

# Accountability Report 2017–2018

Department of Health  
and Wellness

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Accountability Report 2017–2018

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# Annual Accountability Report for the Year 2017 - 2018

## Accountability Statement

The Accountability Report of the Department of Health and Wellness (DHW) for the year ended March 31, 2018, is prepared pursuant to the *Finance Act* and government policies and guidelines. These authorities require the reporting of outcomes against the DHW Business Plan for the fiscal year 2017-2018. The reporting of the DHW outcomes necessarily includes estimates, judgments and opinions by DHW management.

We acknowledge that this accountability report is the responsibility of the DHW management. The report is, to the extent possible, a complete and accurate representation of outcomes relative to the goals and priorities set out in the DHW 2017–2018 Business Plan.

*Original signed by*

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The Honourable Randy Delorey  
Minister of Health and Wellness

*Original signed by*

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Denise Perret, Q.C.  
Deputy Minister of Health and Wellness

## Message from the Minister of Health and Wellness

In the last year, the Department continued to implement initiatives and programs that support quality health care in the province, and provide Nova Scotians increased access to primary care. This year's accountability report outlines our progress over the last year, and the work that's ahead to continue to meet the needs of Nova Scotians.

The Department is committed to improving collaborative primary health care and providing greater access to physicians. Last year, government invested \$6 million to expand and strengthen collaborative family practice teams and support recruitment efforts. This initiative has improved access to primary care for Nova Scotians in 17 communities across the province.

We also continue to improve access to mental health services and supports, including those for youth. Additional clinicians for adults and youth, expanding the CaperBase program, investments in Kids Help Phone, and continued work on a central intake service for mental health and addictions are all part of ongoing improvements to Nova Scotia's mental health system. Work will continue in the year ahead so Nova Scotians can access the services and supports they need to live well.

Work to advance the province's Opioid Use and Overdose Framework included increased access to life-saving naloxone for harm reduction organizations, police, corrections, and first responders. We also made naloxone available to anyone, free of charge, at community pharmacies throughout Nova Scotia. Last year, we increased funding to address the waitlist pressures for opioid use disorder treatment.

By working closely with the Nova Scotia Health Authority, more Nova Scotians accessed the orthopedic surgeries they need. We invested \$8.1 million to enhance prehabilitation services, purchase equipment and increase staffing. Nearly 1,200 additional surgeries were completed.

Nova Scotians have told us that they want to remain in their homes for as long as possible. That's why we support caregivers through an expanded Caregiver Benefit program, with more to come in 2019. When living at home is no longer an option, long-term care is available. We are implementing policy changes to minimize wait times so those with urgent care needs get placed sooner.

The progress we have made would not be possible without the expertise of dedicated staff. The department is committed to increasing access to health care and ensuring the right programs and services are in place to meet the needs of Nova Scotians now and in the future.

Sincerely,

The Honourable Randy Delorey, Minister of Health and Wellness

## 2017-18 Financial Table and Variance Explanation (\$ thousands)

	2017-2018 Estimate	2017-2018 Actuals	2017-2018 Variance
<b>Programs and Services</b>			
General Administration	2,138	1,848	(290)
<b>Strategic Direction and Accountability</b>			
Chief Medical Officer of Health	2,306	2,094	(212)
Client Service and Contract Administration	5,644	5,441	(203)
Corporate Service and Asset Management	11,356	9,458	(1,898)
Investment Decision Support	4,070	3,906	(164)
System Strategy and Performance	10,465	9,225	(1,240)
<b>Service Delivery &amp; Supports</b>			
Physician Services	826,596	838,167	11,571
Pharmaceutical Services and Extended Benefits	305,651	308,074	2,423
Emergency Health Services	147,499	150,305	2,806
Continuing Care	832,990	827,060	(5,930)
Other Programs	176,142	172,061	(4,081)
<b>Health Authorities</b>			
Nova Scotia Health Authority	1,591,191	1,644,223	53,032
IWK Health Centre	216,462	227,531	11,069
Capital Grants & Healthcare Capital Amortization	81,643	79,035	(2,608)
<b>Total - Departmental Expenses</b>	<b>4,214,153</b>	<b>4,278,428</b>	<b>64,275</b>
<b>Additional Information:</b>			
Ordinary Revenue	(62,271)	(60,612)	1,659
Fees and Other Charges	(13,935)	(13,862)	73
Ordinary Recoveries	(122,946)	(125,848)	(2,902)
<b>Total: Revenue, Fees and Recoveries</b>	<b>(199,152)</b>	<b>(200,322)</b>	<b>(1,170)</b>
<b>TCA Purchase Requirements</b>	<b>8,637</b>	<b>6,221</b>	<b>(2,416)</b>
Total Funded Staff (FTEs)	302.4	249.5	(52.9)
Staff Funded by External Agencies	(6.0)	(4.0)	2.0
<b>Provincial Funded Staff (FTEs)</b>	<b>296.4</b>	<b>245.5</b>	<b>(50.9)</b>

**Departmental Expenses Variance Explanation:**

Department of Health and Wellness expenses were \$64.3 million or 1.5 per cent higher than estimate primarily due to \$64.1 million in additional funding to the health authorities for health care services, and \$11.6 million in Physician Services mainly due to patient attachment and enrolment incentives for physicians.

