Transforming the Health Sector

Building Health Capacity, Focus on Developed Economies

IAP for Health Conference: “Promoting Health”

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Beijing, China
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Health Care in Canada

- Federal oversight through the CHA
- Provincial administration of care
- Mixed public-private care

Total health expenditures:
- 10.9% of GDP
- $219 Billion or 6105 per capita
Canadian Health Care Expenditures

- Drugs: 30%
- Doctors: 15%
- Hospitals: 16%
- Public Health: 2.50%
But is our System Sustainable?

- **Cost:**
  - Historic rate of growth: 7.5% to 2%
  - Aging population
  - Utilization rates
  - Growing social inequity

- **Benefit:**
  - Access
  - Outcomes
## From Consensus to Action

### Paradigm Changes

<table>
<thead>
<tr>
<th>Provider-focused</th>
<th>Patient-centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care paradigm</td>
<td>Chronic disease management</td>
</tr>
<tr>
<td>Individual, isolated practice</td>
<td>Group-connected, team-based, accountable practice</td>
</tr>
<tr>
<td>Rhetoric</td>
<td>Data/evidence/quality/effectiveness reduced variance</td>
</tr>
<tr>
<td>Silos</td>
<td>Integrated regional systems-based care</td>
</tr>
<tr>
<td>Unrestricted growth</td>
<td>Evidence informed innovation technology with CPG's</td>
</tr>
<tr>
<td>Unsustainable value proposition</td>
<td>Sustainable cost effective services supporting generational fairness</td>
</tr>
<tr>
<td>Health inequity</td>
<td>Health promotion, health equity and population health</td>
</tr>
</tbody>
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Taking a Population Based Approach to Health Care

- “A state of complete physical, mental and social well being and not merely the absence of disease or infirmity”. (WHO 1948)

- “Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups”. (Public Health Agency of Canada)

- “Health equity is achieved when all individuals living in Ontario are able to reach their full health potential, and receive high quality care that is fair and appropriate to them and their needs, regardless of where they live, who they are and what they have”. (Health Quality Ontario)
Making the Equity Argument

- Quality
- Cost
- Rights
Making the Quality Argument: Principles of Health Quality

Embrace Health Quality

A health system with a culture of quality is... Safe

Effective

Patient-centred

Efficient

Timely

Equitable

...stays true to these principles

Commits to ongoing quality improvement

Achieves healthy populations

Ensures accessibility for all

Partners with patients

Balances priorities

Uses resources wisely

...and can only happen when we

Engage patients and the public

Redesign the system to support quality care

Help professionals and caregivers thrive

Ensure technology works for all

Support innovation and spread knowledge

Monitor performance with quality in mind

Build a quality-driven culture

A just, patient-centred health system committed to improvement. Let’s make it happen
Health Equity...Our Collective Responsibility

Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are.
Health Equity and the Tyranny of the Average
Increasing Social Inequity & Health Inequity
Who are our High-Risk, High Cost Populations?
The Target 5% Experience:

- Lack access to effective care and entitlements
- Receive care that is fragmented, episodic, crisis driven and not integrated
- Vulnerability/isolation/resilience/voiceless
- Poverty

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Making the Rights-Based Argument

Inequity as a Human Rights Issue

- People who experience social inequity face violations of a wide range of human rights

This shifts the debate...

- Away from a focus on charity
- Toward the rights of citizens entitled to protection
Population Health: Emerging System, Level Considerations & Themes

The following are some key emerging system level considerations and themes that have emerged during the development of the plan:

- **Alignment & Coordination**
  - To have collective impact, need a provincial health equity strategy/plan that is coordinated and focused.

- **Leadership & Accountability**
  - To ensure health equity is a priority for the health system, there needs to be effective leadership and accountability.

- **Awareness & Understanding**
  - Need a common language and understanding of what is “health equity”.
  - What does an equitable system look and feel like from the perspective of different stakeholders (e.g. patients/caregivers/public)?
Population Health: Emerging System, Level Considerations & Themes

- Cultural Shift & Capacity Building
  - Requires a significant change in culture and practice at all levels within the system

- Data Advancement
  - Need to have a provincial coordinated approach with advancing data to inform decision making at the policy, planning and provider levels

- Partnerships
  - Need to partner and build on the successes and learnings from those who have already been focusing on equity
  - To build an equitable and high quality system for “all” requires partnering with individuals with lived experience
Population Health & New Models of Care

- Define the nature and extent of the community involved
- Consider systems based barriers to access
- Engage communities in effective solutions
- Care on their terms
- Mitigate underlying social factors through partners and advocacy
- Define and measure success on their terms
Homelessness in Ottawa

- 6705 individuals

2013 Census data

- 379 Youth
- 706 families
- 984 women
- 3180 men
Obstacles to Care

- Transportation
- Stigma
- Education
- Concept of health
- Drug cards
- Medications
- Health care providers judge negatively
Inner City Health

A health inequity mitigation strategy
Summary of Inner City Health Program and Services

- Managed Alcohol Program: 16 beds
- TED: 46 beds
- Special Care for Women: 16 beds
- Special Care for Men: 30 beds
- Hospice: 14 beds
- Supported Housing
  - Oaks: 55 units
  - Booth House: 20 units
  - Gardner (HS): 35 units
  - Supportive Housing (SSH): 10 units
- Primary Care Clinic
Access

The right care, at the right time, in the right place.
Integrated Case Management with Alignment of Goals for Health and Health Care
Team-Based Care

New roles, new providers, new partners
OICH Members

- Ottawa Hospital
- University of Ottawa
- Royal Ottawa Hospital
- Community Care Access Centre
- Community Health Centres
- The Mission
- The Salvation Army
- Options Bytown
- Anglican Social Services
- Cornerstone
- Shepherds of Good Hope
- Canadian Mental Health Association
- Wabano Centre for Aboriginal Health
- Centre for Addiction and Mental Health
- Carefor Health and Community Services
- Youth Service Bureau
Stabilizing Sources of Inequity and Setting Goals Appropriately
Targeted Engagement & Diversion

An integrated response for the Homeless with Co-Occurring Mental Health and Substance Use Disorders in Ottawa
Our Collective Responsibility to Achieving Population Health and Equity

- Information for informed health and social policy decisions
- Promote effective health delivery systems for prevention and care
- Promote measures that address the SDH
- Effecting positive social change through healthy public policy
- Advocating for values that are essential for the health and in our communities
True ER Diversions: 618
- 9 transferred to paramedics due to > 2 person assist
- 7 transferred to paramedics due to non response to verbal stimuli
- 7 transferred to Police for aggression
- 0 transferred due to deterioration of vital signs
Therefore 96% were true ED diversions
Impact

January 2014 – 2015

- True ER Diversions = 5320 events
  - 3480 (842 clients)
  - 473 > 1 admission
  - 83% < 10
- Transfer to ED from TEDS = 108 (3%)
- Transfer to Police from TEDS = 89 (2.6%)
- Cost without diversion = 1.74 million
  (Paramedics + ED Assessment + $500.00)
- Cost of TED = $300,000.00
Scope: Equity in....?

- Equity in access: the right care, at the right time, in the right place.
  - Care that is available, accessible, acceptable

- Equity in experience: A care experience that is equitable and meets the individual’s needs in a timely, efficient, safe and effective way

- Equity in health care outcomes

- Equity in health (social determinants of health)