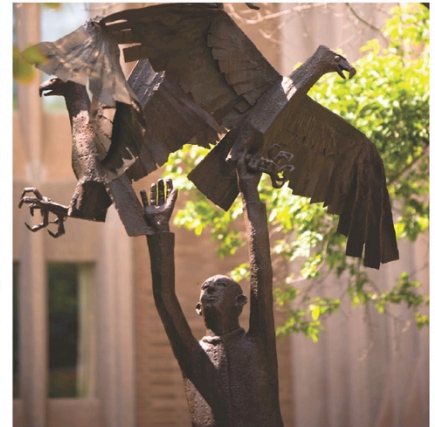




## CITIZEN BRIEF



## ADDRESSING HEALTH- SYSTEM SUSTAINABILITY IN ONTARIO



12 NOVEMBER 2016



EVIDENCE >> INSIGHT >> ACTION

## The McMaster Health Forum

For concerned citizens and influential thinkers and doers, the McMaster Health Forum strives to be a leading hub for improving health outcomes through collective problem solving. Operating at regional/provincial levels and at national levels, the Forum harnesses information, convenes stakeholders and prepares action-oriented leaders to meet pressing health issues creatively. The Forum acts as an agent of change by empowering stakeholders to set agendas, take well-considered actions and communicate the rationale for actions effectively.

## About citizen panels

A citizen panel is an innovative way to seek public input on high-priority issues. Each panel brings together 10-16 citizens from all walks of life. Panel members share their ideas and experiences on an issue, and learn from research evidence and from the view of others. The discussions of a citizen panel can reveal new understandings about an issue and spark insights about how it should be addressed.

## About this brief

This brief was produced by the McMaster Health Forum to serve as the basis for discussions by the citizen panel on how to address health system sustainability in Ontario. This brief includes information on this topic, including what is known about:

- the underlying problem;
- three possible options to address the problem; and
- potential barriers and facilitators to implement these options.

This brief does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

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# Key Messages

## **What's the problem?**

- There are four types of challenges that pose a threat to the long-term sustainability of Ontario's health system. These challenges relate to:
  - the demand for healthcare (e.g., the ways in which demographic shifts, lifestyle and behavioural risk factors for disease and disability, the burden of disease and disability, public and patient expectations, and patterns of service utilization influence the programs, services and drugs Ontarians need and want);
  - the supply of healthcare (e.g., the ways in which medical and technological advances, availability of financial and health human resources, price effects such as inflation, and health-system delivery arrangements influence the programs, services and drugs available to Ontarians);
  - how the system is governed, as well as political factors that constrain efforts to ensure sustainability (e.g., compressed time frames for making decisions, pressure from health system stakeholders, and public opinion); and
  - the difficulties Ontario has experienced in addressing long-standing policy issues in the health system.

## **What do we know about elements of a potentially comprehensive approach for addressing the problem?**

- **Element 1:** Engage patients and citizens to address challenges related to the demand for healthcare
  - This element could include approaches to: 1) help Ontarians to reduce unhealthy behaviours; 2) improve health literacy of citizens; 3) implement 'nudge' policies that help Ontarians to make healthier choices; and 4) better engage patients and their families in their care.
- **Element 2:** Ensure value for money by addressing challenges related to the supply of healthcare
  - Some promising approaches that could be used as part of this element include: 1) increasing the use of evidence by decision-makers, managers and clinicians; 2) implementing financial incentives that align health system goals of improving quality of care; and 3) adopting integrated models of care.
- **Element 3:** Enhance approaches to leadership that support innovation and sustainability
  - This element could use a collective approach to leadership, which empowers individuals at each of the political, system, managerial, professional and citizen level to engage in a process of change.

## **What implementation considerations need to be kept in mind?**

- The biggest barrier to implementation likely lies in the need to develop a shared vision for change and buy-in for that vision among many health-system stakeholders.
- Windows of opportunity for implementing these elements might include: 1) budget constraints making the status quo unsustainable; 2) negotiations for a new health accord between the federal and provincial government; and 3) a perceived fiscal crisis.

### **Box 1: What is sustainability?**

Sustainability in a health system is a concept that is much broader than ensuring adequate financial resources are available. In general, a sustainable health system is one that:

- meets the health and healthcare needs of individuals and populations;
- enhances health;
- responds and adapts to changing cultural, social and economic realities; and
- keeps the needs of future generations in mind to ensure that their needs are not compromised at the expense of current needs.(2)

Sustainability has also been defined as: “The long term ability of an organisational system to mobilise and allocate sufficient and appropriate resources (manpower, technology, information and finance) for activities that meet individual or public health needs and demands.”(5)

Within this broad definition, sustainability may be focused on achieving a number of objectives, including:

- 1) maintaining health benefits;
- 2) continuing to provide needed health programs;
- 3) the institutionalization of programs within organizational systems; and
- 4) ensuring capacity in the community provides what’s needed.(5)

## **Questions for the citizen panel**

>> We want to hear your views about a problem, three elements of a potentially comprehensive approach to addressing it, and how to address barriers to moving forward.

This brief was prepared to stimulate the discussion during the citizen panel. The views and experiences of citizens can make a significant contribution to finding the best ways to meet their needs. More specifically, the panel will provide an opportunity to explore the questions outlined in Box 2. Although we will be looking for common ground during the discussions, the goal of the panel is not to reach consensus, but to gather a range of perspectives on this topic.



## Box 2: Questions for citizens

### Questions related to the problem

- What do you expect from the health system in the future, and do you think the system is equipped to meet those expectations? Why or why not?
- What do you think are the most important threats to the sustainability of Ontario's health system?
- What do you think are the most important challenges that need to be addressed in relation to:
  - the health needs of Ontarians and their demand for healthcare;
  - the supply of healthcare programs, services and drugs; and
  - how the system is governed, and the political factors that influence whether and how decisions are made that affect the health system.

