We Get the Health Care We Deserve!

Our health system in New Brunswick is inadequate because a succession of governments has not been willing to take positions that distress interest groups and local riding associations. Pure and simple! Health care has become highly politicized with sound professional judgments being subjected to overturn by the political structure when seats are perceived as being in jeopardy, not the highly professional set of complex services that it really is.

Jee See Heng, a businessman from Moncton, wrote a powerful commentary "Demand Accountability on Health Care Standards" in the April 29th edition of the Telegraph/Gleaner. He reminds us of the extraordinary long waits in Emergency Departments, the issues with inconsistent After Hours Service and poses the logical question: why?

None of the issues of concern to the population are new and are soluble. Urgent Care, Primary Health Care, Trauma Management, Senior Care and more. Political capital and political will are required to bring health and long term care services up to speed in New Brunswick.

So why are we stuck in mediocrity?

The public has become lethargic, discouraged, intimidated about speaking out. Many are afraid that they will offend their doctor if they express what they feel about the system even though many doctors are as frustrated with elements of the system as are their patients. There is a "what's the use" mentality born from hearing and experiencing the same problems for years and seeing no improvement.

Lethargy keeps a sense of urgency from permeating our health system.

Midwifery was developed in Ontario in the mid 1980's while it finally arrived in New Brunswick in 2017! In the 1960's other jurisdictions in Canada were demonstrating creative approaches to Primary Care, such as Sault Ste Marie Group Health Clinic. In 2005 Family Health Teams were announced in Ontario with the leadership of prominent physicians and the Department of Health. In 2017 a modified approach to family medicine was introduced in NB. But this is not integrated Primary Health Care.

Lean Six Sigma has been used for well over a decade as a tool to restructure Emergency Departments in many hospitals across the country, eliminating overcrowded emergency departments and drastically reducing Time to Care. Now Artificial Intelligence is being used in some hospital ERs to predict volume and staffing requirements.

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Early in this century, other provinces developed new models of diagnosing and managing patients (and their families) with Dementia; indeed, in Ontario a full Dementia strategy has been in place for many years. Not yet so in NB.

In an earlier commentary, I mentioned that thought leaders such as Peter Drucker identify Health Care as one of the most complex industries in North America. Simple business it is not and that is why many provinces recognize very advanced education and credentials in the Canadian College of Health Executives as the primary requirement for management, simply suggesting the mastery of a recognized body of knowledge.

Elected officials, of course, learn about health care from members of their family, a neighbor, or constituents who are health professionals; perhaps some have even served on hospital or nursing home boards where there would be some exposure to health issues.

But then they get to form government and receive further education through committee participation and interaction periodically with senior officials in the relevant departments. Then one elected official is appointed to be Minister of Health or Minister of Social Development and there is now a crash course for him or her with briefing books prepared by civil servants who are bound to keep the Minister informed of how funds are expended, regulations administered, and issues of the day.

Senior departmental officials tend to be very intelligent and honorable people charged with a daunting responsibility. But, for the most part, most have largely worked their careers in the civil service; few, if any, have had the responsibility of leading a significant health service provider organization and so advice to the Minister often lacks the perspective of those who are experienced in effecting change in a health service structure.

It is not possible to fully understand how the systems really work, the weak links, the strengths, the politics, and how to impact change of direction or impact of policy without that front line executive experience. Physicians understand the system from their perspective, nurses from another, accountants from another. None get to experience the system in its entirety.

By the same token, those working in senior roles in health service delivery that lack experience in working in the civil service operate at a disadvantage since they lack the real understanding of how to influence government policy and regulations.

All of this has led to a serious gap between governmental structures and the service delivery structures. In this gap is a combination of lack of understanding, lack of trust, lack of collegiality. The gap itself explains much of why true change and innovation do not easily take place in health and long term care.

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Professional groups and unions tend to represent superb personnel who are critical to the system. The people represented are good people who want, largely, to do good work. Since their mandate is to protect the membership, unions and associations tend to restrain progress on service improvement.

The changes required to reform health care in NB do not involve “importing American systems” but do involve a serious commitment to serve the public in the most efficient, effective way possible. A spirit of renewal is needed and elected officials will love the results; the public will love them!

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