These increases were partially offset by savings of \$8.1 million due to lower than expected utilization and timeline changes in home-care, and \$3.3 million in other operational savings.

**Revenue, Fees and Recoveries Variance Explanation:**

Department of Health and Wellness recoveries were \$2.9 million higher than estimate primarily due to \$4.2 million in increased auto levies charged to insurance companies, and \$1.8 million in unbudgeted return of service repayments for physician residency training. This is partially offset by reduced physician reciprocal billings of \$2.9 million and \$0.2 million in various other recoveries.

## 2017-2018 Department of Health and Wellness Performance Measures/Outcomes

In 2017-18, the Department of Health and Wellness (DHW) continued to work collaboratively with the Nova Scotia Health Authority (NSHA) and the IWK Health Centre to improve health outcomes for Nova Scotians. The roles and responsibilities for the department and the health authorities are defined in the *Health Authorities Act*.

The department is responsible for:

- providing leadership for the health system by setting strategic policy direction, priorities and standards; and
- ensuring accountability for funding and for measuring and monitoring of health-system performance.

NSHA & IWK are responsible for:

- governing, managing and providing health services\* in the province and implementing the strategic direction set by the department; and
- engaging with the communities they serve, through community health boards.

*\*Health Services are defined in the Act as “services related to the prevention of illness or injury, the promotion or maintenance of health or the care and treatment of sick, infirm or injured persons, and includes services provided in the province through hospitals and other health-care institutions, public-health services, addiction services, emergency services, mental-health services, home-care services, long-term care services, primary-care services and such other services as may be prescribed by the regulations”.*

Each year, performance measures and outcomes are reviewed during the development of the department’s Business Plan. The annual accountability frameworks between the department and the health authorities include a series of key performance indicators that enable the department to monitor overall system performance.

This report reflects on the outcomes achieved by the department in relation to the goals and priorities established in the 2017-18 Business Plan. The highlights from the NSHA and IWK annual progress report on their business plans to the Minister are also included.

This report also includes priorities from the 2017 Minister’s Mandate letter and the Throne Speech that were initiated in 2017-18 and will be carried forward over the next few years.



## Departmental Initiatives

### Access to Primary Health Care

The department has been working in collaboration with the NSHA to improve access to primary health care for all Nova Scotians. Existing collaborative primary health care teams have been enhanced and expanded, and new teams have been created. Improving access to collaborative primary health care is focused on providing timely and effective care by connecting patients with the appropriate health care providers. Collaborative teams can include nurse practitioners, registered nurses, family practice nurses, dietitians, social workers, physicians, paramedics and others working in an integrated way with the needs of the patient at the center of their work. The design of these teams is based on population need.

There are a number of initiatives outlined in the Minister's Mandate letter that will improve access to care by aiming to increase the number of physicians available across the province. Initiatives include more flexibility in recruitment incentive programs, additional residency seats, transformation of the locum program to provide backup and support to various physician services, and a new Practice Ready Assessment (PRA) program that will assess internationally trained family doctors to work in Nova Scotia. The department and health authorities are also working with the Office of Immigration to more efficiently recruit foreign-trained physicians.

In March 2018, government announced a nearly \$40-million investment in family doctors to help increase access to comprehensive primary health care and support recruitment and retention. The investment included fee increases for office visits, rate increases for family physicians paid through alternative payment plans, incentives to encourage physicians to take on new patients, and financial support for physicians using technology such as email or to transition to a new electronic medical record (EMR).

#### **Where are we now?**

NSHA is currently working with 23 collaborative family practice teams in 17 communities across the province. Expanding these teams will increase access to primary health care for more Nova Scotians.

Changes were made this year to remove geographic restrictions from the province's existing physician incentive programs. The Tuition Relief Program, Family Medicine Bursary, and the Debt Assistance Plan are all now available to those in urban and rural areas, as well as those working in full-time, part-time, and locum positions.

#### **Where do we want to be in the future?**

The goal is to connect Nova Scotians with the health care they need, in the right place, at the right time. This includes establishing 70 collaborative family practice teams across the province. NSHA continues to work in partnership to strengthen and support existing collaborative family practice teams, and new teams will continue based on priority areas and the interests of physicians and other health professionals to work in team-based care.

