Transforming regions into high performing health systems

Towards the Triple Aim of Better Health, Better Care and Better Value for Canadians

Yves Bergevin
Advancing Quality Through Regional Clinical Governance
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• Report is available in pdf

• Is being translated and should be available in French by end of April
Purpose

• To provide insight and evidence on the impact that regionalization has had across Canada on the *Triple Aim* of Better Health, Better Care and Better Value

• To identify *Major Findings* and a *Way Forward* including a *Vision* for Regionalization and *areas for improvement*

With a view to contribute to:

• “Advancing Quality Through Regional Clinical Governance”

• Transforming regions into high performing health systems
Methods

• Literature: scoping review
  • Past decade English and French
  • + recommended by leaders
  • > 250 documents examined, 123 references used

• Interview of 30/32 senior health leaders from across Canada in February and March 2015:
  • 94% response rate
  • Deputy Ministers, ADMs, 2 former Ministers, CEOs of RHAs, leaders in CDN organisations, academics including a Dean
  • Respondents were assured anonymity of responses, which allowed them to express themselves frankly and freely

• Regular meetings of research team to discuss and interpret findings
Strengths and Limitations of this study

Strengths

• Senior level health leaders interviewed

• Strong convergence of insights across Canada
  • Among senior leaders
  • Triangulation with the literature

Limitations

• Review could not identify any robust evaluations of regionalization

• Mostly expert opinions in the literature
Regionalization policies in context

• Canada continues to produce good health:

  • Life expectancy: Canada 10\(^{th}\) among 34 OECD countries in 2008 with life expectancy of 80.7 years (only 2 years of difference with best)
  • Life expectancy in Canada improved 3 years over 7 years recently

• However: “Canadian healthcare continues to be an underachiever” (Lewis S, N Eng J Med 2015)
### Four health system performance measures from a patient’s perspective

<table>
<thead>
<tr>
<th>Issue</th>
<th>France</th>
<th>Canada</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spent $2,000 or More Out-of-Pocket in the Past Year</td>
<td>0%</td>
<td>9%</td>
<td>21%</td>
</tr>
<tr>
<td>Could Get Same- or Next-Day Appointment with Doctor or Nurse When Sick or Needed Care</td>
<td>83%</td>
<td>45%</td>
<td>57%</td>
</tr>
<tr>
<td>Access to After-Hours Care</td>
<td>69%</td>
<td>41%</td>
<td>55%</td>
</tr>
<tr>
<td>Emergency Department Use in the Past Two Years</td>
<td>15%</td>
<td>39%</td>
<td>39%</td>
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</tbody>
</table>

Source: Commonwealth Fund 2014. International Health Policy Survey of Older Adults in Eleven Countries
Changes over time across the 13 jurisdictions

1. In addition to 82 CHCs
2. In addition to 34 CHCs and 7 CHSSs
3. And 1 PHSA
Major Findings (1)

• Towards a two-level governance system: province/territory and regional health authority (RHA); exception: Ontario

• Optimal size of regions: depends on geography, 350,000 to 500,000, road transport times no more than 3-4 hours

The Triple Aim ... Better than before but variable and partial ...

• Better Health: An enhanced population health approach

• Better Care: community needs, regrouping of services, clinical governance and networks, regional service delivery plans, enhanced organizational capacity

• Better Value: evidence-based decision making => Priority setting, Improved allocation and utilization of resources, ↑ cost-effectiveness, including through lower unit costs of regrouped services, avoiding duplication and more rational care
Major Findings (2)

• Citizen engagement: both plusses and minuses

• Incomplete results-driven program approach, with unclear goals, targets and weak monitoring systems

• Engagement of physicians: improving, but variable and weak

• Patient-centered primary health care: variable across Canada and weak relative to other countries
Major Findings (3)

- Slow and variable progress on information systems and electronic health records

- The frequent reorganization of the healthcare delivery architecture and of regional structures and functions within provinces

- Insufficient clarity in roles and responsibilities of governments/ministries of health and of regional health authorities

- Inadequate financial coverage of essential drugs in ambulatory/home settings
Regions as *Integrators* towards Health Improvement

Better Value
- Relevance of services
- Priorities
- Optimal allocation and utilization of resources
- Cost-effectiveness

Regions as Integrators
- Population health approach
- Equity – Effectiveness
- Citizen engagement
- Physician engagement
- Information Systems / Knowledge Management
- Adaptive Capacity / Learning and Improvement

Better Health
- Public Health
- Intersectoral Action to address health determinants
- Services responsive to community needs

Better Care
- Integration & Coordination
- Quality / Safety
- Clinical Governance / Networks
- Enhanced Capacity
Way forward: a Vision for Regionalized High Performing Health Systems in Canada: the Region as Integrator
A realistic Vision

• Vision reflects recent developments in high performing health systems around the world, including Accountable Care Organizations in the United States such as Kaiser Permanente and Intermountain.

