GETOSS

Chaire de recherche du Canada sur la gouvernance et la transformation des organisations et systèmes de santé

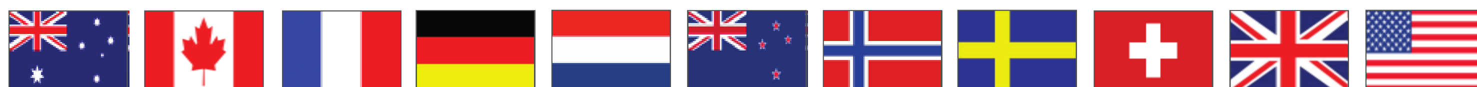
«Comprendre le changement et les réformes dans les systèmes de santé : Discussion autour d'un programme de recherche.»

Jean-Louis Denis, FCAHS, MRSC
Professeur titulaire
École nationale d'administration publique (ENAP)
Novembre 24, 2015

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

- Top 2*
- Middle
- Bottom 2*



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	$3,182	$5,669	$3,925	$5,643	$3,405	$8,508

Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011;* World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

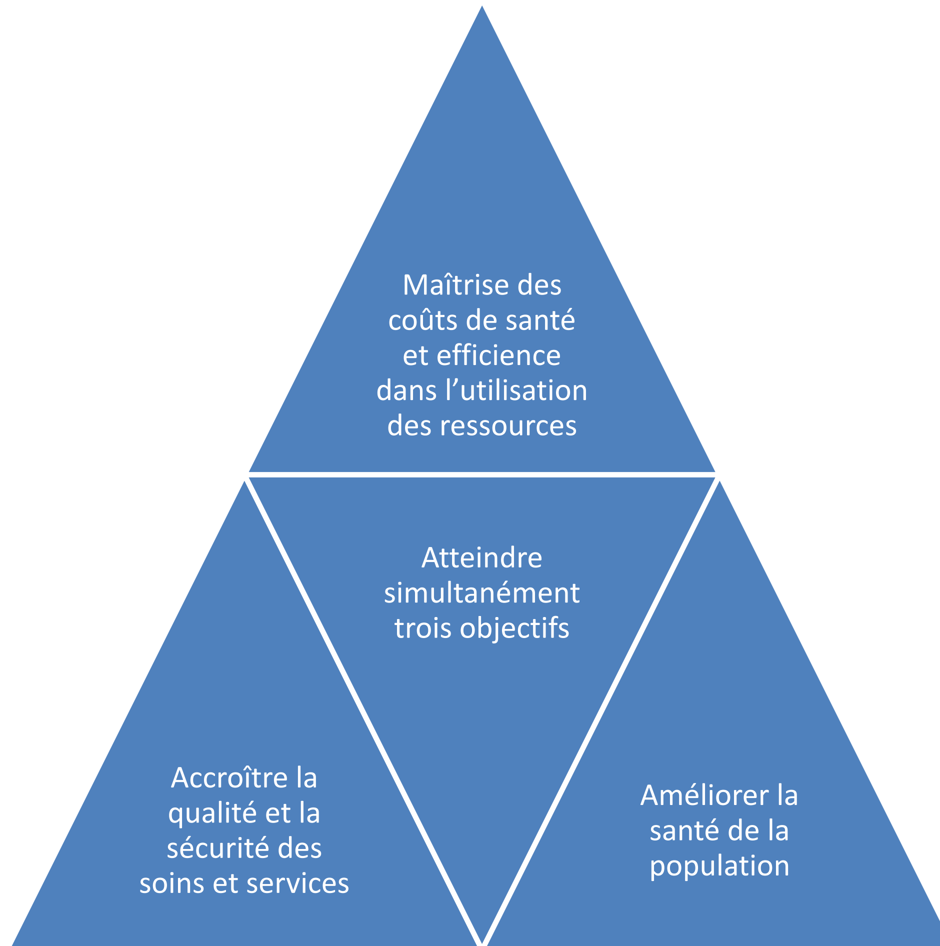
Les systèmes de santé développent ou introduisent plus facilement des innovations techniques (médicaments, nouvelles technologies…) que des innovations et changements sur le plan des politiques et managérial.

