



# A Health Care System in Transformation

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(revised)

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# A Transformation

- The biggest challenge facing health care in Canada is declining confidence:
  - Citizens feel they are paying more and getting less;
  - Governments believe they are paying more and getting no fundamental change
- I believe the health care system in Canada is beginning a major transformation
- The change is driven by individuals and institutions on the front lines – people like you, assisted (and sometimes impeded) by governments



# This Conference

- My evidence for this grand statement is the program for the 16 sessions at this conference
  - 6 presentations on governance
  - 5 on leadership and change management
  - 5 on technology
  - 5 on experiences with care path management
- These four themes tell us what is happening across health care systems – people are working toward transformation



# Why?

- After a decade of stress and, at times, desperation on front lines
- Spurred by the ongoing decline in public confidence and by the injection of funds from the top
- People are taking charge, solving problems, making change happen
- Leadership is emerging from many directions, mostly local leadership and often working in collaboration: nurses, doctors, administrators, others within and across institutions



# Outcomes

- We see new approaches to managing the care path from diagnosis to the end of the episode in many sites across the country
- And new uses of technology which allow
  - Nurses to guide patient decisions about whether to call the doctor
  - Surgeons to undertake surgery on a distant patient
  - Emerging best practices in managing information
  - Encouraging progress on wait list info systems
  - And the promise of change in other areas – HHR, primary care, and so on



# Qualifications

- We have much to celebrate. BUT the changes are happening in fragments
  - They are therefore hard to track, harder to imitate, and often invisible
- No one can provide an overall accounting for how much change has happened yet, and
- As a result, most taxpayers are not aware, nor are the media and the politicians
- In short, progress is still fragile



# Risks

- The biggest risk now would be a major shift in policy at the provincial or federal level to negate the emerging model and force the system back into reorganizations (like the last ten years).
- Another might be unexpected disruptions of health services – such as the SARS epidemic
- Nevertheless, we need to celebrate what is being achieved, while using conferences like this one to inspire others to Lead, Follow or Get Out of the Way



# Challenges

- There is still resistance on many fronts
- The fact that the diabetes care path is well-managed in Edmonton does not improve access or quality of care elsewhere
- Innovators in each region/local area have to go through the same process of building a commitment to change
- One of the beauties of federalism is that the next wave will be easier, if people learn from successes in other places



# Two Cases

- To illustrate the risks, challenges and keys to success, I will use two examples:
  - Wait list management and HHR planning
- The first is wait lists, drawing on the results of two conferences titled Taming the Queue\*
  - Results from 2004 can be found at [www.cprn.org](http://www.cprn.org)
  - 2005 results will be posted soon via *e-networks*, our weekly e-mail bulletin. Sign up if you wish.

\* Sponsored by four health care organizations: CMA, ACAHO, CIHR, CIHI



# Taming the Queue I

- Showed that managing wait times happens in some places, and not others. Why?
- Key ingredients of change were:
  - A local champion to lead the change
  - Cooperation by a wide range of local providers
  - A “supply chain” focus i.e. care path management
  - Support from administrators and policy makers
  - An immense amount of planning and consultation – at the beginning, middle and end
- In short, more common sense than politics



# Taming the Queue II

- The second conference also documented successes, and showed once again how spotty progress has been so far
- But it went deeper, exploring topics like:
  - Setting targets and benchmarks
  - Effective monitoring to guide new investment choices
  - Thinking through the linkages to other initiatives in HHR, primary care, population health
- The key element was willingness to share good and bad experiences – shared learning



# Federalism at its Best

- This shared learning is, in some ways, the most important outcome
- Canada has multiple health care systems
  - All of them are highly politicized, as is the relationship with Ottawa
  - They therefore tend to work in isolation
  - These two conferences have become instrumental in catalyzing learning that can speed up wait list innovation in other places



# Keeping it Going

- The federation has to learn from this learning experience, organized by four health care organizations
- Why don't we do this for all aspects of health care transformation, especially HHR?
  - Perhaps the Health Council of Canada's HHR conference in June will start the ball rolling
- Shared learning is a key step toward de-politicizing health reform
- What a breakthrough that would be!



# HHR – a National Role

- There is less progress to report on the human resource front, even though it is foundational
- Some provinces are addressing it systematically
  - Alberta is decentralizing to the regions
  - The ministry in Saskatchewan is leading
  - Atlantic provinces are beginning to work together
- Now, we also need a national conversation about how HHR planning will be influenced by different models of health reform
- And we need national information sharing



# The Local/Regional Roles

- Local leadership is still needed: to adapt roles and responsibilities of care providers and improve the quality of working life
- And make the links to progress on primary care, and care path management
- Regional managers are a key resource to harness the potential of local providers, through holistic system planning
  - Integrating health HR planning, and
  - Using population needs as the starting point



# The Role of CPRN

- Our job at CPRN, along with other researchers, is to assess progress, and provide advice to move the agenda forward
- Our focus is in three areas
  - Governance and Accountability
  - Supporting HHR planning
  - Tracking the changing landscape of health care delivery in Canada
- Early results are on our website



# Conclusions -1

## Paybacks

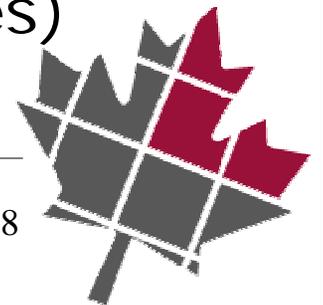
- Canada has begun an important transformation of its health care system
- The pay off is a triple bottom line:
  - Improve the quality of care – for patients
  - Improve the quality of working life – for providers
  - And make more efficient use of scarce \$ - for citizens
- To sustain the transformation, we must:
  - Support local leadership and innovation
  - And federal and provincial governments must ensure stable policy frameworks



# Conclusions - 2

## Shared Learning

- Conferences like this one are an essential force in moving the transformation forward
- Shared learning should become a cornerstone of the federation and of health policy
- This will demand stable institutions with a mandate to foster frank assessments of what works and what doesn't work
- (Not all innovations will work so we must support the good ones, dump the bad ones)



## Conclusions - 3

- Citizen support and feedback will be essential
  - Today we heard more about the mechanics of change than about citizen and patient involvement
- Many of you are missing the remarkable support that comes from effective engagement
- When unleashed, it is a powerful force for change and for ongoing support to sustain the system
- It takes more time, but once its done, it is done right the first time



# Conclusions - 4

## De-politicizing problem solving

- The health system will be better off when policies are stable and flexible, when priorities are set and seen through to completion
- This means letting Health Ministers and the health system get on with the job
  - Keep the politics to a minimum
  - Make a sustained commitment to shared learning to help people innovate faster, stay focused on facts
- And finally, give citizens a voice. This is an important tool to rebuild confidence in the health care system





For additional information:

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