Transforming the Health Sector

Building Health Capacity, Focus on Developed Economies

IAP for Health Conference: "Promoting Health"

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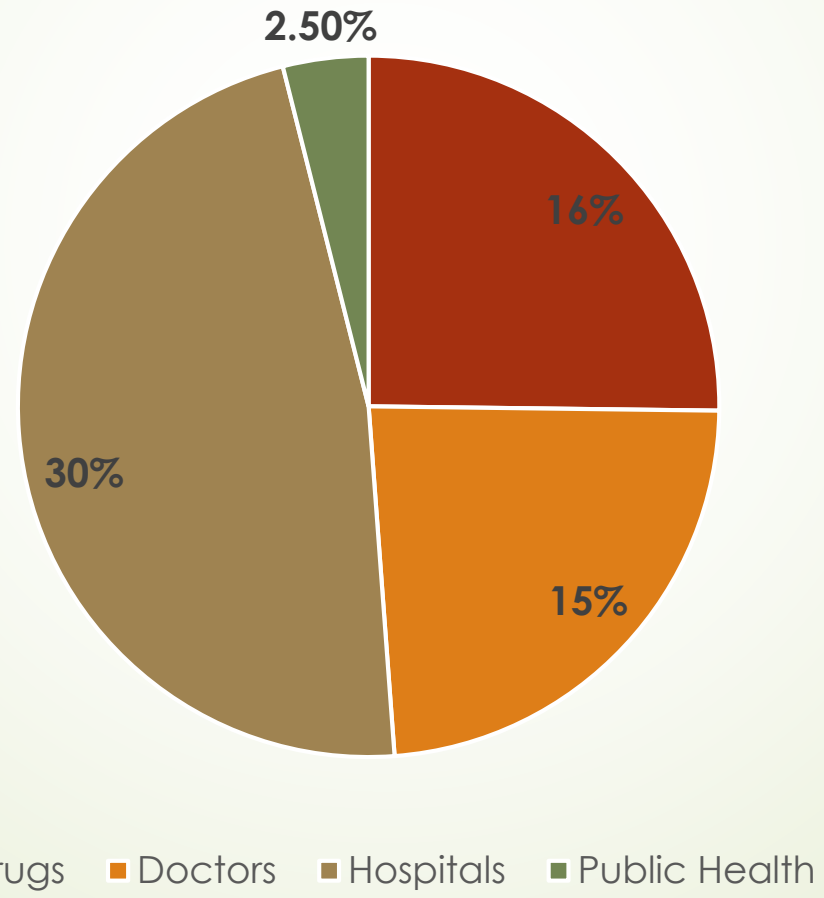
Health Care in Canada

- Federal oversight through the CHA
- Provincial administration of care
- Mixed public-private care
- Total health expenditures:
  - 10.9% of GDP
  - $219 Billion or 6105 per capita

Canadian Health Care Expenditures



But is our System Sustainable?

- Cost:
  - Historic rate of growth: 7.5% to 2%
  - Aging population
  - Utilization rates
  - Growing social inequity
- Benefit:
  - Access
  - Outcomes

From Consensus to Action

Paradigm Changes

Provider-focused	→	Patient-centered
Acute care paradigm	→	Chronic disease management
Individual, isolated practice	→	Group-connected, team-based, accountable practice
Rhetoric	→	Data/evidence/quality/effectiveness reduced variance
Silos	→	Integrated regional systems-based care
Unrestricted growth	→	Evidence informed innovation technology with CPG's
Unsustainable value proposition	→	Sustainable cost effective services supporting generational fairness
Health inequity	→	Health promotion, health equity and population health

