

Health Care Reform: bite the bullet!

In my column on Friday, March 12, 2019 I showed how it appears that NB has sufficient health professionals to offer a great health system. I also noted that New Brunswickers communicate very mixed messages; on the one hand, the Health Council's public survey suggests that most people are satisfied with the health system while, on the other hand, giving the system a failing grade on essential markers such as access to care.

In 1992, following decades of study, the McKenna government introduced hospital regionalization; up to that point the province had 55 hospitals of varying sizes and degrees of sophistication, all of whom were experiencing varying degrees of financial difficulty. Eight regions were created and for 16 years these regional organizations did a pretty fair job of organizing hospital services within their regions. There were, during those years, many local political issues with which to contend and they continued to experience pressure on operating budgets with costs running well above inflation.

On September 1, 2008 the government of the day felt it wise to consolidate the 8 regions to 2, the thought being that this would reduce overhead costs and streamline programs. Eleven years later we still have 7 hour waits in Emergency Departments, no structured Urgent Care Centres, acute care beds overflowing with elderly patients who seldom require acute care, unacceptable issues of access to specialist care services including long waits and often no access within the province. The public expects and is grateful for top notch service in Cardiac Care, Diabetes and other major programs. But despite years of planning, wait times for reconstructive orthopaedic surgery and other key specialties is alarmingly high.

The need for a structured approach to health reform is obvious to all those who really understand health care. So where does government start?

Fresh, informed, dispassionate eyes must be trained on key organizational issues. In any respectable review, you start with governance by asking some key questions: is the board structured properly? Does it have a clear mandate? Is there too much political interference in operations?

The Health Authority Boards have 7 persons appointed by government (political appointments) and 8 persons elected by a local constituency. This structure flies in the face of generally accepted principles of good governance. The loyalties of board members must, of necessity, be to those who appoint them whereas their loyalty should be to creating and maintaining the best possible, most effective health system imaginable.

In outstanding models such as Kaiser Permanente, Lahey and Mayo Clinics, Ottawa Hospital and, now, Kingston Health Complex physicians are a key part of governance. It is impossible to create an excellent health system in the absence of the active leadership of physicians, nurses and other health leaders who have taken advanced leadership training and are committed to and experienced in service excellence.

Service Excellence means making tough decisions, being highly disciplined, with no tolerance for mediocrity. What that means in practical terms is that there is commitment to fixing issues of access to operating room time for surgeons and their patients. It means that pre-hospital care includes organized

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non-emergent (Urgent) care, not simply relying on the good will of some doctors to organize after hours clinics that run for their convenience.

It also means that professionals learn to work in teams for the best interest of patients and those philosophies of care are based on “how do we resolve this challenging diagnosis as quickly as possible? What skills do we need to bring to the case?”

The issue of information systems that permit the ready flow of clinical information from doctor to doctor, doctor to hospital, doctor to patient has been limping along. While NB has been working on such a direction since the mid-1990's, other jurisdictions have galloped far ahead of us. Shame on us!

Then one needs to turn attention to leadership and culture. For the most part, persons serving in serious management positions need to have had formal education in health administration combined with graduated leadership experience and training. And the organization must have a culture that starts with the Board and trickles on down to all staff that says: we care about our employees; we will do everything in our power to ensure: right person, right tools, right place!

Part of governance involves the structure of key services. The Horizon Strategic Plan envisioned a system in which key patient services would be organized throughout the province in such a way that people developed special skills and programs. In so doing, services then become more efficient and effective.

Then one needs to turn attention to getting accurate feedback from the public. The Health Council Public Surveys form a useful place to start but nothing is as good as speaking directly with people; Management by Walking Around is where you really get the pulse of the people!

So how does the Health Reform journey proceed? Not by a series of proclamations by government or the health authorities but by gathering together a small group of trusted, knowledgeable people who will carefully define the real issues, consult with appropriate expertise in setting a list of priority areas for focus, then gathering the appropriate expertise to deal with each issue. This must not take the form of a Public Inquiry or yet another consulting study; health care services have been studied to excess in NB. But it does need to bring to the table some people with knowledge of other systems who are not vested in the traditions of New Brunswick. Getting to Excellence dictates that we do some things differently!

Some of the critics of Health Reform default to criticism of the US system by suggesting, for any given change, “oh, that is the US system and it is too expensive.” The Planetree and Magnet Hospital movements, Pioneer, Kaiser, Mayo, Lahey, and others have shown that excellence in health care has very little to do with major investments but has everything to do with vision, passion, commitment to a higher cause and to patients.

Since 1992, it has been demonstrated that true excellence in health care cannot be achieved and maintained by the system alone; it needs expertise, new thinking, commitment to a discipline. We owe it to our citizens to create a model of health care suitable for this decade and the future, not a perpetuation of that which does not work well.

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