

# ***Community Focus Bulletin:*** ***Creating Community Conversations***



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## **Hallway Health Care: A System Under Strain** 1st Interim Report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine

For the complete report go to:

[http://www.health.gov.on.ca/en/public/publications/premiers\\_council/docs/premiers\\_council\\_report.pdf](http://www.health.gov.on.ca/en/public/publications/premiers_council/docs/premiers_council_report.pdf)

The Premier's Council on Improving Healthcare and Ending Hallway Medicine has released its report providing advice to government on how to solve this problem and improve health outcomes across the province.

This first report provides an overview of some of the key challenges contributing to hallway health care, and identifies opportunities and emerging themes from the Council's initial work – including the potential to integrate health care and introduce technology solutions to build strong and efficient community and hospital services, support better outcomes for patients, and to fix the problem of hallway health care.

The key findings support the same issues that have been documented locally, provincially and federally since the 1980's. Specifically these are:

1. Patients and families are having difficulty navigating the health care system and are waiting too long for care. This has a negative impact on their own health and on provider and caregiver well-being.
2. The system is facing capacity pressures today, and it does not have the appropriate mix of services, beds, or digital tools to be ready for the projected increase in complex care needs and capacity pressures in the short and long-term.
3. There needs to be more effective coordination at both the system level, and at the point-of-care. This could achieve better value (i.e. improved health outcomes) for taxpayer money spent throughout the system. As currently designed, the health care system does not always work efficiently.

The report underscores the same issues that have been reported by clients, patients and families as well as health and social service front-line workers for decades:

- Patients and families are having a difficult time **navigating** the health care system. People cannot always see their primary care provider when they need to, wait times for some procedures and access to specialists and community care are too long, and emergency department use is increasing. A lack of early intervention and prevention is contributing to more patients becoming ill.
- Health care providers, family members, and friends continue to experience frustration and the strain of a system that isn't making caregiving easy. This leads to high levels of stress and places a heavy burden on caregivers to act as advocates for timely and high-quality health care services.
- There are more patients with complex needs and an increase in chronic issues that require careful and coordinated management, like an aging population living longer with high rates of dementia.
- Fair access to health care across the province continues to be a concern.
- Ontario does not have an adequate or appropriate mix of services and beds throughout its health care system. This leads to capacity pressures on hospitals and long-term care homes. Demographic projections indicate there will be additional strain on existing capacity in the near future.
- Ontario's health care system is large. Responsibility for coordinating high-quality health care is spread across many government agencies, organizations, and the Ministry with no clear point of accountability to keep the focus on improving health outcomes for Ontarians. There is a fundamental lack of clarity about which service provider should be providing what services to patients and how to work together effectively.
- The health care system can make better use of available technology, and should aim to deliver integrated and efficient services in all parts of the province. People have more access to digital tools and information than ever before, and expectations for high-quality, efficient, and integrated health care have changed.

This report will be followed by a second report with recommendations based on the following themes:

1. Growing demand and opportunity to innovate in care delivery, particularly in the use of virtual care, apps, and ensuring patients can access their own health data.
2. A pressing need to integrate care around the patient and across providers in a way that makes sense in each of our communities in the province, and improves health outcomes for Ontarians
3. The potential for greater efficiency in how we streamline and align system goals to support high quality care.
4. The critical role for a long-term plan so that we have right mix of health care professionals, services, and beds to meet our changing health care needs.

Here are some key findings from the report.

- On an average day in 2018, there were approximately 1,000 patients waiting for a hospital bed in an unconventional space or emergency department stretcher.
- According to the 2018 Health Care Experience Survey, 41 per cent of Ontarians who went to the emergency department and 93 per cent who went to a walk-in clinic received care for a condition that could have been treated by their primary-care provider.
- Visits to emergency departments across the province increased by about 11 per cent over the last six years, to 5.9 million in 2017-2018.
- In November 2018, only 34 per cent of patients admitted to hospital were admitted to an inpatient bed from the emergency department within the eight-hour target.
- Ontarians who require admission to an inpatient bed are spending an average of 16 hours in the emergency department before a bed becomes available, which is the longest that wait has been in six years.
- The median wait time for long-term care home placement in Ontario in fiscal year 2017-2018 was 146 days, and the median wait time for home care was around six days for patients waiting at home.
- Approximately one in three adults who went to the emergency department for mental health and addictions care had not previously accessed physician-based care for their mental illness
- There was a 72-per-cent increase in emergency department visits and a 79-per-cent increase in in-patient admissions for children and youth with mental health issues over the last 11 years.
- In October 2018, almost 16 per cent of days in hospital were spent by patients that were waiting for care in another setting.
- Demographic projections suggest that the province will see an increase in its population by roughly 30 per cent by 2041.
- By the year 2041, the GTA's population is expected to grow by 41 per cent or by approximately 2.8 million people compared to the year 2017.

