

Speech to the Vancouver Board of Trade

The Honourable Colin Hansen, Minister of Health Services

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Check Against Delivery

As I've traveled around the province in the last two years, I've found when I introduce myself to people and tell them I'm the Minister of Health Services, I get a couple of responses. The first is "what did you do wrong to deserve that?" The second response usually refers to the challenge - which makes sense because people around the province recognize health is a huge challenge for all of us.

I want to talk today about the challenges to our health care system from the perspective of the past several decades, and then I want to talk about the challenges of the future, and then I'm going to come back and talk about the challenges of the present.

To be a bit retrospective, about 40 years ago Medicare was first introduced to Canada – and it was about providing access to doctors and hospital care for all families in Canada, so that no family would be denied access to care for their children if they couldn't afford it themselves.

Over the last 40 years we've been through tremendous change in our health care sector, and we've seen huge resistance to change at the same time. We've seen change in terms of the technology that is available to our doctors and health care professionals. We've seen change in how procedures are done compared to 20, 30, or 40 years ago.

Just as an example, if you go back to 1985 and look at the average length of stay that an individual was in a hospital, the total number of bed days that British Columbians spent in hospitals was double in 1985 compared to what it was in the year 2000. So while over the years we've seen the number of surgeries performed increase dramatically, it has not resulted in patients staying overnight day-after-day in hospitals to convalesce – and that is because of the huge change in terms of how services are being delivered.

We've also seen a huge change in terms of the shift from hospital-based care to community-based care. There is so much more that is being done now to keep people out of hospitals and to manage their conditions at the community level, rather than relying on our community hospitals to be the be-all and end-all of our health care system.

There has also been huge resistance to change, and I think as an industry and as an organization, the health care sector has probably been more conservative to change than any other industry in our society. Much of the changes we have seen over the years - like advances in technology - have been incremental. It's never been a case of saying, "what can we not do in the future in order to fund what we need to do in the future?" We have not seen any planning in our health care system. In fact, I hesitate to even call what we had in the past a system, because in reality, each of us use it from episode-to-episode when we need access to care, rather than it using it as a system that is there to provide continuous and proper care over a lifetime. The expectations of Canadians since Medicare started out, is that the public taxpayer should be paying for everything from aromatherapy to brain surgery and everything in between – when really Medicare is about doctors and hospitals.

We have wonderful new technology and diagnostic equipment. Laparoscopic surgery can now be done, instead of slicing people open to perform surgery. At the same time we have seen an absolute dearth in investment in information technology and the things that actually allow our health care system to function as a system. While the NDP was in power in the 1990s their methods to try to control costs in the health care sector were by reducing the number of doctors that were trained or hired in this province or reducing the number of nurses that were trained. We know what that had led to by the end of the 1990s. But the result of this incremental change has been costs rising at a rate of seven to eight percent a year. When you look

at an economy that even in the best of years would be three or four percent, clearly there is a sustainability gap.

In 1985, we had a budget for health care in British Columbia of \$3.5 billion. Today, it's a budget of \$10.4 billion. That's a 3.5-fold increase in that very short number of years. The health budget 15 years ago was consuming 33% of the total budget of the Province of British Columbia. Today we're up at 42% of all of our provincial expenditures.

Recently I bumped into a guy that I could best describe as a curmudgeon. I would guess he was in his late 70s, and he came up to me, in a bit of a cantankerous mood and he said "you know, twenty years ago we had a bloody good health care system in this province and we now have two consecutive governments that have screwed it up." I sort of paused for a second and then I said, "I could actually deliver the health care system of 1980 with my budget of \$10.4 billion today, but let's think about the things you will not have. You won't have access to CT scans and MRIs because we didn't do them in 1980. You wouldn't have access to hip and knee replacement because while they were being done, they were a very unusual procedure. If you were diagnosed with cancer in 1980 that was pretty much a death sentence, whereas today the survivability rates of cancer have changed enormously. And one of the leading stories in North America is our own BC Cancer Agency, which has actually driven some of those successes in the survivability of cancer treatment. You probably wouldn't have access to most of the medications that we have today. I don't know the number from 1980 but if you go back to 1968, we had a grand total of 638 prescriptions that were available for doctors to prescribe. Today we have over 21,000 different medications that doctors have access to."

The other thing that popped into my head was that the average life expectancy in 1980 was about 75 so he'd probably be dead by now. I didn't say that of course.

We certainly have to learn from the past, we have to learn from where we've been in health care. But it's also important for us to look at the challenges of the future. By that I'm not talking about two years from now when we'll be in the middle of the next provincial election, but the challenges of 10 years from now and 20 years from now.

There's some good news that I'd like to share with all of you. We're all getting a year older and we know that beats the alternative, but the good news is that the fastest growing age group in British Columbia are those over the age of 90. And in the next three-and-a-half years the number of British Columbians over the age of 90 is going to grow by 40 percent, and that is significant. I guess that's good news for everybody except the health ministers and the finance minister because the average cost of health care out of the public purse, for an individual over the age of 90 is \$20,800 a year.

