

November 14, 2017

[Original]

### Health Care Services

**Mr. Higgs:** Secrecy from Ambulance New Brunswick has been the focus of many news reports in the past several weeks. Ambulance New Brunswick refused to answer questions about service delivery at the legislative committee. Ambulance New Brunswick refused to provide service delivery information through a right to information request, citing intellectual property. Does the Premier agree with the citizens of our province who feel that the secrecy shown by Ambulance New Brunswick is a concern? Thank you.

[Translation]

**Hon. Mr. Bourque:** I thank the Leader of the Opposition for his question. You know, transparency and accountability are very high priorities for our government.

Regarding the question from the Leader of the Opposition, it is obvious that, as a government, we must fully comply with the *Right to Information and Protection of Privacy Act*. This is what we are very diligently doing.

It is possible that, in the case of this company, there have been differences in the way the Act has been interpreted. This can happen. Fortunately, in such cases, there is a commissioner in New Brunswick who deals with privacy matters. This commissioner is the one who settles these matters.

Obviously, as we have said in the past, the commissioner responsible for privacy matters will settle this issue and make a decision that our government will fully implement. We will therefore ensure complete transparency of the government, as we always do.

[Original]

**Mr. Higgs:** I am quoting a CBC story from September 1, 2017. The head of the Vitalité Health Network said:

*the more important issue was patient care, and he said Vitalité “can do it significantly better” than Medavie.*

*The province is arguing that putting extramural under Medavie will allow for better integration with the ambulance services that the company already runs.*



*Lanteigne says extramural is “an essential piece of our continuum of care” and it’s better for the authorities who run hospitals to also handle home care.*

Given the issues that communities experience with ambulance service, is it still the position of the Premier that integrating the Extra-Mural Program with Ambulance New Brunswick is exercising good judgment at this point? Thank you.

[Translation]

**Hon. Mr. Bourque:** Thanks again to the Leader of the Opposition for his question. With regards to the partnership with Medavie, we are convinced that this company has absolutely all the tools it needs to ensure not only that the whole issue. . . I note once again that it will remain a public entity in Part III of the public service. This means that the service will be entirely public and that it will therefore be subject to all transparency and right to information legislation. We, at the Department of Health, will certainly be transparent and act as we have always done and still do with both health networks. We are therefore convinced that this partnership, by integration, will lead to better quality care for New Brunswickers, which is a very, very good thing.

[Original]

**Mr. Higgs:** Last week, the Premier outlined some soft targets that were set and he brought them forward here in the Legislature. Regarding the targets or goals or objectives that the Premier was talking about last week, I would like to know this: Were these targets that were actually established by Medavie? Thank you.

[Translation]

**Hon. Mr. Bourque:** I appreciate the question, as it actually enables me to clarify the facts and to share the key performance indicators we established in cooperation with Medavie. The discussion, then, took place between the Department of Health and Medavie. Incidentally, I can certainly share these performance indicators with you: to increase the number of home visits to Extra-Mural Program patients by 15%, to decrease emergency room visits by Extra-Mural Program patients by 15%, to maintain a level of satisfaction—which is the most important, in my opinion, as Minister of Health—of over 95%, to reduce referral times for physicians and nurse practitioners from three days to one, and to increase referrals to the Extra-Mural Program by 20%.

[Original]

**Mr. Higgs:** The question was along the lines of who actually put these targets together, and the minister said that it was in relation to some discussions. I would contend that Medavie likely brought this forward, but I do not have that clarification at this point.



What I would like to have as clarification and ask as a question is this: In the case of the contract—the sole-sourced handover of this \$80-million contract each and every year for the next 10 years—are there targets? Do they apply to the baseline of that contract, or are these bonus points that are gained and part of the \$4 million that is over and above the contract? Any contract worth its salt would have performance targets built right into it, and it would also be tendered, of course. I would like to know if this is part of the base contract or part of the bonus program and the \$4 million. Thank you.