### Questions related to the elements of an approach to address the problem

- **General question**
  - What has made the system work well for you, your family and/or caregivers in the past?
- **Element 1 - Engage patients and citizens to address challenges related to the demand for healthcare**
  - What do you think is needed to help Ontarians make healthier choices?
  - What would be helpful to support you to take ownership of your health, and understand how to manage your own care?
  - Who do you think is best poised to support these approaches to help Ontarians make healthier choices, take ownership of their health and manage aspects of their own care? Policymakers? Clinicians? Community organizations?
- **Element 2 - Ensure value for money by addressing challenges related to the supply of healthcare**
  - How should we approach making decisions to fund new programs, services and drugs?
  - How should we approach making decisions to stop or limit funding for some programs, services or drugs?
  - Do you think organizations and clinicians should be paid differently to help reach targets for improving the health of Ontarians and the long-term goals of the health system? If so, do you think financial incentives are appropriate to use?
- **Element 3 - Enhance approaches to leadership that support innovation and sustainability**
  - Who should be included in decision-making processes for addressing health-system sustainability?
  - What would make decision-making processes for addressing health-system sustainability trustworthy?
  - What would make actions taken to enhance health-system sustainability trustworthy?

### Question related to implementation considerations

- What do you see as the main challenges for achieving the goal of health-system sustainability and meeting the expectations of Ontarians?

### **Box 3: Glossary**

#### **Population health**

“Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services.”(1)

#### **Patient-centred care**

“Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”(3)

#### **Primary care**

“Level of a health service system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and co-ordinates or integrates care provided elsewhere by others.”(6)

#### **Home and community care**

Services to help people receiving “care at home, rather than in a hospital or long-term care facility, and to live as independently as possible in the community. Home and community care is delivered by regulated health care professionals (e.g., nurses), non-regulated workers, volunteers, friends and family caregivers.”(8)

#### **Integrated care**

The provision of patient-centred care in which all healthcare providers work together with patients. Integrated management ensures coordination, consistency and continuity of care over time and through the different stages of patients’ chronic health conditions.





Sustainability is about ensuring that the health system meets the changing needs of Ontarians and is best positioned to deliver high-quality, comprehensive and efficient care now and in the future.

## **The context:** Why is addressing health-system sustainability a high priority?

>> As in other provinces and countries, health-system spending in Ontario has increased significantly in the past decade and a half, growing from \$41 billion in 2000 to \$66 billion in 2013.(10)

In response to increasing health-system costs, the provincial government has made efforts to restrain public spending on healthcare, which is the largest of any government program in the province.(11) These efforts however, have not been the first attempt to address health-system sustainability. Throughout the 2000s, new federal funding was provided to support sustainability, innovation and system transformation. This injection of funds helped the province to begin strengthening the delivery of primary care. In spite of these additional funds, the system was not transformed in the ways that many people anticipated.

More recently, the restrictions in both provincial and federal funding, combined with the growing costs of providing care, have created some uncertainty about the fiscal

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sustainability of Ontario's health system. In considering the many dimensions of sustainability outlined in Box 1, the sustainability of Ontario's health system is further challenged because:

- the health needs of Ontarians are changing (e.g., the population is aging, and the number of people living with one or more chronic diseases is increasing);
- there have been delays in redesigning the system to meet these changing needs in the short and medium term; and
- few efforts have been made to transform the system in ways that will enable it to remain flexible and sustainable in the face of new challenges that emerge over time.

Discussions about health-system sustainability often begin by debating its affordability in the face of growing expenditures. However, the fiscal sustainability of Ontario's health system is largely dependent on how much its citizens are willing to pay. Acknowledging that large increases in taxes are often not publicly favourable, greater value for money will need to be found within existing system resources.

Affordability therefore represents a symptom of a number of challenges in the health system. Indeed, even if the financial sustainability of Ontario's health system were not in question, big changes would likely still be needed. In general, these changes will require increased coordination and integration within and beyond the health sector. Also, as we discuss in greater detail in the sections that follow, it will also require addressing many challenges related to the demand for and supply of healthcare, as well as about how decisions are made that determine its long-term sustainability.

The most recent set of proposed health-system reforms to the health system in Ontario that are included in the *Patients First Act* (Bill 41) focus on providing comprehensive patient-centred care. However, the efforts included in this proposed legislation do not address many of the challenges that pose threats to the long-term sustainability of the health system.<sup>(12)</sup> Therefore, a shift in thinking may be needed in Ontario if ensuring health-system sustainability is to be a top priority.

To begin this discussion, citizen perspectives about how to address challenges related to health-system sustainability in Ontario are needed to inform the efforts of those who are able to champion changes in the system.

## **Box 4: The health system in Ontario**

### **Key features of the health system**

- Medical care provided in and with hospitals and by physicians is fully paid for as part of Ontario's publicly funded health system.
- Care and support provided by other healthcare providers such as nurses, physiotherapists, occupational therapists and dietitians are typically not paid for by the health system unless provided in a hospital or long-term care setting, or in the community through Family Health Teams, Community Health Centres, and community and other designated clinics.
- Other healthcare and community services such as prescription drug coverage, community support services and long-term care homes may be partly paid for by the health system, but any remaining costs need to be paid by patients or their private insurance plans.
- Fourteen geographically defined Local Health Integration Networks (LHINs) have responsibility for the planning and funding of healthcare in their regions, and for ensuring that the different parts of the health system in their regions work together.
- The most recent estimates of the health workforce in Ontario indicate that for every 100,000 Ontarians there are 100 family physicians, 102 specialists, 699 registered nurses (including 14 nurse practitioners), 83 pharmacists, 48 physiotherapists and 38 occupational therapists.(4)
- 94% of Ontarians report having a primary-care provider,(15) and 25% of the population receive team-based care (e.g., from Family Health Teams, Community Health Centres, Nurse Practitioner-led Clinics and Aboriginal Health Access Centres).(7)

### **Features most relevant to home and community care**

- Fourteen Community Care Access Centres (CCACs) – one for each LHIN – have responsibility for connecting people with the care they need at home and in their community (although these have been proposed to be eliminated in the most recent proposal for strengthening patient-centred care in Ontario).
- 644 not-for-profit community support-service (CSS) agencies provide assistance to more than 800,000 community-dwelling Ontarians (including older adults, and people with a physical disability and/or mental health issue, and addictions). The assistance can include personal support (e.g., for household tasks, transportation, meals-on-wheels, supportive housing and adult day programs).(9)
- 75 community health centres (CHCs) serve approximately 500,000 people in Ontario with 250,000 of these accessing primary, home and community-care services.

