

# ANNUAL REPORT 2019/20



## Health and Community Services





## MESSAGE FROM THE MINISTER

I am pleased to present the 2019-20 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 final year of the three-year planning cycle for the department's 2017-2020 Strategic Plan, as well as the overall achievement of the department's three-year goals. As Minister of Health and Community Services, I acknowledge my accountability for the preparation of this report, the accomplishments and any variations contained herein.

With the support of our stakeholders, my department has worked diligently to achieve the goals and objectives set out in the 2017-2020 Strategic Plan including building our capacity to deliver services within the community, through the Home First initiative and enhancements to primary care delivery. Our work on the implementation of **Towards Recovery: The Mental Health and Addictions Action Plan** for Newfoundland and Labrador has significantly reduced wait times and improved access to mental health and addictions services across the province. Work on e-health initiatives has helped modernize the way services are delivered and our work on streamlining administrative functions will help ensure the sustainability of our healthcare system.

We are making significant enhancements to support the healthcare system through the Triple Aim approach of better health, better care, and better value and by fulfilling our commitments in line with government priorities. I look forward to working with my colleagues and partners as we work to build a higher quality, sustainable healthcare system.

A handwritten signature in black ink, appearing to read "John Haggie". The signature is stylized and includes a large, sweeping initial "J".

Hon. John Haggie  
Minister of Health and Community Services



# Table of Contents

<b>Departmental Overview .....</b>	<b>1</b>
Where Health Dollars are Spent .....	2
Staff and Budget .....	3
<b>Highlights and Partnerships .....</b>	<b>3</b>
Highlights .....	4
Partnerships .....	6
<b>Report on Performance .....</b>	<b>7</b>
Issue One: Community Supports and Capacity Building .....	7
Issue Two: Primary Health Care .....	13
Issue Three: Mental Health and Addictions .....	17
Issue Four: Using e-Health Technology and Evidence to Improve Healthcare .....	25
Issue Five: Modernize and Streamline the Delivery of Services .....	30
<b>Opportunities and Challenges .....</b>	<b>35</b>
<b>Financial Information .....</b>	<b>37</b>

## Departmental Overview

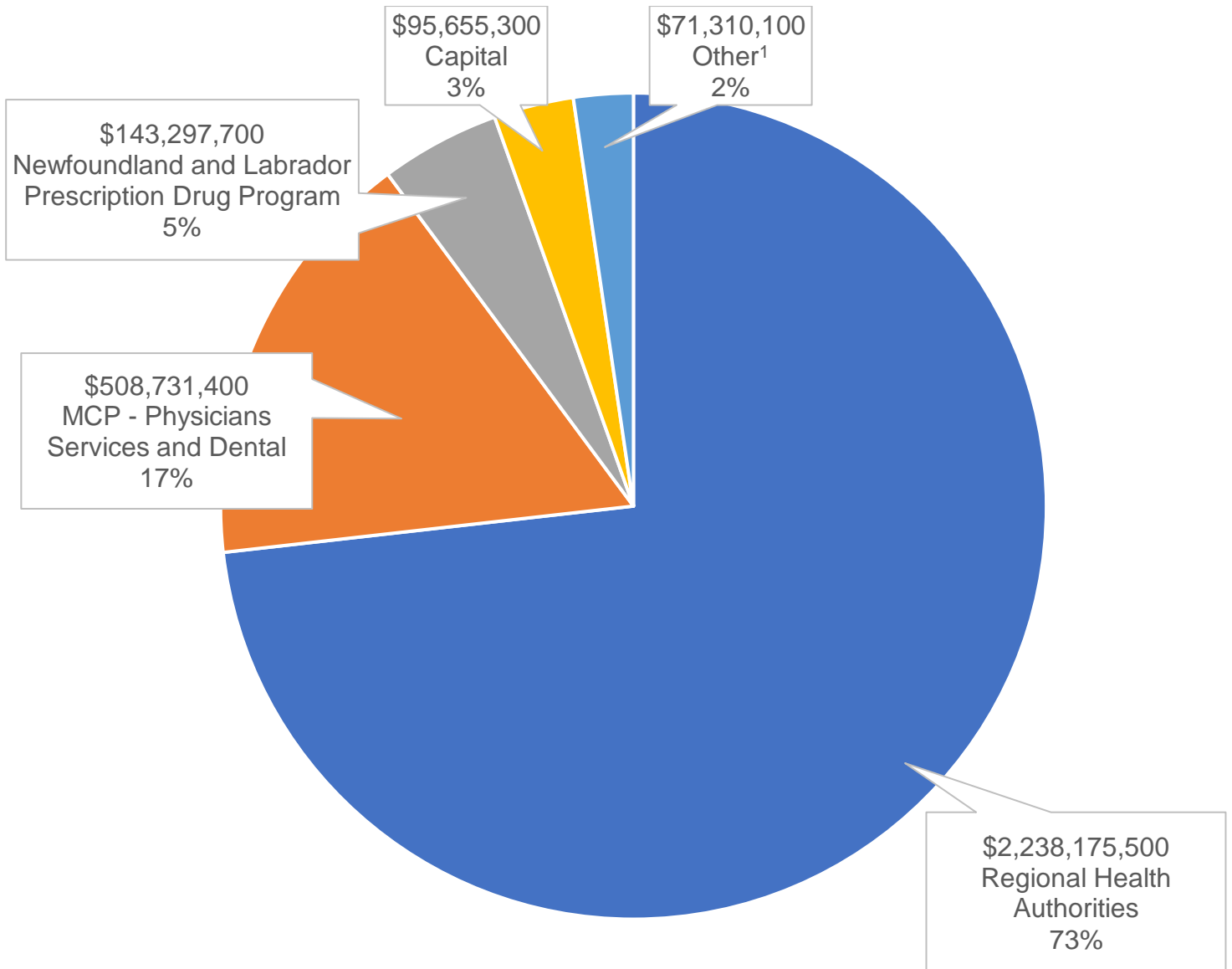
The Department of Health and Community Services (HCS) is responsible for the overall strategic direction and priorities for the health and community services system throughout Newfoundland and Labrador.

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; ensure the quality, efficiency and effectiveness of the healthcare system; and effectively administer and provide 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, 2020, the department employed 234 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: [www.health.gov.nl.ca/department/index.html](http://www.health.gov.nl.ca/department/index.html).

### Where Health Dollars are Spent



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<sup>1</sup> This includes salaries and operating budget for the Department of Health and Community Services as well as a grant to Memorial University's Faculty of Medicine.

## Staff and Budget

Division	# of Employees				Budget
	Male	Female	Vacant	Total	
Minister's Office	1	3	0	4	\$ 293,400
Executive Support	2	8	1	11	\$ 1,171,000
Communications	0	2	0	2	\$ 177,800
Financial Services	7	3	2	12	\$ 495,900
Administrative Support	0	0	0	0	\$ 667,900
Information Management	3	3	3	9	\$ 829,400
Insured Services	11	29	8	48	\$ 2,684,900
MCP St. John's	2	4	0	6	\$ 310,700
MCP Grand Falls-Windsor	3	26	0	29	\$ 1,714,600
Audit Services	2	8	2	12	\$ 904,800
Pharmaceutical Services	1	16	3	20	\$ 1,519,300
NLPDP Assessment Office	3	9	0	12	\$ 614,900
Physician Services	4	5	0	9	\$ 1,045,800
Regional Services	0	12	1	13	\$ 1,343,300
Provincial Blood Coordinating Program	0	3	0	3	\$ 286,100
Infrastructure Management	1	0	0	1	\$ 107,100
Public Health	3	7	0	10	\$ 1,129,000
Mental Health and Addictions	0	10	0	10	\$ 1,035,200
Primary Health Care	1	3	3	7	\$ 650,200
Policy, Planning and Evaluation	1	8	3	12	\$ 1,407,200
Health Workforce Planning	1	1	2	4	\$ 375,300
<b>Total</b>	<b>46</b>	<b>160</b>	<b>28</b>	<b>234</b>	<b>\$ 18,763,800</b>

## Highlights and Partnerships

During 2019-20, the department advanced a number of initiatives, including those in partnership with federal/provincial/territorial committees and organizations, other Provincial Government departments and agencies, RHAs, municipalities, educational institutions and community based groups. Below are some highlights of the work completed in 2019-20.



