

# State of the Transformation

Matthew Anderson

President & CEO, William Osler Health System

*June 6, 2013*

# Transforming the System

Funding Reform

Integration &  
Execution

Delivery Streams

Wellness &  
Prevention

---

## Initiatives

Patient-based payment  
Labour agreements

Health Links  
Primary Care Reform  
Mental Health &  
Addictions Strategy  
EMRs

Community Clinics  
Scope of Practice  
Seniors Strategy  
Long-Term Care Homes  
& Community Use

Healthy Kids  
Smoke-Free Ontario  
Public Health  
Strategy

## Principles

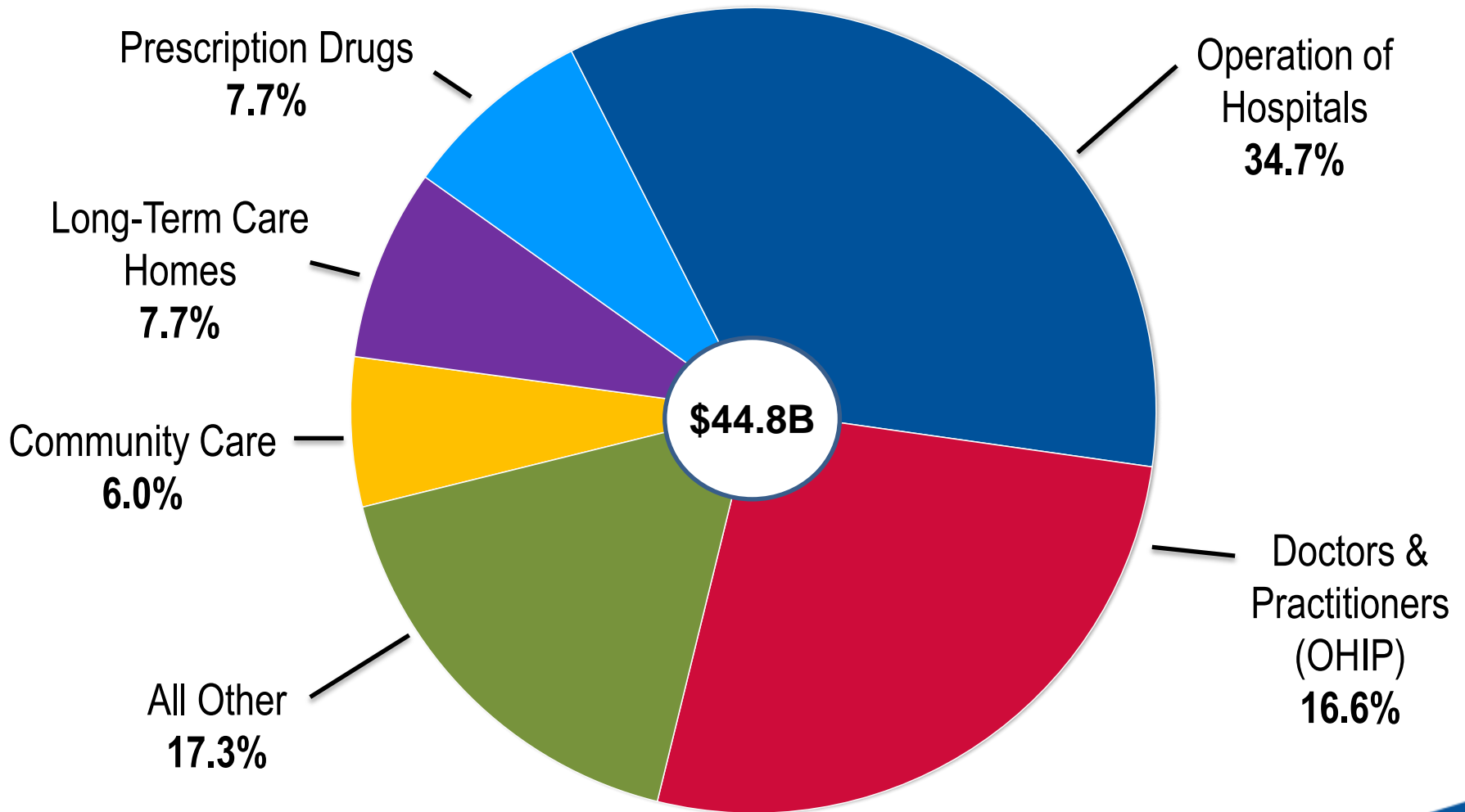
- Evidence Based
- Standardization
- Access

