

---

# Department of Health

**ANNUAL REPORT  
2020-2021**



**Department of Health  
Annual Report 2020-2021**

Province of New Brunswick  
PO 6000,  
Fredericton NB  
E3B 5H1 CANADA

[www.gnb.ca](http://www.gnb.ca)

ISBN 978-1-4605-2922-5 (bilingual print edition)  
ISBN 978-1-4605-2924-9 (PDF: English edition)  
ISBN 978-1-4605-2923-2 (PDF: French edition)

13596 | 2022.01 | printed in New Brunswick

## TRANSMITTAL LETTERS

**From the Minister to the Lieutenant-Governor  
Her Honour the Honourable Brenda Murphy  
Lieutenant-Governor of New Brunswick**

May it please your Honour:

It is my privilege to submit the annual report of the Department of Health, Province of New Brunswick, for the fiscal year April 1, 2020 to March 31, 2021.

Respectfully submitted,



Honourable K. Dorothy Shephard  
Minister

---

**From the Deputy Minister to the Minister  
Honourable K. Dorothy Shephard  
Minister of Department of Health**

Madam:

I am pleased to be able to present the annual report describing operations of the Department of Health for the fiscal year April 1, 2020, to March 31, 2021.

Respectfully submitted,



Dr. Heidi L. Liston, BSc (Pharm), PharmD  
Deputy Minister



# Table of contents

Minister's message . . . . .	1
Deputy Minister's message . . . . .	3
Government Priorities . . . . .	4
Highlights . . . . .	5
Performance Outcomes . . . . .	6
Overview of departmental operations . . . . .	9
Division overview and highlights. . . . .	10
Financial Information . . . . .	17
Summary of staffing activity . . . . .	18
Summary of Legislative Activity . . . . .	19
Summary of Official Languages Activities. . . . .	20
Summary of Recommendations From the Office of the Auditor General. . . . .	21
Report on the <i>Public Interest Disclosure Act</i> . . . . .	28



# Minister's message

The impact of the COVID-19 pandemic on the New Brunswick Department of Health and the province's health-care system cannot be overstated.

Seemingly overnight, most of our thoughts and actions turned to keeping COVID-19 at bay by protecting our most vulnerable citizens, securing our health-care system, treating the sick and tracing their contacts. We introduced virtual care, created provincial rapid outbreak management teams to support long-term care facilities in managing outbreaks, made it possible for New Brunswickers to receive test results and book vaccine appointments online, and engaged pharmacy in our vaccination efforts at greater levels than ever before.

The response of the Department of Health, the regional health authorities (RHAs) and EM/ANB was nothing short of heroic, as was the work of our colleagues throughout the health sector. However, in the midst of the crisis, the other important work of the Department of Health continued. We opened new nurse practitioner clinics in Fredericton, Moncton and Saint John. The number of people waiting more than a year for hip and knee surgery was cut in half. A new, three-year Interdepartmental Addiction and Mental Health Action Plan was launched, and additional changes will be made to strengthen the system's ability to respond to an addiction and mental health crisis.

The necessary work to stabilize our health-care system will continue in the coming year. We will keep working on improving access to primary health care services, reducing surgical wait times and making it easier for seniors to stay healthy and at home for as long as is appropriate and desirable. We will continue our efforts to improve access to addiction and mental health services and recruit and retain qualified health-care workers and provide exemplary care to New Brunswickers.

New Brunswick can have a quality system that they can depend on, a system where services are provided seamlessly across health authorities and government departments and where New Brunswickers are informed and feel part of the health-care system. Making changes in collaboration with patients and providers to address challenges and ensure that we continue to have a public health-care system is the responsible thing to do.

Every community and health-care facility has an important role to play as we look to build a network of excellence that prioritizes population health, patient care, safety, efficiency. I look forward to working with New Brunswickers to build something of which we can be proud.



Hon. K. Dorothy Shephard  
Minister of Department of Health





# Deputy Minister's message

The fiscal year 2020-2021 was like no other and I am immensely proud of the collective efforts of our province's health-care system and in particular, those of the employees at the Department of Health.

This year's annual report summarizes our department's activities under our mandate in the 2020-2021 fiscal year, evaluates our performance and highlights the successes we have achieved during the COVID-19 pandemic and in our effort to ensure New Brunswickers have a safe and sustainable health-care system that provides quality health-care services to all our residents.

The COVID-19 pandemic has taught us that New Brunswick's health-care system is capable of extraordinary ingenuity and is made up of thousands of dedicated individuals determined to support our citizens in their efforts to live healthy lives and address illness. Despite the demands of the pandemic, we managed to deliver on several key priorities and collaborate at levels not seen in recent memory.

Over the coming year, we will keep building on our learnings from the pandemic and keep working with our colleagues in the rest of the health system in support of better health for everyone who lives in our province.



Dr. Heidi L. Liston, BSc (Pharm), PharmD  
Deputy Minister

# Government Priorities

## DELIVERING FOR NEW BRUNSWICKERS - ONE TEAM ONE GNB

One Team One GNB is a new, collaborative approach to how we operate. It represents a civil service that works together as a single unit for New Brunswickers. We have discovered new and innovative ways of doing business, ways that have allowed us to achieve the outcomes needed for New Brunswickers and we are working more efficiently and effectively than ever before. Our new path forward includes a mindset of focus, urgency, and results.

We are working every day to improve the way government departments:

- Communicate with one another
- And drive focus and accountability
- Work side-by-side on important projects

## STRATEGY AND OPERATIONS MANAGEMENT

The Government of New Brunswick (GNB) uses a Formal Management system built on leading business practices to develop, communicate, and review strategy. This process provides the Public Service with a proven methodology to execute strategy, increase accountability and continuously drive improvement.

The development of the strategy, using the Formal Management system, starts with our government's roadmap for the future of New Brunswick that focuses on key priorities and the importance of public accountability.

## GOVERNMENT PRIORITIES

Our vision for 2020-2021 is a vibrant and sustainable New Brunswick. To make progress towards this vision, we must focus on our government's priorities.

- Energize private sector
- Dependable public health care
- Vibrant and sustainable communities
- World-class education, and
- Affordable, responsive, and high-performing government
- Environment

## COVID RESPONSE

As part of GNB's priorities this past year, responding to the COVID-19 pandemic was at the forefront. The Department of Health played a critical role in supporting GNB's overall response to the pandemic, leading the health system's response to the crisis. The details of the Department's efforts are contained throughout this annual report.

# Highlights

During the 2020-2021 fiscal year, Department of Health focused on these government priorities through:

- The department led the health system's response to COVID-19. As part of this work, the department:
  - Developed the Provincial Rapid Outbreak Management Team (PROMT) model to support vulnerable settings like long-term care facilities in their response to a COVID-19 outbreak. The Department worked with partners such as Social Development, EM/ANB Inc., and the RHAs to align the PROMT response to the resources and plans of various vulnerable settings. PROMT responded to 15 outbreaks in 2020-2021.
  - Undertook a massive recruitment effort to make sure that the province's hospitals and long-term care facilities could respond to the pandemic.
  - Rolled out one of the most comprehensive vaccination campaigns in Canada, fully leveraging community pharmacists and regional health authority staff.
  - Established comprehensive internal and public-facing COVID-19 performance dashboards.
  - Introduced virtual care to New Brunswickers.
  - Introduced the MyHealthNB platform to provide New Brunswickers with digital access to their COVID-19 results and setting the stage for a secure digital patient record in the future.
  - Leveraged Tele-Care 811 as an important gateway to COVID testing and information, more than doubling calls to the service.
  - Supported a pandemic task force vested with decision-making authority about pandemic response for all aspects of the health system.
- A five-year action plan aimed at addressing the increasing demand for addiction and mental health services was released. The plan includes new targets and is intended to increase access to specialized services across the province.
- The significant efforts of the Provincial Surgical Advisory Group (PSAG) established by the Department of Health during Spring 2020 ensured that surgical services continued during the pandemic. Apart from the first wave of COVID-19 in Spring 2020, each RHA health zone maintained operating room capacity as much as possible, while closely monitoring factors such as staffing and bed availability. The PSAG also working on reducing the number of people with unacceptable wait times for surgery, especially the longest waiting hip and knee joint replacement.
- Nurse practitioner clinics in Fredericton and Saint John opened and began onboarding patients.
- A provincewide consultation was held to build a new provincial health plan.
- A new online resource, *"Bridge the gApp,"* was launched to help connect New Brunswickers to services related to substance use and mental health.
- Implemented a new provincewide initiative to ensure that breast density results are included in mammography reports and in the letters sent to women following routine screening.

