

**Health and Community Services** 



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# **MESSAGE FROM THE MINISTER**

I am pleased to present the 2020-21 Annual Performance Report of the Department of Health and Community Services. In accordance with the requirements of a category one entity under the **Transparency and Accountability Act**, the report outlines the accomplishments achieved during the first year of the three-year planning cycle for the department's 2020-2023 Strategic Plan. As Minister of Health and Community Services, I acknowledge my accountability for the results reported in this annual report, the accomplishments, and any variations contained herein.

With the declaration of a global pandemic just prior to the start of the fiscal year, our province was thrust into a period of concern and uncertainty. While leading the response to the threat of COVID-19, the healthcare system quickly adapted to meet new challenges. This included expanded options for virtual care to reduce the risk of COVID-19 transmission for both patients and healthcare providers. We leveraged existing technology and expanded on current programs to support patient monitoring from home. We worked with our regional health authorities to establish new community-based mental health teams to assist those experiencing mental illness, and we established the Vulnerable Population Task Group to anticipate, assess and address the needs of vulnerable persons during the pandemic.

The COVID-19 pandemic had diverse and reverberating impacts for individuals and communities through our province. Addressing these challenges involved significant collaboration with our stakeholders on a community, provincial and national level. It also required innovation to find new ways of delivering services. I would like to take this opportunity to thank our staff and partners for their tireless efforts and commitment to our province during this challenging time. The lessons we have learned over the course of this unprecedented year will certainly play a key role in planning for the future of healthcare in Newfoundland and Labrador.

Hon. John Haggie

Minister of Health and Community Services

## **Departmental Overview**

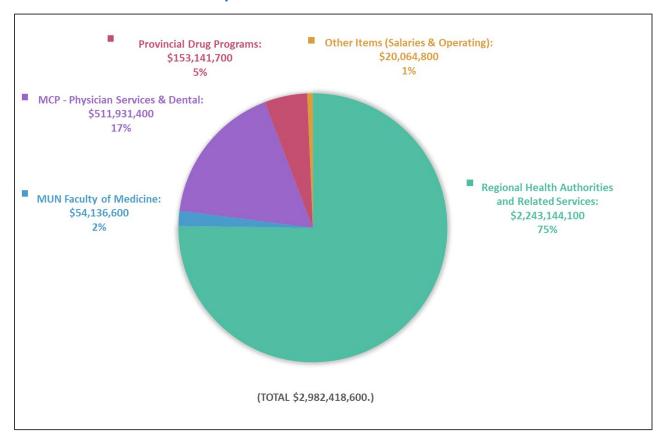
The Department of Health and Community Services (HCS) (the department) is responsible for the overall strategic direction and priorities for the health and community services system throughout Newfoundland and Labrador.

In keeping with its mandate, the department works to provide leadership, coordination, monitoring and support to the regional health authorities (RHAs) and other entities that deliver programs and services. The department also ensures the quality, efficiency and effectiveness of the healthcare system, and effectively administers and provides funding for insured medical and hospital services, dental and pharmaceutical services, and the purchase of seats and bursary programs for students in select professional or technical fields.

As of March 31, 2021, the department employed 236 staff in four locations across the province: Confederation Building (West Block) and Major's Path in St. John's, Grand Falls-Windsor and Stephenville.

Information on the department's mandate, lines of business, values, branches and divisions can be found at: <a href="https://www.health.gov.nl.ca/department/index.html">www.health.gov.nl.ca/department/index.html</a>.

## **Where Health Dollars Are Spent**



## **Staff and Budget**

| Division                              | # of Employees |        |        | Budget |               |
|---------------------------------------|----------------|--------|--------|--------|---------------|
|                                       | Male           | Female | Vacant | Total  |               |
| Minister's Office                     | 1              | 3      | 0      | 4      | \$ 293,400    |
| Executive Support                     | 3              | 6      | 2      | 11     | \$ 1,211,000  |
| Communications                        | 0              | 2      | 0      | 2      | \$ 177,800    |
| Financial Services                    | 6              | 7      | 1      | 14     | \$ 505,900    |
| Administrative Support                | 0              | 0      | 0      | 0      | \$ 957,900    |
| Information Management                | 1              | 5      | 3      | 9      | \$ 829,400    |
| Insured Services                      | 9              | 23     | 17     | 49     | \$ 2,684,900  |
| MCP St. John's                        | 2              | 1      | 3      | 6      | \$ 310,700    |
| MCP Grand Falls-Windsor               | 2              | 26     | 1      | 29     | \$ 1,714,600  |
| Audit Services                        | 2              | 9      | 1      | 12     | \$ 904,800    |
| Pharmaceutical Services               | 2              | 13     | 4      | 19     | \$ 1,519,300  |
| NLPDP Assessment Office               | 4              | 7      | 1      | 12     | \$ 614,900    |
| Physician Services                    | 4              | 5      | 0      | 9      | \$ 1,305,800  |
| Regional Services                     | 0              | 12     | 1      | 13     | \$ 1,668,300  |
| Provincial Blood Coordinating Program | 0              | 3      | 0      | 3      | \$ 311,100    |
| Infrastructure Management             | 1              | 0      | 0      | 1      | \$ 107,100    |
| Public Health                         | 3              | 7      | 1      | 11     | \$ 1,349,000  |
| Mental Health and Addictions          | 0              | 8      | 2      | 10     | \$ 1,075,200  |
| Primary Health Care                   | 3              | 2      | 4      | 9      | \$ 670,200    |
| Policy, Planning and Evaluation       | 2              | 5      | 2      | 9      | \$ 1,478,200  |
| Health Workforce Planning             | 3              | 1      | 0      | 4      | \$ 375,300    |
| Total                                 | 48             | 145    | 43     | 236    | \$ 20,064,800 |