[*Translation*]

**Hon. Mr. Bourque:** You know, we already answered these questions. However, to clarify my answer to the previous question, which the Leader of the Opposition asked and which I answered, I will answer it again: All these performance indicators were established in cooperation with the Department of Health.

I note again that these performance indicators are tied to the contract and that if Medavie does not manage to fully reach these targets, there will be penalties. In fact, the company would then not receive the total amounts we negotiated. These data are public and have been published many times, because we presented them during our information sessions. Therefore, everything is there, really; everything is public, and this enables us to see that this is a very, very good contract.

[*Original*]

**Mr. Higgs:** Just to come back on that, is this what the bonus program entails—the targets that are being put forward? They are completely outside the contract. They are basically a bonus program that will be paid or will not be paid if the targets set by Medavie are actually achieved. That is the question. Is this—it is the bonus program we are talking about—\$4 million that will be paid or will not be paid based on the fact that Medavie achieve the targets that it played a huge role, if not the role, in setting? Thank you.

[*Translation*]

**Hon. Mr. Bourque:** Once again, I thank the Leader of the Opposition for his question.

Once again, I will answer the question by saying that what the Leader of the Opposition is referring to is in fact part of the contract.

However, I reiterate that the company must actually reach the five key performance indicator targets I mentioned. I can repeat them anytime if you want. That being said, in this case, there will be penalties if the company does not have a 100% success rate. It will therefore be necessary to see whether the company gets this result. If it does not, then penalties may be applied. The company will not, then, receive the total contract amount. It will receive the full amount only if it reaches 100% of the five performance indicator targets.



At this time, we can clearly say that there would be penalties if ever the company did not have a 100% success rate.

[*Original*]

**Mr. Higgs:** This is a clear, easy question. Is the full amount the \$4-million bonus program? Is that the full amount?

[*Translation*]

**Hon. Mr. Bourque:** Once again, I note that all the data have been made public. We are talking about an amount tied to the performance of Medavie.

I would remind you of the five performance indicators: to increase the number of home visits to Extra-Mural Program patients by 15%; to decrease emergency room visits by Extra-Mural Program patients by 15%; to maintain a level of satisfaction with the Extra-Mural Program—I want to emphasize this—of over 95%; to reduce referral times for physicians and nurse practitioners from three days to one; lastly, to increase referrals to the Extra-Mural Program by 20%. These targets are clear and measurable.

[*Original*]

**Mr. Higgs:** It did seem clear. Well, not clear, but it seems as though the process is that it is above the normal contract and it is part of the bonus program. Medavie will get paid the contract, but if it achieves any benefit on its own targets, it will actually get a bonus. The idea now would be this: Who is measuring all of this? Who is in charge of measuring these targets, goals, or objectives? Is it Medavie, which would be the same as with Ambulance New Brunswick? Thank you.

[*Translation*]

**Hon. Mr. Bourque:** I appreciate the question from the Leader of the Opposition, as it enables me to clarify certain things he said that are not entirely true.

The Leader of the Opposition said that it is Medavie that measures the level of satisfaction with Ambulance New Brunswick. However, this is not the case. A third party, that is, a private company, conducts an independent assessment of the level of satisfaction with Ambulance New Brunswick.

It is a third party that is fully independent from the Department of Health and Medavie that conducts these assessments, and it will also be the case for the Extra-Mural Program. It is this third party that measures the level of satisfaction with Ambulance New Brunswick, and it will



be a fully independent third party that will assess satisfaction with the Extra-Mural Program. This will not change, then; this is how accountability will be guaranteed.

**Mr. Higgs:** Who is responsible for establishing the exceptions and exclusions in the report? Is it Medavie, as is the case with Ambulance New Brunswick?

**Hon. Mr. Bourque:** If I understand correctly, the Leader of the Opposition asked me the same question that he asked in the other language. I will therefore repeat the same answer.

With regard to Ambulance New Brunswick, it is not Medavie that measures service quality; it is a fully independent third party. Therefore, it is neither the Department of Health nor Medavie that assesses Ambulance New Brunswick; a third party is responsible for that. It will be the same thing with the Extra-Mural Program. In this case, assessment of Ambulance New Brunswick will be done by a fully independent third party. With this new partnership, the same approach will be used with the Extra-Mural Program.

