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Initiative sur le partage des connaissances et le développement des compétences
Pour relever le défi de la responsabilité populationnelle

Is there a Future for Regionalization in Canada?

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Definition of regionalization and Rationale

- " … devolving the authority and responsibilities from one governance structure to another." (Black M, Fierlbeck K, 2006)

- A territorial approach to policy and management that combine elements of centralization and decentralization

- Rationale for regionalization policies: regionalization as a promising space to assemble capacities and commitments to achieve health system transformation and improvement

Why study regionalization and why now? (1)

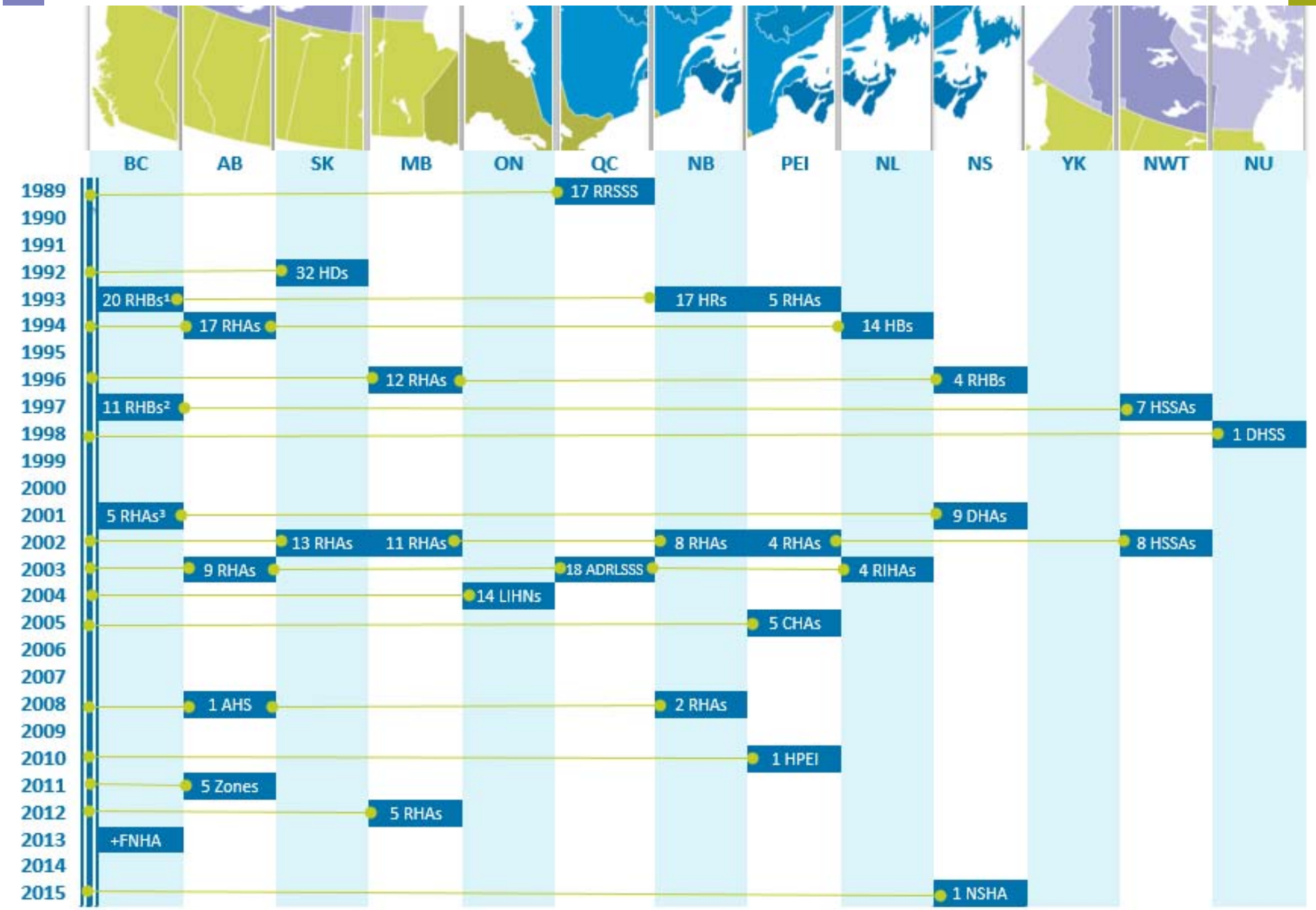
- Purpose of the study: to provide insight and evidence on the impact and achievements of regionalization across Canada towards the *Triple Aim* of Better Health, Better Care and Better Value