## **Highlights and Partnerships**

During 2020-21, the department advanced a number of initiatives, including those in partnership with federal/provincial/territorial committees and organizations, other Provincial Government departments and agencies, the RHAs, municipalities, educational institutions and community-based groups. Below are some highlights of work undertaken in 2020-21.

### **Response to COVID-19**

On March 18, 2020, the Minister of Health and Community Services declared COVID-19 a public health emergency under the **Public Health Protection and Promotion Act.** While a public health emergency is in effect, the Chief Medical Officer of Health can introduce special measures that she believes are necessary to protect the health of the population. The public health emergency continued throughout 2020-21 and many special measures orders were

issued pertaining to travel, gathering sizes, businesses, and the use of non-medical masks in indoor public spaces.

Responding to COVID-19 in Newfoundland and Labrador required immense human, physical, and financial resources, as well as collaboration with the regional health authorities, Newfoundland and Labrador Centre for Health Information, health sector unions, regulated health professional governing bodies, federal/provincial/territorial governments, and Indigenous governments and organizations. Some key highlights and partnerships from the COVID-19 response include:

- Establishing the Emergency Operations Centre to coordinate information-sharing and action across the provincial health system;
- Collaborating with the Newfoundland and Labrador Centre for Health Information to implement digital solutions to improve workflows, including the online travel form, self-assessment and testing referral tool, and pre-registration system for vaccination;
- Partnering with the Department of Fisheries, Forestry and Agriculture to enforce travel measures at points of entry into the province;
- Administering COVID-19 immunizations beginning in December 2020, in partnership with the regional health authorities and Indigenous governments and organizations;
- Consulting with the Department of Industry, Energy and Technology, through the Business Response Team, to help businesses operate safely during COVID-19;
- Launching the COVID Alert App in partnership with the Government of Canada;
- Partnering with Statistics Canada to support travellers in self-isolation after entering the province; and
- Collaborating with PHAC on the distribution of personal protective equipment (PPE), vaccines and vaccine administration supplies, and vaccine enabling and biomedical equipment.

## **Enhancements to the Influenza Vaccination Program**

The COVID-19 pandemic stimulated significant advancements in the provincial influenza vaccination program, as an active influenza season coupled with rising COVID-19 cases could have resulted in a strained health system. Pharmacists and physicians administered the flu shot free-of-charge this year, and employers with over 100 employees were able to apply for a grant to hire a qualified health care provider to offer workplace vaccination clinics.

## **Eye See Eye Learn Program**

In December 2020, the department announced a new pilot program to support children as they prepare to start school. The program, known as Eye See Eye Learn, is designed to allow children to overcome potential barriers to eye exams and contributes to a more positive learning experience, as well as an overall improvement to their quality of life.

The Provincial Government has committed \$250,000 annually to the program which will be

administered by the Newfoundland and Labrador Association of Optometrists. There are approximately 65 optometrists in the province, located in all four RHA regions. In areas of Newfoundland and Labrador where there is no access to an optometrist, the program will run in tandem with the Public Health Pre-School Health Check eye screening.

The Eye See Eye Learn Program will provide a free comprehensive eye examination for every kindergarten-age child residing in the province and provides one pair of free prescription eye glasses to children who require them. Learn more about the Eye See Eye Learn Program at <a href="https://www.gov.nl.ca/hcs/childrenyouthfamilies/eye-see-eye-learn/">https://www.gov.nl.ca/hcs/childrenyouthfamilies/eye-see-eye-learn/</a>.

## Additional MCP Services Available Through MyGovNL

In October 2020, a new feature was added to the MyGovNL platform to allow parents and legal guardians the ability to renew MCP accounts for their dependents. Along with being able to manage MCP accounts online and register to be an organ and tissue donor, users can also link their driver's license and vehicle registration information to their account, as well as several other related features. The MyGovNL platform is available for all residents of Newfoundland and Labrador at <a href="https://my.gov.nl.ca">https://my.gov.nl.ca</a>.