In July 2018, government announced the locations of 10 new family medicine residency spaces (Northern Nova Scotia, Cape Breton, and South West Nova). Planning and implementation is underway for the Practice Ready Assessment program, and it is expected the first group of candidates will begin their assessments in 2019. The department will also support nurse practitioner (NP) recruitment and retention through additional NP seats and educational incentives.

## Continuing Care

With an aging population and increasing demand for continuing care services, the department is working to deliver equitable and quality services for all Nova Scotians, where and when they need them. The department's focus is on improving access to appropriate services and supports at home and in the community. This will be achieved by enhancing continuing care services for clients, supporting caregivers, and creating mechanisms for better accountability and system performance.

### **Where are we now?**

To help older Nova Scotians stay in their homes longer, government expanded the Caregiver Benefit program in March 2018, giving more Nova Scotians support for providing care to adults living at home. To help spouses stay together when in long-term care, a new placement policy was developed in 2017-18 that will be implemented in 2018-19. Tools to measure the impact will be put in place once the policy takes effect.

Government also recognizes that many Nova Scotians still need access to long term care facilities when community or home-based care is no longer an option. In 2017-18, we invested \$4.4 million in long-term care facility, nursing home, and residential care facility budgets. To address the needs of residents with specialized diet requirements, \$1.9 million was provided to 103 long term care facilities. Government also invested \$1.3M to better meet the recreational needs of long-term care facility, nursing home, and residential care facility residents. These investments are in addition to \$3.3 million in 2017-18 for wage increases, Workers Compensation Board (WCB) rate increases, and a Consumer Price Index increase.

### **Where do we want to be in the future?**

We are developing enhanced continuing care services that will respond to client needs by offering more flexibility and choice, and by aligning our resources to better support health outcomes. We are working to strengthen partnerships and connections to the community, and help caregivers, ensuring they are aware of and have access to supports and services that allow them to continue to provide care for loved ones in the community.

In 2018-19, the goal of the Caregiver Benefit program is to see 600+ new eligible caregivers enrolled and receiving support to care for adults living at home. The department will continue to strive, whenever possible, to ensure seniors in long-term care facilities can stay together or be reunited, and to reduce wait times for those with the most significant needs to be placed in an appropriate facility.

## Positive Mental Health & Addictions

Positive mental health identifies and addresses the root causes and risk factors that contribute to poor mental health. DHW is working with its partners, the NSHA and IWK, and other government departments to identify the needs of diverse communities and provide equitable programs and services where and when they are needed.

Building on past successes, the department added clinicians to the SchoolsPlus program, and invested in clinicians for First Nations communities. Additional support for Kids Help Phone, the development of a new central intake line with standardized screening and triage processes, and expanded treatment and supports, including the use technology, are examples of initiatives intended to improve access across the province and expand community-based supports.

### **Where are we now?**

In 2017-18, government invested to expand the CaperBase program in Cape Breton, adding two new community outreach workers. Eight new mental health and addiction clinicians were added to the SchoolsPlus program. Investments were made to add eight new child and adolescent mental health clinicians for First Nations communities and to expand Kids Help Phone with the addition of three counselling staff. A project manager was also hired to implement one centralized intake service across the province.

To increase access to mental health and addictions care (outpatient supports), the government expanded community-based supports in Cape Breton, adding a registered nurse, an occupational therapist, and a social worker. Crisis services were also expanded by adding two crisis response workers to staff the Provincial Crisis Line to increase capacity. A new phone system is in place for the Provincial Crisis Line and additional crisis clinician positions have been put in place in Sydney, Antigonish, Pictou, the Colchester area, and the Annapolis Valley.

### **Where do we want to be in the future?**

Mental Health and Addictions services will continue to grow in a more comprehensive, coordinated and integrated way to better serve Nova Scotians. CaperBase will be further expanded to Western and Northern Zones in 2018/19, adding another 10 outreach workers, and another 11 clinicians will be added to SchoolsPlus. Central intake is expected to be fully implemented and operational by end of fiscal 2018/19.

Planning is underway for future community-based positions beginning in 2018/19. An additional 30 FTEs will be added over the next three years to further enhance access to community-based mental health and addictions support. Further crisis clinicians will also be added. Nine of 13 FTEs to support this enhancement have already been hired.

## Opioid Use and Overdose Framework

Government created the Opioid Use and Overdose Framework to address immediate impacts and long-term effects in Nova Scotia.

### Where are we now?

In 2017-18, there were substantial reductions in wait lists and wait times, and a significant increase in the number of people receiving treatment in the Opioid Use Disorder (OUD) Treatment program.