- Regionalization: a predominant mode of organising healthcare in almost all provinces and major natural policy experiments but poorly evaluated

Why study regionalization and why now? (2)

- Regionalization is a relatively unstable policy
- Recent changes and discussions in several provinces impact on the governance of health systems and more specifically on regionalization policies
- Provinces search for powerful policies to improve their health system and the health of the population

Changes over time across the 13 jurisdictions …



Changes over time across the 13 jurisdictions …

Methods

- Literature: scoping review
  - Past decade English and French
  - + recommended by leaders
  - > 250 documents examined
- Interview of 30/32 senior health leaders from across Canada in February and March 2015:
  - 94% response rate
  - Deputy Ministers, ADMs, 2 former Ministers, CEOs of RHAs, leaders in CDN organisations, academics including a Dean
- Regular meetings of research team to debate and interpret findings

Strengths and Limitations of this study

Strengths

- Senior level health leaders interviewed
- Strong convergence of insights across Canada
  - Among senior leaders
  - Triangulation with the literature

Limitations

- Review could not identify any robust evaluations of regionalization
- Mostly expert opinions in the literature

Regionalization policies in context

- Canada continues to produce good health:
  - Life expectancy: Canada 10th among 34 OECD countries in 2008 with life expectancy of 80.7 years (only 2 years of difference with best)
  - Life expectancy in Canada improved 3 years over 7 years recently

- However: “Canadian healthcare continues to be an underachiever” (Lewis S, N Eng J Med 2015)

Four health system performance measures from a patient's perspective

Issue	France	Canada	United States
Spent $2,000 or More Out-of-Pocket in the Past Year	0%	9%	21%
Could Get Same- or Next-Day Appointment with Doctor or Nurse When Sick or Needed Care	83%	45%	57%
Access to After-Hours Care	69%	41%	55%
Emergency Department Use in the Past Two Years	15%	39%	39%

Source: Commonwealth Fund 2014. International Health Policy Survey of Older Adults in Eleven Countries

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Major Findings

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Major Findings
Trends in regionalization across Canada

- Towards a two-tiers governance system:
  - **Provincial:** policy, financing, governance, oversight, +/- whole-of-government approach to improving health (intersectoral action, prevention of non-communicable disease and injuries)
  - **RHA:** regional governance, management, service delivery, public health and intersectoral action

  except:
  - Alberta: thinking about it, recent provincial election
  - Ontario: has LHINs with some integration and volontary coordination
- Two-level system is perceived as functional

Optimal size of regions

- Depends on geography and population density
- If population density permits:
  - 350,000 to 500,000
  - Transport times by road no more than 3-4 hours

An enhanced population health approach leading to Better Health

… Better than before but variable and partial …

Regionalization has contributed to better health through a population health approach :

- Greater understanding of community / population health needs and determinants
- Better care
- Better value
- Strengthening Publich Health
- Strengthening Intersectoral Action

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Better Care

… Better than before but variable and partial …

- Care better adapted to community needs
- Integration and coordination of care (especially for elderly and high users)
- Regrouping of services, leading to ↑ volumes => ↑ expertise, ↑ quality, ↑ safety
- Clinical governance, clinical networks
- Regional service delivery plans + telehealth => ↑ services to rural areas
- Enhanced clinical and organizational capacity throuhout territory of provinces

Better Value

… Better than before but variable and partial …

Evidence-based decision making =>

- Priority setting
- Improved allocation and utilization of resources
- ↑ cost-effectiveness, including through lower unit costs of regrouped services, avoiding duplication and more rational care

Citizen engagement: both plusses and minuses

Plusses

- Stronger dialogue with municipal officials
- Involvement of citizens in regional governance

Minusses

- Loss of citizen engagement with closure of local boards of health institutions
- Fear of loss of contributions to foundations of health institutions over the long term

Insufficient health “program” approach and integration

- One would not be able to implement today a public health program without clear goals, targets, baselines and strong monitoring system
- Yet, we spend $200 billion/year, over $6000 per Canadian, 11% of GDP without doing so!
- Generally, we found variable and weak objectives, targets and monitoring systems across Canada
- Regionalization is enabling progress in integration towards client-centered care

