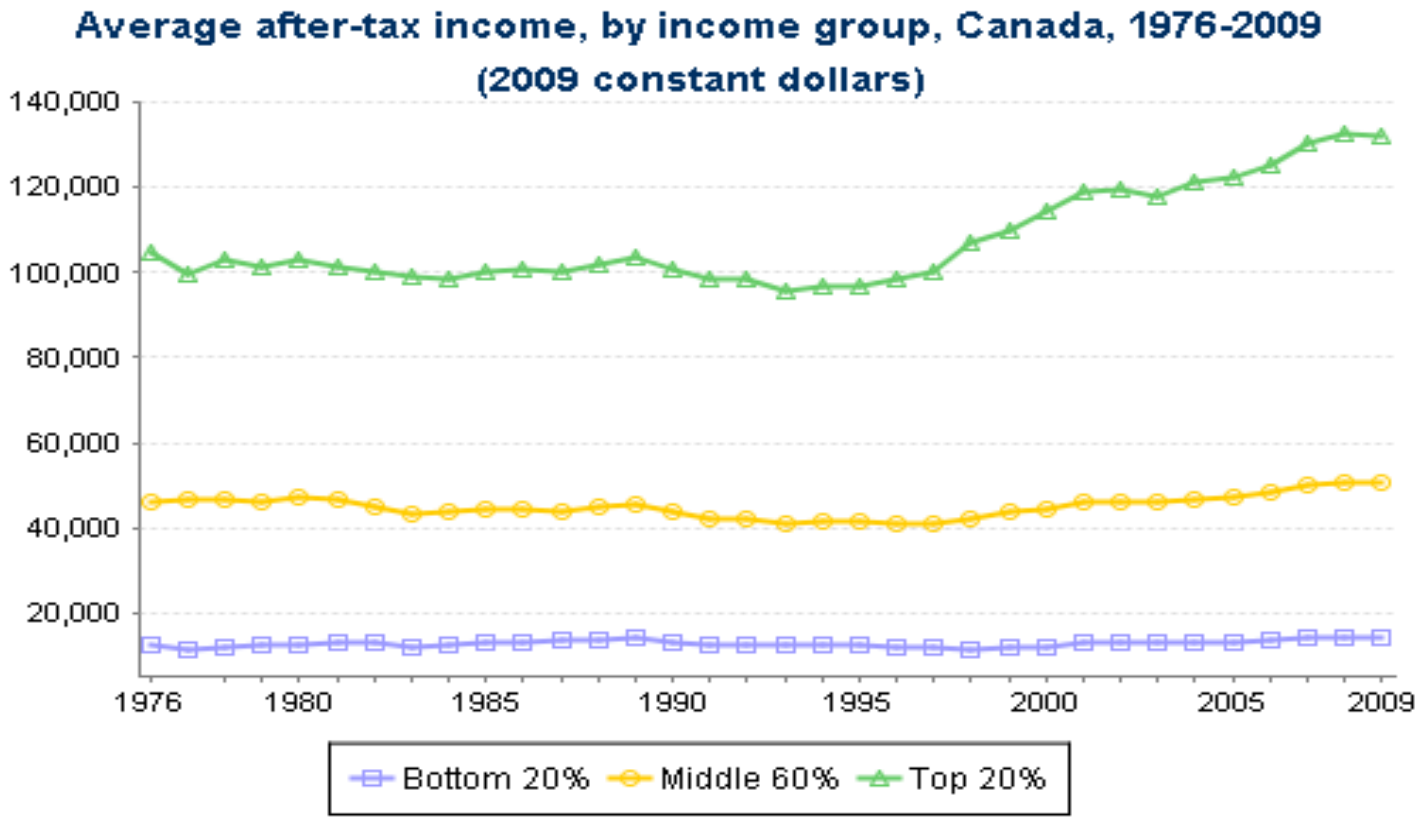
Change. Change?
Change! ¢hange
Some Observations on the PHC/PH Union

PHABC Conference
Burnaby BC
November 23, 2012

Steven Lewis
President, Access Consulting Ltd., Saskatoon
Adjunct Professor of Health Policy
Simon Fraser University

What Problems Need To Be Solved?