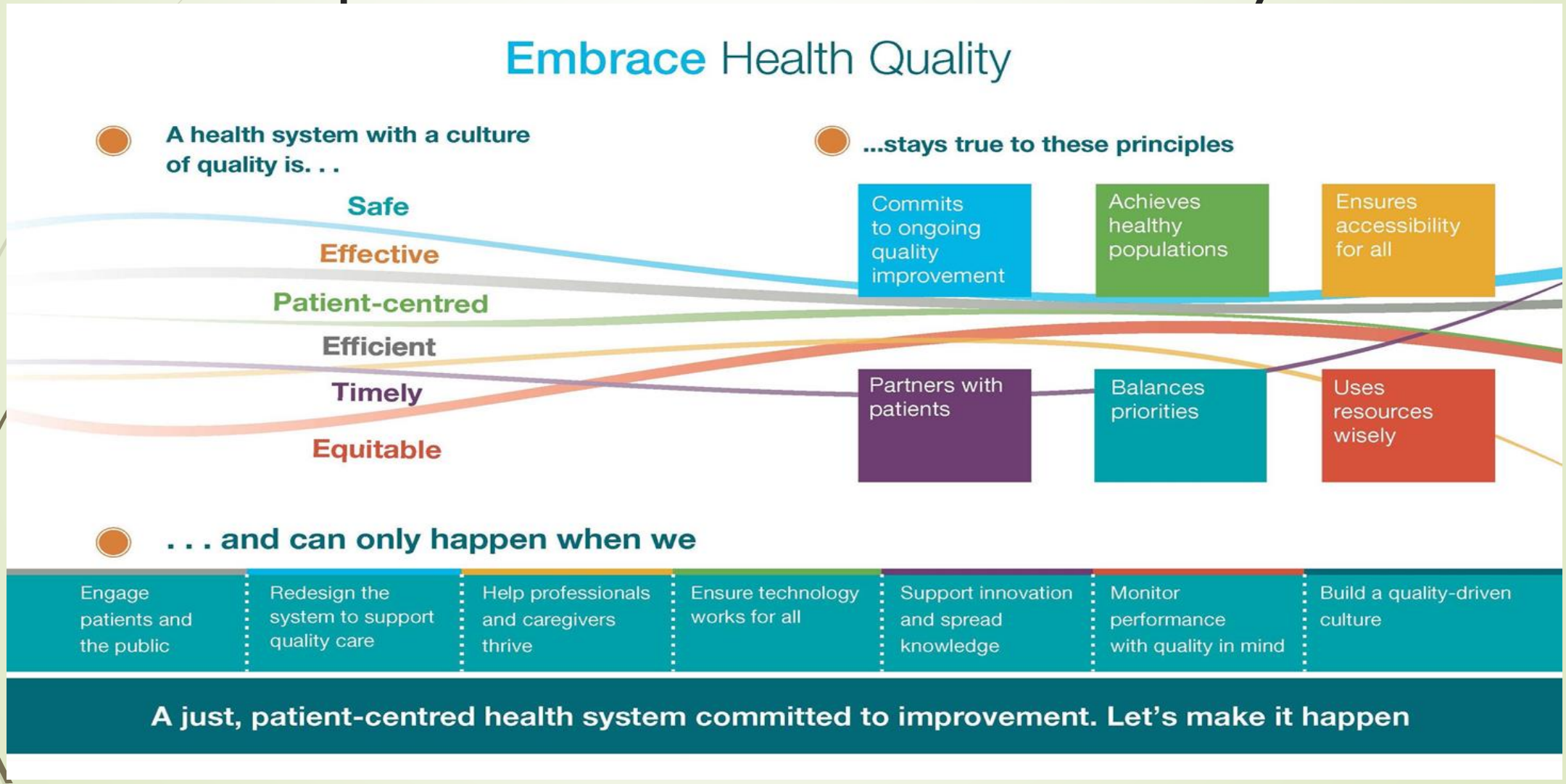
Taking a Population Based Approach to Health Care

- "A state of complete physical, mental and social well being and not merely the absence of disease or infirmity". (WHO 1948)
- "Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups". (Public Health Agency of Canada)
- "Health equity is achieved when all individuals living in Ontario are able to reach their full health potential, and receive high quality care that is fair and appropriate to them and their needs, regardless of where they live, who they are and what they have". (Health Quality Ontario)