- Appropriateness
- Co-design
- Innovation

- Quality
- Productivity
- Competition

- Safety

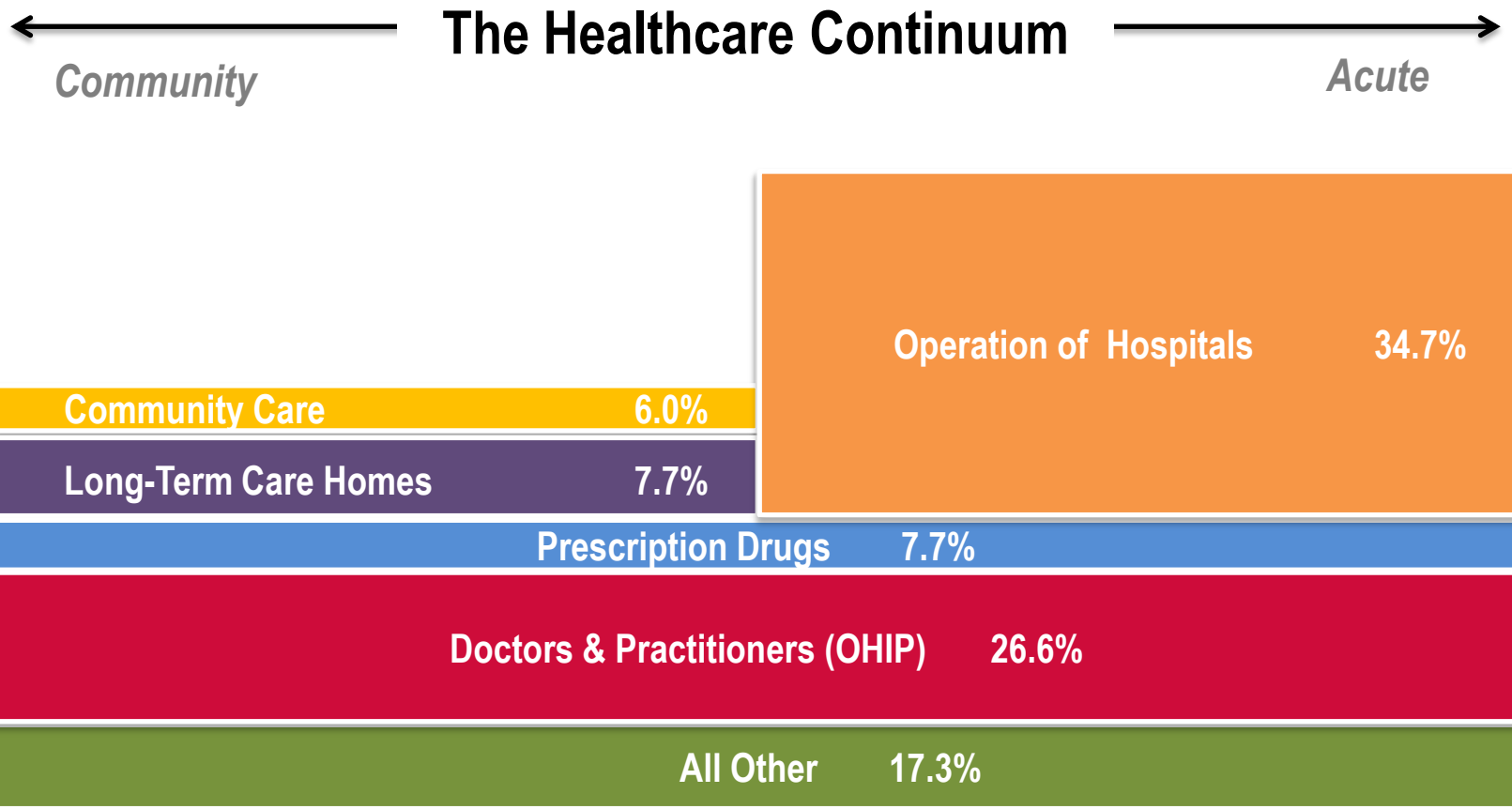
# Ontario healthcare spending, 2010/11



SOURCE: Commission on the Reform of Ontario's Public Services, 2012



# Relative distribution of system resources



# A hospital perspective: unscheduled vs. scheduled demand

---

<b>Visit Type</b>	<b>Unscheduled</b>	<b>Scheduled</b>
<b>Outpatient</b>	<i>Example:</i> Emergency Department (ED) Visit	<i>Example:</i> Clinic Visit
<b>Inpatient</b>	<i>Example:</i> Admission via ED	<i>Example:</i> Surgery



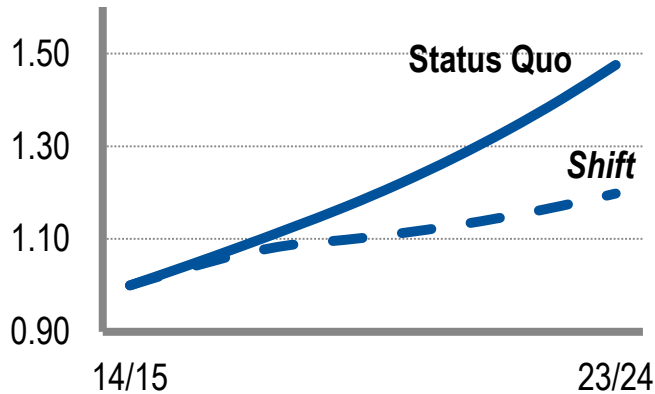
# Distribution of cost & activity at Osler: 2012/13

Visit Type	Unscheduled	Scheduled
Outpatient	<b>8%</b> ~190K visits (ED)	<b>14%</b> ~390K visits
Inpatient	<b>63%</b> ~44K separations	<b>15%</b> ~10K separations
TOTAL	<b>71%</b>	<b>29%</b>

