

A New Era *for* **Patient-Centred** **Health Care**

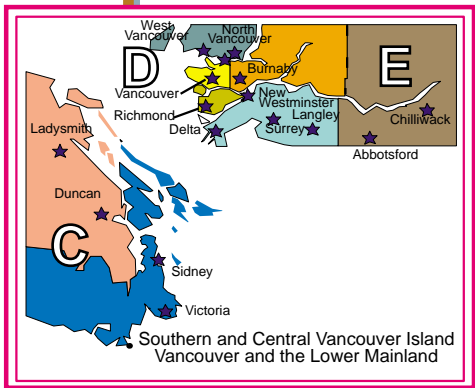
Building a Sustainable, Accountable Structure
for Delivery of High-Quality Patient Services



BRITISH
COLUMBIA

Ministry of Health Planning

15 Health Service Delivery Areas Organized under 5 Geographic Health Authorities



Prepared by: Health Information Access Centre
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Introduction



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On December 12, 2001, the B.C. government announced a critical first step in meeting its commitment to save and renew public health care. The province's network of 52 regional health authorities will be streamlined to improve efficiency, strengthen accountability and allow better planning and service coordination for patients. This move supports the government's vision to save and renew public health care and protect health care services. It also reflects the government's three long-term health goals:

1. to provide high quality patient-centered care
2. to improve health and wellness for British Columbians
3. to create a sustainable, affordable public health system.

The restructuring of health regions will create a solid foundation to make the changes necessary and will remove some of the key obstacles standing in our way. These obstacles fall into three general categories:

- a history of inadequate planning and management
- a growing imbalance between what the public wants and what the health-care system can deliver
- an overall lack of sustainability.

The new model will provide the best opportunity to achieve efficiencies, eliminate administrative duplications and direct as much money as possible to high-quality patient care.

Our health care system won't be improved overnight. However, the restructuring of health authorities is an important and necessary first step toward saving and renewing that system and building sustainable health services that British Columbians can rely on for generations to come.

Background

Like most Canadian jurisdictions, British Columbia moved to a regional model of health care delivery in the 1990s. The previous array of 52 regional authorities included:

- 11 regional health boards
- 34 community health councils
- seven community health services societies.

Each of these authorities had its own chief executive officer, corporate services and administrative infrastructure – including its own board of directors – making the structure one of the most complex and costly of its kind in Canada, with more than 600 people serving on health boards.

Problems with the Existing Structure:

With one of the most complicated and expensive governance and management systems in the country, patients faced a number of problems under the old system. For example:

- Administrative duplication diverted resources away from patient care;
- Health authorities were not able to work together effectively to coordinate services, realize economies of scale and attract and retain experienced managers and health professionals;
- Smaller, rural authorities did not have the population or budget to support the full range of services needed by their residents; and
- The scattered, inequitable division of responsibilities made the system as a whole unaccountable.

The government studied various models of health governance before choosing a simplified, streamlined structure that would provide the highest possible levels of efficiency, service coordination and accountability.

The New Structure

Five Geographic Health Authorities

Instead of 52 inequitable regional and community authorities, health care services in B.C. will be governed by one provincial and five geographic health authorities. (See map on inside front cover.)

The five geographic health authorities serve the following areas:

- Northern
- Interior
- Fraser
- Vancouver Coastal
- Vancouver Island

Fifteen Health Service Delivery Areas

Within each health authority, there will be distinct Health Service Delivery Areas to ensure community participation in health care decision-making and protect local input into the delivery of health services.

The 15 Health Services Delivery Areas that reside within the five health authorities will reflect provincial geography as well as patient and physician referral patterns.

One Provincial Health Services Authority

The sixth governing body is the Provincial Health Services Authority, responsible for governing and administering provincial programs and highly specialized services, such as those delivered by the Children's and Women's Health Centre, the B.C. Cancer Agency, the B.C. Transplant Society, the B.C. Centre for Disease Control, Riverview Hospital and Forensic Psychiatric Institute.

The provincial authority will work closely with the other health authorities and the ministries of health to ensure that specialized programs are coordinated throughout.

Roles and Responsibilities

Health Authorities

The geographic health authorities are primarily responsible for:

- identifying regional health needs, and planning appropriate programs and services;
- ensuring that programs and services are properly funded and managed; and
- hiring a regional CEO to manage the delivery of health care services within the health authority's health service delivery areas.

Senior staff in the 15 Health Service Delivery Areas will report to their regional CEOs and be responsible for:

- managing the delivery of health services in their respective areas;
- meeting performance objectives set by the health authority; and
- ensuring community input into health service planning and evaluation for the area.

The Provincial Health Services Authority

- working with the five geographic health authorities to plan and coordinate delivery of provincial programs and highly specialized services, such as transplants and cardiac care;
- ensuring that access and waitlist issues for these services are equitably addressed; and
- operating and managing provincial health services.

Ministries of Health Services and Health Planning

- developing provincial goals and province-wide standards;
- holding health authorities accountable for fulfilling their responsibilities; and
- ensuring appropriate health outcomes are achieved province-wide.

