HEAL
The Health Action Lobby

**January 2013**

# Contributing to the Council of the Federation's Health Care Innovation Working Groups: Some Health Provider ABC's

## 1. Purpose

This backgrounder was prepared by the Health Action Lobby (HEAL) for its member organizations of health providers and organizations involved in the delivery of health care to share with their respective memberships. More specifically, its intention is to inform and engage the health provider community about how they may choose to contribute and participate in the Council of the Federation Health Care Innovation Working Group (HCIWG), and the two sub-groups that have been established; that is Clinical Practice Guidelines & Appropriateness, and Team-Based Models of Care.

## 2. The Council of the Federation (CoF) Health Care Innovation Working Group (HCIWG)

The Council of the Federation was created by Canada's premiers to support provinces and territories in playing leadership roles within a constructive and cooperative federal system.

In January 2012, shortly before the release of the Senate report on its review of the 2004 Health Accord, Canada's Premiers announced the launch of the Health Care Innovation Working Group.[i] The HCIWG is co-chaired by Prince Edward Island Premier, The Honourable Robert Ghiz and Saskatchewan Premier, The Honourable Brad Wall and includes all provincial and territorial health ministers.

In July 2012, the HCIWG released its report: ***From Innovation to Action.***[ii] As discussed in the report, the HCIWG's work is guided by the Premiers' view that innovation needs to be the cornerstone of improved health care for Canadians. The work has three priorities:

1. The development of clinical practice guidelines across targeted conditions (e.g., hypertension, diabetic foot care);
2. Scope of health care practitioners' practice to best meet patient need (this priority has come to be understood as team-based health care delivery models); and
3. Health human resources management.



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These priorities were chosen to improve patient outcomes, address sentinel population health concerns (e.g. chronic disease, aging, health service delivery in rural and remote areas of the country) and to share innovations in these priority areas among Canadian jurisdictions. Addressing these priorities, the report made a number of recommendations to Canada's Premiers and Health Ministers.

First, is the deployment and implementation of guidelines (identified in the report) for the management of heart disease and diabetic foot ulcers. The recommendations further enjoin Premiers and Ministers of Health to engage their local health provider groups to adopt the guidelines and to identify others. Second, is the uptake of models that successfully enhance access to primary care, emergency services in rural communities and homecare. Exemplars of successful models are described in the report. The third set of recommendations address health human resource management and principally focus on the development and sharing of datasets and evidence. The final recommendations target better prices for generic drugs, LEAN processes, and sustaining the work of the HCIWG.

## 3. The role of health provider communities in the work of the Cof HCIWG

The Canadian Medical Association (CMA) and the Canadian Nursing Association (CNA) have been working with the HCIWG since its inception and shortly thereafter were joined by the Health Action Lobby (HEAL).

HEAL is a coalition of 39 national health organizations that represents a broad cross-section of health providers, health regions, institutions and facilities. Formed in 1991, HEAL was created out of concern about the role of the federal government in supporting a national health system. Currently HEAL is co-Chaired by Glenn Brimacombe, President and CEO of the Association of Academic Healthcare Organizations, and Dr. Karen Cohen, CEO of the Canadian Psychological Association. Mr. Brimacombe and Dr. Cohen have represented HEAL in working with the co-Chair Premiers, and the HCIWG.

In addition to CMA, CNA and HEAL's involvement with the HCIWG, HEAL member organizations (the health care provider associations and organizations themselves) had the opportunity to meet with the Deputy Ministers of Health charged with responsibility for the HCIWG in May of 2012 (i.e., Mr. Dan Florizone, Deputy Minister, Saskatchewan Health, and Dr. Michael Mayne, Deputy Minister, Health PEI).

Following the May meeting and on behalf of its member organizations, HEAL sent a letter to the HCIWG Deputy Ministers Dan Florizone and Michael Mayne. In that letter, HEAL conveyed its agreement on the health system challenges identified by the HCIWG, inclusive of the underserviced needs of rural and remote populations, the need for consistency and sustainability of clinical practice across jurisdictions, the need for evidence-based and accountable practice and service delivery, and the needs of seniors and of those with chronic disease.

We also agreed on the need for inter-governmental health human resource planning, a requirement for which is the collection and sharing of data about Canada's health human resource needs and capacity.

In considering team-based care delivery models, HEAL pointed out that one of the challenges of promoting implemented and best practice models are the limitations of the system in which we currently practice. Many of the health provider groups who sit at the HEAL table provide services that are only covered by public health insurance plans when these are provided within a publicly-funded



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institution. Consequently, current models of primary collaborative practice will find many of them absent. This means that if we look to current models of primary care practice we will be looking at the best of what is on offer rather than the best of what is possible or might work best. In addition, the community not-for-profit health sector provides a vital service role and must have an integrated and equitable role with the public sector in health service planning and program delivery.