"We're ready to begin the next phase of keeping things exactly the way they are."

Most notable are the constant fiscal pressures resulting
from everexpanding
demand and the outsized political influence exerted by
the
medical profession because of its control over the
quality and terms of
health services. Rather than aiming to secure the basic
needs of the public,
as is usually the case with pensions or social insurance,
health care
policy invariably states that patients should expect the
"best" care available,
as defined by the providers of that care.

(Forest & Denis, 2012: 576)

Incontournables défis des systèmes de santé



Des constats sur les « bonnes pratiques » en matière de performance des systèmes de santé et sur les leviers à mobiliser pour produire les transformations et des améliorations.

High Performing Healthcare Systems

- Comparative study of three high performing health systems:
  - Intermountain Healthcare in Utah
  - Jönköping County Council in Sweden
  - South-Central Foundation in Alaska

Ten Critical Themes in High Performing Health Systems (Baker & Denis, 2011)

Leadership and Strategy	Organizational Design	Improvement Capabilities
Quality and system improvement as a core strategy	Robust primary care teams at the centre of the delivery system	Organizational capacities and skills to support performance improvement
Leadership activities that embrace common goals and align activities throughout the organization	More effective integration of care that promotes seamless care transitions	Information as a platform for guiding improvement
	Promoting professional cultures that support teamwork, continuous improvement and patient engagement	Effective learning strategies and methods to test and scale up
	Providing an enabling environment buffering short-term factors that undermine success	Engaging patients in their care and in the design of care.