### **Features for specific populations (high-needs users of the health system)**

- 82 Health Links (of an approximate total of 100) support the delivery of integrated care for those with complex needs (typically those living with multiple chronic diseases).



Ensuring the long-term sustainability of the health system is made challenging due to the demand for healthcare, the supply of healthcare, how the system is governed, and as a result of difficulties addressing long-standing policy issues.

## **The problem:** Why is ensuring health-system sustainability challenging?

There are four types of challenges that pose a threat to the long-term sustainability of Ontario's health system. These challenges relate to:

- the demand for healthcare (e.g., the ways in which demographic shifts, lifestyle and behavioural risk factors for disease and disability, the burden of disease and disability, public and patient expectations, and patterns of service utilization influence the programs, services and drugs Ontarians need and want);
- the supply of healthcare (e.g., the ways in which medical and technological advances, availability of financial and health human resources, price effects such as inflation, and health-system delivery arrangements influence the programs, services and drugs available to Ontarians);
- how the system is governed and political factors that may constrain efforts to ensure sustainability (e.g., compressed time frames for making decisions, pressure from health system stakeholders, and public opinion); and
- the difficulties Ontario has experienced in addressing long-standing policy issues in the health system.

## There are many demand-side factors that drive change and create sustainability challenges for the health system

Some of the most pressing challenges to sustainability relate to the ways in which the characteristics of citizens, patients, family caregivers and communities in Ontario affect the demand for, and use of health services. These dynamics are referred to as demand-side factors. We have identified five key demand-side factors that make it challenging to ensure long-term, health-system sustainability in Ontario, which we describe in detail in Table 1.

These include:

- 1) demographic shifts;
- 2) lifestyle and behavioural risk factors for diseases;
- 3) burden of disease and disability;
- 4) public and patient expectations related to their health and the care they receive; and
- 5) patterns of service utilization (i.e., how many and what services are used over time).

Overall, as Table 1 illustrates, when the full range of demand-side drivers are considered in detail, it is clear that they can create challenges to the sustainability of the health system. While many factors may not be feasible to address (e.g., a growing and aging population), others could be considered challenges for which solutions can be developed (e.g., unhealthy lifestyles or patient expectations).

**Table 1. Demand-side factors that influence the sustainability of Ontario's health system**

Demand-side factors	Examples
<b>Demographic shifts</b>	<p>Two important population-level changes in Ontario are important to consider.</p> <ol style="list-style-type: none"> <li>1) Our population is growing <ul style="list-style-type: none"> <li>• As a result of changes in birth, mortality, immigration and emigration rates, current projections estimate that Ontario's population will increase from 13.8 million in 2015 to 17.9 million in 2041.(13)</li> <li>• This can affect the demand for and use of health-related services.</li> </ul> </li> <li>2) Our population is aging <ul style="list-style-type: none"> <li>• In 2015, for the first time in history there were more Canadians over the age of 65 than under the age of 14, with the number of Canadian seniors expected to double over the next two decades.(14)</li> <li>• While older adults are healthier and participate more in society than previous generations, they are more likely to accumulate health deficits such as reduced mobility, disability or chronic disease.</li> <li>• Older adults are now the heaviest users of the healthcare system in Ontario.(14)</li> </ul> </li> </ol>
<b>Lifestyle and behavioural risk factors for diseases</b>	<ul style="list-style-type: none"> <li>• There have been improvements in rates of physical activity and reductions in people who smoke in the last decade, but nearly all Ontarians (92.8%) report at least one of the following unhealthy lifestyle behaviours: <ul style="list-style-type: none"> <li>○ smoking;</li> <li>○ unhealthy alcohol consumption;</li> <li>○ poor diet; and</li> <li>○ physical inactivity.(15)</li> </ul> </li> <li>• Between 2004 and 2013, more than \$89.4 billion (22% of healthcare spending in Ontario) could be attributed to one of these four risk factors.(15)</li> <li>• Factors such as income, living conditions, geography and level of education (that individuals may only have some control over), heavily influence these behaviours, health status, and use of health services.(16)</li> </ul>
<b>Burden of disease and disability</b>	<ul style="list-style-type: none"> <li>• Medical advances and shifts in behaviours have changed the burden of disease in Ontario, with many previously life-threatening conditions now appearing as chronic diseases.</li> <li>• Approximately 80% of Ontarians over the age of 45 are living with at least one chronic disease, which now represents 55% of total healthcare costs in the province.(17)</li> <li>• Our health system was built to respond to one-time, acute episodes and is often not equipped to provide comprehensive, coordinated and ongoing care for individuals with one or multiple chronic conditions.</li> </ul>
<b>Public and patient expectations related to their health and the care they</b>	<ul style="list-style-type: none"> <li>• The expectations of younger baby boomers and generations following are often much higher and quite different than those of individuals who grew up during the development of Medicare (i.e., post-war populations).(18)</li> <li>• These expectations have been reflected in changes to other service industries such as banking and retail where technology has changed how consumers interact with service providers, but healthcare has been slow to adopt these changes.(18)</li> </ul>