Zones / Programs	wait time for the program	# clients waiting for treatment	# of active clients being treated	# new clients admitted to program
Western Zone	Decreased from 73 calendar days in September 2017 to 22 calendar days as of May 22, 2018	Decreased from 35 clients in early September 2017 to 17 clients as of May 22, 2018.	Increased by 29 clients between September 2017 to May 22, 2018.	
Central Zone	Decreased from 43 calendar days in September 2017 to no wait as of May 22, 2018	Decreased from 22 clients in early September 2017 to no waitlist as of May 22, 2018		66 new clients between September 5, 2017 and May 22, 2018.
Northern Zone		Decreased from 73 clients in early September 2017 to 21 clients as of May 22, 2018.		43 new clients between September 2017 to May 22, 2018.
Eastern Zone	Decreased from 102 calendar days in September 2017 to 16 calendar days as of May 22, 2018	Decreased from 101 clients in early September 2017 to 24 clients as of May 22, 2018.	Increased by 126 clients between September 2017 to May 22, 2018.	

Zones / Programs	wait time for the program	# clients waiting for treatment	# of active clients being treated	# new clients admitted to program
Direction 180	Eliminated its waitlist and currently new clients can immediately be admitted into the program			152 new clients have been admitted to the program between September 5, 2017 and May 22, 2018. 91 clients have been successfully transferred to primary care practices during this period.

As of June 2018, about 4,750 naloxone kits were dispensed to Nova Scotians, since 2016. The department has built capacity for assessment of opioid overdose deaths to help prepare the province in case of a growing crisis. The department is working with its partners in law enforcement and the Office of the Chief Medical Examiner to gather local-level, timely data on all acute drug overdoses. That includes monitoring police information on street drugs, acute opioid overdoses and overdose deaths, and street drug seizures. The department is also actively working to gather overdose data from Emergency Health Services. Key information is also posted online at [www.novascotia.ca/opioid/](http://www.novascotia.ca/opioid/).

**Where do we want to be in the future?**

The department will continue to enhance system capacity to increase timely and equitable access to a continuum of services and supports for individuals and families experiencing harms associated with OUD. This will include expanding Pharmacare coverage of Suboxone for all ages, increasing capacity to manage OUD in emergency programs (through training and education), and in primary care, as well as through specialized treatment programs. The department will continue to provide naloxone kits and the necessary training on how to administer naloxone through community-based harm reduction organizations, OUD treatment programs, community pharmacies, corrections and emergency first responders.

Building a robust drug surveillance and monitoring system will build the department’s understanding of opioid use in Nova Scotia, enhance evidence-informed prevention and intervention efforts, and help identify emerging trends to improve timely responses to emergencies.

## Access to Orthopedic Surgeries

Nova Scotia has focused orthopedic investments in reducing wait times for hip, knee, foot and ankle orthopedic surgeries at the NSHA and spinal surgeries at IWK Health Centre.

Government has placed particular focus on reducing wait times for hip and knee surgeries, investing \$8.1 million in 2017-18. The national wait time benchmark for adult hip and knee replacements in Canada is six months. The Canadian Institute for Health Information's 2016 report indicated that Nova Scotia had the longest wait times for adult hip and knee replacement surgeries in Canada. Government has invested more every year to help Nova Scotians on the wait list for orthopedic surgeries, particularly hip and knee surgeries. Since 2013, 14,000 hip and knee surgeries have been completed, helping the Nova Scotians who have been waiting longest.

### **Where are we now?**

A \$6.4 million investment supported NSHA in the development of a multi-year plan to reduce the queue to reach the national benchmark for hip and knee wait times. In 2017-18, a total of 3,932 orthopedic surgeries were completed. Of these, the investment enabled an additional 884 surgeries (855 at NSHA for hip and knee replacements and 29 spinal surgeries at IWK). Early service changes under the multi-year plan investment resulted in an additional 294 hip and knee replacement surgeries, for a total of 1178 hip and knee/spinal surgeries completed in 2017-18. This combined investment, for the first time, has resulted in a wait time queue reduction of 6%.

### **Where do we want to be in the future?**

Continued funding will support additional spinal surgeries at the IWK in 2018-19. NSHA's action plan is focused on reducing the number of patients waiting on lists year to year. A key aspect of the plan includes moving forward with a standard approach to caring for all hip and knee replacement patients, with an increased focus on wellness. Through this approach, all patients will initially be referred to an orthopedic assessment clinic where they can begin receiving supports and access to wellness programs to assess treatment options and to help them prepare for their surgery and a successful recovery. This could include access to group exercise programs, pain management supports and more.

NSHA will also create a central booking process, increase OR utilization, and provide improved education on patient options. They will continue to: enhance prehabilitation efforts; create designated orthopedic centres; add surgeons and other interdisciplinary team members; and increase anesthesiology capacity. As the plan helps to reduce the number of people waiting for surgeries over time, it is expected to see a trend toward the six-month benchmark.

## One Person One Record

The One Person One Record (OPOR) clinical information system is a vital, foundational component that will provide timely and accurate information for health practitioners and administrators across the health care system. This will give physicians, nurses and other health care professionals access to their patients' complete hospital information through one platform, to support efficient, quality and safe care.

