

Rebuilding Primary Care in New Brunswick

Community Meetings
September 2024



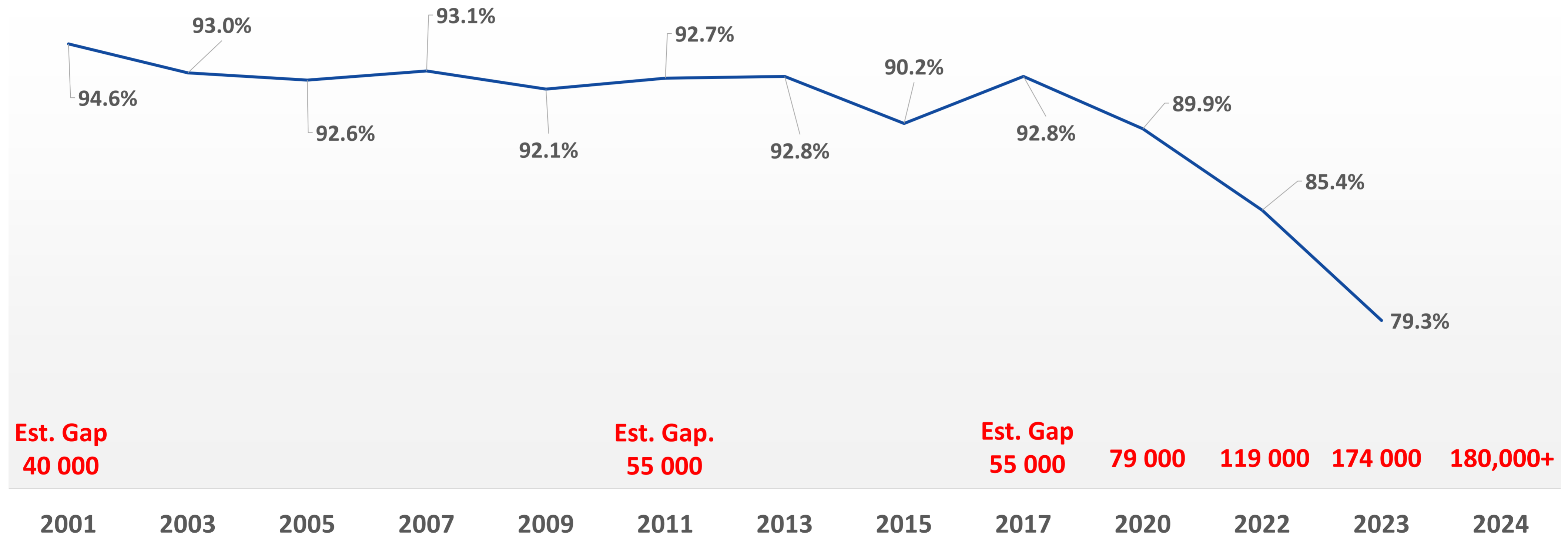
Who are we?

- NBMS is the professional association which represents the 2,000+ practicing, future and retired physicians in the province.
- Our mission is to improve the health system for the benefit of patients and represent the interests of physicians.
- We have three main business lines : health economics and negotiations, health system improvement and member services.

Why are we here?

- Provincial tour of communities that have been deemed “at risk” based on the demographics for family physicians in their area.
- Provide data and information for local leaders to engage with decision-makers in their respective regions.
- Advocacy for increased focus and funding for team-based primary care in New Brunswick.