# Performance Outcomes

The information below outlines some of the department’s priorities and how we measured our performance.

## OUTCOME #1: REDUCE THE PATIENT CONNECT NB WAIT LIST

### DESCRIPTION OF THE PRIORITY

The department is measuring the number of patients removed from the Patient Connect NB, New Brunswick’s registry of patients looking for a new primary care provider. By connecting New Brunswickers to a primary care provider, we can improve the efficiency of the delivery of health services and build a connected and expanded primary health care network.

This measure tracks the number of people removed from the waiting list, including patients who have been placed with a primary care provider, patients who have found their own provider and those who cannot be contacted.

### IMPORTANCE OF PRIORITY

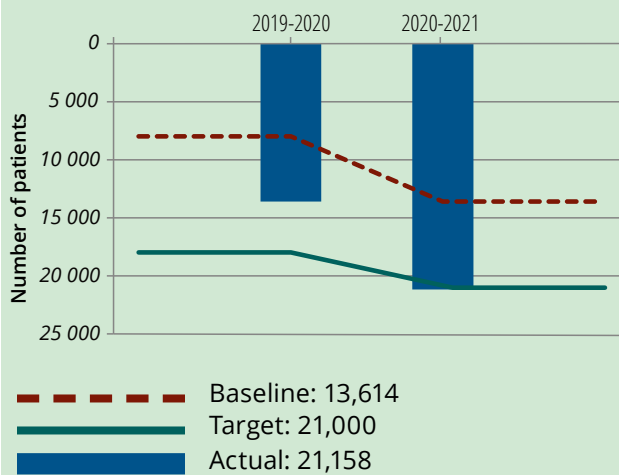
Appropriate access to primary health care is an important contributor to an individual’s overall health. A primary care provider is a patient’s main point of contact with the health-care system and can connect them to other health services. They provide preventative care and help patients manage disease.

### OVERALL PERFORMANCE

This indicator performed well and met its target.

### Number of Patients Removed from Patient Connect NB

If available:



### WHAT INITIATIVES OR PROJECTS WERE UNDERTAKEN IN THE REPORTING YEAR TO ACHIEVE THE OUTCOME?

In December 2020, the department began a project to reduce the number of patients on the Patient Connect NB list at that time by half, which is 21,000 patients. This project, which was ongoing at the end of the fiscal year, includes patient referrals to family doctors and nurse practitioners and a verification that every patient on the list for more than a year still needed a primary care provider and patient referrals to primary care providers.

In addition, nurse practitioner clinics opened in Fredericton and Saint John. When fully operational, these team-based practices will have at least six nurse practitioners carrying a patient load of about 1,000 patients each.

## OUTCOME #2: VACCINATE 75% OF THE ELIGIBLE NEW BRUNSWICKERS AGAINST COVID-19

### DESCRIPTION OF THE PRIORITY

COVID-19 vaccines are effective at helping protect against severe disease and death from COVID-19. A high vaccination rate will reduce COVID-19 transmission and help protect the hospital system from a surge of cases. GNB has a target of fully vaccinating 75 per cent of eligible New Brunswickers.

### IMPORTANCE OF PRIORITY

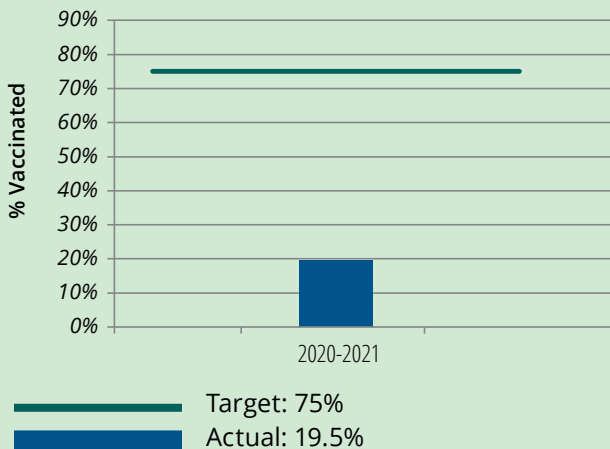
Studies show that COVID-19 vaccines are effective at preventing COVID-19. The vaccines can also help keep individuals from getting seriously ill even if they do get COVID-19.

### OVERALL PERFORMANCE

At the end of the fiscal year, New Brunswick's COVID-19 vaccines campaign was still in its early days and access was limited to prioritized groups due to the volume of vaccine available. Of the approximately 165,000 doses received, 78% were administered to New Brunswickers aged 75 and older or with complex medical conditions, front line health care workers, cross-border commuters, truckers, rotational workers, and high school staff.

### % of Eligible New Brunswickers fully vaccinated with the COVID-19 Vaccine at March 31

If available:



### WHAT INITIATIVES OR PROJECTS WERE UNDERTAKEN IN THE REPORTING YEAR TO ACHIEVE THE OUTCOME?

In December 2020, following Health Canada's approval of two COVID-19 vaccines, the New Brunswick Vaccination Task Force began planning and executing the NB COVID-19 immunization campaign, building on the work undertaken by Public Health staff beginning in October 2020. The strategy is fully leveraging the province's pharmacy and RHA networks, initially working through vulnerable populations, then shifting to an age-cohort strategy, adding a critical layer of protection to New Brunswickers by providing immunization against COVID-19.

## OUTCOME #3: IMPROVE HIP AND KNEE SURGERY WAIT TIMES

### DESCRIPTION OF THE PRIORITY

GNB has made reducing wait times for hip and knee replacement surgery a priority and committed to cutting the number of people who have been waiting over a year for hip and knee replacement surgery in half by March 31, 2021.

### IMPORTANCE OF PRIORITY

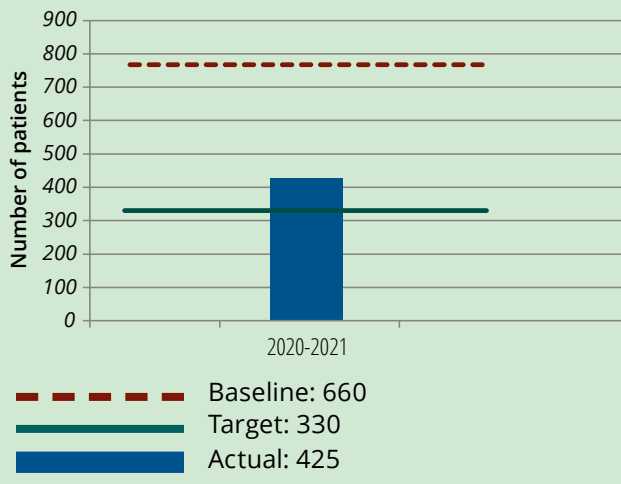
Easier access to hip and knee replacement surgery improves the quality of life of the patient, as well as reducing healthcare costs while waiting for surgery.

### OVERALL PERFORMANCE

This measure performed well achieving the target but not by the deadline due to surgical slowdowns caused by the COVID-19 pandemic.

