Health Care Reform: Let's Reverse Roles

In a recent CBC podcast, former Health Minister Michael Murphy and I discussed some of the obstacles to achieving true modernization and reform of the New Brunswick Health and Long Term Care System. Many politicians have had good ideas but execution has often been a challenge.

During Mr. Murphy's time in office, the creation of the Horizon and Vitalite health networks was accomplished by merging 8 region boards and while an affront to existing boards, the change did not matter to the electorate since there was little public affection for regional hospital boards. The tough political sledding had been done in 1992-5. It was seen by the public as reducing bureaucracy!

Since that time, there have been initiatives such as transfer of key services to Medavie that have been controversial and have burned political capital while failing to respond to the real issues at service delivery level of primary care, access to care, senior care, health human resources, and chronic disease management.

In the long term care sector, as noted in last weeks column, there has been significant transformational leadership, not influenced in the least by public policy or government initiative. Leadership in use of prescription medications for the elderly, organizational transformation, and major research and innovation has happened as the result of strategic leadership demonstrated by people of vision and passion.

That level of transformation cannot be led by elected officials; it can be encouraged, supported, but not led. Why?

Elected officials come and go and in that process seldom get to understand really how this complex health system really works. With modest understanding, it is difficult to know which of the issues being laid on the politician's desk for decision will have a significant impact "on the ground".

Each politician for the last 30 years has been briefed on the seniors occupying acute care beds while waiting placement in a nursing home. In the last 20 years, at least 5 Ministers of Health have been briefed and forced to read briefing notes on that topic.

They would also have been given a suggestion as to how to fix the problem such as: build more nursing home beds; improve health and wellness; improve caregiver support. All interesting ideas but none getting at root causes and giving strategies that work.

On these issues, if government seriously wants improvement in the system, the elected officials need to become fully informed by civil servants, by external bodies such as the Health Council, by external trusted sources, some professional entities. The advice has to be assessed carefully; even the advisors often lack perfect information!

Once informed of the facts, elected officials need to put the issues back to the professional and organizational leaders to show leadership and to come forward with plausible solutions that do not simply mean "success by printing money".

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Nothing much will happen in health care in New Brunswick to create excellent health care until the inter-professional competitions and wars cease. Turf, compensation models, ego, conflicting goals all must be exchanged for superb, award-winning health care.

Within the nursing profession, for instance, the struggle between the Nurses Association, LPN Association, the University and Community Colleges, and the respective unions is paralyzing. It can end when people of good will understand that there is more to excellent health care than their own profession or specialty. The very best health care service, as demonstrated by models around the world, happens when those involved within the system collaborate willingly.

Within the medical profession there are issues that could, if explored fully, lead to major system improvement such as pushing toward integrated primary health clinics, expanding the role of Physician Assistants and Nurse Practitioners. Physician compensation always gets in the way of detailed planning for these initiatives yet other jurisdictions have found ways to negotiate arrangements with physicians that seem perfectly satisfactory to physicians. In speaking with a leading physician in Canada a while ago, he remarked that he had never been compensated on a fee for service basis in his life! So there are options!

Roy Romanow described the Sault Ste Marie Clinic as Canada's best kept secret and it was a creation of the Steelworkers Union in which doctors, nurses, technologists, social workers all work together to assure great service.

In years gone by, there have been those powerful, influential leaders within the system that honestly made the job of politicians much easier. In Nova Scotia, we had Dr. Richard Goldbloom, Dr. Mickey MacDonald, Dr. Harris Miller, Mrs. Margaret Ross; in New Brunswick we have had Dr. Carl Trask, Mr. Kent Tingley, Dr. Ginette Gagne Koch; Sr. Bernadette Levesque; Sr. Margaret Vickers. In my Ontario experience we had Mr. Graham Scott, Dr. Duncan Sinclair, Dr. Harry Botterell. These are but a few transformational leaders. We need transformational leaders in NB.

Getting the change that is essential in the New Brunswick Health system requires that all political parties acknowledge that change must be executed on a number of levels, that it cannot be driven all at once, that government itself cannot drive the level of change required; therefore they will equip leaders on the ground who are prepared to get "in front of the curve" and, working with the civil service, lead change. In other words, government's role is simply to admit the level of change required, establish broad boundaries and goals identify those who will lead, then step aside, set benchmarks, encourage, serve as cheerleader.

That would be a new day for New Brunswick! But a much better day for health and long term care. Sounds naïve, I know. But watching the system for 30 years….how is the current approach working for you? Particularly if you are a senior?

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