

# **Critical HHR-Related Success Factors Underlying Effective System Change**

**The Reform of Health and Social Services in Quebec : An  
integrated health care model and the role of the Regional  
Authority: are the objectives being achieved**

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## Critical HHR-Related Success Factors Underlying Effective System Change

What are we trying to achieve:  
The objectives of the health and social care  
system

- Improve the health and welfare of the population
- Improve the quality of care
- Improve accessibility and utilization of the health and social system
- Improve the cost of care

# Critical HHR-Related Success Factors Underlying Effective System Change

## Montreal's vision to achieve the objectives

- Managed care model (chronic care model, mental health model, continuum of care for the elderly, etc)
- Multidisciplinary teams for primary care with a rostered population
- Unified and computerized medical health records
- Empowerment of the population and the individual to manage and direct their care and needs
- Evaluation and measurement of clinical and administrative (eg. financial) outcomes
- A motivated, engaged and empowered work force
- Leadership and organizational change needed to implant the vision

# Critical HHR-Related Success Factors Underlying Effective System Change

## Guiding principals

### Populational responsibility

- Defined population
- Responsible for the health well being of that population
- Responsible for the individuals health and well being

### Hierarchical provision of services

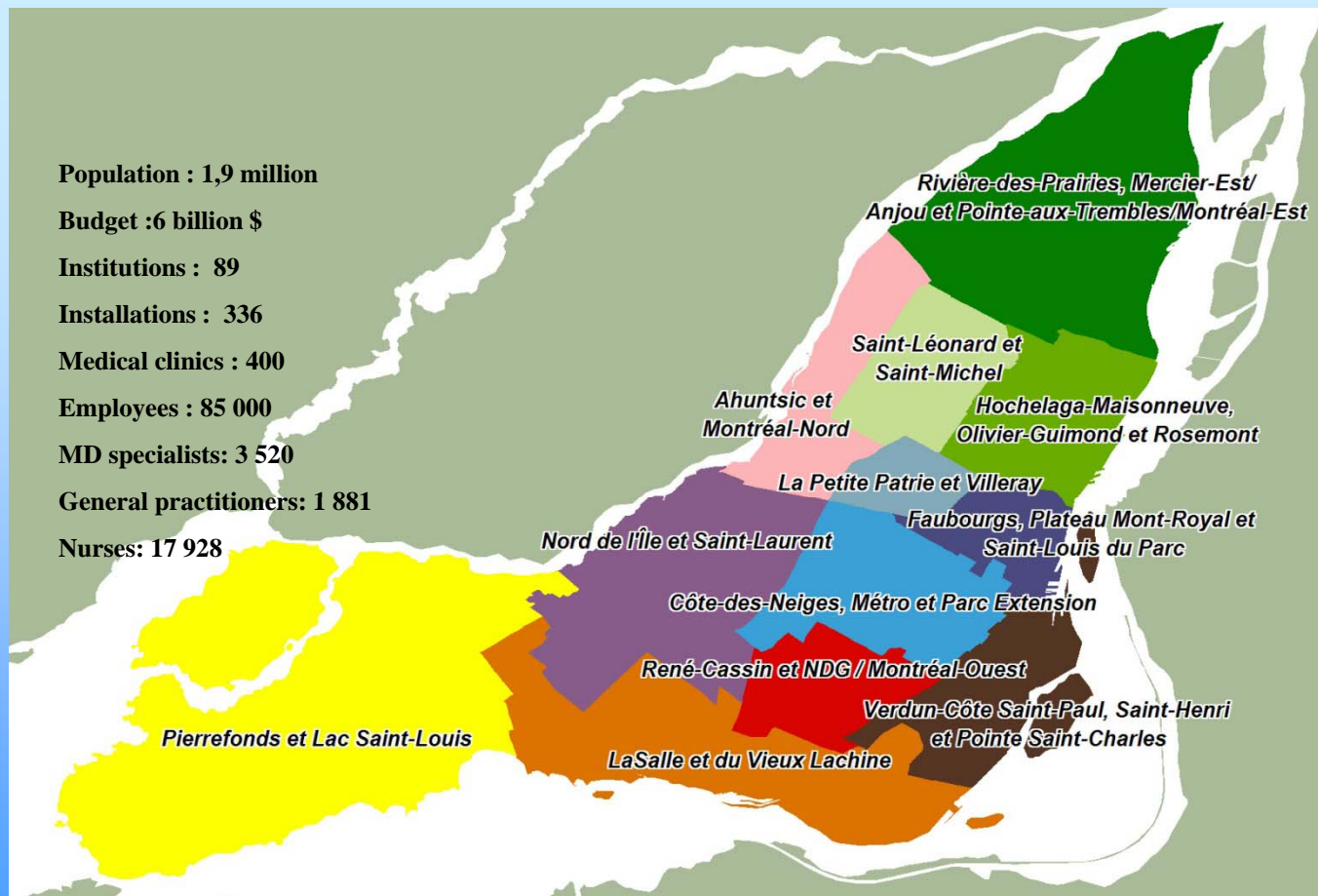
- Regrouping primary care responsibility
- Clearly refining secondary and tertiary services
- Reference protocols and corridors of services

