

VIEW FROM QUEEN'S PARK: Health Care (II)

Patients First: An Action Plan for Health Care (Part II)

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Dr. Eric Hoskins, Ontario's Minister of Health, unveiled the government's new action plan for improved health care during an Empire Club speech February 2. This column excerpts (and edits for space), a number of key points Dr. Hoskins made in that speech. This is the second of three columns focused on the new Patients First: Action Plan for Health Care.

The burden of disease is shifting profoundly from infectious disease and emergencies to more chronic conditions associated with the demographic changes taking place across this province and around the world. So, an effective and efficient health care system must be forward-looking.

The needs of Ontarians are evolving and our sector must continue to evolve along with them to predict rather than react so that our interventions are smart and targeted and effective. And along the same lines, we need to recognize that access to health care also depends on connectivity.

Let's consider in the first instance, the needs of our seniors. Understandably, more of them want to remain in their homes for as long as possible. This is not only better for them, but for the health care system as well. But to achieve this, they will need more flexible, reliable and affordable community and homecare supports. We also need rigorous standards of care to keep them safe and we need to be monitoring our progress every step of the way so that we can be confident that patients are getting the quality services that they deserve.

It is this same patient-centered approach when it comes to the management of high risk patients which laid the foundation for Health Links due to a fragmented primary care system and gaps in the continuity of care. We know that five per cent of our population consumes as much as two-thirds of our health care costs.

This is where Health Links has the opportunity to be a catalyst not just for cost savings, but for better quality of care and a cornerstone in our primary care system by connecting patients to community-based care.

Health Links means connecting an 82-year old patient with congestive heart failure who doesn't speak any English with a CCAC care coordinator and a translator to develop a care plan that will keep him out of the emergency room. It means connecting a 33-year-old patient with adequate housing and ensuring that her psychiatrist, family doctor and social worker are all in one room when she explains what's important to her.

But medicine can only go so far in addressing the health risks that Ontarians face each and every day.

As we all know, penicillin cannot cure poverty and homelessness, but by connecting patients to resources, and those resources to one another, we are better able to support them. And of course, if we want more of our system to perform as a unit, we have to change the way we pay for care. That means moving away from the current piecemeal approach of fee- for -service, and instead aligning incentives around the patient's journey, rather than provider activity.

Instead of having a patient actively seek out every single aspect of her care independently, we can make sure that all of the necessary providers from surgeons to nurses, physiotherapists and personal support workers are all provided together and paid together as one bundled price to be integral parts of Ilene's full care pathway, from her pre-surgical assessment to the operating room, to her homecare. And the results are real. For bundled procedures like hip and knee replacements, returns to the emergency department after surgery dropped by over 30 per cent. Referrals to rehab went down by over 40 per cent and there were marked improvements in patient satisfaction.

Real innovations in health care funding models such as the St. Joe's experience happen when we adopt an evidence-based approach to patient care, prioritizing programs and interventions that deliver the highest standards of care, and that's one of the reasons why we're working with Health Quality Ontario to be a leader on this front. We need to be better able to measure the outcomes that matter to patients.

Next: Using transparency to enhance performance and patient safety, and the role of a national pharma care program.

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