

## **Speech to the Congestive Heart Failure Collaborative Closing Congress**

**The Honourable Colin Hansen, Minister of Health Services**

**April 6, 2004**

*(Check Against Delivery)*

I'm very pleased to be here today, to learn about the work you are doing in this very important diabetes collaborative, which is now underway to stage two.

Last weekend, I spent Friday, Saturday, and Sunday doing something that I would prefer not to do - which is to be locked up in a conference room... which is not where I would prefer to spend the whole weekend... in Toronto, which is not where I would prefer to spend it...

But it was actually a very interesting session because of what came out of it. During the meeting of the premiers several months ago, one of the things our Premier, Gordon Campbell, was driving, was to say that we're doing lots of phenomenal things across Canada to try to reform our health care system and make sure it's more sustainable. We need to get together as provinces and territories to start looking at what has already been established in the area of health reform across Canada, learn from our experiences and roll it out as a national vision of health care reform in this country. That was what the weekend was all about.

I know a lot of my health colleagues across Canada arrived with a little skepticism. But the meeting also included finance ministers from the provinces and territories and I can tell you they arrived with even more skepticism. Still, at the end of the weekend everyone left quite pumped, because we realized the phenomenal work that is taking place in Canada today that is creating a more sustainable health care system.

BC presented in a couple of areas, and what came out of that conference was a realization that we're a leader in Canada when it comes to the management of pharmacare programs. We're leaders in Canada when it comes to making sure we build centers of excellence around the province to consolidate where surgical services are offered and make sure there is more certainty and consistency for patients.

But the one area that really caught everyone's attention was chronic disease management, because as Dan earlier mentioned, some of the graphs that had come out of the congestive heart failure colloquium the week before caught everyone's attention. BC is being watched because of the great work that's being done around these chronic disease initiatives.

The provinces are working together to try to drive the shift away from an outdated healthcare system to one that really meets the needs of patients and the future. As physicians, you play key roles in that shift and we must continue to work with you to understand the barriers that you and your patients are facing and make sure that we can overcome those barriers. Sessions like this are an opportunity to listen to each other, ask questions, and develop responses that work for patients and their caregivers. Despite the sometimes negative-media that we hear, in terms of relationships between physicians and government, there is phenomenal collaboration happening. The work that's being done to make sure that we actually improve the health care system to meet those needs of patients in the future has been great. It's by working together that we are starting to see some of the much-needed stability in the system that I think will serve us well in the future.

Some of you may recall a document that the BC Medical Association put out in May of 2001, right when we were elected as government. It was called "Turning the Tide, Saving Medicare for Canada", and was actually the second volume of that report. To date we have taken action on the recommendations that were contained in that report and it has been somewhat of a guide and

touchstone for us as we've developed policy within the Ministry of Health Services. The whole issue around the consolidation of health authorities, going from the 52 that we had before to the six that we have today, really flowed from those recommendations. The centers of excellence that I mentioned earlier around the province, in areas like Cranbrook, Trail, and Kamloops, strengthening services in Prince George and Terrace, are all initiatives that were really driven by a desire to make sure that specialists could work together in teams rather than trying to be all things to all people in every community in the entire province. The net result is better patient care and we are starting to see that.

The other thing that really flowed out of that report was a real desire to get politics out of the frontline delivery of healthcare. Let's get in place a good government system, let's put in place good administrators and then let's get the politicians out of interfering with how health care gets delivered. We have a responsibility around policy development and we have a responsibility to reflect the interest of our public and be accountable back to the public, but it's not our job to run the healthcare system. We have to rely on those of you that have had the training and the responsibility to do that.

Our healthcare system was designed to handle acute medical events as they occur and this is a problem for those who suffer from chronic disease or chronic problems because their conditions are treated episode by episode as part of the acute care system. There are ways to more efficiently manage those conditions, as you know, on a day-to-day basis and especially in a primary care environment, rather than waiting until those episodes of acute conditions, such as diabetes, become more prevalent. There are about 200,000 people in BC today with diabetes. We have to find better ways to deliver more appropriate and more effective care. One of our goals is to not only improve the management of chronic diseases but also to actively promote prevention as well.