CHSRF FCRASS

CANADIAN HEALTH SERVICES RESEARCH FOUNDATION

FONDATION CANADIENNE DE LA RECHERCHE SUR LES SERVICES DE SANTÉ

ASSESSING INITIATIVES TO TRANSFORM HEALTHCARE SYSTEMS: LESSONS FOR THE CANADIAN HEALTHCARE SYSTEM

CHSRF SERIES ON HEALTHCARE TRANSFORMATION: PAPER 1

www.chsrf.ca

MAY 2011

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PROFESSEUR TITULAIRE CHAIRE DE RECHERCHE DU CANADA SUR LA GOUVERNANCE ET LA TRANSFORMATION DES ORGANISATIONS ET SYSTÈMES DE SANTÉ
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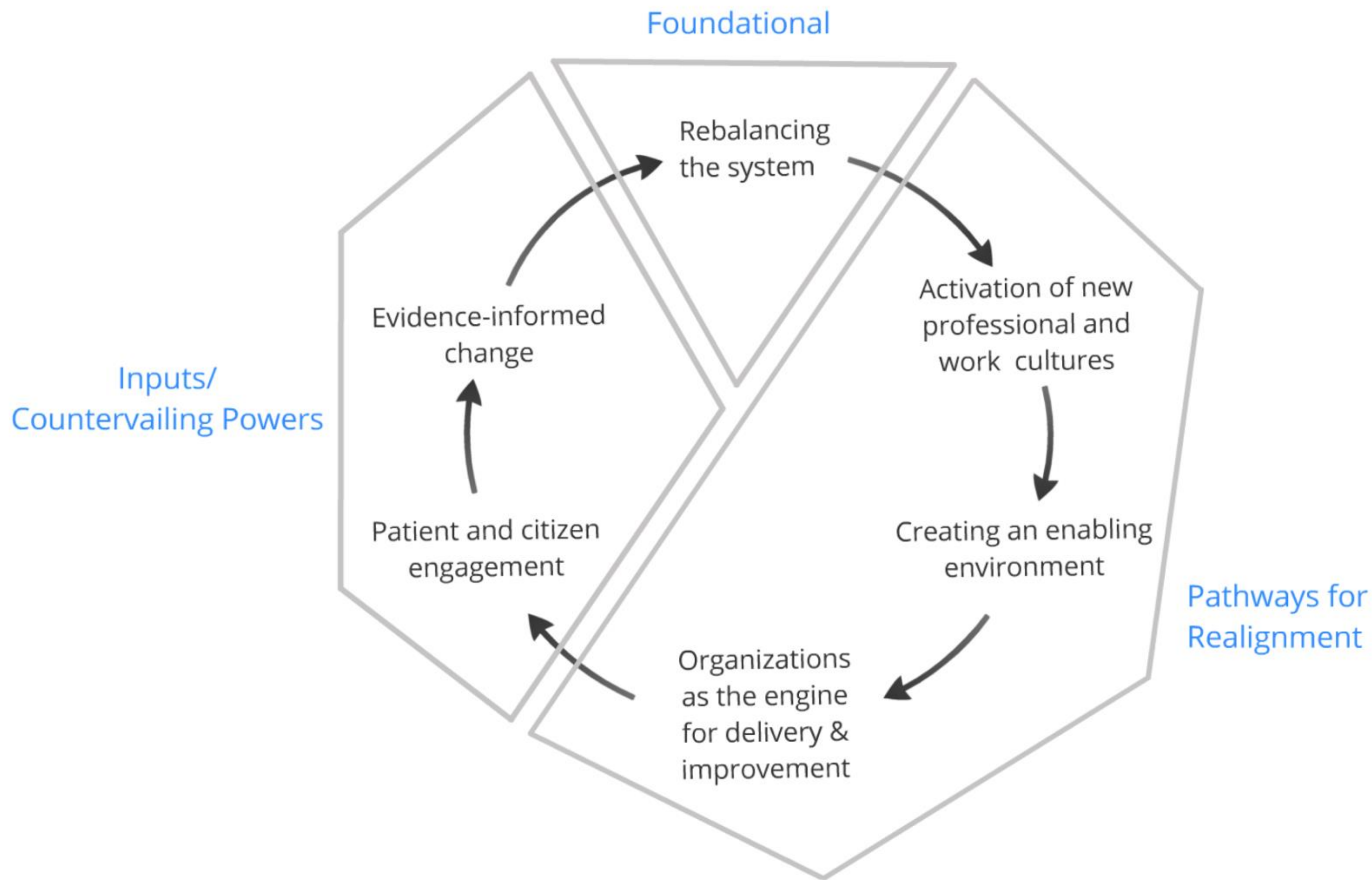
WITH THE COLLABORATION OF **ANNE MCMANUS (MSC)**



Adapted from: Denis et al. (2011).

« Quelques données comparatives Québec-Canada »

FIGURE 9
Degré d'atteinte des balises pour les dimensions de la fonction d'atteinte des buts au Québec et au Canada

