

Solutions Must Include the Community Hospitals



COMMENTARY

D. Wayne Fyffe, BA, DHA, CHE
President and CEO, Credit Valley Hospital

John R. Srigley, MD, FRCPC
Chief, Department of Laboratory Medicine,
Professor, Department of Pathology and Molecular Medicine, McMaster University



ABSTRACT

The authors of this commentary acknowledge that Academic Health Sciences Centres (AHSCs) will need to change, but they assert that the need for change and urgency are even more dramatic than presented by Lozon and Fox.

While the AHSCs are likely to survive, their form and fabric are likely to change dramatically in the new order. Any solutions to the problems of the AHSCs have to include the community hospital stakeholders, especially the evolving regional teaching hospitals. This applies not only to patient care but also to the potential teaching and research (clinical trials) contributions of the community/regional players. There must also be more involvement by non-medical faculties in defining the vision, mission and values of the AHSC.

Federal funding should be available not only to enhance the research activity of the AHSCs and the regional partners but also to provide the informatic linkages between players. Alternative funding programs for academic physicians along with enhanced productivity measures in areas of patient care, education and research are important in order to level the playing field not only with respect to remuneration but also with respect to other incentives such as recognition and promotion.

LOZON AND FOX present a fair and honest description of the strengths and weaknesses of today's academic health sciences centre (AHSC). They present an optimistic view that AHSCs will survive the future because over time they have "proven themselves resilient in the face of enormous pressures." The authors acknowledge the AHSCs will need to change, but in our view the need for change and urgency is even more dramatic than presented in the lead paper.

The authors have articulated the fundamental issues facing AHSCs, and this commentary focuses primarily on the need for role clarity, alternative financing of medical faculty positions and research funding. Our perspective is that of two individuals currently working in a community hospital that is transforming itself into a regional teaching hospital, and both of us have had experience in AHSCs.

In our view, we are entering an era when clarity of roles, leading to greater accountability for resource utilization and health outcomes, is absolutely essential to the ability to sustain our cherished healthcare system. Except for a brief period following the September 11 disaster in the United States when security was uppermost in everyone's mind, anxiety about access to quality healthcare is by far the most significant concern of all Canadians. This fact of life will force governments to have the political courage to enter into a significant debate about the future structure of our healthcare system. This will necessarily result in increased attention to role clarity and accountability in all aspects of the system, including AHSCs. Traditionally, medical faculties have been at the epicentre of the

AHSC. In the new order, other faculties including, nursing, physiotherapy, and so on, must not only be recognized, but must be an integral element in defining the vision, mission and values of the AHSC.

Role Clarity

The issues of patient care, teaching and research must clearly be addressed in the context of an evolving regional system.

Patient Care

With the development of affordable technology, critical mass of population, and the advent of transportation "gridlock" in and around cities, care closer to home is now possible and increasingly necessary in non-AHSCs such as those in the "905" area surrounding the City of Toronto. AHSCs cannot be "all things to all people" any more as stated by the authors. We feel that AHSCs and their affiliated universities have an opportunity to more clearly define their role if strong linkages are developed with non-AHSCs in the surrounding region. These linkages could ensure appropriate referrals and consistent program delivery standards.

A good example of a process already underway is the Child Health Network of the Greater Toronto Area (GTA). Regional programs are now evolving to ensure linkages between all non-AHSCs and the Hospital for Sick Children. The object is to ensure access closer to home, consistent standards of care for child and maternal care and a clearer definition of the role of Sick Children's Hospital as an AHSC providing highly specialized care and no longer attempting to be all things to all people. Provided appropriate resource allocation decisions continue to

be made, regional centres will have the critical mass and clinical coherence elements to ensure not only access to secondary care, but also specialized care appropriately linked to Sick Children's and other AHSCs.

Teaching

The development of regional teaching hospitals in close affiliation with universities and AHSCs is necessary to address the concerns of medical students and residents who complain that their educational needs are not met because there is insufficient variety of cases, and faculty members are often so specialized that a comprehensive view of the practice of medicine is not achieved. It is therefore not surprising that the College of Family Medicine and the Royal College of Physicians and Surgeons specifically require, as part of their core curriculum, that residents within various specialties acquire some real-world community experience, in settings where the majority will practise upon graduation. Community hospital settings have sufficient volume of cases to meet the demands of increased medical student enrolment and provide exposure to a different culture and operating environment.

Research

We agree that there needs to be a closer relationship between AHSCs, universities and the federal government. Increased funding from the federal government is essential so that Canada can respond to global competition for excellent researchers and the need for multi-site trials to ensure the maximum impact of the research results. Community hospitals and emerging regional teaching hospitals are already

actively involved in multi-site trials, and the linkages referred to above would only enhance the value of this research.