# Mobile Crisis Response Services Expanded to More Communities in Newfoundland and Labrador

In September 2020, the Provincial Government announced its partnership with the Royal Canadian Mounted Police to establish more mobile crisis response teams throughout the province.

In addition to the teams already established in St. John's, Corner Brook and Labrador West, in partnership with the Royal Newfoundland Constabulary, additional teams are now available in Gander, Grand Falls-Windsor and Happy Valley-Goose Bay. The Corner Brook team is also expanded to include the Bay of Islands, communities west to Gallants, and to communities east, including Deer Lake.

Mobile crisis response teams are available seven days a week, and include a mental healthcare worker (such as a social worker or registered nurse) and a police officer, working together to respond to people in crisis. Since forming in 2018-2019, the teams in St. John's, Corner Brook and Labrador City have responded to more than 5,000 calls for service.

#### New Mental Health Teams in Newfoundland and Labrador

In August and September 2020, the Provincial Government, in partnership with the RHAs, launched new mental health teams throughout Newfoundland and Labrador.

Flexible Assertive Community Treatment ("FACT") teams provide treatment for individuals 18 years of age and older who are experiencing serious mental illness. The teams offer individuals hands-on assistance with daily living activities, and provide continuous long-term support. FACT teams are often called hospitals without walls because they provide treatment such as medication administration when individuals are unwell and unable to do this themselves.

FACT teams also closely monitor individuals, help with hospital admission when needed and also with discharge back to community as soon as possible. Through their long-term engagement with individuals and families and their assertive outreach approach, they help prevent unnecessary emergency room visits and hospital admissions and provide better opportunities for individuals to live well in their communities.

Multidisciplinary FACT teams are set up in all regions across the province, available up to 12 hours a day, seven days a week. For more information, please visit www.bridgethegapp.ca.

#### **Enhancements to 811**

In June 2020, the Provincial Government announced an enhancement to the existing 811 HealthLine that will allow residents to schedule a virtual appointment with a nurse practitioner for urgent, non-emergency health issues via telephone, text or video seven days a week. The 811 HealthLine is a confidential and free telephone line available to everyone in the province. The 811 HealthLine service and app were developed and are administered by Fonemed, a Newfoundland and Labrador company. Improving access to primary healthcare is a priority for the Provincial Government, as is expanding virtual care. The importance of virtual care in the healthcare system has been highlighted during the COVID-19 pandemic.

## **Expansion of Insulin Pump Program**

In January 2021, the Provincial Government announced it had expanded access to the provincial Insulin Pump Program. Administered in Newfoundland and Labrador by Eastern Health, the Insulin Pump Program covers the cost of basic insulin pumps and supplies for qualifying individuals who have Type 1 Diabetes. With the program expansion, full coverage is now available to children and youth up to 18 years old as well as individuals already in the program who are between the ages of 18 and 24 years old.

# **Report on Performance**

In consideration of the strategic directions of Government, the department's mandate and financial resources, Health and Community Services identified three strategic directions for the 2020-2023 planning cycle: 1) Supporting Public and Population Health, 2) Improving Quality and Access, and 3) Enhancing Health Innovation and Efficiency.

Within each of the priority areas, the department identified three-year goals and yearly objectives along with indicators to guide the achievement of outcomes. This report will focus on the indicators and results within each priority area for the 2020-21 fiscal year.

## **Strategic Issue 1: Supporting Public and Population Health**

In support of the Provincial Government's strategic directions of "healthier people" and "better living" the Department of Health and Community Services is working to build capacity in identified areas of the healthcare system to enable government to better respond and contribute to positive health outcomes.

During the 2020-21 fiscal year, the department has focused on a number of elements of public and population health, including the establishment of a Health Home Model for team-based care, initiating a preliminary review of the COVID-19 pandemic response, and implementing components of the Autism Action Plan and Towards Recovery Action Plan, in order to improve population health.

**Goal:** By March 31, 2023, the Department of Health and Community Services will have improved its capacity to contribute to positive health outcomes for the people of the province.

**Objective 1:** By March 31, 2021, the Department of Health and Community Services will have implemented initiatives aimed at supporting population and public health.