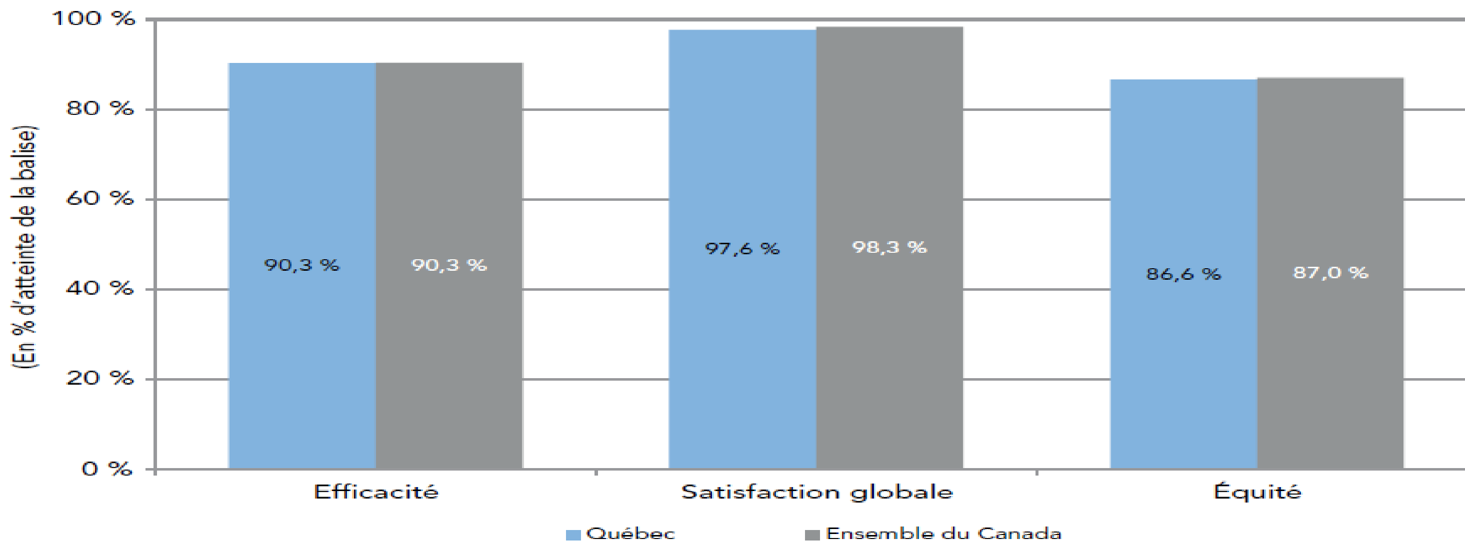
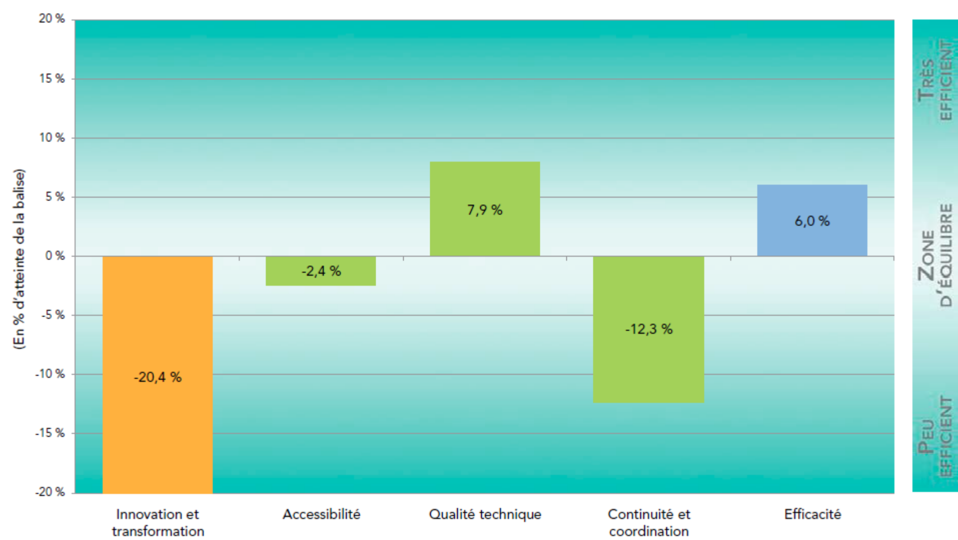


FIGURE 11

Analyse provinciale de l'efficience : écart entre la dimension de la disponibilité des ressources et certaines dimensions de la performance



* Les couleurs correspondent aux couleurs des fonctions auxquelles appartient chacune des dimensions présentées.

Orange : adaptation
Vert : production
Bleu : atteinte des buts

« Les nouvelles analyses de la performance permettent de voir que les régions qui offrent une meilleure qualité de vie au travail pour leurs employés arrivent généralement à attirer et à retenir davantage le personnel dont elles ont besoin. On observe aussi que la qualité des soins au Québec et l'état de santé général de la population se démarquent favorablement par rapport à ceux de l'ensemble du Canada. Par contre, l'accès à un médecin de famille pour une plus grande proportion de la population, la coordination des soins et l'utilisation des technologies informatiques par les médecins sont des aspects pour lesquels beaucoup d'efforts doivent encore être

consentis » (CSBE:2014).

