

# Innovation and Change in the BC Health System

British Columbia Financial Healthcare
Professionals Society
October 15-16, 2012
Vancouver, BC

Graham Whitmarsh Deputy Minister of Health



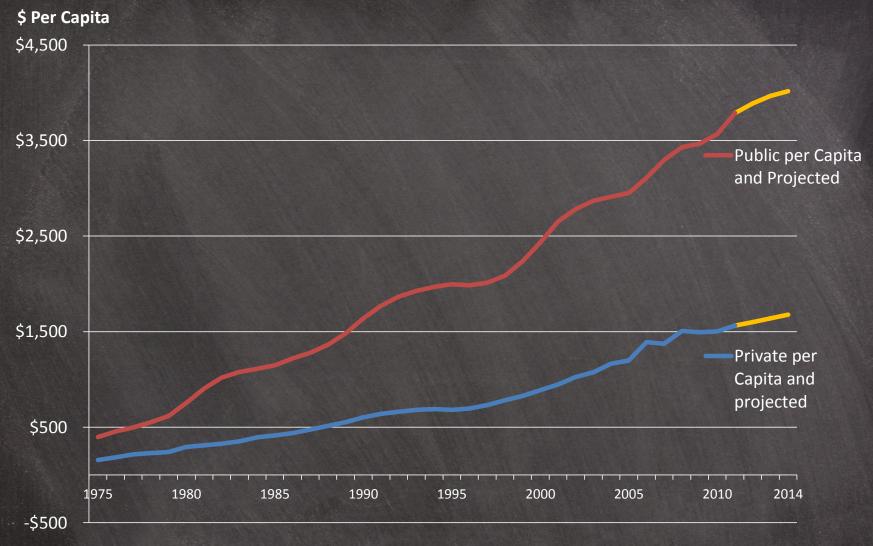
# **Our Challenge**

 The BC health system and our health outcomes are the best in North America

- However, we are challenged by:
  - Changing population needs
  - Rising cost of health care



# Per Capita Health Expenditures in BC



Sources: National Health Expenditure Report 2011, Canadian Institute for Health Information

Public Health Care Expenditures per Capita '05/06 to '14/15 from BC Government Budget and Fiscal Plan 2012/13-2014/15



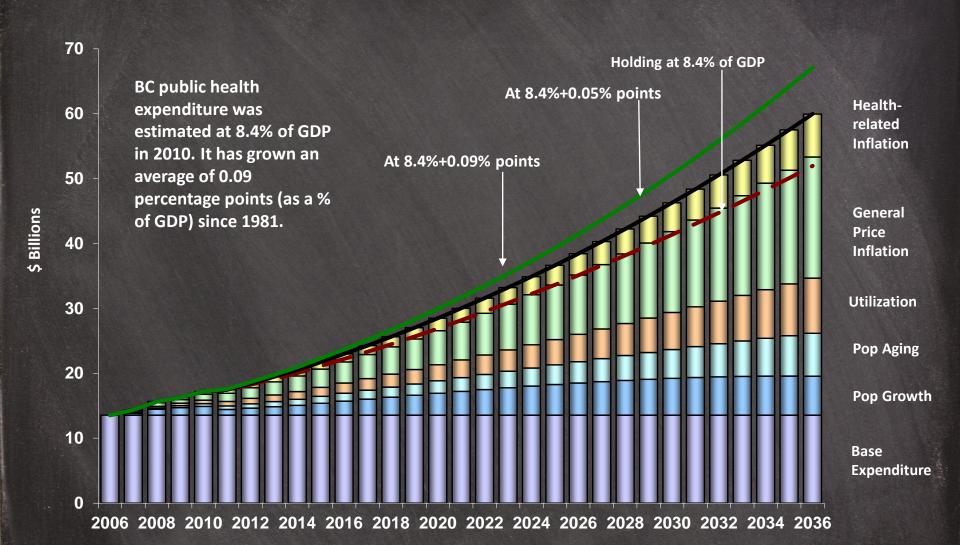
# The Challenge We Face



Note: 2011/12 CRF Total adjusted for Reimbursement of HST Transition Funding; 44.5% if not adjusted



