

Speech module  
(April 23)

### RENEWING HEALTH CARE FOR PATIENTS

When we embarked on the campaign trail almost a year ago, we made a commitment to fix the health care system.

We made 42 specific New Era commitments relating to health care, aimed at *Renewing Health Care for Patients*. We have already taken action on more than half of those commitments and we will honour each and every one of them.

We have established provincial health standards that ensure all citizens, in every part of the province have access to the same level of reliable, high quality health services. We have developed clear performance measures.

We are building a system that is accountable and responsive to patient needs across the province.

We are building a sustainable system that makes the most out of every health care dollar.

We are moving from a system that is failing patients to one that is well planned and well managed.

We are moving from a system with little accountability for patient outcomes to one that is clearly accountable to the public for results.

We also said we would be sure people have the care they need, when they need it, where they live.

Under the new system, people will get far better health care where they live because it is going to be regionally focused. Every region will maximize its services, and create the critical mass of specialties that better serve patient needs. As a result, we will see few patients being exported to another region, something we have seen far too often.

All of this is being done within a system that has experienced 1 billion dollars in increased funding since the election. Each health authority has received a funding increase that average 7.4 per cent.

So, why initiate change?

We have reached a pivotal point in health care, where the status quo simply is not an option. The system as we know it is eroding. The system is increasingly failing patients because it's not sustainable. As a result, it's losing the confidence of the public.

Our hospitals are not being used effectively. In many cases, occupancy rates for acute care services are low, but high for patients who need other levels of care.

We're not maximizing the use of specialists in regions of the province. In many cases, we see a duplication of services that is not effective or sustainable.

Our residential care beds are not being used effectively. In many cases, they are old, inadequate for the level of care being provided, or occupancy rates are too high for patients who only need home or community supports.

There is little coordination between hospital discharge and community care supports, something referred to as the continuum of care.

There are difficulties recruiting and retaining care providers. High burnout rates and recruitment and appropriate training of nurses. The financial pressures on the system continue to grow at the same time the federal share of health funding continues to shrink.

We also have a system that is driven by the crisis of the day. In recent years, it seemed so often that what appeared on the six o'clock news was the driver behind policy decisions the day after.

Of course, these are the same problems being experienced across Canada and in other jurisdictions.

Everyone recognizes that there are serious problems. It's no secret. Serious problems were identified a decade ago in the Seaton Report. They have been echoed in the:

- Fyke Report
- In a discussion paper called "Turning the Tide" which was put forward by BC's physicians
- We heard the same message during the Dialogue on Health tour of 24 communities in the Fall of 2000
- We heard it again during the Dialogue on Health symposium last Fall
- And during hearings conducted by the Select Standing Committee on Health Care.

But the public doesn't need studies to convince them. All they have to do is ask themselves if the system is any better now than it was ten years ago?

In spite of the fact that government is spending billions more on health care, has patient satisfaction actually improved?

The system is still locked in the mindset of the last century. We are moving it into the 21<sup>st</sup> century where health care is not measured on how much you spend, not on bricks and

mortar, and not on the number of people employed in the system, but on patient outcomes.

It may not look exactly like the health care we are all accustomed to, but if we can move past the anxiety associated with change, it can and will result in better patient care. Our government firmly believes that saving and renewing health care is a vision worth fighting for.

While change is never easy, if we continue with the status quo we will lose everything that we cherish about the Canadian Medicare system.

Again, it all comes back to proper planning.

Last December, we streamlined the number of health authorities from 52 to 6, which provides a critical population base. We recognize the geographic distinctions in the province and put in place health service delivery areas so we can actually focus on the regional and community needs that are different across the province.

We ensured that boards were chosen for their leadership skills, decision-making abilities and willingness to be accountable through performance contracts setting out in detail how patient needs will be met.

We changed how health authorities are funded. Two years ago, health authorities received their funding six and a half months into the fiscal year. This year, health authorities all received their budgets prior to the start of the fiscal year. Not only have they received one-year budgets - they have three-year budgets - so health authorities can actually start the planning process in a reasonable manner.

We have introduced a population, needs-based funding model that is fair, equitable, and transparent. This formula reflects a number of factors in each region such as the population make-up and the complexity of care required.

Through Bill 29, legislation will ensure authorities have the flexibility to make decisions that are truly in the best interest of patient care.

More options are being created to support in-home and community settings. Just yesterday, we announced the development of 3,500 supportive living housing units throughout the province over the next four years. This will benefit seniors and people with disabilities who have low or modest incomes.

A 263 million dollar mental health action plan has been established to revitalize mental health services and deliver better care to people with mental illness.

We recognize that if we go through changes in health care, we won't be able to please everybody all of the time. There will be fear mongers out there, but our government has

put very strict guidelines in place to ensure that patient care is protected every step of the way.

Patients are first and foremost - and that will be reflected in how change takes place.

**I want to be very clear about this next point and I want every British Columbian to understand this.**

**I can tell you that as we make changes to improve the continuum of care for our seniors, NO door will be closed before another door is opened.**

**And, every change being made to improve patient care is consistent with the five principles of the Canada Health Act, which cover: universality; comprehensiveness; accessibility; publicly administered; and portability.**

We have introduced reasonable provincial standards of care, for the first time in this province. We want to ensure there is a standard of care so that we can deliver on patient needs whether they live in Dawson Creek, Smithers or downtown Vancouver.

Ambulance service will be available when and where it is needed. Funding for the BC Ambulance Service is being increased by upwards of 30 million dollars and the level of training is being expanded across the province, particularly in rural areas.

In the lower mainland, implementation of an emergency department plan to minimize ER congestion, diversion and ambulance delays will be in place.

We have also introduced performance agreements. For too long, we have had political interference on the administration of health care. That's not the job of politicians. Our job is to ensure the public interest is reflected, by putting good people in place to run our health care system. We then need to get out of the way and let the managers manage.

At the end of the day, that kind of autonomy and independence only works if there is accountability. So, we are also putting in place measurable outcomes. We are holding our administrators throughout the province accountable not just for how dollars are spent, but in terms of how effective delivery of patient care.

Through this process we can measure outcomes, compare outcomes, look for innovations, and identify successes and ensure they are copied throughout the province. Health authorities have been given a mandate to make the critical changes that are needed to delivery better patient care, and I know they are working very hard to do a great job.

Accountability will be ongoing.

We need to stay focused on one goal - renewing health care and putting patients first. And that is exactly why we need to get on with rebuilding a well planned and well-managed system focused on patient care, fully integrating the BC Ambulance Service, continuing care, mental health and increasing the focus on prevention and health promotion.”

I want to caution anyone who believes that we can renew the health care system overnight. The problems we see today were decades in the making. There are many gaps in acute care, intermediate and long-term care and in terms of care for the mentally ill.

This is simply the first phase of action. But I have no doubt - if we work together - at the end of this process, more British Columbians will get the health care they need when they need it.