#### Indicators:

- Established the Health Home Model of Team-Based Care;
- Initiated a review of the COVID-19 pandemic response;
- Substantially completed 16 medium-term recommendations from Towards Recovery: A
   Vision for a Renewed Mental Health and Addictions System for Newfoundland and
   Labrador;
- Developed select digital solutions for communicable disease surveillance and immunizations; and
- Implemented a provincial cancer screening registry.

| Indicator                                | Results                                      |  |  |  |
|--|--|--|--|--|
| Established a Health Home Model of Team- | A Health Home (HH) Model document was        |  |  |  |
| Based Care                               | completed in January 2020. A directional     |  |  |  |
|  | memo from the Health and Community           |  |  |  |
|  | Services (HCS) Deputy Minister, along with   |  |  |  |
|  | the HH document was provided to RHA Chief    |  |  |  |
|  | Executive Officers in January 2020, followed |  |  |  |
|  | by a working meeting in Corner Brook in      |  |  |  |

|   | February 2020. The COVID-19 Pandemic interrupted convening further meetings with the RHA group. Some work has continued including the development of HH website (including learning pathways) through an external contract with Quality of Care NL. There are currently 12 Primary Healthcare (PHC) Team projects at various stages of   |
|---|--|
|   | development which have used HH principles.   |
| Initiated a review of the COVID-19 pandemic response                            | Under Section 30 of the <b>Public Health Protection and Promotion Act</b> (PHPP Act),  |
|   | the Minister of Health and Community Services is required to, within six months of the expiry of a public health emergency, conduct a review and report to the House of Assembly on the cause and duration of the  |
|   | public health emergency and on the special measures implemented under section 28 of the PHPP Act. As of March 31, 2021, the public health emergency is still in effect; as such, a review of the pandemic response to fulfill this legislative requirement has not been initiated. However, in Summer 2020, HCS facilitated a series of debrief sessions to provide internal and external stakeholders an opportunity to reflect and share lessons learned during the first four months of the pandemic response. Participants included representatives of HCS, the RHAs, Newfoundland and Labrador Centre for |
|   | Health Information, health sector unions, and health professional associations. Participants were asked to discuss what worked well and to identify opportunities and recommendations for improvement going forward.   |
| Substantially completed 16 medium-term  | The Towards Recovery Action Plan has a total   |
| recommendations from Towards Recovery:  | of 54 recommendations. A total of 42   |
| A Vision for a Renewed Mental Health and Addictions System for Newfoundland and | recommendations are substantially complete to date. This includes all 18 short-term  |
| Labrador  | recommendations, 19 of the 23 medium-  |
|   | term recommendations that were due to be   |
|   | completed March 31, 2021, and 5 of the 13 long-term recommendations, due to be   |

|  | substantially complete by March 31, 2022. There are currently 4 medium-term recommendations and 8 long-term recommendations in progress, for a total of 12 outstanding recommendations at this time.   |
|--|--|
| Developed select digital solutions for communicable disease surveillance and immunizations | In partnership with the Newfoundland and Labrador Centre for Health Information (NLCHI), HCS created a new communicable disease surveillance program to track and report on cases of COVID-19 in Newfoundland and Labrador. All influenza vaccines and COVID-19 vaccines are now reported electronically through the Electronic Health Record.   |
| Implemented a provincial cancer screening registry   | A new provincial cancer screening application went live in June 2020. This application includes the three existing cancer screening programs in the province (breast, cervical and colon), with capabilities to integrate future cancer screening programs that may be developed. The application receives daily demographics from the provincial client registry as well as provincial lab reports for breast, cervical and colon cancer. Previously, the three screening programs had their own separate applications, and integration of electronic lab reporting for breast and colon cancer was not possible. The new application facilitates and simplifies breast, cervical and colon cancer screening in the province and reduces the risk of error associated with manual data entry. |

#### **Discussion of Results**

Although pressures associated with the COVID-19 pandemic response presented unique challenges in 2020-21, the department was successful in achieving most of its planned actions to support public and population health. This includes completing the majority of actions from the Towards Recovery Action Plan (based on recommendations from Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador) and significant work towards expanding primary healthcare through the development of teambased models of care. Specific future plans for initiatives such as Health Home Model of Team-Based Care will be influenced by the recommendations from Health Accord. On the chronic

disease front, NLCHI's implementation of a new provincial cancer screening application facilitates streamlined breast, cervical and colon cancer screening in the province.

In addition to challenges, the COVID-19 pandemic created unprecedented population and public health needs that represented key priorities for the department in 2020-21. Development of a surveillance program to track and report COVID-19 cases in the province has been an important tool in the pandemic response. The COVID-19 vaccine rollout commenced globally in 2020-21, and integration of COVID-19 and influenza immunization records with the electronic health record continues to promote streamlined healthcare delivery and improved public health. Although the pandemic response continues and therefore cannot yet be formally reviewed, stakeholder consultation was initiated and undertaken to inform the ongoing process.

**Objective 2**: By March 31, 2022, the Department of Health and Community Services will have implemented further initiatives in support of improved public and population health.

#### **Indicators:**

- Commenced review and consideration of Health Accord NL recommendations to reimagine the healthcare system;
- Administered two doses of COVID-19 vaccine to 75 per cent of the eligible population;
- Substantially completed all remaining recommendations from the Towards Recovery Action Plan;
- Developed a Health in All Policies Framework;
- Commenced a review of the COVID-19 pandemic response; and
- Explored development of new digital solutions for the prevention and management of chronic disease.