## Highlights

### **Transition Related Surgery Readiness Assessments**

In November 2019, the Provincial Government announced that out of province travel is no longer required for transition-related surgery readiness assessments. Individuals requiring insured transition-related surgery previously had to travel to the Centre for Addiction and Mental Health (CAMH) in Toronto to undergo a readiness assessment. Anyone on CAMH's current wait list will have the choice to decide whether they want to remain on the wait list in Toronto or have an assessment done here.

Making readiness assessments accessible in Newfoundland and Labrador builds on other actions the department has taken to expand MCP coverage of transition-related procedures. MCP now covers mastectomy with chest masculinization, phalloplasty, metoidioplasty, and breast augmentation.

### **Infrastructure Investments**

In August 2019, the Provincial Government awarded a contract valued at \$6.1 million to Brook Construction to construct the new protective care extension of the Dr. Hugh Twomey Health Centre in Botwood. The new extension will include 20 resident rooms, a lounge, a nursing station, and other ancillary spaces. All of these amenities will be in a 16,250 square foot, single-story facility attached to the existing health centre. Work will also include a wander garden, asphalt, grading and landscaping around the immediate extension. This investment will improve upon the quality of care and experience for residents.

### **Registered Nurses Act Regulations**

In September 2019, changes to the **Registered Nurses Act** regulations came into effect to allow nurse practitioners in Newfoundland and Labrador to provide services such as prescribing certain drugs, requesting blood work or X-rays and diagnosing some illnesses. Before this change, nurse practitioners required oversight from a physician to provide these services. The new regulations remove barriers to practice for

nurse practitioners and increase access to healthcare for the public, particularly in areas where physician attraction and retention has been a problem.

### **Expansion of Opioid Dependence Treatment (ODT)**

On April 1, 2019, an ODT clinic opened at the Dr. Walter Templeman Health Care Centre on Bell Island. The clinic is operated by Eastern Health and offers the first comprehensive mental health and addictions support program on Bell Island. It includes a physician and a nurse practitioner, pharmacy services and addictions counselling service five days per week.

In April 2019, the Provincial Government also announced the expansion of an ODT Program in Gander. The program offers a safer approach for treatment of opioid dependency and increases the availability and utilization of Suboxone.

### **Launch of MyQ**

In February 2020, the department, in partnership with the Newfoundland and Labrador Medical Association (NLMA), announced the launch of MyQ, a family practice quality improvement program designed to support improved care for patients and a better work/life balance for family physicians. MyQ is funded through the Family Practice Renewal Program – a partnered initiative between the department and the NLMA, supporting the transformation and renewal of primary health care (PHC). Over the next two years, \$3.7 million will be spent to support MyQ which provides access to comprehensive educational resources and personalized support, including self-directed, practical learning resources for those who want to make improvements on their own and at their own pace, as well as through guided learning. Participating physicians will be supported by national experts, local physician champions and practice facilitators.

### **Public Health Legislation**

On July 1, 2019, Newfoundland and Labrador's **Public Health Protection and Promotion Act** became law. The Act enables the Provincial Government to respond effectively to emerging public health emergencies and clarifies a physician's duty to notify a Medical Officer of Health if a patient presents with a communicable disease.

The new legislation supports government's commitment to deliver better services and better outcomes for residents.

## Partnerships

### **Vulnerable Populations**

In response to COVID-19, a Vulnerable Populations Task Group was established in March 2020 to anticipate, assess and address specific issues facing vulnerable populations in the province (e.g., food, housing and financial security; access to medications; mental health and substance use disorder services; access to services for persons with disabilities; newcomers to Canada and rural, remote and Indigenous communities; domestic violence; etc.). The Task Group consisted of thirteen working groups with a mandate to address specific issues facing vulnerable populations and served as a forum for collaboration and sharing of information among Provincial Government Departments, Indigenous Governments and Organizations, regional health authorities, Councils, and community agencies. The Task Group worked effectively in identifying and addressing the challenges faced by a number of vulnerable populations in the province.

### **New Health Sciences Programs at the College of the North Atlantic (CNA)**

To meet priority skills training, the needs of the healthcare sector, and to support better health services and outcomes for the people of the province, in February 2020, the Provincial Government, in partnership with the CNA announced the introduction of new and enhanced health sciences programming at multiple CNA campuses in the province.

CNA will introduce a new Advanced Care Paramedicine Program, previously only offered outside the province, at its Bay St. George campus in Stephenville and Prince Phillip Drive campus in St. John's. This post-diploma program offers additional training for current primary care paramedicine practitioners, providing them with additional knowledge and skills for delivering advanced emergency healthcare and preparing them to be leaders in emergency situations.

Beginning in September 2020, expanded access to practical nursing will see 116 new seats added throughout the province, bringing the total to 265 seats. This includes new offerings at CNA campuses in Bay St. George, Burin, Gander and St. Anthony. Increased seat capacity will also be added in Corner Brook and Grand Falls-Windsor.

In addition, 96 personal care attendant seats will be added to the college system in September 2020, bringing the total number of seats to 232. This includes a new program in Bonavista and increased capacity at campuses in Baie Verte, Carbonear, Clareville, Corner Brook, Grand Falls-Windsor, Happy Valley-Goose Bay, Prince Philip Drive (St. John's) and St. Anthony. Another Personal Care Attendant Program will also be offered in Port Saunders by CNA in September 2020 via its St. Anthony campus.

## **Report on Performance**

In consideration of the Triple Aim approach of better health, better care, and better value; the department's mandate; government priorities; and available financial resources, five key priorities were identified for the 2017-20 planning cycle:

1. Community supports and capacity building
2. Primary health care (PHC)
3. Mental health and addictions
4. Using eHealth technology and evidence to improve healthcare
5. Modernize and streamline the delivery of services

Within each priority area, a three-year goal along with annual objectives and indicators were identified. This report includes progress and results toward the three-year goal and the 2019-20 objectives.

### **Issue One: Community Supports and Capacity Building**

Strong community supports are necessary to ensure residents of the province are able to live safely in their own homes as they age, recover from illness and injury, or live with

a disability. Individuals who do not have appropriate supports to meet their healthcare needs in their homes often stay in the hospital longer after illness or injury or require long-term care in a healthcare facility.

In the 2017-20 period, the department committed to achieving higher quality of care and better value in the healthcare system by providing necessary supports to individuals within the community. To achieve this, the Provincial Government focused its efforts on increasing access to community-based home support and care services, implementing more efficient client assessments and increasing the role of personal care homes. A central component of this work was the implementation of the Home First initiative. Home First is a healthcare management philosophy aimed at facilitating a quick response to the provision of community-based services such as: home support, rehabilitation, nursing, counselling and provision of medical supplies to clients with complex care needs and those requiring end of life care, to support them to remain at home and avoid emergency department visits, hospitalization and premature long term care placement.

