

# DELIVERING A PATIENT-CENTRED, HIGH PERFORMING AND SUSTAINABLE HEALTH SYSTEM IN B.C.: A CALL TO BUILD CONSENSUS AND TAKE ACTION

## Message from the Minister of Health

While British Columbians enjoy some of the very best health care outcomes in the world and our provincial system of care rates very well in terms of efficiency, we know we can do better. Previous health ministers, and their dedicated ministry officials, have worked diligently to slowly improve our system and we are seeing the fruits of their labour today. An example is the GP for Me initiative, which has resulted in Divisions of Family Practice, who are doing a much better job of connecting patients to primary care and connecting primary care to health authorities and higher levels of care. There is, however, considerable resistance to change due to the normal tendency to cling to what we know and how we currently do things.

After a wide ranging consultation process, the B.C. Ministry of Health produced *Setting Priorities for the BC Health System* to focus our efforts on the health care needs of today and tomorrow rather than continuing to practice under a system largely designed in the 1960s. In order to bring about changes that address these priorities, we have developed a series of policy papers and now would like your input as part of the B.C. health care team.

I want to thank all of the ministry officials and other key stakeholders who have contributed to these papers, and I am optimistic that, with your assistance, we will make our health system one of the best in the world.

Terry Lake DVM  
Minister of Health

## Introduction from the Deputy Minister of Health

First of all, thank you for taking the time to read and think about the opportunity and challenge of becoming engaged in working together to further improve the B.C. health system. A key idea put forward in *B.C. Health System Strategy Implementation: A Collaborative and Focused Approach* is that successful change requires that we (whether those working directly with patients or those of us working in support roles) work collaboratively together to shape and then implement improvement. That requires each of us to make a key choice of whether to be a bystander and commentator or whether to constructively get involved in a collaborative and sometimes messy and challenging process of building system level consensus on “what” we need to do and, just as important, “how” should go about working together to effect real change; then for us to “roll up our sleeves” and get fully involved in making that change happen.

The recommendations put forward in these papers push the boundaries of what we have been doing so far and emphasize a need for timely, short and longer term action. I want to emphasize that we are putting forward a range of proposed actions that we think will improve our health services in a number of important areas and better position our health system to meet increasing demand from key patient populations. The actions proposed would be undertaken opportunistically building on initiatives and innovative service delivery already underway across B.C., but also will require a systematic approach to change that builds a truly patient-centred system of care (*The British Columbia Patient-Centered Care Framework*).

You may have different views on the proposed action, how to improve the system or how to implement these recommendations and that is precisely what we are testing out by posting these papers. Your feedback will be part of a healthy and thoughtful discussion of these recommendations. Over the coming three months my aim is for us to achieve a good level of consensus across key partner and stakeholder groups of what the final set of specific actions should be; and then, for us to move forward collaboratively to figure out the detail, the how and the timing of implementation linked to better meeting current and emerging needs in a timely way. Patients as Partners will be an important part of this process.

I want to assure you the implementation of the final set of recommendations will allow enough flexibility for a diversity of implementation approaches across communities but that I also intend to push us to create a truly integrated system of health care that works for patients and not just for us. Your input, creativity and innovation in shaping and implementing the final set of recommendations at the local, organizational and provincial levels will bring new solutions and enrich our B.C. health system.

Before we jump into the “whats” let me give you some context so you can situate your thinking.

## The Strategic Context

A proposition set out in *Setting Priorities for the B.C. Health System*

is that the current service design and delivery system in British Columbia is neither optimal in meeting the needs of several key patient populations (including patients with co-morbid chronic illnesses, moderate to severe mental illnesses, and/or frailty) or sustainable when looking forward over the next ten to fifteen years. This is the case across the majority of OECD health systems. The B.C. health sector, along with other health sector jurisdictions, has framed its efforts to improve health care around three overarching goals (developed through the Institute of Health Improvement and known as the *Triple Aim*):

- Improving the health of populations;
- Improving the patient experience of care (including quality and satisfaction), to which B.C. has recognized the additional requirement of improving the experience of delivering care for providers and support staff as critical to patient-centred care built on efforts of those who deliver and support health services; and
- Reducing the per capita cost of health by focusing on quality (especially effectiveness and appropriateness) and the efficiency of health care delivery

As stated in the *Ministry of Health 2015/16 – 2017/18 Service Plan*, we propose to achieve these goals by systematically and opportunistically improving the health of our population through effective health promotion and disease prevention strategies, while also increasing value for patient populations by providing patient-centred, quality services (accessibility, acceptability, appropriateness and safety) that are known to achieve health outcomes that matter to patients and their families (effectiveness). This value will be achieved by efficiently and effectively using the fiscal resources provided through government from tax payers to deliver a financially sustainable health system.

