

Kevin McNamara

Deputy Minister of Health and Wellness

Symposium on Healthcare Renewal: Welcome and background: why are we here?

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Why are we here?

**Zamboni.**

- I don't mean the ice machine. Yet without evidence-based research, we might as well be skating, our feet sliding out from under us as we face the strong, emotional force of opinion on possible new treatments.
- What puts us on solid ground?  
What will allow us to make the right decisions?

Rigorous evidence.

- Two new studies released last summer cast doubt on Italian physician Paolo Zamboni's theory that MS is a vascular disorder caused by vein blockages which lead to a buildup of iron in the brain.
- Research in Germany and Sweden found no unusual blockages in the veins of MS patients compared with control groups. That's not to say there is not great promise in this treatment.
- But Dr. Paolo Zamboni himself recommends more research into the best treatment technique. Liberation treatment is still very new and there is only anecdotal evidence based on the 65 people or so who have had the treatment.

When there's news of a new experimental treatment, procedure or drug that provides hope ... Sometimes decision makers like me lie awake wondering whether we are doing the right thing. How can we ever know, without the work you do?

- We need to ensure we are providing the best possible health care for Nova Scotians and their families and that means providing care based on proven scientific research and clinical results.
- How do you make the good evidence more public? We need more people speaking out, about, for instance, the need for more information on the efficacy of drugs, without the lobbyists and marketing hype.
- We need guidance and information from organizations like the **Nova Scotia Health Research Foundation**, which is helping us frame our research for our Mental Health Strategy.
- A NSHRF report was also a key component of the decision-making process regarding the integration of continuing care within the DHAs, with a strong emphasis on accountability.
- The foundation is also waiting to hear about federal funding to develop a web-based tool kit for health human resources planning that will be evidence based and could be a national resource!

- We need guidance from the **Canadian Institutes of Health Research**, such as its role in collaborating with the MS Society of Canada and with leading North American experts in multiple sclerosis -- to identify research priorities for Canada in this area.
- We need reports from the **Canadian Institutes of Health Information** -- to provide us with national and international perspectives and province-to-province comparisons, to help us plan health services.
- **Smart governments** make good decisions based on good information.

That's how **you help** government make good decisions.

- Today we have a chance to share policy-relevant research, to foster evidence-informed dialogue...
- To share the information we have and identify the information we need.

#### **You will be ...**

- talking about existing evidence and potential solutions, prioritizing key information needs for future research.
- the evolution of Canada Health Transfer.
- the Canada Health Act.
- Federalism.
- alternative financing mechanisms.
- the fiscal environment and cost pressures, and..
- the expiration of First Ministers' Health Accord.

#### **You will be...**

- Sharing policy-relevant research in relation to key symposium themes.
- Leading evidence-informed exchanges between Deputy Ministers, Assistant Deputy Ministers and research experts.
- Identifying high-priority information needs, gaps and opportunities.
- It's a pivotal time to have these discussions -- with the current fiscal environment, increasing cost pressures on provincial health budgets and the upcoming expiration of the First Ministers' Health Accord ...
- Decision makers need to hear about -- to learn about -- evidence-informed solutions to health care renewal.

**I want to tell you a little bit about the Nova Scotia health system to illustrate why health care renewal is so crucial.**

**Every day**, our health system serves thousands of Nova Scotians.

**Every year...**

- 100,000 inpatient and day visit surgeries.
- 100,000 ground and air ambulance transports.
- 100,000 Healthlink 811 service calls.

**Every year, we see:**

- 665,000 ER visits.

**Every year, we conduct:**

- 1.2 million diagnostic imaging tests -- x-rays, MRIs and CAT scans.

**This is a lot of work. But are we getting the right results?**

- In Nova Scotia -- some of the highest rates of cancer and chronic disease in Canada.
- Aging population that requires more complex services and treatment.
- Only half of Nova Scotians report being physically active on a regular basis.
- More than half -- overweight or obese.

**Virgil said, “The greatest wealth is health.”**

- This could be said of Nova Scotia, where health care spending is more than 45 per cent of the budget! About 70 per cent of the \$3.6 billion is spent on wages and benefits – wages have increased over the years.
- To reduce the current health-inflation-to-income-revenue gap, we need to re-balance our approach to chronic diseases through strengthened Primary Health Care
- **We need to review what we’re doing:**  
Dr. John Ross review of Emergency care; Advisory Committee on Mental Health.

- **We need to meet growing needs.** More people will have chronic health needs. More of us are aging. By 2020 likely a third of us will be over 65. More of us are living longer.
- **We need to commit to quality and patient safety.** Better management and effectiveness will help address expanding health care costs.
- We need to consider clinical evidence, ethical principles, appropriateness, equity, inclusiveness, collaboration, and...

**How to provide the most good to the greatest number of citizens.**

**Now is the time.**

- Finances...health outcomes...politics ...spirit of collaboration...and many other factors are uniting to create an opportunity to reshape our healthcare systems.
- We need to focus on wellness rather than illness.
- Expand chronic disease self-management.
- Increase access to primary health care teams.
- Increase awareness of services like Healthlink.
- Provide clearer, more comprehensive patient information.
- Further develop IT projects -- electronic health and medical records, digital diagnostic imaging and telehealth.
- Drug information system -- so health care providers can see all of a patient's prescription drug information, reducing negative interactions between drugs and incidences of over-prescribing.
- Improve access to diagnostic test, therapies and treatments.
- Provide services to an increasingly diverse population.
- Strengthen provincial programs to make sure that no matter where you enter the system, you will get the care you need.

**We need to have these conversations now as the F/P/T Health Accord expires in 2014.**

- We have committed to reducing wait times, advancing issues such as health human resources, home care, pharmaceutical coverage, primary care, and health promotion.

- The year 2014 also marks the end of the “Canada Health Transfer” with an annual escalator of 6 per cent.

We need to prepare for future negotiations.

- We need to look at “sustainability” from a “value for money” perspective.
- Similar sentiments were expressed at the Council of Federation meeting in August 2010.
- Premiers have outlined several commitments for work toward 2014 – such as working together to bring growth of health care costs to a more sustainable level ...
- At the June 2010 PT Deputy Ministers’ meeting, BC took the lead to develop a critical path towards 2014 – and Nova Scotia is supportive.
- We need to work on a Provincial-Territorial Framework for Agreement by September 2012.

Nova Scotia will be the lead province -- looking to our partners in health to help us achieve that target.

- Given the complexity and the cross-over between health and finance -- discussions need to be aligned with Finance Departments.

The Deputy Ministers will be discussing this at a retreat in 2011.

#### **What do we need to do differently to renew health care?**

- That’s the billion-dollar question, and why we are here today – to look at the policy and research, to talk about what we’re doing right and what we could be doing better.
- What do we need to know to meet the health needs of our people? We need the research and information that will put us on solid ground to make the right decisions.