Stemming the Disease Epidemic: A Population Health Approach

Taming of the Queue V

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Château Laurier Ottawa

Senator Wilbert J. Keon

Wait Times and 2004 Health Accord

Following the 2004 First Ministers' meeting a $5.5 billion fund was established to assist provincial efforts to reduce wait times. In December 2005 ten wait time benchmarks were established in five priority areas: cancer, cardiac, diagnostic imaging, joint replacement and sight restoration.

Wait times are a symptom of a larger problem. In order to create a more efficient and effective health care system, Canadians need to support a transformation that puts patients at the centre of the system.

Dr. Brian Postl, Federal Advisor on Wait Times, 2006 report

Dr. Postl recommended several elements[3] to this transformation :

- Ongoing research to support benchmarking and operational improvements;
- Adoption of modern management practices and innovations in health systems;
- Accelerated implementation of information technology (IT) solutions;
- Cultural change amongst health professions;
- Development of regional surge capacity; and
- Public education to support system transformation.

3. **Final Report of The Federal Advisor on Wait Times, June 2006**

Economic Costs of Wait Times

The Centre for Spatial Economics for the CMA 2008 study demonstrated the following Of the 4 priority areas reviewed :

- The highest economic costs are generated for total joint
- Replacement surgery (an average of around $26 400 per patient), followed by MRIs ($20 000), and
- CABG surgery ($19 400) with cataract surgery yielding the lowest costs ($2900).

Economic Costs of Wait Times

- The cumulative cost of wait times across these 4 priorities – not taking into account diabetes or any other illness – in 2007 was an estimated $14.8 billion, reducing federal and provincial revenues by $4.4 billion[1].

1. The economic costs of wait times in Canada, January 2008 The Centre for Spatial Economics

Economic Costs of Wait Times

- Of the total estimated cost, $13.8 billion was associated with the economic impact of people waiting for an MRI, with over 80% of these patients below the age of 65 - our workforce[2].

2. Ibid.

Cardiac Care Network of Ontario

CCN's patient registry is widely recognized as an effective way to facilitate and monitor access to cardiac surgery. As a result, the system for adult advanced cardiac services has been made more accountable to patients, other health-care providers and funders.

Patients are wait listed according to the seriousness of their clinical condition and are moved up if their situation worsens.

They also have the option of going somewhere else where the wait list is shorter.

The result? A dramatic improvement in wait times and reduction in patient mortality on waiting lists.

- Specifically, median wait times for elective coronary artery bypass graft surgery (CABG) were halved from 40 days in 2004/2005 to 20 days by 2006/2007.

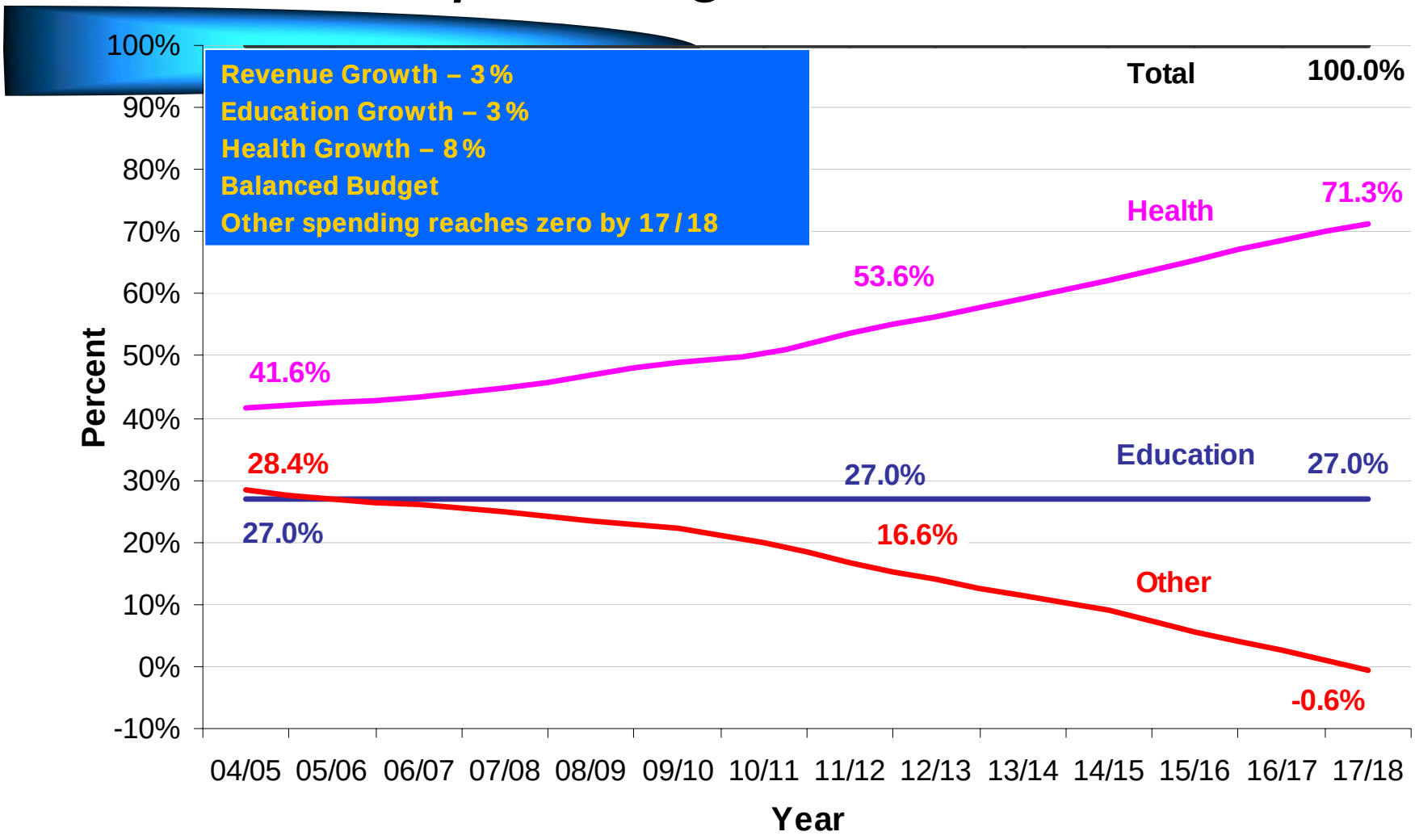
- Median wait times for elective percutaneous coronary interventions dropped from 3 days in 2004/2005 to 1 day by 2006/2007; and

