

Nova Scotia's Progress on Canada-Nova Scotia Agreement to Work Together to Improve Health Care for Canadians (2023-24 to 2025-26) Targets

In January 2024, Nova Scotia signed the [Canada-Nova Scotia Agreement to Work Together to Improve Health Care for Canadians](#).

Nova Scotia will receive approximately \$102,780,000 annually from 2023-24 to 2025-26 to make investments in four shared health priorities:

- Expanding access to family health services, including in rural and remote areas
- Supporting healthcare workers and reducing backlogs
- Improving access to publicly funded mental health and addictions services
- Modernizing health systems with data and digital tools.

Nova Scotia will be reporting annually on progress measures against targets for specific indicators, as identified in the bilateral agreement.

This report covers a specific time period (2023-2024) monitored by the bilateral agreement. The most recent data is available on [Action for Health](#).

Canada-Nova Scotia Agreement to Work Together to Improve Health Care for Canadians
(2023-24 to 2025-26)
2023-2024 Annual Reporting

Common Headline Indicators

Indicator	Baseline	Results (FY 2023-24)	Target (FY 2025-26)
Family Health Services			
Percent of Canadians aged 18 and over who report having a regular health care provider, including in rural and remote areas	79% (2023)	79% ⁱ (2023)	81%
Health Workers and Backlogs			
Size of COVID-19 surgery backlog	-9% (March 2020-Sept 2022)	7% (2022-23)	0% (Target Exceeded)
Number of family physicians (FPs), nurses (RNs), and nurse practitioners (NPs) per 10,000 population	11.3 FPs 103 RNs 2 NPs (2021)	11.8 FPs 120.6 RNs 3.8 NPs (2023)	12.9 FPs ⁱⁱ 108.2 RNs ⁱⁱⁱ (Target Exceeded) 2.5 NPs ^{iv} (Target Exceeded)
Mental Health and Substance Use			
Percent of Canadians who report a diagnosed mood or anxiety disorder and needs for mental health care not met	10% (2018)	N/A ^v	9% ^{vi}
Integrated youth services (IYS) availability	# IYS active sites: 0 (2022-23)	# IYS active sites: 0 (2023-24)	3 IYS active sites and 5 IYS under development ^{vii}
	# IYS sites under development: 1 (2022-23)	# IYS sites under development: 4 (2023-24)	
Wait times for community mental health counselling	22 days (2020-21)	32 days (2023-24)	20 days ^{viii}
Modernizing Health Systems			
Percent of Canadians who have accessed their personal health information electronically at any time	17 (2022)	19% (2023)	25% ^{ix}
Percentage of family health service providers and other health professionals (e.g., pharmacists, specialists, etc.) who can share patient health information electronically.	22 (2021)	33 (2023)	40% ^x

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Nova Scotia-Specific Indicators

Indicator	Baseline (FY 2022-23)	Results (FY 2023-24)	Target (FY 2025-26)
Family Health Services			
% of Admissions for Ambulatory Care Sensitive Conditions	6.0%	5.6%	5%
Health Workers and Backlogs			
Percentage of non-endoscopic surgical services completed or wait times within benchmark	50.5%	52.3%	65%
Mental Health and Substance Use			
% of MHA Wait Time within Benchmark – Non-Urgent	56.3%	56.7% ^{xi}	65%
30-day Readmission Rate for Mental Health and/or Substance Use	9.3%	11.2%	5%
Modernizing Health Systems			
Hours of administrative tasks removed	0	262,700	400,000

The most recent data for Nova Scotia for these and related indicators is available on [Action for Health](#).

ⁱ This indicator was recently changed to include only Canadians 18 and over. NS is using the most recent reporting period for its baseline to align the methodology and future reporting.

ⁱⁱ The target increase in the ratio of family physicians to population of 14.6% over baseline corresponds to the current proportion of the provincial population without a regular primary care provider.

ⁱⁱⁱ The target increase in the ratio of RNs to population of 5% over baseline corresponds to the forecasted increase in demand for RNs over this time period.

^{iv} The target increase in the ratio of NPs to population of 23% over baseline corresponds to the forecasted increase in demand for NPs over this time period.

^v Updated data will not be available until the release of the 2025 Canadian Community Health Survey.

^{vi} The target takes into account that the most recent data available (10%) is from 2018, and it is assumed that this rate could have increased during the pandemic, when many mental health factors worsened. Additionally, this indicator is based on estimates from the Canadian Community Health Survey which has a wide confidence interval of over +/- two percentage points making changes in the estimate over time challenging to accurately measure.

^{vii} Nova Scotia has committed to funding eight IYS sites across the province (two per health zone), with the first planned to open in 2023-24.

^{viii} Nova Scotia Government and health partners are working to implement a Universal Mental Health and Addictions Care (UMHAC) system that will improve access to services and resources related to mental health and substance use. As improvements to Nova Scotia's mental health care system continue, this indicator should trend downward.

^{ix} The timelines for the deployment of the OPOR (One Patient One Record) Patient portal are still to be determined. It may not deploy until all health regions in Nova Scotia are converted (5+ years) or as regions are converted. Other potential initiatives are still concept stage.

^x Key contributors – OPOR access (phased over 5 years), Provider portal, eReferral, and efforts to fill the gaps in patient longitudinal records.

^{xi} Nova Scotia Government and health partners are working to implement a Universal Mental Health and Addictions Care (UMHAC) system that will improve access to services and resources related to mental health and substance use. As improvements to Nova Scotia's mental health care system continue, this indicator should trend upward.