### New Brunswickers waiting longer than 1 year for hip and knee replacement surgery

If available:



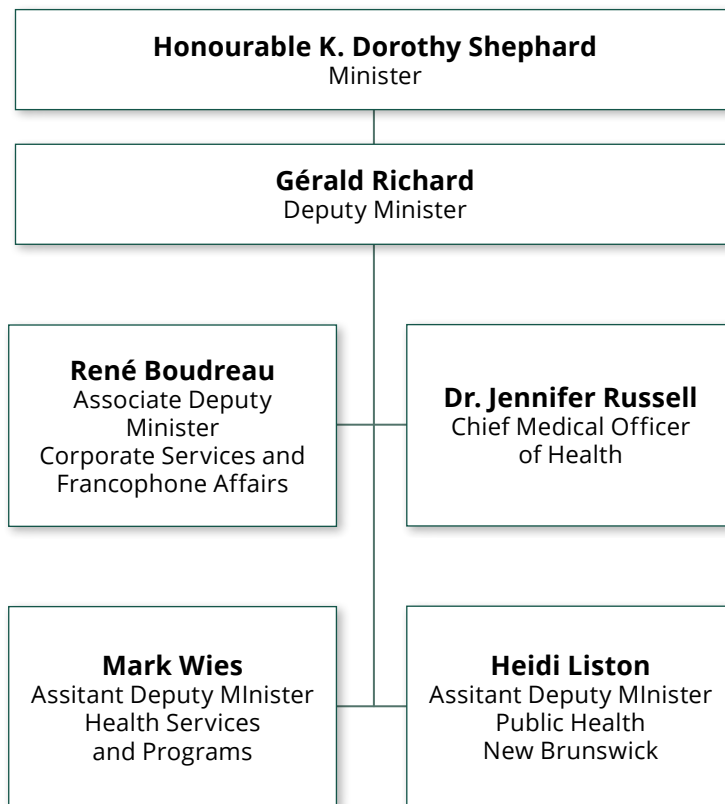
### WHAT INITIATIVES OR PROJECTS WERE UNDERTAKEN IN THE REPORTING YEAR TO ACHIEVE THE OUTCOME?

The Provincial Surgical Advisory Group and the regional health authorities have been working since June 2020 to address wait times, with a significant focus on those waiting longer than a year. A pilot project at St. Joseph's Hospital in Saint John is contributing significantly to this effort.

# Overview of departmental operations

The mission of the Department of Health is to keep people healthy, prevent illness, and provide timely and appropriate health services. This is accomplished by empowering employees, health professionals, and partners to transform the system to focus on the health and well-being of New Brunswickers.

## HIGH-LEVEL ORGANIZATIONAL CHART



# Division overview and highlights

## CORPORATE SERVICES AND FRANCOPHONE AFFAIRS

The **Corporate Services and Francophone Affairs Division** provides advice, support and direction on administrative-related issues, specifically financial services, analytical services, contract management, corporate support services and information technology services. It is responsible for the management of health-related capital construction projects, capital equipment acquisitions, and emergency preparedness.

The division oversees the following branches: **Corporate Support and Infrastructure; Financial Services; Medicare and Physician Services; Planning, Performance and Alignment; Policy and Legislation; F/P/T Relations and Atlantic Collaboration; Corporate Privacy; Health Facility Planning; Health Analytics; Emergency Preparedness and Response** and the **Continuous Improvement Branch**. The division also ensures the delivery of quality health services in both official languages to all New Brunswickers.

The **Corporate Support and Infrastructure Branch** is responsible for facilities management, strategic procurement, contract management, vehicle management, identification cards, security, parking, and telephones. It is also responsible for internal communications, records and information management, the departmental library, the mailroom, translation, and interpretation services, and for managing the Third-Party Liability Unit, which recovers health-care costs associated with personal injury claims caused by negligent acts.

The **Financial Services Branch** reviews budget proposals and decisions; forecasts expenditures and revenues; prepares budget submissions and quarterly statements; ensures expenditures and revenues are properly recorded; and carries out other financial analysis and processes.

The **Medicare and Physician Services Branch** plans, develops, implements, and oversees activities related to Medicare Eligibility and Claims, Medicare Insured Services, and Physician Remuneration.

The **Planning, Performance and Alignment Branch** supports strategic planning and alignment within the department and across the health system. It also leads the implementation and management of the

department's formal management system, including continuous improvement initiatives using Lean Six Sigma processes.

The **Policy and Legislation Branch** serves as a support for the department in developing the public policies that underpin programs and operations and develops public legislation related to health. The branch prepares responses to requests under the *Right to Information and Protection of Privacy Act* and coordinates appointments to the agencies, boards and commissions within the responsibility of the department. The branch supports the minister in meeting her obligations to the Legislative Assembly and its committees, provides legislative oversight of private health professions, administers the *Cemetery Companies Act*, and prepares the majority of the minister's correspondence.

The **Federal-Provincial-Territorial Relations and Atlantic Collaboration Branch** is the department's lead for intergovernmental relations with the federal government and other provinces and territories. The branch supports the minister and deputy minister in advancing New Brunswick's priorities at health ministers' meetings and council of deputy ministers' meetings. The branch collaborates with Atlantic colleagues to identify potential opportunities for the advancement of Atlantic priorities as identified by ministers and deputy ministers. The branch is responsible for providing New Brunswick's input to the federal government's *Canada Health Act* annual report.

The **Corporate Privacy Office** provides policy direction for the department's management of personal information and personal health information as governed by the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act*. The office works with departmental business owners and health partners to support a consistent approach to the protection of privacy in New Brunswick. One key forum is the Chief Privacy Officers' Working Group, which consists of the chief privacy officers from the department, the RHAs, Service New Brunswick, the New Brunswick Health Council and Ambulance New Brunswick.

The **Health Facility Planning Branch** oversees the planning and design of additions, expansions, and renovations to New Brunswick's health establishments.



The **Health Analytics Branch** supports the department in enhancing the use of analytic tools, methods, and metrics to plan, implement and measure improvements in patient care experiences, population health and focused health system investments.

The **Emergency Preparedness and Response Branch** leads and coordinates efforts to ensure the province’s health-care system maintains a level of readiness to enable it to respond quickly and effectively to all health and medical emergencies.

The **Continuous Improvement Branch** supports strategic planning and alignment within the department and across the health system. It also leads the implementation and management of the department’s formal management system, including continuous improvement initiatives using Lean Six Sigma processes

### Financial Information

	Budget	Actual expenditures
Corporate Services and Francophone Affairs	\$787,941,013	\$756,559,599

### Highlights

- ◆ The Health Analytics branch introduced interactive dashboarding that provided GNB decision-makers with real-time data in support of the pandemic response.
- ◆ The Policy and Legislation Branch led amendments to the Reporting and Disease Regulation under the *Public Health Act* to support the departments response to the COVID-19 pandemic. The branch also established a quick response process for questions and concerns from the public in the early weeks of the pandemic, handling over 4,500 enquiries before this function was assumed by the COVID Response Team in September 2020.
- ◆ This past year the Continuous Improvement team supported the department in its response to COVID-19 by working on projects to streamline processes between various organizations, improving processes and information flow, eliminating duplication.

- ◆ The COVID-19 pandemic overwhelmed all other agenda topics at federal-provincial-territorial tables. Beginning in March 2020, deputy ministers teleconferenced two to three times per week for nearly 15 months, and federal-provincial-territorial health ministers met weekly or bi-weekly. From new funding arrangements to protective personal equipment and testing requirements, through vaccine approvals and deliveries amidst a context of fast-changing scientific knowledge and supply-chain issues, the pandemic demanded a degree of collaboration unique in the careers of officials, deputies, and ministers.
- ◆ The Corporate Privacy Office introduced a new online privacy training program. The Corporate Privacy Office was also actively involved in Covid-19 response projects that involved the use of personnel health information using a privacy-by-design approach.

