Setting Priorities for the B.C. Health System

SUPPORTING the health and well-being of B.C. citizens. | DELIVERING a system of responsive and effective health care services for patients across British Columbia. | ENSURING value for money.

February 2014
Overview

*Setting Priorities for the B.C. Health System* presents the strategic and operational priorities for the delivery of health services across the province. The plan is founded on a vision of achieving a sustainable health system that supports people to stay healthy and provides high quality publicly funded health care services that meet their needs when they are sick.

The plan builds upon on successes achieved through the health sector’s transformational guiding framework, the *Innovation and Change Agenda*, and is focused on delivering a patient-centred culture across all health sector services and programs, while incrementally improving on the quality of service outcomes.

The strategies and priorities outlined in this document are based on thoughtful analysis of population health and service utilization data, best practices from the research literature, lessons learned from B.C.’s efforts over the last four years to drive provincewide system change and consultation with many key stakeholders.

Implementing change in a complex system is not only difficult, it can also be unpredictable. Strategies and approaches that have proven effective in one setting may not work in another. Despite the best efforts and intentions, it is highly likely that some parts of the strategy will be less successful or effective than initially anticipated. This is why ongoing monitoring of progress against clearly defined outcomes and deliverables is critical and will be built into the implementation plan. The most critical feedback will come from patients themselves. To be considered successful, the strategy must improve the service experience of patients and their families and improve health outcomes in the population.

Building learning into the strategy through monitoring of performance indicators and feedback from patients and stakeholders will enable us to adjust our direction along the way and, if necessary, abandon and replace approaches and strategies that prove ineffective.

...a vision of achieving a sustainable health system that supports people to stay healthy and provides high quality publicly funded health care...
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Executive Summary

*Setting Priorities for the B.C. Health System* proposes that there is much that is effective in the current health system, while recognizing there are some persistent challenges that have been resistant to any substantive and successful change over the past decade.

Having clarified the meaning and scope of several terms, the paper takes stock of action taken to date. Four years ago, B.C. implemented a sector-wide strategy called the Innovation and Change Agenda to try to drive meaningful change across the health system.

The Innovation and Change Agenda was structured under four key themes:

1. **Providing** effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.
2. **Meeting** the majority of health needs with high quality primary and community based health care and support services.
3. **Ensuring** high quality hospital care services are available when needed.
4. **Improving** innovation, productivity and efficiency in the delivery of health services.

The key strength of the agenda was that it established an overarching system-wide strategic framework for co-ordinated action – something that had not been attempted in the past. It also laid the foundation for several large system strategies: the launch of Healthy Families BC as a provincial prevention strategy; the establishment of a First Nations Health Authority to close health gaps for Aboriginal peoples; and the strengthening of family physician practice and primary care to better address chronic disease management and improve community care of frail patients.

There have also been meaningful increases in the amount and timeliness of many day surgeries, as well as significant improvement in effective flow/bed management in hospitals. Progress has also been made with respect to patient safety and quality through the creation of the BC Patient Safety & Quality Council and the Patient Care Quality Review Boards. Most recently, the B.C. Government launched an open competition to recruit B.C.’s first seniors’ advocate. This role will be an important part of an overall strategic focus on improving care for B.C. seniors that began in 2012.

Other successes relate to realizing cost savings and efficiencies through the consolidation of services, shared purchasing, and the management of pharmaceutical and laboratory medicine costs. The Innovation and Change Agenda was successful in helping to slow growth in government spending. Prior to the agenda’s implementation, health care funding was growing by about seven per cent a year. Budget 2013 saw a 2.6 per cent growth.

...THERE ARE SEVERAL POPULATION SEGMENTS WHERE IT IS CRITICAL that we achieve system-wide improvement not only from a population wellness, patient health and quality of life perspective, but also from a budget management perspective...
Some of the key challenges of the agenda are related to change management and the implementation of the strategy across a complex sector: slowly achieving alignment and buy-in from health authorities and other system partners; the limited capacity of the system to deliver system-wide strategic change in a timely manner; and persistent challenges in the accessibility, quality and availability of data. There were also several service areas that remained stubbornly problematic and resistant to successful resolution, despite significant effort. Challenges persist with respect to access to family physician and primary care services in many communities; providing access to child and youth mental health services and effectively treating some adult patients with moderate to severe mental illnesses and/or addictions; proactively responding to the needs of frail elderly who may require complex medical supports and assistance with activities of daily living in order to remain living in the community; providing emergency response and emergency health care services in some rural and remote areas; emergency department congestion in some large hospitals; long wait times for some specialist, diagnostic imaging, and elective surgeries; stress on access to inpatient beds in some hospitals; and responding to the changing needs of patients in residential care in terms of dementia. These areas provide an opportunity for reassessment and fresh strategic efforts in setting priorities for the coming three years.

The minister’s mandate letter (June 2013) states that the Minister of Health is to continue the Innovation and Change Agenda by driving change in the areas of prevention, primary care, home and community care, and hospitals. This includes recommendations to cabinet on new priorities for the health system to ensure maximum value for taxpayers while providing maximum benefit for patients.

*Setting Priorities for the B.C. Health System* proposes that setting fresh priorities for a higher performing health system in British Columbia requires analysis and decisions in three areas:

1. **What outcomes do we want to achieve in terms of the health of populations and patients?** Which populations and patients require prioritized attention?

2. **What kind of sustainable health service delivery system do we need to have in place to meet those outcomes, and at what level of quality?**

3. **What strategy will we pursue to get results?** What enabling factors do we need to leverage and what constraints do we need to mitigate?

In response to the first question, the paper argues that there are several population segments where it is critical that we achieve system-wide improvement not only from a population wellness, patient health and quality of life perspective, but also from a budget management perspective:

- **Effective** chronic disease prevention through universal and targeted population health interventions that address all major risk factors across the life cycle.
- **Reducing** hospitalization and the need for residential care by preventing or slowing down the onset of frailty through targeted efforts to better manage the patient journey from low to moderate to more complex chronic conditions linked with aging/increased frailty.
- **Effective** community services for patients with moderate to severe mental illness and addictions to reduce hospitalizations.
- **Increasing** timely access to evidence-informed care from specialists, diagnostic imaging, and elective surgery to reduce wait times.
- **Providing** consistent quality of care for residential care patients, with a strong focus on quality of care for dementia patients.
- **Effective** and compassionate care for end-of-life patients.
This focus will improve patient care and outcomes for these populations, drive a sustainable budget, and potentially free up funds to better meet other patient needs in the health care system.

In support of these improved outcomes, and in response to the second question, eight priority areas for service delivery action have been identified.

**PRIORITY 1:**
*Provide patient-centred care*

Shift the culture of health care from being disease-centred and provider-focused to being patient centred.

**PRIORITY 2:**
*Implement targeted and effective primary prevention and health promotion through a co-ordinated delivery system*

Focus on the effective nudging of behavioural change to achieve a meaningful impact on health care system use. This will be built on the structure of the current Healthy Families BC strategy.

**PRIORITY 3:**
*Implement a provincial system of primary and community care built around inter-professional teams and functions*

Create a community-based system of inter-professional health teams with a strong focus on populations and individuals with high health and support needs: patients with chronic diseases, frail elderly, people with severe mental illness and/or substance use, and people with significant disabilities. Areas of action will include practice improvements with an integrated team using a clinical case management approach to the planning and delivery of services.
Planned health system funding increases will be targeted to known pressure points and service gaps:

- Increased aging in place and home care/monitoring services and technologies for higher risk patient segments.
- Adequate and effective home and community care supported by provincewide quality standards. Responsive step-up/down home and community care services that reduce emergency visits and hospitalization and slow down the progress of frailty in seniors.
- Increased 24/7 access to primary care for higher risk population segments.
- Increased group-based care for targeted patient populations led by diverse health professional teams.
- Improved transitions between community and residential care, with a reduction in avoidable hospitalizations.
- Improved community-based services for people with moderate to severe mental illness and substance abuse, including those with aggressive and antisocial behaviours.
- Improved dementia care, including support and training for formal and informal caregivers, development of a service framework for different stages of dementia, and expansion of home and residential care options.
- Improved end-of-life (palliative) care, including hospice space expansion where appropriate.

**PRIORITY 4:**
*Strengthen the interface between primary and specialist care and treatment*

Achieve better access to medical and surgical specialty consultation and direct treatment. Major deliverables should include:

- Creating divisions or practices of related medical specialists at the community level linked to Divisions of Family Practice and health authorities to improve consultation, referral and wait time management for treatment.
- Creating divisions or practices of related surgical specialists at the community level linked to Divisions of Family Practice and health authorities to improve consultation, referral and wait time management for treatment.
- The wider use of patient-focused funding initiatives linked to more holistic models of providing medical and surgical care, including increased contracting of services outside of hospital settings where appropriate.

**PRIORITY 5:**
*Provide timely access to quality diagnostics*

Complete laboratory reform and move on to improved evidence-based access to imaging services.

**PRIORITY 6:**
*Drive evidence-informed access to clinically effective and cost-effective pharmaceuticals*
PRIORITY 7: Examine the role and functioning of the acute care system, focused on driving inter-professional teams and functions with better linkages to community health care

This is driven by the changing use of hospitals and the reality of an aging capital infrastructure with real limits on the fiscal capacity to meet this challenge.

There is need for fresh thinking about and analysis of:

- How many and what types of hospitals the province needs.
- Patient pathways or services for frail seniors that avoid hospitalization.
- Whether outpatient clinics should be part of a hospital infrastructure.
- Opportunities to shift to community based delivery of services where appropriate – particularly for high volume, highly standardized procedures.
- The increased use of contracted acute clinical services to encourage competition and patient choice, with the private sector delivery of publicly funded outpatient clinical services supported by an appropriate regulatory framework.

PRIORITY 8: Increase access to an appropriate continuum of residential care services

KEY ACTIONS SHOULD INCLUDE:

- Developing residential care models and provincewide quality standards appropriate to the changing care needs of residents, with particular attention to people with dementia. This will be underpinned by a more flexible regulatory system to increase care availability (especially in rural settings) and health care supports using a wider range of congregate housing arrangements in partnership with private and not-for-profit housing providers.
- Ensuring adequate residential care services for younger populations with special needs such as chronic severe mental illness.
- In the shorter term there needs to be action to improve site-based hospital management and, where needed, build a new hospital culture.

