is irrefutable: doctors must be involved in system change for it to occur.[41]
- More commentators and media are discussing healthcare sustainability in New Brunswick.

How can we improve?

Support the work of doctors in lowering their costs to the system

- Support the efforts of doctors to apply the lessons of Choosing Wisely in their practices across New Brunswick.
- Work with doctors at the negotiating table through a formal process to examine system savings in the Medicare budget, similar to processes in other provinces.

Allow frontline professionals to offer advice to the highest levels of decision-making

- End the ban on frontline professionals serving in leadership roles as part of the Regional Health Authority boards.
- Employ words and actions designed to build respect and partnership with physicians and other health professionals.
- Engage frontline professionals in strategic, system-level discussions about sustainability.
- Make health professional membership on committees and working groups studying sustainability in health care mandatory.
- Gather performance data through staff and patient satisfaction surveys in an effort to gather input from staff and patients.

SAVINGS PROFILE

The potential savings realised by Choosing Wisely in the USA have been estimated very conservatively at $5 billion annually.[42] Some authorities in the USA argue that 30% of all health spending is wasteful.[43] If we assume our New Brunswick system is only one-tenth as wasteful, and that doctors influence 80% of all healthcare spending,[44,45] the value of that potential saving is over $60 million[46].

FACT **In a survey conducted in May 2013, 48% of New Brunswickers thought "waste and mismanagement" was "most responsible for the increasing cost of health care" in New Brunswick. Only 12% thought it was the "salaries of health professionals".**

SEE WAIT TIMES AS A SYMPTOM, NOT THE PROBLEM.

Wait times in many regions of Canada are not improving[47]. In many areas of New Brunswick, they aren't improving[48]. Patients continue to wait, in some cases in severe pain, because we don't treat their time off work, their needed assistance from family, and their anxiety as costs to our economy.

We have anxious mothers waiting to see a doctor in the middle of the night in an emergency room; we have middle-aged sons visiting their elderly father in hospital as he waits his 200th day for a nursing home bed; we have frustrated retirees waiting for a surgery that seems to get further away as the months roll by.

We'll tell the simple story to a complicated problem. Because people get sick, they wait in emergency rooms. Some wait there to get into hospital because there aren't enough hospital beds. Seniors often wait in hospital beds because there are no places in long-term care. There are no places in long-term care because too many people are there when some could be in the community with the right providers helping them. What we all need to realise is that systemic problems that underlie all of these interactions with the health system are really what need to be tackled.

The three ways in which we can tackle the problems underneath the wait times symptom are to:

- Align people and processes more effectively;
- Provide seniors and their families with better options for their care in the community;
- And reward hospitals for both the care they provide and its quality.

Align people and processes more effectively

A recent report put forward by the Regional Health Authorities would suggest that there are large – some would say massive – productivity gains to be had in New Brunswick hospitals. In a world used to improvements of 2-5% in productivity, a potential of a 40% improvement certainly deserves a serious discussion. Regardless of the numbers, many companies around the world are employing management theories to improve teamwork and strip out waste. They go by many names – Lean, Six Sigma, the Toyota Model – but they're working when deployed properly. Hospitals shouldn't be any different.

There are also many ways to leverage the use of information technology in our province. With more doctors using electronic medical records, for example, there are opportunities to streamline referral processes. Right now, your family doctor will likely refer you to the specialist they believe is most appropriate for you. In some other places, registries are maintained to ensure that if a patient from Saint John is willing to go see a surgeon in Campbellton if their wait time is much shorter,

they can do that. Right now, it's very difficult for a GP in Saint John to know that surgeon's wait time. Centralising these processes would help patients around the province but would mean hospitals have to work together.

Last year, we asked for the development of centralised referral processes and the right staff to provide timely access to specialists for urgent and non-urgent referrals. We also asked that government partner with professionals to develop a roadmap to regionalisation, not centralisation, that outlines which tertiary centres provide which service, reducing the need for each hospital to have identical expensive equipment and services.[49]

Provide seniors and their families with better options for their care in the community

Right now in New Brunswick, about 25% of all hospital beds are being occupied by someone who would be better off if they were somewhere else[50]. Those patients are there because there isn't a better alternative for them when they need it. Many of these patients are waiting for nursing home beds in their communities. This creates problems for these patients remaining in hospital beds and their families. This also leads to inefficiency in the day-to-day function of acute care hospitals: it can contribute to emergency room overcrowding, surgical cancellations and increased wait times for elective hospital admissions. This issue has received attention across the globe as the population ages, and was a component of the report from the Premier's Panel on Healthy Aging.[51]

Doctors know that the patients waiting for alternatives to hospital care are people first, with individual stories and situations. Building more nursing homes won't fix the problem on its own, but is a key element; in fact, there is a mixture of solutions involved that cross department, budget, and bureaucratic lines. For example, to be discharged from hospital to a nursing home bed, a patient needs an assessment completed by the Department of Social Development. The waits for these assessments can be lengthy. We need simplicity.