There has certainly been research renewal with the development of the Canadian Institutes for Health Research (CIHR). The recent initiative by the Ontario Ministry of Science and Technology to assist the medical research community by putting hard money into areas of clinical trial research is welcome. The Ministry initiative is also trying to establish a provincial tissue and tumour bank that could be used for translational research.

The proliferation of hospital-associated research institutes and their relationship with the university is not helpful. Sometimes within a single university, there are several competing hospital research institutes, which may or may not have a coordinated research program with respect to the university and faculty mission. Often, the hospital research institutes have an easier job generating research funding than some of the central university programs and departments. While competition is good, it must occur within an organized framework with common overall goals.

To summarize, the major community/regional teaching hospitals within the evolving decentralized regional mode of healthcare will and should have increasing roles not only in tertiary patient care, but also in teaching and research. As such, the role of these hospitals in relationship to the AHSC must be clearly defined.

Recommendations

We agree that there should be a common vision for the AHSC. As noted above,

this should include not just faculties of medicine, but other healthcare faculties. Furthermore, the regional players should also be included in such a vision development process. Clearly, there should also be a stronger relationship between the government generally (across Ministries) and the AHSCs. This would allow better coordination of trans-Ministry activity in terms of funding (i.e., Ministries of Health, Science and Technology, Education, etc.).

There is no question that the federal government should have a greater role in funding of AHSCs, especially from the research perspective. The federal government should also have an important role in the funding of information technology, not only in relationship to AHSCs, but also in relationship to the regional networks in which AHSCs play an important role. The information technology needs of the evolving provincial systems cannot be sustained by provincial funding, and this would be a very appropriate role for the federal government.

Alternative funding models for AHSC physicians is certainly an important element of change. The use of fee-for-service dollars as a major supporting brace for education and research is no longer tenable. It not only creates conflicts between hospitals and universities, and between departments and faculties, but it also creates divisiveness within the clinical teaching faculty. Procedure-oriented specialties are rewarded in such a system to the detriment of the more cognitive groups. This model of funding also has created a double standard within many university/teaching hospital departments. There are “worker bees” who are expected to crank up clinical earnings

with little or no expectation regarding teaching or research output. Then, there are the “superstars” who are protected from service work to support the research mission. Clearly, a more balanced approach to clinical service education and research is required, and an alternative funding system may help to even the playing field.

While new alternative funding models are necessary for academic physicians, this is not to say that there should not be some degree of clinical volume sensitivity and some attempt to measure productivity at the clinical service, teaching and research levels. In the United States, many departments have developed productivity systems that incorporate not only clinical service output, but also teaching and research output. In such systems, there are points that relate to clinical service activity, to teaching activities such as lectures, course management, etc., and to research output in terms of grants, publications and presentations. Such a system should be incorporated so as to provide productivity feedback to elements of the academic physician community.

Conclusion

In our view, any solutions to the problems of the AHSCs have to include the community hospital stakeholders, especially the evolving regional teaching hospitals. This applies not only to patient care, but also to the potential teaching and research (clinical trials) contributions of the community/regional players. There also has to be more involvement by non-medical faculties in defining the vision, mission and values of the AHSC.

Federal funding should be available

not only to enhance the research activity of the AHSCs and the regional partners, but also to provide the informatic link-ages between players. Alternative funding programs for academic physicians along with enhanced productivity measures in areas of patient care, education and

research are important in order to level the playing field not only with respect to remuneration, but also with respect to other incentives such as recognition and promotion. While AHSCs are likely to survive, their form and fabric are likely to change dramatically in the new order.

Managing your Hospital

Review of strategic issues with direct implications for managing your hospital. Canadian and global experiences are examined. Each section ends with a review of implications and questions. Authors are Peggy Leatt, PhD and Beverley J. Nickoloff, MHSc, University of Toronto.

Health Services Reforms: implications for hospitals

- Home Care Services
- Long-term Care Services
- Mental Health Services
- Primary Health Care Services
- Cancer Services
- Complementary and Alternative Medicine

Health System Reforms: implications for hospitals

- Academic Health Science Centres
- Rural Hospital Networks
- Regionalization and Integration
- Privatization and Private Sector Involvement

Conclusions cover:

- Opportunities for hospitals to assume a leadership role in a number of strategic areas that will allow them to build on past successes and collaborate with other partners.
- The more obvious threats/pressures to manage change effectively in an increasingly complex and uncertain hospital sector.

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