

A North Star Vision: Results from a Deliberative Dialogue to Identify Policy Strategies to Improve Value in Healthcare

Vision à long terme : résultats d'un dialogue délibératif visant à identifier des stratégies politiques pour améliorer la valeur des soins de santé

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TABLE 1. Healthcare reform priorities to improve value of care

Priority	Potential strategies	How strategies may improve the value of care
Develop leadership and vision	<ul style="list-style-type: none"> • Ensure a larger role for the federal government. • Ensure provinces and territories act more like insurers in the competitive market. • Expand the role of municipalities to increase community voice and representation. • Work with the federal and provincial governments and healthcare workers to establish a shared vision. • Consider the Quadruple Aim as the guiding principle. 	<ul style="list-style-type: none"> • Priority spending areas may be established. • More investments in targeted areas could lead to increased quality of care. • Decision making and spending can be guided by the shared vision, which may lead to increased accountability and, in turn, could increase the quality of care.

Priority	Potential strategies	How strategies may improve the value of care
Restructure coverage and funding	<ul style="list-style-type: none"> • Expand medicare-covered services gradually. • Increase taxation. • Increase public care delivery. • Increase management of physicians to increase accountability. • Accelerate alternative provider payment models that support team-based care (e.g., bundled payment and blended capitation). • Revise fee codes to reflect current, not historic, costs. • Utilize existing provincial/territorial and non-profit organizations to expand services. 	<ul style="list-style-type: none"> • Payment, delivery models and population health outcomes may be aligned. • Variation in care may be reduced. • Expansion of preventive care and social services could reduce the burden on emergency departments and hospitals. • There may be increased public oversight of public funds. • There may be a reduction in private delivery of care paid for by public funds. • Money already invested in health and social services may be used more efficiently.
Reimagine primary care	<ul style="list-style-type: none"> • Increase accountability and governance. • Prioritize respectful and responsive care. • Develop new payment models to support team-based care. • Create publicly funded delivery for geographical areas alongside private clinics. • Coordinate healthcare services with social services to ensure that the social determinants of health are addressed (e.g., substance use prevention and treatment, housing). 	<ul style="list-style-type: none"> • Investments in population health can help reduce system costs. • Value for money in primary care can be analyzed to see where money can be spent more efficiently.
Improve long-term care	<ul style="list-style-type: none"> • Ensure that models of care support quality of life across the life trajectory. • Move toward home-based care. • Support patient/caregiving autonomy. • Stop building new LTC facilities. • Test municipality-led reform (e.g., pilot test models of community-based LTC led by municipalities). 	<ul style="list-style-type: none"> • This may lead to improved quality of life for older adults. • Less money may be spent on institutional care.
Advance equitable and community-based care	<ul style="list-style-type: none"> • Expand home- and community-based care. • Ensure that an equity lens (age, gender, socio-economic status and language) is applied to all new reforms. • Engage the community voice in reforms. 	<ul style="list-style-type: none"> • This may result in more space for the community voice. • Spending on services that are not identified as priority areas by citizens and patients may be reduced. • The needs of more Canadians may be met. • There may be improved access (services not going to waste).

LTC = long-term care.

TABLE 2. Making change: Barriers to and strategies for healthcare reform implementation

Themes	Description	Barriers to change	Strategies for change
Guiding vision	The guiding vision speaks to goals for the healthcare system and a path to achieve it.	<ul style="list-style-type: none"> • There is no guiding light that provides a salient, tangible and transparent vision for healthcare. • Current lack of vision leads to confusion surrounding healthcare system goals. 	<ul style="list-style-type: none"> • Create a North Star vision for healthcare to inform decisions. • Utilize the North Star to guide progress and accountability measures. • Define the North Star as a Quadruple Aim.
Politics and policy	Politics and policy speaks to governance structures, political influence, interests, values and power dynamics both in governments and delivery systems.	<ul style="list-style-type: none"> • The healthcare system is siloed and political, leaving little room for community voice. • There is confusion regarding who oversees what and where power resides. • High levels of political influence contribute to system complexity. • Government officials may avoid making changes to the system to maintain status quo and avoid political risks. • Healthcare workers may be unwilling to champion change to protect themselves and unions. • Fears that reform may threaten residents' universal physician and hospital coverage might be at play. 	<ul style="list-style-type: none"> • Increase public lobbying and mobilization efforts. • Create partnerships/advisory boards to integrate community input into the system. • Identify and utilize policy windows to drive mobilization efforts. • Insulate the healthcare system from politics. • Depoliticize potentially controversial services that improve health (e.g., substance use disorder management).
Transparency and accountability	Transparency and accountability speaks to openness and honesty in government and healthcare delivery, as well as mechanisms for measuring and improving the performance of healthcare payers and providers.	<ul style="list-style-type: none"> • There are limited accountability mechanisms. • There is limited transparency around the intentions and goals of implementers. • There is limited transparency surrounding resource allocation and spending. 	<ul style="list-style-type: none"> • Increase primary care accountability for health outcomes. • Increase transparency around government healthcare reform decisions and goals. • Increase the management of community-based physicians (specialty and primary care) by provincial/territorial governments or professional societies.

Themes	Description	Barriers to change	Strategies for change
Public information and knowledge	Public information and knowledge speaks to the information that the public and community stakeholders receive from healthcare payers and providers about operations and the role of knowledge sharing.	<ul style="list-style-type: none"> • The public lacks accurate information regarding government decisions, resource availability and resource allocation. • Misinformation can result in confusion and misunderstanding. 	<ul style="list-style-type: none"> • Increase healthcare system knowledge through education about funding and payment models, government priorities and roles and the vision for healthcare. • Mobilize knowledge to foster improved patient advocacy and community involvement.
Community voice	Community voice speaks to gathering feedback from community stakeholders and increasing citizen involvement in healthcare and government.	<ul style="list-style-type: none"> • There is not enough citizen activation to mobilize change. • Current power structures in healthcare marginalize the community voice (i.e., decision making, control). • A lack of community feedback and input into change has created patient-care gaps. 	<ul style="list-style-type: none"> • Increase safe spaces in the healthcare system for open conversations and feedback about improvements and changes. • Utilize conversations to grow a strong narrative for change and drive increased community advocacy efforts. • Include patient representation in non-tokenistic roles in governance committees and other decision-making bodies across the healthcare system to increase influence. • Tend to those in the community who resist change and listen to their concerns and opinions.
Funding and infrastructure	Funding and infrastructure speaks to structural policies and capacities that enable healthcare delivery, including healthcare financing, payment models and facilities and providers.	<ul style="list-style-type: none"> • Canadians are spending comparable amounts to other countries but are not receiving the care that they require. • There is limited political will to spend money. • There is limited infrastructure to support innovative and patient-centred care. • The healthcare system is very institutional (e.g., hospital focused). 	<ul style="list-style-type: none"> • Ensure that infrastructure supports the current system and can be adjusted to anticipate changes or new goals (e.g., new care models). • Improve data and measurement capabilities, including patient health records with interoperability across Canada.