The ministries of health, the provincial authority and the geographic health authorities will share responsibility for ensuring health care is effectively and efficiently planned, delivered, monitored and evaluated on behalf of all B.C. residents.

Benefits of Restructuring

✓ Greater Efficiency

Fewer health authorities will result in streamlined management, the elimination of duplication and overall efficiencies. Under the new structure, each region will be large enough to realize economies of scale in areas such as finance, information technology, and other administrative and support services. Health authorities will have large enough budgets to allow them to shift resources between programs, as needed, to meet changing local needs.

With these efficiencies, fewer dollars will go to administration. For example, reducing the number of management positions will save an estimated \$20 million in administrative costs over the next three years.

✓ More Effective Service Delivery

Under the new structure, all of the new health authorities will have sufficient levels of staff and budget needed to offer a broad range of specialized, hospital and community care services. They will be able to integrate these services to provide client-centred health care.

With less competition for resources, each region will have a stronger capacity to recruit, retain and fully use the skills of health professionals. Working with the new Provincial Health Services Authority, they will also be better able to plan and coordinate equitable access to highly specialized services, such as cardiac surgery and transplants – services which represent almost a third of the province's spending on hospital care.

✓ Stronger Accountability

With fewer, more equitable health authorities, the ministries of health will be better able to measure how well the system is performing. All health authorities will be bound by new performance contracts and will be required to meet provincial expectations. They will be accountable to gather and analyze similar data and report it to the province – and to the public – on a regular, consistent basis. This will help ensure health dollars are spent wisely, and that the needs of patients always take priority.

✓ Better Management and Leadership

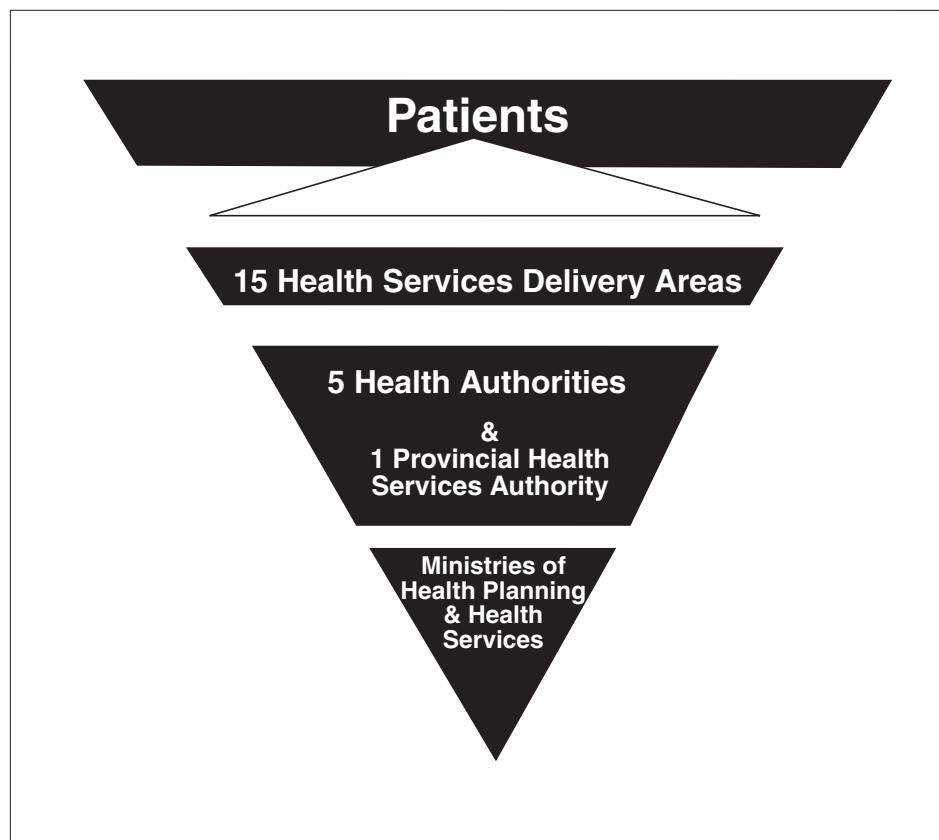
As B.C.'s most expensive public service, health care demands experienced, accountable leadership. With six health authorities, rather than 52, the system will be much better able to recruit and retain leaders with the corporate and business skills to govern multimillion dollar organizations.

Process of Restructuring

The governing bodies of the previous 52 health authorities have been replaced by six new Board Chairs – one for the new Provincial Health Services Authority and one for each of the five new geographic health authorities. These Chairs have been selected for their leadership skills and experience in business management.

The new Board Chairs have appointed the CEOs who will be responsible for making the administrative and corporate changes needed to reduce administrative duplications and overlaps. These CEOs have been appointed based on their skills and experience in managing large, complex organizations.

In the coming months, full boards will be appointed by government in consultation with the new Board Chairs. Until then, the new Board Chairs and CEOs have been charged with examining the way services are delivered, within health authorities and at the provincial level. They have a mandate to begin making the changes necessary to ensure that patients receive the best care possible – within an affordable, sustainable system.