Primary Care Attachment in New Brunswick



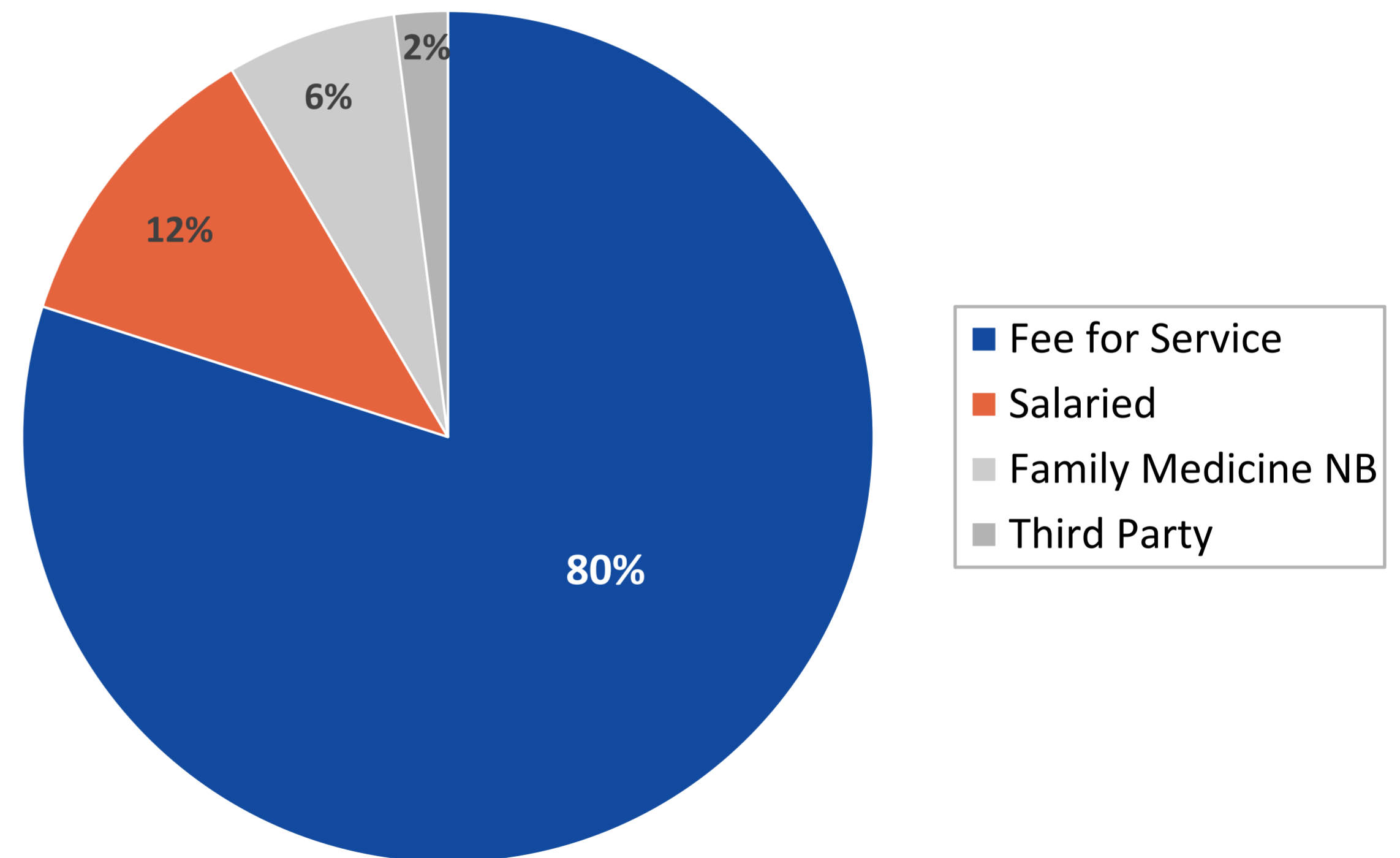
Statistic Canada Community Health Survey (2001-2015) and NB Health Council Primary Care Survey (2017-2023)

Revised Sept. 26 based on Statistics Canada Q4 Population Projections

New Brunswick's Current Family Physician Workforce

- We remain the province with the highest ratio of family physicians in solo practice.
- We have the lowest EMR adoption rate.
- We were amongst the most successful at attaching patients to providers.
- We remain amongst the least successful at providing timely service.