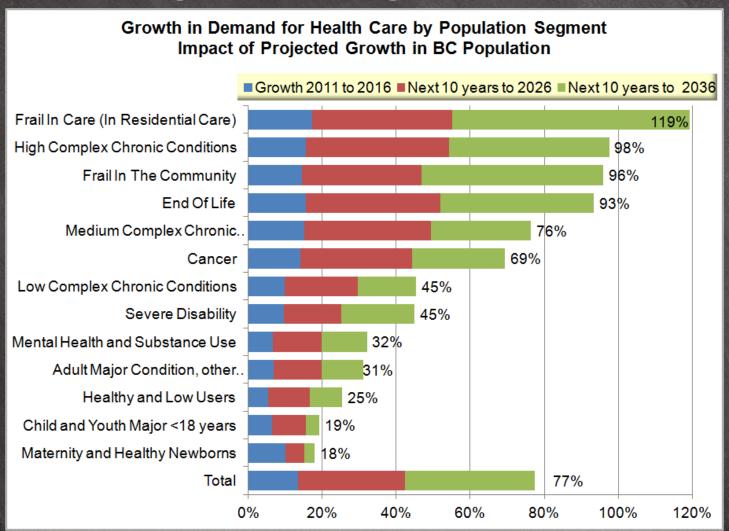
# Health Care Sustainability/Affordability



Source: HMB2011\_122, HSP, Ministry of Health



# Population Segments will grow at different rates





# Understanding the health of the BC Population

Health System Matrix "The Blue Matrix"