# Critical HHR-Related Success Factors Underlying Effective System Change

## Structural changes - Integration

- A new organization: Health and Social Services Centers (HSSC)
- A new concept of integrated services through the creation of local services networks
- Merger of hospitals, local community service center, long term care centers into a single institution
- 12 HSSC in Montreal, 95 across Quebec
- 17 Regional Authorities across Quebec

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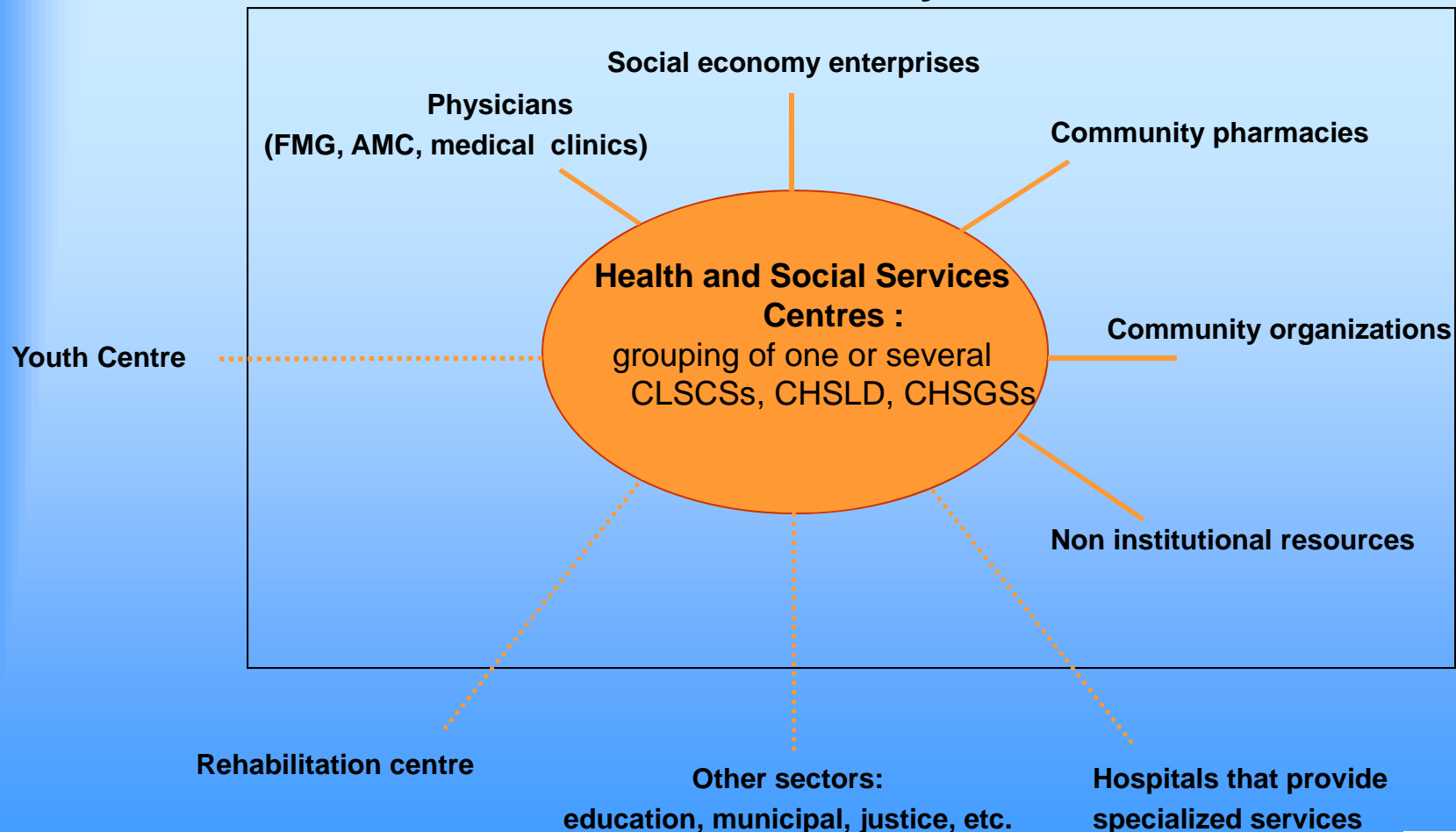
# Critical HHR-Related Success Factors Underlying Effective System Change

