What We Heard Report

New Brunswick Workshop

Partnership for
Health System
Sustainability
& Resilience

May 2025

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Introduction

On November 25, 2024, ResearchNB, the Partnership for Health System Sustainability and Resilience (PHSSR), the New Brunswick Department of Health, Horizon Health Network, Réseau de santé Vitalité and AstraZeneca hosted a collaborative one-day workshop in Fredericton on building a more sustainable and resilient New Brunswick health care system.

Workshop attendees heard from expert speakers on key areas of health system sustainability and resilience and then met in smaller groups to discuss and report back on how to apply some of the initiatives in the context of New Brunswick's health care system.

This report summarizes the workshop and ideas that emerged from it.

About the Partnership for Health System Sustainability and Resilience (PHSSR)

The PHSSR initiative was established in 2020, in the middle of the COVID-19 pandemic, through the joint efforts of the London School of Economics, the World Economic Forum and AstraZeneca. Its aim is to develop evidence-based policy recommendations to improve the sustainability and resilience of health systems in a post-COVID world. It brings together organizations from academia, the private sector, life sciences, healthcare and business. PHSSR is active in more than 30 countries, including Canada.

The Canadian PHSSR team published its report in November 2022[1], under the supervision of Sara Allin, a professor at the University of Toronto. It covers seven key domains: Governance, Financing, Workforce, Medicines and technologies, Service delivery, Population health and social determinants, and Environmental sustainability.

As health care in Canada is primarily a provincial jurisdiction, the PHSSR recognizes the importance of having a better understanding of the strengths and weaknesses of provincial health systems. As a result, it began to take this international and national initiative to the provincial level, starting in 2023 in Québec[2].

In 2024, the PHSSR brought the initiative to New Brunswick, in part because the province is large enough to be representative of the wider Canadian health care reality but also small enough to bring together all of the right people to discuss and implement sustainability and resiliency opportunities and initiatives.

1. "Sustainability and Resilience in the Canadian Health System", https://www3.weforum.org/docs/WEF_PHSSR_Canada_2022.pdf

2. "Towards a Sustainable and Resilient Quebec Health System", https://phssr.ca/wp-content/uploads/2023/10/EN-PHSSR_Quebec_2023-VF.pdf

Workshop Objectives and Approach

The one-day workshop in Fredericton brought together 77 top-level decision makers in government and the health care system to discuss steps that could be taken to improve patient care and allow efficiencies to be reinvested to innovate, transform and modernize the New Brunswick health care system. Participants also discussed how to create a health care system that can constantly learn from patient experience to improve the service. The goal was to be able to take concrete actions from the discussions.