### **Where are we now?**

In 2017-18, a Request for Proposals (RFP) for the vendors was completed and released.

### **Where we want to be in the future?**

Evaluation of responses to the RFP will be completed in 2018-19. The goal is a fully implemented clinical information system that is live in all NSHA and IWK facilities, and which is yielding benefits to patients, health care providers, the health care system and the public.

## Early Years

Supporting children and families in the critical early years of their development is a priority of DHW. This includes giving children a healthy start, with a specific focus on supporting children living with Autism Spectrum Disorder (ASD) and their families.

### **Where are we now?**

To support children living with ASD and their families, funding was announced in 2017-18 to support early intervention. The department has hired a consultant to advise on the most appropriate model and delivery of a caregiver mediated intervention for toddlers with ASD. A pilot will begin in 2018/2019 with a \$500,000 investment. The department has also provided a \$300,000 grant to Autism Nova Scotia to establish 10 new Autism Resource Centers in the province.

This is in addition to ongoing, core funding to ensure all Nova Scotia children diagnosed with ASD have the option for Early Intensive Behaviour Intervention (EIBI) before they begin school. In total, the department invested more than \$15-million in 2017-18 to support children with ASD and their families.

In 2017-18, the government nearly doubled its investment to expand the school healthy eating program to every school in Nova Scotia, bringing total funding to \$1.975 million. The additional funding supports Regional Centres for Education and schools to enhance existing programs and expand them to ensure that every school can offer high quality and nutritious breakfast programs five days a week. In addition, some schools will be able to expand existing healthy eating program beyond breakfasts such as fruit and vegetable snack program, lunch programs, and/or after-school programs.

The program also provides students with opportunities for nutrition education, leadership, and a chance to connect with friends, classmates, teachers, and volunteers before they begin the school day. This will improve health equity, ensuring students come to class ready to learn and not distracted by hunger. Children who eat a nutritious breakfast are healthier kids and adults, have a better experience at school, and do better in class.

### **Where do we want to be in the future?**

Government wants to ensure all students can get a healthy breakfast every school day. The department is committed to continued work with Autism Nova Scotia and its chapter locations to establish Autism Resource Centres across the province.

## **Pharmacare**

The department continued to work to ensure Nova Scotians have access to the drugs they need. This included work with regional partners to explore an Atlantic Pharmacare model, as well as new drug additions and formulary management for all Pharmacare and Exception Drug Funds.

### **Where are we now?**

In 2017-18, government introduced the Take-Home Cancer Drug Fund in collaboration with NSHA and IWK to support patients with the cost of take-home cancer therapies. The fund is available through NSHA's Cancer Care Program.

The department also developed and implemented new policies to support initiatives such as universal access to drugs for non-surgical termination of pregnancy (Mifegymiso).

The department has also been working collaboratively with its regional and national counterparts to explore opportunities for increased consistency, efficiency, and cost savings related to drug programs. For example, an agreement between the pan-Canadian Pharmaceutical Alliance (pCPA) and the Canadian Generic Pharmaceutical Association will save up to 40% on many commonly prescribed generic drugs, including some used to treat high blood pressure, high cholesterol, and depression.

### **Where do we want to be in the future?**

The department is planning a comprehensive review, analysis, and report of publicly-funded drug programs in Nova Scotia to inform future considerations related to program management and Atlantic Pharmacare collaboration.



## Appendix A

### Annual Report under Section 18 of the *Public Interest Disclosure of Wrongdoing Act*

The *Public Interest Disclosure of Wrongdoing Act* was proclaimed into law on December 20, 2011.

The Act provides for government employees to be able to come forward if they reasonably believe that a wrongdoing has been committed or is about to be committed and they are acting in good faith.

The Act also protects employees who do disclose from reprisals, by enabling them to lay a complaint of reprisal with the Labour Board.

A Wrongdoing for the purposes of the Act is:

- a) a contravention of provincial or federal laws or regulations
- b) a misuse or gross mismanagement of public funds or assets
- c) an act or omission that creates an imminent risk of a substantial and specific danger to the life, health or safety of persons or the environment, or
- d) directing or counseling someone to commit a wrongdoing.