**MEDICARE PAYMENTS BY PRACTITIONER PAYMENT MODALITY, NUMBER OF PRACTITIONERS AND AVERAGE REMUNERATION BY SPECIALITY, 2019-2020**

Specialty (English)	Number of physicians	Fee-for-service	Capitation	Salary	Sessional or alternative payments	Total All Payments *	Average Earnings **
Ophthalmology	33	\$22,078,109				\$22,078,109	\$758,438
Diagnostic Radiology	97	\$46,545,863			\$16,743	\$46,562,607	\$703,103
Neurosurgery	13	\$189,528			\$5,162,114	\$5,351,642	\$652,884
Nephrology	15	\$8,278,472			\$147,163	\$8,425,636	\$601,762
Gastroenterology	18	\$10,029,126			\$86,646	\$10,115,772	\$595,064
Cardiology	28	\$12,972,449		\$935,529	\$686,035	\$14,594,014	\$540,137
Urology	23	\$10,467,664		\$307,650	\$20,542	\$10,795,856	\$539,175
Respirology	15	\$4,129,128		\$1,938,307	\$586,019	\$6,653,454	\$475,129
Otol-Head & Neck Surgery	29	\$8,141,002		\$153,825	\$1,214	\$8,296,041	\$472,743
Plastic Surgery	19	\$7,045,577			\$51,906	\$7,097,482	\$470,880
Radiation Oncology	10	\$1,256,366		\$3,439,221		\$4,695,587	\$469,559
General Surgery	61	\$16,602,824		\$1,500,579	\$2,959,780	\$21,063,183	\$459,805
Dermatology	14	\$5,598,378				\$5,598,378	\$457,864
General Pathology	12	\$132,647		\$3,381,739	\$836,992	\$4,351,378	\$426,069
Anesthesiology	98	\$22,530,086		\$5,067,616	\$2,758,987	\$30,356,689	\$409,759
General Internal Medicine	30	\$6,570,056		\$2,393,282	\$2,447,881	\$11,411,219	\$405,634
Physical Medicine & Rehab	15	\$2,135,028		\$1,462,632	\$945,202	\$4,542,862	\$398,987
Orthopedic Surgery	56	\$16,494,536			\$36,616	\$16,531,152	\$395,741
Neurology	22	\$3,738,409		\$4,052,453	\$122,733	\$7,913,594	\$393,434
Obstetrics & Gynecology	58	\$14,366,996		\$2,686,061	\$410,763	\$17,463,820	\$390,770
Rheumatology	14	\$3,040,355		\$2,171,199	\$41,870	\$5,253,424	\$375,245
Anatomical Pathology	45	\$411,285		\$9,547,106	\$3,103,028	\$13,061,418	\$366,609
Psychiatry	102	\$13,180,161		\$18,144,358	\$266,142	\$31,590,661	\$363,285
Emergency Medicine	16	\$166,841		\$4,034	\$1,190,304	\$1,361,180	\$363,128
Medical Oncology	16	\$347,451		\$5,299,087	\$16,993	\$5,663,531	\$353,971
Pediatrics	72	\$5,374,762		\$11,367,165	\$99,971	\$16,841,899	\$341,506
Geriatric Medicine	13	\$120,268		\$3,817,402	\$86,855	\$4,024,526	\$309,579
General Practice	1,032	\$142,609,944	\$4,227,735	\$25,503,526	\$76,547,818	\$248,889,023	\$305,219
Internal Medicine	25	\$1,510,190		\$2,006,483	\$214,894	\$4,731,567	\$304,362
Other Specialties ***	114	\$11,933,166		\$18,309,388	\$9,419,010	\$39,661,563	\$441,387
<b>Grand Total</b>	<b>2,115</b>	<b>\$397,996,666</b>	<b>\$4,227,735</b>	<b>\$123,488,641</b>	<b>\$109,264,224</b>	<b>\$634,977,265</b>	<b>\$381,963</b>

\* Payment data regarding benefits were not available at the time of publication

\*\* Only practitioners with \$100,000 or more in earnings are included in the average

\*\*\* Other Specialties' are all specialties with fewer than 10 practitioners

## HEALTH SERVICES AND PROGRAMS

The **Health Services and Programs Division** has oversight of health-care programs and services that touch patients across the continuum of care within the two regional health authorities and EM/ANB. The division also has oversight responsibility of the Action Plan for the Equitable Distribution of Health Services. It also oversees activities related to pharmaceutical services, health human resources and eHealth.

There are seven branches within this division: **Addictions and Mental Health Services; Acute Care; Primary Health Care, Psychiatric Patient Advocate Services; Pharmaceutical Services; Health Workforce Planning; and Innovation and eHealth.**

The **Addiction and Mental Health Services Branch** oversees the delivery of the following services through the RHAs: addiction services (withdrawal management services, short- and long-term rehabilitation services, outpatient services and opioid replacement clinics); community mental health centres (prevention, intervention and post-vention services); and in-patient psychiatric care (in-patient and day hospital services through the psychiatric units of regional hospitals and the province's two psychiatric hospitals).

The **Primary Health Care Branch** is responsible for the following four units: Emergency Health Services, Community Health and Chronic Disease Management, Home Care and Healthy Aging. It is the focus point for community and home-based initiatives with a strong emphasis on chronic disease prevention, management and primary health-care renewal.

The **Acute Care Branch** provides oversight of hospital operations and works with the RHAs on the planning and delivery of hospital-based services and provincial programs. It is also responsible for the New Brunswick Cancer Network which manages an evidence-based provincial strategy for all elements of cancer care, including prevention, screening, treatment, follow-up care, palliative care, education and research.

The **Psychiatric Patient Advocate Services Branch** is responsible to inform patients of their rights, to represent them at tribunal and/or review board hearings and to ensure that the *Mental Health Act* and the rights of patients are always respected.

The **Pharmaceutical Services Branch** manages two publicly funded drug programs: the New Brunswick Prescription Drug Program and the New Brunswick Drug Plan. It is also responsible for the development and delivery of pharmaceutical policies, programs and

services; sets strategic direction and policies for publicly funded drug programs and initiatives; and manages and monitors drug program related agreements.

The **Health Workforce Planning Branch** is responsible for the planning of an integrated human resources workforce that is responsive to the health system's needs and designs. This includes monitoring the supply and demand of the health workforce and identifying trends; ensuring the utilization of full scope of practice and the right skill mix for all professions; developing and implementing recruitment and retention strategies for health-care professionals; and ensuring training requirements and needs are met, including continuing professional development.

The **Innovation and eHealth Branch** designs, implements, and oversees corporate system-wide digital Solutions supporting the health system, including the Electronic Health Record, the Diagnostic Imaging Repository, Client Registry and the Public Health Information Solution. The branch focuses on health business solutions while providing services to programs in the areas of strategy and planning, project management, change management, application support and maintenance as well as information services.

### Financial Information

	Budget	Actual expenditures
Health Services and Programs	\$2,224,450,821	\$2,183,102,840

### Highlights:

- ◆ The laboratory response to the COVID-19 pandemic was exceptional. The tremendous collaboration, planning, and innovation between both RHAs and the Department of Health ensured that COVID-19 testing met the demand and that test results were provided within 24 to 48 hours. The work of provincial virology lab at the Dr. Georges-L. Dumont University Hospital Centre was fundamental to the success of the effort.
- ◆ The Primary Health Care Branch worked with EM/ANB to implement enhanced pandemic support for Adult Residential Facilities as well as COVID-19 swabbing across various settings in community.
- ◆ This resulted in the creation of Provincial Outreach Management Response Teams (PROMPT) under EM-ANB Inc. to support the clinical care of COVID-19 positive residents within the long-term care sector.

- ◆ During the COVID-19 pandemic, the New Brunswick Cancer Network (NBCN) worked continuously on resuming provincial cancer screening programs, as safely as possible, after delays experienced during the spring and summer of 2020. The provincial cervical and colon cancer screening programs returned to normal monthly levels by September/October 2020.

