Premier's Council on Improving Healthcare and Ending Hallway Medicine

OMA Summary of Interim Report

February 2019

OMA
ONTARIO MEDICAL ASSOCIATION

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The first interim report from the Premier's Council on Improving Healthcare and Ending Hallway Medicine was released on January 31, 2019. The following is a summary of the report by key themes relevant to physicians.

Executive Summary

Hallway health care is a significant problem in Ontario. The entire health care system is too complicated to navigate, people are waiting too long to receive care, and too often they are receiving care in the wrong place; as a result, our hospitals are crowded.

The Premier's Council on Improving Healthcare and Ending Hallway Medicine is tasked with providing advice to government on how to solve this problem and improve health outcomes across the province.

This first report provides an overview of some of the key challenges contributing to hallway health care, and identifies opportunities and emerging themes from the Council's initial work, including the potential to integrate health care and introduce technology solutions to build strong and efficient community and hospital services, support better outcomes for patients, and to fix the problem of hallway health care.

Key Findings

1. Patients and families are having difficulty navigating the health care system and are waiting too long for care. This has a negative impact on their own health and on provider and caregiver well-being.
2. The system is facing capacity pressures today, and it does not have the appropriate mix of services, beds, or digital tools to be ready for the projected increase in complex care needs and capacity pressures in the short-term and long-term.
3. There needs to be more effective co-ordination at both the system level, and at the point-of-care. This could achieve better value (i.e. improved health outcomes) for taxpayer money spent throughout the system. As currently designed, the health cares system does not always work efficiently.

Key Themes:

Theme 1: Pressure in our Hospital Hallways is a Symptom of the Broader Challenges Facing Ontario's Health Care System

It is clear that most of the solutions actually lie outside of the hospital walls. The report highlights that patients have trouble accessing specialized post-acute hospital care, and cites that on an average day in 2018, there were approximately 1,000 patients waiting for a hospital bed in an unconventional space or emergency department stretcher. There are many Ontario patients waiting in the wrong place in the system, requiring an alternate level of care (ALC). ALC rates are highest in northern Ontario and the Greater Toronto Area (range from 5-34% across the province), and we have seen a 4% overall increase over the past year. A significant contributor to this is inadequate home care and long-term care capacity.

Analysis: OMA agrees that wait times are one of the biggest health care problems facing Ontario's patients today. Physicians are forced to try to treat patients in hallways, cancel surgeries, and watch patients wait to get the care they need. We support the Council's objective to have a system that has the right mix of health care professionals, the right balance of hospital, home care, and long-term care capacity, and care that is available where and when it is needed.

We look forward to providing input (along with patients and other providers) to inform solutions to these complex health care system issues.

Theme 2: Primary Care

The report identifies the usage of emergency departments and walk-in clinics for care needs that could have been addressed in primary care or prevented altogether. It points to the difficulties some patients have accessing primary care, and that a lack of early intervention and prevention are an important contributor to patients becoming ill.

- 94% of patients in Ontario have a family doctor/nurse practitioner but do not always choose to go to their primary care provider (PCP) as their first access point for care (*Source: Ministry of Health and Long-Term Care 2018, Health Care Experience Survey*).
- Nearly half (41%) of ED visits and almost all (93%) of walk-in clinic visits involved issues that could have been treated by a primary care provider (*Source: Ministry of Health and Long-Term Care 2018, Health Care Experience Survey*).
- Most mental health and substance abuse conditions are most appropriately treated in the community, but owing to long wait times to initiate care, one-third of patients who go to the ED for MH/SA condition have had no prior physician-based care for mental illness (*Source: Health Quality Ontario 2015*).

Analysis: The OMA strongly supports the need for a strong primary care system. Also, a robust home and community care system would allow patients to remain in their homes. This would assist patients, caregivers and their physicians to manage their care in a co-ordinated and time-efficient way. The report cites that "effective engagement with primary care providers could help reduce the inflow of patients to emergency departments and hospitals." We look forward to the opportunity to co-develop solutions to these problems.

