

# **Innovation and Change in the BC Health System**

June 24, 2013  
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Assistant Deputy Minister  
Ministry of Health

# IMPROVE POPULATION HEALTH, ENHANCE PATIENT & PROVIDER EXPERIENCE OF CARE & REDUCE COSTS OF PROVIDING HEALTH CARE

## POPULATION HEALTH

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

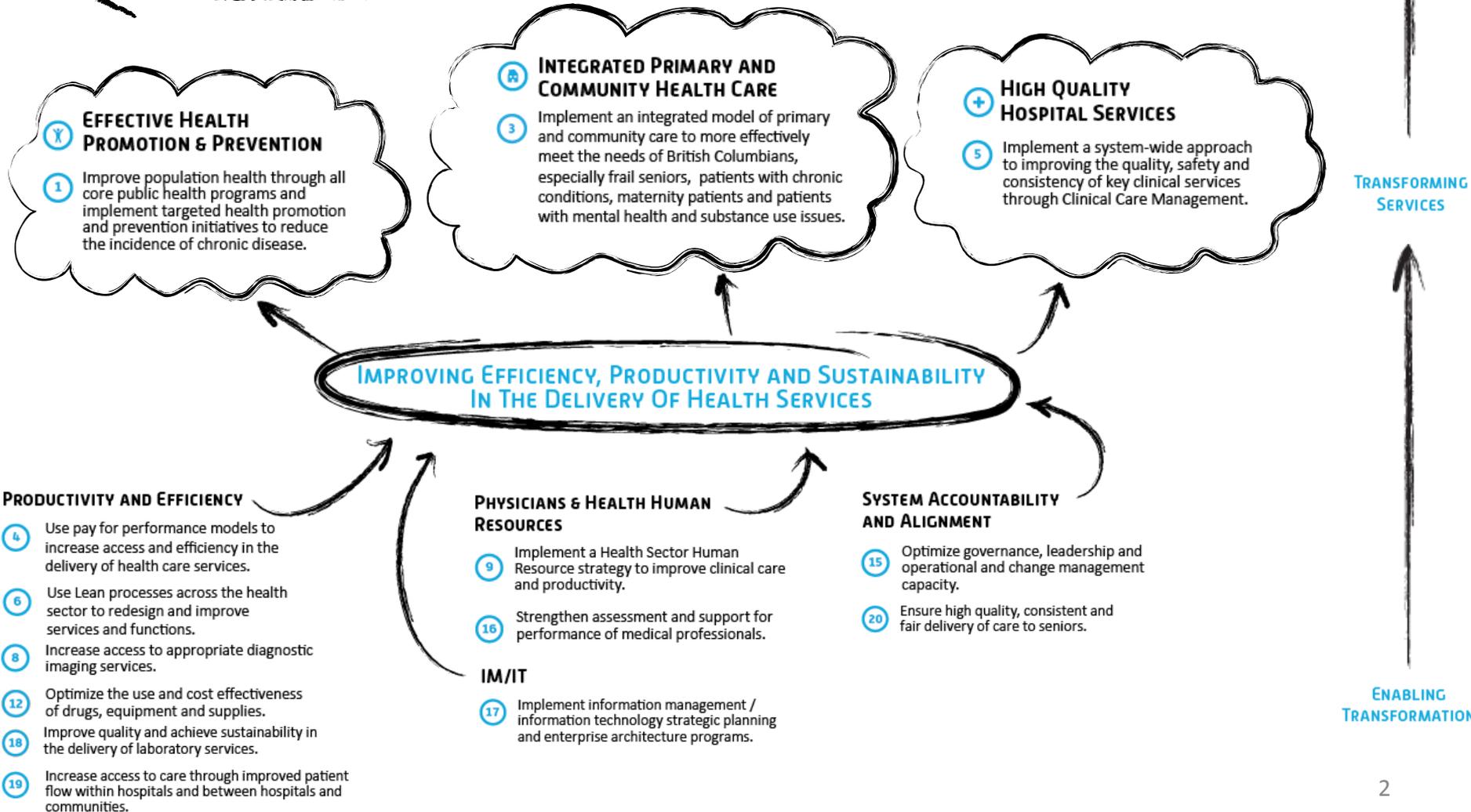
## QUALITY CLINICAL SERVICES

- Effective
- Appropriate
- Patient-centred
- Accessible
- Safe

## SUSTAINABLE PUBLICLY FUNDED HEALTH CARE SYSTEM

- Meet budget targets
- Value for money
- Efficient

SHIFTING INVESTMENT



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CREATING VALUE

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**1** **EFFECTIVE HEALTH PROMOTION & PREVENTION**

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

## INTEGRATED PRIMARY AND COMMUNITY HEALTH CARE

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

## 4 HIGH QUALITY HOSPITAL SERVICES

- 4 Implement a system-wide approach to improving the quality, safety and consistency of key clinical services through Clinical Care Management.

## IMPROVING EFFICIENCY, PRODUCTIVITY AND SUSTAINABILITY IN THE DELIVERY OF HEALTH SERVICES

### PRODUCTIVITY AND EFFICIENCY

- 4 Use pay for performance models to increase access and efficiency in the delivery of health care services.
- 6 Use Lean processes across the health sector to redesign and improve services and functions.
- 8 Increase access to appropriate diagnostic imaging services.
