



National
Committee for
Quality Health Care

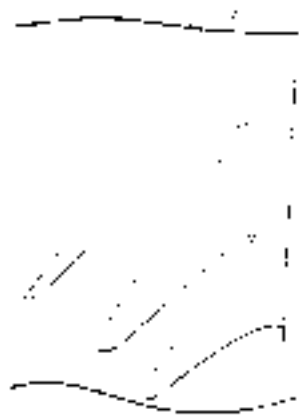
M E M O R A N D U M

To: NCQHC Annual Meeting Participants
From: Pamela G. Bailey *PGB*
Subject: Publication of Proceedings

Enclosed is the final copyedited transcript of your presentation at the National Committee's Annual Meeting on January 30. We are pleased that your remarks in print are as direct and informative, individually and collectively, as they were in their actual presentation.

In order to expedite the publication of the final proceedings and share this information with a broader audience, I would like to ask that you review the text and call us if it does not accurately reflect the substance of your remarks. We would appreciate hearing from you by Wednesday, March 21.

Thanks again for your contribution to the success of our meeting and for your prompt attention to this matter.



Accountability for Service

by Peter Ellis

Thank you. I also have the benefit of being able to speak after other speakers and add some comments to my previously prepared text. I do feel it necessary to make some comment about Mrs Holmes' remarks at lunch time. Although I do believe her sincerely held thoughts are appropriate as an anecdote, I do feel somewhat responsible on behalf of another Toronto hospital, Sick Childrens', to say that what she was dealing with were issues that have more to do with management than with the health care system. And to say the Hospital for Sick Children is no longer an internationally recognized center, I think, is somewhat stretching it. As Dr. Barkun mentioned, the international recognition they received, just two months ago, for having discovered the cystic fibrosis gene, shows the degree of academic advancement coming out of that institution.

Although it is hardly my place to defend Sick Kid's, I do believe that I should make a point. But rather than talk about Sick Kids, let me talk about Sunnybrook because Dr. Munro was also on staff at Sunnybrook where he did his ^{adult} other work while he did he children's work at Sick Kid's. I have to say that he left and we replaced him. And we replaced him with an individual whose international recognition is equal and, in fact, in some ways is far more appropriate to the mission of Sunnybrook ^{because} than some of his work with facial trauma.

~~Therefore,~~ I did want to add an anecdote to reflect the system even though I think it's more directed towards some management issues within an individual institution. In fact, I could probably even take it a little further in that I believe the hospital system in

Canada offers an opportunity to deal with the issues that Mrs. Holmes raised in a far more humane and a far more personal manner. The nature of the structure of the system is far more focused on receiving the input of the patient and dealing with that input than anything I have yet to see south of the border.

Federal Umbrella

In talking about the hospital system, I think we have to get a couple of things straight as to what the Canadian system is all about. We've heard about the Canada Health Act and you know the five principles, and ^{the provinces} ~~these do have jurisdiction~~ throughout the country because of the financial arrangement that no province will receive federal funding unless it complies with those principles. So, we do have some sense of a federal umbrella under which we all operate. But beyond that, health care in Canada is provincially organized. It is funded provincially and varies to a great extent, between provinces.

Alex will be talking next, to ^{and represent} ~~represent some~~ of the wild cowboys of the west. I think you will find the population of Alberta and some of the prairie provinces just as aggressive, free-thinking, and free speaking as any you can find in the U.S. On the other side of the equation, we also have the French factor in Canada. As you might imagine, any country that eats salad after the main course and cheese before desert is going to have great trouble organizing its health care system. Also, if you'll look at the way that the French managed to lay out Washington, you can also

I think in talking about "the" Canadian system, you have to be very careful as to which part of the Canadian system you are addressing.

see just what sort of bureaucratic ^{A jungle there} ~~is~~ ^{is} the system is going to get in. So you have differences between the provinces, and they are very distinct differences. The French model is very bureaucratic, very structured, very multi-layered. In other provinces it is far more independent and far less controlled. Obviously I have to speak about what goes on in Ontario. It is the only system that I truly know anything about, ~~and some may even question that.~~

What I think we have to distinguish is that it is not a socialized system, and again, like Dr. Munro, I did emerge — and escape — from the British system. I had had enough of that bureaucratic multi-layered system that was imposed over there. What I enjoy about the Ontario system is that separation between government as the payer and the management and delivery of health care through our ^{use of money} self governing institutions.