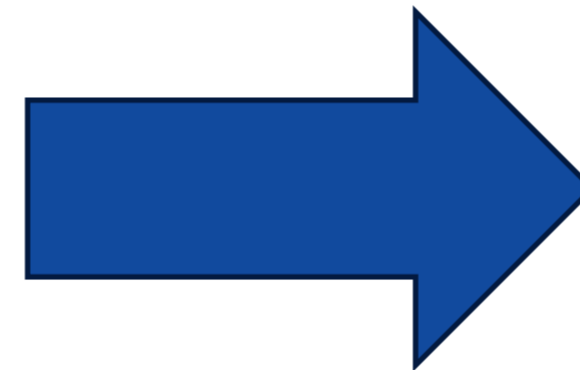
Family Physicians per Remuneration Model



NBMS Membership Database Analysis

Our Physician Demographics

- Of the 719 family physicians in New Brunswick in this sample, 357, close to 50%, are 50 years old or older.
- They look after close to 290,000+ unique patients.
- There are no short-term recruitment scenarios that can replace their capacity.
- We need to focus on retention.



50 to 55 - 65,000 patients

55 to 60 - 71,000 patients

60 to 65 - 70,000 patients

65 to 70 - 46,000 patients

70 to 75 - 20,000 patients

75 to 80 - 11,000 patients

80+ - 9,000 patients

The health system knows the solution.

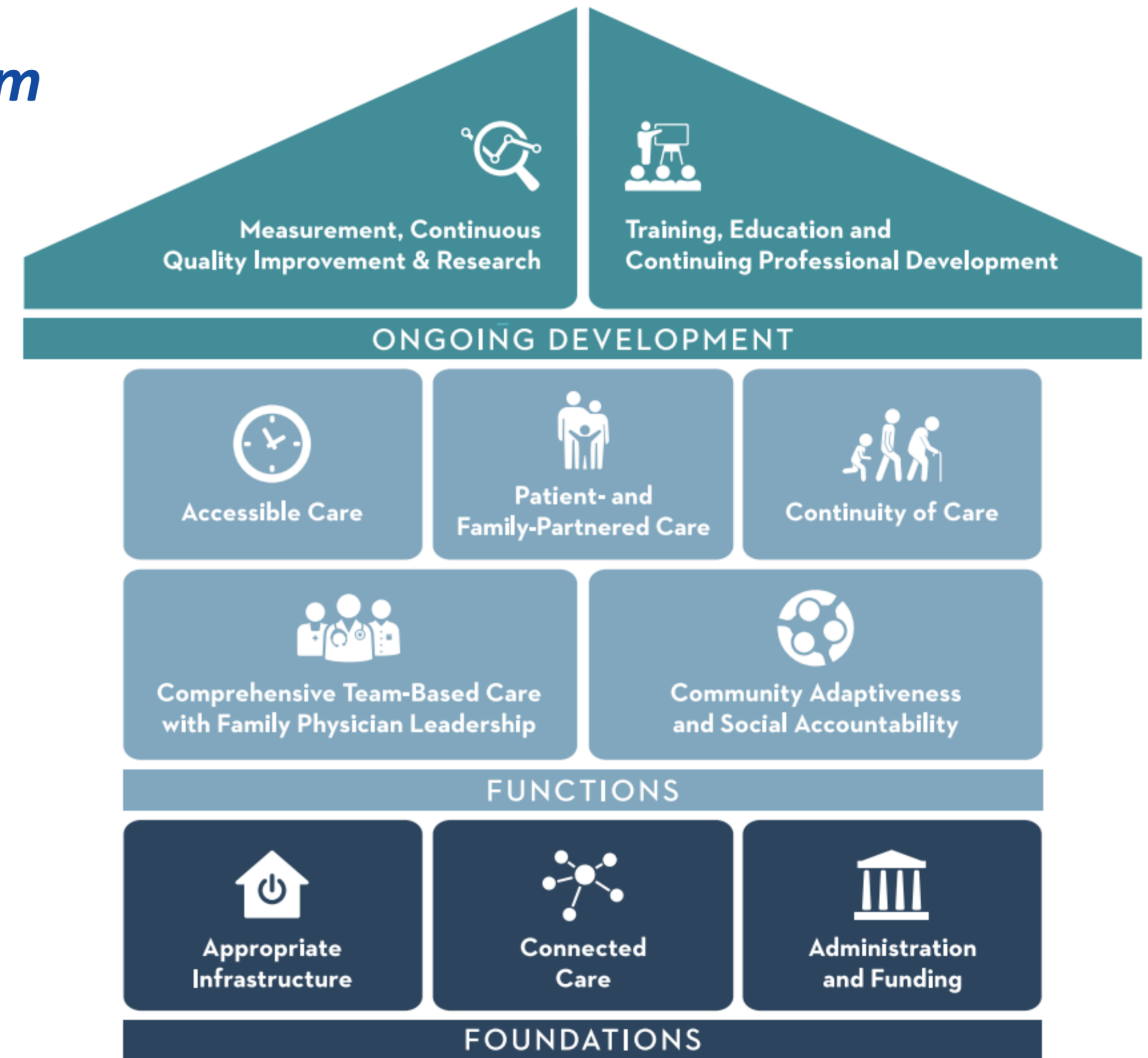
(hint)

