

Governance, Regionalization and Population Health

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Regionalization



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- Sadly regionalized health care reforms, in spite of great promise, have yielded poor system uptake of community health goals, low levels of public commitment, and weak accountability to citizens

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- The problem lies with provincial governments using regionalization as a management tool to force integration in order to reduce costs
- Regionalization does not require integration and integration does not require regionalization
- Rather than inimical to public health, decentralisation on a territorial basis is consistent with population health thinking

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- Recent evidence from Spain and Italy shows decentralisation has improved population-level health outcomes

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Evidence Based Policy

- Extraordinary development here in Quebec: genuine commitment to bring evidence to bear on health policy -- virtually unprecedented
- The documentation shows that the current round of Quebec reforms has taken the policy-relevant research findings into account

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Hon. Phillippe Couillard

- Your Health Minister has emphasized five points. I want to spend a few minutes on the evidence for each.
- First, reform must be swift.
 - Evidence shows protracted reforms lose strategic direction, key players change, elections intervene, and most decisive, opponents have time to mobilise
 - Dekker reform or NDP reform in BC

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- Second, the reform initiative must include, in an active way, health service providers
 - The evidence shows doctors have played critical roles in the success (or more often failure) of European and Canadian health care reforms
 - Attention also must be paid to provider unions

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- Third, reform must take place during stable, or better, expanding funding
 - The evidence supports the importance of incentives
 - Governments and managers must recognise changes are not cost free
 - Savings typically accrue in the long-run; costs materialise in the near term

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- Lack of capacity to meet legitimate new costs deformed BC and Alberta reforms
- In contrast, the NHS has been provided with consistently greater amounts of funding to affect reforms

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- Fourth, government and managers must be strategic about with whom they will do battle
- “You can’t choose to die on every hillside”
- The management literature argues that change requires searching out opportunities with a high likelihood of success

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- Fifth, and most important in terms of long run success, is legitimacy.
- As the Minister phrased it, people must believe the reform is intended to improve quality and accessibility of services, not just control spending
- Trust is a necessary condition for engagement of citizens and providers

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Population Health: Q1 # 3

- The hallmark of a population health perspective is its focus on collective variables such as income inequality, cultural, social, spatial and neighbourhood factors, the physical environment and community resources
- Grounded in the compelling evidence that genetics, risk factors and health care services have less total impact on health outcomes than social and economic conditions

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- A greater impact can be made investing in policies, programs and services that address the quality of life in our communities than by investing in individual-level health interventions
- As Rose pointed out some years ago, if you want to know the likelihood of someone dying of cirrhosis of the liver, you are better off studying the characteristics of his or her neighbourhood than his or her personal attributes

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- Rose has been shown over and over again to be right because individual behaviours are socially patterned
- From a policy point of view, this is of critical importance because changing variables at the individual level requires individual resources which many of the people at risk of compromised health simply do not have; in contrast, collective variables are modified by collective action

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- Population health is a policy perspective committed to multi-sectoral, collaborative action, to reducing health inequalities between groups, and to building an agenda to improve the overall health of the population
- Linked to evidence-based policy
- Interventions and resource allocations should only be made where there is clear evidence of positive impact on the health of the population

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- The perspective and its implications are supportive of public health but threatening to clinicians who have typically mobilised against reforms with a strong population health flavour

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Overcoming Resistance

- One effective strategy is to identify high-profile activities that have positive knock-on effects for treatment services
- A good example is the influenza prevention program piloted in a Saskatchewan region and later adopted in several Alberta and BC regions
- Health Authorities, hospitals and primary health bought into the public health initiative because its advocates convinced managers that there would be real short term impacts on demands for care

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- Subsequent research has shown
 - the population-based influenza control programs would not have been possible without the hospitals and public health programs operating within the same territorial networks
 - the programs succeeded in reducing demand on emergency departments and medical wards
 - the credibility and power of public health increased as a result of this success, paving the way for other carefully targeted population health initiatives