- 12 Optimize the use and cost effectiveness of drugs, equipment and supplies.
- 18 Improve quality and achieve sustainability in the delivery of laboratory services.
- 19 Increase access to care through improved patient flow within hospitals and between hospitals and communities.

### PHYSICIANS & HEALTH HUMAN RESOURCES

- 9 Implement a Health Sector Human Resource strategy to improve clinical care and productivity.
- 16 Strengthen assessment and support for performance of medical professionals.

### IM/IT

- 17 Implement information management / information technology strategic planning and enterprise architecture programs.

### SYSTEM ACCOUNTABILITY AND ALIGNMENT

- 15 Optimize governance, leadership and operational and change management capacity.

TRANSFORMING SERVICES

ENABLING TRANSFORMATION

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# **Delivering on the Innovation and Change Agenda**

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

# Collaboration

- The transformational elements of the strategy are enabled by the collaborative relationships with key health sector partners



# Maximizing Efficiency and Effectiveness

- Lean
- Shared Services
- Leveraging Data
- Provincial IM/IT planning

# What is Lean in Health Care?

- Lean in health care: Mapping out the process of patient care

## **Flow**

How a patient moves through system for a hip replacement

## **Eliminate Waste**

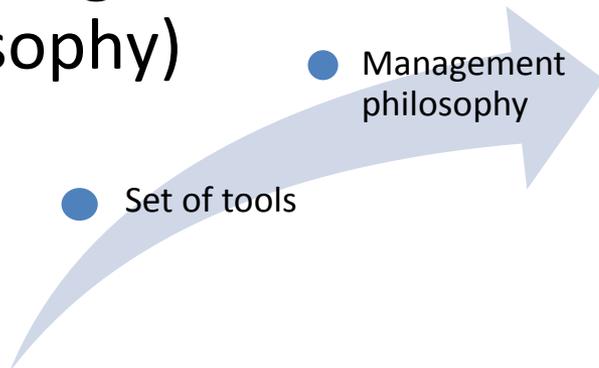
Waiting – Patients waiting to see a series of clinicians