The following is a summary of disclosures received by the Department of Health and Wellness:

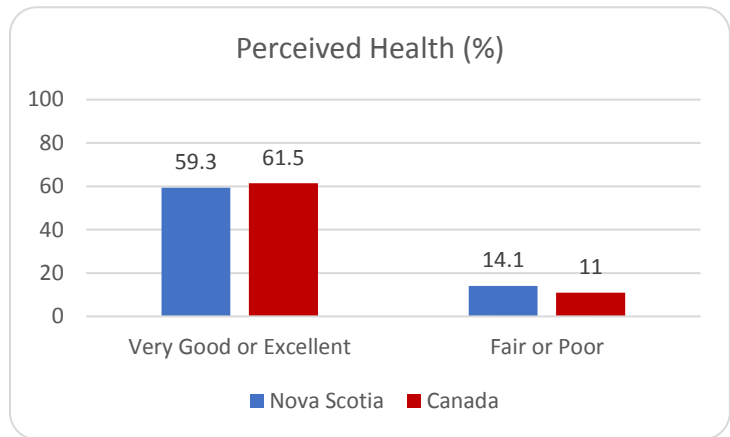
Information Required under Section 18 of the Act	Fiscal Year 2017-2018
The number of disclosures received	0
The number of findings of wrongdoing	0
Details of each wrongdoing	Not Applicable
Recommendations and actions taken on each wrongdoing	Not Applicable

## Appendix B: Health Outcome Measures

### Measure: Perceived Health

Good-to-excellent self-reported health status correlates with lower risk of mortality and use of health services. Self-rated health is measured on a scale from excellent to poor.

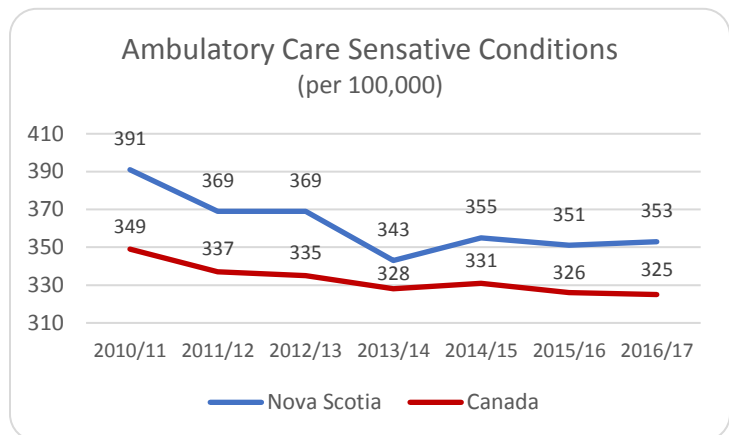
In 2016, just under 60% of Nova Scotians perceived their health as either very good or excellent compared to the national average of 61.5%. From the opposite perspective, 14% rated their health as fair or poor compared to 11% nationally. The difference in these percentages between NS and Canada is small, but significant.



Source: Statistics Canada, Canadian Community Health Survey, 2016

### Measure: Ambulatory Care Sensitive Conditions

This indicator looks at the acute care hospitalization rate for conditions that can be prevented or reduced such as diabetes or asthma if appropriate ambulatory care is provided. High rates could reflect problems in obtaining access to appropriate primary care. Hospitalizations for ambulatory care sensitive conditions have continued to trend downwards since 2010, although the NS rate remains higher than the Canadian average.



Source: Canadian Institute for Health Information, 2016-2017

## Measure: Access to a Regular Health Care Provider

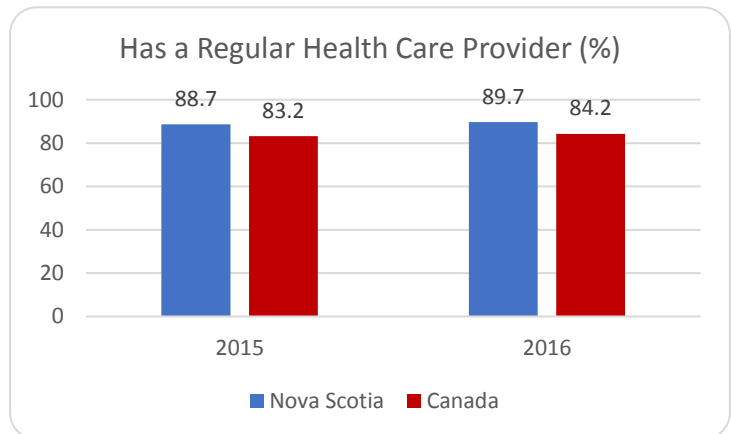
Access to a regular health care provider is an important concern for the public and a priority for governments across Canada. This indicator looks at the percentage of Canadians age 12 and older who report having a regular health care provider. In this context, health care providers include nurse practitioners, general practitioners and/or family physicians. Having a regular health care provider is important for early screening, prevention and treatment of medical conditions.

In 2016, around 90% of Nova Scotians reported having access to a regular health care provider, which was significantly higher than the national average of 84%. The percentage of Nova Scotians who reported having a regular health care provider increased by one percent over the previous year, marking the first time in recent years that there has been positive change in the downward trend.