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Focus on “priority, primary targets” The Wedge Strategy

- “Guided by a determinants of health approach, we moved forward with a targeted intervention in each of the [three] priority areas” Dr. Nelson Ames, *Success or Sellout?*
- E.g. in the area of early childhood development, the thin end of the wedge was identified as low birth weight and specific targets were set for LBW
- Success on narrow targets facilitates working up the wedge toward major child health determinants like education, employment, income

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- Evidence shows that inculcating a population health perspective requires protracted capacity building
- Begin work intra-organisationally then move carefully outwards
- Establishing a unit such as a population health planning and support unit gives focus

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Build on Success Q1, #4

- Evidence shows the best strategy is to work from examples that illustrate features you want the network to emulate
- Our regional authority discovered an excellent collaborative program working to prevent falls in the frail elderly in Vernon
- They extended its mandate and stabilised funding, developed a surveillance model, evaluated the program and refined it, documented it and then used members of the local network export it to several other towns and cities

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Other Specified Measures: Q1 #1 Performance Measures

- Because targets and audits multiply points at which managerial and professional suspicions arise, the evidence shows governors and managers must be careful not to set off a spiral of distrust
- The way forward is through collaboration and seeking out common ground with a view to creating a culture of self-assessment and appraisal

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- Cautionary tale from England
 - centrally imposed objectives, standards and targets have unintended and sometimes perverse consequences
 - well-targeted standards backed by appropriate incentives can yield good results
 - for example, primary care reform in the UK particularly since the new general practice contract



Q1 #2 Planning the Service

- If Quebec is like BC and Alberta, almost all of the good quality data is utilisation and cost data
- While not entirely useless, this is not the foundation upon which to build a population-health based network
- Planning based on utilisation data will simply reinforce the spending trajectory
- Reform requires a comprehensive and accurate reading of the burden of ill-health at the sub-population level

Q1 #7 Leadership: from Snow to Chadwick to Blatherwick

- The literature supports the need for strategically placed champions for reforms to succeed
- But one must be careful not to overestimate leadership effects (as opposed to the opportunities for change within existing structures)
- Organizational capacity building and exploiting the opportunities accorded by the existing network must move hand in glove with consistent leadership

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Q 8: Primary Care *Positioning public health measures in primary care*

- Health promotion in primary care settings has been established to be highly effective, particularly but not exclusively with respect to cardiac care and diabetes
- Practice style and quality are patterned by social processes as opposed to individual incentives and regulation
- A study published this year in the UK confirms that larger group practices perform better than smaller ones and groups practice much better than solo practitioners

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- Composition of primary care teams (e.g. whether they include nursing) has **not** been shown to influence significantly preventive care (nor has payment modality), but **size of the practice matters**
- Incentives to form larger group practices are critical to primary care reform
- Quebec is ahead of much of the world with the tradition of Local Community Service Centres and the development of Family Practice Groups

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Q1: #10 Participation

- As I said at the beginning, the reform process, to succeed must be legitimate
- BC, Alberta and Saskatchewan (for similar reasons) have ended up in democratic deficit
- All elected and nominated bodies abolished
- Reforms were reduced to cost-cutting exercises

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- Quebec is in much better shape as the Health and Social Service Centre interim boards move to representative nomination and election
- Maintaining the people's forums and providing governance support to the boards of directors is a very promising set of strategic directions
- Consideration should also be given to establishing a role for health system advocates as recommended by Julia Abelson

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Logic of Reform: Q5 from Planned Results to Effective Strategies

- The most striking thing about the Regional Health and Wellbeing Project is the compelling program logic
 - Population health as the informing principle
 - Hierarchical service provision as the model
 - Territorial network as the management approach
 - Specificity of results and evidence-based implementation strategies as the means (Q 5)

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- Staying true to the evidence, maintaining clearly articulated goals, and ensuring transparency and accountability are the ways to success
- This innovative forum demonstrates that commitment and its organisers are to be commended.
- Thank you for permitting me to participate.

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