



# Managing Director's Monthly Report

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## Broadcast Journalist Appointed to LHIN

On August 3, 2007, broadcast veteran John Ferguson was appointed for a one-year term to the Board of Directors of the South East Local Health Integration Network.

Mr. Ferguson is both a long-time resident of the region and a former media executive, Ms. Georgina Thompson, South East LHIN board chair said. "With decades of work as a respected journalist in the South East, John brings an exceptional depth of knowledge of this region to the critical role of community representative on the Board of Directors," she added.

"We are fortunate to gain his perspective and his voice."

Mr. Ferguson was News Director at Quinte Broadcasting from 1979 until his retirement in 2006. He also brings a decade of international experience as News Director at Bermuda Broadcasting Company (1968-1978).

He is on the Broadcast Advisory Committee at Loyalist College, and is a member of Quinte Crime Stoppers and the Radio Television News Directors Association of Canada.

The South East LHIN currently has eight members. Inaugural members Ian Wilson and Balu Patel are no longer on the board.

## Providence Care Earns CNA Recognition

As nurses face increasingly complex cases in their practice, the need for continuing education has never been stronger. Annually, the Canadian Nurses Association (CNA) recognizes employers who support registered nurses in their pursuit of national certification in nursing specialties.

"Obtaining the CNA certification is an important indicator to patients, colleagues and employers that the certified nurse is qualified, competent and current in a nursing specialty," said Marlene Smadu, president of CNA.

CNA offers voluntary certification for registered nurses as part of an established national certification program. The certification is offered in 17 specialty areas including neuroscience, cardiovascular, nephrology, emergency and community health nursing. Currently there are about 14,088 CNA-certified nurses in Canada, and close to 3,000 Canadian nurses are newly certified or renew their CNA certification credential each year.

Providence Care recently received honourable mention for their support and encouragement of nurses pursuing certification.



## PSFDH Redevelopment in Smiths Falls

On July 20, 2007 the provincial government announced that it is increasing access to health care services for Perth and Smiths Falls area residents by approving the expansion and renovation of the Perth and Smiths Falls District Hospital.

"Our government is committed to providing better access to health care services across the province, and that depends upon ensuring high quality care in our local hospitals," said Smitherman. "We are pleased to announce that Perth and Smiths Falls area residents will soon have improved hospital facilities, to better serve their needs."

The project will involve redeveloping the patient care, environmental and support service areas of the Smiths Falls site of the Perth and Smiths Falls District Hospital. It will also

include the demolition of the east wing and construction of a new wing to improve health care services.

"We are very pleased that the government is making this important investment in our facility and the health of our community," said Brandi Machan, Board Chair, Perth and Smiths Falls District Hospital. "The community support has been phenomenal on this project, and we are very grateful."

"This announcement will enable us to forge ahead with our commitment to delivering unparalleled care to our patients," said Todd Stepanuik, CEO, Perth and Smiths Falls District Hospital. "We look forward to having shovels in the ground in April."

Construction at the Perth and Smiths Falls District Hospital is expected to begin as early as April 2008.



## IMC Coordinator Achieves EMPAC Assessor Status

In July, Ginette Soulieres, HCNSEO's incident management coordinator, assessor status from the Emergency Management Accreditation Program (EMAP). EMAP is an American, standard-based voluntary assessment and accreditation process for local government programs responsible for coordinating prevention, mitigation, preparedness, response, and recovery activities for natural and human-caused disasters.

Accreditation is based on compliance with collaboratively developed national standards. EMAP seeks to develop a pool of highly qualified emergency managers to handle this accreditation function on a rotating basis.

Assessor team members possess the following qualifications:

- Five years of experience in an emergency management position;
- Experience in at least one actual emergency operation requiring implementation of operational response procedures;
- Participated in at least one emergency operation, training or exercise event in the last calendar year;
- Be knowledgeable and up-to-date about the principles of comprehensive emergency management;
- Provide two references regarding his or her qualifications from an emergency management division director or equivalent; and
- Have no conflict of interest as regards any aspect of EMAP and must be able and willing to serve as a neutral observer.

## Chronic care



Between 1996 and 2006, health-care spending in Canada almost doubled, increasing to \$148-billion from \$75-billion.

Virtually all of that increase was due to the treatment demands of people with chronic illnesses such as cardiovascular disease, chronic obstructive pulmonary disease, diabetes, depression, cancer and arthritis.