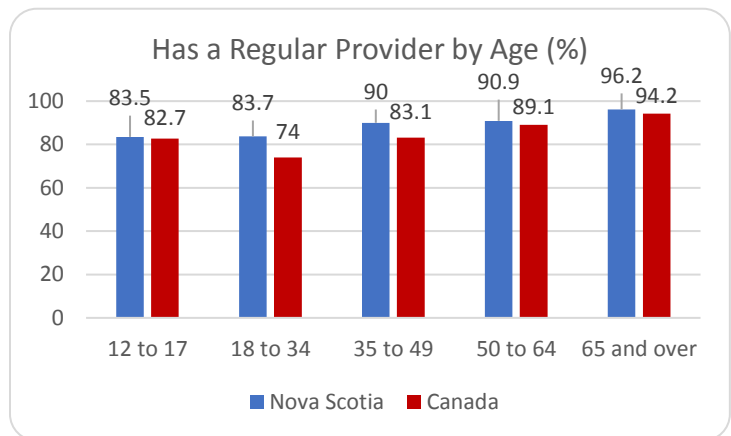
Nova Scotia's rate is among the highest provincial rates, and is significantly higher than other provinces like Quebec and Alberta.

A higher percentage of Nova Scotians across all age groups indicated that they had a regular health care provider compared to Canada overall. Like the national pattern, the likelihood of having a regular provider in NS increased with age. In 2016, 96% of Nova Scotians 65 years and over indicated that they had a regular health care provider. Rates are higher for females.

The most common reason respondents gave for not having a regular health care provider was that they had not looked for one or did not need one, but that they had a usual place of care.



Source: Statistics Canada, Canadian Community Health Survey, 2016

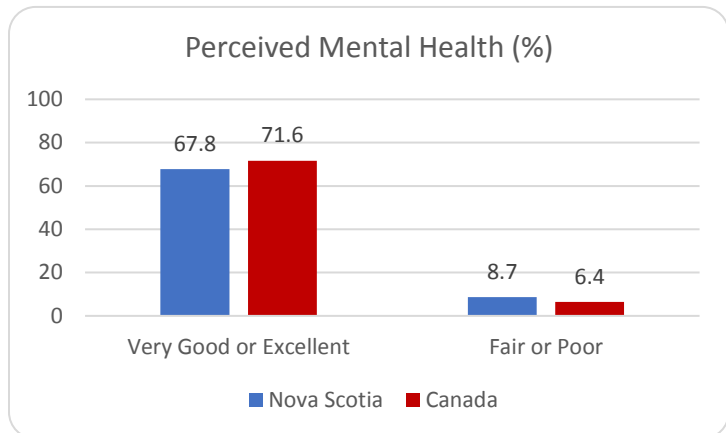


Source: Statistics Canada, Canadian Community Health Survey, 2016

### Measure: Perceived Mental Health

Perceived mental health provides a general indication of the population suffering from some form of mental disorder, mental or emotional problems, or distress, not necessarily reflected in self-reported (physical) health.

In 2016, nearly 68% of Nova Scotians perceived their mental health as either very good or excellent, which was higher than ratings of physical health.



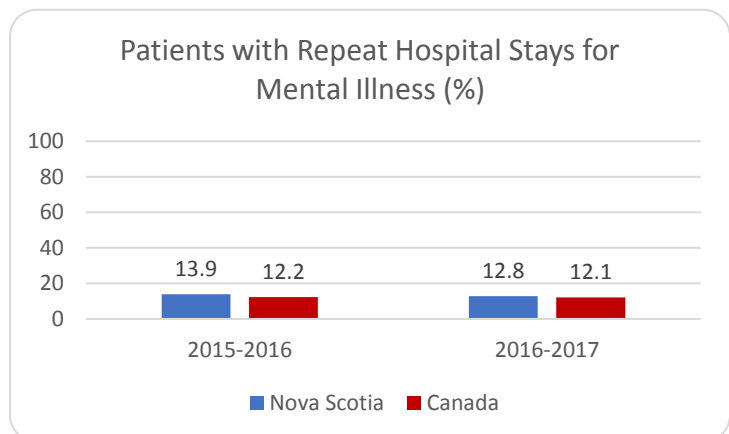
Source: Statistics Canada, Canadian Community Health Survey, 2016

There is room for improvement, however, as a significantly higher percentage of Nova Scotians rate their mental health as fair or poor compared to the national average, 8.7% and 6.4%, respectively.

### Measure: Repeat Hospital Stays for Mental Illness

This indicator measures how many patients have at least 3 repeat hospital stays for a mental illness in a single year. Frequent hospitalizations may reflect challenges in getting appropriate care, medication and support in the community.

In 2016-17, 12.8% of patients in NS experienced repeat hospital stays for mental illness, which is down slightly from the previous year. Nova Scotia's rate is not statistically different from the national average.