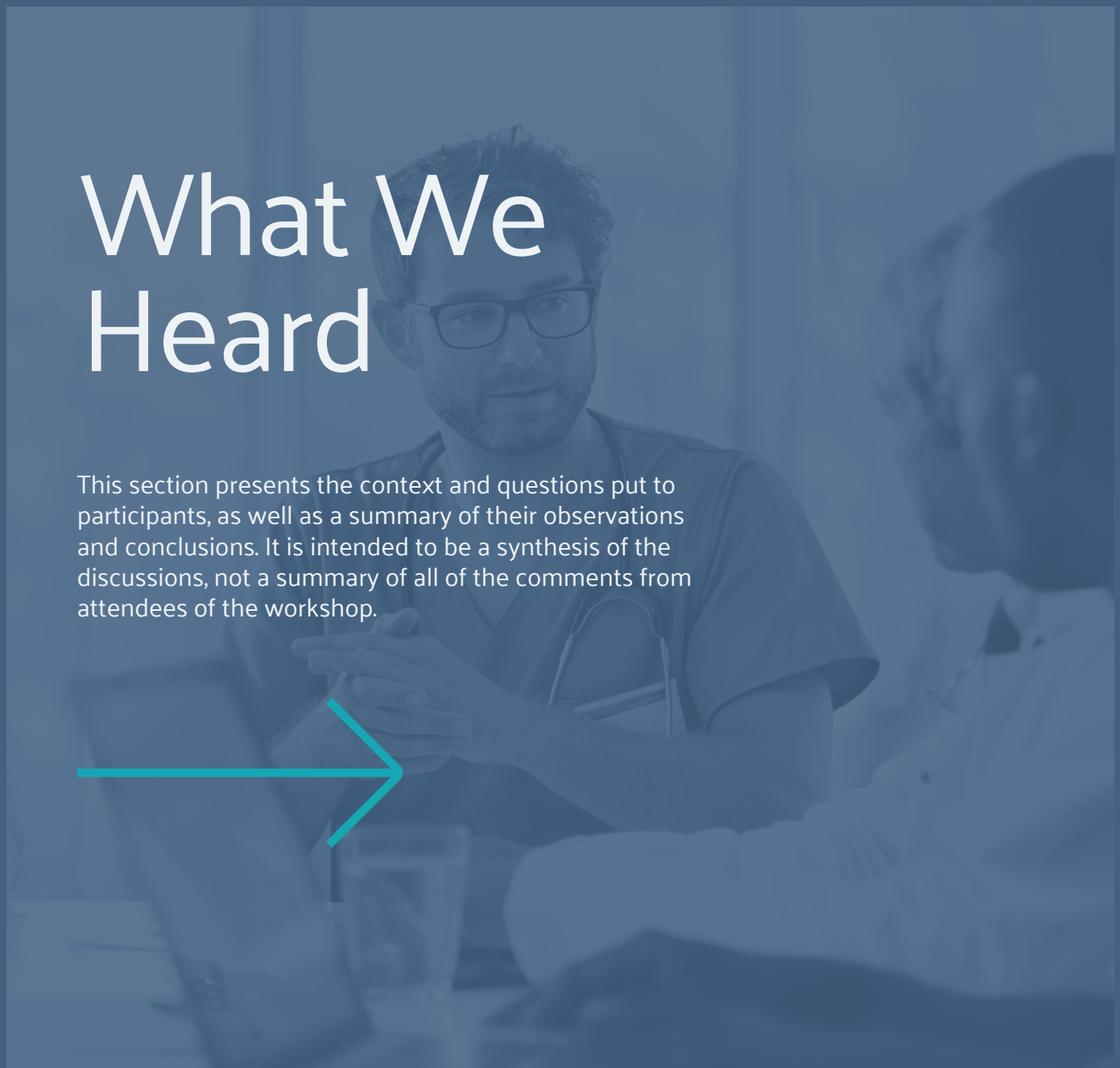
The workshop was divided into three sessions, each of which began with a presentation to outline key issues and considerations, followed by table-based discussions among smaller groups, guided by two questions for each session. Membership of the smaller groups was changed after the first round of discussions to promote a wider and more diverse exchange of views. After each round of discussions, tables shared their general conclusions with the rest of the workshop participants in a larger group discussion.

03

Workshop Sessions

77

Top-level decision makers in government and the health care system



What We Heard

This section presents the context and questions put to participants, as well as a summary of their observations and conclusions. It is intended to be a synthesis of the discussions, not a summary of all of the comments from attendees of the workshop.

Universal Themes

Participants agreed there is already a culture of research in the New Brunswick health care system, with practices that support research, energy and curiosity. It is important to foster the conditions to allow ongoing interactions and collaboration in the future, including ensuring the system is agile and flexible and can adjust and adapt to the needs of the population.

There was also agreement that change in the health care system can only happen with the support and involvement of all stakeholders. People must listen to each other, as nobody has all of the answers. Stakeholders must collaborate to create, and re-create, solutions.

> Initiatives must be **"Top Down meets Bottom Up"**, meaning guided by top-down strategies but designed and co-created by those actually delivering care to and interacting with patients, and patients themselves, as they know what areas they want to improve and have the buy-in and capacity to execute.

"The co-creation has to come from people who are living the problems."

A lot of health care service delivery has been designed around acute-care delivery, but this area has become overburdened. The system needs to embrace the opportunity to serve patients where they are, whether in a community setting or at home.

Decision making must be data driven and, while several data gaps exist across the health care system, there is sufficient data available to start some innovations while working to close the gaps.

Innovation and agility require a tolerance for failure, and there must be time built into the system to allow for failure. Solutions can start small and scale up or adapt based on real-world evidence of whether and how an innovation is creating value. If something isn't working, adjust or stop doing it and move on to another innovative idea. This will require ongoing health impact studies.

With so many other demands on time and resources, the system must be disciplined enough to be able to focus on improvement.

Transformation must happen at all levels, including governance, financial modelling, procurement and legislation. Some historical barriers must be overcome in order to address some of the long-term and sustained challenges, including access to primary care, workforce strains and access to health data.

Session 1:
Value-Based Healthcare

Expert Presenter: Eva Villalba, Coalition Priorité Cancer au Québec and Ambassador for the PHSSR

Value-based health care is designed to deliver health, not just health services. Value is measured from the perspective of patients, with improvement in health outcomes that matter to patients over the entire trajectory of care, rather than the more traditional measurement of clinical outcomes. Decision making must be based on value, not cost or volume of care.