For the 2019-20 period, the department worked to expand community-based services commonly provided within acute care. In the past fiscal year, the department has increased focus on improving service delivery to community support services and on enhancing dementia and palliative care in the community. Furthermore, the department has worked diligently to increase access to supports for people living with Autism Spectrum Disorder (ASD).

**Goal: By March 31, 2020 the Department of Health and Community Services will have achieved a higher quality of care and better value in the healthcare system by providing necessary supports to individuals within the community.**

<b>Objective:</b> By March 31 2020, the Department of Health and Community Services will have expanded community based services commonly provided within acute care.	
Continued focus on enhancing dementia and palliative care in the	In 2019-20, approximately 130 individuals availed of the Provincial Home Dementia Care Program in Eastern Health. The program provides people with

ANNUAL REPORT 2019-20

<p>community through the Home First initiative</p>	<p>moderate to advanced dementia access to a nurse practitioner to manage medical concerns at home.</p> <p>In addition, from November 2019 to January 2020 HCS, in collaboration with Public Engagement and Planning Division, hosted public consultations to inform development of a Provincial Dementia Care Action Plan that will increase awareness, improve supports and services for people living with dementia, and improve the capacity of the workforce to better support individuals living with dementia and their care partners.</p> <p>In January 2020, HCS entered into a contract with Pallium Canada for the provision of LEAP training on standardized palliative care/end-of-life care. LEAP is an inter-professional course that provides healthcare professionals with in-depth learning experience on essential skills and competencies of the palliative care approach. The training is offered to healthcare providers through the RHAs. A provincial plan for training was approved in 2019-20.</p>
<p>Implemented and evaluated the healthy living assessment for seniors at one demonstration site to inform further roll out</p>	<p>A healthy living assessment for seniors was not developed during the 2019-20 fiscal year, as the direction around this initiative has changed.</p>
<p>Improved service delivery of the community support program</p>	<p>Implementation of Home First is supported through the establishment of Home First Integrated Networks. Each network includes diverse expertise in nursing, occupational therapy, physiotherapy, palliative care, dementia care, emotional and developmental health, and mental health. During 2019-20, approximately 10,000 clients accessed services through the Home Support Program, with a monthly caseload at March 2020 of 7,930.</p> <p>In 2019-20, Central Health implemented centralized intake, which provides a single point of access to community-based services. Work is ongoing in Eastern Health and Western Health to develop centralized</p>

	<p>intake, a central intake process is already in place in Labrador-Grenfell Health.</p> <p>Service Level Agreements between home support agencies and the RHAs were developed in 2019-20. These outline the service expectations and the terms and conditions under which the services must be provided. Implementation is planned for late 2020.</p> <p>A performance management framework has been implemented to improve the ability of the department and the RHAs to monitor program outcomes.</p>
<p>Increased access to community based services for people with Autism Spectrum Disorder</p>	<p>In April 2019, the Provincial Government released its <b>Autism Action Plan</b>. The plan provides for increased services and supports for individuals living with ASD. The Autism Plan has 46 actions that will be completed over the short, medium and long-term. The following key actions were completed in 2019-20:</p> <ul style="list-style-type: none"> <li>• New provincial autism diagnostic standards were implemented which will improve the diagnostic process and lead to improved access to diagnostic services. In addition, 10 more clinicians were trained to diagnose autism across all RHAs, and recruitment of a psychologist to support ASD diagnostics in Eastern Health has been successful.</li> <li>• Wait time efficiencies have been achieved, such as community wide scheduling, and demand/capacity assessments have been implemented.</li> <li>• A new toolkit outlining provincial supports and services is now available to assist families with navigation support after receiving a diagnosis.</li> <li>• Enhanced family supports, such as parent support groups and mental health supports, are now available within the RHAs and through the Autism Society, Newfoundland and Labrador.</li> </ul>
<p>Improved patient/client satisfaction with community-based services</p>	<p>Informal feedback provided by clients and family members regarding the Home Dementia Care Program has been positive. A provincial home support client experience survey has been developed but not yet deployed.</p>

2017-20 Goal Reporting

<p><b>Goal:</b> By March 31, 2020 the Department of Health and Community Services will have achieved a higher quality of care and better value in the healthcare system by providing necessary supports to individuals within the community.</p>	
<p>Increased access to community-based home support and care services</p>	<p>In 2017-18 the department, in collaboration with the four RHAs, began implementing the Home First initiative. Since the introduction of Home First in Spring 2017, approximately 3,700 clients have accessed services, supporting these individuals to remain or return home, avoiding long-term care.</p> <p>During 2019-20, approximately 10,000 clients accessed services through the Home Support Program, with the monthly caseload at March 2020 of 7,930. This is an increase over the last two years as approximately 8,800 clients accessed services in 2018-19, with the March 2019 caseload being 7,580, and approximately 8,370 clients accessed services in 2017-18, with the March 2018 caseload being 6,930.</p> <p>The Provincial Home Dementia Care Program provides supports to individuals living with moderate to advanced dementia to remain at home through nurse practitioner led case management. Approximately 130 - 150 clients have received services through the program since its inception in 2018.</p>
<p>More efficient client assessments</p>	<p>Changes to the client reassessment process have created efficiencies in the assessment process and supported client care. In 2018, Licensed Practical Nurses (LPNs) began completing clinical re-assessments of stable clients whose health outcomes can reasonably follow an anticipated path while Registered Nurses (RNs) focused on assessments of more complex clients. This created efficiencies in the assessment process by allowing LPNs and RNs to work to their full scope of practice.</p>



	<p>Enhancements have been made to the clinical assessment process to engage individuals in the development of person-centered support plans to guide how their needs can be best met. This process ensures that client needs are voiced early in the assessment process to support effective care plans.</p>
<p>Increased use of personal care homes for respite and restorative care</p>	<p>A working group was established to explore models for restorative care in personal care homes. A draft model is under development but has not yet been finalized due to the COVID-19 pandemic.</p>
<p>Reduced number of hospital Alternative Level of Care (ALC) placements</p>	<p>An aging population and a high burden of chronic disease is placing increasing demands on the health system. HCS, in collaboration with the RHAs, has developed a number of strategies aimed at reducing ALC rates including: expanded access to social workers to prevent admission and facilitate discharges, and implementing policies and processes to document the expected date of discharge.</p> <p>An ALC subcommittee, with representatives from HCS, RHAs and the Newfoundland and Labrador Centre for Health Information (NLCHI) has been working to standardize ALC data collection with a goal to understand barriers and challenges to discharge resulting in patients becoming designated ALC.</p>
<p>Improved patient/client satisfaction with community-based services</p>	<p>A personal care home resident satisfaction survey was administered from April – June 2018. Of the 1,886 respondents, on average 95 per cent of respondents stated they were satisfied or very satisfied with the quality of care.</p> <p>A provincial home support client experience survey has been developed. An evaluation plan for a new policy on client support plans has been developed but the evaluation has been delayed due to COVID-19. Client experience with this policy will be measured as a component of the evaluation.</p>

## **Discussion of Results**

During the 2017-2020 period, the department made significant strides toward the goal of achieving a higher quality of care and better value in the healthcare system by providing necessary supports to individuals within the community. The implementation of the Home First initiative has allowed the department to provide supports to individuals in their homes and in the community in a manner that benefits both the individual and the health system.

The department saw significant progress toward achieving its 2019-20 objective of expanding community-based services commonly provided within acute care, in particular by focusing on home-based dementia and palliative care. Training healthcare professionals on standardized palliative care/end-of-life care ensures that patients can receive quality care as they approach the end of their lives.

While the department was not able to fully implement all indicators during the reporting period, work is ongoing to develop instruments to measure patient/client satisfaction, reduce rates of ALC, and increase the use of personal care homes for respite and restorative care to further support the achievement of the goals and objectives.