## PUBLIC HEALTH NEW BRUNSWICK

The vision of Public Health New Brunswick (PHNB) is a healthy, resilient, and flourishing population in New Brunswick. Its mission is to lead the development of sustainable and equitable conditions that advance the well-being of New Brunswickers through prevention, promotion, and protection. In 2020, PHNB restructured to create four branches and a COVID-19 Response Team. The four branches of PHNB are: Prevention and Control; Epidemiology and Surveillance; Well-being, Legislation and Standards, and Preventative Medicine and Regional Operations. PHNB is responsible for the overall direction of public health programs in the province and works collaboratively with the regional health authorities and other government and non-government providers. Its core functions are health protection, disease and injury prevention, surveillance and monitoring, health promotion, public health emergency preparedness and response, and population health assessment.

PHNB has the mandate and legislative responsibilities for public health, while some of the daily operations fall under the purview of other provincial departments such as Health Protection Services at Justice and Public Safety, the Healthy Environments Branch at Environment and Local Government and within the RHAs. These departments and the RHAs support PHNB operations through either memorandum of understanding, service level agreements or work plan agreements.

### Financial Information

	Budget	Actual expenditures
Public Health New Brunswick	\$49,095,831	\$53,841,363

### Highlights

#### COVID-19 Operations

- ◆ The Department of Health led a four-phase approach to guide the province's containment of COVID-19, leveraging partners in its efforts to control the spread.
- ◆ Public health measures were socialized at a population level and the province's testing strategy was introduced, operationalized, and scaled up to meet demand, the result of which processed 256,000 tests as of March 31, 2021. The province's testing strategy was a key component in controlling the second wave of COVID-19 and critical to informing decisions in an evolving epidemiological landscape. In addition to testing, contact tracing, quarantine protocols, Outbreak Management personal protective measures and monitoring those at risk of developing the illness all played an important role in managing COVID-19.
- ◆ Through collaborations, cross sector efforts, and public buy-in, New Brunswick was able to avoid the more severe waves of infection as seen elsewhere in Canada through several mechanisms, while awaiting Health Canada approved vaccines.
- ◆ From an administrative role, the department added additional human resources, and mapped out sector specific guidance for the public and industry as needed.

- ◆ The New Brunswick Vaccination Task Force came into effect on December 1, 2020 to plan and execute the NB COVID-19 immunization campaign, building on the work undertaken by PHNB staff since October 2020. The strategy fully leveraged the province's pharmacy and RHA networks, initially working through vulnerable populations, then shifting to an age- cohort strategy, adding a critical layer of protection to New Brunswickers by providing immunization against COVID-19.
- ◆ During the month of December 2020, Health Canada granted approval for two COVID-19 vaccines (Pfizer and Moderna), and a first shipment was delivered in NB on December 15<sup>th</sup>. Vaccine clinics began on December 19<sup>th</sup> and increased in size and availability in lock step with vaccine supply. The AstraZeneca vaccine was approved the week of March 3 by Health Canada and distribution of this vaccine began shortly thereafter in New Brunswick. While initial vaccine clinics were delivered by the regional health authorities, over 200 pharmacies also began conducting clinics throughout the province on March 17<sup>th</sup>. By March 31, 2021, a total of 95,255 doses of COVID-19 vaccines had been administered in New Brunswick.
- ◆ By the end of March 2021, New Brunswick reported a total of 1,613 cases, and 30 deaths from COVID-19.
- ◆ PHNB led the province's first universal seasonal influenza program and offered high dose flu vaccine to people aged 65 years and older in vulnerable settings. A total of 430,220 doses of influenza vaccine were distributed.
- ◆ The province's first immunization record registry and vaccine inventory management system was introduced.
- ◆ From mid-September to early December 2020, New Brunswick was involved in a multi-provincial *Vibrio parahaemolyticus* outbreak that was linked to the handling and/or consumption of raw shellfish. Ten of the 23 cases were located on the eastern coast of NB and most were shown to have consumed or handled shellfish from licenced provincial and federal operations and from other unlicensed sources.

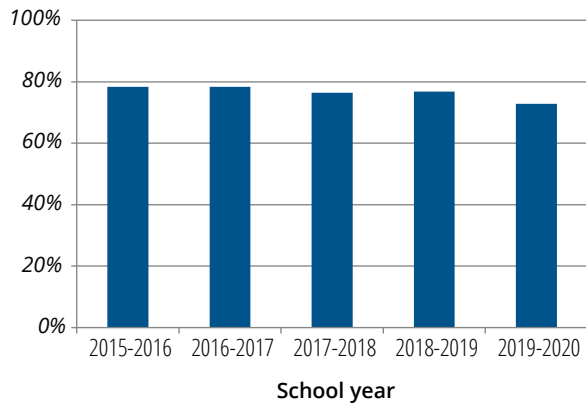
### Other highlights of Public Health New Brunswick

- ◆ In December 2020, a cluster of cases presenting with a potential neurological syndrome of unknown origin was reported in NB. The Province of New Brunswick is collaborating with local and national subject matter experts and health-care providers to review these potential cases and investigate the possible causes. There are 48 cases under investigation, of which six were deceased. A GNB website was created to inform the public on the progress of the investigation. This scientific investigation is expected to last many months and findings are expected to be released in 2021-2022.
- ◆ The number of gonorrhoea cases remain high. PHNB began work on a new information campaign to remind the public of the ongoing outbreak and to emphasize the importance of safe sex practices. Active monitoring of cases will continue into 2021-2022.
- ◆ On April 1, 2020 the Wellness Branch of Social Development was transferred to the Well-being, Legislation and Standards Branch of PHNB.

## KEY PERFORMANCE INDICATORS

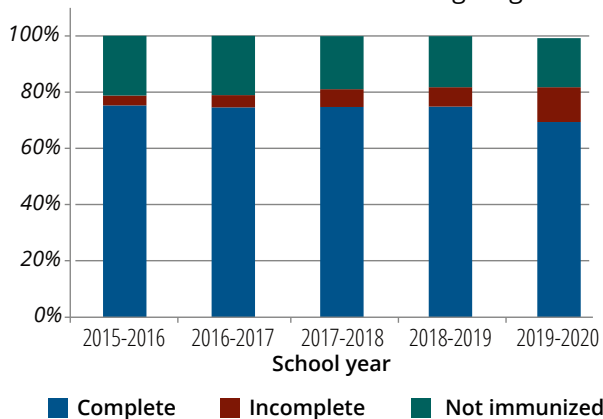
### Percentage of Children with All Vaccines at School Entry

Adequate pre-school immunization decreases the risk of contracted communicable diseases, which protects population health and reduces health-care costs.



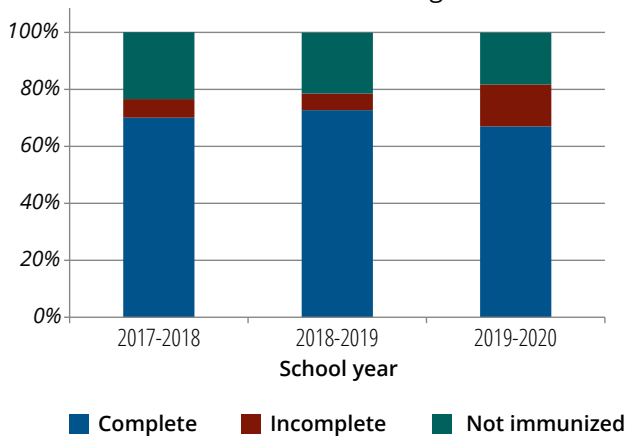
### Grade 7 Female Students HPV Vaccination Rates

Administering this vaccine to female students in Grade 7 provides them with protection from HPV, which will lead to fewer women in the future being diagnosed with cervical cancer and genital warts.