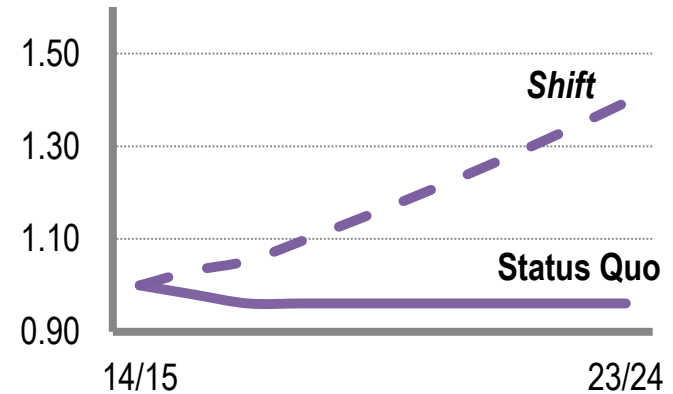


# Theoretical cost trajectories: status quo vs. shift

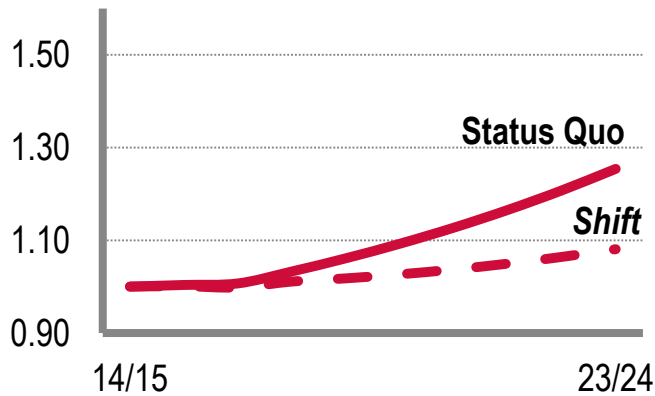
## Unscheduled Outpatient



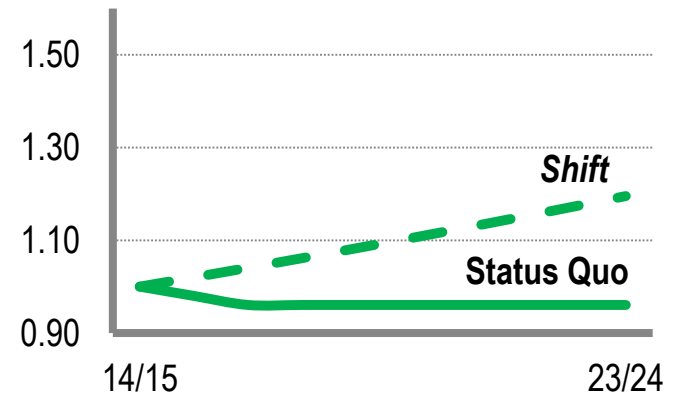
