The Hierarchy of Healthcare & the Impact on Health Promotion

Karen M. Andres PhD RN
Thompson Rivers University
Ottawa Charter

- 1986 until now...
  - Is there a change to our health care system?
  - Health of our population?
- Intent was to move away from treatment based acute care model
- Focus was on disease prevention - preventing patients from entering the hospital, perhaps even keeping them healthier longer
- ...or so we thought
Ottawa Charter

- Fact or Fiction; Reality or Illusion
- What really has been accomplished since 1986?
- We have had 25 years to accomplish great things in terms of health promotion
- So what is the problem?
1940s

- Tommy Douglas designed a system, so all people would have access to health care
- The aim – treat illness
- Cornerstone – physician, deemed to be the ‘expert’ in terms of treating and/or curing illness
- Other health care professionals... while still in development were present in the system
Health Care 2011

- So what really has changed since?
- Physicians are still regarded as the “expert” despite many other health care professionals who are very qualified and their contribution equally as important.
- Have we really shifted from the treatment focused health care?
- Have we designed a system that utilizes expertise from ALL health care professionals?
But the Ottawa Charter, in 1986 stated that Health Promotion should entail:

- Healthy Public Policy
- Create Supportive Environments
- Strengthen Community Action
- Develop Personal Skills
- REORIENT HEALTH SERVICES

Are we really committed to the Charter?
The Hierarchy

- Despite ALL the provincial governments stating that health care dollars are consuming more of their budgets, NO government in Canada has taken a broad initiative to REDESIGN and/or REORIENT health services to decrease the amount spent on health care.
The Hierarchy

- Think about WHO profits from the current model?
- What is the one health care professional that is allowed to bill for services?
- Why are ALL other health care professionals salaried?
- Look at the gains in education for ALL other health care professionals, yet they are treated as subservient to the physician – WHY?
The Hierarchy

- Who is still deemed the ‘expert’ despite many other health care professionals that contribute greatly to the health care system
  
  AND

- If the health care system was REORIENTED it could be more efficient, effective, and less costly.
Our Current Health Care System

WHY?

Physicians

ALL other health care professionals, particularly RNs
Who profits from the current, illness based health care system?

Who stands to lose the most if the model was redesigned?

Why are physicians deemed the experts in health promotion? AND According to whom?

And why are physicians central to the Primary Care Charter in BC?
Physicians were deemed the experts in treatment and cure ... but there are other health care professionals who are better qualified to assist individuals to maintain their health, including chronic disease management.

If we were really serious about health promotion, would the 1940 designed health care model be used today?
Andre Picard

- You can’t deliver 21st century care with a 1950s system.
- Our health system was designed for the delivery of episodic acute care by physicians, principally in hospitals. The reality today is that most patients have multiple chronic conditions and they can be treated in the community.
- We need to fundamentally re-shape the system to reflect their needs. That means an emphasis on primary care, on team-based care delivery and creating a continuum of care.
Health Care ReDesigned

- The new re-designed health care system
- Where there are no gate keepers
- There is not one expert, but experts
- The patient has equal access to **ALL** health care providers
Health Care ReDesigned

Patient
The top of the system

- RNs, Doctors, Specialists
- Pharmacists, Nutritionists, Social Workers
- PT, OT, Speech Therapy
Health Care ReDesigned

- The patient is able to decide WHAT health care provider is necessary for their care.
- The patient can access ALL health care professionals equally.
- The system utilizes ALL health care professionals EQUALLY, allowing for increased scope of practice from health care professionals, based on education and training.
Think of the possibilities:

- Registered Nurse run Clinics
- Nurse Practitioners run clinics
- Pharmacists, part of the health care team, advising in prescriptions/medications
- Physiotherapists able to assist people in health maintenance and recovery
- Occupational therapists able to assess and implement supports to people in their home
Physicians have a role, as do other health care professionals, but the health care system focused on health promotion should **NOT** be driven by the health care professional who is designing it so they still profit.

Once again, please read the BC Ministry of Health Primary Health Care Charter.
BC Primary Health Care Charter

“Family physicians constitute the largest workforce in primary health care”

- Question – have RN, NPs and others been utilized to the best possible outcomes?
- Why are there 45 NPs graduating in BC each year without jobs available to each one of them?

- Yet one of the goals of the Charter is to improve access to primary health care
“Patients should receive accessible, appropriate, efficient, safe quality care at the right time in the right setting by the right provider”

- Why is this deemed the physician?
- Why is the location and physician’s office?
- Where are the other health care professionals such as RNs, NPs, Pharmacists, Nutritionists, PT, OT?
The Primary Health Care Charter aims to improve individual and population health outcomes” YET

“In partnership with family physicians, the [regional support] teams will work with local community to integrate primary health care and realign health authority services to better support family physicians, primary health care workers, and the communities and patients they serve”
“Family physicians are, and will continue to be, central to B.C.’s primary health care system”

“The practice redesign components will focus on supporting family physicians, their practice staff and other health professionals to innovate, improve and sustain practice changes”
“The 2006 negotiated agreement between BC gov’t and the BCMA... represents $422M investment in family physicians”

And the investment to other equally valuable health professionals is???
We are **no more** committed to the Ottawa Charter now in 2011 then we were in 1986.

The reality is the system continues to be designed so one particular health profession profits – but the health of the population **does not** improve.
If we were committed to REORIENTing health services, the entire system would be shaped differently.

The knowledge of ALL health professionals would be utilized to their fullest AND there would be no hierarchy in the system.
If we were committed to the Charter, much progress in design and implementation would ALREADY have occurred.

There would be a noticeable improvement in the health of the population.

Chronic disease management would utilize health professionals such as RN, NPs, nutritionists, pharmacists and PTs FIRST.
It is time to ask, who benefits from the current system?
Who has the ear of the politicians?
Why aren’t other health care professionals advocating for a system that utilizes their knowledge, expertise, and is designed to benefit health for all?
Commitment

- If we really are committed to health promotion, to the Ottawa Charter, we need to ask some hard questions. All health care professionals need to advocate for a system that utilizes their expertise. There is not one expert – but multiple experts.

- If we are committed to the RIGHT PERSON then we need to create space for ALL health professionals.
Occupy Healthcare

- It is time for ALL health professionals to advocate for a redesign of the health care system that utilizes their knowledge, that results in health promotion for the entire population, including underserved and marginalized AND that health services are not limited to hospitals and physician clinics.

- The right person and the right setting - let them not be words but result in deliberate action.