



The main theme in this issue of *Healthcare Quarterly* is ensuring appropriate access to health services.

This is a particular challenge as the Canadian population ages. A major feature by Marcus J. Hollander, Neena L. Chappell, Michael J. Prince and Evelyn Shapiro, Canada's leading experts on aging, provides

briefing notes on three key policy issues related to providing care and support for the aging population – the organization of care delivery systems, long-term home care and informal care. The authors base their recommendations on work done for the Canadian Initiative on Frailty and Aging, which was initiated to further the understanding of causes, trajectory and implications of frailty and to improve the lives of older persons at risk of frailty.

A second paper by Rino Stradiotto, an emeritus member of the law firm Borden Ladner Gervais, looks at the legal implications of access to non-funded health services. Resource allocation is a fundamental consideration in determining whether a specific treatment should be funded by the public system. Within this, of course, is the related issue of whether healthcare is a “right” under the law.

We continue our series on effective leadership during change initiatives with a third article by Sharon King and Larry Peterson at Starfield Consulting, who have done extensive interviews with public sector leaders around issues related to change management. This third article focuses on the finding that successful leaders were able to “command” and “let go of control” at the same time.

In the section Ideas at Work, a group of authors based in Kingston, ON – Paul Masotti, Michael Green, Sam Shortt, Duncan Hunter and Karen Szala-Meneok – focus on identifying adverse events in community care, an area that has received little attention until recently. The authors describe the results of a consensus workshop in which healthcare professionals were asked to identify and rank common adverse events and important research questions relating to community care. Results include prioritized lists of adverse events, research questions and contributing factors associated with adverse events.

Along the same theme of access we present a case study from Capital Health in Edmonton, Alberta, where the region has implemented a system-wide chronic disease management model to support people with chronic disease and their primary care physicians. The goal was to move away from the acute care model of care to a chronic care model where primary care physicians are working with their patients to manage their disease. Readers in other jurisdictions will be intrigued with this novel – and successful – solution, the first of its kind in Canada.

In the Futurethink section, Kevin J. Leonard and David Wiljer look at access from another perspective as they describe how patients should be able to access their own personal health information so that they can be full partners with their providers in the management of their health and wellness care. The authors describe how customers' access to information has reduced costs in other industries, such as banking; the same may hold true in healthcare.

In an attempt to keep pace with global health issues we present a paper in the journal *World Health and Population* that looks at South Korea's relatively new universal health system and evaluates it on three benchmarks – access, cost and outcomes – with 30 other industrialized OECD countries.

In *Longwoods Review*, we feature a report prepared collaboratively, by the CEOs of Ontario's 14 Local Health Integration Networks (LHINs), who issued their integrated health service plans in October 2006. The article reviews the experience of the LHINs in developing the integrated plans and discusses eight opportunities and next steps for the LHINs as they act on the basis of their plans. Commentaries on the article are provided by David Levine, President and Executive Director, Health and Social Services of Montreal, who discusses Montreal's experience with integrating health services, and John Ronson, a partner at the Courtyard Group, who calls for a move from planning to action.

We are also pleased to provide readers with the regular columns and research updates from groups such as CIHI, CIHR, ICES and CHSRF. As always, we welcome your suggestions, ideas and comments. Enjoy the read.

*Peggy Leatt*

–Peggy Leatt, PhD