

QUEBEC: AN INNOVATIVE START

THE EXPERIENCE OF IMPLEMENTING HEALTH SYSTEM EFFECTIVENESS PRINCIPLES

CHA's Leadership on Health System Effectiveness

The Canadian Healthcare Association (CHA), a federation of provincial and territorial hospital and health organizations across Canada, believes in a well governed, well managed, and publicly accountable health system, where responsibility is shared among governments, trustees, and executives. An effective health system not only meets the needs of Canadians, but also has their confidence.

In January 2005, CHA and CCAF-FCVI Inc. (a national, non-profit research foundation focused on the areas of public sector accountability, governance, management, and audit) released *Excellence in Canada's Health System: Principles for Governance, Management, Accountability and Shared Responsibility*. The brief promotes eleven principles that provide the common ground needed for stakeholders to work successfully together to address mutual objectives. Through our principles framework, we propose that an effective health system requires 1) strategic direction and leadership, 2) public accountability and involvement, and 3) clear roles and responsibilities.

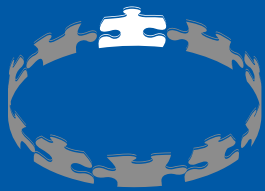
In the spring of 2005, CHA met one-on-one with key organizations and individuals from the health system to obtain feedback on how the principles might be adapted for use within the health system. We were pleased to note that most people expressed support for the principles. We were also encouraged to continue our work by validating them with a larger audience and describing how they could be applied.

As a result, CHA hosted a National Roundtable on Health System Effectiveness in December 2005, attended by federal, provincial, and territorial government representatives; chairs and CEOs of provincial and territorial health organizations, other key health stakeholders, and representatives of the business, auditing, and quality communities. Through constructive dialogue on the achievement of best practices in health system effectiveness and an exploration of current practices across Canada, the Roundtable revealed a real appetite among delegates to learn from experiences with implementing the principles and to work in partnership on this important and timely issue to build on current successes.

A cross-country session on efforts to implement the CHA-CCAF principles framework featured the experiences of provincial and territorial governments, trustees, and executives. Representatives from Newfoundland and Labrador, Quebec, Canada's territories, and Manitoba reflected on health system effectiveness practices in their jurisdictions. In one presentation, Dr. Claude Poirier, Coordinator of the University of Laval's University Integrated Health Network (Réseau universitaire intégré de santé de l'Université Laval, or RUIS-IL in French) presented on how experiences in Quebec reflect the CHA-CCAF principles framework.

“CHA's agenda on health system effectiveness corresponds well with the role of the Health Council of Canada, as we are essentially an accountability tool for the public to assess health system performance”

Cathy Fooks, Executive Director of the Health Council of Canada and member of CHA's External Advisory Panel on Health System Effectiveness.



“ The system is more focused on providing information to stakeholders internally within the system than externally to the public ”

*David Stewart-Patterson,
Executive Vice-President of the
Canadian Council of Chief
Executives and member of CHA's
External Advisory Panel on Health
System Effectiveness*

Context of Health System Restructuring

In 2003, Quebec established an integrated health and social services organization, including prevention, assessment, diagnostic, treatment, rehabilitation, and support services, in order to bring health and social services closer to the public and to make it easier for people to move through the health and social services network. Changes to the provincial health system had the unanimous support of all political parties, health care organizations, professional groups, unions, and patient advocates.

Ninety five Health and Social Services Centres (Centres de santé et de services sociaux, or CSSS in French) and four University Integrated Health Networks (Réseaux universitaire intégré de santé, or RUIS in French) were created to coordinate the delivery of health and social services in 18 regions. The 95 Health and Social Services Centres (CSSS) are responsible at the local level for determining the health needs of the population and for ensuring access to all health and social services for their populations. CSSSs establish clinical projects through Local Services Networks (Réseaux locaux de services, or RLS in French). One priority for clinical projects is to ensure that all residents have access to a primary care physician 24/7. The other priority is to provide access to secondary and tertiary care services by building “corridors of services” with regional and university-affiliated hospitals. CSSSs are mandated to evaluate their results. The four University Integrated Health Networks (RUIS) are responsible for ensuring that the academic missions of the university-affiliated hospitals correspond well with the clinical care missions, and for ensuring that the necessary “corridors of services” integrate well with the Health and Social Services Centres (CSSS) in their area. The 18 existing regional health and social services boards continue to provide overall coordination.