- Population health – improvement leveling off, huge and costly variations in risk factors and outcomes
- Cost control – it's not how much is spent, but whether it delivers value for money
- Quality and safety – huge variations in practice, a great deal of avoidable harm
- Access – shorter wait times and more comprehensive publicly financed services
- Health information and intelligence system – electronic health records, data-driven quality improvement
- Misalignment of needs and how resources are distributed



Source: HRSDC calculations based on Statistics Canada. *Market, total and after-tax income, by economic family type and after-tax income quintiles, 2009 constant dollars, annual* (CANSIM Table 202-0703). Ottawa: Statistics Canada, 2011. http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=22

PH and PHC Are Political Constructs

- They are about distributive justice
- They are inherently egalitarian
- They view health in expansive terms
- They are less individualistic and more collective
- They challenge the neoconservative *zeitgeist*
- This can get dicey

Vocabulary Matters

- Primary care is what we have
- Primary health care is what we want
- The status quo wants to keep the “h” out of there
- That is where the tension lies in the contest for the soul of tomorrow’s health system

Rhetorical Aspiration Does Not Mean Commitment

- The rhetoric supports PHC
- Tradition, practice patterns, and budgets support conventional PC
- No one advocates for more inequality and ineffective rescue work
- But disparities are growing and avoidable harm compounds
- Reason: public policy and the health system are designed mainly to address the needs of the middle class

Where True Accountability Lies – and Doesn't

- There is no accountability for achieving broad health goals
- There is no accountability for meeting needs equitably
- Performance targets are typically focused in access, processes, and countable phenomena (screening, etc.)
- Until there are clear goals for which organizations are accountable, change in the right direction will be a tough slog
- *BUT* the first step is to make the system accountable for taking the rhetorical goals seriously (too early to expect tangible short-term outcomes)

Risk, Fear, Hope

- The health care economy thrives on overstated risks, understated harms, and overhyped hopes
  - Mammography screening
  - Flu vaccines
  - LDL levels
  - High cost, low impact drugs
- These messages are directed squarely at the middle class
- Middle class concerns drive the health care agenda
- Result: a very expensive system that delivers little at the margins

Some Health Gains Are Steeply Discounted

- Future benefits vs. current benefits, regardless of magnitude
  - ➢ Consequence: prevention undervalued
- Anonymous group benefits vs. benefits accruing to people with names and faces
  - ➢ Consequence: community interventions undervalued
- High-tech vs. low-tech approaches
  - ➢ Result: self-care and community-based interventions undervalued
- This is not a sinister conspiracy – it is consistent with deep cultural assumptions and preferences

PH Has An Image Problem

- **Self-image of the PH community & friends like me:**
  - **Community development**
  - **Health promotion**
  - **Preventive health**
  - **Population focus**
- **Public image:**
  - **Infectious disease control**
  - **Syringes**
  - **Scolds**

Integration – Big Risk or True Path?

- The worry is not really about merging with PHC – it is about getting lost in conventional PC
- The root cause is that we have a PHC narrative in a PC world
- The challenge is that there is too little PHC to unite with
- The solution is to accelerate the transition from PC to PHC
- Is PH better off inside the evolving tent or outside?

What Has History Told Us?

- PC is not changing very fast on its own
- PH thrives mainly when there is a bacterial or viral crisis or scare (PHAC wasn't created to talk determinants of health)
- It's easier to change the hearts and minds of people you work with every day
- There is too much inertia in the PC system to expect change without a structural shake-up and an internal catalyst
- Who else but you?
- How's isolation working for you?

What Can Be Done?

1. Influence the indicators agenda – those who define success and failure will own the future
2. Communicate, communicate, communicate – op-eds, media clips, YouTube
3. Reframe the fear agenda
   a. Inequality is scarier than the flu
   b. Poverty cripples the economy
   c. Disparities breed conflict
4. Get to opinion leaders – third party, credible, powerful advocates are your best friend

What Can Be Done (cont'd)

5. Advocate for population-based funding of PHC, including home care, assisted living, mental health
6. Advocate for reform of health science education, accreditation criteria, apprenticeship
7. Be the mythbusters and frame-changers – contest the misplaced fear/risk/hype/hope carnival act
8. Monetize the case for genuine PHC wherever you can
9. Promote real community ownership and governance - it breeds innovation (Southcentral, Group Health Coop)

Is the Tide Turning?

- Chronic disease management widely recognized as the principal cost driver in system
- It is now respectable to talk about the inequality gap in all political parties (well, some more than others)
- Changing demographics creates the possibility of a new politics and a new approach to health and health care
- Municipal politics are becoming more sophisticated and less rigidly conventional
- As senior governments offload responsibility to the local level, the population health issues become more acute

The Evidence Points Toward Health Promotion

- Regular slow running (10-11 minutes a mile) adds 5-6 years to life span
- Exercise outperforms stents for heart disease
- Head Start and similar early intervention programs pay huge dividends
- Community design and reframed choices can change behaviour in non-authoritarian ways (see *Nudge*, Thaler & Sunstein)

Contact Information

Steven Lewis
Access Consulting Ltd.
208 – 416 – 21st St. E.
Saskatoon SK S7K 0C2

Tel. 306-343-1007
E-mail Steven.Lewis@sasktel.net