It will be a third party that assesses Ambulance New Brunswick and the Extra-Mural Program. This ensures accountability and quality health care services. It gives us good measurements, and we know that we will have very, very good results.

*[Original]*

**Mr. Higgs:** The question was in relation to the exceptions. Who establishes the exceptions? Who is in charge of establishing the exceptions? We have found that the Ambulance New Brunswick reports were missing some key areas where they said: This does not qualify. That does not qualify.

The point is: Who is actually establishing or deciding that this is an exception or that is an exception? Will that be Medavie? That was the question.

*[Translation]*

**Hon. Mr. Bourque:** With regard to exceptions, it must be understood that, as with all contracts, there are such things to consider. As with all contracts, this is a discussion between the two parties. The Department of Health was very, very involved in these discussions.

We indeed know that, given the situation in the province, Ambulance New Brunswick cannot always fully reach its response time objectives, for example, because of certain very long distances. There are certain unusual situations. Unusual occurrences are in fact part of this, and that will continue to be the case. I can say that we have strict regulations at the Department of Health and that we will continue to apply them to Medavie.



[Original]

**Mr. Speaker:** Time.

**Mr. Higgs:** Last week, we learned about the MOU and we learned that it is the process that is under way. We learned that we have exceptions that are going to be governed by Medavie in terms of qualifications or not. We learned about a bonus program that is related to Medavie outside the contract, and that seems to be the direction that it is heading in. We also know that we have had thousands of people gathering around the province. We have had both health networks saying: This is not what we want. We do not want Americanized health care. We do not want privatization of our health care. We want to continue and allow our people a chance to give the service that they have been giving and to look for opportunities where they can improve it. I am sure that they will always do that.

What I would ask the Premier, if he is prepared to speak on this today, is this: Given all the opposition around the province and the reality of the disagreement from the health authorities and the professionals who are speaking up and saying that this is not right, will he put a pause on this? Will he just let this program sit? Let's just stop this program, put a pause on it, and let's give a chance . . .

**Mr. Speaker:** Time.

[Translation]

**Hon. Mr. Bourque:** Of course, I appreciate these questions, because they enable us to provide some clarification regarding the partnership that we are proud to promote. This really is a partnership that will improve the quality of care and services—I want to clarify this and I want to tell anyone who will listen about it. If I thought for a second that it would not improve the quality of health care, we would not go forward.

We are going forward, because we are convinced that this is the right approach. This is the approach that will enhance integration of the different services. It will ensure that people talk to each other more. When we talk to each other more, our involvement is much more effective and complete, which means patients get better service. I am convinced that, after a certain time, New Brunswickers will realize that the service has in fact improved. We will then be very proud of it.

[Original]

**Mr. Higgs:** Being convinced by sole-sourcing a contract, allowing the providers to set the targets, allowing the providers to dictate the rules, and then just handing it over to them . . . I do not know how anyone could be convinced that we are going to be left with a better opportunity. This will be a ballot-box question. Whether it be this spring, whether it be next fall, or whether it be tomorrow, it will be an issue. It will be an issue because the Premier is hiding



from all the people in this province who are standing up and saying: We do not want this to happen.

You can only go so far with that, so the time will come when real decisions will be made. This has been opposed around the province, yet the Premier is silent, particularly today. I will ask one more time: Will the Premier press pause on this until next September or whenever the election is and take the extra-mural question to the ballot box? Let's let the future of health care in this province be decided by the people of this province. Thank you.

[Translation]

**Hon. Mr. Bourque:** Once again, I appreciate the repetitive questions from the Leader of the Opposition, which enable me to continue to emphasize how good this program is. This is in fact a partnership with a non-profit organization based here in New Brunswick that employs thousands of people who do quality work. Furthermore, this organization has shown its great ability to improve health services, particularly home care, not only for the people in this province, but across Canada and elsewhere in the world. Medavie has that reputation, and we are proud of it. The Leader of the Opposition is referring to certain things, but I want to remind him that his government also made an agreement with Medavie in 2013, concerning its drug plan for New Brunswickers. Really, caution is required.