## **Issue Two: Primary Health Care**

PHC is typically a person's first point of contact with the health system. It encompasses a range of community-based services that help to maintain and improve health and wellbeing. PHC includes visits with a family doctor, nurse practitioner, community health nurse, physiotherapist or pharmacist. Effective PHC has been proven to keep individuals, families and communities healthy, and helps reduce the need for acute care services and more costly interventions such as emergency room visits, surgeries, drug utilization and hospitalization.

The department has committed to improving access to primary care supports by expanding the number of PHC teams throughout the province, facilitating cross-

disciplinary collaboration and increasing the use of technology to improve the delivery of healthcare services.

**Goal: by March 31, 2020, individuals in the province will have increased access to primary health care services and timely access to health and community-based services.**

<p><b>Objective:</b> By March 31, 2020, the Department of Health and Community Services will have shifted services from the emergency and acute care settings to primary health care and community-based services to meet the needs of the population.</p>	
<p>Continued expansion of primary health care services and interdisciplinary teams across the province</p>	<p>In 2019-20, HCS announced that a new PHC team would be established in St. Anthony. Stephenville and the North East Avalon have also been identified for the development of interdisciplinary teams and planning is ongoing.</p> <p>During 2019-20, Western Health successfully implemented a Community Paramedicine Program in Pollards Point, which allows paramedics to deliver blood collection services at the medical clinic in the community.</p>
<p>Reduced emergency department volume of CTAS-4 and CTAS-5 cases in communities with primary health care interdisciplinary teams<sup>2</sup></p>	<p>Research shows that effective primary care delivery helps reduce the use of emergency departments for CTAS-4 and CTAS-5 care. The department is working with NLCHI to obtain hospitalization data for communities with PHC teams in place; however, results are not currently available as the work to collect this information and identify the association between emergency department data and PHC clinic locations is still on-going.</p>
<p>Increased use of eHealth tools and infrastructure for prevention and management of chronic disease</p>	<p>HCS has collaborated with Eastern Health and other provincial stakeholders to implement Remote Patient Monitoring (RPM). RPM allows individuals with chronic diseases to check and record their</p>

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<sup>2</sup> Canadian Triage and Acuity Scale (CTAS) is a tool used to allow emergency departments and their staff to prioritize patient care requirements. CTAS-4 and CTAS-5 are classification levels used for “less urgent” and “non-urgent” cases.

ANNUAL REPORT 2019-20

	<p>personal health measures, such as their blood pressure, oxygen or blood sugar levels, and send this information directly to a healthcare provider. This allows early identification of issues so providers can coach and support their patients and clients before a condition worsens and results in an emergency department visit or negative health outcome. In 2019-20, 913 new patients were enrolled in RPM.</p> <p>An evaluation of the RPM Program supports expansion to more clinical areas and recommends enhancements such as direct flow of remotely monitored information to the provincial electronic health and medical records.</p>
<p>Increased access to comprehensive primary health care including after-hours care, same-day appointments, group appointments and telehealth appointments</p>	<p>Annual telehealth visits as of January 31, 2020 increased by 1,681 comparing data from January 2020 to January 2018.</p> <p>The Eastern Health After Hours Clinic, which provides non-emergent care to patients of participating family doctors increased from one to two physicians per shift, reducing wait times and increasing access to primary care.</p>
<p>Growth in the use of a single integrated patient record through adoption of the primary health care stream of the provincial Electronic Medical Record (EMR)</p>	<p>Between April 1, 2019 and March 31, 2020, 27 PHC clinics have joined the PHC Stream of the EMR.</p>

2017-20 Goal Reporting

<p><b>Goal:</b> By March 31, 2020 individuals in the province will have increased access to primary health care services and timely access to health and community-based services.</p>	
<p>Established primary health care services and interdisciplinary teams across the province</p>	<p>PHC teams have been established in Bonavista, Burin Peninsula, Gander, Grand Falls-Windsor, Botwood, Connaigre Peninsula, Corner Brook, Sheshatshiu/Happy Valley-Goose Bay, St. Anthony,</p>

ANNUAL REPORT 2019-20

	<p>Deer Lake/White Bay, Bell Island and Downtown St. John's.</p> <p>Stephenville and the Northeast Avalon have also been identified for PHC teams and are in initial planning stages.</p>
Utilization of shared health records systems to support primary health care teams	eDOCSNL, the province's EMR system, was established in 2017-18. As of March 31, 2020, 436 clinicians have enrolled including family physicians, specialists and nurse practitioners. eDOCSNL has also been made available to RHA PHC teams. There are over 335,000 unique patient charts established in eDOCSNL.
Reduced emergency department utilization in areas where primary health care teams have been established	Since PHC transformation work has begun, HCS has seen a shift in patterns of access and utilization. Provincial data is not currently available but the work to collect this information and identify the association between emergency department data and PHC clinic locations is ongoing by NLCHI.
Reduced hospitalizations for ambulatory care sensitive conditions <sup>3</sup> in locations where primary health care teams have been established	HCS is working with NLCHI to align reporting with PHC sites. The data to support this indicator is not available at this time; however, the work to collect this information and identify the association between emergency department data and PHC clinic locations is ongoing by NLCHI.
Client reported improvement with managing chronic conditions	HCS avails of a variety of programs to support the management of chronic conditions. Client feedback is collected for many of these programs in various ways. Client reported data to support this indicator is not currently available to HCS at this time. HCS is working with the RHAs to standardize a reporting mechanism to analyze this data.
Client reported satisfaction with access to primary health care	HCS is working with NLCHI to align reporting with PHC sites. The data to support this indicator is not available at this time. HCS has directed NLCHI to establish a process and methodology for collecting this data and discussions are continuing.

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<sup>3</sup> Conditions that can be effectively treated through PHC to avoid hospitalizations.

### **Discussion of Results**

While qualitative indicators suggest that the department was successful in achieving its goal and objectives for the 2017-20 reporting period, issues with primary care data collection made it impossible to accurately measure some of the quantitative indicators for the reporting period.

During the 2019-20 period, the adoption and continued growth in the use of PHC teams and EMR helped increase access to quality PHC services and shift services from acute and emergency settings to community-based care. While work continues on reducing the number of hospitalizations of ambulatory care sensitive conditions; reducing emergency department utilization for select cases; and increasing satisfaction with access to primary care during the 2017-2020 reporting period, issues with the availability of reliable data affected the ability to accurately measure those indicators. Additionally, while the adoption of RPM enabled individuals with chronic diseases to monitor their conditions, the department will continue to work to standardize data to better and more accurately measure user experience with RPM going forward.

The department is continuing to work with NLCHI to better capture data at PHC sites and emergency departments to ensure that all necessary data can be collected going forward.

### **Issue Three: Mental Health and Addictions**

In March 2017, the All-Party Committee on Mental Health and Addictions released its report and recommendations. The report outlined a number of gaps in the mental health and addictions system and made 54 recommendations to address them. The Provincial Government has committed to transforming the way mental health and addictions services are delivered by enhancing access to both community-based and acute care services.

To guide the implementation of the recommendations, the department released **Towards Recovery: The Mental Health and Addictions Action Plan for**

**Newfoundland and Labrador.** As part of the transformation of the mental health and addictions system, the department is implementing a stepped care model for mental health and addictions services. This approach matches an individual’s needs to the appropriate level of care by providing the least intrusive treatment with the greatest likelihood of improvement. Under this approach, services can range from brief interventions arranged by the individual, peer, family member or primary care provider; to blended approaches that use technology for self-management, counselling and coaching; and more intensive interventions including individual therapy, group therapy, medication, residential treatment and hospitalization.