## Scheduled Outpatient





## Unscheduled Inpatient



## Scheduled Inpatient



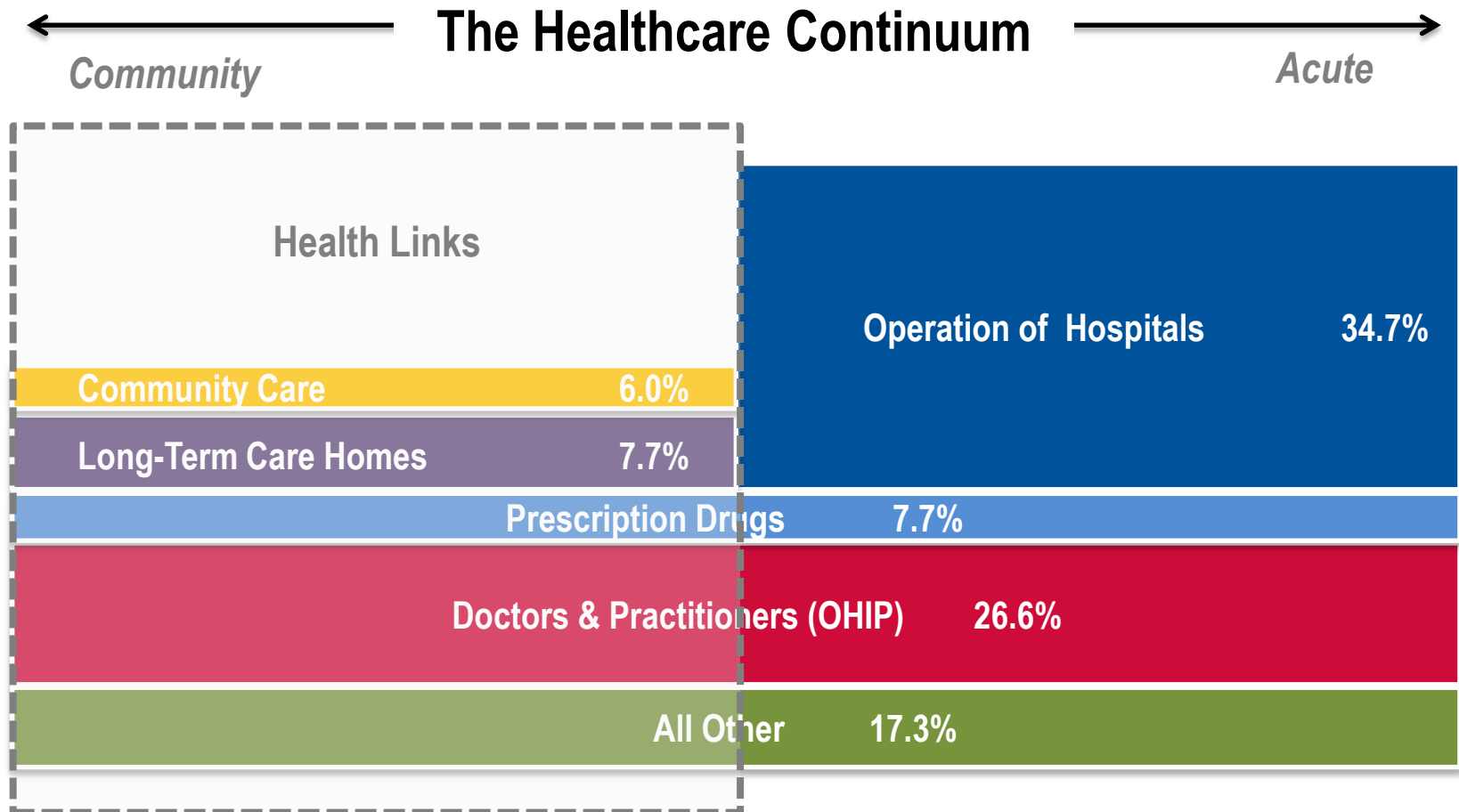
# Scheduled outpatient care at Osler: balancing volumes