Benefits for Patients

Health authority restructuring will create a platform and a structure for the improvements needed to ensure health care services are patient-centred, high-quality and sustainable.

Here are some examples of how the delivery of patient care will improve:

Scenario 1: An elderly man in Port McNeill falls and breaks his hip

Problems with current system

- Unpredictable access to hospital and surgery (dependant on specialist and bed availability)
- May have unacceptable wait times for services
- Reassessed by every provider involved with care
- No one agency responsible for all aspects of care

What the system will look like in the future

- Admission to a regional referral hospital, discharge, transfer to a convalescent bed, physiotherapy and other supports coordinated by a single case-worker
- Electronic patient information follows from provider to provider
- Region will be large enough to organize and fund a falls prevention program that will help to reduce the likelihood of similar events in the future.

Scenario 2: A woman in the Kootenays is experiencing a high-risk pregnancy

Problems with the current system

- Inconsistent and unpredictable access to obstetrical care – (small volume of deliveries done in the region means it cannot provide 24/7 obstetrical coverage)
- Limited access to specialized pre-natal care (fetal monitoring, etc.)
- Uncertainty regarding where baby will be delivered

What the system will look like in the future

- Predictable access to a regional pool of obstetricians who would share coverage and do enough high-risk deliveries to maintain their skill levels
- Access to specialized prenatal care in community, supported by an information network
- Access to high-quality care within health authority rather than incomplete care in community

Scenario 3: A young boy in Fort St. John suffers from severe asthma

Problems with the current system

- Sporadic care by family doctor who may have only one patient with pediatric asthma
- At risk for condition reaching a crisis – meaning trip to local hospital
- Hospital probably doesn't possess equipment or training needed to monitor lung function
- Family may rely on questionable information from Internet sources

What the system would look like in the future

- Child linked to a comprehensive, provincially coordinated asthma education program
- Child and family would have access to standard information and monitoring equipment
- Training to help the child manage his lung function and learn what steps to take if his breathing becomes compromised

Conclusion

Restructuring health care management and administration is an essential and necessary step in addressing the broad, systemic problems that have been widely identified as undermining the quality of patient care in B.C. in recent years.

In its New Era platform, the government promised to address these problems by:

- eliminating administrative duplication and costs;
- minimizing inter-jurisdictional overlaps; and
- ensuring that health boards are accountable to the public.

The new governance structure meets all of these commitments.

With fewer, strongly managed, better funded regions, the health care system will have a strong foundation on which to become more efficient and effective, with better planning, more accountability and stronger leadership at the regional and provincial levels. Money will be saved, and health managers and care providers will have both the mandate and the means to undertake the changes needed to create a high-quality, patient-centred sustainable health care system for the future.

For more information on restructuring:

Please visit the Ministry of Health Planning Web site at:
<http://www.healthplanning.gov.bc.ca>

CURRENT REGIONAL HEALTH BOARDS (RHB) COMMUNITY HEALTH SERVICES SOCIETIES (CHSS) COMMUNITY HEALTH COUNCILS (CHC)	NEW STRUCTURE	
	6 HEALTH AUTHORITIES (5 geographic & 1 provincial)	HEALTH SERVICES DELIVERY AREAS
North Okanagan RHB Okanagan Similkameen RHB	1) INTERIOR	Okanagan
East Kootenay CHSS Elk Valley and South Country CHC 1 Cranbrook CHC 2 Kimberly CHC 3 Columbia Valley CHC 4 Creston and District CHC 5 Golden CHC 11		East Kootenay
Kootenay Boundary CHSS Nelson and Area CHC 6 Castlegar and District CHC 7 Arrow Lakes/Upper Slokan CHC 8 Greater Trail CHC 9 Boundary CHC 10		Kootenay Boundary
Thompson RHB Cariboo CHSS South Cariboo CHC 12 Central Cariboo CHC 13 Bella Coola CHC 15		Thompson/Cariboo
Fraser Valley RHB South Fraser RHB Simon Fraser RHB		2) FRASER
North Shore RHB Coast Garibaldi CHSS Sunshine Coast CHC 16 Powell River CHC 17 Sea to Sky CHC 18 Vancouver/Richmond RHB	3) VANCOUVER COASTAL	North Shore/Coast Garibaldi
Capital RHB		Vancouver Richmond
Central Vancouver Island RHB Upper Island/Central Coast CHSS Comox Valley CHC 19 Campbell River / Nootka CHC 20 Mount Waddington CHC 21 Central Coast CHC 22	4) VANCOUVER ISLAND	Capital Central/North Island
Northern Interior RHB Quesnel CHC 14	5) NORTHERN	Northern Interior
Northwest CHSS Bulkley Valley CHC 26 Upper Skeena CHC 27 Terrace and Area CHC 28 Kitimat and Area CHC 29 North Coast CHC 30 Queen Charlotte Island / Haida Gwaii CHC 31 Snow Country CHC 33 Stikine CHC 34		North West
Peace Liard CHSS South Peace CHC 23 North Peace CHC 24 Fort Nelson-Liard CHC 25		Peace Liard
	+ 1 Provincial Health Services Authority	