Making the Equity Argument

- Quality
- Cost
- Rights

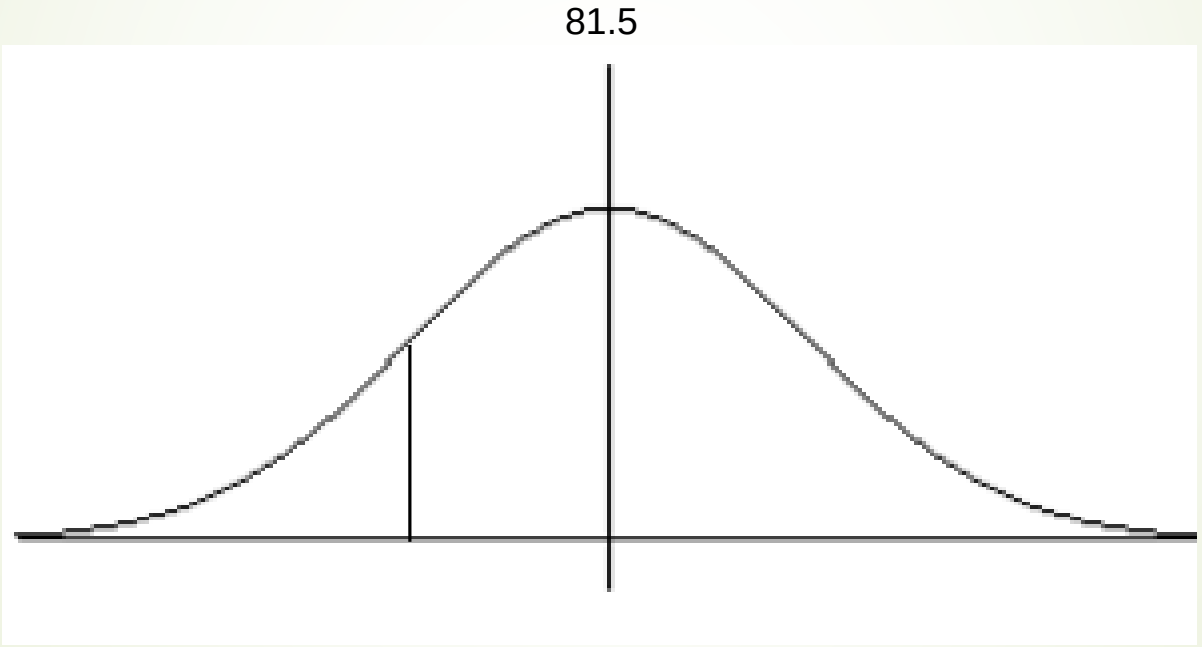
Making the Quality Argument: Principles of Health Quality



Health Equity…Our Collective Responsibility

Health equity allows people to reach their full health potential and receive high-quality care that is fair and appropriate to them and their needs, no matter where they live, what they have or who they are

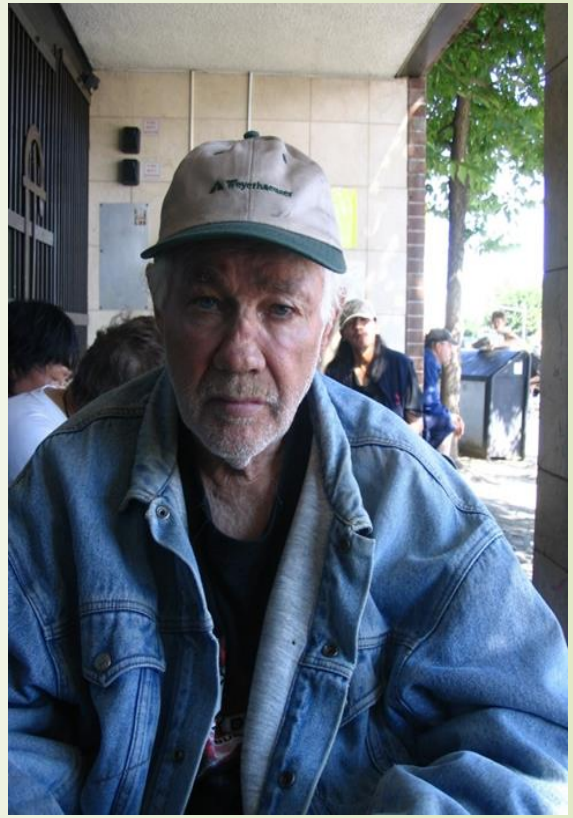
Health Equity and the Tyranny of the Average



Increasing Social Inequity & Health Inequity

Who are our High-Risk, High Cost Populations?