2 Look at the Specific Health Care Services Used

BLUE MATRIX: % USERS  Percent of Population Segment			(thousands)	SL01 - Primary Health Care			SL02 - Obstetrics		SL03 - Gynaecology,		SL04 - Mental Health & Substano Use				SL05 - Medical Specialists		SL06 - Oncology	SL07 - Emergency	Dept 38 - In Hospital	Medical	9 - Ambulator					and Emergency		.13 - Palliative	Oare O		Pathology/Laborate	SLIb - Ulagnostics	SL16 - Ambulator, Support Therapies		SL17 - Pharmaceuticals	2 to Ansacthaci	SL18 - Anaesthesi: SL19 - Hospital	Outpatients	SL20 - Physical Medicine and	Rehabilitation		SI 22 - Community	
Using By HA, HSD	g Service A of usua		ce	People in Category (thousands)	Home Mursing	GP Hospital Care	GP Office Visits	Hospital	Physicians	Hospital			Т		PharmaNet	Hospital Care	operations office Visits	Hospital	Physicians	Hoenital	Day Surgeri	Hospitz	-			æ	Hosp	Hospital	Physicians	PharmaCare	Fnarmarver	Physicians	1	Т	Hospital	Pharmacale	100	ì.		Home Hehab Physicians	Hospital	Assisted Living	
POP Segment	HA	HSDA	Category .7	_	HCN	MSP	MSP	DAD	MSP	DAD	MSP	DAD	MSP	5	N.	MSP	MSP	OAD	0 N	Geo	8 8	9	OAD	MSP	DAD	MSP	DAD	OAO	MSM	S 8	2	dSW !	NS.	dSM G	3 8	2 8	NACP AND	dSW S	MSP	H Henab	Owo	AL.	9
All Pop Segments	BC Total	BC Total	Age: 75+ Yrs	328.8K	5.1%	14.2%	87.7%	20.0	.00%	0.3%	72%	0.3%	25.3%	0.1%	0.1%	12.9%	48.3%	24%	7 % % 0 %		7,5%	702	78%	21.7	200	0.0%	3.3%	7970	0.4%	12%	12%	78.5%	20.89	0.4%	21:0	26.09	X 4 5	13.9%	71.01	27.8	) N		
PS00 Non User	BC Total	BC Total	Age: 75+ Yrs	8.6 K	20.0	20:0	0.0%	20.0	20:0	0.0%	20:0	20:0	20:0	20:0	20:0	20.0	2000	200			200	200	300	20.0	20:0	20.0	20:0	20.0	20.0	200	70.0	20.0	20.0	70.0	20.0	20.0	200	2000	70.0	2000			5
PS01 Healthy	BC Total	BC Total	Age: 75+ Yrs	9. 4.	20.0	0.3%	92.3%	200	20.0	20.0	2.8%	200	79.01	70°0	70°0	X8.0	35.6%	200	×	3 8	i i		3 8	78.0	20.0	20.0	20:0	200	20.0	20.0	X00	70.2%	28.4%	X00	ě	72.74	ğ.	0.5%	787	% %			5001
PS02 Adult Major Age 18+	BC Total	BC Total	Age: 75+ Yrs	8.8 X	1.9%	24%	82.6%	200	70.0	79.0	%83	700	11.3%	.00	.00	8.6%	47.4%	1.6%	5 2 2	400	,	297 28	20%	21.8	700	70'0	727	70.0	7000	200	0.0%	83.9%	64.4%	200	000	28.5%	24.4%	19.4%	208	20%	20 24	. Z	5
PS04 Low Complex Chronic Conditions	BC Total	BC Total	Age: 75+ Yrs	70.0K	707	3.4%	88.7%	70'0	20.0	0.3%	5.5%	200	15.7%	70'0	70'0	4.6%	44.7%	78.0	¥ 25		30%	77.72	181	79'4	70.0	0.0%	1112	20.0	20.0	20.0	0.0%	75.9%	63.1%	X00	ě	28.4%	% S	10.3%	8.4%	ž	2	200	500
PS05 Medium Complex Chronic Conditions		Total	Age: 75+ Yrs	84.8 K	18%	7.07	93.9%	20.0	20.0	0.4%	8.2%	20.0	20.9%	20.0	20.0	%8	57.9%	10%	13.1%	200	200	16.3%	32.	7.63	70.0	0.0%	2.0%	20.0	700	700	 	84.6%	78.7%	21.0	200	71.1%	318%	14.2%	ş				•
PS06 Mental ' Substant			Age: 75+ Yrs	3.7 K	5.5%	25.8%	92.1%	7.00	00	0.3%	10.8%	5.8%	48.8%	43%	43%	22.6%	28.4%	17%	72°E		22.5%	24.9	5.8%	12.3%	200	200	283	7.00	00	7000	700	82.5%	78.4%	0.2%	200	72.0%		×					
PS08 Frail In The Community			Age: 75+ Yrs	8.7 K	18.8%	30.5%	94.2%	200	000	0.4%	27.21	115.	33.1%	22.0	22.0	21.9%	52.5%	12%	11.1%	***************************************	20.3%	113%	4.9%	12.2%	7000	0.0%	24%	200	7000	2000	2000	81.5%	74.1%	21.0	200	241.58							
						7.00	8.2%	707	707	10%	797	747	33.5%	25	7,	7.98	707	35	24.2		28%	XIII X	3	783	707	707	12%	707	700	707	707	2.6%	28.3%	77	22	22%	4	22.5					

Measure the Services used in a Year

• Divide the Population into Different Segments reflecting their Health Status

| 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17. | 17.