Theme 3: Mental Health

Access to health care at the appropriate place and time is crucial for patients with mental health and addictions issues. Sufficient access to community mental health and addictions services is identified as an opportunity to relieve some pressures contributing to hallway health care. The report indicates that patients are presenting to the emergency department for mental health issues that could have been addressed elsewhere. For example, with appropriate supports and supportive housing, many of these patients would not need to be in hospital beds. The report also identifies the rising incidence of child-youth hospitalizations for mental health concerns and indicates those with mental health and addiction issues have higher readmission rates (compared to other illnesses). The report mentions the importance

of integrated health care that connects all health care providers and services to deliver co-ordinated, wrap-around services for patients.

Analysis: The OMA supports the Council's interest in looking at innovative solutions to improve integrated health care. Frontline doctors want to see mental health and addictions care that is integrated across care settings and between Ministries/agencies. The current fragmentation of care is causing people to fall through the cracks and is contributing to inefficiencies. Rather, we want Ontarians to have a seamless journey to address their mental illness and/or addiction.

While there is a shared responsibility to solve these complex issues, physicians are a part of the solution.

Theme 4: Changing Health Care Needs

There are more patients with complex needs and an increase in chronic issues requiring careful and co-ordinated management, like an aging population. This is placing increased pressure on an already burdened health care system.

Currently, there are geographic, socio-economic, and sex differences in mortality rates across Ontario. The report establishes the need for work to be done to ensure the right level of care is provided in the right location, focused on the unique needs of patients, in a fair and equitable way. The Council cites Ontario's north as an example of an area requiring work to improve health outcomes.

The report also highlights the immense stress placed on caregivers.

The report indicates that adding more beds to the system will not solve the problem of hallway health care. Ontario's population continues to increase, with the highest rate of growth seen in the GTA. The aging population will continue to put massive pressure on an already strained system; the report cites that by 2041, seniors (aged 65+) will make up 25% of our population – compared to a current 17% in 2017. The most pressing challenge to our aging population is dementia; by 2038, dementia will cost Ontario close to $325 billion in terms of lost wages and out-of-pocket expenses by the patient and care-giver.

The report also highlights that over the next 20 years, there will be over 560,000 more children in Ontario, further highlighting the need for proactive and early interventions for better outcomes and lower costs.

Analysis: Ontario's doctors believe that enhancing palliative care services will also relieve pressures causing hallway health care. Comprehensive palliative care, when done right, shortens patient stays in hospitals, eliminates unnecessary diagnostic tests and interventions, and allows patients to receive care in their own homes.

With the aging population expected to double by 2041, an increasing number of patients will need palliative care supports and services. Ontario's doctors are trusted leaders in the provision of palliative care and end-of-life care and we look forward to working with system stakeholders to enhance the delivery of palliative care in Ontario.

Theme 5: Provider/Physician Burnout

Some of the key components that can contribute to physician burnout are referenced throughout this report. The Council acknowledges the impact of physician and provider burnout, "*there are clear indicators throughout the system of provider burnout, including staffing shortages in certain positions and parts of the province, and high levels of stress"* (Chapter 2: Stress on Caregivers and Providers). There are a wide array of factors that can contribute to physician burnout beyond the individual physician that are indicative of system-wide problems, several of which are acknowledged in this report.

The report acknowledges a need to use technology more creatively (and looking for cost-efficiencies), as a tool to help co-ordinate and deliver service.

Analysis: The OMA believes that solutions to burnout must be developed at the system level to promote physician wellness and prevent physician burnout. This will have a significant benefit to the entire health care system. We hope this is an opportunity for physicians to be involved in the decision-making processes and the development of functional digital tools. We welcome the discussion of forthcoming system solutions that address capacity and efficiency issues. We also emphasize the need to balance solutions and cost-cutting measures with the needs and wellness of already strained providers in the system.