## **Strategic Issue 2: Improving Quality and Access**

Having access to quality healthcare services is essential for the health of the population. In improving access to services, the department considers the appropriateness of services and how they are delivered. Traditional health service delivery models have left some services outdated and inefficient. Many services can be safely and efficiently delivered in a more innovative fashion and can be delivered by providers such as nurse practitioners, pharmacists, midwives and paramedics. Additionally, some services that were traditionally delivered in a hospital or institutional setting can now be safely delivered to patients in their homes, such as home-based dialysis.

By adopting modernized healthcare delivery models, the department is working to improve access to services. In support of Government's strategic directions of "a more efficient public sector" and "healthier people", the department is working to improve access to quality services in areas such as mental health and addictions and long-term care and community supports, as

well as exploring new and innovative ways of improving access to other services, including expanding the availability of virtual care services.

**Goal:** By March 31, 2023, the Department of Health and Community Services will have improved access to healthcare services and quality of care by adopting modern service delivery models.

**Objective 1:** By March 31, 2021, the Department of Health and Community Services will have developed modernized service delivery models aimed at increasing access and quality of care.

#### Indicators:

- Developed a Dementia Care Action Plan;
- Expanded the Home Dementia Care Program;
- Substantially completed all medium-term actions from the Autism Action Plan;
- Explored options to expand midwifery in the province;
- Advanced the development of a provincial model in one healthcare service; and
- Supported the use of nurse practitioners in primary care.

| Indicator                               | Results   |  |  |  |
|---|---|--|--|--|
| Developed a Dementia Care Action Plan   | Public consultations on the development of a            |  |  |  |
|   | Dementia Care Action Plan were completed                |  |  |  |
|   | in 2019. A summary report on the                        |  |  |  |
|   | consultations was subsequently prepared                 |  |  |  |
|   | and posted online in in May 2020 (long-term-            |  |  |  |
|   | <u>care-pdf-dementia-care-action-plan-consultation-</u> |  |  |  |
|   | feedback-summary.pdf (gov.nl.ca)).                      |  |  |  |
|   | Development of the plan continues. While                |  |  |  |
|   | the plan has been delayed due to the COVID-             |  |  |  |
|   | 19 pandemic response, work to improve                   |  |  |  |
|   | supports and services for people with                   |  |  |  |
|   | dementia continue. For example, in 2020-21,             |  |  |  |
|   | funding was provided to the Alzheimer                   |  |  |  |
|   | Society to support the First Link Program and           |  |  |  |
|   | Dementia Passport, which provides access to             |  |  |  |
|   | online dementia training to up to 2000                  |  |  |  |
|   | home/personal support workers.                          |  |  |  |
| Expanded the Home Dementia Care program | By the end of 2020-21, 230 clients have                 |  |  |  |
|   | accessed services through this program in               |  |  |  |
|   | Eastern Health since its inception in 2018,             |  |  |  |
|   | with over 160 current active clients. In 2020-          |  |  |  |
|   | 2021, the program was expanded to Central               |  |  |  |
|   | Health through the provision of funding for             |  |  |  |

|   | two nurse practitioners. Consultations with Western Health are underway, with plans to explore options in Labrador-Grenfell Health in the future.  |
|---|--|
| Substantially completed all medium-term actions from the Autism Action Plan | Of the 22 medium-term actions from the Autism Action Plan, 12 items were complete or substantially complete at the end of 2020-2021. Ten of the remaining actions are in progress but have been delayed as a result of the COVID-19 pandemic.  |
|   | Actions regarding improving wait times and increasing access to multiple new service options are complete, with RHAs at various phases of implementation.  |
| Explored options to expand midwifery in the province                        | Discussions with Eastern Health and Labrador-Grenfell Health regarding expanding midwifery services have occurred, but progress was delayed as a result of the COVID-19 pandemic.  |
| Advanced the development of a provincial model in one healthcare service    | Work is ongoing in three clinical program areas, including cardiology (led by Eastern Health), pain management (led by Western Health) and pharmacy (led by Central Health). Provincial committees have been established including representatives from HCS, RHAs and NLCHI (as required). |
|   | Psychiatry was selected as a fourth program area. The psychiatry steering committee developed a model of care to improve capacity building among primary healthcare providers and monitoring and standardizing wait times for psychiatry.  |
| Supported the use of nurse practitioners in primary care                    | During 2020-21, the 811 HealthLine implemented nurse practitioner (NP) virtual care. Two NPs were made available 8:00 am to 8:00 pm daily seven days per week. NPs may be accessed by telephone to 811 or through the HealthLine app for smart phones.                                     |

#### **Discussion of Results**

Work to develop modernized service delivery models aimed at increasing access and quality of care made significant strides in 2020-21. The introduction of nurse practitioner virtual care through the 811 HealthLine offers an additional pathway to quality primary care for Newfoundlanders and Labradorians, and has been especially impactful during the COVID-19 pandemic. Work is underway to develop a provincial model of healthcare in three clinical program areas, and options for expanding midwifery in the province have begun to be explored, with further progress expected in 2021-22.