## **Standardisation**

Clinical protocols  
re procedures

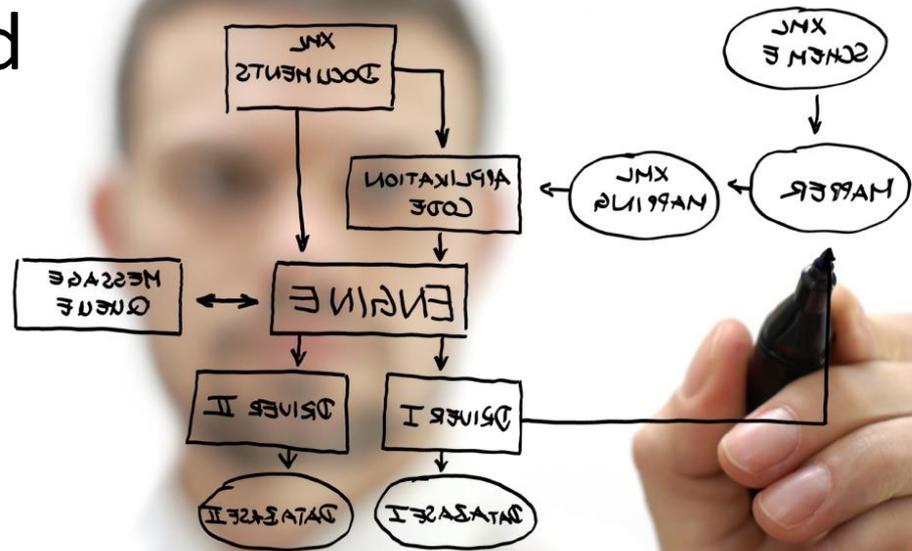
# Positioning of Lean

- Health authorities may determine where along the Lean spectrum to position their Lean initiatives (tool, strategic deployment, or management philosophy)
- *As a tool*: Using 5S to improve stocking of bedside carts
- *Across service lines or programs*: Patient flow from acute care to residential care (VCH – North Shore)
- *As a management philosophy*: PHSA imPROVE



# Lean in BC

- Over 200 events held across the province



# Collaborative Relationships

- Resources must focus on direct care – minimize administration, reinvest savings in clinical services
- BC health organizations have achieved administrative efficiencies within the individual organization
- Find efficiencies between and beyond organizations by establishing new collaborative relationships
- Improve quality through standardized best practices

# Two Concurrent Approaches

## Shared Services

- One organizational structure (HA CEOs, MoH, Ext form management board)
- Service provider
- Serves all six HAs
- Primarily back office and purchasing
- Original savings goal: \$150m in procurement over 5 years + operational (goal exceeded w/in 3 years)
- Established by Ministerial directive in 2008; operational in 2009

## Provincial Collaboration

- Mix of virtual organizations and consolidated services; no separate entity
- Service provider and receiver
- LMC:
  - Enabled by geographic proximity
  - In-scope budget \$1B
  - Achieved: \$70M in annual savings by FY12/13
  - Now operational (savings sustained)
- Expansion:
  - Collaborative approach includes all HAs
  - Value derived from standardization of practices, policies and products, and risk mitigation as well as savings

# What Collaboration has Enabled

- Sustainable operational savings
- Standardized best practices and integrated service models
- Integrated, standardized structures; reduced duplication, shared resources
- Strong management teams
- Shared knowledge to resolve issues and establish enablers
- Leveraging contracts for standardized, sustainable solutions

# Drivers for Change

- Technology is enabling new and emerging capabilities that can help the Ministry solve complex issues
- We can leverage our data assets and use an enhanced analytic environment to help advance health service delivery

# Blue Matrix

- Approach to understanding the health of B.C.'s population
- The Blue Matrix:
  - Identifies different health status groups in the population
  - Looks at different uses of health care services
    - Across the health care system
    - Across time
  - Looks at the health system as a whole
  - Shows the bundle of services used by health status groups
  - Shows the different health status groups who use a service