It's not another pilot project.

The Patient Medical Home

aka Primary Care Team

- Clear consensus at all levels.
- Demonstrated results and improved healthcare outcomes.
- Once in a lifetime fiscal and political window for investment



You will be connected with the most



WHY?

Clinicians don't want to work in teams?

OR

**We have not built teams for them to
work in!**

What's missing?

The Core of the Patient Medical Home Model



Appropriate Infrastructure

Physical space, staffing, electronic records and other digital supports, equipment, and virtual networks to facilitate the delivery of timely, accessible, and comprehensive care.



Connected Care

Practice integration with other care settings and services, a process enabled by integrating Health Information Technology.



Administration and Funding

Practices need staff and financial support, advocacy, governance, leadership, and management in order to function as part of the community and deliver exceptional care.

Success requires building BOTH a well supported network of team-based clinics AND competitive remuneration models for providers.

Recent Progress in New Brunswick

- Recent major improvements to Family Medicine New Brunswick, an initiative that funds and supports physician-led team-base care.
- Creation of dedicated teams in both Regional Health Authorities to lead the transformation of their clinics across the province.
- Successful flagship initiative within Vitalité Health Network anchored in community needs and co-constructed with local physicians and their health partners (currently on pause).
- Recent progress with government in supporting and stabilizing primary care clinics across the province facing significant challenges due to inflation outpacing their revenue over the last five years.