The OMA is leading by example by striking a task force on physician burnout that will be looking at many of these issues in-depth in 2019. Collaboration and partnership will be essential in developing (and implementing) shared solutions to this growing problem.

Theme 6: Clearer Lines of Responsibility and Accountability and Shift Focus of Spending to High-Value Care

The Council points to a lack of integration throughout the provision of health care services in Ontario. Much of the current system is decentralized, large and siloed so it is difficult to know who and which agency is responsible for care. The Council comments on the need for improved integration of the system and a focus on outcomes and high-value care. They suggest that financial incentives and funding models used to pay health care providers to co-ordinate care delivery need to be appropriately aligned to make the system work.

Large and oversized:

- The current 21 health-related government agencies are not well-aligned. They individually address specific problems, support research or establish quality standards and metrics with limited oversight or co-ordination.

Decentralized:

- The majority of $54.6B in provincial health care expenditures is allocated by the MOHLTC to transfer payment recipients, but the Ministry does not directly provide health care – it pays others to deliver services to clients. This decentralized approach makes it difficult to appropriately align financial incentives and funding models to the delivery of services.

Siloed (lack of information sharing):

- System-design issues make it unclear which service provider is responsible for delivering care. The separation between co-ordinator role and front-line care results in unnecessary duplication in the assessment process, costing the system money and slowing down access to health care services. About 11% of time spent on care co-ordination is used to conduct assessments and re-assessments for community and home care services.

- Primary care providers often have detailed up-to-date patient records, but assessments are still done by other service providers and hospitals. This duplication becomes more apparent in children's health care, as children receive care in more different settings than adults (schools, primary care, home and community care, and families).

The report cites that while Ontario spends about 42 cents of every tax dollar on health care – the lowest per capita spending on health care in Canada, there is room for improvement to achieve better health outcomes with the same amount of money. With clearer lines of responsibility and accountability, Ontario could shift the focus of health care spending to high-value, instead of high-cost. The report defines integrated care as that which provides co-ordinated, wrap-around health care services to patients, with all services (i.e. hospitals, home care, primary care provider) working in complete partnership.

The Council suggests that with performance-based incentives that link investments to outcomes, Ontario could shift the focus of health care spending to high-value and that with clearer lines of responsibility and accountability (like the US Accountable Care Organizations/ACOs), Ontario could move toward strengthening the entire system and solve the problem of hallway medicine. These are critical challenges addressed to varying degrees by many health systems around the world.

Analysis: Experience across the world has shown that physician-led systems that focus on integrated care provide better quality at lower cost. The Council is looking for innovative solutions that can be scaled up in Ontario to ensure integrated care. Physicians are key to the effective implementation of these measures in support of quality patient care and would be pleased to provide innovative solutions. Any accountability must be meaningful and focused on value for patients. We look forward to the opportunity to share innovative solutions with government.

Theme 7: Digital Health

The report identifies Digital and Modern Health Care as one of the key opportunities for improvement. In particular, it recognizes that the use of digital health tools in Ontario has been surprisingly low, and there is much room for improvement.

Analysis: Physicians were early adopters and are key users and contributors to patient care systems. OntarioMD, a subsidiary of the OMA, supports more than 16,000 physicians and 1,000 nurse practitioners across the province with access to and use of digital health tools, including the award-winning Health Report Manager, which currently directly connects more than 160 hospitals to over

9,500 community physicians. We are encouraged by the Council's focus on technology as a means to improve co-ordination, service delivery, patient outcomes and efficiency. The OMA has been advocating for legislative changes to create a more enabling digital health framework, and we would be pleased to be involved in the development of any new digital tools and the role of virtual care.

Council's Planned Next Steps

The Premier's Council is working on a second report, which will include recommendations and advice for government on how to remedy the problem of hallway health care in Ontario. The next report will examine short-term and long-term system needs to improve efficiency for patients, providers and caregivers. Strategies will include prevention, early intervention, and evidence-based programs to improve outcomes.