## What are we proposing to do?

The *B.C. Health System Strategy Implementation: A Collaborative and Focused Approach* calls for us to collectively take action in three areas:

1. Enable and deliver population and patient-centred services and care.
2. Identify, prioritize and engage in action at the practice, organizational, and provincial levels to continuously improve outcomes and health services for the citizens of BC and the ability of providers and support staff to deliver those services.
3. Engage in the prioritized cross sector actions identified to realize an overall improvement in the quality and sustainability of the B.C. health system.

The first two areas of action are linked to the core day to day practice of the health system. Every day the B.C. health sector provides tens of thousands of quality individual services either directly or indirectly through a range of supports to those services. This is the core business of the health system, the area of work in which most of us are involved and the major focus of the health sector's effort. These are areas where we are going in the right direction but they are also areas where at a local level we can see opportunities to continuously improve. We have highlighted population and patient centred services as a particular area for continuous improvement because this is the core of our purpose. These will be supported by focused health promotion and disease prevention intervention streams to promote individual health and shift behaviours.

The third area of action is narrower and focused on those areas where we are not going in the right direction. More than continuous improvement is required. These are areas that require significant rethinking, redesign and repositioning of our delivery system to sustainably meet changing health needs of the population and/or patients. These are areas that require a focused and sustained cross sector effort to successfully realize needed changes.

### **Enable and Deliver Population and Patient-Centred Services and Care**

Whatever your role in the health sector either as someone who delivers services directly to patients, as someone who indirectly supports that delivery or as someone who shapes the delivery of those services **you can start this today**. Think about the population you serve and their health status. Think about the patient experience. What would you expect for yourself, a family member, your community? What do you know about the population's health status? Where are the key gaps? At an individual level, how would you like to be treated as a person, listened to, involved in deciding about your care options as a patient? What have you learned from patients? What do patients think? By asking a few simple questions to ourselves we can

start to answer how our day to day thinking and behaviour measures up to our expectations. How do you perform as an individual, a team or as a program in meeting those expectations? How do you perform as an organization in meeting those expectations? Start to take steps in improving your own daily practice. Engage in discussion with your patients, colleagues and managers to start taking collective action.

Taking these first steps will automatically take you to the next question of your experience with your work place environment. Is it supportive of providing excellent patient-centred service and care? What changes can you make as an individual? What changes could you make in collaboration with your team colleagues? What changes can you make with your manager, your organization or employer, your association, your union and how can you constructively get involved in collaboratively influencing those changes?

### **Using the Triple Aim Goals Engage in Continuously Improving Service Outcomes**

As an individual, team, program or organization collaboratively identify, prioritize and engage in targeted actions to improve aspects of your current service delivery that will result in improved outcomes and health services for the citizens of B.C. Identify, prioritize and engage in targeted, short-term Plan-Do-Study-Act action cycles at the practice, organizational, and provincial levels that will improve health outcomes and health services for the citizens of BC within current budget expenditures or in a way that reduces the per capita cost of health service delivery. This process requires a continuous balancing of quality and cost management.

As an organizational leader are you creating the capacity, space for a learning environment that promotes and supports improvement and innovation? How will you coordinate and link changes from a systems perspective?