There are many good initiatives to deal with this challenge. Last year, we asked for the Province to examine interactions between the Department of Social Development and the Department of Health to eliminate unnecessary bureaucratic processes; to create new, community-based long-term care navigator positions to work with individuals and their families to assist them in accessing community-based resources; and to develop guidelines and policies to help make our hospitals and healthcare facilities more navigable and age-friendly.[52]

Reward hospitals for both the care they provide and its quality

Imagine if New Brunswickers were told on April 1st how much they'd make this year. It didn't really matter how many hours were worked or how well they did at their job. If they did well, they couldn't receive any more money; if they did poorly, none would be taken away. Hospitals are actually paid this way in New Brunswick in a system called 'block funding.' New Brunswick is one of the last provinces to move away from this funding – and Canada is one of the last countries in the world to still use it extensively.[53]

In many countries and in other Canadian provinces, hospitals are paid for the number of patients they treat and how well they treat them[54]. Some provinces have found evidence-based guidelines and said they'd pay a premium if health professionals used the latest evidence to treat their patients[55]. These ways of compensating hospitals are all related to a funding model called 'activity-based funding.'

Certain hospitals for any number of reasons are better at doing specific procedures – they might have better equipment, staff, or technology. We need to reward excellence in health care. One of the ways to do that is to ensure funding follows the patient. While some parochial groups look for evidence that this produces hospital infighting and a race to the bottom, most evidence points to the simple fact that any New Brunswicker would understand: incentives drive behaviour[56]. Last year, we asked for the government to develop an Activity-Based Payment system in hospitals which ensures that money follows the patient, regardless of where they are treated.

What's working well?

- The Best Practices and Innovation Council is looking to standardise the use of evidence in hospitals across the province and the Office of Health System Renewal is performing a case-costing exercise to see how different hospitals perform.
- The provincial website on wait times is improving and small pockets of excellence are being created as some process improvement processes are rolled out.

How can we improve?

Align people and processes more effectively

- Create teams of health professionals who are experts in quality improvement who can be deployed at hospitals around the province to build capacity in our system.
- Outline a plan toward regionalisation of hospital services that focuses on excellence in service delivery and quality across the system.

Provide seniors and their families with better options for their care

- Create an action team with health professionals and system leaders from across the system to deliver results for seniors waiting in hospitals. This first step is to create a simple system to help seniors transition from acute care and access home services in a timely manner.
- Develop innovative tools to keep seniors in their homes as long as possible; these include volunteer-based transportation systems, enhanced respite care to keep families from landing in emergency rooms out of desperation, and tax credits for seniors to ensure their own homes are accessible to them.
- Expand the reach of New Brunswick's incredible Extra Mural Hospital program to ensure seniors are supported to live safely and happily in their homes as long as they are able.

- Ensure that there is an appropriate mixture and number of supportive housing (assisted living, special care homes, and nursing homes) in the community that meet a range of needs. This should be coupled with easier transitions from one level of care to another.

Reward hospitals for both the care they provide and its quality

- Set a target of 25% of hospital funding delivered through a mixed payment model that drives productivity and quality in hospitals.
- Encourage hospitals to practice with a regional focus to deliver services to New Brunswickers that are not duplicative.

SAVINGS PROFILE

It was estimated in 2008 that 'excessive wait times' associated with only four priority procedures cost the provincial government $263 million in GDP[57]. Reducing wait times by 25% for just these procedures would result in annual gains for the province of $65 million.

REDUCING THE SIZE OF NEW BRUNSWICK.

The New Brunswick Health Council, the Canadian Association of Actuaries, the Canadian Institute for Health Information – so many bodies are publishing reports on the sustainability of our healthcare system. They say we're using a lot of health system resources for two main reasons: our population is getting older and we're not healthy. It seems like everyone has concluded the answer to health sustainability is to improve constantly on our health system efficiency (and there's work to be done there). While important and sustained efforts are showing signs of progress[58], no one is working on a massive scale to improve the health of our population and minimise or avoid the use of health system resources. This is a classic example of missing the forest for the trees; in our effort to make hospitals more effective, we're ignoring what happens outside of their walls.