If you start looking at our aging population and the impact that's going to have on the future of health care, it is indeed sobering. Today we have 188 British Columbians over the age of 65 for every 1,000 working British Columbian. By the year 2030, which is only 26.5 years away, we will have 433 British Columbians over the age of 65 for every working British Columbian.

Now you can call it self-interest if you want, but one of the things that drives me in this job is that I actually want a health care system that works for me when I'm a senior in this province. The good news is that today's 65 year olds are much healthier than 10 or 20 years ago. Twenty years from now when I turn 70, I expect that my fellow baby boomers and I will be much healthier than the average 65 year old is today.

One of the questions that we have to ask ourselves is when does one become a senior citizen? When does one become eligible for the health care benefits that we differentiate for those over the age of 65, especially given that the 65-year-olds of the future are going to be much healthier than the 65-year-olds of 10 or 20 years ago. Just as an example, when we brought in the changes to the Fair PharmaCare program, one of the features that has not been given lots of focus is that to qualify for the very generous and very unique benefits for seniors you have to meet the qualifications. What we're saying to the next generation of senior citizens is that they will not be able to count on taxpayers funding the health care entitlement for those areas outside of the Canada Health Act, compared to what we've been able to fund for those who are currently in their senior years today.

I've talked enough about the challenges, I want to come back to the present and talk about what we're doing to meet some of these challenges. Basically we're building an integrated system to replace the fragmented non-systems that we've had up until now. We've streamlined government structures, reduced administration. There are now clear lines of both responsibility and accountability in terms of who is responsible for what when it comes to health care delivery.

We have asked each of the health authorities in the province to develop redesigned plans to ensure that patients can get access to the care they need. It's not about bricks and mortar, it's not about the buildings, it's making sure that people get the care they need within this integrated system. So hospitals are no longer an island unto themselves where you've got every single community hospital in the province trying to be all things to all people.

The first thing that we have to do as we go through this shift is implement the prevention programs and the chronic disease management programs that will keep British Columbians out of our acute care hospitals in the first place. And the second thing is we have to make sure that hospitals are integrated with the rest of the health care services that are offered throughout the community and from community to community. So that one community basically can rely on the support of a facility in the next closest community.

We also have to look at limitations in human resources. Quite frankly we don't have enough doctors and specialists to have a specialist of every single kind in every single small hospital in every single corner of British Columbia. We simply don't have enough nurses that are trained in the specialties around emergency room care, critical care, and other areas where there's a serious shortage of specialists. So we have to make sure that we consolidate those services so that at least within every region of the province British Columbians can get access to the care that they need. We are building regional Centres of Excellence in every single region of the province.

A year ago, on April 23, 2002, we outlined the largest reorganization of health care that any government in Canada has ever undertaken. There are other provinces that have gone down the road in trying to rearrange how hospital services are delivered and in most of those provinces that was seen as pretty significant. We went beyond that because we're not just reorganizing hospital care, but community care as well, so that it is in fact integrated and sustainable into the future. When I made that announcement a year ago there was lots of controversy about the two small hospitals that we closed in the province. There was lots of concern about the changes we'd made in many other hospitals across the province. There were tough decisions that we had to make to pick the community that would actually become the regional centre for the Kootenay Boundary area, or the regional centre for the northwest corner of British Columbia. But in doing so, we've been able to siphon care that can be provided region to region.

We've set out plans to overhaul long term care and so much in the past we had been in a process of incrementalism to the point where we had older facilities, in some cases 30 years old and older, that really were designed for a different kind of health care delivery, that need to be modernized, need to change. Last year we announced a three-year plan that would actually see the closure of a significant number of long-term care beds in British Columbia and that too has created lots of noise and angst in different communities. What wasn't focused on at the time was the fact that part of that three-year plan is to build new facilities that actually do meet the needs of seniors in the twenty-first century.

One of the things that we heard as we talked to seniors throughout British Columbia was their real anxiety about their independence, and this is something that comes up a lot. In the past when it came to care for seniors we gave them two choices: we gave them the choice of the family home which they were often no longer able to cope with as they got older and less capable physically; the other choice we gave them was the nursing home, which included 24-hour-a-day nursing care where they lost all of their independence. What we really needed was something in the middle, something that would provide them with the housing that they need and the supports that they need on their bad days - but the independence that they want and demand on the days that they're feeling good. That is the whole new approach to assisted living that we are holding out.

So if we look at some of the progress that we've made over this last 12 months: in Prince George we've opened a \$50 million expansion to their Prince George Regional Hospital; in Terrace there's a \$1.4 million northwest renal dialysis expansion; Kelowna \$6 million to open their ninth operating room; Royal Inland Hospital we've started the process of doubling their emergency room; in Nanaimo there's a new community dialysis center; Fraser Valley we've sought out expressions of interest in the new 300-bed hospital that will be situated in Abbotsford; in Vancouver we're in the middle of rolling out a proposal for a \$90 million ambulatory care center that's going to be built right next to the Jimmy Pattison Pavilion at 12th and Oak; Royal Columbian hospital we opened a new cardiac catheterization day unit; there are 25 new renal dialysis units throughout British Columbia; 4 new Centres for Thoracic Surgery. Yesterday morning, the premier and I were at the new Jimmy Pattison Pavilion and finally opened that facility where the shell was constructed 15 years ago and it sat empty for all of those years, basically sucking up taxpayer dollars while it sat empty and provided nothing in terms of patient care. Yesterday afternoon we were over at Children's Hospital with Prince Andrew where he turned the sod on the new mental health facility that will be there at Children's Hospital. Two months ago I was at Children's Hospital for the opening of the new ambulatory care centre there that will actually provide better day procedures for children from all over British Columbia. Two-thirds of the children who come to Children's Hospital come from outside the Vancouver area.