Journal of Health Politics, Policy and Law

Special Issue

In Search of Real Reform: Policies and Politics of Health System Transformation

Volume 37

Number 4

August 2012

'This Handbook ... offers a critical, multidisciplinary, and geographically pluralistic perspective on contemporary healthcare policy and governance issues, which will prove invaluable not only to students of the health sciences but also to health policy researchers and decision-makers around the world.'
– Dr Julio Frenk, *Dean of the Faculty, Harvard School of Public Health, USA*

'A monumental book covering all areas of health policy, which should be a source of reference for all researchers and policy-makers.'
– Naoki Ikegami, *Professor and Chair, School of Medicine, Keio University, Japan*

'In this impressive volume, Kuhlmann and her colleagues have ... collect[ed] the latest and best comparative research in a way that is immediately accessible and useful for all who wish to address the harm caused by the unfair distribution of resources that promote health.'
– Raymond De Vries, *Professor, School of Medicine, University of Michigan, USA*

Healthcare policy is one of contemporary society's most dynamic policy arenas. Heightened pressures such as the global economic crisis, demographic changes, and inequity have increased interest in international, transnational, and global health policy. Yet, new concepts of healthcare may create diverse and contradictory results around the world that call for careful empirical investigation and for a systematic approach that brings the complexity of governing healthcare into perspective.

This international handbook addresses key themes in the debates over changing healthcare policy. This includes health human resources planning; major concepts of management and leadership in healthcare; traditional and emergent areas of governance; and the challenges of equity and equality in the development, provision of, and access to healthcare services for diverse groups of citizens. With a focus on connections, including global and local perspectives, and macro- and micro-level policy using a multi-level governance approach, this Handbook provides nuanced research that illuminates the intricate issues in global healthcare policy and governance.

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THE PALGRAVE INTERNATIONAL HANDBOOK OF HEALTHCARE POLICY AND GOVERNANCE

Edited by Ellen Kuhlmann, Robert H. Blank, Ivy Lynn Bourgeault, and Claus Wendt

PALGRAVE
HANDBOOKS

THE PALGRAVE INTERNATIONAL HANDBOOK OF HEALTHCARE POLICY AND GOVERNANCE

Edited by Ellen Kuhlmann, Robert H. Blank, Ivy Lynn Bourgeault, and Claus Wendt

The NEW ENGLAND JOURNAL of MEDICINE

Perspective
FEBRUARY 5, 2015

INTERNATIONAL HEALTH CARE SYSTEMS

A System in Name Only — Access, Variation, and Reform in Canada's Provinces

Steven Lewis, M.A.

POLICY CAPACITY FOR HEALTH SYSTEM REFORM

Report submitted to the Nova Scotia Health Research Foundation

The creation of AHS was announced on May 15, 2008, by Ron Liepert, Minister of Health and Wellness.

"Moving to one provincial governance board will ensure a more streamlined system for patients and health professionals across the province," Liepert said.

http://www.albertahealthservices.ca/191.asp

« This crisis helped place reform proposals that promised cost containment, efficiency, and effectiveness on to the decision agenda of governments. In our sample of cases, regionalization is the prime example. The regionalization story is complex because different provincial governments had different views about whether efficiencies and cost savings would be achieved through regionalization. Nonetheless, most implemented some form of regional structure" (Lazar, 2009:10).