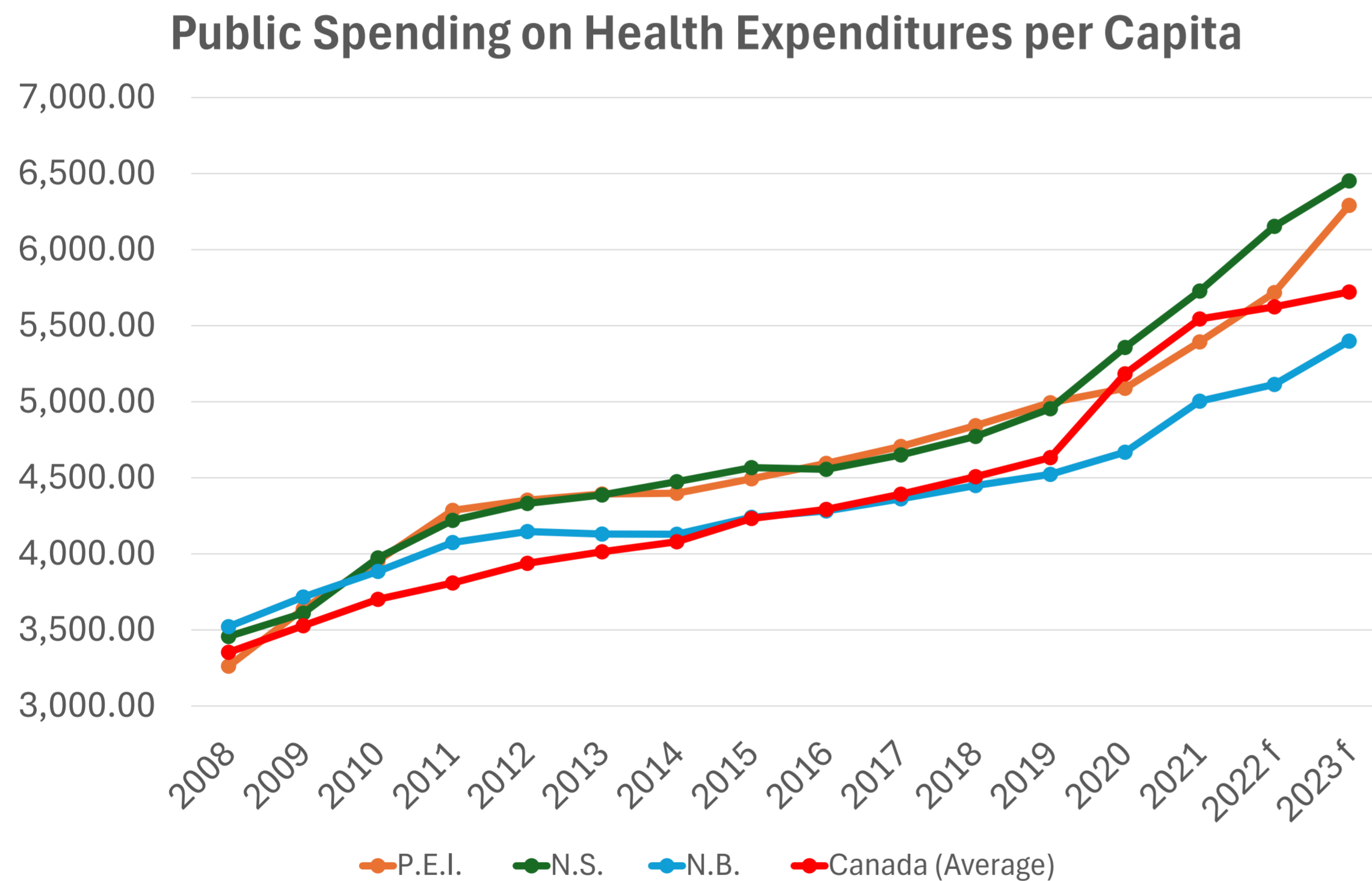
NO ONE disagrees on direction

The debate is simply about SPEED.

An International Lens

- Canada spends less of its total health budget on primary care than the average among OECD countries (5.3% v. 8.1%).
- The United Kingdom, Norway, Netherlands and Finland have more than 95% of the population with a regular primary care clinician or place of care.
- An analysis of these countries shows that those with high rates of primary care attachment have stronger contractual agreements and accountability for family physicians, including where they practice, their scope of practice and who they accept as patients.
- Countries with high rates of primary care attachment have similar numbers of family physicians, but fewer work in walk-in clinics or specialized areas; family physicians are paid by capitation or salary, work in interprofessional teams and have excellent digital tools and information systems.

Comparative Healthcare Investments



- If NB was funding at national per capita level, we would have an **\$270M/year** increase in our health investments;
- If NB was funding at PEI level, it would be **\$745M/year** more;
- If NB was funding at NS levels, it would be **\$879M/year** more.
- In Newfoundland, **\$1.9B/year** more in the budget.

