HS2045

WEEK TWO

September 16, 18, 20, 2013

HS 2045

Class #1: MACRO TRENDS

September 16, 2013

REMINDER: Forum #1 (open 12:30 today, closes 12 Wednesday) > graded 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-qsilo-izationq.html

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

- then have your say...

Other Updates

- Readings for this week (n=2) posted
- V1 lecture and reading schedule posted this week

Macro Trends

- The trends that will affect all other trends

1. Lifestyle

- Obesity
- Sedentary behaviour

- How does lifestyle affect your health?
- What CAN you change?
- What ought you change?
- What can you be forced to change?

1. Lifestyle: What can you change?

- Diet
- Exercise
- Alcohol consumption
- Smoking

2. Pt-centeredness

- Patient centred care
- Client/customer
- Experience and satisfaction (after every visit)

- What does it *really* meant to be pt-centred?

PCC = truth or rhetoric?

PCC at UHN has become more than a trendy phrase and more than a seemingly simple concept that we talk about in all venues. PCC is now part of our history, our culture, and remains a focus of our future at UHN. PCC is our guiding philosophy and foundation for care, customer service and leadership. PCC underpins how we do business throughout UHN, from the unit level and service departments to the boardroom. PCC is everybody's business.

3. Technology

- Smartphone apps are the tip of the iceberg
- Nano-robotics

- What does incr tech mean for Cost? Quality? Access?

3. Technology

COST	QUALITY	ACCESS

4. Access to services

- Other than tech, how is this changing?
- Where do you access care?

- @ home (in-person, on the phone, over the comp)
- In the community
- @ the hospital (less and less so) > shifting to out-pt and speciality clinics

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5. Evidence Imperative

- Everything has to be evidence based (T or F)
- Safety and quality
- Checklists
- CPGs, handbooks

5. EBM

- Why evidence based?
- Does incr evidence = better care?
- What about ‘doctor knows best’

- Imagine an ED scenario where care is needed ‘stat’
- Imagine a surgery scenario, first of it’s kind (the kidney transplant)

6. Environment

- SODH: can we have healthy people without a healthy planet?
- What does that mean for HCPs? HCOs?
- Whose role is it?

- Taking $ from acute to environment

7. Accountability

- Through gov’t
- Through health reform

- And transparency
- FIPPA

FIPPA

- The Freedom of Information and Protection of Privacy Act is an act of the provincial legislature that has been in force for many years.
- There are two main governing principles behind FIPPA:
  1. With a few notable exclusions and specific exemptions, the records of public institutions should be available to members of the public.
  2. The privacy of individuals should be protected.

8. Costs

- Rising cost of care
- Decreasing availability of spending on HC

- Healthcare costs have doubled over the past decade
- But… that is slowing (7% yr on yr to 4% this year… trend?)

- Doctor payment… doctor supply
- FFS might crack the system (not the boomers)

Readings the Week (for Wed and Fri)

- http://www.health.gov.on.ca/en/news/speech/2012/sp_20120130.aspx
- http://www.troymedia.com/2013/05/09/changing-the-way-healthcare-in-canada-is-funded/
- http://healthydebate.ca/2011/11/topic/cost-of-care/health-care-spending

HS 2045

Class #2: MAKING CHANGE HAPPEN

September 18, 2013

What’s in the news?

- Chocolate class action!
- Radiology Errors: 3500
- Money can motivate people to exercise: Study
- Study reveals 1 in 20 Canadians is a 'food addict

Plan for today… you have some work to do

What are the MACRO trends? A recap

1. Lifestyle
2. PCC
3. Technology
4. Access
5. Evidence
6. Environment
7. Accountability
8. Cost

1. Lifestyle > fill in the chart with egs

HUG (incentive/reward)	SLAP (penalty/tax)
NUDGE (enticement)	SHOVE (deliberate inconvenience)

3. Technology: Pick 4-5; figure it out

Tech Eg	COST	QUALITY	ACCESS

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7. Accountability: FIPPA

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one of the many barriers to cloud computing and e-health because privacy of individuals have to be protected

