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Implementing Hoskins' "*Patient First*" Health System Transformation Agenda

By Ted Ball

Healthcare leaders across Ontario have been sizing-up the new **Wynne/Hoskins/Bell Team** over the past 6-8 months to evaluate their strategic intentions, capabilities and values. The dozens of Queen's Park observers I have spoken with over the past few months looked through lenses that oscillate from cynical to sycophantic -- so I have certainly heard a wide-range of opinions on Ontario's new healthcare leadership. Much of it very positive, some sceptical.

Now, after six months of listening/reflecting, Health Minister, **Dr. Eric Hoskins** has provided some initial high-level strategic directions in his speech to the **Empire Club Of Canada**. In his ***Patient's First Action Plan***, Hoskins announced his government's commitment to stop funding provider activities, and instead, have the "funding follow the patient" in *bundled payments* across the continuum-of-care.

He called for efforts to improve access; for enhancing the scope-of-practice of non-medical health professionals; for better coordination of services; and, for more resources for home care, community care and mental health -- particularly, at long last, supportive housing. Hoskins wants to transform the system by shifting from our current focus on funding the activities of healthcare service providers, to focusing on patient needs, their health outcomes, and their level of satisfaction with their experience.

There were not a lot of "plans" in ***Hoskin's Action Plan*** -- just a few high-level strategic directions that -- if actually implemented -- would almost certainly transform healthcare in Ontario over the next three to five years. That would be a major, water-shed accomplishment!

What stood out from Hoskins' speech was his deep commitment to serving people. He displayed a set of values that will resonate with front-line care providers.

While there are certainly critics of the Minister's lack of a "specific agenda", most people still seem to be hopeful and optimistic from the stories that flow from both Ministerial and Deputy Minister presentations and conversations across the province over the past six to eight months. They have created ripples in the system -- often, simply by asking the right questions. They have also been clear about our current financial realities and their values-based commitment to Medicare.

While Dr. Hoskins acknowledged the many challenges ahead in his **Empire Club** speech, he said "none of these are insurmountable". He challenged health service providers to adapt to Ontario's emerging realities -- and to his overall strategic directions. However, the truth is, with a few exceptions (42 CCAC's become 14), our healthcare system has not historically responded very well to change management challenges.

So, how is the system going to do at implementing his *Patient's First* challenge?

While I try my best to be up-beat, optimistic and honest in these blogs, last December I found I could no longer ignore the results of last fall's *Health Leaders' Survey @ TedBall.com* -- which informed us that our health system's top leaders rank the *Health Link Program*, as their 15th, out of 17 priorities. Clearly, not a very important priority.

In my blog just before Christmas, I stated that I thought that, despite all the hype, Ontario's *Health Links Program* was heading towards a massive failure. While a MOHLTC press release refers to an "unprecedented paradigm shift in the delivery of healthcare", I suggested that we should expect a 70 percent failure rate for this poorly-aligned and designed provincial program that has had very little meaningful support among healthcare leaders -- particularly among the hospital sector.

Since I wrote over 10 blogs on "*How Health Links Could Succeed*" (see list of blogs at right) over the past two years, you can be certain I wasn't enjoying stating what I believe was the painful truth about this vital program -- that had no strategic measurement system; no community governance involvement; no clear accountabilities; and very inconsistent CEO involvement on the strategic issues arising across the continuum-of-care issues/innovative solutions.

I wasn't happy revealing the "whole truth" about these realities, mostly because I knew that the very sincere, competent and caring efforts of thousands of front-line care providers could be sub-optimized because -- as hard as they tried to make the program work for the top 5% of health system users -- the program was never properly aligned for a successful "system transformation". Nor does the provincial *Health Link System Transformation Strategy* have the support and commitment of local HSP Boards and CEOs, to make it the priority it really must be -- in order to be successful.

While HSP CEO support never fully materialized for *Health Links* over the past two years, lots of public servants were actively engaged in the *Health Links Program*. That's why "rules" and "bureaucratic processes" rather than "innovation", have been the most significant component over the past two years -- while publically calling the process a "low rules environment", as the explanation for why the focus kept shifting around from addressing the "patient experience"; to "making primary care the centre of the system"; to the "5% high-users".