Although the COVID-19 pandemic response delayed development of the planned Dementia Action Plan, work on the plan continues. Funding for two nurse practitioners in the Central Health region allowed expansion of the Home Dementia Program, and consultations to explore expansion to Western Health are underway. Similarly, completion of the medium-term actions from the Autism Action Plan was delayed, but progress continued and completion is anticipated in 2021-22.

**Objective 2:** By March 31, 2022, the Department of Health and Community Services will have continued the implementation of modernized service delivery models aimed at increasing access and quality of care.

#### Indicators:

- Developed a Dementia Action Care Plan;
- Continued to expand the Home Dementia Care program;
- Substantially completed 10 remaining medium-term actions and four long-term actions from the Autism Action Plan;
- Continued to explore options to expand midwifery in the province;
- Continued to advance development of a provincial model in one healthcare service;
- Worked with stakeholders to create new Advanced Care Paramedic positions in rural areas;
- Supported development of Advanced Care Paramedic training opportunities in the province;
- Expanded virtual care capabilities across the continuum of care; and
- Commenced work on a virtual care framework in partnership with provincial and federal stakeholders.

## **Strategic Issue 3: Enhancing Health Innovation and Efficiency**

The purpose of health innovation is to develop or improve health policies, systems, products and technologies, and services and delivery methods to improve people's health. To maximize health innovation and efficiency, the department is working to support the Newfoundland and

Labrador Centre for Health Information (NLCHI) in the development of innovative technologies to allow the public and healthcare providers to have easier access to health information.

In 2017-2020, the department began implementation of provincial models for select administrative functions throughout the RHAs and NLCHI. Provincial shared service models improve business processes, reduce service duplication and lead to efficiencies in healthcare spending. The department will continue to increase efficiencies in the health system by continuing the development and implementation of shared administrative functions, such as procurement and supply chain, and information management and technology. These initiatives support Government's strategic direction of "a more efficient public sector". The department will also pursue advancements in health innovation and efficiency through the expansion of shared electronic medical records, and the development of an online personal health information portal, which will increase access to health information.

**Goal:** By March 31, 2023, the Department of Health and Community Services will have enhanced health innovation and efficiency through enhanced digital services and streamlined service delivery.

**Objective 1:** By March 31, 2021, the Department of Health and Community Services will have designed initiatives to enhance digital services and streamline service delivery.

#### **Indicators:**

- Commenced work on a policy framework to enable secure access to health data for patients, providers, academia and the private sector;
- Worked with stakeholders to inform the advancement of e-health initiatives;
- Initiated activities aimed at integrating health data into a personal electronic health record;
- Initiated activities aimed at enabling digital interactions between patients and providers;
   and
- Continued implementation of provincial models for select administrative functions.

| Indicator  | Results   |  |  |  |
|--|---|--|--|--|
| Commenced work on a policy framework to enable secure access to health data for patients, providers, academia and the private sector | HCS collaborates with NLCHI, which leads the work of digital health to advance the availability, quality and use of health system data for decision making, research and innovation purposes through its Provincial Data Lab and Data Governance Framework. The Provincial Data Lab includes a data repository and secure, virtual environments |  |  |  |

|  | Alect all accordance to the second state and           |
|--|--|
|  | that allow users to interact with data and             |
|  | information in a privacy protective manner.            |
| Worked with stakeholders to inform the           | HCS has worked closely with the RHAs, NLCHI            |
| advancement of e-health initiatives              | and federal stakeholders to advance e-health           |
|  | initiatives including but not limited to:              |
|  | Offering online booking for COVID-19                   |
|  | and influenza vaccination                              |
|  | appointments;  |
|  | <ul> <li>Providing secure online access to</li> </ul>  |
|  | negative COVID-19 test results; and                    |
|  | <ul> <li>Expansion of virtual care services</li> </ul> |
|  | administered through the healthcare                    |
|  | system.  |
| Initiated activities aimed at integrating health | In partnership with NLCHI, HCS has integrated          |
| data into a personal electronic health record    | COVID-19 vaccine records, influenza records            |
| ·  | and negative COVID-19 results into the                 |
|  | Provincial Electronic Health Record (HEALTHe           |
|  | NL). HEALTHe NL now contains a data set of a           |
|  | patient's record including laboratory results,         |
|  | medication history, clinical documentation,            |
|  | diagnostic imaging and immunization history.           |
|  | Leveraging this complete provincial health             |
|  | electronic record, the province is now focused         |
|  | on providing citizens with secure online access        |
|  | to their personal health information through a         |
|  | Personal Health Record or Patient Portal,              |
|  | which will be expanded to include the                  |
|  | addition of specific labs results, medication          |
|  | and immunization history. The first phase of           |
|  | the Patient Portal is targeted for release in          |
|  | early 2022.  |
| Initiated activities aimed at enabling digital   | In response to the COVID-19 pandemic,                  |
| interactions between patients and providers      | Newfoundland and Labrador deployed a new               |
| Interactions between patients and providers      | virtual care fee code to enable physicians to          |
|  | provide healthcare to patients virtually. These        |
|  |  |
|  | temporary fee codes were extended                      |
|  | indefinitely in September 2020 and remain              |
|  | active.  |
|  | In addition, LICC rolled cut a name of Canacity        |
|  | In addition, HCS rolled out a new e-Consult            |
|  | program in partnership with NLCHI. This is a           |
|  | healthcare provider to provider platform that          |
|  | allows primary care providers to query a               |