Yet political attention to our health-care system continues to focus on the delivery of episodic, acute care while chronic care, which should be delivered in an organized, consistent manner, is highly fragmented and inefficient. While we focus on relative trivialities such as wait times for acute-care procedures and the proper balance between private and public delivery of services, a care chasm is growing that threatens the very viability of our publicly funded health insurance system.

The importance of the issue is laid out in a new essay titled *An Inconvenient Truth: A Sustainable Healthcare System Requires Chronic Disease Prevention and Management Transformation* published in the Canadian journal *HealthcarePapers*.

The trio of authors - Matthew Morgan and Nicholas Zamora of the Courtyard Group, a Toronto-based health consultancy, and Michael Hindmarsh of Hindsight Healthcare Strategies in Seattle - begin with numbers that should make politicians, policy-makers and taxpayers shudder, especially in a society that is aging and where chronic illness is on the rise. For example:

- Three-quarters of all health spending is already dedicated to the treatment of chronic illness;
- 80 per cent of physician visits are related to chronic disease;
- An estimated 16 million Canadians are living with a chronic illness;
- About half of adults over the age of 65 are being treated for five or more chronic conditions;
- While life expectancy is on the rise, Canadians, on average, live the last dozen years of their lives with one or more chronic illnesses.

More troubling is that, as Dr. Morgan and his colleagues make clear, our efforts to deal with these challenges are abysmal. In a study published last year by the Commonwealth Fund, Canada ranked dead last in the prevention and management of chronic disease.

Why? Because Canada's health-care system lacks vision, direction and, to a certain extent, funding. (We don't necessarily need to spend more money, but we definitely need to spend it more efficiently.)

Decent care of patients with chronic illnesses requires continuity of care. It starts with thoughtful prevention programs, good primary care (an area in which Canada does particularly badly, largely because of our fee-for-service model), investment in electronic medical records, involving patients in their care, and a willingness to measure performance and insist on quality improvement.

These failings have a cost, both human and economic. In their essay, the authors took a model developed by the Rand Corporation that measured the impact of delivering chronic care in an organized manner in just four areas (diabetes, congestive heart failure, asthma and COPD) and applied it to Canada.

The researchers showed that if only half of patients with these illnesses enrolled in a chronic disease management program, they would spend 1.5 million fewer nights in hospital, and \$1.6-billion in medical costs as well as 22,360 deaths would be avoided each year.

Such a program, of course, costs money. The team estimated there would be a need for \$1-billion in upfront costs and an additional \$780-million in annual operating costs for a decent chronic disease management program. But still, by year seven, the program would break even. More importantly, tens of thousands of Canadians would receive better care.

The authors suggest that Canada needs a funding commitment for chronic disease that mirrors the strategy for wait times. This is appropriate and timely, a call that should be heeded, particularly by a federal government struggling to make its mark in health care and for provinces reeling from ever-increasing costs and demands.

But, be careful.

As Peter Sargious, the medical leader of chronic disease management in the Calgary Health Region, notes in a related commentary, governments have made large investments in primary care before (about \$800-million) with no appreciable effects aside from some excellent pilot projects.

This occurred largely because the money was spent in the absence of a cohesive national strategy, and with no accountability. Chronic disease management and prevention requires sustained, community-based efforts, but this will occur only with a national vision and infrastructure.

"We often cannot see the forest for the trees," Dr. Sargious writes, noting that we have, to date, embraced care models that emphasize the distinctiveness of individual chronic diseases, and this results in inefficiency and duplication.

What we need now is to tackle chronic disease for what it is - the challenge of managing multiple conditions - and with an urgency that underscores its importance.

And the starting point, Dr. Sargious says, has to be "treating patients as a whole, not an aggregated collection of diseases."

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The Globe and Mail  
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A voluntary partnership of  
health service organizations  
in Southeastern Ontario  
who are working together to  
improve the delivery of  
health services in the  
region.

### Meetings Attended by Managing Director - August 2007

August 2 iSCM Proponent Presentations	August 21 CEO's Committee
August 8 OHC Strategic Plan Presentation	August 23 iSCM - Governance Work Team Workshop
August 9 iSCM Phase II Kickoff	MOHLTC HAPS 2008-2010 Videoconference
Rural Health Sciences Chronic Disease Management	August 24 iSCM Executive Team Teleconference
August 10 Arthur Ronald - LACGH (iSCM)	August 27 HCNSEO Meeting
Dr. Anne Carter - L&LGDHU	August 30 iSCM Governance Work Team Teleconference
August 15 Dr. Mark Harrison	August 31 iSCM Executive Team Teleconference

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