The Target 5% Experience:



- Lack access to effective care and entitlements
- Receive care that is fragmented, episodic, crisis driven and not integrated
- Vulnerability/isolation/resilience/voiceless
- Poverty

Making the Rights-Based Argument

Inequity as a Human Rights Issue

- People who experience social inequity face violations of a wide range of human rights

This shifts the debate…

- Away from a focus on charity
- Toward the rights of citizens entitled to protection

Population Health: Emerging System, Level Considerations & Themes

The following are some key emerging system level considerations and themes that have emerged during the development of the plan

- Alignment & Coordination
  - To have collective impact, need a provincial health equity strategy/plan that is coordinated and focused
- Leadership & Accountability
  - To ensure health equity is a priority for the health system, there needs to be effective leadership and accountability
- Awareness & Understanding
  - Need a common language and understanding of what is "health equity"
  - What does an equitable system look and feel like from the perspective of different stakeholders (e.g. patients/caregivers/public)

Population Health: Emerging System, Level Considerations & Themes

- Cultural Shift & Capacity Building
  - Requires a significant change in culture and practice at all levels within the system
- Data Advancement
  - Need to have a provincial coordinated approach with advancing data to inform decision making at the policy, planning and provider levels
- Partnerships
  - Need to partner and build on the successes and learnings from those who have already been focusing on equity
  - To build an equitable and high quality system for "all" requires partnering with individuals with lived experience

Population Health & New Models of Care

- Define the nature and extent of the community involved
- Consider systems based barriers to access
- Engage communities in effective solutions
- Care on their terms
- Mitigate underlying social factors through partners and advocacy
- Define and measure success on their terms

Homelessness in Ottawa

- 6705 individuals

379 Youth

706 families

984 women

3180 men

2013 Census data

Obstacles to Care

- Transportation
- Stigma
- Education

- Concept of health
- Drug cards
- Medications
- Health care providers judge negatively

Inner City Health

A health inequity mitigation strategy

Summary of Inner City Health Program and Services

- Managed Alcohol Program 16 beds
- TED 46 beds
- Special Care for Women 16 beds
- Special Care for Men 30 beds
- Hospice 14 beds
- Supported Housing
- Oaks 55 units
- Booth House 20 units
- Gardner (HS) 35 units
- Supportive Housing (SSH) 10 units
- Primary Care Clinic

Access

The right care, at the right time, in the right place.

Integrated Case Management with Alignment of Goals for Health and Health Care

Team-Based Care

New roles, new providers, new partners

OICH Members

- Ottawa Hospital
- University of Ottawa
- Royal Ottawa Hospital
- Community Care Access Centre
- Community Health Centres
- The Mission
- The Salvation Army
- Options Bytown
- Anglican Social Services
- Cornerstone
- Shepherds of Good Hope
- Canadian Mental Health Association
- Wabano Centre for Aboriginal Health
- Centre for Addiction and Mental Health
- Carefor Health and Community Services
- Youth Service Bureau

Stabilizing Sources of Inequity and Setting Goals Appropriately

TED

Targeted Engagement & Diversion

An integrated response for the Homeless with Co-Occurring Mental Health and Substance Use Disorders in Ottawa

Our Collective Responsibility to Achieving Population Health and Equity

- Information for informed health and social policy decisions
- Promote effective health delivery systems for prevention and care
- Promote measures that address the SDH
- Effecting positive social change through healthy public policy
- Advocating for values that are essential for the health and in our communities


A change for the better
Alcoholics band together, collect pennies to help kids
Vernissage
October 31st 2005
Exhibit & Sale
Oct. 31st to Nov. 30, 2005
Sweetgrass

Impact

January 2013 – 2014

- True ER Diversions 618
- 9 transferred to paramedics due to > 2 person assist
- 7 transferred to paramedics due to non response to verbal stimuli
- 7 transferred to Police for aggression
- 0 transferred due to deterioration of vital signs
- Therefore 96% were true ED diversions

Impact

January 2014 – 2015

- True ER Diversions = 5320 events

  3480 (842 clients)

  473 > 1 admission

  83% < 10

- Transfer to ED from TEDS = 108 (3%)
- Transfer to Police from TEDS = 89 (2.6%)
- Cost without diversion = 1.74 million

(Paramedics + ED Assessment + $500.00)

- Cost of TED = $300,000.00

Scope: Equity in….?

- Equity in access: the right care, at the right time, in the right place.
  - Care that is available, accessible, acceptable
- Equity in experience: A care experience that is equitable and meets the individual's needs in a timely, efficient, safe and effective way
- Equity in health care outcomes
- Equity in health (social determinants of health)