The **Health Links Transformation Program** has had two layers of public servants engaged in provincial-level, and local-level "oversight". This involves evaluating *Business Plans* that public servants -- without any operational experience -- may not have always understood. Nevertheless, over all those hours, weeks and months of focused **risk-analysis**, nobody at MOHLTC ever addressed the need to create a single, coherent *Health Link-Level Balanced Scorecard*.

Hello? When you don't have a measurement system -- like a best practice *Balanced Scorecard* -- it is hard to tell if you are failing, or succeeding at achieving your system integration goals. (See my Sept 10th, 2013 blog "[SO, YOUR HEALTH LINK WANTS TO SUCCEED: Measures To Overcome Five Key Learning Disabilities](#)").

Our Minister should note, there was also no "transparency" in *Health Links (Version I)*. Reports from across our healthcare delivery system say that most governing boards know either very little -- or nothing -- about the provincial government's *Health Link Project*. Nor are many governance boards aware of their organization's additional accountabilities contained in the *Health Link Business Plan* -- that have been approved by both Queen's Park, and their LHIN.

Imagine that: the government's most important transformation strategy was kept away from the prying eyes of local community governance boards! Why? When I asked a hospital executive: "After you lost the contest to be the 'lead HSP' in your *Health Link*, why did you -- as the CEO -- not take *Health Links* seriously?" Their answer: "It was not on my Boards' radar-screen -- and it was really just a minor 'pilot project' to get after the 5% high-users. So, given all my other pressures, this project does not require CEO attention. "

Despite the lack of alignment -- and lack of clarity and focus -- many *Health Links* are nevertheless succeeding in "adding value" to their communities, through sheer talent, effort, commitment and will-power. The most important thing that happened during *Health Link I*, was that people at the frontline of our service delivery system had the opportunity to truly collaborate across the continuum-of-care -- with their focus on the needs of the patient -- not on their organization's "turf". That's "Patients First"!

Later this month our Minister and his Deputy are kicking off a *Longwoods Conference* to launch **Health Links II: Ways & Means**. They intend to make the *Health Links* a central part of their *Patient First System Transformation Strategy*. Hopefully, the macro-system designers and the ground troops from these 69 local programs will get a chance to explore the participants' best thinking on "how to ensure that *Health Links* are organized, designed, aligned and supported to ensure their success".

To ensure that they do succeed, *Health Links* ought to self-organize -- and invest some effort in learning from one another. In an *Intentional Learning Community* (among the *Health Links* "leads" for each organization, and their key operational people), participants should engage in true learning dialogues among themselves to uncover: what is really working well; what is not

very helpful; what "barriers" does the government/LHIN (or partner CEOs) need to remove; what new skills/competencies are required to create an integrated health services delivery system; what can CEOs/senior managers and governance boards each do to "add value" in the effort to create an integrated delivery system (IDS); and, what IT/e-health support do the *Health Links* need to succeed; and, what have we learned about integrating services for the 5% high-users, that can be applied to others?

Our healthcare system is certainly at a critical point in history. There are many very significant threats to the survival of Medicare. I believe that our Minister and Deputy will re-energize a very sceptical delivery system to finally get behind these local system efforts at meaningful *service integration* across the "continuum-of-care" -- in order to provide a "seamless patient experience" in an integrated and more efficient local "system of services".

I hope that our existing 69 *Health Links* -- through their partner governance boards -- re-conceive of their local healthcare services system along the lines of the world-famous [Nuka Model](#) (click here) which treats everyone in the system as "*Patient-Owners*".

Here is a real actual living example of a "*Patients First Action Plan*", from First Nations in Alaska. Could we do that here? Can each *Health Link* learn how to better integrate services for the "*Patient-Owners*" in their community?

FORWARD THIS BLOG TO PEOPLE YOU THINK CAN HELP MAKE YOUR HEALTH LINK A BIG SUCCESS IN ONTARIO'S PATIENT'S FIRST AGENDA.