### Grade 7 male students HPV vaccination rate

HPV vaccine started to be offered to grade 7 male students in the 2017-2018 school year.



2020-2021 data was not available at the time of publication.

# Financial Information

Primary	Budget (\$000)	Actuals (\$000)
<b>Status Report by Primary</b>		
Personal Services	\$22,904.4	\$27,548.8
Other Services	\$37,512.1	\$57,250.8
Materials and Supplies	\$12,072.6	\$69,437.3
Property and Equipment	\$1,478.4	\$6,442.8
Contributions and Grants	\$2,987,520.1	\$2,832,429.5
Debt and Other Charges		\$394.5
<b>Grand Total</b>	<b>\$3,061,487.6</b>	<b>\$2,993,503.7</b>
Program	Budget (\$000)	Actuals (\$000)
<b>Status Report by Program</b>		
Corporate and Other Health Services	\$179,546.6	\$155,192.5
Medicare	\$701,940.1	\$692,685.7
Drug Programs	\$227,861.0	\$223,672.9
Regional Health Authorities	\$1,952,139.9	\$1,921,952.6
<b>Grand Total</b>	<b>\$3,061,487.6</b>	<b>\$2,8993,503.7</b>

# Summary of staffing activity

Operational and transactional human resources services were delivered by Finance and Treasury Board from April to December 2020 at which point they began transitioning back to Part 1 Departments and agencies.

Pursuant to section 4 of the *Civil Service Act*, the Secretary to Treasury Board delegates staffing to each deputy head for his or her respective departments. A summary of the staffing activity for 2020-2021 for the department is presented below. (April 1, 2020 - March 31, 2021).

Number of permanent and temporary employees as of Dec. 31 of each year		
Employee type	2019	2020
Permanent	251	264
Temporary	41	70
<b>Total</b>	<b>292</b>	<b>334</b>

The department advertised 59 competitions: including 49 open (public) competitions and 10 closed (internal) competitions.

Pursuant to sections 15 and 16 of the *Civil Service Act*, the department made the following appointments using processes to establish merit other than the competitive process:

Appointment type	Appointment description	Section of the <i>Civil Service Act</i>	Number
Specialized Professional, Scientific or Technical	An appointment may be made without competition when a position requires: <ul style="list-style-type: none"> <li>- a high degree of expertise and training</li> <li>- a high degree of technical skill</li> <li>- recognized experts in their field</li> </ul>	15(1)	0
Equal Employment Opportunity Program	Provides Aboriginals, persons with disabilities and members of a visible minority group with equal access to employment, training, and advancement opportunities.	16(1)(a)	1
Department Talent Management Program	Permanent employees identified in corporate and departmental talent pools, who meet the four-point criteria for assessing talent, namely performance, readiness, willingness, and criticalness.	16(1)(b)	3
Lateral transfer	The GNB transfer process facilitates the transfer of employees from within Parts 1, 2 and 3 of the Public Service.	16(1) or 16(1)(c)	8
Regular appointment of casual/temporary	An individual hired on a casual or temporary basis under section 17 may be appointed without competition to a regular properly classified position within the Civil Service.	16(1)(d)(i)	0
Regular appointment of students/apprentices	Summer students, university or community college co-op students or apprentices may be appointed without competition to an entry level position within the Civil Service.	16(1)(d)(ii)	0

Pursuant to section 33 of the *Civil Service Act*, no complaints alleging favouritism were made to the Deputy Head of the Department of Health and no complaints were submitted to the Ombud.



# Summary of Legislative Activity

Name of regulation	Date	Summary of changes
Reporting and Diseases Regulation – <i>Public Health Act</i>	April 2, 2020	This amendment added COVID-19 as a Part 1 notifiable disease under the Regulation, improving the information available to respond to the COVID-19 pandemic.
Reporting and Diseases Regulation – <i>Public Health Act</i>	April 30, 2020	This amendment added COVID-19 as a Group I notifiable disease, providing the Chief Medical Officer of Health with greater authority to respond to COVID-19 outbreaks.
Reporting and Diseases Regulation – <i>Public Health Act</i>	August 24, 2020	This amendment added multisystem inflammatory system in children (MIS-C) as a Part 1 notifiable disease under the Regulation, improving the information available to respond to the COVID-19 pandemic.
Health Regions Regulation – <i>Public Health Act</i>	November 25, 2020	The Health Regions Regulation – <i>Public Health Act</i> establishes five public health regions in New Brunswick. Through a clerical error in the Regulation, the descriptions for Regions 4 and 5 were reversed. This amendment corrected the error.
General Regulation – <i>Medical Services Payment Act</i>	February 25, 2021	This amendment enabled physicians to be paid through Medicare for referrals from speech-language pathologists, occupational therapists, physiotherapists, and registered nurses who work in emergency departments as mental health nurses. This gives patients easier and faster access to specialists.
On-site Sewage Disposal System Regulation – <i>Public Health Act</i>	March 2, 2021	This amendment modernized outdated provisions relating to the installation and operation of septic systems. The Regulation now references current standards and guidelines.

The acts for which the department was responsible in 2020-2021 may be found at: <http://laws.gnb.ca/en/deplinks?subjectnumber=10>

# Summary of Official Languages Activities

## INTRODUCTION

The Department of Health continues to recognize its obligations under the *Official Languages Act* and is committed to delivering services in both Official Languages.

## FOCUS 1

Ensure access to service of equal quality in English and French throughout the province:

- The department continues to ensure new employees are oriented on the Language of Service policy and guidelines at the time of hire.
- Linguistic profiles continue to be updated and reviewed to ensure the department maintains its ability to provide services in both Official Languages.

## FOCUS 2

An environment and climate that encourages, for all employees, the use of the Official Language of their choice in the workplace:

- The department continues to ensure new employees are oriented on the Language of Work policy and guidelines at the time of hire.
- The department uses simultaneous interpretation and/or bilingual presentations for larger departmental meetings.

## FOCUS 3

Ensure that new and revised government programs and policies took into account the realities of the province's Official Language communities:

- The department continues to collaborate with the *Société Santé et Mieux-être en français du Nouveau-Brunswick* through their action networks which focus on the organization of services, training, and research as well as community-led actions to foster healthy communities.
- The department continues to provide correspondence to the public in the Official Language of their choice and ensures all new program and policy information is communicated and accessible in both Official Languages.

## FOCUS 4

Ensure public service employees have a thorough knowledge and understanding of the *Official Languages Act*, relevant policies, regulations, and the province's obligations with respect to Official Languages.

- New employees continue to be required to complete the Language of Service and Language of Work eLearning modules.
- Employees continue to be required to review the Language of Service and Language of Work policies and guidelines as part of the annual performance management process.

## CONCLUSION

The department continues to work on meeting its obligations under the *Official Languages Act* and related policies and to ensure its ability to provide services to the public in both Official Languages.