Doctors see the impacts of unhealthy living every day. A doctor in Fredericton recently told us that he'd just diagnosed a pre-teen girl with type 2 diabetes, a disease often brought on in middle-age by poor lifestyle habits. She was moderately overweight, but spent most of her waking hours sitting in a classroom or in front of the TV. This girl will be on medication and in therapy for her entire life, at incredible cost to her own health and to New Brunswick taxpayers.

We need a focus on healthy living from all partners, especially those outside the health system. Doctors have stepped up in many ways, and there is so much more work to do. But the largest determining factor on whether or not a child grows up to make healthy choices in activity and nutrition? Their parents' choices.

The three areas we need to focus on to improve population health are:

- Healthier schools and workplaces.
- Developing more health-conscious families.
- Provide help and education through our communities and province.

Healthier schools and children

Schools should be places where values are practiced, and New Brunswick was once a leader in helping parents develop healthy children. We were one of the first provinces to ban the sale of foods with minimum nutritional value in fundraising initiatives and from vending machines.[59] But there is more that could be done; there are still too many schools serving hot dogs and fries.

In Manitoba, physical education is mandatory in high school, right through to graduation. This would go part of the way to ensure that our adolescents are physically active. Mandatory Family Studies classes (once known as home economics) would help youth understand how to cook foods not

found wrapped in plastic. There is also evidence that 'active classrooms', which encourage a blend of light activity and academia, see strong academic and physical results.

Finally, the role of schools as community hubs is important. Many schools encourage activity by opening after-hours for walking circuits through their halls, soccer on their fields, and basketball in their gyms. We wholeheartedly support this as a provincial initiative which we believe has mutual benefits for active communities and schools alike.

Last year, we asked the Department of Education to re-draft their policy on healthy living to set the bar once again for the nation; to encourage education curricula to include physical education and active classrooms; and for schools to make reasonable efforts to become places of physical activity in their communities outside of traditional school hours.

Developing more health-conscious parents and workplaces

Doctors refute the notion that schools and teachers are in charge of fostering healthy behaviours. The research is clear: the role of the family in the modelling of healthy behaviours is the clearest link to childrens' behaviour. Eating while watching TV, drinking sugar-sweetened beverages between meals, and skipping breakfast have been associated with an increased risk of obesity in children[60,61]. Conversely, parents who provide appropriate food choices for their children and who participate in their children's physical activities raise healthier children.[62]

There have been millions of dollars poured into anti-childhood obesity research. The recommendations are straightforward. Effective strategies include role modelling for children; using educational materials, such as Canada's Food Guide (and Canada's Food Guide for Children); fewer sugar-sweetened beverages[63] and more low-fat milk or water; more vegetables; less TV; and eating as a family unit at home.

Just as our children spend much of their waking hours in school, adults spend an equal or greater amount of time in the workplace. Where we work is determined by a number of things, but different types of employment have different associations with obesity[64]. It is safe to say that New Brunswick`s employers could do more to enable their employees to live healthy lifestyles and see positive impacts on their own bottom line through productivity gains and reduced injury.

The association with injury and obesity is related to fatigue, physical limitations and ergonomics, medications, and less use of personal protective equipment[65]. Obesity and job performance are clearly correlated. Obese workers have more frequent and lengthier work absences[66], and are more likely to report high job strain and low co-worker support[67]. Reducing or preventing obesity in the workplace would have multiple potential health benefits, higher productivity, and better job performance.

Provide help and education through our communities and province

Obesity affects more than health: it affects our economy. The most conservative estimate for the Canadian economy was that obesity cost $4.6 billion in 2008.[68] By a crude per capita estimate, this would mean a cost to New Brunswick of over a hundred million dollars annually. We expect the real number is actually much, much higher. It also costs our health system. In Ontario, it was estimated that physician costs were 15-18% higher for obese adults than non-obese adults. With New Brunswick facing a perennial doctor shortage, reducing obesity could help health professionals and provincial budgets.

The proportion of food consumed outside the home has increased dramatically.[69] Menu labelling provides better information for customers at fast-food restaurants and exists in the US and Europe. Menus should educate consumers at the point of sale, instead of burying nutritional information on pamphlets.

The rise of suburbs and longer distances within communities has made car travel easier and active transportation (walking, cycling, etc.) difficult. Evidence shows that people living in neighbourhoods with opportunities for safe physical activity (with trails, sidewalks, and bike paths) are more active and have lower rates of obesity.[70]

Last year, we asked the government to further support Community Wellness Networks; to work with professionals to encourage patients to take charge of their own health; and to create a specific Childhood Obesity Strategy with a timeline and measurable outcomes.

What's working well?

