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Why not try after-hours care the Dutch way?

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'If you manage a chronic illness properly, you shouldn't need an emergency room'

With the federal government all but washing its hands of any role in health care, it's fallen to the provinces to grapple with what is arguably the most vexing public policy file in Canada.

For years, we've been warned of the baby boomers' impact on provincial health budgets. Well, the first waves of this demographic are here. No wonder Ottawa's sought higher ground.

In trying to contain costs, the premiers recently established a working group on health-care innovation. It will be the task force's job to investigate inventive ways to begin bending health expenditures downward. As a start, it could do worse than obtaining a copy of a recent report by Western University's International Centre for Health Innovation.

The study, *Strengthening Health Systems Through Innovation*, examines the lessons Canada could learn from seven comparator countries - the U.S., Britain, Australia, Germany, the Netherlands, France and Switzerland. It notes that while developed countries are being challenged by increasing demands for health services, Canada has made significantly less progress in meeting those pressures than others.

Anne Snowden, co-author of the report, says the research shows that the most successful examples of innovation begin at a local level, then grow from there. "You don't have to boil the ocean," she said in an interview.

Some of the most impressive cost gains the authors came across were made around managing chronic illnesses, which only increase with an aging population. In its almost singular focus on acute care and issues such as wait times, Canada has missed the boat, the report suggests.

"If you look at any data on hospital beds, 70 per cent of them [in Canada] are occupied by people with chronic illness challenges," said Prof. Snowden. "We are structured around acute care delivery and yet the majority of people who need health care need chronic illness management to keep them out of hospitals. If you manage a chronic illness properly, you shouldn't need an emergency room."

It's pretty simple: If you reduce the amount of time people spend in hospitals, you drive down health-care costs.

So what are other countries doing? Many, like the Netherlands and France, have created 24/7 physician coverage. Health care is often provided in people's homes or at a nearby clinic, not at the nearest hospital. "So they have really reversed the care model and turned it on its head," says Prof. Snowdon.

After-hours care in the Netherlands, the report says, is organized in primary-care physician co-operatives in which 40 to 250 doctors take care of patient populations ranging from 100,000 to 500,000. The doctors are paid by the hour while on call. The co-ops are usually in or near a hospital.

"During after-hours periods, the GPs will carry out telephone consultations ... see patients and perform home visits" via chauffeured cars equipped with infusion drips and defibrillators. For home visits, most patients are visited within an hour of calling, and 70 per cent of those experiencing potentially life-threatening problems are reached within 15 minutes.

You'd think such a system would be prohibitively expensive. Yet, when it comes to chronic illness management, Canada spends far more than either the Netherlands or France.

Around-the-clock physician care may be something the premiers' task force should look into. "If consumers end up winning, there is no reason it has to be controversial or a hard sell," says Prof. Snowdon. Then again, this is Canada.