# Summary of Recommendations From the Office of the Auditor General

Name and year of audit area with link to online document	Recommendations
	Total
Electronic Medical Records Program - 2020	7

Adopted Recommendations	Actions Taken
<p>2.41 - We recommend that the Department of Health:</p> <ul style="list-style-type: none"> <li>- structure contracts to maintain oversight and hold parties receiving public funds accountable; and</li> <li>- if complex structures can not be avoided, the Department needs to build in adequate controls to manage the risks and protect public funds.</li> </ul>	<p>The target implementation date to address this recommendation is December 2021.</p> <p>As the department moves forward with an open market Provincial EMR Program, there will be two approaches to managing contracts:</p> <ul style="list-style-type: none"> <li>- <b>Salaried Physicians:</b> The Department of Health will hold the contract for all salaried physicians. This will involve working very closely with the health authorities to ensure Service Level Agreements and Health Information Management processes and procedures are adhered to by the vendor.</li> <li>- <b>Fee for Service (FFS) Physicians:</b> The Department of Health will be implementing an Open Market EMR Certification process with the support of OntarioMD to ensure EMR vendors meet standard requirements to be eligible for both funding and integration with provincial assets.</li> </ul> <p>The first phase of the Open Market will include incentives to FFS physicians adopting a Certified EMR. Such incentives will only be available to physicians adopting EMRs that meet the criteria clearly outlined in the Provincial EMR Certification process. The incentives will be administered by NBMS and will be audited by DH via annual reports.</p> <p>These contract structures are much less complex; however, adequate controls are built in with corresponding governance between the health authorities, the medical society, and DH stakeholders.</p>
<p>2.44 - We recommend the Department of Health as part of granting program funding:</p> <ul style="list-style-type: none"> <li>- assess the financial health of third-party funding recipients and their ability to achieve the desired results within agreed funding levels; and</li> <li>- exercise periodic reviews of records as per the terms of funding agreements.</li> </ul>	<p>The target date to implement this recommendation is December 2021.</p> <p>A governance model will be put in place for all third-party contracts related to the Provincial EMR Program to ensure the expected deliverables and services are being delivered.</p> <p>Periodic reviews of the funding agreement will be executed. The open market model will result in fewer contracts managed by GNB.</p>

Adopted Recommendations	Actions Taken
<p>2.46 - We recommend the Department of Health intervene and take timely corrective action when there are indicators of program failure such as:</p> <ul style="list-style-type: none"> <li>- not achieving project deliverables</li> <li>- missing key deadlines; and</li> <li>- incurring funding shortfalls.</li> </ul>	<p>Target implementation date for this recommendation is December 2021. The Department completely agrees with this recommendation. The complex nature of the previous model created unnecessary ambiguity resulting in a difficult governance structure.</p> <p>The new model going forward will make certain the department is in full control of the contracts and arrangements that will support the onboarding and certification of eligible vendors.</p> <p>The new model will also ensure that EMR vendors are accountable to their clients directly. This supports a competitive market and ensures that private sector physicians are in control of getting value for their investment.</p>
<p>2.51 - We recommend the Department of Health, for future programs:</p> <ul style="list-style-type: none"> <li>- develop measurable performance criteria to monitor program outcomes, and</li> <li>- use regular progress reports to monitor program implementations.</li> </ul>	<p>The target implementation date for implementing this recommendation is December 2021. There is a significant amount of work underway across jurisdictions to better understand meaningful integration.</p> <p>The expectations highlight in the initial program plan will require evaluation and adjustment, however, in the spirit of integration and seamless flow of information what had been identified is still valid.</p> <p>Regular progress reports will be considered as we move forward, cross- referencing this exercise with what other jurisdictions have accomplished will be important.</p>
<p>2.61 - We recommend the Department of Health ensure regular audits are carried out on future programs to evaluate achievement of program outcomes and funding recipients' compliance with funding terms.</p>	<p>The Department of Health strategic plan highlights the importance of reporting on the performance of program outcomes which would include third- party or managed service contracts in place to provide goods or services that contribute to health system goals.</p> <p>The Provincial EMR Program will clearly articulate program goals for increased adoption of Certified EMR and increased adoption of existing data integrations (MCE Billing, Client Registry, EHR Clinical Viewer, Labs).</p>
<p>2.77 - We recommend the Department of Health stipulate, in future funding agreements, withholding of final payment until all agreement terms are satisfied.</p>	<p>The Department will consider this in conjunction with governance structures and regular auditing of performance. Several of the deliverable based contracts the department currently has in place stipulates withholding roughly 10% of the deliverable/unit price until all activities are identified and approved as being complete. We will continue to consider such measures where appropriate.</p> <p>Work is ongoing.</p>

Adopted Recommendations	Actions Taken
<p>2.109 - For all future EMR solutions, we recommend the Department of Health:</p> <ul style="list-style-type: none"> <li>- identify and prioritize all data integration requirements.</li> <li>- clearly define responsibilities of all parties involved in integration; and</li> <li>- ensure implementation timelines are met.</li> </ul>	<p>The target implementation date for this recommendation is December 2021. As part of the move to the Open Market, the department is reviewing and reprioritizing the EMR Program goals and all data integrations. The reprioritization will take into consideration:</p> <ul style="list-style-type: none"> <li>- Cross-jurisdictional EMR learnings from the last 10 years pertaining to feasibility of data integrations</li> <li>- Value of data integrations to all stakeholders given the current adoption rates</li> <li>- Value of data integrations to the health system and the clinician.</li> </ul> <p>Given the low adoption rates the initial Open Market phase will focus on increasing adoption of Certified EMRs, including restructuring and adoption of existing integrations (MCE Billing, Client Registry, Labs, EHR Clinical Viewer).</p> <p>Implementation of future integrations (Immunizations, Encounters, ePrescribing, etc.) will be prioritized and undertaken once proper analysis is completed, including identifying sufficient funding and resourcing from the department, clarifying responsibilities for all parties, and defining a business case and clear value to stakeholders given the levels of adoption at the time of implementation.</p> <p>Based on cross-jurisdictional analysis it is evident that implementation of data integrations by vendors requires provincial financial support. The Department of Health is aligning its Provincial EMR Program strategy with other jurisdictions, such as OntarioMD, to ensure that integrations align with other jurisdictions making more feasible for vendors and financially viable for the province. Funding of such integrations will follow the AG recommendations of clearly defining responsibilities, including penalties for missing timelines, and withholding final payments until all agreement terms are satisfied.</p>

Name and year of audit area with link to online document	Recommendations
	Total
Ambulance Services - 2020	21

Adopted Recommendations	Actions Taken
<p>3.51 The Department formalize the mandate governance for EM/ANB in legislation and provide mandate letters to EM/ANB with the annual budget approval.</p>	<p>The Department of Health will issue the mandate letter for 2021-22 and subsequent years. The issues of governance and legislation remain under consideration.</p>
<p>3.56 The board by-laws be amended to change the composition of the board to include members independent of the Department.</p>	<p>The bylaws currently allow the appointment of members independent of the Department of Health. The board currently remains comprised of members from the Department and the Regional Health Authorities.</p>
<p>3.61 The board enforce its conflict-of-interest policy and periodically review the effectiveness of the policy in mitigating conflict of interest risk.</p>	<p>The Board and its committees continue to have Declaration of Conflict of Interest as a standing agenda item for all meetings and document same within meeting notes.</p> <p>A schedule has been developed for ongoing review of all board policies, including conflict of interest, on an annual basis.</p>