The third question points to the importance of a coherent and effective provincial strategy. The most interesting question facing the health system is not what needs to change, but why change has not occurred. This is a critical and neglected element. The paper argues that we need to adopt a collaborative strategic approach to change management based on the realities of the health sector, and identifies seven strategic enablers critical for successful change:
STRATEGY 1:  
A Shared Plan of Action  
Deliver a patient-focused vision for the health system driven by a single, three-year plan of action built around provincial priorities and additional health authority priorities for operational improvement – with clear, measurable deliverables.

STRATEGY 2:  
Accountability to Deliver the Three-Year Plan  
Establish a clear performance management accountability framework built on public reporting. Include role clarity and accountability mechanisms for the Ministry of Health, health authorities, physicians, nurses and allied health professional and support staff focused on population and patient needs. This framework will be hard wired to health authority governance evaluation as well as executive and staff performance reviews.

STRATEGY 3:  
Quality  
Enable effective quality improvement capacity across the health system – strengthen quality assurance to effect meaningful improvements in patient outcomes.

STRATEGY 4:  
Skilled Change Management  
Enable effective change management capacity across the health system – adequate change management capacity is needed to drive successful change.

STRATEGY 5:  
Health Human Resource Strategy – An Engaged, Skilled, Well-Led and Healthy Workforce  
Involve professional and support staff to drive successful change.

STRATEGY 6:  
Information Management and Technology  
Enable access to timely and high quality data and information. Access to system data and information drives successful change.

STRATEGY 7:  
Budget Management and Efficiency  
Enable effective funding, financial and corporate service strategies. Improved cost management and different funding strategies drive successful change. Continue and refocus drive for efficiencies across the health system through lean process redesign at the program level, reducing unnecessary administrative costs at the health authority level, and reducing unnecessary duplication of effort between health authorities.

This suite of interrelated priorities focuses on key patient groups, a more integrated health system to better meet their needs (supported by key organizational change enablers), and provides a coherent, grounded and measurable game plan for the coming three years.
Introduction: 
Health System Strategy

The starting point for thinking about health system priorities for the B.C. health system is to recognize that British Columbians have thousands of successful interactions with the health care system every day, with multiple examples of excellent results: high quality maternity care; high quality acute, critical and trauma care services; excellent cancer care and treatment; high quality elective surgeries; high quality diagnostic services; and a highly trained health workforce. Citizens of B.C. enjoy some of the best health indicators in the world, pointing to the underlying strength of the province’s social determinants of health and the quality of its health care system.

It is also important to recognize that B.C. has made meaningful progress across a range of areas over the past several years, including: putting in place a proactive chronic disease prevention framework; strengthening primary care and, in particular, improving care and treatment for a number of chronic conditions; improving patient flow within and between hospitals and the community; increasing the use of day surgeries; an increasing focus on quality through strengthening clinical care management, physician quality assurance, and the establishment of the BC Patient Safety & Quality Council and the Patient Safety Review Boards; and improving productivity and cost management.

It is equally important to recognize that, despite significant efforts, there continue to be persistent challenges and issues across a number of service areas: some populations are more vulnerable and continue to experience poorer health and health outcomes; gaps in the continuum of mental health services for children and youth, as well as for some adult patients with moderate to severe mental illnesses and/or addictions; responding proactively and quickly to the changing complex health service needs of the frail elderly living in the community in order to avoid or reduce the need for hospitalization and residential care; providing emergency response ambulance services in some rural and remote areas; emergency department congestion in some large hospitals; long wait times for some specialist, diagnostic imaging, and elective surgeries; access to inpatient beds in some hospitals; and meeting the changing needs of patients in residential care in response to dementia.

There is also the reality that, similar to other international and Canadian jurisdictions, B.C.’s health system has seen its expenditures for health services growing at an unsustainable rate. British Columbia has been successful in driving down this rate of growth to more sustainable levels.

“A health care system featuring huge bureaucracies, large institutions, formidable professional associations and unions, well paid and educated administrators, with turnover of both ministers and senior health ministry, and all nominally supervised by a governing political party that has to respond to the complex Canadian public response to a health system encumbered with so much national emotion and self definition, results in a sector that is large, complex and notoriously difficult to manage.

The conclusion is that THE HEALTH SYSTEM CANNOT BE CHANGED QUICKLY OR EASILY. Nor that large amounts of additional money will necessarily buy change. Notwithstanding the difficulty of making change, there is a strong level of consensus that the health system cannot continue as delivered, administered, and financed.”

Chronic Condition by Jeffrey Simpson (2012)
The challenge will be to sustain this lower growth rate while adapting the system to meet the growth in demand, closing the gaps, and maintaining or continuing to improve quality. These issues are common across nearly every other health jurisdiction of members of the Organisation for Economic Co-operation and Development and have proved difficult to resolve. These challenges have become the basis for setting priorities for the health system. They require fresh thinking and renewed strategic effort.

Making the necessary changes has been elusive in most jurisdictions. Challenges to making changes to health care are numerous – with often divergent, entrenched viewpoints and established ways of doing business overwhelming efforts to make significant transformational shifts. Attempts at change are frequently relegated to pilot projects that are too small, too vague, too undermanaged or too slow in implementation to be effective as a system-wide approach to health care delivery innovation. The Canadian health care system has been described as a system plagued by pilot projects. The critical strategic issue is to be specific in the scope of these challenges and thoughtful about how to effectively realize system-wide improvement.

The strategic challenge at its simplest is:

- to maintain and continuously improve the quality of what we are doing well;
- to be specific in identifying, analyzing and taking effective action to address critical gaps and underperformance; and
- to drive increased value from the significant amount of money the Province already spends, while carefully targeting increases in the budget to close critical gaps.

This paper proposes setting priorities for a higher performing health system in B.C., based on analysis and decisions in three areas:

1. What outcomes do we want to achieve in terms of the health of populations and patients? Which populations and patients require prioritized attention?

2. What kind of sustainable health service delivery system do we need to have in place to meet those outcomes and at what level of quality?

3. What strategy will we pursue to get results? What enabling factors do we need to leverage and what constraints do we need to mitigate?
**Key Concepts**

It is important to have a shared understanding of several key concepts:

- Who are populations and patients?
- What makes up the range of health services within the B.C. health system?
- What does quality refer to?
- Why is sustainability an issue?
- How understanding the link between operations, continuous improvement, strategy, innovation, enablers and constraints is fundamental to successful strategic execution.

Having discipline in how we use these terms is important. Together, they will be used to shape a robust framework through which we can drive a shared and convergent dialogue and a collaborative approach to managing change across a large and complex sector.

**UNDERSTANDING POPULATIONS AND PATIENTS**

To meet population and patient health needs, the Ministry of Health focuses on the four areas suggested by the BC Patient Safety and Quality Council: staying healthy, getting better, living with illness and disability, and coping with end of life.

To better understand how we perform against these broad outcomes, there is a need to understand the quality of health services provided to the entire population or to specific patient populations. To this end, the ministry divides the population into key segments according to health status and service use:

- Healthy non-users;
- Maternity and healthy newborns;
- Healthy with minor episodic health needs;
- Major or significant time-limited health needs;
- Complex mental health and substance use need;
- Disability in the community;
- Cancer;
- Low complexity chronic conditions;
- Medium complexity chronic conditions;
- High complexity chronic conditions;
- Frail in community;
- Frail in residential care; and
- End of life.

The ministry analyzes health care use by assigning each B.C. resident to one of the above population groups based on the condition that determines their greatest need for health care in a particular year. This facilitates a more detailed and useful analysis of services used.

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**Meet Population and Patient Health Needs**

- Staying Healthy
- Getting Better
- Living with Illness or Disability
- Coping with End of Life
Understanding the Range and Level of Health Services

Along with an understanding of population and patient health care needs, we also need a shared understanding of the actual range of health services that are provided in an attempt to meet those needs.

British Columbia provides a range of publicly funded services, including:

**COMMUNITY**
- Primary health care services
- Home and Community Supports
- Maternity Care
- Medical Specialist Services

**DIAGNOSTIC AND PHARMACY SERVICES**
- Pathology
- Diagnostic Imaging/Radiology
- Pharmaceuticals

**HOSPITAL**
- Hospital Outpatient
- Cancer Care
- Ambulatory Support Therapies (Renal Dialysis)
- Physical Medicine and Rehabilitation
- Maternity
- Ambulance
- Emergency Department
- In Hospital Medical Care
- Anesthesia
- Ambulatory Elective Surgical
- In Patient Elective Surgical
- Transplant Surgery
- Trauma and Emergency Surgery

**POPULATION AND PUBLIC HEALTH**
- Healthy Living and Healthy Communities
- Maternal, Child and Family Health
- Positive Mental Health and Prevention of Substance Harms
- Communicable Disease Prevention
- Injury Prevention
- Environmental Health
- Public Health
- Emergency Management

**SPECIALTY POPULATION HEALTH AND CARE SERVICES**
- Mental Health
- Substance Use
- Assisted Living
- Residential Care
- Palliative Care
Generally, the range of health services can be described as falling within one of four levels:

**PREVENTION AND PUBLIC HEALTH**
- Activities directed at improving the general well-being of the population while also involving specific protection for selected diseases (e.g., immunization against measles), injury, and protection from health risks (e.g., food and water safety).

**PRIMARY CARE**
- Principal point of consultation and treatment for patients in the health care system and one that co-ordinates access to other specialists that the patient may need.
- Mainly focused on health maintenance, minor illnesses, secondary prevention (preventive medicine that focuses on early diagnosis, use of referral services, and rapid initiation of treatment to stop the progress of disease processes or a disability), and the treatment of longer term care for chronic conditions.

**SECONDARY CARE**
- The provision of a specialized consultation or medical service by a physician specialist or a hospital on referral by a primary care physician.
- Mainly focused on tertiary prevention – preventive medicine that deals with the rehabilitation and return of a patient to a status of maximum health with a minimum risk of recurrence of a physical or mental disorder.

**TERTIARY CARE**
- Treatment given in a health care centre that includes highly trained specialists and often advanced technology. Also referred to as acute care, it is often associated with a hospital and includes emergency, critical and intensive care medical services. It can also include tertiary prevention.