Government as Payer

The role of government in Ontario is that of payer and regulator. It does not, except in some specific areas, deliver service itself. It ~~does~~ ^{does not} in fact operate the psychiatric hospitals itself, but in all other areas the delivery is under the auspices of some self-governing entity. Particularly, the hospital sector which I represent is funded through global budgets with some ^{sum of the unit prices} ~~knowledge~~ ^{of} activity through a very complicated formula system. You should also realize that although we receive 80 percent of our revenue from the government, we also generate 20 percent of our revenue from alternative sources. Some of these are direct charges to patients for certain services. Others have to do with ^{calling} ~~supplementary~~ operations that we use for supporting some of our academic pursuits. When it comes to capital, you should also recognize that, in fact, the most the government actually contributes towards the physical facilities, plants, and equipment, is around 60-65 percent. The balance is

raised or generated from community fund raising or the resources of individual institutions.

An Admirable Middle ~~Ground~~ ^{GROUND.}

I was speaking to a similar group in the U.K. only three weeks ago on the same issue. Just as the U.S. is looking to the Canadian system to solve its problems, so is the U.K. National Health System looking to Canada to solve its problems. It was recently announced in the U.K. that they wished to move the operation, delivery, and management of care out from under government and to set up what they call "self-governing trusts" to run the hospitals. *The Economist* described the effort as "setting the hospitals free."

~~Now~~ In Canada we get into this great dilemma because we ~~look~~ ^{look} south of the border ~~and~~ ^{and} are accused of being ^{socialist} ~~socialist~~ medicine and it is the little "l" or big "L" Liberals who are promoting the Canadian model. Yet, in the U.K. it's the right wing that's promoting the system as an autonomous, self-governing institution, ^{which represents free enterprise.}

~~Now~~ ^{Which} ever particular political philosophy is right, it is interesting that two such diverse systems have, at the same time, ended up looking at the Canadian system as a potential solution to their problems. That ~~makes some analysis and maybe~~ epitomizes what Canada's all about. Here's this strange hybrid between various competing cultures, the French and English as a start. We tend to provide this middle ground and, I think Canadians, if anything, are renowned for their ability to compromise. They tend to mix competing requirements. Obviously, you've heard a lot about the principles of social ~~justice~~ ^{justice} that underpin the Canadian system. However, it's also a very pragmatic and flexible system that reflects a great diverse history.

Each of the hospitals in Ontario grew out of very specific and peculiar ^{groups} ~~groups~~, whether from an ethnic, a religious, a civic, or other heritage. So, all of that must be represented in this homogenous mass called the public hospital system, which has to reflect those unique identities yet allow for each of those individual missions to be followed while being regulated under a Public Hospital Act. Also — and this is why I wanted to go back to some of the things Mrs. Holmes was saying — these diverse hospitals remain very directly responsible to the community. In many ways — and they vary — ^{the governments} ~~the governments~~ of the institutions ~~can be a direct result of~~ ^{can be a direct result of} community linkages or memberships. Because all of the hospitals are not for profit — ~~either organized as not for profit organizations~~ ^{either organized as not for profit organizations} under the Not-For-Profit Organization Act or incorporated by the provincial ^{Corporations}

^{institute} government — they do have — that major community focus of commitment and involvement.

~~think~~ What this leads to is ~~the~~ compromise between the competing elements. The issue which ~~sets~~ sets it aside and is something ~~that~~ that I will jealously fight for is that the Canadian system, ~~because~~ because of its self governing nature and the need to balance various constituencies that it serves, ~~the~~ ^{its} value that is most represented by the ~~Canadian hospital system~~ is one of accountability.