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<b>receive</b>	<ul style="list-style-type: none"> <li>• Patients are increasingly empowered to take on a greater role in their care as well as in making decisions about how to design the health system including:               <ul style="list-style-type: none"> <li>○ increased choice of where to receive care;</li> <li>○ increased variety of services available;</li> <li>○ improved convenience; and</li> <li>○ enhanced levels of personalization.</li> </ul> </li> <li>• Meeting evolving patient expectations will require significant changes to how the system is planned and how services are delivered.</li> </ul>
<b>Patterns of service utilization</b>	<ul style="list-style-type: none"> <li>• The past decade has seen changes in the utilization of hospital care, with a modest increase in the average length of stay and slight increase in the resources used in inpatient care.</li> <li>• There has been an increase in the number of low-risk surgical procedures that are increasingly viewed as routine (e.g., from 2009-2010 to 2013-2014 there was an increase of just under 20% for hip and knee replacements).(19)</li> <li>• There has been an increase in demand for mental health and addictions services from 2006-2007 to 2011-2012, with steady increases in the rate of emergency department visits for youth (&lt; 25 years) being seen for all types of disorders.(20)</li> <li>• The overuse of select health services poses challenges to the health system and has the potential to harm the patient (e.g., through the overuse of imaging, prescription medication and low-value tests).(21)</li> </ul>



Supply-side factors also drive change and pose challenges to health-system sustainability

In addition to the demand-side factors outlined above, supply-side factors also pose several challenges to health system sustainability. Supply-side factors influence the type and volume (i.e., how many) of services that are delivered in our health system. For example, this includes the health workforce and how it is organized, technology and how it is used, and additional outside influences such as inflation. We have identified four supply-side factors that make it challenging to ensure long-term, health-system sustainability in Ontario, which we describe in Table 2. These include:

- 1) medical and technological advances;
- 2) remuneration of health workers;
- 3) inflation and price effects; and
- 4) health system delivery arrangements.





**Table 2. Supply-side factors that influence the sustainability of Ontario's health system**

Supply-side factors	Examples
<b>Medical and technological advances</b>	<ul style="list-style-type: none"> <li>Advances in healthcare technologies have dramatically changed the way we deliver healthcare in Ontario and have contributed to: <ul style="list-style-type: none"> <li>improvements in population health;</li> <li>outcomes of care; and</li> <li>changes in where healthcare can be delivered.(22)</li> </ul> </li> <li>New technologies may come at a cost to the health system. <ul style="list-style-type: none"> <li>Canadians spend more on their medications than they did a decade ago with much of this spending being driven by new drugs designed to treat less common illnesses and more serious conditions such as cancer and autoimmune diseases.(23)</li> </ul> </li> <li>Not adopting new technologies may also come at a cost to the system. <ul style="list-style-type: none"> <li>Despite the potential of technology to advance sustainability, the health system has been slow to embrace the adoption of technical advances, and the changes in practice and financing that accompany and promote its use.</li> </ul> </li> </ul>
<b>Approaches used to pay organizations and providers</b>	<ul style="list-style-type: none"> <li>How organizations and providers are paid impacts sustainability for at least three reasons: <ul style="list-style-type: none"> <li>the amount being paid to those who work in the health sector is relatively high compared to other social sectors;</li> <li>there are now more people working (and therefore being paid) in the health system; and</li> <li>earnings in the health sector in Ontario have increased at a greater rate than average earnings across the entire economy, with health-worker compensation, particularly in hospitals, driving much of this growth between 1998 and 2008 (although since 2011/12 this growth has slowed in part given slower increases for spending on physician services).(24-30)</li> </ul> </li> </ul>
<b>Inflation and price effects</b>	<ul style="list-style-type: none"> <li>The economy can influence health-system sustainability, particularly as it can be a factor in determining (at least in part) how much the resources used in the health system cost. <ul style="list-style-type: none"> <li>General inflation between 1998 and 2016 was about 1.92%, and while this is out of the control of the health system, it has a large effect on health-system spending, particularly with regards to labour negotiations.(22; 31)</li> </ul> </li> </ul>
<b>Health system delivery arrangements</b>	<ul style="list-style-type: none"> <li>The health system remains fragmented and uncoordinated between providers of care and across sectors. <ul style="list-style-type: none"> <li>Fragmentation leads both to care not being as efficient (e.g., delayed access to health services and/or repetition of diagnostic tests) and effective (e.g., in terms of poor health outcomes) as it could be.</li> </ul> </li> </ul>

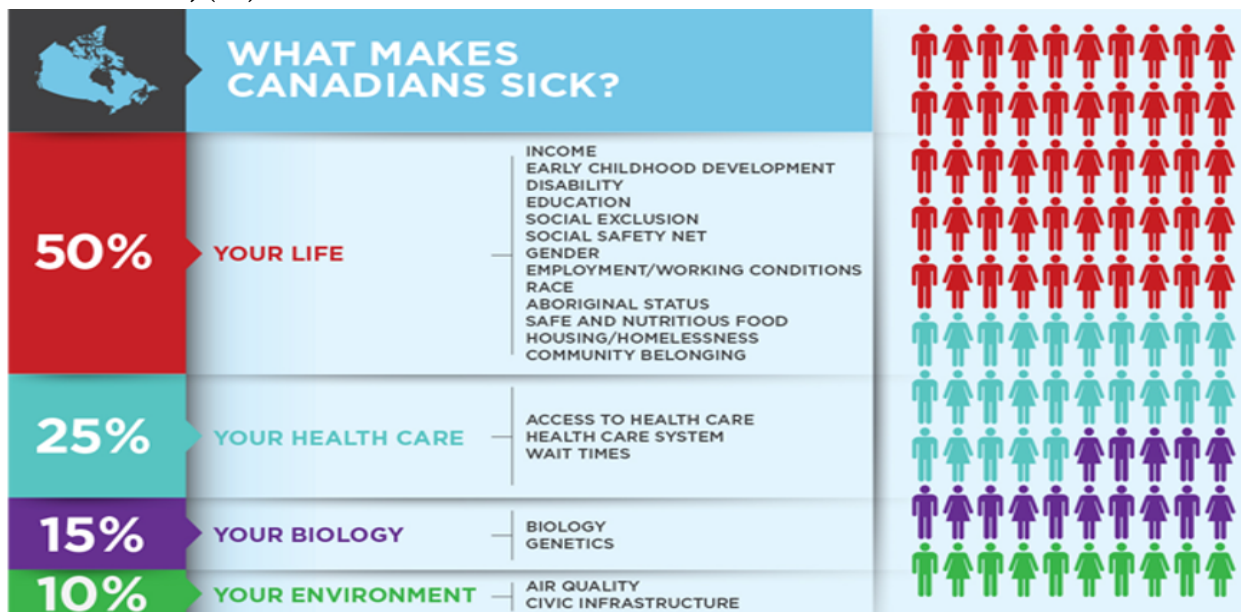
## How the system is governed and political-system factors may constrain efforts to ensure health-system sustainability

Decisions about how best to approach each of the demand- and supply-side challenges are made by politicians working in situations that make it difficult to make long-term plans. For example, politicians face many issues that compete for their attention, contend with the time constraints associated with four-year election cycles, and face significant pressures from stakeholders and the public. Therefore, it may not always be possible to address health-system issues that require thinking five or 10 years in the future.