# Understanding the Health of the BC Population (The Blue Matrix)

2 Look at the Specific Health Care Services Used

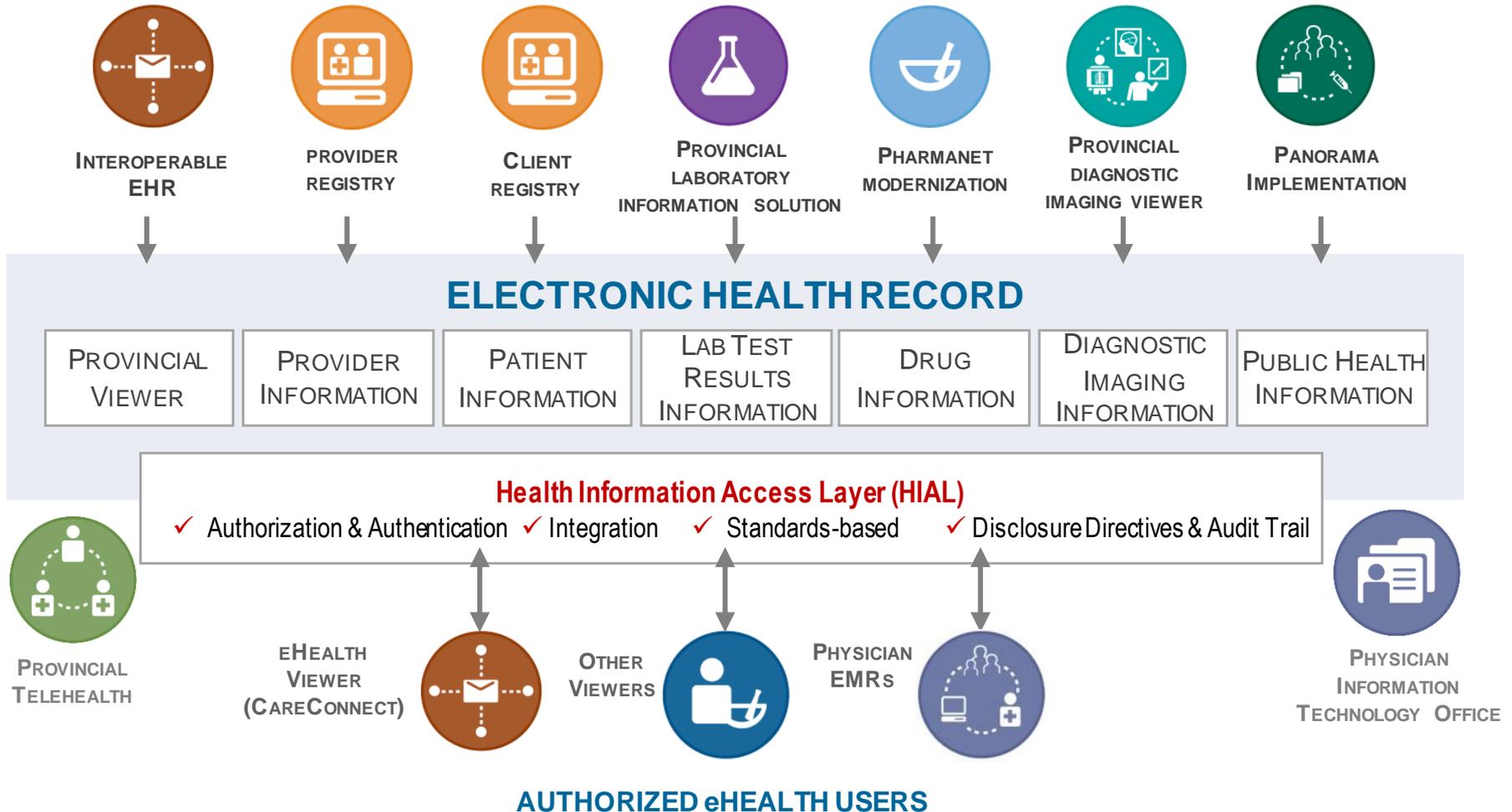
BLUE MATRIX: % USERS					People in Category (thousands)		SL01 - Primary Health Care		SL02 - Obstetrics		SL03 - Gynaecology, including Oncology		SL04 - Mental Health & Substance Use		SL05 - Medical Specialists		SL06 - Oncology		SL07 - Emergency		SL08 - Hospital		SL09 - Day Surgery		SL10 - Home Care		SL11 - Ambulatory		SL12 - Residential Care		SL13 - Home Support		SL14 - Other	
POP Segment	HA	HSDA	Category	HA	HSDA	GP - Hospital	GP - Office Visits	Hospital	Physicians	Hospital	Physicians	Hospital	Physicians	Pharmacist	Specialists	Hospital	Physicians	Hospital	Physicians	Hospital	Physicians	Hospital	Physicians	Hospital	Physicians	Pharmacist	Physicians	Home Rehab	Hospital	Home Support	Home Support	Other		
All Pop Segments	BC Total	BC Total	Age: 75+ Yrs	323.8K	323.8K	5.1%	14.2%	37.7%	0.0%	0.0%	0.2%	7.2%	0.0%	0.8%	0.0%	2.4%	14.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
PS00 Non User	BC Total	BC Total	Age: 75+ Yrs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
PS01 Healthy	BC Total	BC Total	Age: 75+ Yrs	84.4K	84.4K	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
PS02 Adult Major Age 18+	BC Total	BC Total	Age: 75+ Yrs	83.8K	83.8K	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
PS04 Low Complex Chronic Conditions	BC Total	BC Total	Age: 75+ Yrs	70.0K	70.0K	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
PS05 Medium Complex Chronic Conditions	BC Total	BC Total	Age: 75+ Yrs	84.8K	84.8K	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
PS06 Frail in The Community	BC Total	BC Total	Age: 75+ Yrs	3.7K	3.7K	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		