#### What others are saying:

““What we actually need is an immediate increase in health care funding to meet the needs of population growth, aging and inflation.” — Warren (Smokey) Thomas, OPSEU President

“ Health Minister Christine Elliott said Ontarians will see the final bill within weeks. In its current form, the bill sets the table for the amalgamation of the province's 14 local health integration networks (LHIN) into one super agency that could also swallow up agencies like Cancer Care Ontario and eHealth Ontario. The centralized organization is part of the government's plan to tackle hallway health care and improve patient care, according to Elliott. “Making sure that there are more frontline services and programs for people is what makes an excellent quality health care system and that's what we are committed to delivering,” Elliott told iPolitics.”

**Marieke Walsh iPolitics.**

“Nova Scotia had a similar experience when it amalgamated its health authorities in 2012...“As a province goes through the turmoil of a huge overhaul, all hands are on deck trying to figure out what the administrative changes are,” In the case of Nova Scotia for about four years other work was “put on hold” until the restructuring was figured out. The result was that wait lists for family doctors ballooned and primary care was left in “shambles.” The attempt to figure out how a huge new system works is labour-intensive, time-consuming, and frustrating,” **Dalhousie University Professor Katherine Fierlbeck**

“To avoid repeating history, the government will have to make sure that it gets buy-in for its plan from frontline staff. The general experience of health care amalgamations has been the declaration of grand ambitions to transform health care, none of which was realized. “The aspirations were doomed for a few reasons, but probably the most important was that the new structures didn’t include physicians”.

A big reason for that is that, while funding flows through the super agency, it’s the province that negotiates the contracts with physicians. Those agreements are short on accountability and the majority still focus on volume when measuring performance, and don’t include other important measurements like health outcomes. On that score, Ontario has pushed the furthest ahead by introducing family health teams, but overall it’s not enough. For example, variation and inconsistencies in practice lead to as much as 30 per cent of health care being either “harmful or useless.”

For an amalgamation to be successful, issues like that have to be tackled on top of the questions about how the super agency should be organized.

“New structures may be necessary to achieve lofty performance goals but they are hardly sufficient,” When in doubt, Canada reorganizes, because it is easier than real change and looks like something is being done. We’ll see if Ontario has learned this lesson if it goes down the restructuring road one more time.” **Steven Lewis, a Canadian health policy consultant and adjunct professor at Simon Fraser University**

Questions to consider for our community:

1. Is our health care system in need of better co-ordination or more front-line staff resources?
2. How would a super co-ordination agency provide more consistent level of care?
3. How can we encourage more people to become health care providers?
4. How can we better compensate front-line health care providers?
5. With an aging population and documentation of increasing chronicity of conditions, how will we be prepared for the need for more health care and social services to keep people at home and out of institutions (the need for which has continued to be documented since the mid-1980’s by every government servicing Ontarians)?

Resources:

<https://www.cbc.ca/news/canada/toronto/ontario-premier-doug-ford-health-care-rueben-devlin-1.4997601>

<https://toronto.citynews.ca/2019/01/31/ontario-hallway-healthcare-report/>

<https://ipolitics.ca/2019/01/31/ndp-say-a-leaked-draft-bill-shows-the-ford-government-readying-for-private-health-care/>

Berry-Merriam, Dawn, The Evolution of a District Health Council into a Regional Planning Body: The Haliburton, Kawartha and Pineridge District Health Council, TRENT UNIVERSITY, Peterborough, Ontario, Canada, 1997.

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