In making these decisions, politicians need to balance their own political promises, potentially competing interests between health-system stakeholders (e.g., research organizations, public-service workers, professional associations), as well as public values and expectations.<sup>(32)</sup> Therefore, finding a balance between each of these interests to determine the ‘right’ path forward is often an extremely difficult task.

Despite this, there is general agreement that the system should be reorganized to achieve better population-health outcomes and address the changing health needs of the population. This includes recognizing that our health is largely determined outside of the healthcare we receive (which is outlined in greater detail in Figure 1), and adopting reforms that integrate the health system with other sectors (e.g., education, social services and infrastructure). This will require improved coordination, cooperation and an agreed plan by all stakeholders in these sectors.

**Figure 1: What makes Canadians sick? (Figure from the Canadian Medical Association)(33)**



## Ontario has had difficulties addressing long-standing policy issues in the health system

A key challenge to health-system sustainability has been the difficulty in addressing long-standing policy issues in the health sector. Also, as mentioned earlier, health-system sustainability is not a recent addition to the agenda of policymakers in the province. For example, the issue was front and centre in the negotiations leading up to the 2004 Health Accord, which was signed between the federal and provincial governments. These negotiations led to a total transfer of \$41 billion, to be paid out over a decade, from the federal government to the provinces to sustain, transform and innovate within the Canadian health system. This money contributed, at least in part, to several reforms in Ontario, including the:

- introduction of team-based primary care;
- expansion of the role of nurses to provide some primary-care services (e.g., as part of Family Health Teams or in Nurse Practitioner-led Clinics);
- creation of Local Health Integration Networks (for planning and funding healthcare in their regions);and

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- Community Care Access Centres (for coordinating the delivery of home and community care).(34)

However, despite these achievements, the money did not transform the health system in the ways that many had thought, and instead contributed to slow incremental changes.

Indeed, a recent analysis of reforms in Ontario points out that key areas where reforms didn't happen included those that relate to the core elements of the health system. In particular, reforms continued the approach of providing public funding for care provided in hospitals or by physicians, but not for any other parts of the health system or sectors that provide services that promote healthy populations.(34) This includes what many would identify as sectors that provide essential care such as:

- home and community care (although increased investments have been made in this sector);
- rehabilitation care; and
- forms of treatment that many require access to as part of their care plans (most notably funding prescription drugs) or as part of primary care (e.g., dental services).(34)

The same analysis of reforms identified other areas where reforms have not happened in Ontario, which include:

- strengthened care for mental health and addictions;
- limited roll-out of alternative ways of paying clinicians that support their ability to provide health-promoting services, as well as comprehensive care for those with complex conditions; and
- the implementation of a comprehensive approach to address the overuse of health services, where most action has taken the form of focused profession-led initiatives, such as Choosing Wisely Canada.(34)

As noted in the analysis, the challenge in making progress towards such large reforms are that they typically only happen as a result of: 1) electoral processes (e.g., a new government or government leader, campaign commitment to reform during an election, appointment of a champion once in power, and a policy announcement in the first half of a mandate); and 2) presence of a perceived fiscal crisis.(32)



We have selected three elements of an approach to address the problem for which we are seeking public input.

## Elements of an approach to address the problem

>> To promote discussion about the pros and cons of potential solutions, we have selected three elements of an approach for addressing health-system sustainability in Ontario

Many approaches could be selected as a starting point for discussion. We have selected the following three elements of an approach for which we are seeking public input:

1. engage patients and citizens to address challenges related to the demand for healthcare;
2. align features of the health system to achieve value for money by addressing challenges related to the supply of healthcare; and
3. enhance approaches to leadership that support innovation and sustainability.

These elements should not be considered separately. Instead, each should be considered as contributing to a potentially comprehensive approach to addressing the problem. New elements could also emerge during the discussions.

## Element 1 – Engage patients and citizens to address challenges related to the demand for healthcare

### **Overview**

This element focuses on addressing challenges associated with the demand-side factors outlined above. It was developed based on the understanding that Ontario’s demographic characteristics, the influence of built, social, cultural and economic environments, as well as individual choices (both lifestyle choices and behaviours) affect Ontarians’ healthcare needs and demands. Broadly, this element includes:

- enabling Ontarians to make healthier lifestyle decisions;
- promoting healthier living and working environments;
- increasing the likelihood that Ontarians choose healthy lifestyles (i.e., ‘nudging’ people to healthier decisions);
- enhancing the health literacy of Ontarians and enabling informed care choices through the provision of information about health systems;
- supporting patient self-management and shared decision-making; and
- strengthening and supporting the role of patients’ families and carers in the care process, and increasing the role of patient peer-to-peer support.

### **Evidence to consider**

We identified several systematic reviews (i.e., a synthesis of results from all the studies addressing a specific topic) relevant to the six activities listed above that could be included in this element. Given the body of literature we identified was so extensive, we present a summary of the evidence in Table 3, rather than describe each study in text as we do for elements 2 and 3.