1 Divide the Population into Different Segments reflecting their Health Status

3 Measure the Services used in a Year

Shade of Blue indicates intensity of service

# eHealth Foundation

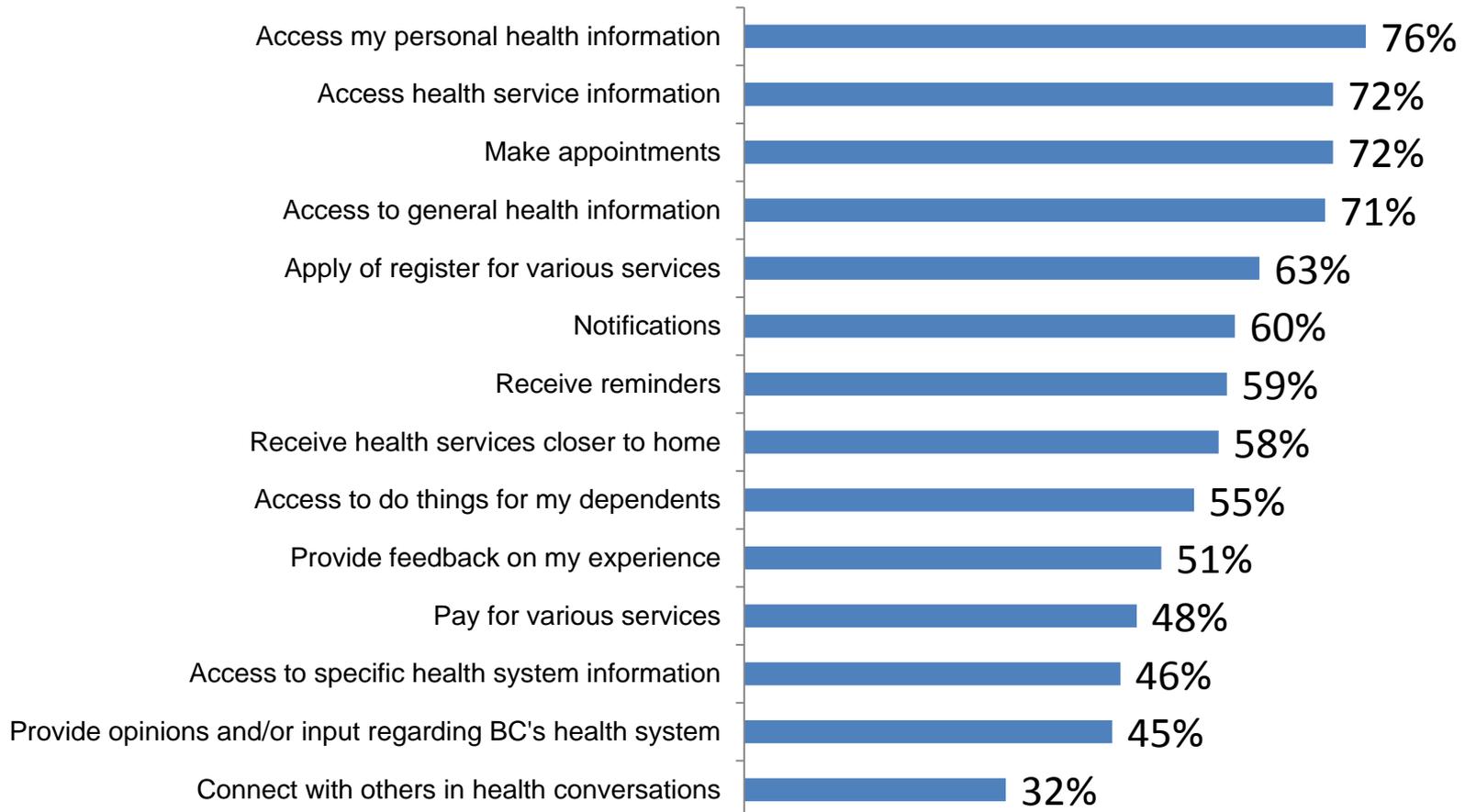


# Next Step – Provincial IM/IT Planning

- Alignment of effort and investment to strategic goals and priorities
- IM/IT strategic plan for:
  - 5 Regional Health Authorities
  - The Provincial Health Services Authority (PHSA)
  - The First Nations Health Authority (FNHA)
  - Health Shared Services BC (HSSBC)