## Mandate of a Health and Social Service Center

- Manage and evaluate the health and well being of the population
- Manage the use of services by the population
- Manage the services offered by each HSSC
- Develop a local network of care

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## Local territory





# Critical HHR-Related Success Factors Underlying Effective System Change

- ▶ **Mandate of the regional authority:**
  - The regional planning and strategic vision of the organization of health and social services
  - The mobilization of all the partners in health care delivery
  - Inter-regional coordination
  - The development and evaluation of Health and Social Services Centers;
  - The coordination, mobilization and organization of local health networks

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- ▶ **Mandate of the regional authority** (continued):
  - The signing of management contracts with the Ministry
  - The signing of management contracts with the HSSC
  - Responsible for the management of all financial resources including capital expenditure
  - Responsible for the evaluation of results and performance
  - Responsible for public health

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- ▶ **Mandate of the regional authority** (continued):
  - Responsible for the support needed in the organization of services
  - Responsible for the management of IS resources
  - Responsible for the certification, investigations and surveillance
  - Responsible for the management of funding and accreditation of community organizations and accredited private resources

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management

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analysis

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service planning

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and population services

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## The Results 2005 – 2010 :

- Joint managing of health and social services on the Island of Montreal
- Successful implementation of 12 CSSS health and social service networks
- Implementation of 45 primary care groups
- Joint design approval and the beginning of implementation of integrated medical networks
- Implementation of a city wide IS platform – OASIS in all institutions as well as physician offices
- Reorganization of post hospital rehab services for the Island

# Critical HHR-Related Success Factors Underlying Effective System Change

## The Results 2005 – 2010 (continued) :

- Reorganization of long term care service – joint design, approval and the beginning of implementation
- Reorganization of mental health services – national program – local flavour – creating 12 mental health teams for primary & secondary mental health services
- Implementation of a chronic disease management model. Pilot in each CSSS with a role out to other CSSS – eg. diabetic chronic care management

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## The Results 2005 – 2010 (continued) :

- Surgery wait time management by grouping high volume services together and creating new volume capacity and managing wait lists
- Joint managing of emergency room services the McKinsey project
- Managing obstetrics city wide. 30% increase in volume
- Better integration between community groups (650) and the public system

# Critical HHR-Related Success Factors Underlying Effective System Change

## The Results 2005 – 2010 (continued) :

- Implemented public health prevention & promotion programs at the local level – set up 12 health education programs
- Optimising projects
  - Bed management model 10% ↑
  - Home care software 20% ↑
  - Centralized IS servers
  - Centralized phone system
  - Centralized purchasing
  - Centralized transport
- 6 years balanced budget



# Critical HHR-Related Success Factors Underlying Effective System Change

## Barriers to integration

- Primary care still considered as separate from health care delivery – a hospital centered model of care
- Silos of care still exist even in integrated health networks
- An integrated computerized medical health record not yet fully operational (3 more years)
- No clear common vision of the actions to be taken that have been fully accepted by all stake holders especially professionals at the delivery level

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## Barriers to integration (continued)

- Multiple zones of power and influence in a political environment – health care is political
- Multiple professionals not trained to work in multidisciplinary teams (changing university curriculum)
- Professional corporations protecting turf
- Lack of strong medical, clinical and administrative leadership to promote organizational transformation

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