Shade of Blue indicates intensity of service

#### Innovation and Change Agenda DELIVER EFFICIENT, HIGH QUALITY HEALTH CARE Legend SERVICES THAT MEET THE NEEDS OF PATIENTS Detailed 2010-2013 Health System Strategy Map AND IMPROVE THE HEALTH OF THE POPULATION Strategic Outcomes TEXT: Service Plan Goals 1,2 and 3 WHILE MANAGING THE GROWTH IN COST DOWN TO Systems & Processes TEXT: Service Plan Goal 4 **4% PER YEAR** Resource Capacity 15: Key Result Area # ACHIEVE CRITICAL POPULATION & PATIENT OUTCOMES ACHIEVE CRITICAL FINANCIAL TARGETS SUSTAINABLE PUBLICALLY FUNDED POPULATION HEALTH QUALITY CLINICAL SERVICES HEALTH CARE SYSTEM Environmental Health **Health Improvement** Effective Patient-Centred Meet Budget Value for Disease, Injury and Disability Prevention Emergency **Efficient** Safe Accessible Appropriate Targets Money Health Management MAJORITY OF HEALTH NEEDS MET BY IMPROVED HEALTH HIGH QUALITY COMMUNITY BASED HIGH QUALITY ACUTE CARE SERVICES WHEN NEEDED AND WELLNESS HEALTH CARE AND SUPPORT SERVICES INTEGRATED AND TARGETED EFFECTIVE HEALTH PRIMARY AND COMMUNITY HEALTH HIGH QUALITY HOSPITAL SERVICES PROMOTION AND PREVENTION CARE Innovation, Learning & Improve the quality, safety and consistency of key clinical service by Growth implementing a guideline-driven clinical care management system for hospital care Implement targeted health Perspective Health Sector Service Delivery Systems And Support Processes Perspective promotion and prevention initiatives to reduce the incidence Implement an integrated model of Drive LEAN across the hospital service sector of chronic disease primary and community care to more Culture and Capacity to effectively meet the needs of frail Deliver Strategic seniors and patients with chronic and Use patient focused funding to increase mental health and substance use and Operational Achieve greater Optimize the efficiency conditions Requirements access to cost-effective efficiency in the delivery Streamline core public health and effectiveness of the elective surgeries and improve efficiencies in of quality diagnostic BC Ambulance Service services to improve delivery services other hospital services IMPROVED PRODUCTIVITY AND EFFICIENCY IN THE DELIVERY OF HEALTH SERVICES INFORMATION MANAGEMENT, PHYSICAL HUMAN RESOURCES FINANCIAL CAPITAL ORGANIZATIONAL CAPITAL TECHNOLOGY INFRASTRUCTURE RESEARCH AND EVALUATION ⇧ 1 Reduce the cost of drugs. equipment and supplies Optimize use of health Improve patient safety and Redesign capital Optimize governance, human resources to planning to optimize leadership and operational access to records through Complete the implementation of eHealth use of budget improve clinical care and and change management enhancements to the productivity capacity capacity Health CareCard Drive savings through the consolidation of administrative services across the Lower Mainland

#### POPULATION HEALTH

- Disease, injury & disability prevention.
- Environmental health.
- Emergency health management.
- Health improvement.

### EFFECTIVE HEALTH PROMOTION & PREVENTION

Improve population health through core public health programs and implement targeted health promotion and prevention initiatives to reduce the incidence of chronic disease.

#### QUALITY CLINICAL SERVICES

- Effective Accessible Patient-centred
- Appropriate Safe

### SUSTAINABLE PUBLICLY FUNDED HEALTH CARE SYSTEM

Meet budget targets

ø Efficient

ø Value for money

#### INTEGRATED & TARGETED PRIMARY & COMMUNITY HEALTH CARE

Implement an integrated model of primary and community care to more effectively meet the needs of British Columbians, especially frail seniors and patients with chronic and mental health and substance use conditions.

### HIGH QUALITY HOSPITAL SERVICES

Implement a guideline-driven clinical care management system to improve the quality, safety and consistency of key clinical services and improve patient experience of care.

SERVICE TRANSFORMATION

IMPROVED INNOVATION, PRODUCTIVITY & EFFICIENCY IN THE DELIVERY OF HEALTH SERVICES

### DRIVING INNOVATION & EFFICIENCIES

- Use patient focused funding to increase access and cost-effectiveness.
- Drive LEAN across health service sector to redesign and improve services and functions.
- Optimize the efficiency and effectiveness of emergency health services.
- Achieve greater efficiency in the delivery of quality diagnostic services.
- Reduce the cost of drugs, equipment and supplies.
- Achieve savings through consolidating lower mainland administrative services.

#### PHYSICIANS & HEALTH HUMAN RESOURCES

- Optimize use of health human resources to improve clinical care and productivity.
- Strengthen assessment and support for performance of medical professionals.

#### IM/IT

- Improve patient safety and access to records through enhancements to the health carecard.
- (11) Complete the implementation of ehealth.

#### SYSTEM ACCOUNTABILITY

Optimize governance, leadership and operational and change management capacity.

SERVICE TRANSFORMATION ENABLERS



#### POPULATION HEALTH

- Disease, injury & disability prevention.
- Environmental health.

#### **OUALITY CLINICAL SERVICES**

- Effective Accessible Patient-centred
- Appropriate
   Safe

#### SUSTAINABLE PUBLICLY FUNDED HEALTH CARE SYSTEM

- Meet budget targets

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SERVICE *RANSFORMATION* 

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#### SYSTEM ACCOUNTABILITY

Optimize governance, leadership and operational and change management capacity.