There is new tele-imaging systems that are being put in throughout the province in various regions and this will be expanded province-wide which means that doctors will no longer have to rely on the classic x-rays that patients have to cart around with them, where we have to spend an enormous amount of money on courier services to deliver them. Finally, they're coming into the twenty-first century and being digitized so that doctors can actually call them up on their computer and get diagnosis within a matter of hours from a radiologist who works perhaps in a totally different community to speed up the delivery of care. We've put in new CT Scanners at Saanich Peninsula Hospital, Eagle ridge Hospital, Ridge Meadows Hospital, Comox Hospital. There are new MRI machines that are opening at Prince George, Nanaimo, Kelowna. Surgeons in the lower mainland, at St. Paul's Hospital, are among the first in Canada to use bedside computers that provide them with immediate access to treatment orders and test results so patients receive faster emergency room treatment and early diagnosis.

This is revolutionary. Think of it in the context of your own business. Here we are in May of 2003 and we're going to start using computers! Isn't that novel? It's wonderful new technology but I think it underscores that while we've made significant progress we still have a long, long way to go when it comes to getting the technology in place that can assist us.

In the area of human resources we have made sure we'll have an additional 1,813 nurses in training in British Columbia. There are two good things about that: one is we will have to stop relying so much on other jurisdictions to train the nurses that we need; and the other is that these are great jobs for our young British Columbians to go into. We are starting on the process of almost doubling the number of medical students at the UBC Medical School and I know John Cairns is here and has been fundamental in driving that expansion not only at the UBC site, but 24 students a year will be admitted into the program at Prince George and Victoria as satellite programs to the UBC med school.

The other thing we're doing is adding more money in the system, and you'll hear a lot about the so-called cuts to health care in British Columbia, but I don't accept that for one minute. We actually, upon forming government, put an additional \$1.1 billion into the health care budget. Next week we'll be tabling the final budget for this year and you will see that the reason it's delayed is because of the federal dollars. They'll increase the health budget in this province by another hundred million dollars a year.

So we've added more money, we've added more bricks and mortar, we've added more technology, we're educating more health care professionals, but you know, those are all inputs to the system, and what's really important to me is what are the outcomes? How is the system actually better as a result of all these new inputs that are there? Well for the first time we've actually put in place performance measures for all of our health authorities. You can go onto our website and see exactly what those items are that we're holding the health authorities accountable for. Not measuring their success by how much money they spend. Not measuring their success by how many beds they have or how many people they employ. But measuring success in terms of how well people can get access to the care they need in a timely fashion.

Just within the last year for example, we have increased the number of surgeries performed in British Columbia by 9%. People are getting access to more surgical care than they have in the past. There are fewer patients that are being transferred out of the regions they live in. So if you go into the East Kootenays now, because we've been able to recruit more specialists there, more people in that region are getting access to complex care close to where they live instead of having to fly to Calgary or to Vancouver or to Kelowna. The same is true of the Kootenay Boundary area, and in the northwest.

We are also seeing fewer patients that have to be transferred to the US. We've put in place what's called BC Bedline, which is actually a computer registry of all of the available beds that our major acute care hospitals have in the province. In the past our doctors might have had to sit on the phone for hours to find a bed ready to transfer their patient to so they could get the appropriate care. Now they can dial into BC Bedline, which actually does computerized tracking of all of the beds that are available throughout the province. In the past year we have only had to transfer 6 patients to the United States. And I can tell you that the patients that we have had to transfer to the US in the past because a physician couldn't find an available bed, cost an average of \$300,000 per patient every time we send someone down for care we should be able to provide in British Columbia.

The best outcome of all for me is when I go around to some of these new long-term care facilities and assisted living facilities that are opening and actually see the smiles on the faces of some of our seniors when they realize the wonderful new care environment we've been able to create for them.

So we've heard lots of noise and lots of anxiety over the last twelve months around the changes. I was once told that the human species has the greatest capacity to undergo change of any species on the planet. And yet, we're the least willing to go through that change. The challenges that we have in healthcare are huge and they will continue to be huge. We will not solve these problems in the space of five years or six years. It will be an ongoing challenge that my successors will be facing 10 and 20 and 30 years from now. But we are facing them head on.

The changes we are bringing in are not simply a bandaid solution that will get us through the next election two years from now. They are fundamental changes that will start the process of getting us through the next 20 and 30 years to make sure that we have a health care system that is sustainable for our children in the future.

Thank you very much.