In undertaking these actions we are asking that you always start with clearly thinking through what is the measurable quality proposition for a population or patient you are serving linked to patient-centred service, effectiveness, appropriateness, acceptability, accessibility and safety. Understanding population health needs is critical to this step. What population or patient groups are we focusing on? B.C. health has subdivided the population as follows to help us focus and share our efforts:

*Staying Healthy:* Health Non Service Users; Patients Needing Minor Episodic Health Services; Maternal and Healthy Newborn Services

*Getting Better:* Patients Needing Major or Significant Time-Limited Medical and/or Surgical Health Service Needs

*Living with Illness and/or Disability:* Disability (physical or developmental); Patients Complex Mental Health; Substance Use; Low, Medium to Complex Chronic Conditions; Cancer

*Coping with End of Life:* Individuals Experiencing Frailty at Home; Requiring Residential Care; Requiring Palliative Care, Requiring End of Life Care

With this clarity you can then begin to think about the specific services you are providing and the service types (primary and community- including residential, diagnostic and pharmacy, and hospital based services) that might best meet those needs. This also requires thinking through the implications of where the population or patients live – whether you are dealing with metro, urban, rural or remote will have an impact on the specifics of your action plans. Are you using the most appropriate, safe and acceptable services with the leanest processes possible, the right mix and amount of services in the right place to achieve optimal outcomes?

Consideration of services will lead first to consideration of who is best able to provide those services and secondly to whether the right IM/IT, health technologies and workplace infrastructure is in place and finally how to manage the changes within the available budget.

Underpinning this are considerations of governance and management in the distribution of available resources and effective management support.

### **Prioritized Cross Sector Actions**

The third area that we are asking you to become engaged in are the prioritized cross sector initiatives that have been identified as critical to realize needed improvement in the quality and sustainability of the B.C. health system. These areas are ones that we have identified as requiring significant rethinking, redesign, and repositioning of our delivery system to sustainably meet changing health needs of the population and/or patients. These priorities will be a significant focus for the Provincial, five Regional and First Nations health authorities but will require the full engagement and collaboration of other major system partners in the form of physicians, nurses, NPs, allied health providers as well as major institutional players such as the professional colleges, associations, unions and post-secondary teaching institutions. However, it is recognized that it is the engagement and commitment of effort by individuals that will in the end deliver the change agenda.

These priorities further refine and focus the cross sector areas identified in *B.C. Health System Strategy Implementation: A Collaborative and Focused Approach* (improved community care for several medical conditions linked to living with illness; timely access to appropriate medical and surgical care; radically rethinking hospital care; access to an appropriate continuum of

residential care) that are linked back to the priorities set out in *Setting Priorities for the B.C. Health System*.

For the balance of 2015/16 through 2016/17 it is proposed that there will be **three** cross sector health sector strategic service priorities that will result in substantive first steps to a repositioning of the BC health system over the coming five years to better position it to meet both increasing and changing patterns of demand:

1. Improving the effectiveness of primary, community (including residential care), medical specialist and diagnostic and pharmacy services for patients with moderate to high complex chronic conditions, patients with cancer, patients with moderate to severe mental illness and substance use such as to significantly reduce demand on emergency departments, medical in patient bed utilization, and residential care.
2. Significantly improving timely access to appropriate surgical treatments and procedures.
3. Establishing a coherent and sustainable approach to delivering rural health services

In line with the logic set out under continuous improvement it is recognized that these three service strategies will require significant cross sector work and collaboration in the enabling areas of health human resource management, IM/IT and Technology Infrastructure; and approaches to funding.

## **Why These Three Areas And What Is The Case For Change?**

At its most simply stated the current distribution of services and budget between primary and community care vs hospital care is suboptimal from a patient care, patient experience and per capita cost perspective. Given the global fiscal context, the importance of maintaining a competitive tax base, and the important competing needs of other ministry services that are critical to the social determinants of health, getting the balance right and ensuring the effectiveness of those health services are critical to the sustainability of the publicly funded health system over the coming five to ten years.

The health system in Canada, like most contemporary health systems, was built around hospitals. Hospitals are basically built around effective in hospital emergency treatment (although in the past few decades have added a range of outpatient services). However, with a changing demographic and changing health care needs, the use of emergency departments and in-hospital medical beds has been increasing driven by an older population with moderate to complex chronic illnesses and/or the experience of general frailty as the body ages. The utilization of emergency departments and in hospital medical by these patient groups has

gradually driven bed utilization from 85% of funded capacity to now often in excess of 100% capacity for significant periods of the year (especially for the larger hospitals). Notwithstanding significant efforts at “bed management” this is not sustainable in the face of an increasingly aging population over the fifteen years as the baby boomers move into the latter stages of their life cycle. Building significantly more hospital bed capacity is not fiscally practical but nor would it be the best use of tax payer dollars. Even without the issue of ER and bed congestion, this is suboptimal care for these patients and in practice can and does result in actual harm for a subset of this population. **Simply put this is most likely the most significant issue for publicly funded health systems from an operational sustainability perspective.**