Visit Type	Example	Theoretical Change
Hospital-based	<i>Day surgery</i>	
Community-based	<i>Mental health</i>	
Community-affiliated	<i>Kidney wellness centre</i>	
Virtual	<i>Telehomecare</i>	





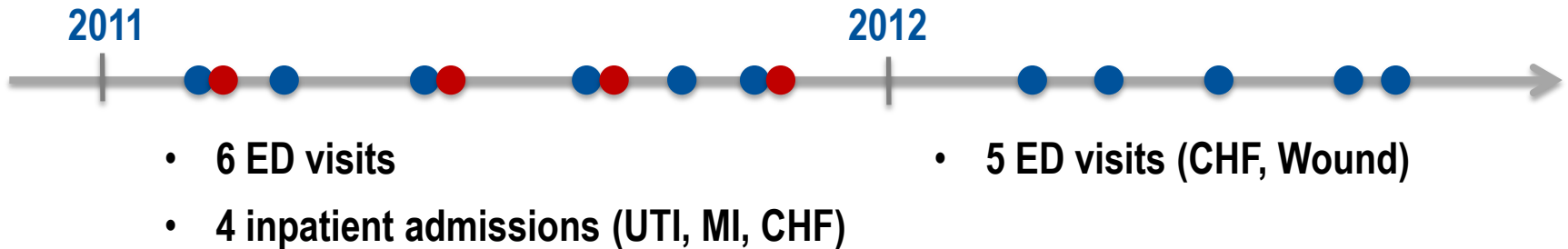
# Relative distribution of system resources



