

Where to from here?

Peter Hutten-Czapski MD
Haileybury Ontario
Society of Rural Physicians of Canada

Rural Health Care

“.. there is an "inverse care law" in operation. People in rural communities have poorer health status and greater needs for primary health care, yet they are not as well served and have more difficulty accessing health care services than people in urban centres.”

- Roy Romanow, 2002

SRPC Policy on Regionalisation

- Principles of Successful Regionalisation
 - Stated Measurable Goals
 - Evidence Based Decision Making
 - Rigorous Cost Analysis
 - Definition of a Viable Region
 - Equality of Access
 - Maintain Core Services
 - Meaningful Local Input
 - Citizens
 - Professionals
 - Education and Research
-
-

Stated measurable goals

- A clear definition of the problem(s) to be solved by regionalization and the method in which this will be evaluated is essential
 - Are the LHIN's mandated with a definition of what they are to do and how this is to be evaluated?
-
-

Evidence-based Decision-making

- Changes to existing regionalization schemes or the institution of new structures must be based on the best available evidence.
 - Do the LHIN's have adequate access to the resources needed to make informed decisions?
-
-

Rigorous cost analysis

- Cost-Benefit analyses must include the hidden costs to patients in the form of missed work to travel to distant services, the cost of travel to and from regionalized services, the costs for family members who must accompany their loved ones, etc.
 - Citizens of rural and remote Canada often carry a significantly greater financial burden when services are regionalized when compared to their urban counterparts.
 - Will the LHINs seek to reduce this burden?
-
-

Definition of a viable region

- Regions must be based on sound operational principles.
 - All aspects of care from primary through to tertiary care must be available to all citizens of a region.
 - Is the region looking after its own in its sphere of services?
-
-

Equity of access

- Rural citizens already have decreased access to health resources, services and personnel
 - Regionalisation should reduce these inequities and not exacerbate them
 - Is utilisation being driven on the basis of medical need, not address?
-
-

Core services

- Care should be organised with defined local, regional and provincial services with services provided as close to the patient's community as practical based on rigorous needs assessments at all levels.
 - Regional centres should not be given money to fill roles for the region without requiring them to take patients from the smaller communities of a region.
 - Does the referral hospital take patients from its catchment on the same basis as their “own” patients?
-
-

Meaningful input

- Health care professionals are in a unique position to provide useful observation and input into the organization of regions and into the policies for service delivery.
 - Modern management theory supports the development of policy and procedures as close to the service provision as possible.
 - Are LHIN boards urban dominated?
 - Is rural input actively encouraged, and if so how is it received?
-
-

Education and Research

- Those implementing or changing regional systems must be cognizant of the need for continuing education of health professionals and the conducting of health research within the system.
 - Will the LHINs be doing education and research?
-
-

Resources

- Peter Hutten-Czapski phc@srpc.ca
- The Society of Rural Physicians of Canada
www.srpc.ca
- SRPC Regionalisation Policy Paper
www.srpc.ca/librarydocs/Regionalization_SRPC.PDF