- Elective catheterization from 63 days to 10.

In all, all recommended times for urgent, semi-urgent and elective catheterizations and surgery were met in every cardiac care hospital in Ontario in 2006/2007.

*arrhythmia interventions remain a problem.

Revenue/Spending Scenario



Why the persistent relatively poor health status and serious health disparities in Canada?

Despite all the resources and the numerous government programs and initiatives described in this report, Canada does not necessarily rank very much better by international comparisons.

Senate report on ***POPULATION HEALTH POLICY: FEDERAL, PROVINCIAL AND TERRITORIAL PERSPECTIVES, April 2008***

For example,

- WHO data indicate that Canada ranks 9th among 30 countries in terms of healthy life expectancy at birth for women.

- Unicef statistics show that we rank only 12th among 21 industrialized countries in terms of children well-being.

- The Euro-Canada Health Consumer Index places Canada 23rd out of 30 in Total Index Score, and 30th out of 30 in Best Value for Money Spirit.

  In other words, this index shows that we spend more money to achieve worse results than the other countries surveyed.

These sobering numbers tell us we are doing something terribly wrong regarding health and the health care delivery system. At first glance, this would appear to be a lack of concentration and investment on population health and a paradoxical over investment in a very inefficient health care delivery system. The other major reason would appear to be the lack of adequate community resources that could integrate and evaluate the health resources in relation to other dozen or so major determinants of health.

Senate Standing Committee on Social Affairs, Science and Technology

Population Health Study

Social Determinants of Health

- Income and social status
- Social support networks
- Education
- Employment / working conditions
- Social environments
- Physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

The need to target some population groups

- **Children**
- **Pregnant mothers at risk**
- **Canadians in the lowest income brackets** experience poorer living conditions, poorer health and poorer self-esteem
- **Canadians with disabilities**
- **Ethnocultural population**
- **Seniors at risk**
- **Aboriginal peoples**.

Aboriginal peoples health is influenced by physical health issues:

- low family income,
- non-adequate housing and overcrowding
- poor nutrition and lack of food security
- low educational attainment
- lower levels of physical activity

Senate Standing Committee on Social Affairs, Science and Technology

1. First, "wealth is health" – there is an unmistakable correlation between location in the socio-economic hierarchy and health status;