By measuring outcomes from patients in real time and the costs of care, the system can optimize health trajectories and the use of limited resources that are available. Care and data must follow the patient, including at primary or acute care, pharmacies and other health services. Financing must also follow the patient, even though this will not show immediate returns, or necessarily accrue savings to the cost centre that paid for the patients' service. An IT platform would allow the health care system to follow the data with the patient through the trajectory of care. This data must be shared among all health care providers and be used to improve the value of care.

When designing small-scale demonstration projects to deliver value-based health care, it is essential all stakeholders are involved from the beginning to make sure there are no blind spots or unintended consequences. Successful demonstration projects can be leveraged to fuel innovation and scale up efficiently and effectively.

Following this presentation, workshop participants were asked to consider the following questions:

1. How can we transform New Brunswick's primary care services to serve patients better, shifting from the focus on volume to value?

2. What are the specific actions we can take to support this transformation?

Several participants agreed that primary care must be transformed to be able to deliver value-based health care. Some existing silos should be eliminated and some personnel within primary care teams should be relocated to ensure everyone is working to their full scope of practice and optimize patient load. An ROI model should be built on a cost-per-case basis, with KPIs and counter-KPIs to ensure reforms do not have unintended consequences.

"We need to define what value means to administrators, patients and service providers"

The health care system should work with communities to help them understand that good access is not just having a primary care physician; rather, it is access to a primary care team or family medicine group.

Compensation structures should be updated to move toward a value-based model that encourages the value of care instead of the volume of care. There should be incentives so health care practitioners are encouraged to be part of collaborative teams and physicians are working with more complex cases.

The system must collect and share meaningful, real-time data that will help to measure value and support innovation. This data should follow the patient, and communications among stakeholders should be improved, even if IT systems are different.

"Tous les services sont donnés par des différents fournisseurs, donc il y a une différence entre les définitions de la valeur. On a besoin d'une meilleure intégration pour assurer que la valeur se transfère."

Small-scale demonstration projects that could be used in other communities should be highlighted and shared, but it is important to recognize that there are no one-size-fits-all solutions, as different communities (e.g., rural) may have different needs.

Several participants noted there would have to be a societal decision to commit to invest in value-based outcomes, including an increased emphasis on preventive care, even though the benefits of that spending may not be apparent in a single electoral cycle.

INSIGHT/ACTION:

As new initiatives are considered, aim to have demonstration projects that are assessed with a value-based lens, which looks at improving patient outcomes while assessing the resource implications throughout the patient journey. Also, consider the portability and scalability of the program, so that projects that are successful have the ability to be profiled in other health jurisdictions, with an eye towards implementing the best projects with the best results.

Session 2:
Investing in Values-Bases Approaches in Hospital Care – Leverage Technology

Expert Presenter: Dr. Muhammad Mamdani, Unity Health Toronto

Artificial Intelligence (AI) uses machines to mimic human behaviour and is already being leveraged to deliver value-based outcomes in health care systems, such as the preparation of medical notes, triaging patients and personnel management.

AI allows machines to learn complex relationships in data and then apply that to improve health care outcomes, but this requires investments in gathering and analyzing data and then sharing the data among health care providers. The struggle is to balance how much money to invest against the outcomes this produces.

Developing an AI health strategy starts with determining where you want to be on the AI adoption curve. There are innovators who develop their own solutions, early adopters who assess which existing solutions could work for them, and those who don't want to take a chance so they choose an existing AI solution they know will work for them.

Integrating AI into health care requires data, so if a health system or practice is paper based, it must move into digital data. It also requires governance, but there are many good governance models already available that could be modified quickly for other environments, so this should not be a reason to delay AI integration. Clinical teams must be part of the solution, with projects driven from the bottom up so those teams are fully engaged and committed.

Workshop participants then broke into table discussions to consider these two questions:

1. What are the most significant opportunities to leverage technology and AI to create efficiencies that support health and human resources, improve patient outcomes and reduce costs?

2. What actions will support this transformation?

A common theme across the table discussions was the difficulties health care practitioners have in accessing even their own data. Several participants noted that they cannot even try to leverage technology or AI without that access.

"We need access to our data, and the reality here for the Health Authorities is that we don't [have it]."

Participants recognized the need to go paperless throughout the health care system so technology can deploy digital data from all sources, including acute care, community care, electronic medical records and pharmacies. That data should follow the patient throughout the trajectory of care.

Even with current data gaps, there is a lot of digital data already available, so demonstration projects could be implemented using existing data and scaled up when more data becomes available.

There is a need to prioritize the right problems to focus on when leveraging technology and AI. The users of the services should be asked about the problems they face so solutions can be deployed that meet the needs of stakeholders.