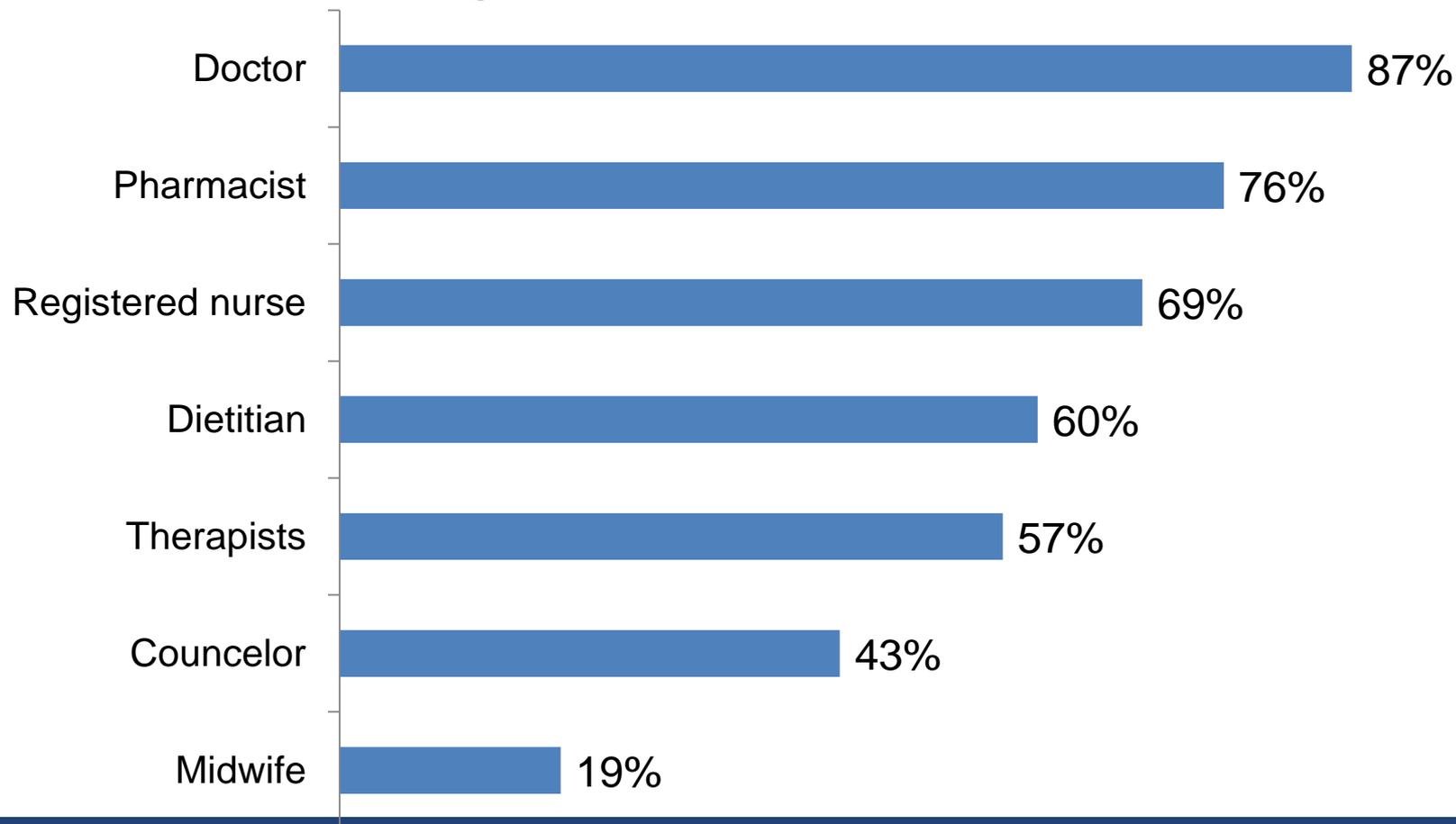
# Consultation - Citizens

## Citizen's Priority of Access to Services



# Consultation - Citizens

## Consulting with Health Professionals



# Consultation - Stakeholders

