# LHINs: Managing Community & Public Expectations

Remarks
by
**Tony Carella**
**Councillor, City of Vaughan**

*to the conference on*

**Local Health Integration Networks**
***From Plans to Reality:***
***Better Health Care Delivery for Ontarians***

November 28-29, 2005
The Old Mill, Toronto

CHECK AGAINST DELIVERY

*About our topic, "Managing Community and Public Expectations", let me say two things at the very outset---from the perspective of an individual whose livelihood is managing community and public expectations:*

- *Members of "the community" expect access to health care when they need it, and believe that need is important, if not critical. So to satisfy "community expectations", you need to satisfy, first and foremost, females, particularly those who are the parents of young children, or seniors, as these females make the health care choices for their families and are---compared to males---greater "users" of the system.*
- *The public's expectation is that something they see as a defining feature of our Canadian-ness---our "single-tier" health care system---works. Period. Full stop.*

My name is Tony Carella, and I am a member of the Council of the City of Vaughan, called *The City Above Toronto*, not because it is better than Toronto, just north of it. I represent Ward 2, the western half of Woodbridge, a one-time village now ringed by subdivisions.

When my wife and I moved to the City of Vaughan some twenty-three years ago, a municipal election was well underway, and I soon read in the local media that one candidate was calling for the building of a hospital in Vaughan, then a town of less than 40 000 people. I am not sure that move got him a lot of votes---as I recall, he lost---but it certainly stuck in my mind, and probably in the minds of a lot of other people, since the proposal got at least a mention in just about every municipal election campaign in the more than twenty years since then.

In most of those instances, I thought it just another example of the sort of election-time pandering to the voters that gives politicians a bad name. After all, in the more than two decades I have lived there, the residents of Vaughan have been quite well-served by what we now call our "boundary hospitals", the ones which we use that are located in neighboring municipalities---York Central Hospital in Richmond Hill, and York Finch, Humber Memorial, and Etobicoke General in Toronto. (The second and third of that list are now, of course, campuses of Humber River Regional Hospital, while the last is part of the William Osler Health Centre.)

Then, three years ago, our local MPP, Greg Sorbara, asked me whether the question of a hospital in Vaughan deserved to be, genuinely, on the public agenda? Despite the history of the issue, and its seemingly permanent

prematurity---if not misuse---over the years, I agreed that its time might very well have come, and that I would have a fresh look at the issue on his behalf. The only stipulation I registered with him was that I was not prepared to suggest an exercise in building the political will to have a hospital in Vaughan, without first doing a scan of the health care community, to determine if a hospital in Vaughan actually made sense to them, from the perspective of effective health care planning. After all, by that time, 2002, the population of Vaughan was five times what it was when I arrived (over 200 000 residents instead of 38 000), and two of our "boundary municipalities" (Richmond Hill to the east and Toronto to the south), had grown as well, adding to the pressures on our four boundary hospitals, pressures frequently reported in the media, and by my constituents.

Suffice it to say, what I discovered in my scan was that the health care planning community (in which I include the staff of three district health councils, boundary hospital administrators, and MOHLTC personnel) all agreed that the continued growth of Vaughan in the next ten to fifteen years---when the population of the city might well be tipping 350 000---made the question "Does Vaughan need a hospital?" an entirely reasonable one.

Subsequently, the City of Vaughan created the Vaughan Health Care Foundation and the Vaughan Health Care Facility Task Force---both composed of politicians such as myself, as well as local business and community representatives, and health care providers. The task force has since confirmed the need for some sort of a facility, while also elaborating a credible vision of what it might comprise. Please note, however, the absence of the word "hospital" and its replacement with "facility", a word we might characterize as vague at the best of times, and intentionally so, because we are not yet sure what form it (the "facility") will take---though my personal hope is that it will represent a model of reformed secondary care, appropriate to the 21st century.

So what has all this to do with LHINS? First of all, let's be clear about one thing: it is perhaps generous to suggest that one out of a hundred Ontarians knows what a district health council was, and probably only a tenth of them know what L-H-I-N stands for, let alone means. But that isn't what's important. What is important is that vis-à-vis their health care, "the community", "the public" has expectations about health care delivery, and those expectations are not something any government can afford to ignore. Correction, I left out an important word, and I did it twice: the community and the public, taken as a whole, have *reasonable* expectations about health care delivery, and those expectations must be met, in *reasonable* ways.