Table B 4.2, National Health Expenditure Database (NHEx), Canadian Institute for Health Information

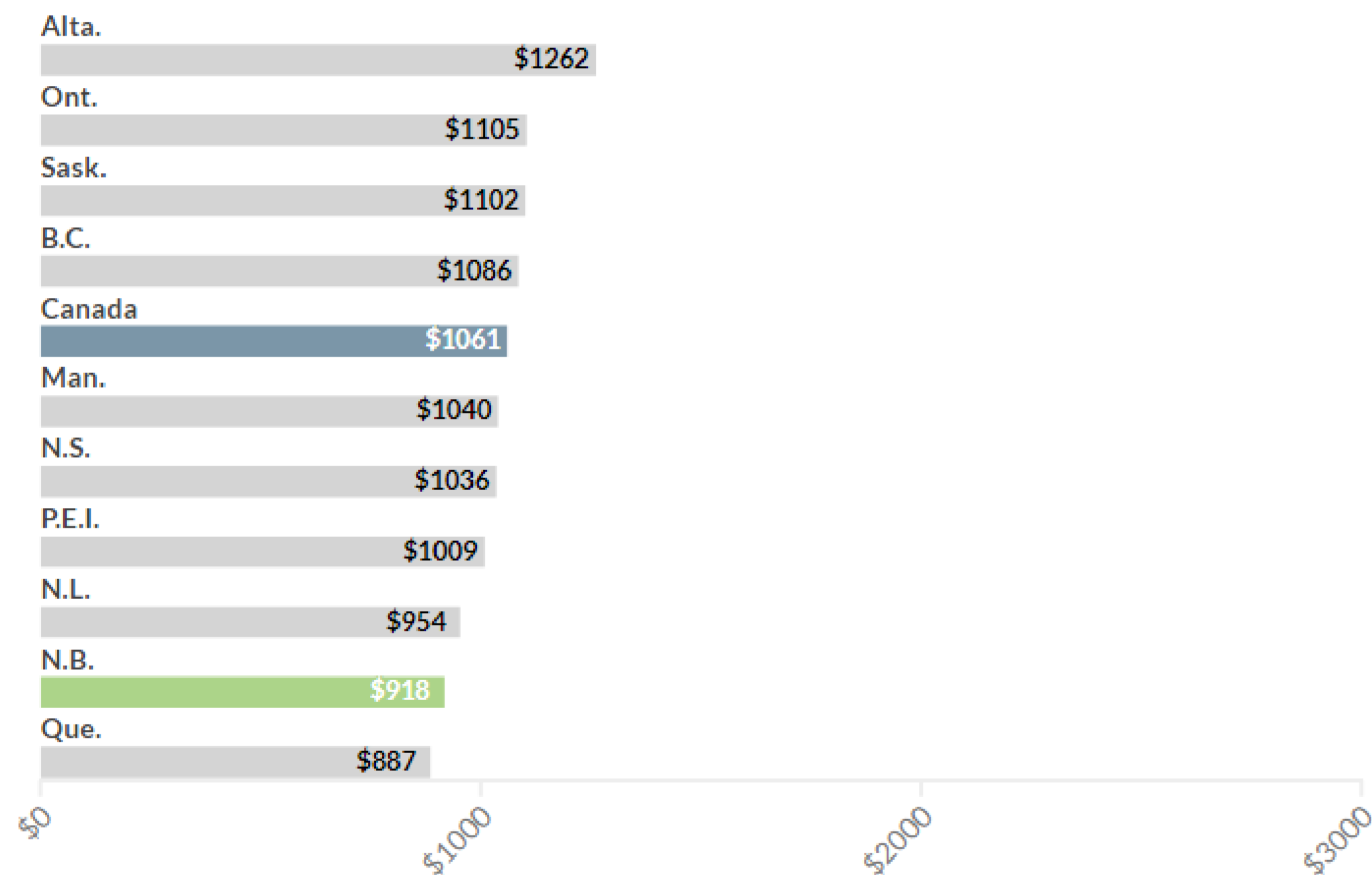
Physicians are not looking for more money for themselves, they are asking for more funding for their **TEAMS, CLINICS AND PATIENTS.**

Public Spending on Physicians

Total per capita health spending by area, by province
2021

Select an area of spending:

Physicians



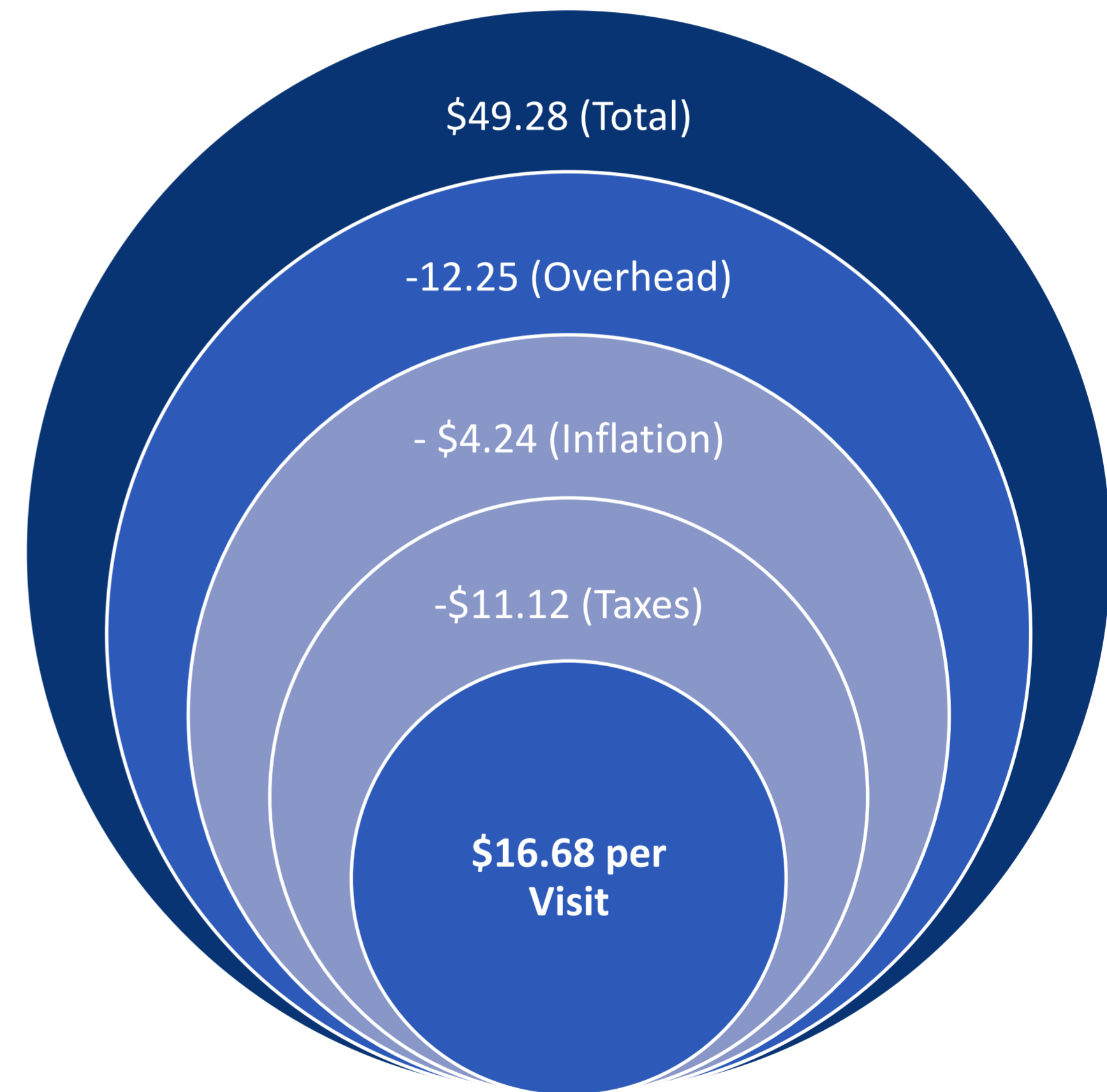
Other health spending net of home and community care includes expenditures on health research, medical transportation (ambulances), hearing aids, other appliances and prostheses, and miscellaneous health care

- New Brunswick's spending on physicians, other professionals and public health were among the lowest in Canada.
- The gap has been quickly growing in recent years as post-pandemic physician services agreements are being finalized.