Modes de transformation et réformes: Mode I

- Mode I: restructuration massive (fusions, changement dans la gouvernance)
  - Ontario's Health Services Restructuring Commission (1996-2000)
  - Alberta: 1994 (abolition des conseils locaux) et 2008 création de Alberta Health Services (abolition des autorités régionales)
  - Nouvelle Écosse: Avril 2015 consolidation des autorités régionales
  - Québec: Avril 2015: fusion et création des CISSS-CIUSSS et abolition des autorités régionales

QUALITY IMPROVEMENT COLLABORATIVES

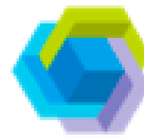
THE
MILBANK QUARTERLY
A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

Understanding the Components of Quality Improvement Collaboratives: A Systematic Literature Review

ERUM NADEEM,[1] S. SERENE OLIN,[1]
LAURA CAMPBELL HILL,[2]
KIMBERLY EATON HOAGWOOD,[1]
and SARAH McCUE HORWITZ[1]

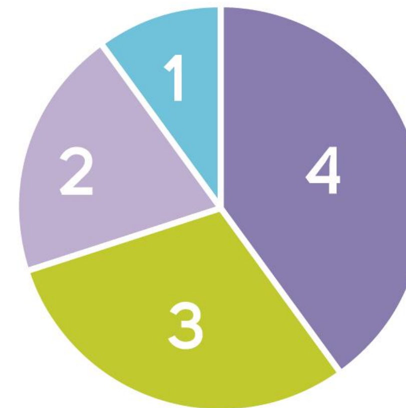
[1]*New York University;* [2]*Columbia University*

Atlantic Healthcare Collaboration



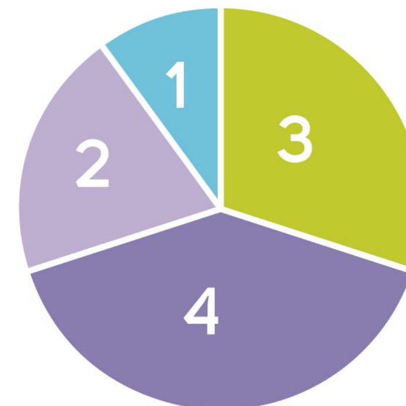
Canadian Foundation for **Healthcare Improvement** | Fondation canadienne pour **l'amélioration des services de santé**

By disease condition



- Multi-morbidity
- Diabetes
- Mental Health
- COPD

By priority



*

- Self-management
- Delivery sys design
- Decision support
- Community action

*Based on elements of the Chronic Care Model

Modes de transformation et réformes: Mode II

- Mode II: stratégies d'amélioration continue du système à grande échelle et plus ou moins collaboratifs
  - Saskatchewan et l'expérience LEAN
  - Ontario et *l'Excellence of care for all act,* création du *Health Quality Ontario (données probantes, incitations, monitoring et rapports publics)*
  - *Doctor's BC* – stratégies de collaboration et d'engagement des médecins pour l'amélioration du système de santé
  - Manitoba: *Primary Care Networks*
  - *Atlantic Health Collaboration* – Charte sur l'amélioration de la prise en charge des maladies chroniques entre les provinces maritimes (CFHI, NB,N-L,NS, PEI)

