

## **Addressing the Concerns of Physician Executives – A ‘Systems’ Approach**

I read with great interest the results of the 2009 Canadian Society of Physician Executives membership survey. The top three challenges were making an impact on decision-makers, being included in key organizational decisions and being effective in your leadership role. These three challenges certainly struck a chord with me. They suggest a strong desire of Canadian physician executives to make a meaningful contribution to their organizations but a sense that they are unable to do so effectively. This is not a healthy situation. Physician and physician initiated services account for the majority of costs in healthcare. With healthcare costs rising, according to many, at unsustainable rates and there being significant concerns regarding access, quality and safety of care.....there is a real need to rethink and transform how we deliver healthcare services. Significant physician involvement in such processes will be critical for success.

If physician executives in Canada are feeling that there is inadequate input into organizations then where is medical input coming from to help guide the way that our healthcare system evolves? Medical associations and Colleges certainly play a role but, I suspect, a survey of their membership and leadership would reveal similar challenges if questioned about input into how the ‘system’ works. Some Ministries seek input through a variety of other means. I do not think that there are many physicians who would argue, however, that there is sufficient involvement of physicians in considering how to make our healthcare system work better.

How can the major challenges of Canadian physician executives be addressed? I believe that part of the solution lies in how we, as physician leaders, approach providing input. What are needed now are solutions to the broader issues that the Canadian healthcare system faces. Such solutions will require greater medical input.

I have been involved in a variety of activities since receiving my M.D. These activities include family practice, governance of a number of organizations including a regional health region in BC, medical administration and a primary care lead role for a health authority. The varied roles have provided me with perspective on our health care ‘system’ from a number of directions. I have broadened this perspective further by attending and organizing conferences focused on improving healthcare. These latter activities, in particular, have provided me the opportunity to get to know some of the most well recognized implementers of effective and sustainable health system improvement anywhere. In getting to know these people, and their organizations, I noted significant commonalities in how they operate that set them apart from other organizations and that are consistent despite very different contexts.

It is an interest in exploring these commonalities and understanding how to apply such information in the Canadian context that led me to take on an academic role. Through my academic role, in 2009, I organized two dialogues. I thank the BC Patient Safety and Quality Council, Northern Health and the Northern Medical Society for their involvement in and support for these events. The dialogues were aimed at determining the context independent activities that world recognized implementers\* of broadly based health system improvement agree are required to sustain a highly effective healthcare system. Healthcare leaders from BC\*\* also made excellent contributions to the dialogues. The dialogue

and subsequent communication has led to strong support for six key activities of highly effective healthcare systems. These results are documented in a paper which is being submitted to a peer reviewed journal.

Although the findings cannot be presented in full here, there are particular elements of the dialogue and the findings that are highly relevant to the three top challenges of Canadian physician executives. Healthcare in Canada, as in virtually all jurisdictions, has developed to a significant extent from the desires/demands of many different groups who have viewed progress from their own perspectives. This has resulted in a fragmented 'system' with many parts not articulating well together. Dr. Douglas Eby, of Southcentral Foundation, Alaska describes much of how healthcare works as a 'non system'. The result is a 'system' which is insufficiently patient centered and which has significant inefficiencies. Effectiveness is also compromised (which impacts the safety and quality of healthcare services).

One of the byproducts of this form of evolution has been a disconnect between the medical profession and those who administer it. This disconnect exists in most jurisdictions. Dr. Brent James of Intermountain Health calls this "the second chasm". It is this chasm that results in the challenges identified by Canadian physician executives. A large part of making our healthcare system perform better requires that this chasm be addressed. In doing so, the challenges of Canadian physician executives will be addressed as well.

The organizations which are viewed internationally as the most effective have found ways to put the patient first and to support effective input from all who are necessary, including patients as well as physicians and physician leaders.

**\*Dr Helen Bevan**, Chief of Service Transformation, NHS Institute for Innovation & Improvement, England; **Dr. Mats Bojestig**, Chief Medical Officer of Jönköping County, Sweden; **Jim Easton**, then Chief Executive, NHS South Central, now National Director for Improvement and Efficiency for the English Department of Health; **Dr. Douglas Eby**, Vice President, Medical Services, South Central Foundation (SCF), Alaska; **David Ford**, CEO of Care Oregon, USA; **Göran Henrik**, Chief Executive of Learning & Innovation, Jönköping County, Sweden; **Dr. Brent James**, Chief Quality Officer, Vice President, Medical Research & Continuing Medical Education & Executive Director, Institute for Healthcare Delivery Research, Intermountain Healthcare, USA; **James Schroeder**, PA, Director of Health Care Systems, Care Oregon, USA; **Michelle Tierney**, Vice President, Organizational Development & Innovation South Central Foundation, Alaska

**\*\*Fraser Bell**, VP, Quality and Information Management, Northern Health; **Stephen Brown**, Assistant Deputy Minister, Health System Planning, Ministry of Health Services; **Bernice Budz**, Cardiac Services, Provincial Health Services Authority; **Nadine Caron**, Assistant Professor, Northern Medical Program; **Bill Clifford**, Director of Clinical Informatics, Northern Health; **Doug Cochrane**, Chair, BC Patient Safety and Quality Council; **Candida Graham**, Assistant Professor, Northern Medical Program; **David Hardwick**, Special Advisor on Planning, UBC Faculty of Medicine; **Rebecca Harvey**, Executive Director, Health Authorities Division, Ministry of Health; **Dan Horvat**, (Chair) Assistant Professor, Faculty of Medicine, University of B.C.; **Charles Jago**, Board Chair, Northern Health, Interim President, UNBC; **Christina Krause**, Executive Director, BC Patient Safety and Quality Council; **Jane Lindstrom**, Vice President, Human Resources, Northern Health; **Dan MacCarthy**, Director, Professional Relations, BC Medical Association; **Nicky MacCallum**, Ministry of Health Services, Director, Innovation & Integration, Health Authorities Division; **Paul Murray**, Treasurer, Division of Family Practice, Prince George; **Malcolm Ogborn**,

Assistant VP Research, UNBC; **Paddy O'Reilly**, CEO, IMPACT BC; **Linda Peritz**, Executive Director, Center for Health Care Management, UBC; **Jacqui Petterson**, Assistant Professor, Northern Medical Program; **Aubrey Tingle**, Professor Emeritus, Department of Pediatrics, UBC & Associate Director, Maternal, Infant & Child Research Network; **Val Tregillus**, Executive Director, Primary Health Care, Ministry of Health Services; **Cathy Ulrich**, CEO, Northern Health; **Bonnie Urquhart**, Director, Strategic Planning and Project Support, Northern Health