And what are those *reasonable* expectations? First, that they can find a family doctor who will have them as a regular patient, and second, that they can have access to her or him when needed, and---without having to wait an unreasonable length of time---to the secondary and tertiary resources of which he is (or surely ought to be) the conduit.

The problem is perhaps best encapsulated in a story I was recently told about the chief of emergency medicine who bragged that his hospital had seen over 70 000 patients in the last year? The natural response is, of course, "What's so great about 70 000 people falling through the cracks in the system?" That may be a somewhat cheeky, but it's nevertheless a reasonably intelligent question and one that needs to be answered. After all, can anyone believe that *all* of those individuals actually needed *emergency* service, as opposed to time with a qualified medical practitioner? Decidedly not!

So what is to be done?

I believe that a good part of the answer lies in four areas, three of which relate to medical doctors, and one to hospitals. They are:

(1) the development of Family Health Teams, providing services, even for minor health concerns, 24 hours a day/7 days a week. The popularity of walk-in clinics is, I believe, a clear indicator that this is what the public is looking for, rather than bigger emergency rooms, where---on a account of the triage system---their concerns may only be addressed after hours of waiting.

(2) the replacement of the 52% of family physicians who will be reaching the age of 65 in the next ten years with those who may are prepared to work in something other than a fee-for-service system, such as embodied in the Family Health Teams, particularly those which link to other professionals to which a portion of the public wants easier access---physiotherapists, midwives, etc.

(3) a net increase in the number of general practitioners, and lastly

(4) the development of new models of secondary care

The first three will address the immediate and long-term issue of ensuring access to primary health care to all Ontarians, without relying on unnecessary,

expensive, and time-devouring visits to emergency departments. This is critical to meeting those reasonable expectations I mentioned earlier. The premium to be paid to family health team members will advance this, but other opportunities to promote this approach present themselves: for instance, the creation by the provincial government of a special category of property assessment, for buildings which house such teams, to assist in reducing the operating costs of such practices by lower property taxes and, thereby, enhance the income of such practitioners, making such practices more attractive to family physicians in general. As to increasing the number of doctors, did anyone here happen to catch the CTV interview which ran on August 30? It was with a Canadian graduate of a foreign medical school who was complaining about not being able to practice, but refusing to show his face to the camera. His reason? He might be blackballed by those who control the supply of practitioners if he was caught complaining. If true, that's another area which needs major fixing---particularly given our multicultural framework. Individual members of the public are looking for services to be delivered by those who, if at all possible (and it is), speak their language and understand their culture.

The fourth area---the development of new models of secondary care--is the one that most interests me, given my participation in the City of Vaughan's Health Care Facility Task Force and my membership on the board of its Health Care Foundation. What I look forward to is a health care facility reflecting a new paradigm for the delivery of secondary care appropriate to the 21st century, one based on best practices from around the world.

If my youngest daughter is any indicator, 21st century health care consumers will all be Internet-savvy, armed with a lot more information about technological interventions and many more questions than most older health care providers have ever had put to them. If the system is to truly serve them in the years ahead, care will increasingly depend on collaborative and interdisciplinary models of practice.

Now, let me get back to the LHINS. I said earlier on that the essential task of the LHINS will be to ensure that the health care system meets the reasonable expectations of ordinary citizens. Granted, reasonableness is a moving target, the definition of which even reasonable people can dispute, to a point. But we should not kid ourselves: Joe---and Josie---Citizen are footing the bill, and what they deserve---and will reasonably demand---is value for their money.

