

A prescription for Canada's ailing healthcare system

Patients First **Closing the Healthcare Gap in Canada** Dr. Terrence Montague

10 Questions with Dr. Terrence Montague

1. What is the Canadian health care gap?

The care gap is the difference between best care and usual care. Best care is defined as the optimal use of proven treatments while usual care is the actual use of these treatments in real-world daily practice.

2. What are the four contributors to this gap?

The four major contributors of a care gap are:

- (1) improper diagnosis
- (2) improper prescription of therapy or therapies
- (3) improper adherence to the prescribed therapies
- (4) inability to afford or get access to the treatment

3. What is your proffered solution to the current crisis in Canadian health care?

The solution presented in Patients First is the Patient Health Management model.

4. How does this model work?

It begins with community-based partners who recognize there are care gaps and who are committed to make care and outcomes better. The partnership is enabled in this goal by repeated measurement and feedback of actual care and outcomes, each set of measurements driving providers and patients to produce improvements in the next set.

5. What are the impediments, if any, to this model?

There are some impediments to the widespread application of the recipe:

- (1) not enough community-based partnerships
- (2) not enough facile measurement tools or systems
- (3) not enough proven precedents
- (4) not enough accent on team building in the culture of clinical (medical/nursing/pharmacy) care and its teaching

6. What are the three major drivers of health care?

The three major drivers are cost, quality and access.

7. How do they interact with one another?

These forces are constantly in dynamic tension, competing for preeminence, or balance, in an environment where various stakeholders are seeking, evaluating or paying for the care.

There are no disinterested parties. Therefore, one's viewpoint on their relative value of the driving forces at any time is often determined by which stakeholder seat they currently occupy. Patients consistently

favor access and quality; payers and policy makers, favor costs or affordability. Balance is difficult and can only be achieved if all stakeholder views are heard and understood.

8. You frequently mention that a person's viewpoint on the health care system depends "on their seat at the table," and you call for "widening the debate" on health care. What groups should be involved in the debate?

My sense of best health policy is that all willing and vested interest groups, including providers, patients and payers, should be involved in debating and deciding the important issues like access, quality and costs. Achieving balance of these often competing drivers is difficult and can only be achieved if all stakeholder views are heard and understood. The bottom line is there is a potential fourth important driver in health care and that is the sense of stakeholder empowerment that comes from being involved in the health decision making. To optimize its impact, we need to empower more people.

9. You comment that patients need "more education and to be more active" in their own care. Why will this shifting of responsibility to the patient improve the current system?

Patients are first and central in matters of health care. They directly benefit, or not, from good or bad policy and practice, respectively. And, they ultimately pay the bills, irrespective of whether we characterize our health system as publicly or privately financed. They want to take part in the prescribing and access decisions that affect them. They want to make things better! To do this, better information is necessary. If this can be accomplished, for example by information linking patient outcomes to prescribing and access decisions, then I am certain that population health outcomes will improve

10. How does the outcome of the recent first ministers' conference fit in with your prescription for the health care system?

The commitment of the governments to provide the financial resources to support improved access to health care addresses one of the major causes of care gaps – poor access. In that sense, the first ministers are contributing to making things better – the mantra of patient health management.