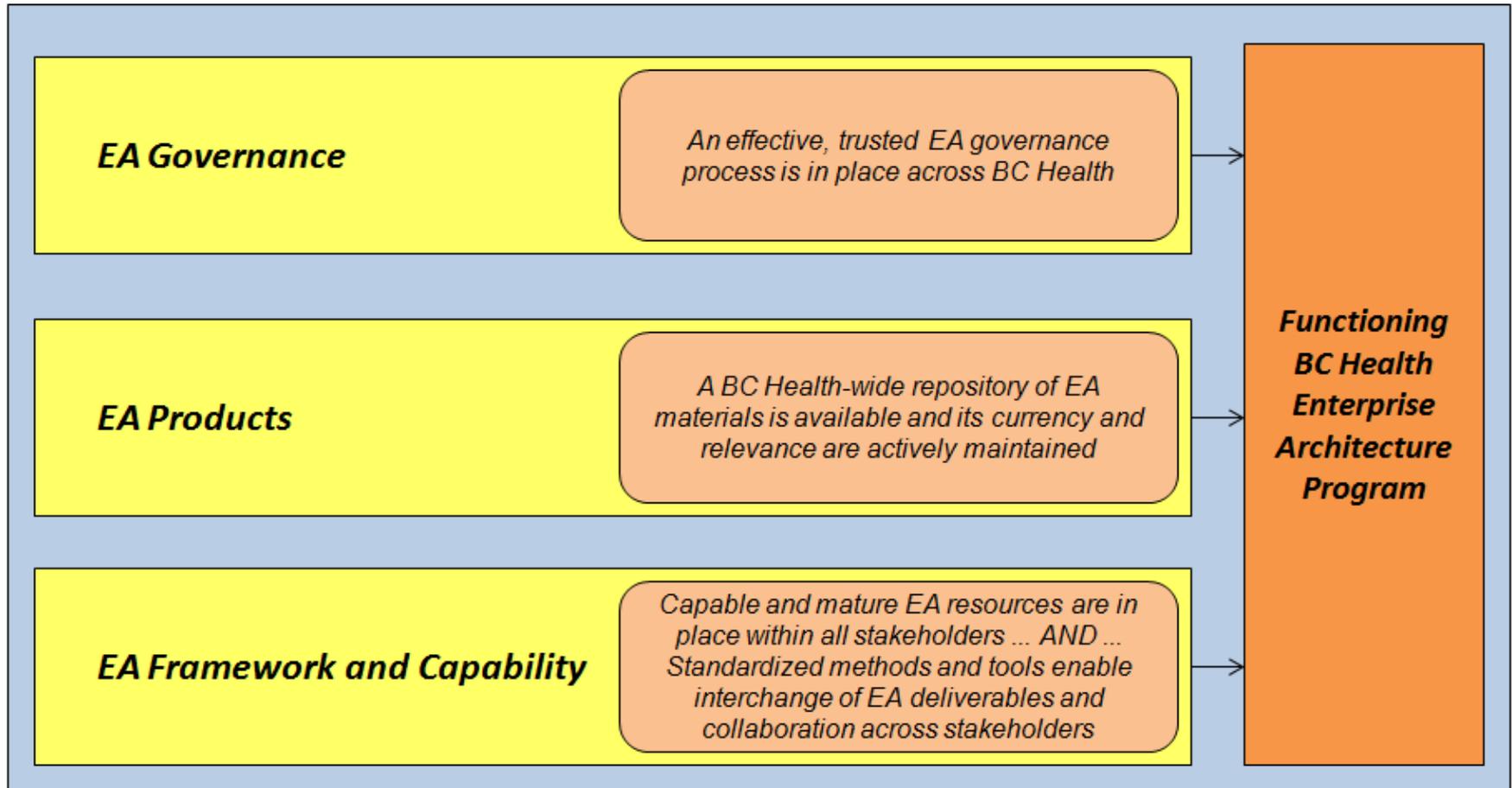
*“While there was not consensus on what exactly should change, there was a clear and unanimous view that **the first step in driving change was articulating a clear vision**”*

