The Rebuilding of our Health Care System

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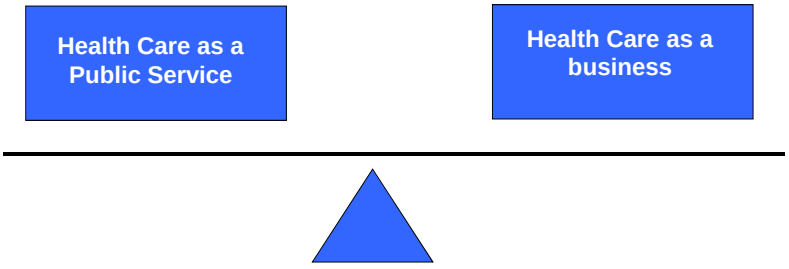
Overview of presentation

- Reframing sustainability
- Principles to guide transformation
- The evolving consensus
- Exploring the options
- The Health Care Accords
- Looking ahead

Reframing the Different Perspectives of Health Care



Health Care as a Public Service

- A social service built upon Canadian values:
  - Equity
  - Shared risk
  - The common good
  - Social justice
- A social service guided by professional principles:
  - Compassion
  - Respect
  - Trust
  - Primacy of the patient's welfare

Health Care as an Economic Engine

- Health care as a key component of our economic recovery

Health Care as business

- Health care changing to incorporate effective business principles in the management of health service delivery

Challenges to our Perception of Health Care as a Public Service: Is it sustainable?

- System is inadequate to meet 21st century needs
- Principles of Medicare not being met
- Canada a "bottom of the pack" performer compared to other countries
- Fiscal challenges faced by governments
- Health care viewed as an inhibitor of growth
- Changes required to:
  - Improve efficiency/productivity of system
  - Improve quality of care
  - Improve Canadians' confidence in system

Reframe "Sustainability"

- Sustainability debate has focused only on financing
- Need to sustain:

  Universal access to quality patient-centred care that is adequately resourced and delivered along the full continuum in a timely and cost-effective manner.
- Several dimensions to sustainability:
  - infrastructure, quality/outcomes, health promotion/disease prevention, governance/management, public finance

Principles of the Canada Health Act

- Universality
- Accessibility
- Comprehensive
- Public Administration
- Portable
- Enhance the Health Care Experience
  - Patient Centred
  - Quality Health Care
- Improve Population Health
  - Prevention
  - Equitable
- Value for Money
  - Sustainable
  - Accountable

A National Dialogue with Canadians: We heard support for…

- A publicly funded health care system
- Expanded scope of the CHA
- A strong federal role – equality
- Accountability mechanisms
- Innovation, efficiencies
- Dealing with the bigger picture
  - social determinants of health

Advisory Panel Observations

- Health care system could be better for the money spent
- Inequities in access; other countries do better in providing access to broader range of services
- Need to clarify and separate the management and governance of health care system
- Need to better integrate physicians and other components of health care system

Advisory Panel Recommendations

- Consider ways to fund services along continuum of care
- Advocate for greater accountability of the health care system to people who need care and their families
- Advocate for less government micro-management
- Support services addressing other determinants of health

From Consensus to Action

Picking at the Seams VS Transformative Change

Scope and Magnitude of Change

- Models of care
- Scope of services provided
- Governance/Management/Accountability
- Financing/Sustainability

From Consensus to Action

Picking at the Seams VS Transformative Change

Paradigm Changes

Provider-focused	→	Patient-centered
Acute care paradigm	→	Chronic disease management
Individual, isolated practice	→	Group-connected, team-based, accountable practice
Rhetoric	→	Data/evidence
Silos	→	Integrated regional systems-based care
Unrestricted growth of technology	→	Evidence informed innovation

Financing

- 192 Billion
- 11.7% of GDP
- $5700/capita

Financing

- Growth of expenditures of 7% in excess of declining revenue: (approaching 50% of total provincial expenditure 7%)
  - Population growth
  - Inflation – general/medical
  - Population aging (1%)
  - Utilization (2%)

The Efficiency Argument

- Utilization (2.1%)
- Efficiency (OECD) 20% reduction in costs
- Addressing the social determinants of health

What about Equality & the Social Determinants of Health?

- Equality of access/delivery?
- Equality of outcomes?
- Can we afford it?

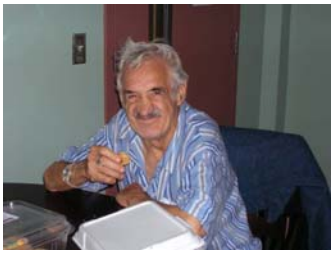
OR

- Can we afford not to act?

