



# The Rebuilding of our Health Care System

ORBCoN's 5th Annual Transfusion Committee Forum

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## Disclosure

I have no conflict of interest with this event because I have no affiliations, sponsorships, honoraria, monetary support or conflict of interest from any commercial source



# 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

Health Care as a  
business



# 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 21<sup>st</sup> 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/quality
Silos	→	Integrated regional systems-based care
Unrestricted growth technology	→	Evidence informed innovation of with CPG's
Unsustainable value money proposition	→	Sustainable cost effective for services
Social inequity	→	Health equity



# Financing

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





# Financing

- Growth of expenditures of 7% decreasing 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
  - Administrative efficiency
  - Operational efficiency
  - Allocation efficiency
- 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?

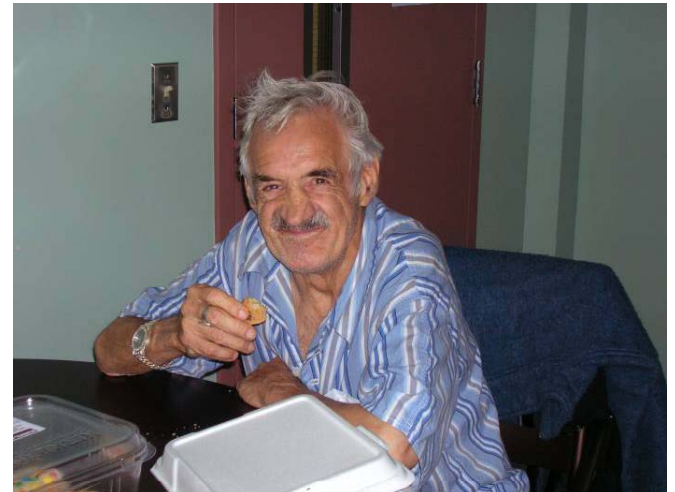


# Social Determinants of Health



# 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





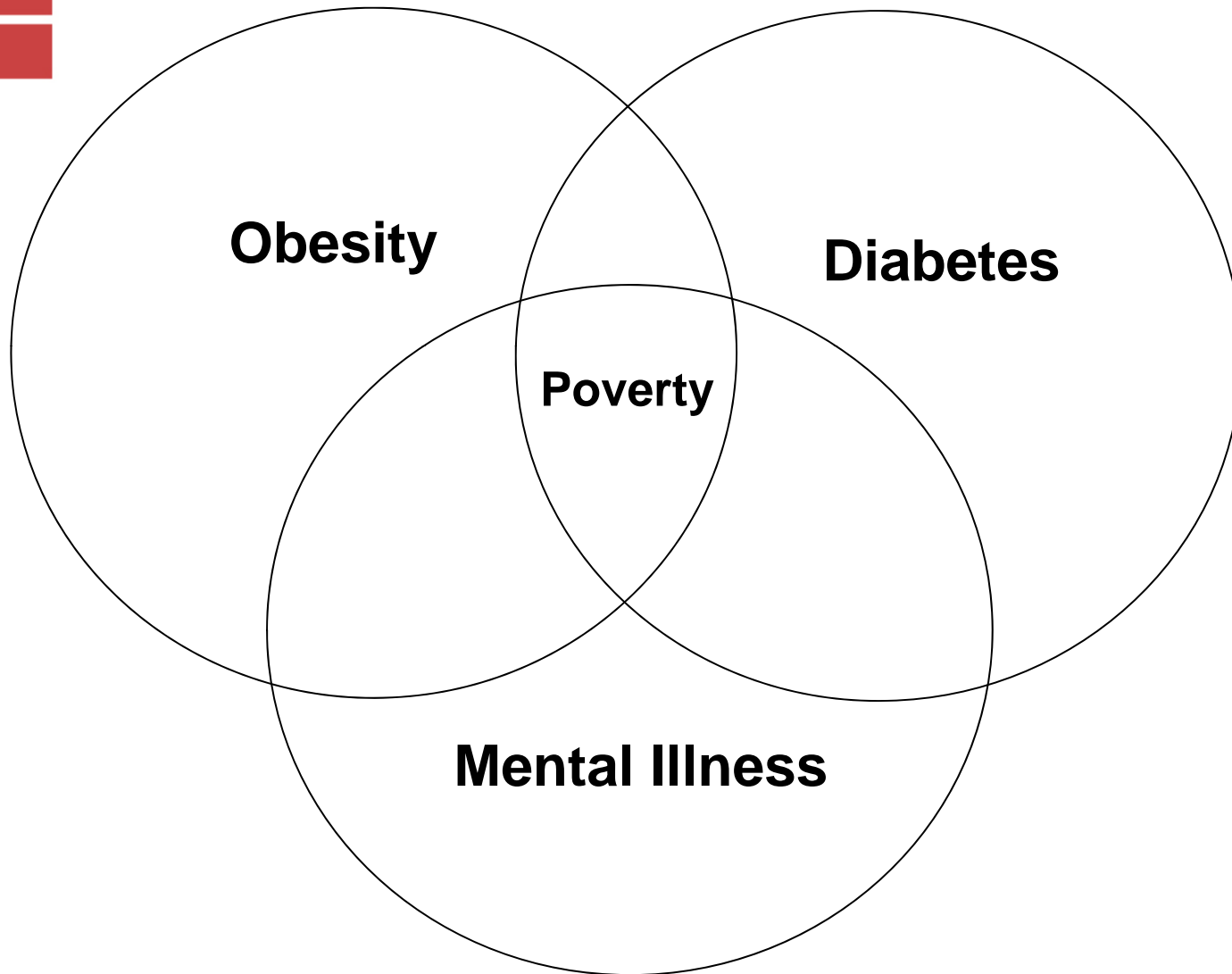
# Advocating for Equality

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





# Funding the Continuum

## 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





# 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)



# Implications for Transfusion Medicine & Challenges Ahead

- Increased demand
  - Aging population
  - Chronic disease
  - Novel therapies
- Efficiency
- Effectiveness
- CPG