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The Alternative; a Resilient, High Quality Public System

Less Expensive, Better Care and Never Discussed

The Alternative

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The Lancet: Innovations in a Public Health Care System

- ***Seizing the moment to rethink health systems*** *Kojo Nimako, Margaret E Kruk,* www.thelancet.com/lancetgh Vol 9 December 2021
  - We need to build a **resilient, high-quality Public Health system.**
  - This requires a **Plan** and a focus on Public delivery NOT Privatization
  - We cannot achieve this by simple piecemeal interventions such at privatizing Hospital service; surgical and diagnostic and transferring them from Public Hospitals and into Private For-Profit Clinics (Independent Health Facilities)
  - **Strategy, Alternative Public System and a Local ON Example**

The Lancet

Innovations in a Public Health Care System

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- <u>THE PLAN</u>

- We identify **four mutually reinforcing structural investments** that could transform health system performance in resource-constrained countries:
  - **revamping health provider education**
  - **redesigning platforms for care delivery**
  - **instituting strategic purchasing and management strategies**
  - **developing patient-level data systems**.

  Countries should seize the political and moral energy provided by the COVID-19 pandemic to build health systems fit for the future.

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Providers	Revise curriculum for preservice education to emphasise team-based care	Provide infrastructure for remote learning for health provider training institutions	Implement regular audits for health training institutions	Provide clear career advancement path for health-care providers
Platforms	Develop guidelines for community management of conditions such as mental illness	Provide basic diagnostic equipment for primary care facilities to better manage non-communicable diseases such as diabetes	Withhold reimbursement for services that a facility is not authorised to perform	Publicise health contributions of high-performing schools and community platforms
Purchasing and management	Develop universal health coverage policy that reimburses facilities partly based on outcomes	Provide input-based financing to facilities to support basic facility needs	Revoke operating licences of substandard facilities	Provide facility management with the autonomy to take key managerial decisions
Patient-level data	Establish national data collection, use, and sharing policy	Upgrade DHIS2 system to accommodate patient-level data collection	Establish data checks to identify incomplete data or medical errors	Publicly recognise facilities that provide consistent, high-quality data on meaningful patient outcomes

DHIS2=District Health Information Software 2.

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SUMMARY

- The COVID-19 pandemic has made vivid the need for **resilient, high-quality health systems** and presents an opportunity to reconsider how to build such systems.

- Although even well resourced, well performing health systems have struggled at various points to cope with surges of COVID-19, experience suggests that establishing health system foundations based on **clear aims, adequate resources, and effective constraints and incentives is crucial for consistent provision of high-quality care**, and that these cannot be replaced by piecemeal quality improvement interventions.

www.thelancet.com/lancetgh Vol 9 December 2021

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A World Class Example

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- Scotland's NHS which operates **like a province** in the UK is a world leading example of how a high quality of care and efficiency can be achieved if the focus is maintained on **public infrastructure** and that **privatization is rejected**.

- In contrast the extremely poor performance by the private industry in the rest of the UK; demonstrated by the **Carillion** example. How corrupt and inefficient must a private company with 100% of the England's NHS business be to go bankrupt
  - Are private companies sustainable long term?

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- **Strategy based upon sustainability**

- There are international best practice models for maintaining services within public hospitals; why is this not piloted in ON?
- The better way forward is for the ON government to fully commit to developing a coordinated and capacity based strategy for health care.