|   | specialist consult directly on matters specific to the patient.   |
|---|---|
| Continued implementation of provincial models for select administrative functions | <ul> <li>Supply Chain: A Governance Committee, comprised of the Chief Executive Officers of the RHAs and HCS executive, approved an Information Sharing Agreement, Delegations of Purchasing Authority, and Purchase Agency Agreement, which have been signed by RHAs and NLCHI. Central Health is working on open calls with both provincial and regional focuses. Other work is ongoing to ensure best practices.</li> <li>E-health: NLCHI took full operational and budgetary responsibility for e-health in October 2019. In July 2020, the Public Service Collective Bargaining Act Regulations were amended to include NLCHI, which will enable NLCHI to work towards resolution of the complex labour relations issues that result from bringing unionized RHA staff from multiple unions and bargaining units.</li> <li>In June 2020, the RHAs and NLCHI signed a five-year performance-based contract with Change Healthcare Canada (CHC), now HealthStream, to deliver the Workforce Management System (WMS) across the four RHAs within 30 months after a 15-month mobilization period. The WMS for acute care facilities includes three elements: (1) workforce management (e.g., electronic scheduling, precision staffing, and automated time and attendance); (2) capacity planning based on patient demand and acuity; and (3) patient flow. Long-term care facilities will receive electronic scheduling and automated time and attendance software. The WMS will integrate the electronic health record, human resources, and payroll systems within each RHA, with standardization of scheduling and payroll processes across RHAs.</li> </ul> |

#### **Discussion of Results**

Due to demands created by the pandemic, 2020-21 was a landmark year for enhancing health innovation and efficiency. While COVID-19 delayed some other areas of work, it spurred rapid and focused effort to design initiatives to enhance digital services and streamline service delivery.

The department worked closely with numerous stakeholders including NLCHI, the RHAs, the Newfoundland and Labrador Medical Association (NLMA), and the Federal Government to design and implement initiatives to respond to the healthcare needs of Newfoundlanders and Labradorians and improve the efficiency of the healthcare system. The introduction of virtual care fee codes has enabled healthcare providers to treat patients virtually, while a new e-Consult program allows primary care providers to query a specialist consult directly. The e-Consult program empowers primary care providers to identify in advance whether a specialist consult is required, which has the potential to reduce unnecessary referrals, wait times and patient travel. Secure online access to negative COVID-19 test results avoids administrative burden and makes results quickly available to patients.

The beginning of the COVID-19 vaccine rollout was a monumental milestone in the pandemic response. Development of an online portal to book vaccine appointments has been an important enabler of its success. A similar online system for booking influenza vaccine also improved efficiency and may have contributed to the high uptake observed in 2020-21.

The Provincial Electronic Health Record, known as HEALTHe NL, improves healthcare delivery by facilitating information sharing among healthcare professionals involved in a patient's care. During 2020-21, HEALTHe NL became even more comprehensive as COVID-19 and influenza immunization records, as well as negative COVID tests, were integrated. Work to develop a Personal Health Record, which will give residents of the province secure online access to their health information, continues.

Establishment of a contract to deliver a Workforce Management System (WMS) across the four RHAs was an important step in ensuring significant improvements in staff utilization, operational efficiency, patient safety, staff burnout and employee engagement. The WMS is expected to go live at the Health Sciences Centre in St. John's in October 2021, and in other facilities across the four RHAs in the future.

**Objective 2:** By March 31, 2022, the Department of Health and Community Services will have implemented initiatives to enhance digital services and streamline service delivery.