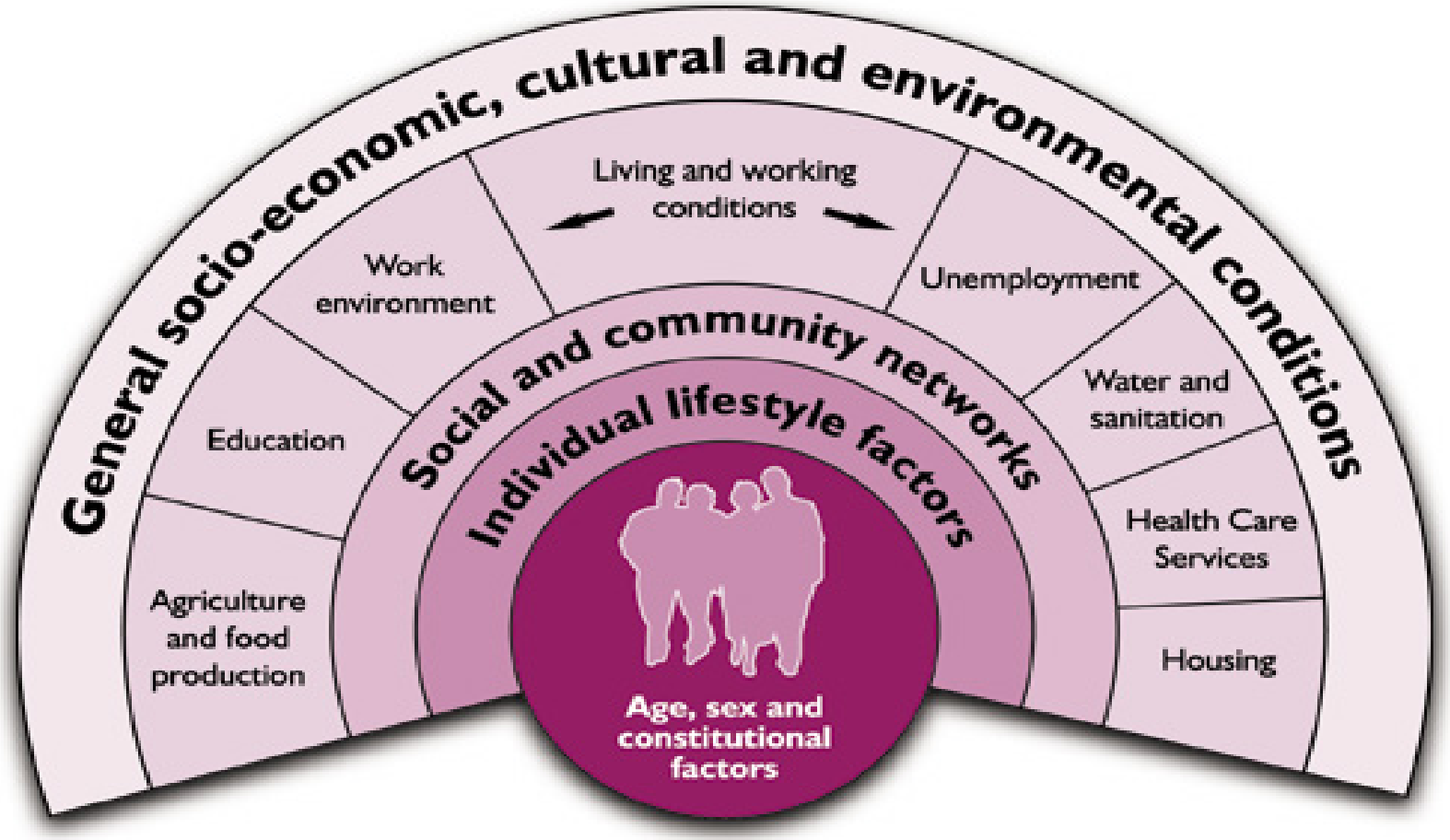
2. Second, because of the huge impact of the social determinants on population health, there is an urgent need for concerted government action in a wide range of areas;

3. Third, that despite clear evidence of the unequal impact that the non-medical determinants have on the health of different categories of people, there are very few concrete policy efforts directed at tackling the causes of these inequalities in health status;

Senate Standing Committee on Social Affairs, Science and Technology

4. Finally – if we do it right – policy initiatives directed at the social determinants of health can accomplish two major objectives:
    - They can reduce health inequalities and let many more people live longer lives with a better quality of life;
    - They can save money.

Determinants of Health - Broadening Involvement



Whitehead and Dahlgren (1996) Tackling Inequalities in Health

Key determinants of health call for an 'open' health sector

Environment, water and sanitation, education, employment, trade, tourism, agriculture, fisheries and food, transport and infrastructure, social policy and welfare, energy, accommodation and housing

Social Development 2003 - DPH

Population Health Approach

To reduce the burden of chronic disease will require changing societal conditions so that the ‘healthy choices become the easy choices’; and will require reforms of the health care system to provide better chronic disease management and reduce adverse events in care.

Three key dimensions

- Specific population groups
- Impact of different kinds of environment on health
- Resources needed to make effective health-related decisions across the population.

Three kinds of recommendations

- That relate to specific determinants of health such as income distribution, education, the social and physical environment, etc.
- That relate to improved health outcomes for specific segments of the Canadian population including people living in poverty, Aboriginal Canadians, women, children, etc.
- That concern how the federal government should organize itself in order to develop and implement policy that takes into account the social determinants of health.

Challenges

Political process

The health care sector cannot act alone