Social Determinants of Health

Canada's Most Vulnerable

- Aboriginal people
- Rural residents
- Single-parent families
- Physically disabled
- Mentally ill
- Addicts
- Recent immigrants
- The young and the elderly
- The homeless

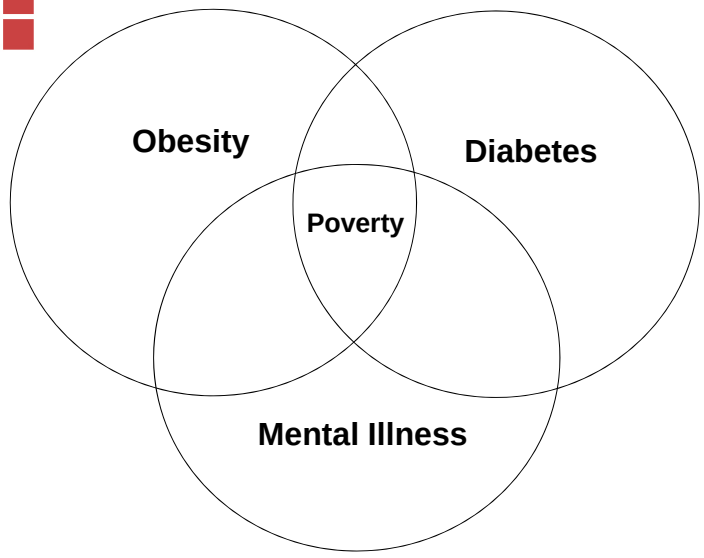


Advocating for Equality

Our collective responsibility:

- An expression of our values as citizens
- An expression of our professional ethics/civic professionalism
- A matter of cost-saving to society
- Champions of fundamental human rights

The High Cost of Inequity



Health Care Cost of Socioeconomic Inequalities, European Union, 2004

Health Care Cost	% of Total
Physician Services	16.4
Hospital Services	22.1
Total Health Services	20.0

Source: Mackenbach J et a. Economic costs of health inequalities in the European Union JECH 10.1136/jech.2010.112680

Economic Burden of Health Inequalities for Minority Populations in the U.S. 2003-2006

	Estimated excess cost due to health inequalities (2008-billion $)
Direct medical care expenses	$229.4
Indirect cost of illness	$50.3
Indirect cost of premature death	$957.5
Total	$1,237.2

Source: La Veist T. et al. The economic burden of health inequalities in the United States. 2009. http://www.jointcenter.org/hpi/sites/all/files/Burden_Of_Health_FINAL_0.pdf

Cutting Services VS Increased Revenue

- Private vs Public funding: A False Dicotomy
  - Co-payments
  - Private insurance
  - Taxation based
    - General revenue
    - Dedicated health funds
    - Tax benefits/deductions
  - Social insurance models

2004 Health Accord Commitments

- Adoption of wait-time benchmarks by December 2005 for 5 procedural areas
- Health human resource (HHR) action plans by December 2005
- First-dollar coverage for home care by 2006
- Goal of 50% of Canadians having 24/7 access to multidisciplinary primary care teams by 2011
- 5-yr $150 million Territorial Health Access Fund

2004 Health Accord Commitments (cont'd)

- 9-point National Pharmaceuticals Strategy (NPS)
- Accelerated work on pan-Canadian Public Health Strategy including goals and targets
- Continued federal investments in health innovation
- Reporting on health system performance and the elements of the Accord
- Formalization of the dispute avoidance/resolution mechanism on the *Canada Health Act.*

Looking ahead to 2014

- Predictable funding – federal transfers
- Address continuum of care (prescription drugs & continuing care)
- Focal point for exchange of innovative practices
- Meaningful accountability:
  - National framework for reporting on performance to Canadians

OR

Devolution of Federal Responsibility

Transformational Opportunities Levers for Change

1) Strategic Reinvestment
   - Matching investment to outcome
   - Invest in quality
   - Invest in systems management (IS/IT, EMR)
   - Invest in leadership
   - Invest in health equity
   - Targeted systems change
     - High risk/high cost
     - Globalization

Transformational Opportunities Levers for Change

2) Management/governance structures
   - Redefine levels of health decision making/regionalization of care
   - Build on accountability linking to responsibility and resources
   - Engage public and providers in strategic directions and decision making
   - Drive change with evidence
   - Consider independent health organizations (IHO)

Transformational Opportunities
Levers for Change

3) Change the Culture
   - Joint ownership
   - Collaboration
   - Communication
   - Accountability/responsibility
   - The best business practices in delivering an essential public service

Political Safe Zone
Building a Grassroots Movement