- **NHS in Scotland:** *a global leader with 4 strategies*

1. Redesign and Transformation Strategy
2. Information Strategy
3. Planning Strategy
4. Performance Management Strategy

REDUCING SURGICAL WAIT TIMES The Case for Public Innovation and Provincial Leadership By Andrew Longhurst, Marcy Cohen and Dr. Margaret McGregor April 2016, **CCPA Canadian Centre for Policy Alternatives**

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- SCOTLAND: LEADING THE WAY IN PUBLIC SECTOR WAIT TIME SOLUTIONS
  - 5.3 million people, Scotland is slightly larger than British Columbia. Like Canada, Scotland has a publicly funded, single-payer health care system, providing universal access to residents.
- Scotland as a global leader in developing long-term **public sector wait-time solutions** while also **improving the quality of care**:
  - In addition to providing timely access, [Scotland has] been successful in improving other dimensions of quality of care (e.g., significantly reducing levels of **hospital-acquired infections, reducing the level of inappropriate care**), and performance in all of these dimensions is being tracked through the **measurement and reporting of performance targets** for use by patients, providers, and system managers alike.

  - **18 Weeks Referral to Treatment Standard** to ensure surgical and medical patients receive treatment within 18 weeks from referral by family doctor (GP) to a specialist to the completion of their surgery, including diagnostic testing and specialist consultation (i.e., 18 weeks includes Waits 1, 2, and 3; see Table 1).

  - This is far different from the current situation in **ON/BC** where **no information is publicly reported** on the time it takes from GP referral to specialist consultation (Wait 1), and where, for procedures like knee surgeries, for example, more than **50 per cent** wait **longer than 26-28 weeks**.

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- **How did Scotland do it?** The four integrated strategies of the 18 Weeks Referral to Treatment Standard include
- A SYSTEM REDESIGN AND TRANSFORMATION STRATEGY
  - focusing on **improving referral and diagnostic pathways**, centralized intake and pooled referrals, treating day surgery as the norm, operating room efficiencies, patient care pathways to ensure appropriateness and consistency of care, and Quality and Efficiency Support Teams ("**improvement teams**") working with every health board to implement initiatives and achieve outcomes through a strong focus on clinical engagement and leadership;
- AN INFORMATION STRATEGY
  - to accurately **track and report** on the whole patient journey from referral to treatment;
- A PLANNING STRATEGY
  - to balance elective and emergency care and **focus on capacity and workforce planning** to address the mismatch between surgical demand and existing capacity;
- A PERFORMANCE MANAGEMENT STRATEGY
  - to ensure responsibility for delivering the 18 Weeks Referral to Treatment Standard lies with the Scottish government's national-level **Health Delivery Directorate** and is achieved through ongoing engagement and coordination with regional NHS health boards.

- **The Scottish government's response is consistently to find ways to increase capacity in the public system and avoid entrenching its reliance on private providers.**

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Ivey Eye Institute

London ON example

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- Ford is transferring Cataract Surgeries form our Hospitals to For –Profit Private Clinics such as the TLC Clinic in Waterloo, ON.

- The **Ivey Eye Institute** is a fine example of true innovation within our public system. Located at St. Joseph's Hospital in London ON they deliver outstanding eye care in the community. Utilizing a "Lean" Operating Room approach they also deliver excellent cataract surgery but without up selling for a profit.

  sjhc.london.on.ca/**ivey-eye-institute**

- Public Hospitals all across ON can utilize this "Lean" model for surgeries.

- There is currently Operating Room capacity across ON for over 100,000 surgeries in Public Hospitals. These Operating Rooms are underutilized or dormant. We need to fund them for surgeries and NOT fund for-profit private surgeries across ON.

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- <u>CONCLUSION</u>

- WE ARE AT AN IMPORTANT CROSSROADS in the future of Delivering Services within Ontario. Doug Ford is privatizing , “permanently”, 50% of our Hospital Surgical and Diagnostic services. This will be a fatal blow to our public system.

- Recent Privatization announcements along with Bill 74 will restructure Public Health Care. Ontarians recognizes the need for more **provincial leadership** to improve the public system and yet this act promotes a significant expansion of private-for-profit conglomerates to deliver services

- As the experience in Scotland and London, ON, so clearly demonstrates, there is no need to entrench private-sector delivery if there is a consistent focus and commitment to better utilize the existing capacity in the public system by improving the quality and efficiency of services, through adequate funding, and increasing access to community care.