Engagement of physicians: improving but variable and weak

- Physicians are involved in large proportion of health care cost decisions
- Increasing engagement of physicians as physician leads, in clinical governance and clinical networks
- Very weak engagement of physicians as individual clinicians and weak accountability for results

Client centered primary health care: variable across Canada

- Canada: strong history of general / family practice, with quality academic training in family practice

Yet:

- ***Most study participants believe that client centered PHC is a major issue facing health systems across Canada and for regionalization in particular, especially in addressing people with multiple conditions (high users) because PHC is largely fee-for-service and not multidisciplinary, thus not adapted to individuals with multiple conditions / loss of autonomy***

Slow and variable progress on information systems and on electronic health records

- Multiple health information systems with major difficulties in exchanging relevant information
- Wide variation in rate of implementation of electronic health records
- Lack of interoperability of electronic health records with information systems preventing real-time management of the system (unlike what is being done in accountable care organizations, e.g. Kaiser Permanente)

Frequent reorganizations in the architecture of delivery of healthcare within provinces

- Managers have to spend much time on managing change rather than managing service delivery and quality improvement

- Lack of stability of regional structures prevented meaningful evaluations of regionalization and the development of their full potential

Insufficient clarity in roles and responsibilities of governments / ministries of health and of regional health authorities

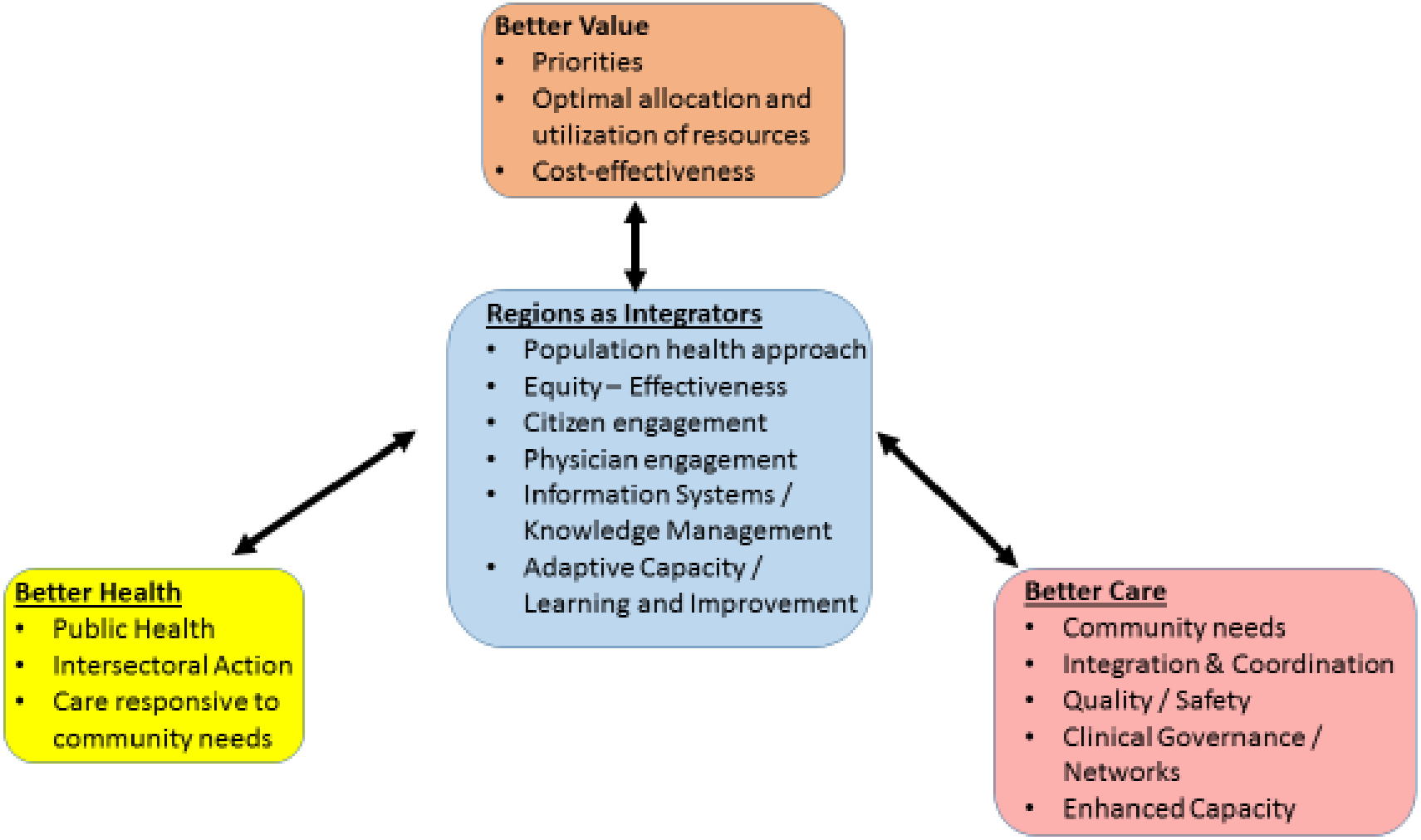
- Functions devolved to regions without proper realignment of health functions within ministries leading to duplication, waste and micro-management by MOH staff
- Regular political interference (beyond the necessary and normal oversight and feedback in a democracy)
- System works best when government remains at arm's length of management