**Table 3. Summary of evidence about element 1**

Area of focus	Key findings
<b>Enabling Ontarians to make healthier lifestyle decisions</b>	<ul style="list-style-type: none"> <li>Interventions focused on dietary changes and improving levels of physical activity were found to improved clinical outcomes for people with Type 2 diabetes, increase levels of physical activity and improve nutritional behaviour.(35; 36)</li> <li>The following factors improved participation in healthy lifestyle activities: <ul style="list-style-type: none"> <li>programs that are shorter in duration;</li> <li>programs that are embedded within other routine activities (e.g., within a university course or during the work day); and</li> <li>contact and support with a program mediator ( &gt;11 hours).(37; 38)</li> </ul> </li> <li>Though not strictly a healthy behaviour, getting people to adhere to screening recommendations can be considered a type of behaviour change that improves health promotion and prevention initiatives. Participation in organized screening was found to improve with: <ul style="list-style-type: none"> <li>postal reminders;</li> <li>advanced notification letters for colorectal screening;</li> <li>telephone calls;</li> <li>signed invitations from physicians;</li> <li>advanced scheduling of an appointment; and</li> <li>mailing self-sampling devices to non-responders.(39)</li> </ul> </li> </ul>
<b>Promoting the establishment of healthier living and working environments</b>	<ul style="list-style-type: none"> <li>Occupational health and safety training, drug-free workplace campaigns and the use of proper sanitation facilities improved health behaviours, and reduced injuries and the odds of infection among workers.(40-43)</li> <li>Additionally, the use of ergonomic equipment in an office was found to reduce upper limb and neck discomforts as well as injury severity, injury costs and lost work days.(44; 45)</li> <li>Modifying the built environment can also influence participation in healthy behaviours (e.g., cycling infrastructure such as dedicated bike routes have increased cycling in communities).(46)</li> <li>Other aspects of the environment have been found to encourage participation in physical activity, including: <ul style="list-style-type: none"> <li>mixed-land use and density;</li> <li>dedicated footpaths and cycleways;</li> <li>facilities for physical activity;</li> <li>street connectivity and design;</li> <li>transport infrastructure; and</li> <li>linking residential, commercial and business areas.(47)</li> </ul> </li> </ul>
<b>Adopting and implementing policies that increase the likelihood Ontarians choose healthy lifestyles</b>	<ul style="list-style-type: none"> <li>The way choices are presented to consumers (i.e., the choice architecture) affects the decisions they make and, as a result, their health and well-being.</li> <li>Adjustments can be made to the choice architecture to alter people's behaviours to make predictable choices without closing off any options and without using economic incentives.</li> <li>For example, evidence on choice architecture on food and beverage consumption found: <ul style="list-style-type: none"> <li>an association between the size and shape of containers and cutlery on eating behaviours;(48)</li> <li>health messaging and food labelling had some effect on food choice with a reduction between 16.8 and 55.6 kcal for choices that had visible caloric information;(49)</li> <li>food labelling was more effective among women than men;(50) and</li> </ul> </li> </ul>



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	<ul style="list-style-type: none"> <li>○ promotion of target foods can influence children’s food preferences, knowledge and consumption behaviour.(51-53)</li> <li>• It should be acknowledged that these choices are not equally available in all communities, as studies that measure food store availability and availability of healthy foods show a large disparity in access by race and income, and for low-density and rural areas, due to: <ul style="list-style-type: none"> <li>○ lack of supermarkets;</li> <li>○ lack of healthy, high-quality foods in nearby food stores;</li> <li>○ large concentration of convenience and corner stores; and</li> <li>○ lack of transportation to access stores.(54)</li> </ul> </li> </ul>
<b>Enhancing the health literacy of Ontarians and enabling informed care choices through the provision of information about health systems</b>	<ul style="list-style-type: none"> <li>• Health literacy training has improved help-seeking behaviour, self-efficacy in searching for information, and communication with health providers.(55-57)</li> <li>• Low levels of health literacy were found to be strongly associated with higher numbers of emergency department visits and a lower overall health status.(58)</li> </ul>
<b>Supporting patient self-management and shared decision-making</b>	<ul style="list-style-type: none"> <li>• Approaches to self-management: <ul style="list-style-type: none"> <li>○ can include interventions “designed to develop the abilities of patients to undertake management of health conditions through education, training and support to develop patient knowledge, skills or psychological and social resources;” and</li> <li>○ have been found to reduce health-service utilization without negatively affecting patient health.(59)</li> </ul> </li> <li>• Providing patients and family caregivers with decision aids (materials that help individuals make decisions about their healthcare) in efforts to support shared decision-making have been found to: <ul style="list-style-type: none"> <li>○ increase knowledge acquisition;</li> <li>○ increase the number of informed choices patients made;</li> <li>○ support patient participation in the care process;</li> <li>○ improve patient-relevant and disease-related outcomes; and</li> <li>○ reduce decision-making conflicts among marginalized individuals.(60)</li> </ul> </li> <li>• Similarly, patient, family and caregiver involvement in the care process was found to improve knowledge, result in small improvements in health outcomes, and result in a small improvement in patient quality of life.(61; 62)</li> </ul>
<b>Strengthening and supporting the role of patients’ families and carers, and increasing the role of patient peer-to-peer support</b>	<ul style="list-style-type: none"> <li>• Mixed evidence was found about whether education and training supports reduced caregiver burden.(63-66)</li> <li>• Interventions focused on reducing caregiver burden, including psychoeducation, computer and internet-delivered support and telehealth services, were generally found to have positive outcomes including improved ability to manage stress, improved coping and self-efficacy, and improved problem-solving and decision-making skills.(67-74)</li> <li>• However, respite care and temporary residential admissions on their own were found: <ul style="list-style-type: none"> <li>○ to accelerate the time to admission of dementia patients to nursing homes;</li> <li>○ reduce sleep quality of patients during admission;</li> <li>○ increase feelings of burden on family caregivers following the respite period.(75)</li> </ul> </li> </ul>



**Questions to consider**

- What do you think is needed to help Ontarians make healthier choices?
- What would be helpful to support you to take ownership of your health, and understand how to manage your own care?
- Who do you think is best poised to support these approaches to help Ontarians make healthier choices, take ownership of their health and manage aspects of their own care? Policymakers? Clinicians? Community organizations?