Making Healthy Change Happen: Ontario's Action Plan for Health Care

- 16 billion dollar budget shortfall.
- health care is 42% per cent of the budget in Ontario
- Two options:

1. We can continue down the road of the status quo, and end up with a health care system that simply can't meet patient needs.
2. Or we can choose the road of health care transformation, and have the courage to implement the changes we all know need to be made

Challenges

- One quarter of health care spending is on avoidable conditions, like heart disease and Type 2 diabetes.
- And while the number of Ontarians who smoke has dropped from 25% of the population to 19% in the past ten years…
- … smoking-related illness remains the number one cause of preventable death in Ontario – and costs our health care system almost 2 billion dollars every year.
- too many patients relying on Emergency Rooms instead of family care providers.
- far too many "Alternate Level of Care" in hospital beds when they would get better care at a lower cost at home or in long-term care.
- Too many people are having trouble navigating the system – they're receiving un-coordinated care from a number of providers.
- too many people being readmitted to hospital within days of leaving hospital.
- too much unnecessary administrative overhead in our health care system.

Spending

- 35% on hospitals
- 23% on physician compensation
- 8% on drugs, 8% on long term care, and 6% on community care.
- The "other" category includes mental health, public health, and much more.

increase environmentalism

- could decrease services - have a case manager asses first point (case mix)

so shes saying that this model isnt the best but cant just add money to public health

cant cut back nurses because theyll strike
so sell un needed equipment
cant get cheaper people- 23 unions in hospitals except docs dont have a union but theyre part of the ontario medical association that as power

So what is 'The Plan'?

figuere out her plan in the reading

To support the plan

- culture shift towards transparency and accountability.
- Ownership/leadership
  - from patients to doctors, front-line nurses to hospital administrators, personal support workers to those in LHINs – we all have a role to play in this health care transformation.

- What else is needed to support change

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- *Fundamental changes to Canada’s healthcare system and its funding will be required to help address the looming “fiscal squeeze” caused by the aging of the baby boomers, whose oldest members turned 65 in 2011. Population aging will lead to increased health costs since more than half of one’s medical costs occur after 65, and costs will also increase because of technological developments – new treatments, procedures, equipment, and drugs.*

Reading #1: Changing the way healthcare in Canada is funded

- The main fiscal problem with healthcare is that its costs are rising faster than the revenue of any government in Canada.
- This is a problem because healthcare is squeezing out funding for other important programs, such as education, poverty reduction, and the environment; areas that also impact health outcomes.
- The crowding out problem can be alleviated by using alternative ways to fund healthcare, raising new revenue as demand increases with the aging of the baby boomers, and technological advances.

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A not so great thought….

- intergenerational implication of raising taxes like the sales tax to fund healthcare. If medicare is funded exclusively from general tax revenues, a significant share of the healthcare costs of baby boomers will be paid for by their children and grandchildren. These are the same young people who are paying taxes for interest on the public debt, most of which was accumulated before they were born, and who have shouldered an increasing share of education costs, often incurring significant debt
- **What does this mean for you?**

What are some of the options

- Status quo: rely on taxes?
  - *“peak taxes for Canadians born after 1988 will end up twice as high as the peak taxes that the oldest baby boomers paid”.*
- User fees
- co-payments (more)
- Is universal, equal-access care an ideal? A reality?

What else can be done?

For Friday.

- All good?
- All readings done?
- All questions answered?

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Class #3: September 20, 2013

Can you answer these Qs?

Do our Trends Match up? (Reading 'Healthy Debate')

- Focus on cost

Do our Trends Match up? (Reading 'Healthy Debate')

- These findings clash with many headlines about the costs of health care, and suggests that while costs are gradually increasing, they are not "out of control

Forum this week: pretty simple. A Poll

- What do you think is the best way to curb the growth of health care costs
- You will have the same 4 options as the reading.