During the 2017-20 reporting period, the department worked with its partners to transform the way mental health and addictions services are offered across the province to address gaps and barriers to care and ultimately improve the mental health and addictions system and outcomes for patients. The department will continue to work with RHAs, community groups and other Provincial Government departments to create a comprehensive, evidence-based, integrated and person-centered system that provides the right care, at the right time and in the right place.

**Goal: By March 31, 2020, the Department of Health and Community Services will have achieved a mental health and addictions system that provides the appropriate level of service to individuals when and where they need it.**

<b>Objective:</b> By March 31, 2020, the Department of Health and Community Services will have continued the implementation of a stepped care model and will have implemented further community supportive services in mental health and addictions.	
Developed administrative tool to measure public and provider satisfaction with mental health services	NLCHI has determined there will not be one single tool to gauge public/provider satisfaction with mental health and addictions services, but rather a series of tools across program areas (e.g., Mobile Crisis

	<p>Response<sup>4</sup>, ODT Hub and Spoke<sup>5</sup>). NLCHI will also use the <b>Towards Recovery</b> surveys, which will be released in summer 2020, to determine public and provider satisfaction with mental health and addictions services. A working group has been established and is comprised of representatives from NLCHI and each RHA responsible for evaluation and survey development. The group is preparing an inventory of existing survey tools (including public and provider satisfaction survey tools) and identifying areas of alignment. The Provincial Health Analytics Committee under the e-Health Shared Services Initiative will oversee this work.</p>
<p>Continued implementation of community-based supportive services in mental health and addictions</p>	<p>During 2019-20, the department continued the implementation of a number of community-based services in mental health and addictions, including:</p> <ul style="list-style-type: none"> <li>• <a href="#">Doorways</a> is available in over 60 sites operated by the RHAs throughout the province, including all five correctional facilities. Doorways' hours have also expanded and now offer in-person and phone-based service across the province.</li> <li>• Additional Mobile Crisis Response teams were established in Happy Valley-Goose Bay, Grand Falls-Windsor and Gander. Teams will be trained and officially launched early fall 2020.</li> <li>• Consultations on community crisis beds were held by the RHAs in the fall/winter 2019. This will help determine how best to implement community crisis bed services in Newfoundland and Labrador. A needs assessment identified how the beds could be effectively allocated, utilized and supported to meet population needs in each region.</li> </ul>

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<sup>4</sup> The goal of this program is to provide effective crisis intervention services in a person's home in a compassionate, safe and non-stigmatizing manner.

<sup>5</sup> The goal of this program is to deliver rapid access to evidence-informed, comprehensive and coordinated ODT services throughout Newfoundland and Labrador.



	<ul style="list-style-type: none"> <li>• The Provincial Consumers' Health Awareness Network of Newfoundland and Labrador (CHANNAL) <a href="#">Peer Support Warm Line</a> is a non-emergency, non-crisis telephone support and referral service. During 2019-20, the Provincial Warm Line capacity doubled for expanded non-emergency, non-crisis peer support services. In 2019-20 the call volume was 21,706 calls.</li> <li>• Hiring and training for ACT/FACT teams<sup>6</sup> began in 2019-20 but the implementation of the teams was slightly delayed due to the COVID-19 pandemic. Seven teams will be established in September with another six teams by December 2020.</li> <li>• <a href="#">ODT hubs</a> were established in Eastern Health, Central Health and Western Health. Staff were hired and trained for the Labrador-Grenfell hub in 2019-20 which will become operational in April 2020.</li> </ul>
<p>Continued implementation of intake model for stepped care</p>	<p>In 2019-20, Stepped Care 2.0© E-Mental Health Demonstration Project was completed. The demonstration project was undertaken in partnership with Memorial University of Newfoundland (MUN) and the Mental Health Commission of Canada. This model of care sought to organize and enhance a number of programs launched concurrently in the province, including the <b>Towards Recovery Action Plan</b>, single-session clinics and a suite of e-mental health programs. Preliminary results suggest that Stepped Care 2.0© has helped engage stakeholders in their efforts to improve access and reduce wait times. These results also indicate the growing use,</p>

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<sup>6</sup> ACT/FACT (Flexible Assertive Community Treatment) 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. 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.

	<p>and generally positive experiences, of e-mental health programming.</p>
<p>Increased use of e-mental health solutions</p>	<p>The province has established a suite of e-mental health services that range from wellness self-help options to early intervention and therapeutic interventions that can be used on an individual basis or with the assistance of a coach or counsellor. Service options are available starting at age three and go across the lifespan.</p> <p>Uptake of e-mental health services accessible from <a href="#">Bridge the gApp</a> (BTG) continues to grow. New users accessing BTG from March-May 2020 (17,454) increased by 406% when compared to the same time last year (3,450).</p> <ul style="list-style-type: none"> <li>• <a href="#">Therapy Assistance Online</a> (TAO) is available in English and French. New TAO users (self-help) have increased by 184% when comparing April 2020 (105) to 2019 (37). The new TAO users (clinician-assisted) have increased by 427% when comparing April 2020 (253) to 2019 (48).</li> <li>• <a href="#">I CAN</a> (Conquer Anxiety and Nervousness) program is available province-wide for adults 18+. Previously I CAN was only available to youth and emerging adults 17-30.</li> <li>• <a href="#">BreathingRoom</a> users have increased by 190% when comparing April 2020 (206) to 2019 (71).</li> <li>• CHANNAL's <a href="#">Provincial Warm Line</a> capacity has doubled for non-emergency, non-crisis peer support services. Compared to April 2019, there was a 40% increase in the number of calls to the Provincial Warm Line in April 2020 (1416 to 1987). Eleven per cent of the calls March-April 2020 were COVID-19 related.</li> </ul>
<p>Continued implementation of the <b>Towards Recovery Action Plan</b></p>	<p>The <b>Towards Recovery Action Plan</b> outlines 54 short, medium, and long-term recommendations. To support the achievement of the recommendations, several project teams and working groups have been established and are advancing the recommendations. Implementation of recommendations is ahead of</p>

	<p>schedule with 28 of the 54 recommendations complete. The remaining 26 are in progress and will be completed on time.</p> <p>During 2019-20, work proceeded in support of the recommendations of <b>Towards Recovery</b>, including:</p> <ul style="list-style-type: none"> <li>• Trained staff to operationalize FACT teams;</li> <li>• Established a Provincial Harm Reduction Collective in accordance with recommendation 33 of <b>Towards Recovery</b>. The Collective is a working group comprised of representatives from HCS, the RHAs, community organizations and persons with lived experience to provide oversight to the provincial Take Home Naloxone Kit Program, Safe Works Access Program, through the AIDS Committee of NL, and the Harm Reduction Education Program;</li> <li>• Focused on advancing harm reduction as a foundational approach to the delivery of mental health and addictions services;</li> <li>• Completed a needs assessment for community crisis beds;</li> <li>• Commenced transition of the responsibility for health in corrections from the Department of Justice and Public Safety to the Department of Health and Community Services; and</li> <li>• Awarded a design consultant contract for a new six-bed mental health unit in Happy Valley-Goose Bay.</li> </ul>
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**2017-20 Goal Reporting**

<p><b>Goal:</b> By March 31, 2020, the Department of Health and Community Services will have achieved a mental health and addictions system that provides the appropriate level of service to individuals when and where they need it.</p>	
<p>Decreased wait times to access mental health and addiction services</p>	<p>Since March 2017, referrals for mental health and addiction counselling services have increased by 32 per cent; yet wait times continue to be reduced. There are 51 per cent fewer people waiting for mental</p>