These health services are distributed geographically across the health system. The health system through which these services are delivered includes the organization of people, institutions (public/private), and the resources needed to deliver health care services. The dominant structures are five regional health authorities, one Provincial Health Services Authority, and the recently added provincial First Nations Health Authority. The regional health authorities are sub-divided into 62 geographic service areas categorized as metro, urban/rural, rural or remote. This provides a map from which to better understand the type and quality of health services delivered across the different geographic regions of British Columbia.

These entities have a complex relationship with quasi-autonomous physician practices and a range of private-pay health care service providers.

Underpinning this organizational system are critical considerations related to what governance and financing (public/private payer) mechanisms might best optimize effective and efficient service delivery. With these two elements (population/patient and health services/geographic areas), we now have a basic matrix with which to analyze services. What is missing is a means to evaluate the connection between the two. This is where quality comes into play.
**Understanding the Scope of Quality**

Quality is often used without a clear understanding of what it refers to, which makes its measurement problematic. In B.C., we have adopted the approach used by the BC Patient Safety and Quality Council, who defines the dimensions of quality as including effectiveness, appropriateness, accessibility, safety and acceptability.

**Deliver Quality Health Services**

- **Effectiveness**
- **Appropriateness**
- **Accessibility**
- **Safety**
- **Acceptability**

**Consistently Provide Patient-Centred Care**

**Engaged, Skilled, Informed and Well-Led Workforce**

**Optimal Use of Resources**

**Effectiveness**: Care that is known to achieve intended outcomes.

**Appropriateness**: Care that is provided is evidence-based and specific to individual clinical needs.

**Accessibility**: Ease with which health services are reached.

**Safety**: Avoiding harm resulting from care.

**Acceptability**: Care that is respectful to patient and family preferences, needs and values.

Underpinning these dimensions of quality, we propose to add a priority to consistently strive to provide patient-centred care. While many health organizations assert they put patients first, there is an overwhelming consensus that the health care system in many jurisdictions (including Canada) is built around the needs of providers. In any true patient-centred care delivery model, the primary driver of priorities is the patient as opposed to the setting where the care is provided or the experience from the provider perspective.

“We need a health care system designed to deliver chronic care to an aging population. The “journey of care” does not last a few days anymore; it often lasts years. Technology and drugs are important, but they should not take precedence over hands-on care and good old-fashioned caring. **OVER TIME, WE HAVE FOCUSED SO HEAVILY ON INCREASING THE QUANTITY AND SOPHISTICATION OF CARE THAT WE HAVE LOST SIGHT OF THE BASICS** – namely, that we are treating people, not just bodies harbouring a collection of disease and conditions.”

*The Path to Health Care Reform: Policy and Politics*  
by André Picard (2013)
Research demonstrates that a lack of caring results in high health care costs. The Planetree organization has been a key advocate for this issue, asserting that patient input confirms it is often the simple acts of caring that are most meaningful. Conversely, the absence of caring attitudes and gestures can leave a lasting impression. Improving patient-centred care is about examining all aspects of the patient experience and considering them from the perspective of patients versus the convenience of providers (including administrators, managers and executives). This requires a shift in the culture of health care organizations from being disease-centred and problem-based to being person-centred. It requires translating high-level patient-centred care concepts into actionable, attainable and sustainable practices; engaging medical staff in patient-centred care; empowering staff working with patients and residents to individualize the experience of care; and using data to drive change.

There is a sense among a sector of the workforce that as the technology of health care has advanced (in the context of recent strong efforts across the system to drive efficiency), the personal care dimension of quality is being diminished. As the system evolves in a tight fiscal environment, finding ways of delivering care that are efficient and effective without conceding the compassion that patients expect and deserve is a very real challenge.

The achievement of quality is inextricably linked to the commitment and skill sets of the health workforce and the ability to optimally use all available resources to support this quality.

There are a range of bodies that influence the quality of services provided, including the BC Patient Safety and Quality Council, Patient Care Quality Review Boards, health professional colleges and regulatory bodies, and the medicine and health faculties that train health professionals.

Why Sustainability is an Issue

Sustainability refers to a set of actions taken to ensure future generations experience comparable levels of consumption, wealth, utility and welfare as those of the present. The term is most often used in reference to the health system to highlight the continued growth of the health budget above increases in provincial revenues, leading to other government services suffering and/or increasing provincial debt – neither of which is sustainable in the long term.

Government is challenged on how to meet the increasing costs of the health care system without raising taxes and cutting programs. This is further complicated by the belief of many Canadians that their public health care system should deliver more without requiring them to pay for it.

There is also the question of how efficient and cost-effective Canada’s health care system is.

Many health system analysts question why our health care system stands near the top of the international rankings for per capita spending, but toward the bottom for results (Commonwealth Fund survey 2010).

Cost and demand pressures on health systems come from multiple factors, including demographic change, compensation demands, advances in medical technology, and growing expectations from patients and the public. Other contributors to rising health costs include changing epidemiological patterns and relative prices.
In B.C., the five primary drivers of cost in the health system have been identified as:

1. Inflation (2%)
2. Health care specific inflation pressures (0.7% driven by high compensation increases, new equipment, drug advancements, and increased use of injectable drugs)
3. Population (1.2% growth and 0.7% aging)
4. Utilization of services (0.9%)
5. Aging infrastructure maintenance and replacement

Over the past few years, B.C. has successfully managed some of these pressures. First and foremost, with compensation representing approximately 70 cents of every health care dollar spent in the public system, the government has been successful with physicians and unions in collaboratively negotiating agreements to manage compensation growth. Secondly, there have been significant efforts in driving efficiencies in how we deliver, administer and purchase services and supplies. The graph below shows the Ministry of Health as a percentage of total consolidated government revenues (yellow line) beginning to level out based on a reduction in the annual percentage increase of the ministry budget (blue line).

Due to these efforts, B.C. now compares well with other provinces, with the second lowest per capita health spending in Canada.

Additionally, our province compares well against other Organisation for Economic Co-operation and Development countries for life expectancy and per capita spending. British Columbia has one of the longest life expectancies and is one of the lowest in per capita spending. As the figure below demonstrates, spending more does not equate to better health.


<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy</th>
<th>Per Capita Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>81.3</td>
<td>$3,670</td>
</tr>
<tr>
<td>B.C.</td>
<td>81.4</td>
<td>$3,604</td>
</tr>
<tr>
<td>Sweden</td>
<td>81.4</td>
<td>$3,758</td>
</tr>
<tr>
<td>France</td>
<td>81</td>
<td>$3,974</td>
</tr>
<tr>
<td>Canada</td>
<td>80.9</td>
<td>$4,445</td>
</tr>
<tr>
<td>New Zealand</td>
<td>80.8</td>
<td>$3,022</td>
</tr>
<tr>
<td>U.K.</td>
<td>80.4</td>
<td>$3,433</td>
</tr>
<tr>
<td>United States</td>
<td>78.2</td>
<td>$8,233</td>
</tr>
</tbody>
</table>


The challenge for B.C. will be to sustain these efforts in the context of a health system that cannot be changed quickly or easily – acknowledging the need for decisions to be made that may change the way we deliver, administer and finance health care.

**How the Linkages Lead to Success**

Understanding the Link between Operations, Continuous Improvement, Strategy, Innovation, Enablers and Constraints is Fundamental to Successful Strategic Execution

Understanding the complexities involved in system change is key to its success. The first and most important lesson about health care is that simple one-off solutions to complicated problems are invariably wrong or deeply suspect – changing the health system presents a wicked problem. It can be argued that the change agenda is often significantly undermanaged, moves too slowly and does not result in system-wide transformation.

Operational management is the basic day-to-day processes by which the health care system produces its services and delivers them to patients. These are both direct (service delivery) and indirect (human resources, information technology, budget and cost management). Continued efforts to lean these processes – reducing waste and improving efficiencies – can result in cost savings, deliver short-term quality improvements, and are critical underpinnings of a sustainable health system in British Columbia.

Strategy points to the overarching efforts to successfully position the health system to provide both quality services and sustainability. It can be described as the approach used by the provincial health system to create value for its population and patients. Strategy is often assumed...
to be synonymous with a plan. A plan supposes a sequence of events that allows one to move with confidence from one situation to another. A strategy implies the involvement and dependence on others with different and possibly opposing interests and concerns. This is critical to change management in a health system populated by multiple professional, administrative, and political interests. A successful strategy has to successfully navigate the differences in these interests to a stated end point.

Innovation is often an important element of a successful strategy. Innovation refers to generating a new solution to a problem. It can involve new services, products and processes, or involve ideas based on cutting-edge discoveries, technologies and practices. Innovation involves doing something differently rather than doing the same thing and expecting different results.

Also critical to a successful strategy is accurately assessing the factors that enable or constrain the strategy:

- The range of ideas, values and beliefs about the vision for health care – how it should be organized and how it should be evaluated. These are expressed in the prescribed and emergent structures and systems that drive the organization. In health care, the role of the hospital has been a key, and potentially dysfunctional, driver of the way health care has developed.

- The impact of the organizational context (political, cultural, financial). The fiscal constraint highlighted above is an important constraint on any chosen strategy.

- Power dependencies in the health care sector are also critical. Power is dispersed and distributed across a range of competing professional groups, health administrators, civil servants, politicians, interest groups and suppliers.

- The capacity (e.g., leadership, management, commitment, knowledge/skills, and information management) to deliver a strategy.

Each of these elements requires careful assessment in crafting a successful strategy.
Strategy Implementation and Future Direction in B.C.

The Innovation and Change Agenda (2009-2013)

Setting new priorities starts with understanding where we are. Four years ago, B.C. implemented a sector-wide strategy called the Innovation and Change Agenda to try to drive meaningful change across the health system. The Innovation and Change Agenda is structured under four key themes. The first three are linked to major health services delivery areas, and are underpinned by the fourth strategic imperative:

1. Providing effective health promotion, prevention and self-management to improve the health and wellness of British Columbians.
2. Meeting the majority of health needs with high quality primary and community based health care and support services.
3. Ensuring high quality hospital care services are available when needed.
4. Improving innovation, productivity and efficiency in the delivery of health services.