Sometimes as a healthcare professional you may feel your patients think that you can somehow put that scrambled egg back into the shell. We want to promote patients to be champions of their own health, actively pursuing choices that will allow them to live longer, healthier, and more energized lives. We want to encourage British Columbians to take responsibility for their own health because that will benefit all of us as individuals to slow or prevent the onset of chronic diseases.

I want to throw that out, not just as a challenge to the public, but I want to throw that out as challenge to each and every one of you in this room. You know we often think about how we need to put aside a certain percentage of our income for our retirement years, and if anyone said that you could put aside three percent of your income and have a comfortable retirement, you're probably selling yourself short because you probably need a little bit more than that. But what about the percentage of your day that you should be putting aside for your own personal health so that when you do get into your senior years you not only have an income to give you a comfortable life you also have your health? I find that busy people such as physicians and other healthcare providers don't always take the time that they need for their own health.

My challenge to everyone in this room is to put aside three percent of your waking hours for your own personal health. I have people who say to me I've got to make time to go to the gym or walk or make time for physical exercise. It's not about making time because that sort of implies that there has to be a 25<sup>th</sup> hour in the day. It's about taking time as a priority and it might be that you haven't got quite enough time to spend with patients that day and I know you're already stressed on that, but if you don't take that time you're not going to be able to serve your patients, or serve your family, or serve your community, or yourself in the way that you deserve.

For years now, many have recognized the need for improved coordination and management of diabetes. In 2002, the Diabetes Working Group was established to put together a business case in support of a Provincial Diabetes Initiative, and that was actually the cornerstone of this diabetes collaboration. The result has been the full-service family practice incentive program.

Physicians said that they needed a new way to deal with patients who have complex chronic diseases. So the Ministry funded the BCMA to lead this collaboration because we knew that physician leadership was pivotal in leading BC to improve health care quality.

As you may know, there have been two chronic disease management initiatives rolled out and seven others are in the works now with the possibility of adding a tenth. As we roll these out, I would particularly like to pay tribute to Dr. Dan McCarthy, because I think his leadership has been phenomenal in making sure that we can bring these partnerships together so that these collaborations can be a success. Dan, I think that you deserve a big round of applause for that.

Over the past three years as government, our goal has been to look at every system or process and ask ourselves three fundamental questions: What is the problem? How is it currently being dealt with? How can we make it better? Within the Ministry of Health Services the patient registry is the first step in answering these types of questions. Through this database we can identify patients, their current level of care, and we can establish a guideline for improved standards of care.

As a second step, BC physicians and key partners identified the need for more efficient organization and retrieval of their chronic care patient information and they identified an information technology solution. The Ministry of Health Services responded with the Electronic Chronic Disease Toolkit as a resource for physicians. The Toolkit supports better recall. It helps physicians remind patients of treatment appointments and provides physicians with the means for tracking successful patient care. This approach supports you to achieve optimal chronic disease care within your own office systems and it can help you achieve better value for your time and effort that you're putting in to serve your patients.

I know you've been working hard with this new tool kit and are looking forward to it being incorporated into regular physician practice. I see on the agenda today there is an opportunity to get input in terms of how we can improve that tool kit from your own personal experiences. This collaborative and the work that you have done will continue to transform the healthcare system. It will transform your patient outcomes in a significant and measurable way.

Thanks to all of you for trying what you've learned in these sessions within your own clinical practice and for sharing the results. We look forward to working with physicians in the future on best practices and innovative ways to improve the health care system and I can tell you that the eyes of Canada are on you. The eyes of Canada are watching for the results that will come out of this. There are 1000's of physicians, and governments and other health care leaders across Canada who want to build on your success and learn from your success so that not just patients in BC, but indeed patients across Canada, can learn from the very important work that this collaborative is doing.

Thank you.