	<p>health and addictions counselling services since the implementation of <b>Towards Recovery</b>.</p> <p>Efforts to standardize the method for collecting and reporting wait times across the regions is in progress. In September 2018, the average wait time for ODT services in St. John's and Corner Brook was 4-5 weeks. As of October 2019, the St. John's, Gander and Corner Brook/Stephenville Hubs reported that people are now receiving services within 1-2 days.</p>
<p>Increased access to mental health and addictions services</p>	<p>During 2019-20, a number of initiatives contributed to increased access to mental health and addictions services:</p> <ul style="list-style-type: none"> <li>• <a href="#">Doorways</a> is available in 60 locations across the province and all correctional facilities and offers single-session therapy services on a first-come, first-serve basis. As of June 2019, there have been nearly 10,000 visits to Doorways locations throughout the province for counselling services.</li> <li>• <a href="#">TAO</a> provides cognitive behavioural therapy online with the assistance of a therapist, and is available province-wide. Since 2017, over 1,199 users have registered for TAO. An additional 564 people have registered for the self-help component of TAO.</li> <li>• The <a href="#">I CAN</a> program was launched provincially in 2018 to support young adults, ages 17-29. The program served a total of 61 adults during the 2019-20 fiscal year.</li> <li>• A new ODT clinic opened on April 1, 2019, at the Dr. Walter Templeman Health Care Centre on Bell Island. ODT Hubs are now operating in all four regions of the province. (Eastern Health, Central Health, Western Health and Labrador-Grenfell Health).</li> <li>• Mobile Crisis Response is available in St. John's, Labrador City and Corner Brook.</li> </ul>
<p>Patient, client and family satisfaction with mental</p>	<p>An essential component of the implementation of <b>Towards Recovery</b> is ongoing performance</p>

<p>health and addictions services</p>	<p>monitoring, evaluation and public reporting based on an established performance monitoring framework. One of the primary data collection methods is a public survey that will measure key outcomes of the Action Plan, including client and family satisfaction with mental health and addictions services. Due to interruptions caused by a severe weather event in January 2020, followed by COVID-19, the survey was not released during 2019-20. NLCHI, in support of HCS, will launch the survey in July 2020.</p>
<p>Mental healthcare provider satisfaction with mental health and addictions services</p>	<p>NLCHI in support of HCS, developed a survey to assess provider satisfaction with mental health and addictions services; however, due to interruptions caused by COVID-19, the survey was not released in the reporting period. NLCHI will launch the survey in July 2020.</p>

**Discussion of Results**

The department was successful in meeting its objectives in the area of mental health and addictions services for the 2017-20 reporting period. Access to mental health and addictions services has been increased with the introduction of Doorways, TAO, I CAN program, ODT and by increasing the capacity of the provincial CHANNAL Peer Support Warm Line.

An e-mental health demonstration project that included elements of stepped care was completed and will help inform the ongoing work to develop an intake model for stepped care, which is anticipated to be completed by March 2022.

The department has established a suite of e-mental health services that range from wellness self-help options to early intervention and therapeutic interventions. Initial information indicates that these services are being utilized by individuals from across the province.

Overall, 28 of the 54 recommendations from the **Towards Recovery Action Plan** have been completed and the remaining 26 are well underway and will be completed on time. While significant progress has been made since 2017, there are still further improvements required to ensure the needs of those living with mental health and addictions issues are fully met. The implementation of the recommendations of **Towards Recovery** remains a significant priority for the department.

#### **Issue Four: Using e-Health Technology and Evidence to Improve Healthcare**

Digital health, or eHealth, refers to the use of electronic information, communications technology, services and processes to deliver healthcare or to facilitate better healthcare. Utilization of eHealth technology can improve overall quality and efficiency of care and enhance patient safety while providing health information to inform future health planning and policy development.

The Provincial Government has committed to improving the use of technology in the delivery of quality healthcare. As such, for the 2017-20 period, the department committed to using eHealth technology and evidence derived from the healthcare system to improve healthcare delivery in the province. Work in this area focused on such areas as the implementation of the Electronic Health Record System (EHR) and EMR, telehealth services and providing greater access to telehealth services.

By making more data-driven evidence available to decision makers, the department will be able to focus resources on higher need areas of the healthcare system and achieve tangible improvements for the people of the province.

**Goal: By March 31, 2020, the Department of Health and Community Services will have improved patient care through seamless, secure and timely sharing of accurate health information by electronic means.**

ANNUAL REPORT 2019-20

<p><b>Objective:</b> By March 31, 2020, the Department of Health and Community Services will have advanced further opportunities in the area of EHR and continued to expand the use of technology in healthcare delivery.</p>	
<p>Continued expansion and increased adoption of the Electronic Health Records System</p>	<p>During 2019-20, 983 new providers began accessing HEALTHeNL.</p> <p>In November 2019, electronic referrals for patients that require vascular lab testing were made available through HEALTHeNL. This eOrdering initiative offers a number of benefits to physicians and patients including a reduction in unnecessary testing; quicker access for patients; and removal of fax machines from the referral process, patient prioritization and automatic appointment bookings</p> <p>In December 2019, mental health and addictions outpatient psychiatry notes were also made available through HEALTHeNL.</p>
<p>Continued increased adoption of Electronic Medical Records</p>	<p>In 2019-20, 102 healthcare providers adopted eDOCSNL. eDOCSNL has also been made available to RHA PHC teams.</p>
<p>Continued expansion and increased use of telehealth services</p>	<p>In 2019-20 there was an average increase of 168 telehealth appointments per month over 2017-2018. Eight new telehealth sites have been added in 2019-20 and eight providers are now offering home based telehealth. In 2019-20, there were 59 new telehealth providers province wide.</p>
<p>Continued to implement components of a Health Data Warehouse to further expand opportunities to use health data</p>	<p>The provincial Data Lab is a virtual, secure space hosted by NLCHI where stakeholders can access health data, without taking possession of it. During 2019-20, an online portal was designed and built to enable access to the Data Lab environments. In addition to providing secure data access, the portal serves to educate users on the role of the Data Lab, as well as services and data available. In 2019-20, additional datasets were added to the Data Warehouse area of the Data Lab.</p>
<p>Continued collaboration with other stakeholders toward identifying opportunities for</p>	<p>Throughout 2019, several discovery workshops were held jointly with Atlantic partners to establish the requirements for a provincial Personal Health Record</p>

ANNUAL REPORT 2019-20

<p>implementation of Personal Health Records and Health Service Portal</p>	<p>(PHR) solution. The intention was to conduct subsequent patient and provider engagement sessions for the PHR and Health Services Portal in the spring 2020; however, the COVID-19 pandemic response resulted in those engagement sessions not proceeding.</p> <p>A key component of continued implementation of the PHR is active citizen and healthcare provider engagement. NLCHI is collaborating with MUN's Strategic Patient Oriented Research (SPOR) forum and will also leverage patient advocacy committees and provincial health provider associations to seek input to guide the implementation and ongoing evaluation of the PHR.</p>
<p>Began phased implementation of NACRS</p>	<p>Due to resourcing issues, work on the phased implementation of National Ambulatory Care Reporting System (NACRS) did not proceed in 2019-20.</p>
<p>Continued advancing the standardization of provincial health data across regional health authorities</p>	<p>As part of the provincial eHealth shared services initiative, NLCHI is leading the provincial health data standardization process. The following work was completed in 2019-20:</p> <ul style="list-style-type: none"> <li>• eDOCSNL began producing standardized chronic disease management tools to support the uniform collection of information. To date, tools have been produced for diabetes and Chronic Obstructive Pulmonary Disease (COPD).</li> <li>• A new coding system for EMR has been rolled out in all RHAs, which allows for more consistent and specific clinical data and much richer reporting possibilities.</li> <li>• Paper reporting for labs is no longer available in eDOCSNL for EMR physicians across the province. NLCHI continues to work on the same for diagnostic imaging reports, ensuring that EMR providers are all receiving clinical data in the same way to ensure patient charts are comprehensive and coherent.</li> </ul>



