HEALTHCARE SECTOR LEADERS ARE UNDERWHELMED: 2.0 Provincial Strategies Just Don't Cut It!

By Ted Ball

The survey results @ Ted Ball.com are in, and Ontario's healthcare leaders say they are seriously underwhelmed by the progress that has been made on the Healthcare Reform File over the first year of the government's four-year majority mandate. The question is: **will government learn from this feedback?**

Normally, governments with a fresh majority make significant changes during their first year-and-a-half of their mandate -- on the assumption that their courageous and bold early decisions will have proven to have made measurable improvements by the time they are seeking re-election just three years later.

The 204 healthcare leaders who answered this year's survey were not very impressed with the government's performance -- with 56% of respondents ranking the Wynne/Hoskins/Bell Team's performance as only "poor" to "fair" -- and 49% ranking them as "good" to "very good".

**Minister Hoskins** got a "fair" rating on his policy leadership from 38% -- as well as a 17% "poor" rating -- while 48% considered the Minister's efforts over his first year as "good" to "excellent".

A limp, but slightly better score was achieved by Deputy Minister **Dr. Bob Bell**, and the people who work for him at the MOHLTC. While 49% thought their collective performance was "poor" to "fair" -- 54% ranked the new Deputy and his Ministry team as "good" to "excellent".

LHINs did not do well in this year's survey -- with 23% ranking their performance as "poor", and with 38% suggesting their performance was only "fair". When leaders were asked about their LHIN's track record of meeting their purpose -- which is to implement their Integrated Health Service Plan -- 67% ranked their LHINs performance as only "poor" to "fair". Clearly, LHINs -- along with the Minister/Deputy and Senior Team of ADMs -- really need to reflect on how the operational leaders in this survey rank their performance -- and their suggestions for better alignment of roles and functions.

Healthcare leaders were also not very confident in the government's efforts to promote **Quality-Of-Care** -- with 60% ranking the government's efforts as only "poor" to "fair"; while 37% ranked the MOHLTC/HQO quality efforts as "good" to "very good".
In terms of the leadership of the healthcare delivery system at the operational level, 49% rank the performance of CEOs/Chiefsof-Staff/ExDir/Governance Boards as "good" to "very good" -- with 28% of respondents saying they were only "fair" -- and 16% saying they are in fact, doing "poorly" at demonstrating collaboration and partnership among themselves.

While reforming the Home Support/Home Care/CCAC sector is a stated top priority for the government, 72% of healthcare leaders rank their level of confidence in MOHLTC's response to the Donner Report as "poor" to "fair" -- with 25% ranking their confidence level as "good" to "very good". Written comments on the government's CCAC policies reveal heart-felt frustration -- as well as pragmatic suggestions for improving the delivery system.

While the Ministry of Health has proclaimed for a decade that they intended to make "Primary Care The Centre Of The System", 40% of the healthcare leaders ranked MOHLTC's performance on primary care reform as "poor" -- with 39% ranking Ontario's primary care reform efforts as only "fair". In terms of MOHLTC's understanding of, and investments in Health Promotion and Illness Prevention -- 79% of respondents ranked their performance as just "poor" to "fair".

Despite major marketing efforts promoting the Health Link "2.0" Program for the 5% of high-users, 32% of healthcare leaders rate their level of confidence in the government's approach as "poor" -- while 37% rank their confidence level as just "fair". While the MOHLTC seldom responds to the opinions of the health service providers, a significant 71% of healthcare leaders in this survey think that the Health Link Partnerships ought to be focused on the other 95% of health system users who are also seeking a "seamless customer experience" across the continuum-of-care.

Healthcare leaders also appear aligned with the MPPs, and with public opinion, about the government's lack of commitment to Mental Health -- with 50% ranking the government's past efforts as "poor"; and with 76% calling for a "shift in resources from the acute care sector, to children and adult community mental health programs and supports". That's the type of courageous leadership that has been missing in Year One of the government's mandate.

But to shift resources within the system requires political courage. The folks who have the money, do not want it to shift elsewhere -- even when it makes compelling sense. For example, underfunding community-based children's and adult mental health has proven to be a very costly strategy for taxpayers -- who are now spending hundreds of millions in additional costs on a 45% increase in children with mental illness being taken to Emergency Departments; and, a 37% increase in children being hospitalized for a mental illness -- mostly because the underfunding of community-based children's mental health "non-system of care and support".

Our survey also found that 86% of the respondents are calling for palliative care to become a "universal program" -- and "free choice" for taxpayers, between Home-Based/Hospice or
hospital palliative care options. Indeed, healthcare leaders say: "Let the money follow the patient's preferences". If they simply made that change, resources would flow from acute, to home and community care options.

While most responses were not "positive", there were some bright spots. Hoskins scored high marks, for example -- 33% "excellent", and 16% "very good" -- for his Ban On Medical Tourism. However, 70% of respondents were not too confident in the three-year MOHLTC pilot project on "bundled payments" that became the centre-piece of his Patient First Policy Paper. Indeed, 71% said their level of confidence that the Minister's Patients First policy paper would actually be implemented before the next election was only "poor" to "fair".

So, what do these survey results mean?

If you are one of the Wynne/Hoskins/Bell Team, or among the MOHLTC/LHIN/Officials, it means that the healthcare sector's operational leaders across Ontario are not too impressed with your performance over the past year. They are mostly underwhelmed. You registered: "Blah".

