

An Integrated Health System Review in PEI

A CALL TO ACTION: A PLAN FOR CHANGE

EXECUTIVE SUMMARY

October 2008

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INTRODUCTION

In 2006, the previous government through the PEI Department of Health contracted Corpus Sanchez International (CSI) Consultancy Inc. to conduct an initial high level analysis of the Island health system. In 2008, the Department of Health engaged CSI again to undertake a province-wide review of the health system. The intent of this review was to engage a broad cross-section of stakeholders from across the province, make observations on the system and identify potential opportunities for system improvement.

The work was conducted in five phases, with some upfront data review taking place earlier in the spring of 2008, followed by a series of onsite meetings in April and May. Subsequent phases of work included more analysis and follow-up discussions with leadership. The team of 14 consultants spent more than 70 days reviewing the system, conducting more than 200 meetings and focus groups with over 1,000 people, and developing the findings in this report.

Clearly, the health system in Prince Edward Island faces challenges, but it also has many strengths. The system's greatest assets are the thousands of dedicated health care providers, support staff, managers, and system leaders across the province who make tremendous efforts every day to provide Islanders with high quality, safe, and appropriate care.

The Department of Health and government leaders have demonstrated their commitment to system improvement through both their actions to date and their decision to undertake a focused review of the health system

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to identify additional initiatives that should be considered. Actions to date include:

- review of long-term care which will lead to building new facilities to provide the care that residents require;
- expansion of the palliative care program to address a gap surrounding coverage for medications for patients at home;
- creation of an Office for Recruitment and Retention to bring more doctors and nurses to the Island;
- establishment of a Medical Residency Program to enhance training of doctors locally;
- formulation of a Youth Addictions Strategy to respond to the growing needs related to alcohol and drug use, particularly amongst teenagers; and
- investments in Infection Control strategies to ensure Islanders are better protected from emerging “super-bugs”.

Initiatives such as these signal a level of dedication of the leaders to the well-being of Islanders and provides a strong foundation for change that will be especially important as they work with those in the health system to make the changes necessary to ensure an excellent health care system not only now, but for future generations of Islanders.

SIGNIFICANT CHALLENGES

There are several key issues impacting the health care system both nationally and in PEI.

Increasing demand for services: Islanders have some of the highest rates of chronic illnesses in the country. The risk for chronic disease tends to increase as people age. With already high rates of chronic illness and a high percentage of the Island’s population either close to or over the age of 65, it is doubtful that PEI can cope with the increasing demands on the system as it is now.

Global health human resources shortages: Existing shortages in some areas, a large number of health professionals soon eligible for retirement, the declining appeal of some health care jobs and an increasingly competitive global market will make the health human resource situation worse for Atlantic Canadian provinces like PEI over the next decade.

Growing costs: The cost of the health care system is growing faster than the rate of growth of the provincial treasuries. It is increasing as a percentage of the overall provincial budget. This is of particular importance in PEI which currently spends the lowest per capita spending on health care in Canada and has recently experienced the fourth highest rate of growth in its health care costs.

AN EMERGING VISION

The health care system in PEI is in need of an overarching vision to guide its future development. A shared vision will set the foundation for the health system that Islanders expect and deserve. The proposed vision - *Supporting improved health for all Islanders* – would require a refocused mission that has integration as a cornerstone, and grounds it in a set of statements that define how care will change.

It will be necessary for the province to determine an appropriate mission statement but the following is offered as an example:

Care will be delivered through a single, integrated system of care, one grounded in evidence-based decision making and focused on improving health, enhancing access and refocusing the emphasis of the care delivery system on primary health care and services that can appropriately and safely be provided locally. The system is more focused on meeting needs in the most appropriate setting, by the most appropriate provider and in the most cost effective manner.

BENEFITS FOR ISLANDERS

Adapting language used in the National Health Service Plan for Scotland, such a shift will lead to the following opportunities and benefits for Islanders:

- More health care will be provided locally in doctor's offices, or in family health centres, with greater use of day treatment.
- Islanders in rural areas will have access to a core set of services in primary care hospitals.
- Local primary health care teams will have dedicated resources to reach out and help people at greater risk of becoming ill.
- Islanders with a long-term health condition will get support to play a larger role in managing their condition.
- Caregivers will be treated as partners in providing care.
- Coordinated care will be provided locally, especially for patients who are older, frail or are frequently admitted to hospital.
- If they need to go to an acute care hospital, Islanders will have quicker access; more tests will be done locally and they won't need to stay as long because their care will be better planned.
- If patients require care urgently, they will be able to see the right person with the right skills.
- If they need specialist treatment in hospital they will get access to a good, safe service provided by the right person, even if that means they have to travel.
- Patients will experience fewer cancelled appointments or procedures because of an emergency or because tests are not available.
- Patients will have access to their own electronic health record and so will the clinical staff that treat them.

CHANGE IS REQUIRED

To achieve the health care environment described above, the current system in PEI must address a number of gaps. These include the lack of a primary care provider for every Islander, required investments in home care and long-term care, and efforts to improve gaps in mental health and addictions, as well as services for key population groups such as youth and seniors.