Health Promotion and Prevention of Chronic Disease

In partnership with health authorities and other sectors (e.g., local governments, schools, non-governmental organizations), the ministry has carried out a multi-pronged approach aimed at avoiding or delaying the onset of chronic disease through population based health promotion.

The Healthy Families BC strategy targets investments and efforts into programs with measurable outcomes that address physical inactivity, unhealthy eating, and obesity by focusing on four key areas: proper nutrition, healthy lifestyles, resources for parents and fostering healthy communities. For example, the groundbreaking partnership with ParticipACTION has enabled increases in physical activity levels throughout the province and has strengthened British Columbia’s reputation as a leader in healthy living.

A Parliamentary Secretary for Healthy Living was appointed with a mandate to work with medical professionals and make recommendations to the minister on how government can support healthy living and preventative health measures.

Integration of Primary and Community Care

Integrated primary and community care strategies are aimed at shifting the way health care is managed and delivered to provide the co-ordination and continuity of care required to meet the needs of targeted populations: those with complex chronic conditions, people with moderate

“...If left unrestrained, health spending could soon exceed realistic limits beyond what governments, social security or family budgets can afford. The need to rein in large fiscal deficits offers AN OPPORTUNITY TO RETHINK THE FINANCING AND DELIVERY MODELS OF HEALTH SYSTEMS. Long-term trends are equally challenging, with changes in disease patterns forcing countries to deal with the rapidly changing structure of sicknesses, especially the growing burden of non-communicable and ageing-related diseases. This will require investing in preventing chronic illnesses related to lifestyles as well as promoting integrated care and further innovation in health services.”

Angel Gurria, secretary general, Organisation for Economic Co-operation and Development
to severe mental illness and/or substance use, the frail elderly, and individuals with dementia or at end of life.

Structural elements have been put in place to facilitate increased capacity for care in the community, in addition to the implementation of a wide range of programs to improve care for targeted populations and efforts to improve access through ongoing programs such as GP4Me. Currently, 32 Divisions of Family Practice (groups of physicians working to address common health care goals within their region) cover 53 of the 62 geographic service areas. These divisions are linked to the use of collaborative services committees – bringing physicians, the B.C. Medical Association, the ministry, health authorities and communities together to make decisions about local services.

A more recent development has been the tripartite agreement between the federal government, provincial government and First Nations to establish the First Nations Health Authority, which focuses on a wellness approach to strengthening the health of B.C. First Nations peoples and communities.

**HIGH QUALITY HOSPITAL SERVICES**

Hospital-related strategies include standardizing a number of evidence-based care protocols, increasing access to appropriate diagnostic imaging services, increasing surgical capacity to reduce wait times, improving flow through emergency departments and improving medical inpatient bed management. These actions have been supported by the establishment of the

BC Patient Safety and Quality Council and improved systems to respond to patient complaints and concerns through the use of Patient Care Quality Review Boards.

**INNOVATION, PRODUCTIVITY AND EFFICIENCY**

The ministry has pursued assertive expenditure management through the use of innovative strategies to increase productivity and improve efficiencies. Specific actions include:

- Lean process improvements to reduce waste.
- Active management of pharmaceutical and laboratory costs.
- Consolidation of back-office functions and shared business services.
- Activity-based financial incentives and patient focused funding.
- Information management/technology solutions, including:
  - Implementation of e-Health, developing systems to make health care information accessible, supporting personal health and health care decision-making, and health system sustainability.
  - Development of the BC Services Card.

**Strengths of the Innovation and Change Agenda**

With the establishment of the Innovation and Change Agenda, the provincial health system has had a consistent, overarching system-wide strategic framework over four years – something that had not been attempted in the past.

The Innovation and Change Agenda has laid down the foundational elements of several large system strategies:

- Healthy Families BC provides the foundation for a provincial chronic disease prevention strategy;
- The First Nations Health Authority is an important foundation in closing the health gaps between Aboriginal and non-Aboriginal British Columbians;
The integration of primary and community care, including the development of Divisions of Family Practice, is better meeting the secondary prevention and continuity of care needs for chronic illness management and improved community care of frail patients;

Meaningful increases in the amount and timeliness of many day surgeries, and significant improvement in effective flow/bed management in hospitals; and

The eHealth program has established a robust information technology infrastructure, creating and enhancing information repositories and building secure information exchange services that enable the exchange of health information (e.g., drug profiles, laboratory tests, medical imaging information).

The Innovation and Change Agenda also focused on cost savings and efficiency. The leading actions were consolidating back-office functions and implementing shared purchasing across health authorities, and strong management of pharmaceutical and laboratory medicine costs. This has resulted in helping to slow growth in government spending. Prior to the agenda’s implementation, health care funding was growing by about seven per cent a year. Budget 2013 saw a 2.6 per cent growth.

In 2008, the provincial government created the BC Patient Safety & Quality Council to enhance patient safety, reduce errors, promote transparency and identify best practices to improve patient care. Its mission is to provide system-wide leadership through collaboration with patients, the public and those working within the health system. Progress has been achieved on quality care improvement through the implementation and use of clinical care guidelines in a small number of selected areas. Government also introduced the Patient Care Quality Review Board Act to establish a clear, consistent, timely and transparent approach to managing patient care quality complaints in British Columbia. This process provides patients with the opportunity to better resolve concerns and further improve the quality of the province’s health care system.

Most recently, the B.C. Government launched an open competition to recruit B.C.’s first seniors’ advocate. This role will be an important part of an overall strategic focus on improving care for B.C. seniors that began in 2012.

Challenges of the Innovation and Change Agenda

Some of the key challenges for the agenda were related to change management and the implementation of the strategy across a complex sector. Alignment and buy-in from health authorities and other system partners to the provincial strategy has been partial and incremental (highlighting the challenge of building commitment to a shared agenda across diffuse interests and power dependencies) due to the limited capacity in the system to deliver system-wide strategic change in a timely manner. There have also been persistent challenges in the accessibility, quality, and availability of data for performance management, monitoring and outcomes measurement across the system. There is still work to do before the benefits of the e-Health strategy is fully realized – in particular with regards to the use of the electronic medical/health record and health information exchange.

As noted at the beginning of this paper, several service areas remain stubbornly problematic and resistant to successful resolution despite significant effort and some key populations continue to be more vulnerable and experience poorer health and health outcomes. These challenges and gaps provide an opportunity for reassessment and fresh strategic efforts in setting of priorities for the coming three years.
**Future Direction**

The minister’s mandate letter (June 2013) states that the Minister of Health is responsible for protecting and enhancing the health care system while ensuring the best possible value for taxpayers in the context of significant demand pressure. It includes two instructions regarding the overall direction for the health system. One is to continue the Innovation and Change Agenda by driving change in the areas of primary care, home and community care, hospitals, and prevention (mandate letter, no. 4). The other mandate direction is to recommend to cabinet the new priorities for the health system to ensure maximum value for taxpayers while providing maximum benefit for patients (mandate letter, no. 3).

Additional mandate deliverables focus on key service areas – prevention, utilization of nurse practitioners, mental health service improvement, laboratory reform, addiction service expansion, expanded end-of-life care services, and successful labour negotiations.

Finally, the minister must ensure services are delivered within health authority and overall ministry budgets.

Having set out the context and starting point, let us now turn to answering the following three key questions:

1. What outcomes do we want to achieve in terms of the health of populations and patients? Which populations and patients require prioritized attention?

2. What kind of sustainable health service delivery system do we need to have in place to meet those outcomes and at what level of quality?

3. What strategy will we pursue to get results? What enabling factors do we need to leverage and what constraints do we need to mitigate?
The key to understanding how best to deliver care to British Columbians is an in-depth understanding of the care requirements of the patients themselves. For the purposes of this analysis, health service use is used to represent need.

As noted earlier, the Ministry of Health analyzes health care use using a framework that assigns each B.C. resident to a population group based on the condition that determines their greatest need for health care in a particular year. Within this framework, the health care needs of the population can be divided into the following key population segments:

- Healthy non-users
- Maternity and healthy newborns
- Healthy with minor episodic health needs
- Major or significant time-limited health needs
- Complex mental health and substance use need
- Disability in the community
- Cancer
- Low complexity chronic conditions
- Medium complexity chronic conditions
- High complexity chronic conditions
- Frail in community
- Frail in residential care
- End of Life

British Columbia has a population of 4.64 million people, made up of 50.5 per cent women and 49.5 per cent men. Almost a third of B.C.’s population is over the age of 50, while the proportion of children under 15 is lower than ever. Within the next 15 years there will be fewer school-age children than people over 65 and more people retiring than entering the workforce. It is expected that by 2022, one in five British Columbians will be over 65 years old.

B.C. generally has the healthiest population in Canada and experiences among the highest life expectancy (82 years) in Canada (81 years) and the world (70 years). We are continuing to see decreasing premature mortality rates. However, there are still over 550,000 British Columbians who smoke and over one million who are overweight or obese. Additionally, a decrease in premature mortality is not consistent across the province, and in particular the gap between the North and other health authorities is growing. There continue to be significant differences in health outcomes between Aboriginal and non-Aboriginal people in the province, notably in terms of health indicators such as life expectancy and mortality. These elements point to the importance of the social determinants of population health as opposed to the role the health care system plays.

...B.C. generally has the healthiest population in Canada and experiences among the HIGHEST LIFE EXPECTANCY...
Underpinning an understanding of these population segments is the need to understand population differences across diverse geographic and socio-economic status, and their impact on health status. As noted earlier, this is facilitated by the regional health authorities being sub-divided into 62 geographic service areas categorized as metro, urban/rural, rural or remote. This allows us to better understand the type and quality of health services delivered across the different geographic regions of British Columbia.

The following table lists each population segment, their number and percentage of the overall population, and the number and percentage of overall health spending they required in 2011/12. It covers approximately two-thirds of activity across a key number of the health services. While the data is incomplete, it is still a good representation of health care use.

The population and patient needs analysis results in some key findings about the populations and services most in need of attention. Four populations in particular are relatively low in number but use high percentages of health services:

1. people receiving cancer treatment;
2. the frail senior population living in residential care;
3. people with medium or high complex chronic condition; and
4. patients with severe mental illness and/or substance use.