## Element 2 – Ensure value for money by addressing challenges related to the supply of healthcare

### Overview

The focus of this element is on mechanisms that could be used to address some of the supply-side challenges identified in the problem section. This could include: 1) organizational changes; 2) changes to financial arrangements; and 3) changes in how programs, services and drugs are delivered. Given the many components that may be included in this element, we summarize in Table 4 the various types of activities that could be considered. We also provide evidence and questions below to consider during the deliberations.

**Table 4. Types of activities that could be included as part of element 2**

Area of focus	Types of activities
<b>Organizational changes</b>	<ul style="list-style-type: none"><li>• Ensuring decision-making processes are informed by the best available evidence</li><li>• Integrating routine assessments of system sustainability into all decision-making processes</li></ul>
<b>Changes to financial arrangements</b>	<ul style="list-style-type: none"><li>• Aligning ways that organizations and clinicians are paid with population-health outcomes and appropriate health-system performance measures that align with patient preferences and values</li><li>• Ensuring publicly funded programs, services and drugs take advantage of medical advances that offer 'value for money', while identifying and disinvesting in those that are no longer cost-effective</li></ul>
<b>Changes in how programs, services and drugs are delivered</b>	<ul style="list-style-type: none"><li>• Improving the integration of programs and services that focus on promoting health and preventing illness, improving care to those who become sick, and supporting the ongoing management of conditions</li><li>• Identifying the most promising models of care delivery that can help to ensure long-term system sustainability given shifts in demographics, risk factors and burden of disease in the province</li><li>• Ensuring services are provided by the clinicians who have the most appropriate scope of practice and who best align with the needs of the patient</li></ul>

## Evidence to consider

Evidence from systematic reviews has found that a number of approaches, including timing and timeliness, can improve the use of evidence by health-system actors.(76)

A number of systematic reviews assess the impact of financial incentives for citizens, health professionals and organizations. Key messages from this evidence indicate that:

- financial incentives targeting citizens can be effective, but in many cases effects are inconsistent, are not sustained in the long term, or require substantial cash incentives to maintain;(53; 77-78)
- there is mixed evidence for the use of financial incentives for health professionals and health organizations with some evidence pointing to incentives being more effective for changing professional behaviour in the short run, or for delivering services for specific conditions;(79-83) and
- incentives for health professionals were found to be less effective for complex changes, such as improving adherence to clinical guidelines, or over the long term, such as for retaining health professionals in rural areas.(79)

In addition to organizational and financial changes, the ways in which programs, services and drugs are delivered also need to be changed to ensure long-term, health-system sustainability. Evidence on changes to the ways in which programs, services and drugs are delivered found that:

- increased integration and collaboration in care lead to improved patient outcomes and quality of life, especially for those with chronic diseases;(84-88)
- increasing the scope of practice for nurses and midwives was associated with reduced pre-term births and improved outcomes for vulnerable populations;(89-91) and
- the use of multi-disciplinary teams and care coordination was generally found to be effective, including for reducing the incidence of medication errors and unnecessary hospital admissions.(92-94)

**Questions to consider**

- How should we approach making decisions to fund new programs, services and drugs?
- How should we approach making decisions to stop or limit funding for some programs, services or drugs?
- Do you think organizations and clinicians should be paid differently to help reach targets for improving the health of Ontarians and the long-term goals of the health system? If so, do you think financial incentives are appropriate to use?

## Element 3 – Enhance approaches to leadership that support innovation and sustainability

### Overview

The focus of this element is on approaches that could be used to lead the transition towards a more sustainable health system. In contrast to traditional leadership styles that focus on one person as being a designated ‘leader’, this element looks at harnessing leadership that individuals across the health system can provide in cooperation with each other. This type of approach aims to engage all health-system stakeholders at various levels of the system in the process of change, including politicians, managers, professionals and citizens. It focuses on creating a shared vision for what the health system should look like by gaining broad input and consensus on future investments. Given the many different components that this element may include, Table 5 is provided to illustrate activities that could be adopted to encourage this type of leadership at each of the political, system, managerial, professional and citizen level.

**Table 5. Types of activities that could be included as part of element 3**

Level	Types of activities
<b>Political level</b>	<ul style="list-style-type: none"> <li>Communicating the details of health-system sustainability in Ontario and any proposed changes to the public</li> <li>Creating open forums and discussions with stakeholders including managers, professionals and the public to provide input on a vision for long-term change</li> <li>Developing inter-party committees and working groups to determine points of agreement and to establish a common political agenda for health care</li> <li>Ensuring cross-party commitment to multi-year funding dedicated to specific elements of the strategic vision</li> </ul>
<b>System level</b>	<ul style="list-style-type: none"> <li>Developing a strategic plan with specific outcomes in partnership with political actors that is based on values expressed by the public, professionals and managers</li> <li>Recognizing and promoting the adoption of good practices and short-term wins across the system</li> <li>Developing and implementing new processes for hearing patients’ voices at higher levels</li> <li>Supporting the development of partnership and coalitions between organizations and key stakeholders</li> <li>Investing in the development of local leaders</li> </ul>
<b>Managerial level</b>	<ul style="list-style-type: none"> <li>Creating room for senior managers to reflect on overall organization changes to align with wider strategic vision, by freeing them from some operational pressures</li> </ul>

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	<ul style="list-style-type: none"><li>• Fostering a forum for public and professional voices and base organization processes on their priorities and needs</li><li>• Promoting and developing leadership positions for both the public and staff within an organization</li></ul>
<b>Professional level</b>	<ul style="list-style-type: none"><li>• Pursuing efforts to facilitate the establishment and ongoing development of leadership skills and competencies among the full range of health professionals working in the system</li><li>• Ensuring manageable workloads so that professionals have time to engage and participate in leadership activities</li><li>• Promoting increased work in team-based models and collaboration across professionals and settings of care</li><li>• Providing ongoing feedback to organization and system-level actors</li><li>• Engaging in continuous education and learning opportunities that focus on both clinical and non-clinical skills (i.e., communication skills, team-based working etc.)</li></ul>
<b>Citizen level</b>	<ul style="list-style-type: none"><li>• Engaging citizens in identifying what changes are needed in the health system and empowering them to contribute to the development of policy and system-wide change</li></ul>