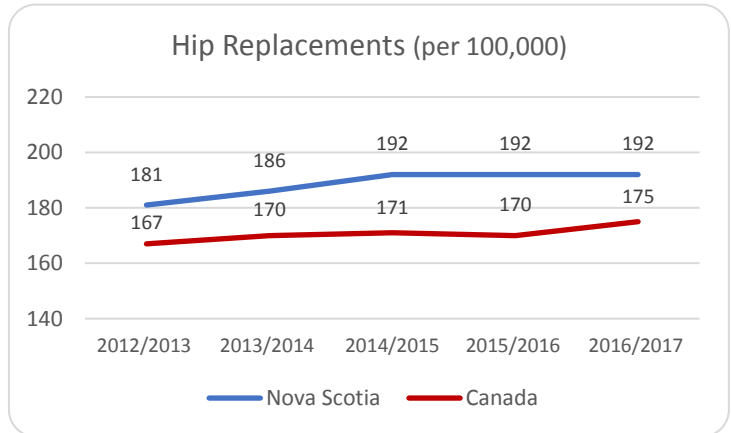


Source: Canadian Institute for Health Information, 2016-2017

### Measure: Hip Replacement Rate

This indicator measures the age-standardized hospitalization rate for hip replacement procedures performed in acute care hospitals or same-day surgery facilities per 100,000 population age 18 and older. Analysis reflects all hip replacement types: total hip replacement, monopolar/ bipolar hemiarthroplasty and resurfacing procedures.

The number of hip replacements performed annually has increased over time. In 2016/17, there were 192 hip replacements per 100,000 population in NS compared to a national average of 175. The number of hip replacements per capita in NS has been consistently higher than the Canadian average.

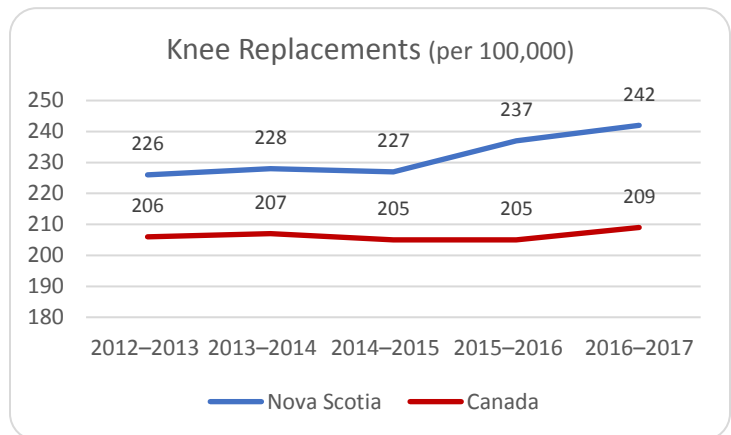


Source: Canadian Institute for Health Information, 2016-2017

### Measure: Knee Replacement Rate

This indicator measures the age-standardized hospitalization rate for all knee replacement procedures performed in acute care hospitals or same-day surgery facilities per 100,000 population age 18 and older.

Analysis reflects all knee replacement types: total knee replacement, unicompartmental knee replacement (medial, lateral or patellofemoral) and patella-only procedures.



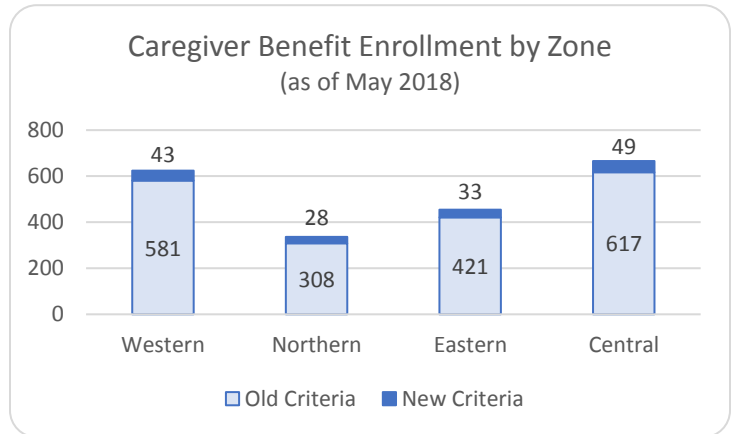
Source: Canadian Institute for Health Information, 2016-2017

The number of knee replacements performed annually in NS has increased over time. In 2016/17, there were 242 knee replacements per 100,000 population in NS compared to a national average of 209. The number of knee replacements per capita in NS has been consistently higher than the Canadian average and has been increasing at a higher rate since 2014/15.

### Measure: Number of Caregivers Receiving Financial Support

This indicator reports how many persons have successfully enrolled in the newly expanded Caregiver Benefit Program.

Increased funding in the Caregiver Benefit program is having a positive impact. Since the expanded criteria was implemented in February of 2018, more than 150 new caregivers across the province are receiving monetary assistance.



Source: DHW, 2018