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1. This analysis includes publicly funded health services that are reported to the ministry on a person specific basis. It represents approximately $9.9 billion in publicly funded services, though some services are not included (e.g., salaried physician services, community mental health expenditures, BC Cancer Agency activities). PEOPLE 34 Population Data, BC STATS.
People receiving cancer treatment are large users of resources in generally a two year period – the year of diagnosis and the following year as treatment continues. This use of services is understandable and largely unavoidable, and British Columbia is seen to have a high functioning cancer care system that generates some of the best patient outcomes in the world. As such, this is not seen as an area requiring priority action beyond the regular focus of continuous improvement by the BC Cancer Agency.

The next two population segments on the list are dominated by older adults (65+) and use 55 per cent of all services. As demonstrated in the chart below, these two populations also have some of the highest projected growth rates in population and service demand between 2011 and 2036.

These three populations also play a key role in many of the service challenges identified earlier.

### GROWTH IN DEMAND FOR HEALTH CARE BY POPULATION SEGMENT

**Impact of Projected Growth in B.C. Population**

<table>
<thead>
<tr>
<th>Population Segment</th>
<th>Growth 2011 to 2016</th>
<th>Next 10 Years to 2026</th>
<th>Next 10 Years to 2036</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frail in Care (In Residential Care)</td>
<td></td>
<td></td>
<td>120%</td>
</tr>
<tr>
<td>High Complex Chronic Conditions</td>
<td></td>
<td></td>
<td>98%</td>
</tr>
<tr>
<td>Frail in the Community</td>
<td></td>
<td></td>
<td>96%</td>
</tr>
<tr>
<td>End of Life</td>
<td></td>
<td></td>
<td>93%</td>
</tr>
<tr>
<td>Medium Complex Chronic Conditions</td>
<td></td>
<td></td>
<td>76%</td>
</tr>
<tr>
<td>Cancer</td>
<td>69%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Complex Chronic Conditions</td>
<td>45%</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Sever Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Use</td>
<td>32%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Major Condition, OTHER</td>
<td>31%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy and Low Users</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child and Youth &lt; 18 years</td>
<td>19%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity and Healthy Newborns</td>
<td>18%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>120%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FRAIL SENIORS

British Columbia’s population is growing and aging, with the fastest growing seniors’ population in Canada. The population over 65 is expected to increase from about 14 per cent to 24 per cent of the total provincial population between 2006 and 2036.

The aging of the population is important as the likelihood that a person will have at least one chronic condition or life-limiting illness increases significantly with age. As a result, so does their need for health services.

While seniors use more health services than other populations, they are not a homogenous group and only a subset of seniors requires high cost services. Those using residential care represent one per cent of the population and only nine per cent of the total population over 75, but use 25 per cent of all health system resources.
Once people enter residential care, the majority of their publicly funded health care is provided by the residential care facility (91%). However, a large driver of total cost occurs in the year prior to, and the year of, entry into residential care - with high rates of hospitalization via emergency departments en route to residential care. For example, more than seven out of every 10 new entrants to residential care have at least one inpatient hospitalization in the year.

The health status of seniors prior to entering residential care is an important factor in the analysis of population and patient needs. More than 60 per cent of people entering residential care have been identified as having a high complexity chronic condition in the previous year, and it is likely that many will also have fallen into the “frail in community” category as well. These seniors require a range of health supports to manage the challenges of increasing frailty, which is often combined with chronic diseases such as dementia that can profoundly impact their ability to maintain independence.

It is estimated that frail seniors in the community may be under-served by existing community and support services, which may only hasten the need for high-intensity residential care. Once in residential care, there are challenges as to how we provide dignified and compassionate care given the increasing number of patients suffering with moderate to advanced dementia and the associated care and behavioural challenges this presents.

The data confirms the continued need for a strategic and operational focus on improving health care interventions and services for a subset of seniors using a targeted population approach to better manage chronic conditions, avoid unnecessary emergency department visits and hospitalizations, and better plan for the impact of frailty on a senior’s ability to continue to live safely in the community. Improving the quality of geriatric care across the entire health care system continuum is critical to ensuring that seniors receive the most appropriate care to promote the best outcomes and quality of life, including the need for palliative care as they approach end of life. The costs of inappropriate hospitalization versus expanded and more effective care options in the community must be a key consideration in any strategy going forward.

Preventative services for seniors are also vitally important. Prolonged inactivity during hospitalization can lead to a loss of function and mobility. Seniors who are admitted to acute care often get discharged with a reduced level of functional ability and never recover their previous level of independence.

**CHRONIC CONDITIONS**

Frailty is linked in part to complex chronic conditions. People with medium or high complexity chronic conditions represent 12 per cent of B.C.’s population and use 30 per cent of health system resources.

With an aging demographic, the prevalence of chronic illnesses is on the rise. Chronic illnesses have multiple causes that vary over time, including: hereditary factors, social and economic status, lifestyle (e.g., poor diet, lack of exercise, smoking and/or alcohol consumption, stress), exposure to environmental factors and physiological factors. There are a wide range of chronic illnesses (e.g., arthritis, asthma, lung disease, chronic pain, congestive heart failure, diabetes, high blood pressure, stroke) that require sustained and co-ordinated medical and non-medical management.

People with high complex chronic conditions use the most hospital, PharmaCare, and home and community care services, and are high users of general practitioner and specialist services. Thirty-five per cent of people in this population were hospitalized at least once during the year.
There is a clear progression over a relatively short time period (five years) where people move from healthy or low complexity chronic conditions to high complexity chronic conditions. For people newly diagnosed with one or more chronic conditions, their hospital and specialist costs are much higher than for people who already are in the high complexity chronic conditions category. This can be explained by the significant medical intervention needed in the initial acute onset of the illness, as opposed to the disease management stage that follows.

Patients with chronic disease require increased time, planning and care co-ordination as they age. Inadequate or ineffective community care also results in increased demand for acute care services. This is clearly less than optimal for the patient and unnecessarily more expensive. The challenge is to better understand this reality and change the trajectory through earlier, more effective interventions.

SEVERE MENTAL ILLNESS AND/OR SUBSTANCE USE

While being a smaller driver of overall health care costs, mental health and substance use conditions represent a high burden of disease in the population due to the early age of onset for severe mental illness (typically before age 24) and need for ongoing treatment and support across the life span. The majority of children, youth and adults with mild to moderate mental health and/or substance use problems can be effectively supported or treated through low-intensity community-based services. However, this statement is dependent upon the timely access to effective evidence-based treatment.

A small proportion of people experience severe and complex problems that require more intensive service approaches. According to the ministry’s patient and population needs analysis, people with severe mental illness and/or substance use problems represent about two per cent of the population. However, they are significant users of hospital services, which are linked in part to an imbalance between hospital use and effective community resources. While patients presenting with mental illness or substance use needs represent only six per cent of emergency visits, 29 per cent of those visits result in admission to an inpatient bed, using close to 3.5 per cent of inpatient bed days at a cost of $390 million.

In this context, there is a growing level of concern regarding the capacity of the health system to effectively meet the needs of individuals with severe addictions and/or mental health illness. In particular, a subset of these individuals suffers from chronic, disabling poly-substance use and often severe mental illness.

The costs of untreated or under-treated mental illness and addictions go well beyond the health care system and impact the ministries of Social Development and Social Innovation, Housing and Justice.

ACCESS AND WAIT TIMES

The three populations described above are an important contributing factor to a general issue that is often portrayed as widespread across Canada’s health system – access and wait times. As noted at the beginning of this paper, the starting point for thinking about access and wait times is to recognize that British Columbians have thousands of successful interactions with the health care system every day, with multiple examples of excellent results.

Many large emergency departments remain congested. The total number of emergency visits continues to increase each year (an 8.6 per cent increase from 2009 to 2013), and the per capita number of visits has also increased (by three per cent from 2009 to 2013). There are now over two million emergency department visits per year. The percentage of emergency patients admitted within 10 hours of decision to admit remains at 67 per cent, while the percentage admitted within two hours has declined from 39 per cent to 38 per cent (2009 and 2013).
Most medium and large hospitals operate consistently at capacity levels close to and over the nominally funded 100 per cent bed level. This is predominantly driven by demand for medical inpatient beds from the populations identified above.

Overall, Canadian elective surgical waitlist reduction strategies have been expensive, narrow in focus and only partially successful. A negotiated 2003/04 agreement committed funding of $5.5-billion over 10 years to the Wait Time Reduction Fund in order to reduce wait times for five procedures: cataract removal, hip and knee replacements, diagnostic imaging, cardiac bypass surgery and cancer radiation therapy. In 2011, the Canadian Institute for Health Information showed that there were reported improvements for three years, but also noted the very generous timelines being used by the health sector to measure the success of the strategy.

Despite the attention paid to surgical waitlists and increases in volumes of elective surgeries, B.C.’s wait times for many procedures have not declined and performance is either stagnant or slipping. For example, the average wait time for the top 20 surgical procedures declined slightly from 2009 to 2010, but has remained mostly the same since then. The percentage of non-emergency surgeries completed within the benchmark wait time in B.C. currently stands at 66 per cent (Q2 2013/14), down from 82 per cent in 2010/11. In 2002/03, 90 per cent of patients received their procedure within 23 weeks. Ten years later (2012/13), 90 per cent of patients received their procedure within 26 weeks. Over the same time period, the number of procedures increased from 206,000 to 218,000 per year, pointing to increased use based on procedural improvements.

Finally, in the area of diagnostic imaging, and despite the needed debate on appropriateness, B.C. has one of the lowest rates of MRI and CT exams in Canada and has only recently begun measuring wait times for diagnostic procedures.

OUTCOMES

Based on this population and patient analysis, what outcomes might B.C. want to achieve? This can be framed in three propositions:

- To improve health outcomes, as well as patient and workforce satisfaction, we need to drive a patient-centred culture across the health sector.
- Any strategy going forward needs to require that we maintain and incrementally improve on what is working well.
- There are several population segments where it is critical that we achieve system-wide improvement both from a population wellness, patient health and quality of life perspective and from a budget management perspective.