- The Province has increased investments in their Wellness Strategy and as part of that supports the Healthy Eating and Physical Activity Coalition, which helps coordinate work on health promotion. An aligned initiative, Join the Wellness Movement, promotes the benefits of healthy living.
- In recent months, NB Public Health has created a Nutrition Framework for Action; the Province's Anti-Poverty Strategy is tackling challenges for New Brunswickers with low incomes; and there is a new Department of Healthy and Inclusive Communities, the only government department to receive annual increases in the last four years.

How can we improve?

Healthier schools and children

- Schools should enforce Policy 711 (which promotes healthy choices in schools). They should aim to set the bar higher with new guidelines on active classroom techniques, and make their facilities available to communities.

Healthy Health Authorities

The largest employer in the Province of New Brunswick is the Province of New Brunswick. By becoming a healthier employer for teachers, nurses, bureaucrats, and through multiple agencies which fall under government such as NB Power and the Regional Health Authorities, the Province could set the bar for healthy living in the workplace.

Doctors work in Regional Health Authority environments and understand how workplaces can influence our own ability to make healthy choices. The RHAs have an enormous opportunity to become leaders in the area of healthy living in the workplace. Others in the country are doing the same thing.

The Healthy Food in Health Care program[72] advocates for improved nutrition and food practices in health care institutions. They have a variety of information available to improve the quality and nutrition of the food served. While it is not without cost, we believe the food served in hospitals to patients must improve; the options provided to the people who care for those patients should too.

We call on the RHAs to become champions of healthy living in New Brunswick.

- The Department of Education should add mandatory Family Studies and Physical Education classes in our curricula right through to graduation.

Developing more health-conscious parents and workplaces

- Parents need to monitor the consumption of sugar-sweetened beverages and screen time in their own homes.
- Chambers of Commerce should actively encourage their members to become affiliates of the New Brunswick Workplace Wellness Community of Practice, which offers resources and tips on how to be a healthier employer.

Provide help and education through our communities and province

- Provincial legislation should require fast-food restaurants to post caloric labelling of their products on the menu.
- Municipal governments can help by building Complete Streets, which combine pedestrian, transit, and bike accommodations with measures to reduce the speed of traffic. In fact, both rural and urban areas should explore development through the lens of health-related impacts on the Built Environment.
- Communities can also share the initial efforts to create community gardens, which enable both nutrition for families of many economic circumstances and promote nutrition-related education.

SAVINGS PROFILE

A report commissioned by the Province estimated that bringing our level of obesity down to the Canadian average would reduce hospital bed days by 10%[71]; if the government's prediction is correct, it would save New Brunswick $52 million annually.

FACT: This year's budget for the Department of Health was $2.6 billion. The budget for the Department of Healthy and Inclusive Communities is $18 million.[73] In other words, a crude estimate shows we spend less than a penny on 'prevention' for every loonie on 'cure' – and we all know the old adage about how much prevention is worth.

SUMMARY

Before any procedure, doctors have to obtain 'informed consent' from their patients. This means we have to tell them the risks of doing something and ensure they have all the information they need to know before they agree to something.

In the interests of full disclosure, we want to discuss two things. One is that not every idea for improved sustainability is here. For some popular ideas – like taxing junk food – it's because the jury's still out, and we wanted this plan to be focused on evidence that can be effectively applied in our province. Some ideas were left out of our report because we hoped it would be brief enough to be read by many New Brunswickers. We'd invite others to add their thoughts to the mix and pick up where we've left off.

The second thing we need to disclose is that we are fully aware that there are good reasons why we have not yet been able to deliver on many of the strategies outlined here. There are good reasons why we have wait times in this province. There are good reasons why not every New Brunswick child has gym class every day. More importantly, there are good reasons why some parents have no choice – none – in what their children eat. (This fact should behoove every last one of us that has a choice in what their children eat to ensure that we are giving them our best.)

Doctors have stethoscopes. We have otoscopes. We have penlights, and prescription pads, and blood pressure cuffs. But despite the best science has to offer, we have no magic wands to wave against the historical reasons why not to do something. We know that most of the reasons why not to do something can be overcome when good people work together to make changes.

We believe, as a profession, that focusing on health care, not sick care; addressing real problems, not symptoms; making healthier choices; and listening to the front lines have the ability to save large amounts of money. But our 'health plan' is designed first and foremost to live healthier, provide better care, and have happier New Brunswickers.

We see 20,000 patients a day. We are dedicated to your health and believe strongly that New Brunswickers deserve a universal, publicly-funded healthcare system. It was given to us by a generation that fought far tougher battles than the one we fight today against paperwork, against obesity, against complacency. There's no doubt that New Brunswickers have the resolve, brains, and passion to succeed - we see it in the faces of our patients in our offices and emergency rooms. Let's devote our full attention to whole lives, not just to fiscal years.

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