Years ago, when I was still a bachelor and could afford to indulge one of my hobbies with no thought of the financial obligations that come with marriage and a family, I treated myself to two weeks at a cooking school in Bologna, Italy, considered by many to be the gastronomic capital of that country. It was fabulous. My teacher was Marcella Hazan, surely the most genuinely authoritative of the many authorities on Italian cuisine, and---hands down---the best writer on that subject. In attempting to capture the essence of Italian cuisine, she penned one of her most memorable lines. Italian cuisine is, she wrote, *"…semplice, ma non facile!"* (simple, but not easy)

You might say the same about managing community and public expectations about health care in Ontario. It won't be easy to manage those expectations, but they are simple to understand---the system *must* serve the clients, the patients, the taxpayers, whatever you want to call those who pay everybody else's salary.

Forget the doctors, forget the hospital CEOs, forget the unions, forget the OMA, forget the whatever…the quintessentially appropriate question LHINs must continually be asking themselves is: Will this meet better the reasonable expectations of Ontarians? No, it's not easy, but it is simple. To achieve this, LHINs will need, more than anything else, courage .

Listen to this definition of courage from the *Oxford Companion to Philosophy:* "...a virtue indispensable to the good life: a readiness to persist in a valued project, despite risk of harm, injury, death, censure, or loss of personal standing…For an act to be courageous, as distinct from reckless, or stubborn, or obstinate, the risks must be reasonable in relation to the goal, and the goal soundly appraised".

Again, what's the goal? The delivery of effective health care to all Ontarians in a cost-effective manner. And why courage? Because to deliver effective health care in an cost-effective manner does not necessarily mean we need more resources. What it does mean is that we have to deploy resources better, and that means identifying those situations where resources are being wasted, confronting those situations, stopping the waste, and re-deploying those same resources in more effective means of meeting our overall goal. All that takes courage! (or what I believe the Spanish call *cojones*!)

The central responsibility of the LHINS, then, is nothing more nor less than that of being the advocates, no, the champions of the public's reasonable expectations----not just that appropriate health care is available, but that the system devised for its delivery is not wasteful, is not wedded to the *status quo*,

and is not characterized by a landscape the principal features of which are silos!

Now I am not suggesting that the tendency to mis-deploy resources is unique to those responsible for the operation of our health care system. Remember that call for a hospital in Vaughan which some aspiring politician made twenty-three years ago, during the course of a municipal election, when the population of the city was less than forty-thousand? What was that but using the understandable desire of the citizenry for assured access to hospital care as a reason to elect someone who had no way of delivering on the promise---of a hospital wholly unnecessary at the time. Politicians, like myself, can---if allowed--misspend dollars with the best of them, or at least call for such misspending. We need to be restrained when we try to bribe the electorate with its own money, just as some within the system need to understand that every dollar spent needlessly is one less dollar to be spent wisely: recall that hospital emergency room that saw 70 000 patients in one year.

Yet, curiously, in my experience there is no easier cause for which to raise money than a local hospital. They are to our society what cathedrals were in the middle ages---the place to which resources gravitate---by choice of the donor, by decision of the government, by the need of the individual citizen to ensure himself access to care when needed. The only difference is the care we are looking for now is almost exclusively physical, as opposed to spiritual.

As a consequence, hospitals are immensely powerful institutions. Politically powerful. And don't think they don't know it…and act on it. My only question is: *cui bono?* For whose good? The hospital that consumed the resources needed to deal with 70 000 emergency room patients---when most of those people didn't need emergency care, only contact with a doctor outside of normal business hours---certainly isn't doing the system any good. That has got to change if the system is to survive. But how to do it?

I submit the answer lies in the position of the primary care provider vis-à-vis the hospital. Health care delivery---as opposed to the maintenance of one's own health by the individual who understands that he or she is the person in charge of his or her own health---starts in the family physician's office. All else should be viewed as part of the support system for the primary care provider. Yet at which hospitals in this province is that fact acknowledged? I am told you can count those hospitals on the fingers of a severely amputated hand.

If the LHINs are to do anything, they must courageously advance the cause of

primary health care reform so that the central place of the primary care provider is acknowledged as the place where---pardon the cliché---the rubber meets the road. Hospitals are not the front line of health care. They are the much-needed places where we deal with those who have slipped through the system, the system we have yet to well and truly build so that Joe and Josie Citizen have the help they need to live healthier lives day by day.

Since they are paying for it, they are entitled to it.

Besides that, they expect it.

And that expectation is an entirely reasonable one.

-30-