# Health Links: the case of Mr. K



# Health Links: the case of Mr. K



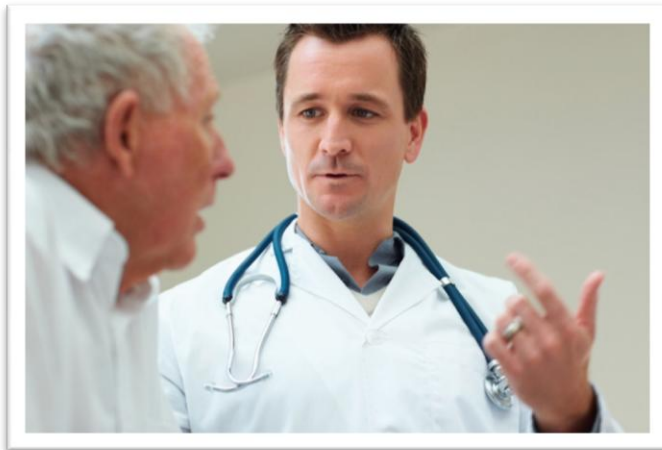
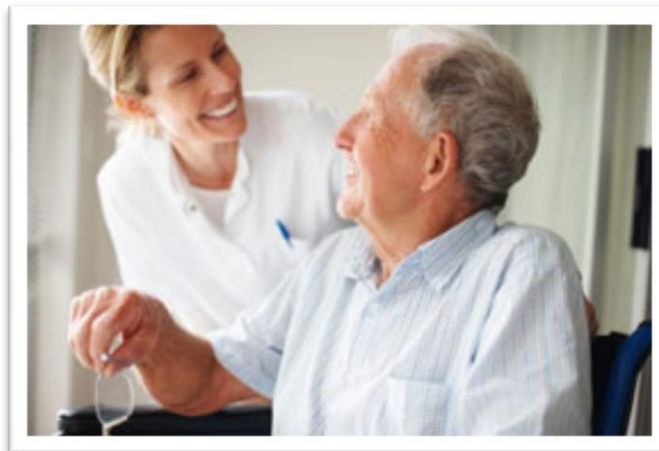
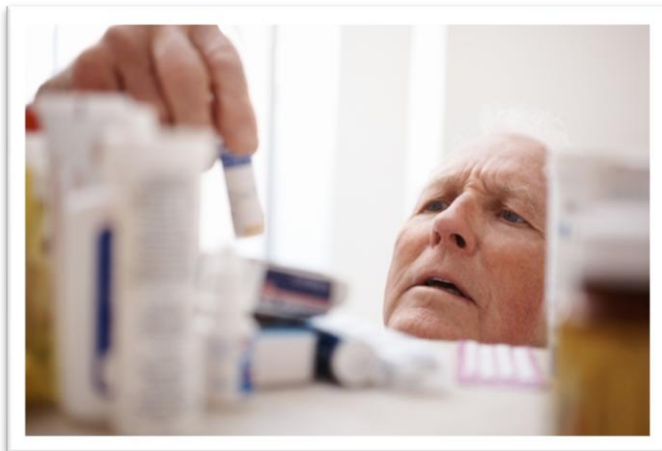
## Major Medical Issues

- Complex Diabetes (Type 2)
- History of ST Elevation MI
- Congestive heart failure
- Coronary artery disease
- Peripheral vascular disease
- Grade IV left ventricular function
- Renal arterial stenosis
- Hypertension
- Dyslipidemia
- Depression (suspected)