[Original]

## Government Policy and Procedure

**Mr. Jeff Carr:** Thank you for giving me the opportunity to ask a few questions this morning.

What we have heard in the last few weeks confirms what we heard earlier in the summer about the apparent conflict of interest of the member for Campbellton-Dalhousie, and the Premier has not yet settled this in the public eye. He has not put this to rest. He has not answered many questions that New Brunswickers deem important. As we all know, the Premier allowed that member to sit in Cabinet while negotiating for his position and it took the Premier two and a half months to finally expel that member from the Liberal caucus.

There are other portions of this story that we have not heard yet. One of them, I raised last week, and it was about the member failing to report his ministerial expenses from the second quarter of this year. Why has the Premier not demanded that the member list those expenses?

**Mr. Speaker:** Time.

[Translation]

**Hon. Mr. Rousselle:** You know, I am proud to be sitting next to the Premier; he is a real leader, who took action as soon as he was made aware of the facts.



That is, on the evening of August 21, as we have said and repeated, the Premier was informed of the possibility that the then minister responsible for Labour was going to look for another job. A letter was written that very evening and delivered the next day to inform this minister that he was no longer responsible for Labour, and that was when a new minister took over.

How could the Premier have acted any faster? That is much faster than the Leader of the Opposition, who has not yet answered the question on the extent of his involvement with Canaport LNG. We are still awaiting the answer, and it has been much longer than the 73 days related to the action taken by the Premier.

*[Original]*

**Mr. Jeff Carr:** Well, just because it is said very loud does not mean that all the story is going along with the answer.

The fact of the matter is, not only is the Premier trying to cover this up and not tell the rest of the story but so is the Minister of Environment and Local Government, who says that he is proud that his Premier acted right away. If that is what you call acting right away, I am not sure what the real definition should be. The Premier allowed this member to sit in conflict, and he acknowledged that he was sitting in apparent conflict because he said it publicly. He finally had the gumption to ask the member to leave caucus. He expelled him from caucus after . . . I think that the number the minister quoted was 73 days.

We want to know today why the Premier has not mandated that the minister report his expenses online so we all can see where he was traveling during this time period.

*[Translation]*

**Hon. Mr. Rousselle:** I take offence at what the member opposite is saying. You know, I am very surprised to hear him say that there was a problem with the decision of the Integrity Commissioner. You know, the member for Campbellton-Dalhousie obeyed the law. That is, there is an Act in force regarding members' conflicts of interest and an Integrity Commissioner. The member went to see the commissioner and received advice, which was followed.

That being said, I want to repeat this: Yes—and I am saying it loud and clear for the member's benefit—I am very proud of our Premier's actions. I would ask the member opposite if he is proud of his leader, the Leader of the Opposition, who said in the House that he did not promote the Canaport LNG deal, even though there is proof to the contrary. Is he proud of his leader, like I am of mine?





[Original]

**Mr. Jeff Carr:** You can really tell when you are getting under the skin of the government members. They get louder and louder. The decibels levels are getting higher. Because the minister and the Premier cannot handle the fact that they have not acted appropriately and quickly enough on a file like this, they start attacking other people. They start asking questions as though they were still in opposition. If they want to be in opposition, let's call the election right now and get it done.

Fact: The former Minister of Labour was apparently acting in conflict while he was negotiating for another position, with labour, outside government. Fact: The Premier knew that it was going on because he acknowledged it when he expelled the minister from caucus. Facts: The Premier did not act on it, ask him to stop, and take him out of Cabinet right away. I want to ask the Premier this right now: Is he going to demand that the former Minister of Labour turn in his severance pay that he will get at the end of November?

[Translation]

**Hon. Mr. Rousselle:** I will say it softly this time, as it seems that the member opposite is worried by the volume going up.