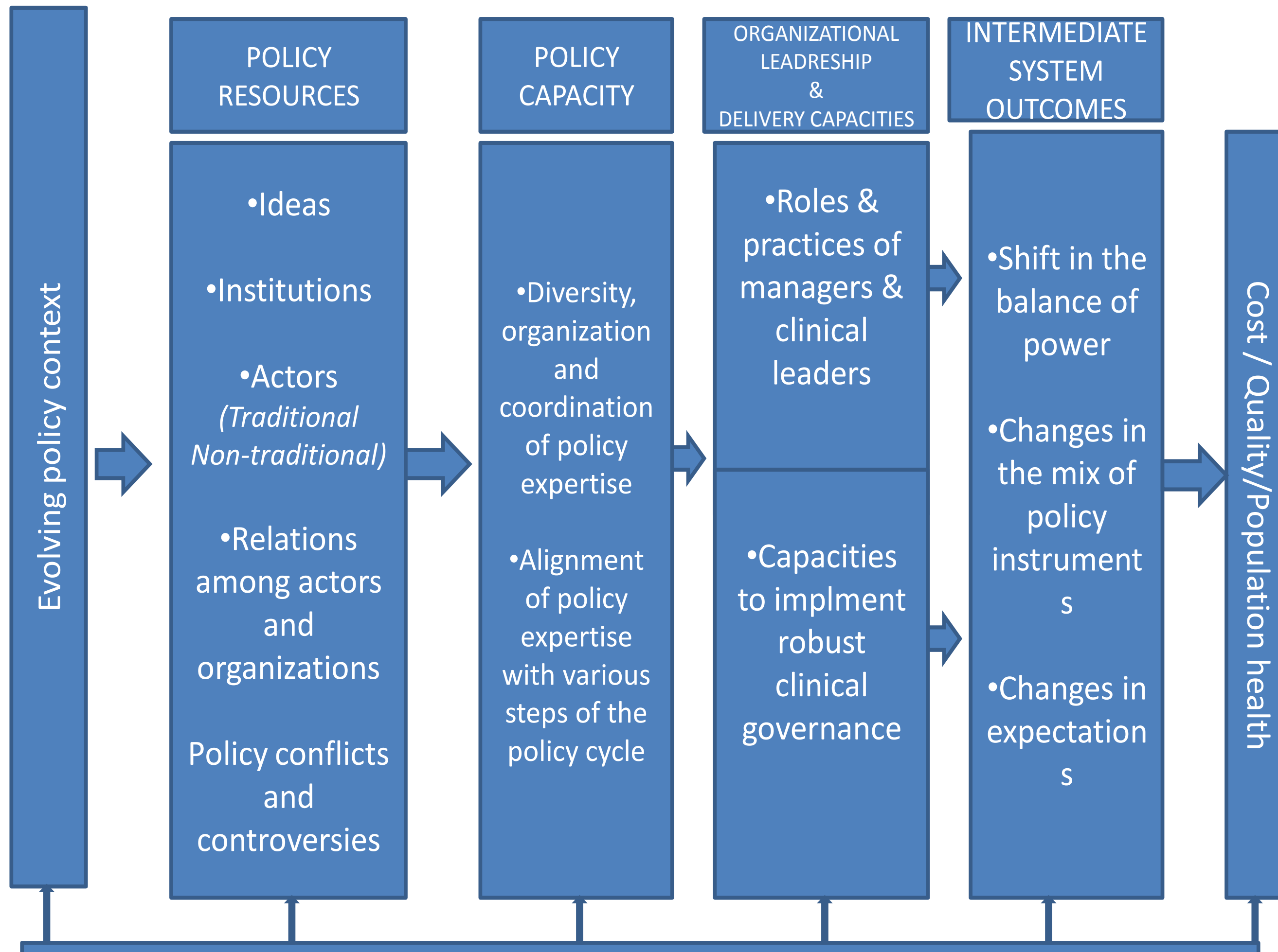
Quelques constats

- Les Modes I et II sont des idéaux-types et les systèmes conjuguent à différents degrés des éléments des deux modes
- Recherche dans certaines juridictions pour des stratégies alternatives de transformation ou d'amélioration
- Le Mode I et le Mode II commandent des capacités fortes de pilotage au niveau central et des capacités élevées et distribuées au niveau des organisations et de la clinique
- La recherche d'une intégration accrue du financement, de la gouvernance et de la production des soins et services semble centrale à plusieurs réformes
- Le type et le déploiement des capacités et les cibles d'intervention varient cependant entre ces deux modes
- Le Mode II révèlent encore plus l'importance d'une articulation fine entre le monde des politiques, des organisations et de la clinique
- Le développement d'un leadership clinique pour la transformation et l'amélioration est crucial

Une subvention des IRSC pour étudier les réformes dans six provinces canadiennes (2015-2018): Colombie-Britanique, Manitoba, Nouvelle-Écosse, Ontario, Québec, Saskatchewan

(Taking stock of healthcare reforms: A research program on transformative capacity of healthcare systems in Canada)

Model of the transformative capacity of healthcare systems in Canada



(Denis & al., 2015)

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