Adopted Recommendations	Actions Taken
3.70 EM/ANB enabling legislation to strengthen and clarify board authority with respect to hiring, compensation, performance and termination of the CEO.	<p>The issue of legislation remains under consideration by the Department of Health.</p> <p>Under the contract, it is the responsibility of MHSNB to establish the management function for ANB, include the CEO.</p> <p>While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2021-22.</p>
3.71 The board hire an independent CEO upon future contractual amendment or renegotiation.	As noted, it is anticipated that formal discussions between the parties will be initiated in 2021-22.
3.77 The board evaluate EM/ANB's annual corporate plans as part of its review of the CEO and MHSNB's performance and compare them to EM/ANB's annual report and obligations to the Department.	The Board continues to review EM/ANB's annual corporate plan and receives quarterly reports from the CEO. Efforts continue to improve documentation of Board activities.
3.78 The board establish a performance management framework for EM/ANB and evaluate its performance annually.	Initial work has been undertaken on a performance management framework for EM/ANB.
3.94 The terms of reference of each standing committee require an annual written report to the Board of Directors to demonstrate the sub-committees are operating as intended.	The standing board committees currently meet on a quarterly basis and submit written reports to the Board. The terms of reference will be revised to reflect submission of annual reports in accordance with the Auditor General's recommendation.
3.95 The board improve its recording of minutes to increase transparency.	Both the Board and its committees have undertaken efforts and improved the recording of minutes and will continue to do so.
3.103 EM/ANB calculate budget surplus payments based on flexible budget amounts which reflect the anticipated spending for the fiscal year.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2021-22.
3.108 The board define restrictions around budget surplus payments to exclude circumstances which may decrease the quality of the delivery of ambulance services.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2021-22.
3.113 The board ensure EM/ANB or MHSNB substantiate how savings are achieved to demonstrate the value provided through cost savings claimed under the contract for ambulance services.	The Board continues to receive financial reports denoting variances of expenditure from budget and seeks further information as warranted.
3.135 EM/ANB introduce a more balanced suite of key performance indicators as the basis for performance-based payments to incentivize MHSNB toward high performance in all New Brunswick communities.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2021-22.
3.152 The Department and EM/ANB introduce controls to minimize the frequency of use of full deployment exemptions or discontinue the use of exemptions.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2021-22.
3.153 The EM/ANB board require MHSNB revise the System Status Plan to update the detailed specifications as to the ambulances, facilities and human resources required to be deployed to achieve performance standards.	Ongoing monitoring of ambulance system performance continues. Recognizing the system status plan and performance standards are embedded within the contract, they will be reviewed in 2021-22.
3.163 The Department and EM/ANB revise the exemption approval guide to prevent the invalid use of full deployment exemptions or discontinue.	<p>The Department of Health will address the issue of exemptions within the contract.</p> <p>It is anticipated that formal discussions between the parties will be initiated in 20-2021.</p>

Adopted Recommendations	Actions Taken
3.191 The board implement progressive performance targets to incentivize MHSNB to achieve continuous improvement for the duration of the contract.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2021-22.
3.192 EM/ANB improve tracking, and follow-up of strategic and corporate initiatives and include measurable outcomes in its plans.	The Board continues to receive updates on strategic and corporate initiatives on a quarterly basis.
3.193 The board expand key performance indicators for performance-based payments to include all areas of operations, such as human resources, fleet and official languages.	While there have been no contract amendments or renegotiations to date, it is anticipated that formal discussions between the parties will be initiated in 2021-22.
3.194 The Department coordinate with the Regional Health Authorities and EM/ANB to implement solutions to reduce the impact of off-load delays.	The Board receives quarterly reporting on off-load delays. As pandemic-related activity reduces moving forward, the Department will reinforce direction to Regional Health Authorities and EM/ANB to define solutions to off-load delays.

Name and year of audit area with link to online document	Recommendations
	Total
<a href="#">Medicare Cards - 2019</a>	16

Adopted Recommendations	Actions Taken
Paragraph 2.37 - We recommend Medicare develop an online application process similar to other provinces to allow individuals to apply directly to Medicare for a Medicare card.	Online application and renewal will be addressed through the development of the Personal Health Number project. DH has been working with SNB on process and design for online address change which has been delayed due to a privacy assessment.
Paragraph 2.38 - We recommend Medicare work with the Government of Canada to expedite the receipt of documentation required to process applications for a Medicare card for new immigrants residing in New Brunswick.	Past attempts have not been successful, but the Department continues to address this issue with the Government of Canada. At a recent Provincial and Territorial Eligibility meeting, an IRCC representative committed to providing the Department with a direct contact. We are awaiting that information.
Paragraph 2.45 - We recommend Medicare analyze whether it would achieve a positive payback by investing additional resources in identifying individuals with a NB Medicare card who have become ineligible. If Medicare determines there are benefits to doing more in this area, it should enhance its processes for monitoring the continued eligibility of cardholders.	Delayed by COVID
Paragraph 2.58 -We recommend Medicare determine if the anticipated cost savings from moving to an automatic Medicare card renewal process were achieved, and whether those cost savings are sufficient to offset the additional risk associated with adopting that process.	Medicare has determined that the automatic renewal process did not achieve the expected savings.
Paragraph 2.59 -We further recommend if the savings achieved by the change were not sufficient to offset the additional risks it has taken on, Medicare reverse the automatic renewal process	The renewal process will be modified as part of the future state to be defined for the larger Personal Health Number project which will address the privacy and data quality concerns around the current process.
Paragraph 2.60 - Regardless of the renewal process it employs, we recommend Medicare develop procedures to verify mailing addresses before sending out renewal documents in the future.	A potential short-term mitigation is being reviewed for consideration and a long-term solution will be defined as part of the future state of the larger Personal Health Number project. See 2.59.

Adopted Recommendations	Actions Taken
Paragraph 2.66 - We recommend Medicare evaluate associated risks as well as the necessity of having two private organizations contracted to produce and distribute Medicare Cards instead of one.	DH will evaluate the associated risks during the renewal of the contract of June 2022.
Paragraph 2.67 -We recommend Medicare obtain a CSAE 3416 report on controls annually from Medavie/CPI in connection with the card production and distribution services provided by the two third party providers.	This will be added to the Medavie audit processes and in place for January 2022.
Paragraph 2.75 - We recommend Medicare, as a minimum, add photo identification to NB Medicare cards to enhance card security.	The Department agrees with the intent of the recommendation. A cost-benefit analysis will be undertaken with consideration given to other government initiatives such as digital ID.
Paragraph 2.76 - We recommend Medicare provide information on its website as to the circumstances in which the public should report suspected cases of inappropriate use of Medicare cards, and how that reporting should be done. Fully addressing this area would likely require Medicare to develop and promote a direct tip line.	Delayed due to COVID 19. Medicare will implement a tip line.
Paragraph 2.77 - We further recommend Medicare assign responsibility for following up on any tips received.	A tip line will be assigned to the Client Advocate Role.
Paragraph 2.82 - We recommend that Medicare upgrade their registration system to reduce the number of manual procedures required to administer the registration process.	This will be part of the Personal Health Number Project. See 2.59
Paragraph 2.88 - We recommend Medicare negotiate a reciprocal billing arrangement with the Province of Quebec, based upon the arrangements now in place between New Brunswick and other provinces.	The Department agrees with this recommendation in principle. However, the Province of Quebec operates under their own parameters regarding their out-of-province billings. The Department will review and consider the potential of this and approach the Province of Quebec if it is deemed to be a net benefit to New Brunswick to negotiate a reciprocal arrangement.
Paragraph 2.91 - We recommend Medicare's contracts with Service New Brunswick and Medavie Blue Cross be amended to include performance metrics and related reporting requirements.	Delayed due to COVID-19. The parties will be approached, and performance metrics determined.
Paragraph 2.96 - We recommend that Medicare prepare a staffing plan to help it develop the capacity to implement necessary changes to the Medicare card program while maintaining current operations at an acceptable level.	The Personal Health Number project has identified the Medicare resource needs to support the definition of future state changes that address the recommendations specifically tied to the project. This should allow Medicare to prepare a staffing plan to ensure operations are maintained at an acceptable level during the initial phase of the project and ongoing needs will be reassessed as an outcome of future state definition. This doesn't address the staffing plans needed to address actions associated to the other recommendations, such as the tip line.
Paragraph 2.99 - We recommend Medicare: <ul style="list-style-type: none"> <li>- develop key performance indicators to allow assessment of Medicare performance.</li> <li>- set performance targets and measure actual results against those targets; and publicly report the results on an annual basis.</li> </ul>	Delayed due to COVID-19.

Section 2 – Includes the reporting for years three, four and five.



Name and year of audit area with link to online document	Recommendations	
	Total	Implemented
Addiction and Mental Health Services in Provincial Adult Correctional Institutions - 2018	17	5 - fully 4 - partially
Meat Safety - Food Premises Program, 2016	23	19

# Report on the *Public Interest Disclosure Act*

The Department of Health received no disclosure(s) of wrongdoing in the 2020-2021 fiscal year.