The Journey to Quality Health Care in Canada: Are We There Yet?

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The Dimensions of Quality

Safety
- Risk Management
- Patient Safety
- Equipment Safety
- Critical Clinical Incidents

Competence
- Hiring Criteria
- Performance Appraisal
- Peer Review
- Credentialing
- Manpower Plan
- Program Plan

Acceptability
- Patient Satisfaction
- Accreditation
- Cooperative Planning

Accessibility
- Utilization Review
- Occupancy Rates
- Bed Allocation
- Patient Satisfaction
- Surveys
- Monitoring Wait Lists

Efficiency
- Budget Variance Analysis
- Workload Measurements
- Utilization Review
- Turnaround Times
- Wait Lists
- Occupancy Rates

Appropriateness
- Practice Guidelines
- Individual Case Review
- Drug Use Evaluation

Effectiveness
- Department Review
- Clinical Appraisal
- Morbidity and Mortality Reviews
- Outcome Screens
- Audits
- Technology Impact Assessment

Institute of Medicine: Dimensions of Quality

- Safe
- Effective
- Patient-centred
- Timely
- Efficient
- Equitable

Source: 10M. Crossing the Quality Chasm: A New Health System for the 21 Century
Appropriateness/Effectiveness

1990  Canadian Coordinating Office for Health Technology Assessment established

1992  Evidence-based Medicine: A New Approach to Teaching the Practice of Medicine

1993  Cochrane Collaboration established
Safety/Competence

1990s  Lifelong learning – CFPC/Royal College

2003  Canadian Patient Safety Institute established

Late 2000s  Revalidation – licensing bodies

Ahead  Predictive Modelling
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1996</td>
<td>Canada Health and Social Transfer - $6 billion cut in federal cash transfer implemented over 2 years</td>
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<tr>
<td>2004</td>
<td>First Ministers’ Accord – Wait Times Reduction Fund – 5 priority areas</td>
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<td>2005</td>
<td>Provinces agree to wait-time benchmarks</td>
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<tr>
<td>2007</td>
<td>$612 million federal funding for wait-time guarantees</td>
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<td>2009</td>
<td>Alternate Level of Care</td>
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Patient-Centred Care

Seamless access, with no financial barriers, to the continuum of care in a timely fashion, in a manner that takes into consideration the individual needs and preferences of patients and their families and treats them with respect and dignity.

Source: Canadian Medical Association. Toward a blueprint for health care transformation: a framework for action
Charter for Patient-Centred Care

- Dignity and Respect
- Access to care (timeliness, continuity, comprehensiveness)
- Safety and appropriateness
- Privacy and security of information
- Decision-making
- Insurability and planning of health services
- Concerns and complaints
Solving the Quality Puzzle

Professional Model of Service Delivery → Civic Professionalism
Solo Autonomous Practice → Team-based interdependent accountability
Silos → Systems
Competencies → Performance Assessment
<table>
<thead>
<tr>
<th>Description</th>
<th>Solution</th>
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<tbody>
<tr>
<td>Public Indifference</td>
<td>Public Engagement</td>
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<tr>
<td>Young patients, acute illness</td>
<td>Elderly Patients, chronic illness</td>
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<td>Multiple decision-Makers</td>
<td>Clarity of leadership</td>
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<tr>
<td>Fixing the Pieces</td>
<td>Reengineering Systems</td>
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<tr>
<td>Crisis Intervention</td>
<td>Long-term Planning</td>
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Accountability of the Physician

- Professional competence
- Legal and ethical conduct
- Adequacy of access
- All six domains

Physician

- Professional competence
- Legal and ethical conduct
- Adequacy of access
- Public health promotion

Professional Associations

- Professional competence
- Legal and ethical conduct
- Financial performance

Lawyers and Courts

- Professional competence
- Legal and ethical conduct
- Adequacy of access

Patient

- Professional competence
- Legal and ethical conduct
- Adequacy of access

Government

- Professional competence
- Financial performance

Private Payers

- Professional competence
- Financial performance

Employers

- Financial performance

Investors

- Financial performance

Hospitals

- Managed Care Plans

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Civic Professionalism

“entails not only physicians’ personal commitments to the welfare of their patients but also collective efforts to improve the health care system for the welfare of society.”

Figure. Systems View of Professionalism

Lesser, C. S. et al. JAMA 2010;304:2732-2737

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Health Care Stakeholders

- Governments (health, education, finance)
- Regional Health Authorities
- Community-Based Providers (e.g., home care)
- Educators
- Boilermakers
- Professional Associations
- NGOs/Think Tanks
- Unions
- Researcher
- Physicians' Clinics
- Health Care Institutions
- Community
- Patients
- Family
The Innovation Curve

- Innovators: 2.5%
- Early Adopters: 13.5%
- Early Majority: 34%
- Late Majority: 34%
- Laggards: 16%

Time to Adoption (SDs From Mean)