Six desired outcome areas stand out:

- Effective chronic disease prevention through universal and targeted population health interventions that address all major risk factors across the life cycle.
- Reducing hospitalization and the need for residential care by preventing or slowing down the onset of frailty. This can be achieved through targeted secondary prevention, with a particular focus on better managing the development from low to moderate to complex chronic conditions linked to aging/increased frailty that appear to happen over a five-year period.
- Reducing hospitalizations through effective secondary and tertiary prevention for mental illness and addictions.
- Increasing timely access to evidence-informed care from specialists, diagnostic imaging, and elective surgery.
- Providing consistent quality of care for residential care patients, with a strong focus on quality of care for dementia patients.
- Effective and compassionate care for end-of-life patients.
Quality and a Sustainable Service Delivery System

WHAT KIND OF SUSTAINABLE HEALTH SERVICE DELIVERY SYSTEM DO WE NEED TO HAVE IN PLACE TO MEET THESE POPULATION AND PATIENT NEEDS, AND AT WHAT LEVEL OF QUALITY?

This section of the paper identifies eight linked areas that will require prioritized and sustained focus to achieve meaningful improvements in the population and patient outcomes identified in the previous section.

PRIORITY 1:
Provide patient-centred care

Patient-centred care will be the foundational driver in the planning and implementation of all strategic actions in the health system strategy. The province will strive to deliver health care as a service built around the individual, not the provider and administration. We will do this in collaboration with our health workforce and with patients. This is not an overnight change, but a promise of a sustained focus that will drive policy, service design, training, service delivery, and service accountability systems over the coming three years.

A first key action will be to start to shift the culture of publicly funded health care organizations in B.C., where required, from being provider/administrator-centred and/or overly disease-centred to being person-centred. It will require translating high-level patient-centred care concepts into actionable, attainable and sustainable practices across all sectors of the health system, including: engaging medical, nursing, allied health and support staff; empowering staff working closest with patients and residents to individualize the experience of care; and using feedback from patients to evaluate and drive change. This approach will be built into governance evaluation, as well as executive and staff performance reviews.

A key deliverable will be the development of a framework for patient centred care, which sets out key principles, practices and deliverables.

PRIORITY 2:
Implement targeted and effective primary prevention and health promotion through a co-ordinated delivery system

Chronic disease and injury prevention is essential for improving overall population health and reducing the growth of health care costs. British Columbia has built a strong prevention foundation and is seeing results. However, sustained efforts are required, and a more focused approach can be taken to prevent and reduce avoidable illness and injury and the associated care and treatment costs.

The Informed Dining program provides consumers with nutrition information upon request before or at the point of ordering in the restaurant so that they can MAKE INFORMED MENU CHOICEs.

Now implemented in 37 restaurants, with 1,523 OUTLETS IN B.C. (and 6,035 outlets across Canada).
The first key focus of the prevention strategy will be to work with partners in health authorities and the wider health sector (e.g., non-government organizations) to build on Healthy Families BC, with a suite of evidence-informed actions organized across seven intervention streams:

- Healthy eating
- Physical activity
- Tobacco control
- Healthy early childhood development
- Positive mental health promotion
- Building a culture of moderation for alcohol use
- Injury prevention

Activity in these areas will focus on the life course and key settings, designing interventions that take into account health inequities and using multiple tools of influence. A second key focus will be to more explicitly apply the behavioural sciences to shift (nudge) modifiable behaviour at the individual level for enough of the population to have a meaningful impact on overall health in the long term.

The prevention strategy will implement four of the goals in B.C.’s Guiding Framework for Public Health, and will drive action to help meet these goals and the 10-year performance measures outlined in that directional document.

**PRIORITY 3: Implement a provincial system of primary and community care built around inter-professional teams and functions**

Critical to making progress in reducing hospitalizations and the need for residential care is to prevent or slow down the onset of frailty or the need for hospitalization through effective and proactive secondary and tertiary prevention for frailty, chronic diseases, mental illness and addictions. The role of family physicians, primary and community care professionals and support staff are central to this effort. To the extent possible, patients and families will be encouraged to be active partners in their own care.

Efforts to date to develop a system of primary and community care have focused on establishing foundational elements linked to improved care for patients with chronic diseases and structures such as the Divisions of Family Practice across the province (linking family physicians around quality care at a community level) and their associated collaborative services committees (linking family physicians with health authorities). British Columbia is now well positioned to further leverage this collaborative infrastructure with meaningful service shifts in chronic disease management and care improvements of the frail elderly in the community. This will include a strong focus on inter-professional teams and functions.

Key to this approach is facilitating a healthy partnership between community physicians and health authorities, as well as ensuring progress on the GP4ME and NP4BC programs. Further, the ombudsperson’s report, *The Best Care: Getting It Right for Seniors in British Columbia*, the subsequent *Improving Care for B.C. Seniors: An Action Plan*, and the *Healthy Minds, Healthy People* mental health plan (mandate letter, no. 5) all provide important reference points for driving improvements to home
and community care, home support and assisted living (as well as residential care) and mental health and addiction services.

A key action for this priority is to fully implement access to family physicians and primary health care teams across all 62 geographic service areas (metro, urban/rural, rural or remote) based on a system of inter-professional health teams. The system has a strong focus on populations and individuals with high health and support needs: patients with chronic diseases, the frail elderly, people with severe mental illness and/or substance use problems, and people with significant disabilities.

In particular, this action will enable a more consistent approach to working with rural communities by ensuring that residents in rural and remote areas of the province, including First Nations, have reasonable but consistent access to services, including:

- Defining what access looks like for primary, community and ambulance care in rural and remote communities.
- Facilitating partnerships with communities in shaping health service delivery.
- Establishing clear patient pathways for how rural and remote communities are linked to specialist and acute care services (e.g., information management and technology, telehealth, transportation).
- Creating a sustainable and effective rural health human resources strategy.

An integrated and team-based clinical case management approach will focus on delivering services to patients moving toward frailty or chronic disease.

Planned health system funding increases will be targeted to support this action, including:

- Increasing aging in place and home care/monitoring services and technologies for higher risk patient population segments.
- Ensuring adequate and cost-effective home and community care, supported by quality standards. There will be a strong focus on providing responsive step-up/down home and community care services that reduce emergency visits and hospitalization and slow down the progress of frailty in seniors.
- Increasing 24/7 access to primary care for higher risk patient populations.
- Increasing group-based care for targeted patient populations led by diverse health professional teams.
- Improving planning for transitions between community and residential care to reduce avoidable hospitalizations.
- Improving community-based services for children and youth with mental illness and adults with moderate to severe mental illness and substance use problems, including those with aggressive and antisocial behaviours and additional addiction spaces (mandate letter, no. 9)
- Improving dementia care, including support and training for formal and informal caregivers and developing a more adequate service framework for different stages of dementia linked to the expansion of home and residential care options.
- Improving end-of-life (palliative) care, including hospice space expansion where appropriate (mandate letter, no. 10).
PRIORITY 4:  
*Strengthen the interface between primary and specialist care and treatment*

In a high functioning health system, patients with conditions requiring specialist services experience seamless and timely access to the services they need. A priority area for further improvement is the ability of family physicians, primary and community care practitioners to facilitate timely access to specialist levels of care for their patients when needed.

A key action for this priority is to ensure timely access to medical and surgical specialty consultation and treatment across all 62 geographic service areas (metro, urban/rural, rural or remote). In support of this action, major deliverables will include:

- Collaborating with physicians to create divisions or practices of related medical specialists at the community level, with links to Divisions of Family Practice and health authorities to improve consultation, referral, and wait time management for treatment.
- Collaborating with physicians to create divisions or practices of related surgical specialists at the community level, with links to Divisions of Family Practice to improve consultation, referral, and wait time management for treatment.
- Improving patient-centred choice and timeliness of access to treatment through the wider use of patient-focused funding programs that may also support different models of providing medical and surgical care, including increased contracting of services out of hospital settings where appropriate.

REBALANCE MD

PROVIDES complete care from initial assessment and diagnosis to post-operative therapy and follow-up.

PATIENT wait times to see a specialist have been reduced from 6-20 months to five weeks.

PRIORITY 5:  
*Provide timely access to quality diagnostics*

Timely access to evidence-informed diagnostic services is critical to the previous two priorities. Demand for diagnostic imaging and laboratory testing is rising, driven by a number of factors, including: an aging population; increased reliance on testing to facilitate evidence-based medicine; rapidly advancing technology and availability of testing; and a more informed patient population. Continuous improvement in both quality and cost are important elements of a sustainable strategy going forward for the health system.

Government is already committed to laboratory reform that will establish laboratory medicine services as an integrated provincial system (mandate letter, no. 7). This system will drive quality, co-ordinate investment in new technologies and optimize value for money.

Similar efforts are required to improve wait times, develop and implement ordering guidelines for CT, MRI, and PET based on patient safety and appropriateness, and eliminate unnecessary and duplicative testing using evidence-based practices.
PRIORITY 6:  
*Drive evidence-informed access to clinically effective and cost-effective pharmaceuticals*

Access to clinically effective and cost-effective pharmaceuticals is a key service area for any health system. Two overarching aims will be achieved through the following actions:

- Achieve the best therapeutic value and price for publically funded products and services.
- Continue participation in the Council of Federation’s Pan-Canadian Pricing Alliance for brand and generic drugs.
  - Continue to leverage the BC Pharmaceutical Services regulations on the Lowest Cost Alternative and Reference Drug program to achieve best drug pricing.
  - Set generic drug prices at 20 per cent of brand prices.
- Deliver an accessible, responsive, evidence-informed, and sustainable drug program.
- Lean the drug review process and establish an annual plan for more therapeutic reviews and drug policy strategies.
  - Produce an implementation plan that outlines practice support strategies (prescribing) for doctors and pharmacists to improve the optimal use of drugs linked to the six priority patient outcome areas.
  - Improve drug formulary alignment and drug review collaboration between the ministry and health authorities to support patient care and transitions back to the community.
  - Develop new regulations to ensure a robust PharmaCare program, including provider enrollment, information management and audit enforcement policies.
  - Develop a program for pharmacists and doctors to help them work together to achieve the best patient health outcomes linked to the six patient outcome areas through Divisions of Family Practice and medical specialists. This will be linked to the proactive team clinical case management approach to planning and delivering services to patients at risk of hospitalization, on a trajectory toward frailty, or from low to medium to high complex chronic conditions.
  - Explore innovative coverage policies to improve adherence for selected high user populations. This will be linked to the proactive team clinical case management approach to planning and delivering services to patients at risk of hospitalization, on a trajectory toward frailty, or from low to medium to high complex chronic conditions.

