

# HS2045

WEEK ONE

# Class #1

- In Class today we spent the majority of time discussing the syllabus
  - It is your job to read and fully understand all components of the syllabus
  - Important highlights:
    - No make up for midterm
    - Respectful attitude and behaviour both in class and on-line
    - ALL communication b/w student and instructor/TA happens through Sakai **(ALL!)**
- talked about the EMERGING TRENDS we as a class feel are occurring right now.

# HS 2045

Class #2

# What's in the news?

- We are going to spend time each week (mostly on WEDNESDAYS) talking about what's in the news.
- You can bring stories (NEWS, not anecdotes) forward in class or post to Sakai prior to class
- These discussions are not 'testable' but provide a great opportunity to bring your learning to life, and keep our discussions relevant....
- It is possible that we follow-up on relevant news stories in several classes, in that case, it would be wise to make sure you have a good handle on the issue at hand and our discussion around it.

# Monday's Emerging Trends: Did we miss any?

- Pharmaceutical research
- E-medicine
- Electronic health records
- Vaccines (HPV, flu shots)
- Mental health (awareness)
- Social media - @HealthTap twitter account, for example
- Medical consumerism
- New technology
- Reverse innovation
- Decision support tools for consumers - online

# Summed up:

- Cloud Medicine: EHR, PHR, EMR; social media; smart beds
- Consumerism + Personalized Medicine
- HC Organization/Reform
  - Regionalization 2.0
  - Teams: PC/FHTs
  - PT, Cataracts
- Payment models
- Aging Population
- Place of care ( > shifting to home)
- Dx and Rx (technology)
- New HCPs (health care professions) > 'regulated' and 'net-new'
- Population and Public Health
- Standards/Best Practices (EBM)

# How is healthcare funded? Delivered? Accessed?

- First point of access
- In the hospital
- In the community
- At home
- As a child
- As an adult
- As a senior
- Chronically ill
- Acutely ill

# The patient pathway

- We drew this on the white board.. Can you recreate it here?

# How is healthcare FUNDED?

- We did a few notes and schematics > did you understand? Try to draw them here.

# CHA

- **Public Administration:** administered and operated on a non profit basis by a public authority accountable to the provincial or territorial government.
- **Comprehensiveness:** insure all medically necessary services provided by hospitals, medical practitioners and dentists working within a hospital setting.
- **Universality:** entitle all insured persons to health insurance coverage on uniform terms and conditions.
- **Accessibility:** provide all insured persons reasonable access to medically necessary hospital and physician services without financial or other barriers.
- **Portability:** cover all insured persons when they move to another province or territory within Canada and when they travel abroad. The provinces and territories have some limits on coverage for services provided outside Canada, and may require prior approval for non-emergency services delivered outside their jurisdiction.

In Canada, for the most part, we are...??

- Publicly funded, privately delivered

# Is healthcare silo-ized?

- Read about it – we are going to discuss it more on Friday... AND it is going to be the topic of your first Forum (open on Friday, closes on Wednesday)

# HS 2045

Class #3

# Can you answer these Qs?

- You will see these slides frequently in lecture slides
- sometimes they will be discussed in class, more often they are here as a place holder and a reminder to you of what we have already covered
- If/when we have an issue that is sticky/hard to understand from previous classes, we will spend time going over it
- Make use of the course content blog if you have issues you want highlighted here!

# So how is healthcare delivered?

Health care is delivered through the community, home private, hospital,

community- OT-occupational therapist

AH-allied health

When you think of public health it doesn't capture community funding

-public health and community health are not the same thing

Primary, secondary/tertiary, Community, and Public health are the 4 sectors

different types of hospitals we have 4 types:

,community hospitals, teaching hospitals, psychiatric hospitals, private hospitals

# And how is healthcare funded?

Money is funded by the federal governments to provinces via 2 ways?

1. Direct dollars
2. Tax points

public funded and privately delivered

Canada health act are the rules about how the funding is delivered the 5 rules have to be followed