HEAL offered some preliminary suggestions to the HCIWG as it considers future priorities. The HEAL membership voiced the most consensus on mental health – both as conditions in their own right and as factors that figure importantly in the management of other chronic diseases. Other health priorities identified by the group included childhood obesity, rural and remote populations, end of life and palliation, and population health. Health investments upstream (e.g. childhood obesity, population health) clearly offer a significant return-on-investment when it comes to health. The unmet health needs of rural and remote populations are particularly acute. Finally, HEAL urged that we need to find more cost effective and humane ways of meeting end-of-life needs in communities and through primary care – rather than through more resource intensive health facilities.

Also in its letter following the May 2012 meeting, HEAL articulated some system-level feedback. The HCIWG needs to consider how the health system will use resource allocation to drive change. Innovation in funding and payment models, in addition to service delivery will be necessary. Currently, our systems do not support collaborative practice between and sometimes even within sectors. If we do not move from a provider-based system to one that is based on needs and services, collaboration will continue to be insufficiently resourced to function with success. Finally, we recommended that the Working Group turn its attention to electronic health records (EHRs). EHRs will facilitate health care innovation, particularly ones based on collaborative practice.

## 4. Work since the HCIWG's release of its July 2012 report

Discussions and collaboration with the HCIWG have been on how to ensure that the 12 recommendations in the report are implemented at the provincial and territorial level and to identify the next set of priorities in the context of the Working Groups on CPGs & Appropriateness, and Team-Based Models of Care. The press release that accompanied the HCIWG's July 2012 report previewed that the next phase of the work include:

- expanding work on clinical practice guidelines
- work on competitive pricing for pharmaceuticals
- team models in designated areas of need such as seniors' health, Aboriginal health and mental health
- efficiency and effectiveness of health services

The work of the HCIWG is quite granular in its focus on clinical practice and scope-of-practice guidelines. It has begun by adopting and promoting evidence-based guidelines for the care of common chronic conditions (i.e. hypertension, diabetic foot care). This approach, though entirely reasonable in that it starts with and expands the good and the possible when it comes to care, faces a few challenges.



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One of these, gleaned from the CoF HCIWG report, is that its success depends not only on buy-in from provincial and territorial governments but also on uptake from health providers. Some would suggest that there is room and mandate for the Federal government engagement as well. The range of health care providers and agencies who provide service to people with heart disease and to people with diabetes need to know about these models and be able and willing to implement them.

***Here is where the HCIWG wants to make the most of its engagement with HEAL and the organizational members it represents. Here too lies the responsibility of health care providers when it comes to innovation – success in implementing and evaluating innovation will depend on our meaningful commitment and engagement. We too need to be team players.***

A second challenge is that by focusing on the adoption of models in use, governments risk promoting and expanding the best of what is done currently, rather than what might work best. With significant amounts of health care being provided in the private sector, private sector providers and models risk not making it to the table for consideration by government.

This latter challenge underscores the point that a cornerstone of health care innovation must be the review and revisit of the funding models and structures that support practice. Collaborative practice among Canada's health providers, most of whose services are not funded by public health insurance plans when provided outside of tertiary care facilities, cannot succeed in primary care without innovation to how health care services are funded.

## 5. What can provincial and territorial organizations of health providers, and health providers themselves, do to support health system innovation?

HEAL, along with CMA and CNA, will continue to work collaboratively with the HCIWG on its health system reform recommendations. One of the important ways we can collaborative is as a conduit of information to our provincial and territorial partners and the health professionals they represent.

That is the intent of this backgrounder – to give health care providers some information on the work being done by provinces and territories on the HCIWG and help them understand the issues and responsibilities of stakeholders in health system reform. We can also lend assistance to the HCIWG by listening to our members and partners in the provinces and territories about what should be the priorities and what are the roadblocks and opportunities for change. Here is what you as a health care provider, can do:

1. Review the information in this backgrounder and follow-up on the documents referenced so you have a clearer understanding of the issues and activities of the Health Care Innovation Working Group of the Council of the Federation.
2. Consider having a representative participate in the discussions of the HCIWG on clinical practice guidelines & appropriateness, and/or team-based models of care.
3. Get in touch with your provincial/territorial health provider association and find out their position and activity in relation to the recommendations of the Health Care Innovation Working Group.
4. Make contact with your MPP or MLA and/or your provincial Ministry of Health to find out their investment in the recommendations of the Health Care Innovation Working Group and to give them your perspective on the recommendations.



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5. Consider how your provincial/territorial health provider association can participate in the discussions that will unfold in your jurisdiction; at the end of the day, if there is to be "innovation", it will unfold at the local level, and it will likely be "negotiated".
6. Stay in touch with your national health provider association and let them know what is going on in your jurisdiction. Let them know how they can help.

For more information about the Health Action Lobby (HEAL), contact Dr. Karen Cohen (kcohen@cpa.ca) or Mr. Glenn Brimacombe (brimacombe@acaho.org), Co-Chairs.

[i] http://www.councilofthefederation.ca/pdfs/Communique_Task%20Force_Jan_17.pdf
[ii] http://www.councilofthefederation.ca/pdfs/Health%20Innovation%20Report-E-WEB.pdf



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