PRIORITY 7:  
*Examine the role and functioning of the acute care system, focused on driving inter-professional teams and functions with better linkages to community health care*

Acute care is the largest and most expensive sector within the health care system, and within this sector, hospitalization is the most expensive. There is considerable variation between hospitals and between health authorities in planning approaches, service models, service levels, and the best use of clinical, staffing, operational and management practices. Traditional socio-organizational structures in hospitals have been subject to significant change without the emergence of a new dominant socio-organizational model. This change has been driven by significant efforts to increase efficiency, improve bed-management/flow, and introduce new skill mixes to service delivery while maintaining or improving quality. These efforts continue to place stress on individual managers, physicians, nurses, and other allied health care staff.
The use of hospitals has also changed. The use of inpatient beds for surgical recovery has diminished significantly, replaced by an expanding day surgery service. Medical inpatient beds for frail seniors now make up a majority of the bed capacity in many hospitals. A frail senior’s route into an inpatient medical bed through the emergency department, with a battery of testing and the subsequent impact on their overall functioning and resiliency, can affect health outcomes.

Notwithstanding efforts to change, there is still a gap between hospital and community care in many parts of the province. There is a need and opportunity to better link the acute care system to the regional and community systems, improve provincial planning, and ultimately improve the quality of acute care services delivered to B.C. patients.

An urgent key action will be to revisit and rethink the role and scope of hospitals in the regional health care continuum. This is underscored by the reality of an aging capital infrastructure and the real limits on fiscal capacity to meet this challenge.

There is need for fresh thinking about and analysis of:

- How many and what types of hospitals the province needs.
- Patient pathways or services for frail seniors that avoid hospitalization.
- Whether outpatient clinics should be part of a hospital infrastructure.
- Opportunities to shift to community based delivery of services where appropriate – particularly for high volume, highly standardized procedures.
- The increased use of contracted acute clinical services to encourage competition and patient choice, with the private sector delivery of publicly funded outpatient clinical services supported by an appropriate regulatory framework.

In the shorter term there needs to be a complementary key action to improve hospital management and, where needed, rebuild a positive hospital culture that:

- Addresses and strengthens on-site management and closes leadership gaps in hospitals.
- Strengthens relationships and co-ordination between health administration, physicians, nurses, allied health and support staff. There is a need to actively think through, support and enable new effective team-based approaches that maintain quality while providing a measurable benefit to improved patient care and/or cost-effectiveness.
- Increases the capacity to provide cross-disciplinary “Mayo Clinic”-type comprehensive assessment, treatment planning, and treatment for complex patient needs.

PRIORITY 8:  
*Increase access to an appropriate continuum of residential care services*

A key goal of the health care system is ensuring the right mix of services for frail seniors requiring residential care. The capacity of the existing residential care system is limited and does not fully meet the needs of patients.

Key actions will include developing residential care models and provincewide quality standards appropriate to the changing care needs of residents, with particular attention to people with dementia and younger populations with special needs such as chronic severe mental illness. This will be underpinned by a more flexible regulatory system to increase care availability (especially in rural settings) and health care supports using a wider range of congregate housing arrangements in partnership with private and not-for-profit housing providers.
Strategy

WHAT STRATEGY WILL WE PURSUE TO GET RESULTS? WHAT ENABLING FACTORS DO WE NEED TO LEVERAGE AND WHAT CONSTRAINTS DO WE NEED TO MITIGATE?

The most interesting question facing any contemporary health system is not what needs to change, but why change has not occurred. Crafting an effective strategy is a critical and neglected element of health system change efforts. In practice, there are a number of key elements that, depending on how they are managed or not managed, will either enable or constrain change efforts.

As noted earlier, it is often assumed that a strategy is synonymous with a plan. A plan supposes a sequence of events that allows one to move with confidence from one situation to another. A strategy implies the involvement and dependence on others with different and possibly opposing interests and concerns. Successful change in the health system will require a strategy that accounts for the diverse political, administrative and professional power structures and interests that make up the sector, and a competent change management strategy suited to such a complex organizational setting.

A clear strategy of how government intends to interact with the different governance systems (e.g., health authorities, health professionals, educational institutions, unions, suppliers) is critical. No single organization in the health sector has enough power to compel the others. Therefore, a grounded strategy built on collaboration, consensus building and practical accommodation is the key requirement for significant system-wide change.

Adequate change management capacity is also necessary to effect system-wide change. The success of system-wide and timely change will be directly related to the ability to lead and manage change among the diverse, competing interests.

This section identifies seven strategic enablers critical to the how component of the health system changes identified in the previous section.

...a grounded strategy built on **COLLABORATION**, consensus building and practical accommodation is the key requirement for significant system-wide change.
STRATEGY 1:
A Shared Plan of Action

A critical enabler for successful health system change is the development of a compelling vision and an inclusive and credible plan of action.

This paper proposes a three part focus for the vision:

1. Supporting the health and well-being of B.C. citizens.
2. Delivering a system of responsive and effective health care services for patients across B.C.
3. Ensuring value for money.

Realizing this vision will require disciplined engagement and collaboration between government, communities, health authority governance and administration, health professionals, support staff, professional associations and unions. This must be linked to cascading operational and strategic plans at the provincial and regional levels that are comprised of clearly aligned objectives, meaningful and measurable deliverables, meaningful timelines, change management processes, balanced budget plans (mandate letter, nos. 1 & 2), and accountabilities driven by population and patient outcomes and identified service priorities.

The action plans must be grounded in regional realities and provide adequate detail detailing how we are responding to the health needs of the 62 geographic service areas categorized as metro, urban/rural, rural or remote.

This classification will provide a more accurate picture on what improvement is being achieved across the province, including enabling specific patient access pathways to acute, residential, and tertiary services at the regional and provincial levels. It will facilitate a more standardized approach to policy and program development that takes into account the different population sizes and geographies that are linked to the criteria set out earlier for a provincial system of regionally delivered care (see priority 1).

This will be undertaken in collaboration with the community-based strategy being used by the First Nations Health Authority as it supports the development of community and regional health plans.

STRATEGY 2:
Accountability to Deliver the Three-Year Plan

The successful implementation of a three-year plan requires a clear performance management accountability framework built on public reporting. Key actions focus on refreshing role clarity and accountability mechanisms for the ministry, health authorities, physicians, nurses, allied health professionals, and support staff focused on population and patient needs:

MINISTRY OF HEALTH

Align the role, core functions and structure of the ministry to strengthen capacity to lead effective policy development, quality assurance, and co-ordination of effective strategic action across the health sector.
Re-position ministry interaction with health authority boards, health authority executives and management. Focus on supporting stronger governance through board member selection and orientation, and through routine performance reporting to boards in relation to government’s health system priorities.

As required, modernize and refresh health services legislation to reflect current and future directions for health service delivery.

Annual reporting on performance against provincial priorities and continuous improvement across all core functions linked to ministry executive 10 per cent holdback measures.

HEALTH AUTHORITIES

Require explicit alignment, comprehensive action, and reporting on provincial priorities and key actions at both the regional and local health service delivery area levels.

Reduce unnecessary duplication and overlap and continue to find the right balance between a single-system approach to health service delivery while allowing useful regional variation in terms of patient outcomes and budget efficiency.

Comprehensive and timely reporting on performance across the continuum of services.

Annual provincial board evaluations and the introduction of a 10 per cent executive performance holdback for all CEOs and vice presidents (voluntary or 18-month formal notice) linked to provincial objectives and continuous improvement across all delivered services.

PHYSICIANS

Ensure physicians have a constructive voice and accountability in the provision of health care in each community and health care facility in B.C. based on a commitment to population health, the experience of quality care for patients, and a concern for per capita cost (Triple Aim, Institute for Healthcare Improvement).

Negotiate a system with mutual and increased accountability between physicians and health authority administrators. Ensure physicians are able to exert meaningful influence on decisions in the regional health authority system that affects patient care, while also ensuring professional accountability to the health authority.

Collaborate with physicians to work more effectively with other health care providers as part of health care teams through mutual accountability.

Ensure effective engagement with government and professional accountability on the development and implementation of policies that promote positive change in population and patient health and the best standard of care for patients.

Make alternative contractual arrangements with family and specialist physicians a priority, linked to improved health care to patients.

NURSING AND ALLIED HEALTH STAFF

Ensure nurses and allied health professionals have a constructive voice and accountability in the provision of health care in each community and health care facility in B.C. based on a commitment to population health, the experience of quality care for patients, and a concern for per capita cost (Triple Aim, Institute for Healthcare Improvement).
Ensure effective engagement with government and professional accountability on the development and implementation of policies that promote positive change in population and patient health and the best standard of care for patients.

HEALTH SUPPORT STAFF

Ensure health support staff have a constructive voice and accountability in the provision of health care in each community and health care facility in B.C. based on a commitment to population health, the experience of quality care for patients, and a concern for per capita cost (Triple Aim, Institute for Healthcare Improvement).

Ensure effective engagement with government and professional accountability on the development and implementation of policies that promote positive change in population and patient health and the best standard of care for patients.

STRATEGY 3: Quality

To realize effective clinical quality improvement, we must leverage the BC Patient Safety and Quality Council to drive clinical quality improvement across the system:

- Establish a guideline driven clinical care management system to improve the quality, safety and consistency of key clinical services and to improve patient experience of care, building on the work undertaken to date in this area.
- Identify 15 high-priority areas for system improvement and implement five per year for the next three years.
- Require each health authority to have a formalized and adequate clinical quality improvement capacity linked to the BC Patient Safety and Quality Council that is inclusive of physicians, nurses and allied health professionals.

The second key action focuses on improving quality information systems for decision-makers across the health sector.

- Harmonize and standardize clinical data sets for improved, evidence based decision support in clinical information systems at the point of care. Advance and standardize implementation and adoption of clinical information systems at the point of care.

The third key action establishes an academic health science network in B.C. to drive effective teaching, placements, and applied health research that will promote and encourage improved quality and innovation linked to identified health care and service needs.