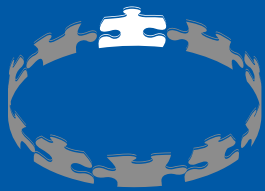
Strategy for Implementing Change

The three cornerstones of the integrated health and social services organization are 1) population based services, 2) a hierarchy of health services, and 3) the security and quality of services. Clinical projects developed by the local Health and Social Services Centres (CSSSs) prioritized the delivery of primary care physician services, chronic care, and youth protection. Four University Integrated Health Networks (RUISs), which focus on continuous access to specialized health services, stability of the service corridors, mutual support, and financing, support the CSSSs.

Under Management Agreements, CEOs of the 18 regions report to the Health and Social Services Minister. CSSSs, hospitals, and other health and social services institutions must negotiate management agreements with the CEOs of the regions in which they are located. Unanimous political support for the reorganization of health and social services, coupled with a commitment to transparency, has allowed reforms to move forward.

Results

Quebec's restructuring efforts to integrate health and social services is founded on the implementation of many health system effectiveness principles - particularly those related to strategic direction, public accountability, and involvement. As networks, agencies, and members of the public interact, it will be necessary to define roles and responsibilities more fully.



“ CCHSA is enhancing our accreditation program. The principles framework developed by CHA and CCAF is compatible with the proposed new governance standards”

Wendy Nicklin, CEO of the Canadian Council on Health Services Accreditation and member of CHA's External Advisory Panel on Health System Effectiveness.

Strategic Direction and Leadership: Compliance

- Government sets strategic direction through management agreements with the regional boards.
- Clinical projects developed by CSSSs must target local needs, mobilize local partners (particularly family physicians), set service levels, and evaluate results.
- Government will need to provide leadership regarding the 2005 Chaoulli legal decision and questions concerning how to “define the medicare basket.”

Public Accountability and Involvement: Compliance

- Public representation on all organizational boards.
- Still, there is uncertainty about how the public will be involved in defining clinical projects.
- Mandatory reporting on risk management and quality activities.
- New local and regional Commissioners for Complaints and Quality report to boards.

Clear Roles and Responsibilities: Still Constructing

- Proper formation of the many health system stakeholders in each network is key to understanding the roles and responsibilities of all parties.
- Networks are still evolving their services.
- Management agreements address relationships among health system providers, but this is a challenge in a network environment.

Number One Success Factor

Dr. Poirier noted, “*The vision expressed by the Ministry of Health and Social Services was shared and adopted by all stakeholders, allowing the transformation to occur without major contestation.*”

CHA's Continued Leadership

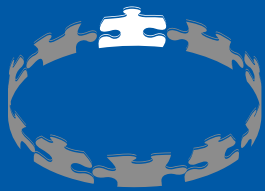
While Quebec is demonstrating progress, as are most other jurisdictions, CHA and its member organizations recognize that there are improvements to be made in provincial and territorial health systems across Canada.

Governance and accountability frameworks are not as robust as they need to be. We also recognize that leadership for strengthening governance and accountability is a shared responsibility.


Working in partnerships, CHA and its member organizations, including the Association québécoise d'établissements de santé et de services sociaux, will seek the support of governments, trustees, and executives to further adopt and implement the principles framework.

With our partners, CHA is determined to transform the health system.

In addition to short documents on the principles framework and experiences with implementing the framework, CHA will engage all provincial and territorial governments in a dialogue around achieving best practices in governance, management, accountability, and shared responsibility. CHA will be taking steps to meet one-on-one with deputy ministers of health and other public officials.



Finally, through our External Advisory Panel, CHA will work with the Health Council of Canada, the Canadian Council on Health Services Accreditation, Canadian businesses, governments, and others to promote the adoption of health system effectiveness principles and to achieve health system excellence in Canada.

1 9 3 1  2 0 0 6 Canadian Healthcare Association
Association canadienne des soins de santé
75 years of service / 75 années de service

CHA is the federation of provincial and territorial hospital and health organizations across Canada. Through our members, CHA represents a broad continuum of care, including acute care, home and community care, long term care, public health, mental health, palliative care, addiction services, children, youth and family services, and housing services. These services are provided through regional health authorities, hospitals and other facilities and agencies that serve all Canadians and are governed by trustees who act in the public interest. CHA is a leader in developing, and advocating for, health policy solutions that meet the needs of Canadians and is the champion for a publicly funded health system that provides access to a continuum of comparable health services throughout Canada.