Inadequate financial coverage of essential drugs in ambulatory / home settings

- Many leaders mentioned the high cost of prescription drugs as a significant roadblock to further transitioning towards ambulatory, home and community care

- Leading to unnecessary recourse to hospital care and its related costs

Regionalization and Health Improvement: a population health approach



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Vision and way forward: The region as *integrator*

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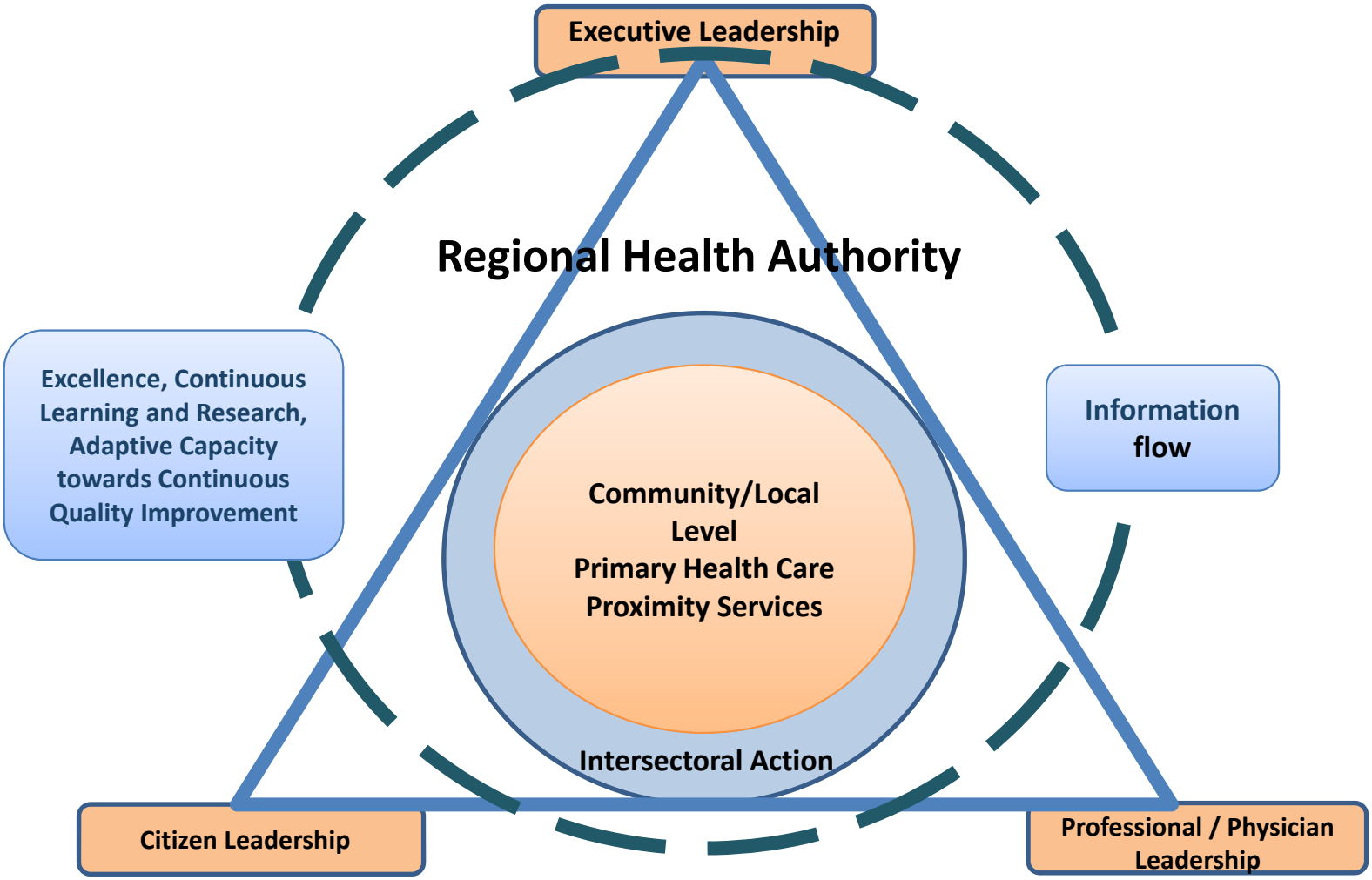
Vision: The region as *integrator*