### **Evidence to consider**

At the political level, deliberative dialogues were identified as an effective strategy to engage stakeholders in the process of change.(95) Dialogue attendees reported:

- improved knowledge of the subject;
- new ways of thinking about the problem;
- a collective understanding of opposing positions; and
- knowledge of possible policy options.(95)

At the system level, several systematic reviews found that including citizens in decisions at higher levels resulted in:

- the development of materials that were easier to understand for patients and citizens;
- the development of programs and interventions that have higher levels of support from citizens who contributed; and
- higher levels of perceived self-efficacy among citizens who contributed.(96)

While evidence found mixed results for providing professionals with cognitive behavioural therapy to reduce burn-out, positive results were found for re-arranging professional schedules to have shorter shifts or shifts with punctuated breaks.(97; 98) Reducing professional stress and burn-out may encourage them to participate in leadership activities that facilitate change towards a more sustainable health system.

Additionally, to support providers in improving and updating their practice, several systematic reviews supported the use of e-learning, clinical simulation and face-to-face education. Evidence found that training was most effective when it included:

- clinical variation;
- feedback for professionals;
- multiple learning strategies; and
- longer durations.(99-103)

Finally, with regards to citizen engagement, evidence found that:

- tasks in citizen engagement can include developing policy directions, recommendations and tools, and priority setting for allocating resources;(104)
- citizen engagement can be helpful for improving the distribution of information as well as improving awareness and understanding among citizens;(105-106) and
- engagement of citizens resulted in improved self-esteem.(107)

### **Questions to consider**

- Who should be included in decision-making processes for addressing health-system sustainability?
- What would make decision-making processes for addressing health-system sustainability trustworthy?
- What would make actions taken to enhance health-system sustainability trustworthy?

# Implementation considerations

It is important to consider what barriers we may face if we implement the proposed elements of a potentially comprehensive approach to address the problem. These barriers may affect different groups (for example, patients, citizens, healthcare providers), different healthcare organizations or the health system. While some barriers could be overcome, others could be so substantial that they force a re-evaluation of whether we should pursue that element. Some potential barriers to implementing the elements could include:

- a potential lack of collective agreement and political will to move forward on changes that help to ensure health-system sustainability;
- possible resistance from the public if they do not feel they have been engaged in the change process; and
- providers and organizations possibly resisting changes if they feel it affects their autonomy or status in the health system.





The implementation of each of the three options could also be influenced by the ability to take advantage of potential windows of opportunity. A window of opportunity could be, for example, a recent event that was highly publicized in the media, a crisis, a change in public opinion, or an upcoming election. A window of opportunity can facilitate the implementation of an option.

### Examples of potential windows of opportunity

- **Readiness for change:** There is a generally well-accepted understanding at all levels of the system (e.g., patients, providers, organizations and system) that the status quo is not sustainable and significant changes are needed.
- **Ongoing provincial and federal renegotiations:** The federal and provincial governments are in the process of renegotiating the parameters of a new health accord, which may provide an opportunity to consider how to ensure the sustainability of Ontario's health system within the context of the Canada Health Act.
- **A perceived fiscal crisis:** While budgetary challenges in the health system are nearly always a priority in Ontario, they have been particularly visible within recent policy debates.



In considering these potential barriers and windows of opportunity, recall the questions we posed at the beginning of the brief, which we outline in Box 4.

#### **Box 4: A reminder of the questions to consider for your deliberations**

##### **Questions related to the problem**

- What do you expect from the health system in the future, and do you think the system is equipped to meet those expectations? Why or why not?
- What do you think are the most important threats to the sustainability of Ontario's health system?
- What do you think are the most important challenges that need to be addressed in relation to:
  - the health needs of Ontarians and their demand for healthcare;
  - the supply of healthcare programs, services and drugs; and
  - how the system is governed, and the political factors that influence whether and how decisions are made that affect the health system.

##### **Questions related to the elements of an approach to address the problem**

- **General question**
  - What has made the system work well for you, your family and/or caregivers in the past?
- **Element 1 - Engage patients and citizens to address challenges related to the demand for healthcare**
  - What do you think is needed to help Ontarians make healthier choices?
  - What would be helpful to support you to take ownership of your health, and understand how to manage your own care?
  - Who do you think is best poised to support these approaches to help Ontarians make healthier choices, take ownership of their health and manage aspects of their own care? Policymakers? Clinicians? Community organizations?
- **Element 2 - Ensure value for money by addressing challenges related to the supply of healthcare**
  - How should we approach making decisions to fund new programs, services and drugs?
  - How should we approach making decisions to stop or limit funding for some programs, services or drugs?
  - Do you think organizations and clinicians should be paid differently to help reach targets for improving the health of Ontarians and the long-term goals of the health system? If so, do you think financial incentives are appropriate to use?
- **Element 3 - Enhance approaches to leadership that support innovation and sustainability**
  - Who should be included in decision-making processes for addressing health-system sustainability?
  - What would make decision-making processes for addressing health-system sustainability trustworthy?
  - What would make actions taken to enhance health-system sustainability trustworthy?

##### **Question related to implementation considerations**

- What do you see as the main challenges for achieving the goal of health-system sustainability and meeting the expectations of Ontarians?

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## Authors

Kerry Waddell, M.Sc., Co-Lead, Evidence Synthesis, McMaster Health Forum

Michael G. Wilson, PhD, Assistant Director, McMaster Health Forum, and Assistant Professor, McMaster University

Kaelan A. Moat, PhD, Scientific Lead, Health Systems Evidence and Learning, McMaster Health Forum

John N. Lavis, MD, PhD, Director, McMaster Health Forum, and Professor, McMaster University

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## Merit review

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**>> Contact us**

McMaster Health Forum  
1280 Main St. West, MML-417  
Hamilton, ON Canada L8S 4L6  
Tel: +1.905.525.9140 x 22121  
Email: [mhf@mcmaster.ca](mailto:mhf@mcmaster.ca)

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