Cost of a Primary Care Visits

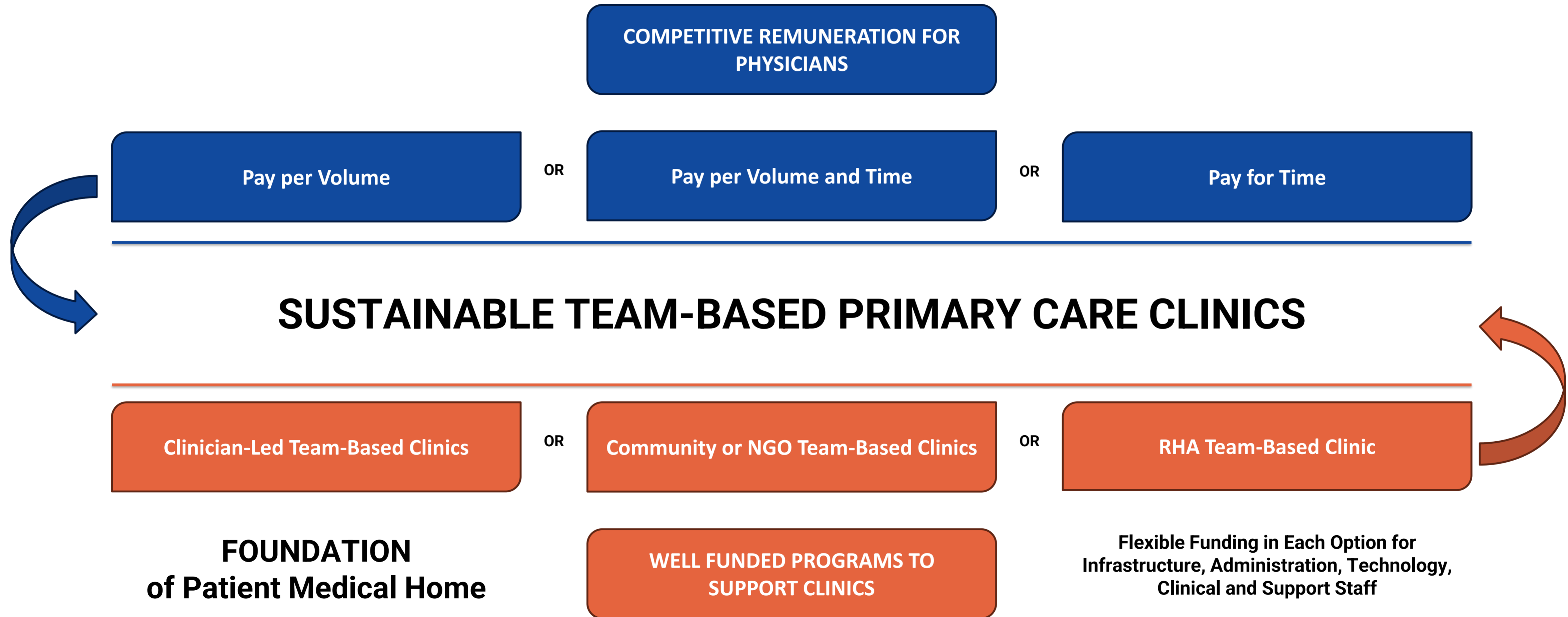
- Physicians are paid \$49.28 gross for a comprehensive visit.
- Physicians are paid \$29 gross for a walk-in visit.

On average, every type of practice other than taking on patients is more lucrative for a family physician.





Our Vision – Large Scale and Flexible



OUR GOAL

We NEED this election to be about TRANSFORMING Primary Care.

It will require GENERATIONAL investments.

**New Brunswick's Healthcare Crisis
Can't Wait Any Longer.**

Discussion and Engagement

What is missing in your community to transform primary care?