#### Indicators:

- Entered into an agreement with the Government of Canada to secure funding to support the development of a Provincial Virtual Care Strategy and further implementation of virtual care capabilities in Newfoundland and Labrador;
- Developed a Virtual Care Action Plan in collaboration with provincial and national stakeholders;
- Continued integration of health data across the continuum of care to enhance the Provincial Electronic Health Record and Electronic Medical Record;
- Continued implementation of digital services between citizens and the healthcare system;
- Initiated activities aimed at patient engagement and digital literacy to support the increased access of digital services across the continuum of care;
- Deployed Phase 1 of a Provincial Personal Health Record, focused on providing citizens of Newfoundland and Labrador with access to select personal health information; and
- Initiated integration of a corporate services model that will streamline delivery of functions in the regional health authorities, such as payroll, finance, accounting, etc.

## **Opportunities and Challenges**

During 2020-21, the Department of Health and Community Services was in the first year of its 2020-2023 planning period, and worked diligently towards its priority areas of public and population health, quality of care and access, and health innovation and efficiency.

As a result of the COVID-19 global pandemic, the department was forced to be agile, flexible and adaptable in order to pursue the work of Government of Newfoundland and Labrador. Through these trying times, Government and the public have relied on the department's leadership to guide the pandemic response and adaptation to life with COVID-19.

The department spent 2020-21 working to balance the burden of COVID-19 on the healthcare system with the need to protect public health. Work involved not only the direct impacts of the public health response in managing COVID testing, treatment and vaccination in our communities; but also the indirect impacts that prevention measures have had on other aspects of health and wellness. Impacts of the virus have been far reaching, from individuals' feelings of isolation and worries affecting mental health, to the effects on the healthcare system in the scheduling of medical appointments, procedures, treatments, and disease management for chronic, acute and emergency care.

These challenges have presented opportunities to do things differently. During the past year, the department has worked to enhance and undertake new, more efficient service delivery methods to meet the healthcare needs of the people of the province. This includes employing a range of digital technological solutions and virtual appointment options such as telephone, text,

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811 HealthLine, e-health, as well as collaborative approaches to expand primary healthcare delivery by more effectively integrating nurse practitioners. The renewed service delivery methods support healthcare workers to improve the quality of care and overall health outcomes in our population, while enabling healthcare costs to be controlled and redistributed to other demand areas.

Highlights of the department's successes this past year include many examples of strategic partnerships to offer more effective and efficient services. With financial support from the Federal Government, the department created digital platforms and applications, and improved access to services and healthcare supports through virtual and online means. The province was able to expand its mobile crisis response teams which are offered in partnership with the Royal Canadian Mounted Police. Also this past year, the Provincial Government launched a new mental health initiative in collaboration with the RHAs. Flexible Assertive Community Treatment (FACT) teams provide health service and medication support in the community for adults experiencing mental illness, and offset the need for unnecessary hospital service.

Collaboration in the enhancement of services is a theme woven through many of the strategic initiatives undertaken in this first year of the department's three year planning cycle, such as the Health Home Model of Team-Based Care and implementing **Towards Recovery** recommendations for mental health and addictions. This year has also enabled progress in other service areas, such as the Autism Action Plan, dementia care and cancer screening.

Additionally, the Task Force on Health, known as Health Accord NL, was formed in November 2020. The Task Force, which includes departmental representation, has a mandate to deliver a 10-Year Health Accord with short-term, medium-term, and long-term goals for innovative healthcare delivery to better meet the needs of Newfoundlanders and Labradorians. During 2020-21, the Task Force conducted widespread targeted and public consultation to inform its vision and direction, which are identified in its interim report.

While "holding fast" through pandemic times, the department is making great strides in streamlining the healthcare system into one that is more innovative, efficient and sustainable and looks forward to December, 2021 when the final report of the Health Accord will be completed.

## **Financial Statements**

| Department of Health and Community Services 2020-21 Fiscal Year |                                     |               |                    |               |    |               |
|---|-------------------------------------|---------------|--------------------|---------------|----|---------------|
|   | 2020-21                             |               |                    |               |    |               |
|   | Actual Operating Expenditure Budget |               | Original<br>Budget |               |    |               |
| Minister's Office   | \$                                  | 254,436       | \$                 | 293,400       | \$ | 293,400       |
| General Administration  | \$                                  | 19,742,186    | \$                 | 19,771,400    | \$ | 19,771,400    |
| Memorial University Faculty Of Medicine                         | \$                                  | 57,936,596    | \$                 | 57,936,600    | \$ | 54,136,600    |
| Drug Subsidization  | \$                                  | 155,798,182   | \$                 | 157,463,700   | \$ | 153,141,700   |
| Medical Care Plan   | \$                                  | 493,670,621   | \$                 | 492,141,400   | \$ | 511,931,400   |
| Regional Integrated Health Authorities and Related Services     | \$                                  | 2,306,600,913 | \$                 | 2,288,234,000 | \$ | 2,243,144,100 |
| Total Department  | \$                                  | 3,034,002,934 | \$                 | 3,015,840,500 | \$ | 2,982,418,600 |

## **Department of Health and Community Services**

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