SERVICE TRANSFORMATION **ENABLERS** 



#### POPULATION HEALTH

- Disease, injury & disability prevention.
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### EFFECTIVE HEALTH PROMOTION & PREVENTI

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#### **OUALITY CLINICAL SERVICES**

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### SUSTAINABLE PUBLICLY FUNDED HEALTH CARE SYSTEM

Efficient Value for money

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Implement an integrated model of primary and community care to more effectively meet the needs of British Columbians, especially frail seniors and patients with chronic and mental health and substance use conditions.

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#### SYSTEM ACCOUNTABILITY

Optimize governance, leadership and operational and change management capacity.

SERVICE TRANSFORMATION ENABLERS





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- Effective Accessible Patient-centred
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#### SUSTAINABLE PUBLICLY FUNDED HEALTH CARE SYSTEM

- Meet budget targets

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  Value for money

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SERVICE TRANSFORMATION **ENABLERS** 

SERVICE

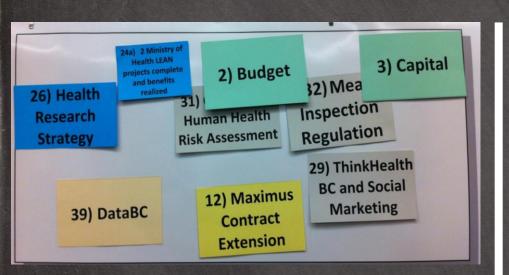
INSFORMATION







# MoH Priorities to March 31, 2013











# MoH Priorities to March 31, 2013

#### 3. On Track/Supporting Impact to Strategic Agenda

- 3.1. Health Research Strategy
- 3.2. Lean (corporate) 2 Lean projects complete
- 3.3. Budget
- 3.4. Capital
- 3.5. Maximus Contract Extension
- 3.6. DataBC
- 3.7. ThinkHealth BC and Social Marketing
- 3.8. Oil and Gas Human Health Risk Assessment
- 3.9. Meat Inspection Regulation

# 4. Impediments Identified/Supporting Impact to Strategic Agenda

- 4.1. Lean
- 4.2. Audit
- 4.3. Tripartite First Nations Health Governance and Health Plan
- 4.4. Cross Government Commitments

#### 2. On Track/Direct Impact to Strategic Agenda

- 2.1. Seniors Action Plan
- 2.2. Physician Quality Assurance
- 2.3. Integrated Primary and Community Care
- 2.4. Physician Master Agreement (PMA)
- 2.5. Healthy Families BC/KRA 1
- 2.6. Next Wave of Prevention
- 2.7. Public Health Plan
- 2.8. Pharmaceutical Services Generic Drugs
- 2.9. Pharmaceutical Services Legislation
- 2.10. Data Access Review Project

#### 1. Impediments Identified/Direct Impact to Strategic Agenda

- 1.1. Health Technology Assessment
- 1.2. CareCard
- 1.3. eHealth
- 1.4. Home Health Monitoring
- 1.5. Health Sector IT Strategy
- 1.6. Lab Services
- 1.7. Bargaining
- 1.8. Health System Performance Monitoring Framework
- 1.9. Emergency Health Services
- 1.10. Mental Health 10 Year Plan
- 1.11. Quality and Safety Agenda
- 1.12. HHR
- 1.13. Physician Issues/HR Issues
- 1.14. Lower Mainland Consolidation

14



### OTHER MINISTRY PRIORITIES

- Tripartite First Nations Health Plan provincial and regional accords; First Nations-driven
- Care Card improve patient safety and access to records
- eHealth faster, safer, better healthcare
- Home Health Monitoring deployment of remote patient monitoring to people's homes
- Health Sector IM/IT Strategy eHealth 2.0 and Health Authority IT Plans
- Lab Services renewed lab services system



## THINKHEALTHBC





# It's not the "what", it's the "how"



# **Collaboration as a Key Element**

- •A key foundational element of BC's Health Sector Strategy is collaboration
- •The transformational elements of the strategy are enabled by the collaborative relationships with key health sector partners.





# Questions