• If one were to combine the best characteristics of health regions across Canada, one would likely achieve such a vision.

• Such a vision is thus realistic in the near term for Canadian provinces and territories.
Way forward: seven areas for improvement

1. Manage the integrated regionalized health systems as results-driven health programs

2. Strengthen wellness promotion, public health and intersectoral action for health

3. Ensure timely access to personalized primary health care / family health and to proximity services

4. Involve physicians in clinical governance and leadership, and partner with them in accountability for results including the required changes in physician remuneration

5. Engage citizens in shaping their own health destiny and their health system

6. Strengthen health information systems, accelerate the deployment of electronic health records and ensure their interoperability with health information systems

7. Foster a culture of excellence and continuous quality improvement
1. Manage the integrated regionalized health systems as results-driven health programs transforming them into high performing health systems

• With clear goals, objectives, targets, baselines, benchmarks, and strong monitoring system

• With government / RHA role and function clarity

• With transparent and robust accountabilities for results and performance incentives

• Supported by real-time information system
2. Strengthen wellness promotion, public health and intersectoral action for health to better address the social determinants of health

- Given potential health gains and high cost-effectiveness of many of the interventions, foster healthy regions through:
  - Whole of Government approach to health and wellness
  - Wellness promotion during clinical interactions
  - Enhanced public health
  - Intersectoral action to address social determinants and which engages citizens and municipal officials
3. Ensure timely access to personalized primary health care/family health and to proximity services

- with modern appointment systems resulting in timely appointments, extended hours and on call services
- using a team approach fostering continuity and integration of care
- that focuses on maintaining autonomy with patients at home and in the community thus reducing the recourse to emergency rooms and hospital care
- focusing on high quality, effectiveness and efficiency, including through team work and supervised delegation
- through a relevant performance-based contracting system fostering on the above attributes
4. Involve physicians in clinical governance and leadership, partner with them in accountability for results and engage them in the required changes to physician contracting and remuneration

*Learning from accountable care organizations and high performing health systems:*

- Foster greater engagement and leadership of physicians in clinical governance and clinical networks including on accountability issues

- Address the required changes in physician remuneration and provide physician remuneration budget envelopes to regional health authorities to align with their service delivery plans, including primary health care
5. Engage citizens in shaping their own health destiny and their health system

Beyond traditional health promotion, engage the population

- As patients in shaping their own health destiny
- As citizens towards better health of their communities

And

- Mobilize citizens to enable tough policy choices confronting their health system
6. Strengthen health information systems, accelerate the deployment of electronic health records and ensure their interoperability

• Strengthen exchange of relevant information between existing health information systems

• Rapidly complete the deployment of electronic health records

• Ensure interoperability of electronic records with information systems (e.g. ~ Kaiser Permanente)
7. Foster a culture of excellence, learning, innovation and research and encourage adaptive capacity towards continuous quality improvement

- Foster continuous learning and research (CIHR, provincial research councils, MOH, RHAs, academic centres and CQI)

- Encourage adaptive capacity

- Study high performing Accountable Care Organizations in the United States (Kaiser, Intermountain) and elsewhere to learn what is relevant for Canada
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Distribution of roles between *provincial* and *regional* levels

**Provincial Population Health Policy Framework**
- Whole-of-Government approach to Better Health with prevention of non-communicable diseases and injuries
- Health Policy / Financing / Oversight
- Provincial Public Health
- Tertiary Care / Academic authorities

**Regional Health Authority**
- Local / Proximity Primary Health Care / Family Health
- Secondary Care
- Coordinated and Integrated Care across the Continuum
- Regional Public Health
- Regional / Municipal Intersectoral Action

**Accountability Framework**

**Clarity of roles**
Way forward: seven areas for improvement

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4. Involve physicians in clinical governance and leadership, and partner with them in accountability for results including the required changes in physician remuneration
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6. Strengthen health information systems, accelerate the deployment of electronic health records and ensure their interoperability with health information systems
7. Foster a culture of excellence and continuous quality improvement
Conclusion

• Canadians are demanding better performing health systems and we have increasing evidence of what works

• Proposed way forward, vision and seven areas for improvement can have a profound impact on the performance of Canada’s health systems within a few years

• With a modest initial one-time cost and major long-term savings in recurrent costs

• If one were to combine the best characteristics of health regions across Canada, one would move rapidly towards high performing health systems and thus contribute to the Triple Aim of Better Health, Better Care and Better Value for Canadians

Thank you