## 2017-20 Goal Reporting

<b>Goal:</b> By March 31, 2020 the Department of Health and Community Services will have improved patient care through seamless, secure and timely sharing of accurate health information by electronic means.	
Utilization of the Electronic Health Record System	There are currently over 8,000 total authorized users of HEALTHeNL, the Newfoundland and Labrador EHR system.
Utilization of telehealth services	Since April 1, 2017, 437 new telehealth providers have been established. In 2019-20, there was an average increase of 168 telehealth appointments per month over 2017-2018. Eight new telehealth sites have been added in 2019-20 and eight providers are now offering home based telehealth.
Utilization of Electronic Medical Records	eDOCSNL, the province's EMR system, was established in 2017-18. As of March 31, 2020, 436 clinicians have enrolled including family physicians, specialists and nurse practitioners. eDOCSNL has also been made available to RHA PHC teams. There are over 350,000 unique patient charts established in eDOCSNL.
Patient satisfaction with access to health information	A provincial working group has been established to develop standardized tools to measure client satisfaction across the health system. Clients have reported high levels of satisfaction with the various services enabled through technology, such as telehealth and the provincial HealthLine.
Healthcare provider satisfaction with access to health information	Surveys were administered to health providers to gauge satisfaction with access to information across a number of program areas and eHealth technologies, including: EMR (eDOCS NL), EHR (HEALTHe NL), telehealth, telepathology, Prescription Monitoring Program and mental health and addictions programs and services. Providers have reported high levels of satisfaction with many of these tools. For instance, in 2019-20, 80 per cent of physicians indicated they are satisfied with the provincial EMR. Additionally, more than 90 per cent of nurse practitioners have indicated satisfaction with HEALTHe NL.

<p>Availability of regional and provincial chronic disease data for system planning and benchmarking</p>	<p>In 2017, NLCHI became the custodian for the Chronic Disease Registry. The registry provides information on chronic diseases that enables comparable monitoring and reporting on disease status and management, as well as health service utilization. It includes the following conditions: diabetes, asthma, COPD, heart failure, hypertension, ischemic heart disease and stroke. The registry allows NLCHI to produce chronic disease prevalence rates by various levels of geography (NL, RHAs and PHC areas). COVID-19 has delayed the release of this data.</p>
<p>Availability of a health services portal for residents to learn about services available in and near their community</p>	<p>A health services portal was not made available within the reporting period as planned. Requirements gathering and technical assessment for a health services portal is complete. It was determined that the ability for citizens to access information on available health services within the province aligns with several initiatives already underway including the PHR and the Provincial Government's myGovNL project. The requirements will be re-evaluated during the development of the PHR to determine where this functionality best aligns.</p>

**Discussion of Results**

During the 2017-20 period, the department saw a significant increase in the uptake of e-Health tools such as the provincial EMR (eDOCSNL) and the EHR system (HEALTHeNL) and telehealth. Enhancements to the HEALTHeNL to allow for eOrdering of vascular lab testing created efficiencies with the process and enhanced patient safety. Increased uptake in telehealth during the 2019-20 period also increased access for patients and created efficiencies in the healthcare system. While the department will continue to work on a data warehouse, health service portal and mechanisms to measure client satisfaction with access to health information, the achievements made to date have allowed the department to achieve its goal of improved patient care through seamless, secure and timely sharing of accurate health information by electronic means.

## **Issue Five: Modernize and Streamline the Delivery of Services**

The department accounts for the largest proportion of spending across all Provincial Government departments. By modernizing and streamlining the delivery of services, the Provincial Government can spend health dollars more efficiently, provide better care and realize improved health outcomes.

During the 2017-20 period, the department worked with its partners to streamline and modernize healthcare services through sharing non-clinical services, and coordinating clinical resources more effectively to reduce duplication and maximize the value of services provided.

By sharing services and reducing duplication of activities in the healthcare system, spending can be redirected to front-line care where the most value is achieved. For example, the department worked to implement new streamlined models of delivering administrative and information services across the four RHAs and NLCHI. The focus of this approach was to achieve standardization, improved business processes and enhanced efficiencies in the operations of healthcare by sharing services such as procurement and supply chain, information management and technology, human resources (HR) and finance and payroll. This approach positions the RHAs to better focus their skills and resources on patient care rather than administrative processes, and is consistent with the Provincial Government's commitment to a more efficient public sector.

**Goal: By March 31, 2020, the Department of Health and Community Services will have achieved more efficient healthcare spending through modernizing and streamlining the delivery of services.**

**Objective:** By March 31, 2020 the Department of Health and Community Services will have implemented shared services in additional areas within the healthcare system and implemented further initiatives toward more coordinated clinical services.

<p>Continued implementation of a provincial model for select administrative functions</p>	<p>Implementation of provincial models for supply chain, finance and payroll, HR and e-health services proceeded in 2019-20.</p> <p><b>Supply Chain:</b> The governance structure, leadership team, leadership transition plans, labour relations strategy and interim reporting structure were put in place for the Supply Chain. A workforce plan is being developed for reducing full-time equivalents (FTE) through attrition. Transition negotiations commenced in spring 2019 with the Newfoundland and Labrador Associations of Public and Private Employees (NAPE) and the Canadian Union of Public Employees (CUPE) who represent existing staff. The goal is to transfer all Supply Chain bargaining unit employees to Central Health.</p> <p>A number of initiatives have been completed or are ongoing to ensure best practices including: the development of goals, objectives and key performance indicators; the development of a transition plan to achieve the required savings targets; and the development of a provincial database that will serve as an inventory of all sourcing and contract activity within the five health organizations.</p> <p>Central Health is working on open calls with both provincial and regional focuses. Supply chain is ensuring the contracts resulting from these open calls support the mandate of achieving strategic sourcing savings targets.</p> <p><b>eHealth:</b> Work to transition to a province-wide shared services eHealth model for the four RHAs and NLCHI continued in 2019-20. In October 2019, NLCHI officially took over direction of the eHealth system for the five health organizations. In July 2020, the <b>Public Service Collective Bargaining Act Regulations</b> were amended to include NLCHI. This provides a consistent labour relations framework for NLCHI to work with the Provincial Government to resolve the complex labour relations issues that exist from bringing unionized staff (from multiple unions and bargaining units) that currently work across the four RHAs. The benefits of creating this model were clearly</p>
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ANNUAL REPORT 2019-20

	<p>evident during the start of the COVID-19 public health pandemic, as all digital health solutions and applications were developed from a provincial perspective.</p> <p><b>Human Resources:</b> In 2019-20 HCS continued work to design a provincial model of HR service delivery for the RHAs and NLCHI.</p> <p><b>Finance and Payroll:</b> Work proceeded on the development of a provincial accounts payable model lead by Western Health.</p>
Continued implementation of a provincial model for delivery of services for the provincial healthcare system	<p>Six clinical programs are being developed into a provincial model for delivery of services. These include cardiology, pain management, pharmacy, psychiatry, pathology laboratory service, and medical imaging.</p> <p>Work is ongoing with program areas to adopt provincial standards, guidelines and protocols for system wide adoption. Work is ongoing to build system capacity and deliver expertise to deliver quality care with equitable access throughout the province.</p>
Identified additional clinical program areas that may benefit from a provincial model for delivery of services	<p>In October 2019, cancer care was identified as the next program area to be developed into a provincial model. The Chief Executive Officers from the four RHAs and NLCHI will be engaged to explore other clinical areas that may benefit from a provincial model of clinical services.</p>

