

Modernizing Health Care in British Columbia

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Challenges in modernizing health care

- Aging population
- Budget squeezes
- Intergovernmental relations
- Privatization of care
- Public demands and expectations
- Vested interests

What is the biggest challenge in modernizing health care?

- Demographics?
- Finances?
- Politics?
- Media coverage?

Knowing where we are, and where we may be heading

The biggest challenge is to recognize that we are trying to modernize health care (and related public services) in a post-modern world

The post-modern world is full of multiplicities

- Cultures, beliefs and values
- Experiences, knowledge and evidence
- Systems, structures and practices
- Issues, problems, opportunities and priorities

BC's health care system

A loose network of multiple systems:

- Acute care
- Primary care
- Public health
- Home support and home care
- Community care
- Residential care
- End of life care
- Informal care

BC's health care system

Several core policy goals and values:

- Accessibility
- Accountability
- Efficiency
- Equity
- Quality
- Sustainability
- *Canada Health Act*

Regional Health Authorities

- Various challenges and capacities
- Acute care seemingly dominates
- Differences in cultural diversities, Aboriginal populations, urban-rural patterns, health status and outcomes, best practices and centres of excellence and innovation

Outline: four main topics

1. International health policy trends
2. Canadian intergovernmental scene
3. BC strategic health initiatives
4. After 5,000 beds -- then what?

I. International trends

“Staff shortages and staff qualifications are the number one concern of long-term care policy makers in OECD countries.”

2005 OECD report

Common concerns

- Health care staff shortages
- Inappropriate skill mix of workers
- Gaps in service coverage
- Underutilization of skilled workers
- Scope of practice issues

Divergent responses

- Internationally, there is a mixture of policy and practice responses to health care issues, trends and needs
- No one best way or single model
- Local legacies, choices and contexts matter

International policy trends

- Shift from institutionalization to “aging in place” – that is, from long term care towards more community care and home-based care
- Growth in provision of respite care and other forms of support for family and other informal care givers (education, training, cash payments)

International policy trends

Supporting clients and consumers of home care services:

1. Direct payments, personal budgets
2. Assistive technologies and aids and equipment programs
3. Professional services packages

Canada lags behind in key areas of health reform

In particular, in:

- Offering public long-term care insurance
- Enhancing personal choices for individuals over their preferred mix of formal and informal benefits, supports and services for everyday living and care giving.

II. Canadian scene

- First Ministers' Health Accords, 2003, 2004
- Public Health Agency of Canada, 2003
- National Immunization Strategy, 2004
- Healthy Living Strategy, 2005
- Aboriginal Health plans, 2004 and 2006 (Kelowna)
- Early Learning and Child Care, 2006
- Canadian Partnership Against Cancer, 2006-07
- Mental Health Commission, 2007-08

A varied Canadian picture

- Reinvestments
- New investments
- Intergovernmental collaborations
- Federal initiatives – new structures and policy commitments
- Cancelled federal initiatives
- Outstanding policy issues

Canadian policy focus

- Wait list reductions
- Acute care
- Primary care access
- Chronic disease management
- Short-term home care
- Health info

What role for provinces in national health structures?

- Health Council of Canada
- Cancer partnership
- Catastrophic drug coverage
- End of life care
- Organ and tissue donations and transplantations

III. BC health strategies and initiatives

- ActNow BC
- Provincial Depression Strategy
- Immunize BC
- *Public Health Act* renewal project
- Core Public Health Functions
- eHealth Strategic Framework
- HIV/AIDS Priorities for Action
- Viral Hepatitis

Promising practices in the Regional Health Authorities

- Fraser: adult day programs and home health services
- Interior: licensed practical nurses
- Northern: health info technology for mental health and community care
- Vancouver Coastal: Geriatric triage nurses at emergency rooms
- Vancouver Island: hospice and palliative care

IV. After 5,000 beds – then what?

- By the end of 2008, the provincial government will reach its goal of adding 5,000 new beds or units with care services for seniors, to the inventory inherited in 2001.
- So, *what happens after that?*

Whose question is this?

- Certainly for the provincial government
- Opposition party
- Ministry of Health
- The general public
- Regional Health Authorities

Some planning issues

- How to ensure service and information linkages across new and refurbished care sites for seniors?
- What performance measures and deliverables are in place or in the works to monitor and evaluate?
- What about other age groups?

More planning issues

- What will the *continuum of housing and care options* look like in each region and for the province overall by 2008-09?
- What kinds of care units are (or could be) co-located on “campuses of care”?
- Where should subsequent emphasis be given on the continuum of care for seniors and for persons with disabilities in BC? How might this relate to the Five Great Goals of the BC Government?

Still more planning issues

- Health accord funding suggests more improvements in home care and home supports.
- What are the implications for assessment tools and allocation guidelines?
- Focus on intensifying services for a given clientele OR on extending coverage to a wider population group?
- What should be the balance between home support services and home-based health care services?

In closing

In undertaking service planning with the goal of modernizing the health care system, it is well to remember that we are doing so in a post-modern world.