STRATEGY 4: Skilled Change Management

The ministry will work with and require each health authority to demonstrate effective change management capacity across its system - ensuring managers are adequately skilled in change management and are putting adequate time into change management action to drive successful, timely and efficient change. Management will:

- Develop shared change management approaches and expertise across the sector;
- Ensure timely, open communication and engagement with the health workforce during the change management process; and
- Provide accurate information on change management performance to decision-makers.

Evaluate each health authority on the adequacy of its change management in moving forward on the system wide priorities and time frames established by the government.
STRATEGY 5: Health Human Resource Strategy – An Engaged, Skilled, Well-Led and Healthy Workforce

In a sector driven by the commitment and skills of its professional and support staff workforce, an engaged, skilled, well-led and healthy workforce is a critical strategic asset. A number of key actions will be taken:

- Develop and implement an integrated provincial workforce strategy linked to regional and local health service area health work force plans and built on supporting both individual and team-based practice, including scope of practice for nurse practitioners (mandate letter, no. 8), as appropriate to best meeting patient needs.
- Ensure the development and implementation of a leadership and management development framework for the health system.
- Continue to develop and strengthen professional development and quality assurance mechanisms.
- Negotiate a new Physician Master Agreement with the BCMA to support a new relationship with physicians that builds on the significant progress of the last decade and drives a fresh contractual and partnership relationship with the health authorities.
- Develop a provincial engagement, influence and accountability framework in collaboration with health authorities and unions to support the creation of inclusive, vibrant and healthy workplaces across the health sector:
  - Ensure rigorous discussion with physicians, nurses, allied health workers, and health support workforce staff about health care practices and change.
  - Improve provincial-level analytics to better assess where teamwork and what skill mix is best for both quality patient care and cost-effectiveness.
- Develop clearly articulated, specific, and measurable healthy workplace objectives in each health authority linked to the provincial framework that are monitored, measured, and reported to the board and ministry on a quarterly basis.
- Ensure effective labour relations and health sector negotiations (mandate letter, no. 6).

STRATEGY 6: Information Management and Technology

The information management and information technology (IM/IT) strategy for the health sector outlines a plan of action to realize more accessible information, to ensure knowledgeable people, and to drive better health outcomes. It will leverage technology such as the eHealth infrastructure built over the past decade.

The plan will:

- Increase information flow and personal access to health data to empower patients to be full partners in actively managing their health concerns.
- Ensure the provision of timely access to data and use of technology to support actions related to the six priority patient outcome areas. This will include:
  - Expanding the capability for cooperation, enabling referrals, improved wait time management and improved exchange of patient information across service areas to support inter-professional care teams in the delivery of high quality patient care.
  - Expanding telehealth to support: patients with chronic diseases, mental illness and substance abuse; access to specialists; and acute care services in remote service areas.
Enabling electronic prescribing across the health care system continuum to support greater efficiency, safety and closed loop medication management.

- Address access, quality, standardization and timeliness of administrative and clinical care data for health system planners, policy makers, managers and researchers.
- Build informatics capacity to use data to enhance decision-making and improve outcomes at all levels of the system, while meeting privacy and security requirements.
- Review the current patchwork of legislation governing the use of health data with a view to improving its utilization while respecting patient privacy.

**STRATEGY 7:
Budget Management and Efficiency**

Funding and corporate services are both key enablers and constraints on any organization. Seven areas have been identified as requiring continued focus over the coming three years:

1. Complete a population needs based funding model (a method of determining how to divide a predetermined pool of funds fairly and equitably) review and any recommended changes to be implemented over the three-year time frame.
2. Implement a refreshed funding strategy, incorporating global, patient-focused and activity-based funding strategies to achieve patient outcome and service objectives.
3. Strengthen cost management systems and reporting capacity.
4. In consultation with health authorities and the BCMA, re-energize effective alternative funding mechanisms for physicians.
5. Continued consolidation of back-office functions and shared business services through a renewed approach for provincial health shared service delivery and the expansion of the Lower Mainland consolidation project to a provincial model.
6. Continue to drive Lean as a means to increase flow and reduce waste across the health system.
7. Apply key findings from the Fraser Health Strategic and Operational Review to future budget management approaches.
Conclusion

This paper has proposed that setting priorities for a higher performing health system in B.C. requires analysis and decisions in three areas:

1. What outcomes do we want to achieve in terms of the health of populations and patients? Which populations and patients require prioritized attention?

2. What kind of sustainable health service delivery system do we need to have in place to meet those outcomes, and at what level of quality?

3. What strategy will we pursue to get results? What enabling factors do we need to leverage and what constraints do we need to mitigate?

It has set out a case that while maintaining and incrementally improving on what is working well, there is a need to drive a population-and patient-centred culture across the health sector while paying particular attention to the outcomes achieved for six specific populations:

- Effective chronic disease prevention through universal and targeted population health interventions that address all major risk factors across the life cycle.

- Reducing hospitalization and the need for residential care by preventing or slowing down the onset of frailty by targeted secondary prevention, with a particular focus on better managing the development from low to moderate to complex chronic conditions linked to aging/increased frailty that appear to happen over a five-year period.

- Reducing hospitalizations through effective secondary and tertiary prevention for mental illness and addictions.

- Increasing timely access to evidence-informed care from specialists, diagnostic imaging, and elective surgery.

- Providing consistent quality of care for residential care patients with a strong focus on quality of care for dementia patients.

- Effective and compassionate care for end-of-life patients.

This suite of interrelated priorities, which is focused on key populations by working toward a more integrated health system to better meet their needs, and is supported by key organizational change enablers, provides a coherent, grounded and measurable game plan for the coming three years.

...focused on **KEY POPULATIONS** by working toward a more integrated health system...
Appendix A: Minister of Health Mandate Letter

June 10, 2013

Honourable Terry Lake
Minister of Health
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Colleague:

Congratulations on your new appointment as Minister of Health.

British Columbians have asked us to build a strong economy, a secure tomorrow and a lasting legacy for generations to come. Now it’s time to deliver.

We must be alive to the challenges of a fragile global economy. We have a duty to be disciplined for taxpayes today, and a responsibility to be fair to future generations. Protecting British Columbia for us and our children means making tough choices now to control spending and balance the budget. By charting a course for a debt-free BC, our children can be free to make their own choices when it’s their turn to lead.

To grow our economy and create high-paying jobs for British Columbians, I am asking you to keep your ministry focused on the BC Jobs Plan. Our province is blessed with both abundant natural resources, and the resourcefulness and diversity of our people and businesses. We have a generational opportunity to develop Liquefied Natural Gas. This will demand determination and purposeful work.

We are committed to building a strong economy in the province because we know that it is the only way we will be able to afford strong public services for our citizens. World class health care, education, skills training and social safety nets are only possible if we have an economy that can sustain them over the long term.

To that end our first priorities across government are:

- To bring back the legislature to pass Balanced Budget 2013;
- To ensure that government does not grow;
- To conduct a core review of government to make sure we are structured for success on all of our objectives; and
- To eliminate red-tape so that we can get to yes on economic development without needless delay.
In the course of our decision making we must always maintain respect for taxpayers and remember that our fellow British Columbians are looking to us to help make life more affordable for them and their families.

These priorities, along with your specific ministerial objectives, will allow us to achieve results that reflect our shared values.

The Minister of Health is responsible protecting and enhancing the health care system in British Columbia while ensuring the best possible value for taxpayers. Currently, British Columbia has the best outcomes for patients in Canada while having the second best spending on a per capita basis. I expect this to continue, despite significant demand pressures that arise from a growing and aging population.

Your job will be to live within the funding envelope provided by the Minister of Finance while at the same time continuing to innovate and improve patient services. In Balanced Budget 2013, your ministry received predicted increases of $2.4 billion over the next three fiscal years. We must meet our objectives to balance the budget and get onto the path of a debt-free B.C. This means that your task will be to continue to innovate and find savings throughout the health system and continue to drive the cost of administration and overhead down in order to focus as much of our resources as possible on direct patient care.

In your role as Minister of Health I expect that the following initiatives are completed by you and your ministry over the coming years:

1. Balance your ministerial budget in order to control spending and ensure an overall balanced budget for the province of British Columbia.

2. Ensure services are delivered within health authority budget targets.

3. Review and recommend to Cabinet within eight months the priorities of a new government to ensure maximum value for taxpayers while providing maximum benefit to patients.

4. Continue our governments’ change and innovation agenda within the health care sector. We will continue to strive for better outcomes for patients while ensuring the best possible value for money. As our population continues to age, controlling the growth of health care spending will be a critical component to ensuring successive balanced budgets. Driving innovation and change will be necessary within the following sectors:

   - Primary Care;
   - Community and Home Care;
   - Hospitals (care team design and pay for performance initiatives); and
   - Prevention.

5. Ensure full implementation of provincial mental health plan, Healthy Minds, Healthy People.

7. Complete laboratory reform initiative and achieve required sayings.

8. Increase the scope of practice for Nurse Practitioners in British Columbia by working with the BC College of Physicians and Surgeons and other credentialing organizations.

9. Create and implement addiction space expansion that includes a significant role for the non-profit sector in the delivery of these new spaces by 2017 as committed in Strong Economy, Secure Tomorrow.

10. Continue executing our government’s end of life care strategy and create plan for hospice plan expansion and begin process of doubling the number of hospice spaces in British Columbia by 2020.

11. Work with the provincial health authorities to develop a preventative health plan for the province.

I have outlined in a separate letter my requirements for conduct of all members of Cabinet. It is imperative that you review and understand this letter, and the Members’ Conflict of Interest Act, and that you act in accordance with both as you carry out the duties of a Minister of the Crown. I will evaluate any circumstances that may call into question the conduct of a Minister against the expectations and obligations set out in applicable statutes and this letter.

To assist you in the transition to your new role, I ask that you also review the attached document that provides further direction for you as a Minister.

I look forward to discussing your ideas and priorities for your ministry in the coming weeks and working with you to fulfill the mandate we were elected to fulfill.

Our government faces many exciting challenges and opportunities in the months ahead. Our success will be defined by our ability to develop and implement an agenda that reflects priorities and circumstances of BC citizens. Our ability to make this connection is a function of the degree to which we engage citizens and stakeholders in pursuing change. I am confident that we will succeed in this, and have every expectation that you will make a significant contribution to our success.

I look forward to working with you.

Sincerely,

Christy Clark
Premier

Attachments (2)