"... these diverse hospitals remain very directly responsible to the community. In many ways... the ^{governments} ~~governments~~ of the institutions can be a direct result of community linkages or memberships."

Accountability

The Canadian health system ~~draws~~ attracts a lot of media attention. In fact, Dr. Munro was a master at using the media when he wasn't getting quite his own way in terms of resources. The media appear equally ready to latch onto any story of unprovided services, and so the patient has direct impact on the way services are delivered, ~~and the involvement through various programs and opportunities and district health councils and what have you.~~ This significant involvement in the operation of the system and hence that bond of accountability to the patient, or the client, or the customer, is a very strong one. It's something that if we wish to maintain that status as a self-governing institution, then we have to ensure is always there.

^{locus} We heard the warning from Dr. McMillan; the government's response to their funding crisis is to cast aspersions on the management of hospitals and their governments and say that there is something missing in ~~that middle~~ management ~~range~~. We have to demonstrate that we are in charge and that we are controlling our own destiny and protect that status. In

order to do that, we have to play off the various constituencies to which we are accountable. ~~Obviously,~~ particularly in the case of Sunnybrook and other institutions, we are accountable for certain academic activities to the University. That is another constituency to which we must demonstrate accountability. ~~We are also accountable to the system as a whole.~~

One of the dilemmas of being a self-governing institution with its own direction, its own mission, and its own objectives, is to demonstrate how you can still be that and participate in an integrated system of health care. That is another of the dilemmas that is facing everybody today. How do you manage the ~~big~~ ^{total} system? How do the players fit together as a system? How are they going to cooperate? Again, in a self governing institution, we have to show that we are accountable and interested in the overall system of health care and its delivery and be willing to participate — and in some ways submit — to the interests and authority of others to ensure that we are not seen as self-serving, with just our own objectives in mind.

We also have to look at our accountability from an ethical perspective, ~~as well~~. I have to say that as somebody who has participated in a number of educational sessions south of the border, one of the things that struck me as quite strange ~~in the occasions~~ was the perspective that the only accountability that hospitals seemed to be interested in was to their physicians. ~~mean~~ They treated them as if they were gods. For example, if you asked a hospital what is its chief priority, it might respond, "It's to provide more parking for the doctors." ~~mean~~ It was ~~an~~ inherent in how they operate and how ~~beholden~~ they were ^{for} to these individuals to bring in the business. I really ~~have some ethical questions~~ ~~about~~ the way the system was being driven ~~and~~ and how it looks to that issue.

It also deals with some of the points again raised by Mrs. Holmes and Dr. Munro in that ~~the thing we get stuck balancing~~, rightly or wrongly, ~~is the rationing of health care.~~ In fact, we do participate in the rationing of health care. It is there whether you like it or not, whether it's rationing through ability-to-pay or rationing through more overt systems. We have to deal with that tender issue of the right of the individual and the needs of the individual patient versus the needs of ~~the greater good and~~ our population in general. Many of the fights that Dr. Munro had with Sunnybrook — and I'm sure would have continued to have — were the result of his desire to meet the needs of his patients. ~~Our~~ ^{we} ~~had~~ ^{had} to meet the collective needs of a whole spectrum of patients. We ~~had~~ ^{had} to balance the amount of resources that we were prepared to put into a case and the benefits that

"... the rationing of health care... is there whether you like it or not, whether it's rationing through ability-to-pay or rationing through more overt systems."

would come from that against benefits that could be achieved from a broader investment in some different programs.

~~think~~ we have to tackle those issues. If we don't tackle them, somebody will tackle them for us, and I would much rather be in charge of my own destiny than having somebody make those decisions for me. That is why I think we have to have that ethical accountability and be able to justify that. If we're doing the third replacement liver transplant on a six-month old infant, ~~we can~~ justify why we're doing it. It's not just heroic medicine that is driving the force behind it.

The final accountability is to our peers. We are part of a bigger system. We have to be subject to accreditation and we have to allow others to see what we're doing and be open to that examination. My final comment, which, which may be interpreted as either praise or blame, is that any country gets the system it deserves.