*“There isn’t a well-defined, **unified strategy** for British Columbia; there **is not a unified vision**”*

*“**Patchwork system from a patch work vision**”*

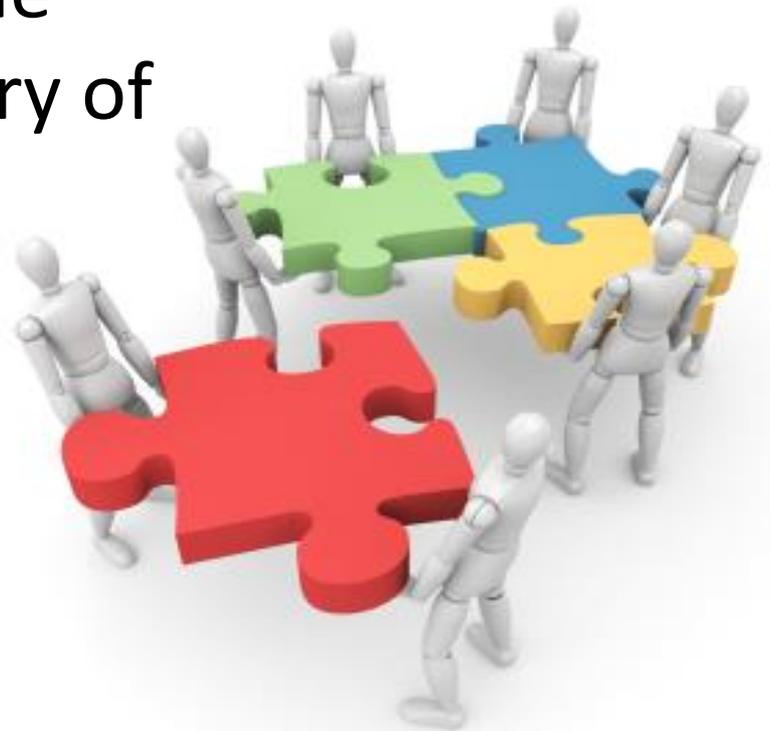


# Health Enterprise Architecture Program



# Working Together

- Strong partnerships enable efficient and effect delivery of health services



# Questions?

