

Intelligence MEMOS



From: Duncan G. Sinclair, David Walker, Chris Simpson and Don Drummond
To: Canada's Health Ministers
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Re: **TOWARD HEALTHCARE'S CULTURE CHANGE**

Many Canadians have bought into the unsubstantiated hype that our healthcare system is the best in the world, and our political leaders know well that voters get nervous about proposals to change it.

Currently, there is some discussion about how to pay for extending medicare's first-dollar coverage beyond in-hospital and physicians' care to prescription drugs. And inclusion of addictions and mental health care and dentistry have also been mentioned. Ironically, no provincial or territorial system has a primary focus on optimizing people's health. Rather, the focus is on the repair of ill-health, the restoration to health of patients rendered unwell by disease, injury, disability, or other misfortune.

Obviously, this purpose remains vital, but contemporary needs demand the system's expansion to encompass two additional imperatives:

- a) meeting the changed needs of people, many of them aging, who suffer from multiple, chronic conditions that are amenable to wellness-enhancing treatments provided in their own homes and communities by multi-professional teams of care givers; and, more fundamentally,
- b) motivating and educating people in ways to maintain life-long good health. Such expansion requires change in the very culture of healthcare.

What might bring this change about?

One stimulus is the fast-growing use of the technologies of our digital age, hardware and software. As more and more people acquire wearable devices that monitor an ever-wider array of physiological parameters, they will look to physicians, nurses, and other providers for advice on what observed changes may mean and what to do about ominous ones. With 5G broadband communication, one can envision ever-vigilant AI algorithms warning both individuals and their caregivers of early signs of illnesses leading to corrective measures, lifestyle and otherwise, to head them off. Such devices also offer entirely new, more dynamic ways of measuring health status and the outcomes of treatments.

Technologies also already exist to consolidate every person's health and care record in a single file under the control of the person to whom it applies, a record shareable with every institution, team, or other provider in the system from whom she or he may seek service.

These will both enable and force effective communication and connectedness among the whole range of health service providers and drive workable protocols to make smooth and easy the transfer of patients among institutional and other providers that our current 'systems' don't facilitate, but a genuine health/healthcare system should and would.

Another stimulus of culture change yet on the horizon is the development of more effective measures of health and well-being. Those in use, infant mortality, life expectancy, quality of life years, and the like, are highly aggregated and reflective of change only over relatively long periods of time. Others, like data on the incidence of cancer, heart disease, stroke, et cetera, are really measures of the rate of failures of health, much like hospital readmission rates, a back-handed approach to measurement of outcomes and of health itself.

Research is needed on both personally and professionally applied measures of health and wellness and their application to sub-populations, those provided healthcare services by a given team, for example, or those living in a specific region. Digital technologies will enable individuals to assess their own health against the aggregate of that of their peers in their communities, and providers will be able to compare their patient outcomes against populations served by other teams.

Those same measures should also be linked to accountability-based funding strategies to foster competition, especially among primary care teams, to provide ever better ways to optimize population health.

A third very powerful stimulus of change is provided by healthcare providers themselves.

The professional satisfaction of an increasing number, especially of young physicians and other health professionals, is strongly linked to their success in helping the people they serve achieve the best possible health and wellness.

The still predominant fee-for-service compensation system and its schedule of benefits constitute powerful incentives to provide ever-increasing numbers of often higher-cost services that are not always closely linked to any beneficial patient effect. Increasingly, physicians and other health professionals, especially newer generations, do not want to subject themselves to the fee-for-service treadmill. They welcome the introduction of compensation systems that reward them well for their expertise and long years of training but also provide them with the benefits and amenities needed to protect balanced lifestyles.

Taken together, these several stimuli have the capacity to change the culture of healthcare and create a genuine health and healthcare system that is truly people-centred. Let's go for it.

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