### **Primary and Community Services**

What should we do to appropriately increase primary and community based services to prevent hospitalization? There are a number of emerging trends. First, proactively providing well planned guideline based care (including utilization of drugs), continuity and flexibility of care linked to rapid mobilization of services when required should significantly reduce demand for hospital care. Second, short term emergency care for lower acuity conditions for elderly patients provided in non-hospital settings designed to meet the specific health needs of this population should also significantly reduce demand for hospital care. Third, proactive planning for entering residential care and effective palliative care should further reduce demand for hospital care.

B.C. utilization and current funding approaches to residential care services are suboptimal from a number of perspectives: there are opportunities to provide support services to patients both in the community and assisted living facilities that could reduce the need for residential care; there are opportunities to increase planned admissions to residential care rather than admissions through the ER and in-hospital bed use; there are opportunities to better meet the care (including the increasing number of patients with dementia) and health needs of elderly patients in residential care facilities rather than through hospitals, including the development of short term respite beds for community patients with less acute medical conditions and complications; there is increased fiscal capacity to add placements through private capital funding and longer term publicly funded contracting of placements.

These actions meet the Triple Aim goals of providing more effective care for this population, a better patient experience, a better provider experience, and improved per capita cost. B.C. has significant opportunity to improve outcomes, the quality of the patient experience, and per capita costs while reducing current hospital utilization.



While on a much smaller scale in terms of the total number of people, the same argument and approaches can be made for patients with moderate to severe mental illnesses (including the subset of these patients who also struggle with substance use issues).

Cancer continues to be the leading cause of death in Canada, responsible for nearly 30% of all deaths. Cancer cases will increase as both the population grows and because of an overall aging of that population. Like many other chronic diseases the frequency of cancer increases with age. Given the significance of this disease state as well as the increasing cases, improving therapies and surgical interventions, this is a key area for any health system with respect to its delivery of community and hospital outpatient services. This will be an area of focus over the coming two years using the Triple Aim lens to further improve service delivery.

### **Surgical Services**

Access to timely and appropriate surgical services is a key issue for any patient and a key indicator of performance for any health system. While B.C. has made steady progress in increasing the number of surgeries provided, its over-all performance in timeliness is less than optimal. Access is driven by a number of factors that include human resources and enabling IM/IT surgical booking and case management capacity but are fundamentally driven by access to Operating Room time and the adequacy of surgical inpatient and/or day patient beds which are in turn linked to hospital bed capacity and funding capacity. B.C. has significant opportunity to improve outcomes, the quality of the patient experience, and per capita cost.

Taking action on chronic disease management through primary and community care should provide more fiscal and physical capacity for improving surgical services, as could increase utilization of publicly contracted community based surgical service facilities for a number of high volume, low risk procedures.

### **Rural Health Services**

Running across the above areas is the challenge of rural health services. The rural geography of B.C. is significant and the challenges of providing quality and sustainable services very real. Addressing the health and health service needs of B.C. citizens living in rural and remote areas of the province is a key performance indicator for the health system linked to service delivery in urban and metro areas.

## How are we proposing to do it?

In *B.C. Health System Strategy Implementation: A Collaborative and Focused Approach* we set out an approach that is rooted in the need to establish a culture of collaboration to make substantive progress on the change agenda.

First, with respect to delivering **patient-centred care** and **continuous improvement** we are looking to you to take action supported by your health authority in collaboration with relevant employers, professional colleges, Doctors of BC, ARNBC and other relevant associations and unions. The Ministry of Health will support this approach by using existing collaborative mechanisms between the Ministry health authorities (including the First Nations Health Authority), colleges, Doctors of BC, ARNBC, unions and other key stakeholders to dialogue and build a shared commitment and leadership in supporting these engines of change. It will also use more formal tools such as mandate letters, service plans, and detailed strategic and operational working papers, contracting and funding mechanisms. The Ministry of Health will also coordinate reporting and communication of patient-centred care and continuous improvement actions and initiatives as they occur to support shared learning and development.