- Regionalized systems as high performing health systems in Canada
- *And*
- Regions as spaces to experiment and implement healthy public policies

Through

- Seven areas of potential improvement

VISION: THE REGION AS INTEGRATOR



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Seven areas of potential improvement

1. Manage the integrated regionalized health systems as results-driven health programs
2. Strengthen wellness promotion, public health and intersectoral action for health
3. Ensure timely access to personalized primary health care / family health and to proximity services
4. Involve physicians in clinical governance and leadership, and partner with them in accountability for results including the required changes in physician remuneration
5. Engage citizens in shaping their own health destiny and their health system
6. Strengthen health information systems, accelerate the deployment of electronic health records and ensure their interoperability with health information systems
7. Foster a culture of excellence and continuous quality improvement

1. Manage the integrated regionalized health systems as results-driven health programs

- With clear goals, objectives, targets, baselines, benchmarks, and strong monitoring system
- With government / RHA role and function clarity
- With transparent and robust accountabilities for results and performance incentives
- Supported by real-time information system

2. Strengthen wellness promotion, public health and intersectoral action for health

- Given potential health gains and high cost-effectiveness of many of the interventions, foster healthy regions through:
    - Wellness promotion during clinical interactions
    - Enhanced public health
    - Intersectoral action which engages citizens and municipal officials

3. Ensure timely access to personalized primary health care / family health and to proximity services

- Re-emphasize the local level and proximity services
- ↑ timely access to multi-disciplinary family health teams with:
  - Modern appointment systems
  - Extended hours and on-call
  - Home visits as relevant
  - Promoting integrated and coordinated care to maintain autonomy and decrease recourse to emergency and hospital care, especially for elderly and those with multiple conditions (high users)
  - Promote telehealth

4. Involve physicians in clinical governance and leadership, and partner with them in accountability for results including the required changes in physician remuneration

Learning from accountable care organizations and high performing health systems:

- Foster greater engagement and leadership of physicians in clinical governance and clinical networks including on accountability issues

- Address the required changes in physician remuneration and provide physician remuneration budget envelopes to regional health authorities to align with their service delivery plans, including primary health care

5. Engage citizens in shaping their own health destiny and their health system

Beyond traditional health promotion, engage the population

- As patients in shaping their own health destiny
- As citizens towards better health of their communities

And

- Mobilize citizens to enable tough policy choices confronting their health system

6. Strengthen health information systems, accelerate the deployment of electronic health records and ensure their interoperability with health information systems

- Strengthen exchange of relevant information between existing health information systems
- Rapidly complete the deployment of electronic health records
- Ensure interoperability of electronic records with information systems (e.g. ~ Kaiser Permanente)

7. Foster a culture of excellence and continuous quality improvement

- Foster continuous learning and research (CIHR, provincial research councils, MOH, RHAs, academic centres and CQI)

- Encourage adaptive capacity

Implement these 7 areas of potential improvement through actions at most relevant level(s)

Provincial Population Health Policy Framework

- Whole-of-Government approach to Better Health with prevention of non-communicable diseases and injuries
- Health Policy / Financing / Oversight
- Provincial Public Health
- Tertiary Care / Academic authorities

Accountability Framework  **Clarity of roles**

Regional Health Authority

- Local / Proximity Primary Health Care / Family Health
- Secondary Care
- Coordinated and Integrated Care across the Continuum
- Regional Public Health
- Regional / Municipal Intersectoral Action

Why regionalization?

- A « logical » context to develop and assemble capacities and levers to transform and improve the healthcare system and the health of the population

- The role of regions as integrators and innovators cannot be achieved without proper and broader policy context (incentives, health records)

- Need investments, attention and perseverance to strenghten regions' role as integrators

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Merci!

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