2017-20 Goal Reporting

<p><b>Goal:</b> By March 31, 2020 the Department of Health and Community Services will have achieved more efficient healthcare spending through modernizing and streamlining the delivery of services.</p>	
Expenditures on administrative and related operations	<p>The department achieved total cumulative expenditure reductions of \$15.5 million in 2019-20 (\$9.6 million in 2017-18 and \$14.2 million in 2018-19).</p> <p>Expenditure reduction initiatives within the RHAs, such as the reduction of travel costs or position elimination through</p>

	<p>attrition, were implemented during the 2017-2020 reporting period. Further examples included:</p> <ul style="list-style-type: none"> <li>• Removal of printing services from within Eastern Health. These services are now shared with the Provincial Government’s Queen’s Printer;</li> <li>• Reductions in minor equipment expenditures;</li> <li>• Reductions in telecommunications expenditures; and</li> <li>• Implementation of e-learning modules and other initiatives related to reductions in staff oriented costs.</li> </ul>
<p>Procurement costs</p>	<p>Supply chain management is the sourcing, procurement, receipt, distribution and shipping of goods and services, such as medical or office supplies. In an effort to reduce procurement costs provincially, the department announced in July 2017 that Central Health would take over a province-wide service for supply chain for all RHAs and NLCHI.</p> <p>To date, a number of initiatives have been completed or are ongoing to ensure best practices:</p> <ul style="list-style-type: none"> <li>• Key performance indicators developed.</li> <li>• Service Level Agreements established.</li> <li>• Information Sharing Agreements, Delegations of Purchasing Authority forms and a Purchase Agency Agreement have all been signed by the five healthcare organizations.</li> <li>• One central website has been designated for all open calls (e.g., requests for proposals (RFPs), tenders, etc.) issued on behalf of the five health organizations.</li> <li>• Recommendations from an Inventory Audit by the Department of Finance are being implemented.</li> <li>• Standardization of work processes, including the development of future state work process maps; and standardization of item and vendor dictionaries to move to global standards of item identification.</li> </ul>
<p>Utilization of clinical resources</p>	<p>Work proceeded in a number of clinical areas to support standardization and to maximize the value of clinical resources.</p>

	<p>A new standard has been established for an intraocular lens used during cataract surgery. The Clinical Advisory Committee worked to finalize requirements for a RFP by late February, however this was delayed by the COVID-19 pandemic.</p> <p>In the area of orthopedics, clinical and administrative representatives from each RHA have formed a Clinical Advisory Committee to draft an orthotics RFP for clinical products related to arthroplasty of the hip, knee, shoulder, elbow and ankle. The RFP is intended to address health system needs through increased provincial standardization, resulting in improved patient outcomes and sustainable and competitive pricing on a provincial level. The RFP was issued in May 2019 and contract negotiations have concluded.</p> <p>Progress was also realized in the Special Assistance Program (SAP) area. The equipment component of SAP has a provincial contract with the new vendor that took effect July 5, 2019. Shared Services took the lead and engaged with committee members in development of a RFP for medical supplies. The RFP closed on February 6, 2020 and requires the successful supplier to adhere to customer service standards and savings targets.</p>
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**Discussion of Results**

During the 2017-20 reporting period, the department was able to achieve its goal of more efficient healthcare spending through modernizing and streamlining the delivery of services. Between 2017-18 and 2019-20 the department achieved total expenditure reductions in the amount of \$15.5 million. The department centralized supply chain/ procurement services for all RHAs and NLCHI to reduce duplication of resources and achieve economies of scale and further work was undertaken to create efficiencies in the utilization of clinical resources. All of which has resulted in more efficient healthcare spending.

During the 2017-20 reporting period, work continued on the design and implementation of provincial models for select areas of the healthcare system, in particular, cardiology, pain management, pharmacy, psychiatry, pathology and laboratory service and medical imaging. Together, these efforts contributed to the achievement of the objective to implement shared services and initiatives toward more coordinated clinical services.

## **Opportunities and Challenges**

Throughout the 2017-20 reporting period, the Department of Health and Community Services worked diligently, through the Triple Aim approach to achieve better health for the population, better care for individuals and better value for healthcare spending.

One of the biggest challenges currently facing the department is the COVID-19 pandemic. While Newfoundland and Labrador has been successful in controlling the spread of COVID-19, the likelihood of future outbreaks and localized spread of the virus will remain a reality until a vaccine can be widely administered.

In order to keep the spread of COVID-19 under control in the province, it will be critical for the department to balance measures to protect public health with unintended burden on the healthcare system. In this regard, the department must work to ensure that any unintended negative impacts resulting from public health measures are addressed, such as mental health problems arising from prolonged isolation, increased wait times arising from cancelled appointments in response to COVID-19 and complications with chronic disease management during the pandemic.

Though the COVID-19 pandemic has created a significant challenge for this province, it also creates an opportunity. The department's response to COVID-19 has resulted in significant progress toward virtual care, the development of PHR and changes in the way healthcare is delivered in this province. This work has been expedited in response to the pandemic and will continue to develop as the department builds on the progress that has been made. In addition, in response to the COVID-19 pandemic, significant



funding has been made available from the Federal Government to create digital platforms and applications, improve access to virtual mental health supports and expand capacity to deliver healthcare virtually. This funding will help the province to build on the work already undertaken to provide greater opportunities for modernized healthcare delivery.

The department is facing challenges beyond the COVID-19 pandemic, including low performance on health status indicators, an aging population, and high costs to deliver services. However, these challenges present novel opportunities to be innovative in the way healthcare services are delivered throughout the province. In this regard, major efforts are underway to improve community supports, PHC, and mental health and addictions services, while using eHealth technology and streamlining the delivery of services to improve the quality of healthcare.

Work continues to build upon success and provide services through more efficient means and to streamline administrative costs to create a more sustainable healthcare system.

## Financial Information

<b>Department of Health and Community Services 2019-20 Fiscal Year</b>			
	<b>2019-20</b>		
	<b>Actual Expenditure</b>	<b>Operating Budget</b>	<b>Original Budget</b>
<b>CURRENT</b>			
Minister's Office	\$ 251,846	\$ 284,100	\$ 284,100
General Administration	\$ 16,968,051	\$ 16,889,400	\$ 16,889,400
Memorial University Faculty Of Medicine	\$ 59,036,596	\$ 59,036,600	\$ 54,136,600
Drug Subsidization	\$ 152,571,571	\$ 152,297,700	\$ 143,297,700
Medical Care Plan	\$ 496,480,122	\$ 497,331,400	\$ 508,731,400
Regional Integrated Health Authorities and Related Services	\$ 2,362,506,647	\$ 2,356,253,370	\$ 2,238,175,500
<b>TOTAL CURRENT</b>	<b>\$ 3,087,814,834</b>	<b>\$ 3,082,092,570</b>	<b>\$ 2,961,514,700</b>
<b>CAPITAL</b>			
Furnishings and Equipment	\$ 32,000,000	\$ 32,000,000	\$ 32,000,000
Health Care Facilities	\$ 47,742,139	\$ 48,602,300	\$ 63,655,300
<b>TOTAL CAPITAL</b>	<b>\$ 79,742,139</b>	<b>\$ 80,602,300</b>	<b>\$ 95,655,300</b>
<b>Total Department</b>	<b>\$ 3,167,556,973</b>	<b>\$ 3,162,694,870</b>	<b>\$ 3,057,170,000</b>