The **prioritized cross sector actions** will be undertaken through a purposeful approach of strategic policy deployment that recognizes the need for a phased system wide approach as follows:

1. Consensus building around key strategic policy directions development and proposed actions
2. Establishing clear levels of accountability, adequate action planning and excellent communication before commencing action
3. Focused, paced but timely implementation
4. Reporting and Monitoring
5. Impact and Outcome Assessment

This introduction is the launch of the first phase. Over the past several months we have developed a series of linked cross sector policy discussion papers focused on the proposed prioritized cross sector health service and support actions that we now want your feedback on. These papers have been developed with a view to our population and patient needs, current service models, improvement initiatives including health promotion underway, and some promising directions coming from the applied health system literature or being tried in other jurisdictions. We have used this material to set out a number of proposed actions that we think make sense based on the previous elements.

The next critical phase of this process is to see what you think:

- have we hit the mark,
- are there key pieces of information we have missed, or
- are there other actions that you believe would provide better system wide results.

Over the coming three months we are looking to establish a level of consensus in relation to the proposed priorities. Consensus does not mean unanimity but it does mean establishing some reasonable level of general or widespread agreement if we are to be successful.

The Cross Sector Policy Discussion Papers (for each paper there is a short Executive Summary and a fulsome Policy Discussion Paper) are as follows:

- Primary and Community Care (inclusive of Residential Care)
- Surgical Services
- Rural Health Services

These are supported by a number of enabling cross sector policy discussion papers and frameworks covering:

- Patient-Centred Care
- Health Human Resources
- IM/IT (posting soon)
- Funding Mechanisms (posting soon)

Over the coming three months we will be asking people across the health sector to read, think and dialogue the Cross Sector Policy Discussion Papers. We will be seeking feedback through a formal process with Health Authorities, Patients as Partners, Professional Colleges/Associations, the Doctors of BC, ARNBC, Post-Secondary Academic Institutions and the research community, and Health Service Unions.

We will be asking each of these major stakeholder groups to collaborate to facilitate engagement and input that they will present back through to Leadership Council. Leadership Council is a committee comprised of the Ministry of Health Deputy and Associates and the seven health authority CEOs. Leadership Council and its standing committees will be the main engine for driving this agenda in collaboration with the other key institutional groups identified above.

Following consultation with the Health Authority Boards and the Minister of Health, we will report out by mid-spring on the feedback, our assessment of consensus, any changes to the policy direction, and the concrete actions we are proposing to move forward on over the coming two years.

Patient-centred care is about engaging the hearts and minds of those we care for, so I want to invite the patients, families and the public to participate and dialogue on the proposed priorities. You can access the online information posted on the Ministry of Health website and engage in dialogue with key organizations and institutional groups providing health services in your area.

The Ministry of Health will create further space for dialogue with stakeholders and Patients as Partners by hosting a primary and community care public forum in late spring 2015. By attending the forum to share your experiences and by taking advantage of other opportunities for dialogue in your communities you could help shape the pace of change.

In late spring, we will move into phase two of the process by establishing clear levels of accountability, thorough action planning and communication before commencing action over the summer months. We will be asking that key institutional stakeholders build their commitment to action into their respective planning and accountability documents and that we collaborate together to report out on progress over the coming two years. It is proposed that the actions taken will be driven by cross sector project teams with potential membership from the groups identified above or individuals with specific skills or knowledge. These project teams will be supported by a Provincial Office for Strategic Project Management that will link the work of the teams through to the Ministry of Health/ Leadership Council and through the key partnership mechanisms in place with other provincial stakeholders.

## Conclusion

As stated in the *Setting Priorities for the B.C. Health System*, making the necessary changes to the health system remains elusive in most jurisdictions. The challenges to making changes to health care are numerous –divergent, entrenched view points and established ways of doing business often overwhelm efforts to make significant transformational shifts. Attempts at change are also frequently relegated to pilot projects that are too small, too vague, too undermanaged or too slow in implementation to be effective as a system-wide approach to health care delivery innovation. These cross sector policy discussion papers arising from the *Setting Priorities* document have tried to be specific in analyzing need, the challenges and proposing concrete actions to move forward. This is premised on a straightforward belief that

we must collaborate to effectively realize system-wide improvement to the benefit of the citizens of B.C. This is a call for you to become constructively engaged in this realizing this vision.

Stephen Brown  
Deputy Minister of Health