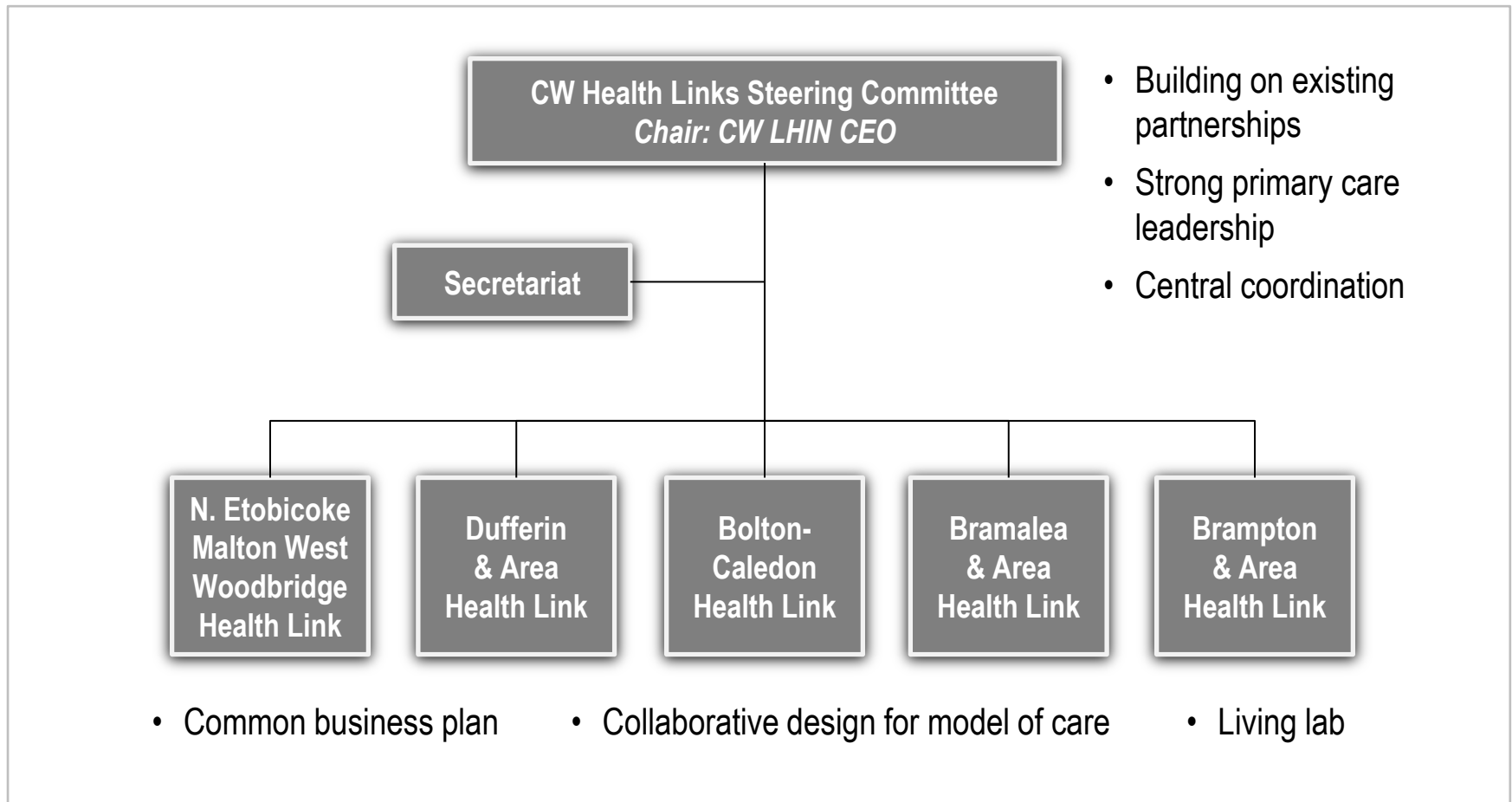


# Health Links: from unscheduled demand to scheduled care

---



# Health Links: working together in CW LHIN



# MOHLTC Transformation initiatives: shifting demand & supply

1

## Funding Reform

- Patient-Based Payment
- Labour Agreements

2

## Integration & Execution

- Health Links
- Primary Care Reform
- Mental Health & Addictions Strategy
- EMRs

3

## Delivery Streams

- Community Clinics
- Scope of Practice
- Seniors Strategy
- LTC Homes & Community Use

4

## Wellness & Prevention

- Healthy Kids
- Smoke-Free Ontario
- Public Health Strategy

### Principles

- Evidence Based
- Standardization
- Access
- Appropriateness
- Co-design
- Innovation
- Quality
- Productivity
- Competition
- Safety



# On the right track, but there are challenges ahead

---

1. Labour agreements and timing of funding reform
2. Latency of impact on demand vs. fiscal realities
3. Adding more independent providers in an already siloed system
4. Macro HHR planning



**Thank you**