You can tell from the responses that people aren't being "mean". Healthcare leaders tend to be very deferential. They are just being truthful. Painfully truthful. They say they are really not impressed with the progress made. Furthermore, they think that the knowledge for "what to do", is in the delivery system itself -- not at Queen's Park!

This may come as a shock to some of Queen's Park's favored "inner-circle" -- who have helped shape healthcare policy over the past five to ten years. Some of these folks really have come to believe that they have been correct all along. Their assumption is that all that's really required is to slap a "2.0" sticker on the same underwhelming programs from the McGuinty Era: Health Link 2.0/LHNs 2.0/HBAM 2.0 Primary Care Reform 2.0/Mental Health Reform 2.0/Home Care Reform 2.0/CCAC's 2.0/etc -- and that's all that's needed. A "touch-up".

The "news flash" from this survey is: healthcare leaders do not share a belief that we just need a bit more of what they did under the McGuinty/Matthews/Rafi Team. They believe we need fundamental change -- not status quo tinkering, with more optical illusions and PR campaigns about being "patient-centred".

While Hoskins/Bell/the many ADMs/Directors and LHIN CEOs have -- without doubt -- put in many, many hard and difficult hours over the past year to do their very best to "get controls in place", and to get more "compliance" from HSPs; the gosh-darn truth is, this approach is simply not working.

The collapse in confidence so clearly demonstrated in our healthcare leaders' poll @ TedBall.com is matched by a very recent poll of 606 Ontarians by the Innovative Research Group. Their poll found that only 33% expressed a "favourable view" of the government, while
41% expressed an "unfavourable view" -- compared to the same pollster's results the year before, when they had a 44% "favourable view", and a 34% "unfavourable view".

Since the government only has 24 months of runway left before the election -- and because "bold steps" will be required to transform our existing delivery system -- will they become "bold" now?

"Being bold", means devolution of authority to the local level by providing each community with a capped envelope of money and empower LHINs to liberate HSPs at the Health Link level, to create an Integrated Delivery System within the budget provided, and following provincial guidelines.

To achieve this, I think Dr. Hoskins and Dr. Bell need to step back, and test the assumption that more incremental changes (i.e. the current 2.0 strategy) is all that will be required to achieve the "system transformation" that Queen's Park's "inner-circle" talks about but fails to deliver.

"Transformation" is what happens when a caterpillar becomes a butterfly.

As I have said in previous blogs, I think Hoskins' values-driven approach, and Bell's focus on evidence-based decision-making capabilities, could combine to lead the Ontario healthcare delivery system through a fundamental transformation -- provided that it is rooted in what our local system leaders, and front-line care providers are saying needs to happen.

So, what is the health system's operational leadership saying in this survey?

- On **Structure**, healthcare leaders have expressed very serious concerns about the role and function of the MOHLTC/LHINs/CCACs/Health Links. System leaders want fundamental transformation on roles and functions of these components of our system.

- On the reform of the **CCAC's, Home Care and Home Support**, healthcare leaders have spoken out very bluntly in this survey: respondents say that government really needs to re-think their response to the Donner Report -- and their decisions about roles and functions in the service delivery system. If Mayor Tory can change his mind on carding, Dr. Hoskins ought to be able to change his mind on these issues.

- On **Health Links**, respondents want the HSPs to shift their focus to the 95% of health system users who want to experience a "seamless patient experience" within local Integrated Delivery Systems (IDS) that evolve through local collaboration. The system believes that they could make Health Links work -- if Queen's Park stopped micro-managing and "project managing" them.

- On the **5% High-Users**, respondents want the government to invest much more on community-based mental health services for children and adults -- as well as to fund
Universal Palliative Care -- by shifting resources from acute care, to home-based palliative care, and to hospice services. Such practical measures would go a long way to deal with the cost pressures, from the so-called 5% "High-Users" of system resources.

- On **Children's And Adult Community Mental Health Programs**, our health sector leaders want resources to shift from acute care to these urgent mental health priorities -- as well as a much greater priority for **Health Promotion/Illness Prevention**.

- On **Government's Leadership/Management Style**, current thinking/behavior that seeks to control/template and command has little support among Ontario's health sector leaders. Since this approach is failing, government must now seriously begin to think about a more empowering approach to system design.

- For **Operational Leaders at the local level**, there is a call for local Governance Boards/CEOs and Executive Directors to "take action" to advance the cause of a more patient-focused, seamless experience as patients/clients/customers move across the continuum-of-care, at the *Health Link* level. Survey respondents strongly support the stated goals of the government's patients first rhetoric. But they say nothing ever happens. In the words of a number of survey respondents: "*Just Do It!*"

So, these are the views of the health sector's leaders. It is what it is. But the emerging system could still change. The next 12-24 months will be key. What is required is the right combination of bottom-up innovation, and top-down empowerment and support for the system to be successfully transformed.

Decision-makers and fellow system leaders should be certain to review the written answers that our healthcare leaders have provided in the last two survey questions. They are packed with constructive ideas. To learn about the details on the survey responses compiled by *Constant Contact*, here are the: [Healthcare Leaders' Survey Results](#).

**FORWARD THESE SURVEY RESULTS TO PEOPLE YOU THINK OUGHT TO REFLECT ON THE MEANING OF THESE RESULTS.**