The New Brunswick health care system could work closely with outside partners to help solve problems, inviting them to deploy their innovations in scalable demonstration projects, but this will require changes that make it easier for them to sell those solutions into the system.

"The opportunity is that we are small. We should be agile, we have an integrated ecosystem, so for us to differentiate ourselves in the market, we could become a living lab."

It is important to understand the barriers to leveraging technology and AI in the health care system, including patient concerns about data privacy and use, and the difficulties of having useful AI in French. The New Brunswick government should provide guidance on AI use and data oversight.

INSIGHT/ACTION:

While data assets continue to evolve to become more comprehensive, start by leveraging the data that exists currently to uncover opportunities to unlock efficiencies that will have a positive impact on patient care today.

Session 3:

Primary Care Learning Health Systems – Design and Execution

Expert Presenter: Dr. Jennifer Rayner, Alliance for Healthier Communities (Ontario)

Learning health systems are advanced-care networks that gather, analyze and use health data to continuously improve care. By integrating real-world evidence into decision making, health outcomes for communities and populations can be improved, making health care systems more efficient, improving care experiences for patients and providers, and advancing health equity.

Learning health systems are an ongoing journey, not a destination. Knowledge translation and mobilization is key to making a difference at the patient level.

Several different components are important when building a learning health system: data; people and partnerships; patient engagement; ethics, oversight and governance; nimble evaluation; and lots of research activities. While many systems claim to be a learning health system, very few actually align everything into a continuous mode of improvement and innovation.

Learning health systems must prioritize questions and concerns so research and reporting are meaningful and close the loop, so data is delivered back to the providers and people actually delivering care.

The subsequent table discussions focused on the following questions:

1. How can we co-design more efficient and effective practice-based research and learning?

2. What actions will support this?

Participants agreed that any actions taken to create a learning health system must not put additional burdens on health care providers or adversely impact patient care. That means carving out time, so physicians and other providers have protected time for research, and providing sufficient human and financial resources to foster a culture of continuous improvement.

"Protected time is essential. A change in the work they are doing can bring change to their work and make them want to stay with us."

A community of research practice similar to the network of research hospitals could be created. Questions should come from the bottom up, with research teams built around those questions and nurses assigned to collect the data. Patients could be involved in the co-design process where appropriate.

Funding models should be customized to allow natural and organic-based learning to happen in clinics, rather than the current fee-for-service model which does not necessarily encourage the collaborative approach needed for a learning health system.

"We need to cultivate funding models that allow learning to happen in clinics."

There should be better awareness of professional development programs, as well as ongoing research through more interprofessional dialogue sessions. Providers must be given time to do some work that is meaningful or exciting for them, and research projects could be one way to do that.

Access to clinical trials should be more widely available than just in cities such as Moncton, Fredericton and Saint John. Primary care physicians could recruit people into the trials, but the administrative burden would be handled by a central unit.

"If you realize how many people in New Brunswick don't have access to clinical trials, you would be shocked. Why can't we extend the reach of clinical trials to primary care?"

Performance and quality improvement teams could be deployed within hospitals, enabled and supported with sufficient tools and resources.

INSIGHT/ACTION:

Continue to source research questions and systems improvements from clinical teams on the ground, aiming to scale throughout New Brunswick's health system.

Workshop Conclusion

Participants described the workshop as collaborative and inspiring, fostering a spirit of action and urgency. Although the issues and challenges covered were already known, it was clear that the solutions are not self-evident and that it will take a collaborative, innovative approach to build a sustainable and resilient health care system in New Brunswick.

It was agreed that there is an opportunity for New Brunswick to start putting ideas into action without waiting for everything to be perfect or for all the data gaps to be closed. This requires a culture shift that allows for failure, because there can be no innovation without some failure along the way. The key thing is to learn from those failures and to adapt and move forward.

New Brunswick is big enough, and small enough, to engage in the type of top-down, bottom-up innovation that can get support, resourcing and funding from leadership for local, solutions-oriented demonstration projects that will have buy-in from the clinical and patient community.

Applying Learnings from the PHSSR Workshop to a Renewed New Brunswick Health Action Plan

1 Update Guiding Principles to include:

Collaborative Approach:

Bottom-up/Top-down approach to identify and pull through solutions

Value-Based Health Care:

Link healthcare spending to health outcomes

Start now on data while building assets:

Data-driven decision-making to drive outcomes and efficiencies where they exist today, while building broader assets

Learning Health Systems:

Collect data, apply knowledge, feedback loop, improve

2 Convene centralized leadership table to meet quarterly to drive action – capture the benefit and spirit of the workshop on an ongoing basis

3 Identify potential demonstration project in health system priority area

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