# How does MOHLTC get \$\$?

1. Federal Transfers -dollars or tax points

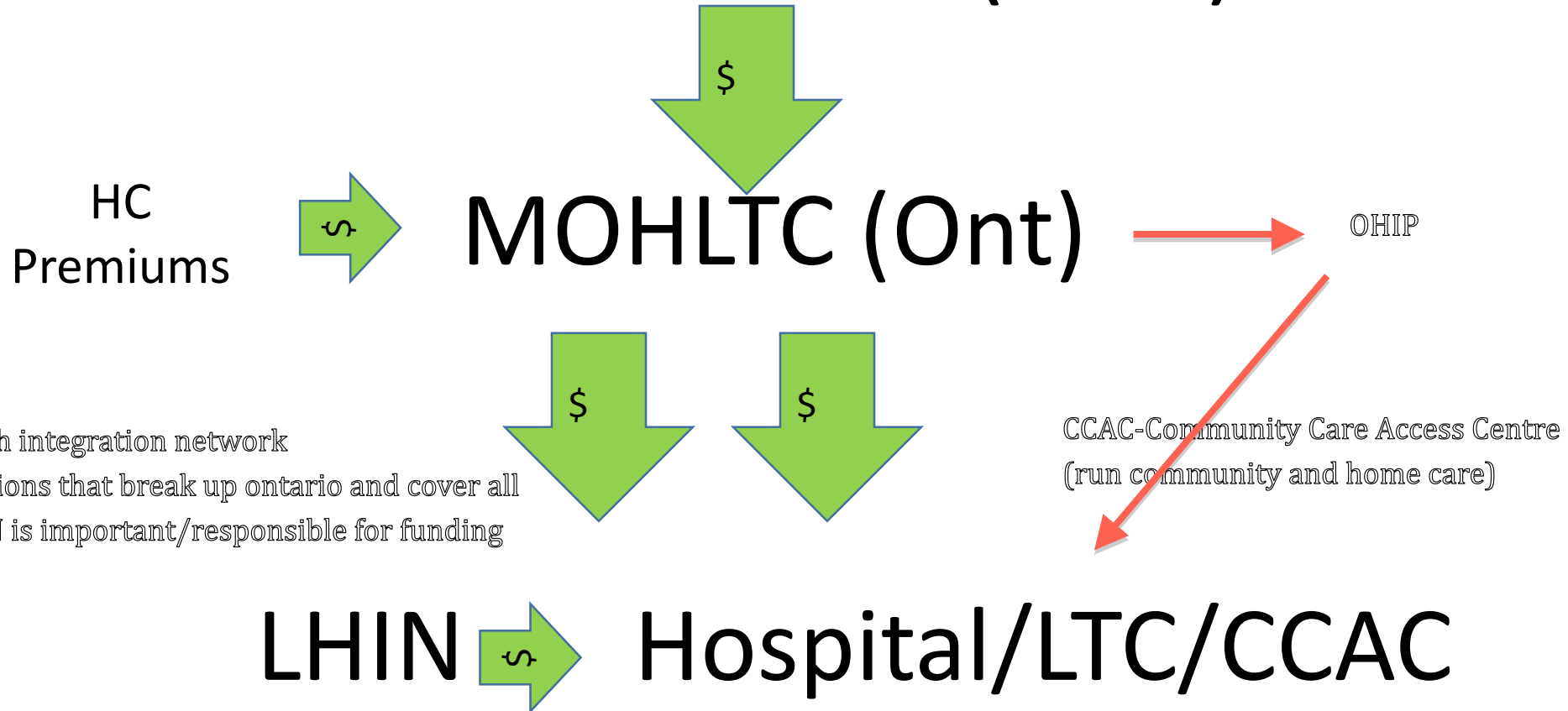
2. Provincial Premiums

- ON HC Premium: 2004; >\$20 000 not charged; up to \$900
- Also in BC, Que and AB
- offer limited premium assistance to residents with low incomes

# Sources of Funding

Health Care premiums-out of pocket on top on tax but when we pay taxes (so don't often know)

## Health Canada (Feds)



LHIN-local health integration network  
14 different sections that break up ontario and cover all  
on Ontario, LHIN is important/responsible for funding  
in Ontario



Direct dollars infused into the health system HC premiums are a much smaller amount then our taxes so don't really notice  
HC premiums are not in every province only in some provinces

# How does H Cda get \$\$?

- From Federal Gov't
  - Taxes (personal and corporate)
  - GST
  - Import/tobacco etc taxes
  - Crown corp earnings (CBC, atomic E Cda)

# The HC Budget

- Changes year to year at a provincial and federal level
- More so at the prov level, you will see changes to specific sources of funding (ie “TARGETED FUNDS”)



- At a HCOs:
  - capital budget, *for building things ie new equipment*
  - operating (global) budget, *nurses salary comes out of here*
  - targeted funding *this amount of money is coming out of here*

# What are the top issues in healthcare

- ... In general
- ... in your chosen occupation

# Are the issues the same

- Are they different?
- Why or why not?

# Is healthcare silo-ized?

- Is HC siloed? Why/why not? Are some areas, and some not? Which? Can we fix it? Do we need to? How?

it is improving and becoming more and more silo-ized hospitals are getting more and more unified, ie almost all are on new software called medi-care, allowing for all people working with a patient to understand what wrong and work together

# Forum #1 (open 12:30 today, closes 12 Wednesday)

From The Ontario College of Family Physicians: "Vision 2020: Raising the Bar in Family Medicine and Ontario's Primary Care Sector"

- "Siloization" (i.e. the tendency to work in healthcare silos in the system) was deemed to be increasing in spite of efforts to establish a "collaborative care system". Silo planning and the delivery of care in silos are impacting negatively on continuity of care. A collaborative, team-based system of care including system integration will be required throughout the whole of the healthcare system (i.e. primary care, public health units, CCACs, hospitals and long term care facilities). There will be an increased demand for all healthcare organizations and providers to be informed and participate in system integration and coordination within and between each sector, supported by e-Health.
- have a read (these are some... there are more...)

<http://www.beckershospitalreview.com/capacity-management/4-steps-for-hospitals-to-reduce-their-silo-izationq.html>

<http://www.forbes.com/sites/davechase/2013/02/18/the-7-habits-of-highly-patient-centric-providers/>

- then have your say...