Addressing these challenges will require focused efforts to improve the current system by shifting the focus away from an over-dependence on hospital-based care to stronger primary health care services at a local level. This would lead to a system more focused on meeting needs in the most appropriate setting, by the most appropriate provider and in the most cost effective manner.

These efforts should include targeted initiatives to:

- deliver care as a single, integrated system;
- create provincial frameworks, standards and structures for seniors' health, community-based primary health care, pre-hospital care, emergency services, critical care, maternal newborn, and peri-operative care; and
- redesign acute care delivery even further, including defining roles for all hospitals and defining appropriate levels of care in acute, sub-acute/convalescent, transitional management of medically discharged patients, and palliative and respite.

The four basic goals of health care system improvement must be **quality** (high standards and good health outcomes), **equity** (fair access to and use of services), **optimal efficiency** (value for money), and **sustainability** (ensuring that enough resources are available to support the system over the long-term).

To work toward these goals, the PEI health system must change its focus from acute (hospital-based) care to primary health care renewal.

FOCUS ON PRIMARY HEALTH CARE RENEWAL

The most serious gaps observed in the health system in PEI are grounded in the need for primary health care renewal. A future strategic planning framework grounded in four dimensions should be considered. The four dimensions are:

- *A renewed model of community-based primary health care:* This would include all care provided outside of the person's home including prevention, assessment, observation, treatment and rehabilitation that is provided as an alternative to inpatient hospitalization (e.g. care delivered in family health centres, physician offices, community-based care settings and ambulatory clinics).
- *An enhanced system of delivery for home-based care:* This would include all care delivered in a person's home, even when that home is a manor or nursing home.
- *Focused integration of acute and related facility-based care:* This would include all care delivered in hospitals including emergency services and inpatient care for acute care, sub-acute care, transitional care and bed-based palliative care.
- *Investments in system enablers:* This would include processes, services and functions that are designed to support the effective management of the system (e.g. governance, corporate management and I.T.) and smooth transitions across sectors (e.g. access and patient flow).

A NEW OPERATING FRAMEWORK

Perhaps the most pressing issue is the need for a new operating framework. The current governance model is unique in Canada in that there is no overall governance entity that provides direction to the system, while still providing the typically required arms-length framework between the government (including the Department of Health), and those who provide health care.

In the absence of a robust governance model, traditional decision making roles and responsibilities for resource deployment have been transferred to Treasury Board, and in some cases, directly to the Cabinet table. This leads to a degree of bureaucracy that impedes the system, resulting in a lack of clear lines of authority and accountability. This in turn leads to an inability within the Department of Health for system leaders to assume appropriate ownership of issues and challenges.

The recommendation of the consultants is that the province re-establish a health authority (or equivalent) with a global budget and the authority to deliver services in accordance with Department of Health plans and overall directions.

SECTOR BY SECTOR REVIEW

The sector by sector review of PEI's health care system explores the current state, performance indicators (where the data exists) and the gap between what exists now versus what could exist in the future. The sectors studied are community-based primary health care, home-based/ continuing care, emergency services, and hospital-based care.

Recommended strategic directions are provided for each sector. The overall conclusion reached by the consultants is that the current system relies too heavily on institutional-based care (either in hospitals or long-term care settings) as a response to health care demand. Investment is required in virtually all of the key cornerstones of the emerging health care service delivery models such as home care, primary health care, chronic disease management and pharmacare. In addition, frameworks and processes are required to drive integration, ensure quality and allow for better accountability.

CONCLUDING COMMENTS

The challenge of sustainability in health care today is greater than it has ever been, as is the need for a system-wide integrated approach to addressing fundamental issues. This report provides a comprehensive set of options that will only have their intended impact on the system when considered as a whole.

It has been prepared to show where critical investments are required, so that system improvement as well as efficiencies can be achieved. Given the level of focused investment required, it is critical that government focus first on system improvements rather than potential short-term savings. Further cost cutting efforts would have a dramatic negative impact on the both the people served by the system, and the people working within it.

Given this, the consultants urge the government to consider the following:

- Acknowledge the exceptional efforts of the people in the system everyday to deliver care and meet the needs of the citizens of PEI.
- Accept that, despite those efforts, the system is in need of some significant changes.
- Endorse the directions outlined herein as an integrated set of solutions designed to put the system back on track.
- Allow the system leaders – specifically the Deputy Minister and departmental staff – to effectively lead the system by creating governance and management structures that are more consistent with best practices elsewhere.
- Accept that overall bottom line savings are neither practical nor feasible, but if the right investments are made now, the overall growth in the projected cost curve may be more manageable in the future.

Ultimately, this report is about more than creating a health system that is integrated, effective and makes good use of taxpayer's dollars. Simply put, it is about doing what is necessary as a government, as health system leaders, as health care providers and as Islanders to support improved health for Islanders now, and for years to come.