I will still repeat that we have an Act that deals with conflicts of interests, and that it was obeyed to the letter. The member went to see the Integrity Commissioner, who gave him some advice. The advice being given, the member acted accordingly. Of course, when the Premier found out about the possibility that this member would get another job, he immediately did what had to be done, in the evening on August 21. The letter was delivered on August 22.

I am therefore asking the member opposite again—it is really time for him to tell us—whether he agrees with the actions of his leader, who, to date, has never denied that he worked to support the Canaport LNG deal.

## Health Care Services

**Mr. Coon:** The company that the government chose to manage extra-mural health services in place of the health networks also sells private health insurance. This means that Medavie Health Services Inc., a subsidiary of Medavie Inc., will keep New Brunswickers' medical records, while Medavie Blue Cross, another subsidiary of Medavie Inc., will sell private health insurance. What kind of compartmentalization has been arranged between the two Medavie subsidiaries to protect New Brunswickers' insurance information?

**Hon. Mr. Bourque:** I thank the leader of the third party for his question, as it gives me the opportunity to clarify that there is, in fact, very, very, very clear and substantial compartmentalization—if I may say it that way—between the two companies.



During the information sessions we held across the province, these questions were asked, and answers were given to reassure people. In fact, the data that will be collected by one company will absolutely not be seen by the other, and this will apply to both the insurance side and the integrated services side currently under discussion. There will therefore be no possibility of information flowing between the two companies. All this will be completely separated and unconnected. I can reassure people of this.

[Original]

**Mr. Speaker:** Time.

**Mr. Coon:** The government keeps saying that under this new arrangement with Medavie, extra-mural nurses and their associated colleagues will remain as public employees. However, they will not remain as employees of Horizon or Vitalité. Instead, they will be removed from the health system and put into Ambulance New Brunswick with a new name. Their payroll will be done by Medavie, and they will be managed by Medavie employees. All of this is actually going to cost the government, according to the government, up to \$4 million more annually. The question is this: What does the government intend to cut from our health care system to pay for this?

[Translation]

**Hon. Mr. Bourque:** The answer to the question from the leader of the third party is very simple: Nothing. We will cut nothing from the Extra-Mural Program—zero.

[Original]

Zilch. Nada.

[Translation]

This is literally a transfer of the entire amount of the management budget from the health networks to Medavie. This way, there will be no cuts and no loss of service. Furthermore, it is precisely through the involvement of Medavie in management, mainly with technological improvement, Medavie having clearly demonstrated technological superiority, that service integration will be enhanced and that the capacity of the Extra-Mural Program, Ambulance New Brunswick, and Tele-Care 811 will be strengthened.

[Original]

**Mr. Coon:** I think that we are going to see disintegration and not integration. Moving extra-mural nurses out of the regional health authorities creates all sorts of problems. Even if they are still considered public employees, moving them from Horizon and Vitalité to Ambulance New Brunswick under a new name will also separate them from the rest of the health care



system. In this case, they will be operating in a silo, cut off from the hospitals and other health services. There will no longer be a seamless connection from inside the walls of the hospitals to the hospital without walls that is our Extra-Mural Hospital system. Can the Minister of Health explain how cutting off the extra-mural nurses from the rest of the health care system will improve the quality of health care provided for New Brunswickers?

**Mr. Speaker:** Order.  
[Translation]

**Hon. Mr. Gallant:** We are indeed investing more in our health care system.

[Original]

We are investing more in the things that will help our families and New Brunswickers to be healthy. That is why we are able to invest in innovative programs that will help increase the number of visits for those in the Extra-Mural Program and that will help decrease the number of visits to the ER that we see right now from those in the Extra-Mural Program.

I would like to add something based on the questions from both the Leader of the Opposition and the leader of the third party. This is a quote from former Conservative Premier and current CEO of Medavie Bernard Lord. He said:

*“What’s key here is the funding remains public, the standards remain public . . . There are no user fees here. Those who want to use the privatisation—it’s really used to scare people when this is a form of insuring there is greater collaboration.”*

**Mr. Speaker:** The time for oral questions has expired.