

Session III: Issues in the Delivery of Health Care: Health Human Resources and Regionalization

Tom Ward (The Ward Group)

This morning, we're going to be talking about issues in the delivery of health care, health human resources and regionalization. I, like several of my colleagues, bring a somewhat different view to this discussion in that I escaped from the bedside through hospital administration and government bureaucracy. And my interest in this, quite frankly, is that I remain an absolutely passionate, vocal, and occasionally abrasive champion around the need to wrap our minds around health human resource issues in Canada.

Health care is a caring business. It requires people at the bedside to provide care and caring, and we do have several national problems in this area. Very clearly, there's a national trend that shows an increasing burden of illness within our population. We're not getting healthier; we in fact are getting sicker.

Secondly, it's very clear to me that the fragmentation of care for the average Canadian is getting worse; it's certainly not getting better. System integration is something that's talked about, but for those who struggle to find a family doctor, find a clinic after hours or go to an emergency department, there needs to be a recognition that the system is more difficult to navigate than before. In fact, when you look at the proliferation of so-called patient navigators, people who are needed to take people through the health care system, that shows that the system is more complex and difficult, not easier. We need to understand and figure a way around this problem.

The third thing to note is that Steve Morgan showed an absolutely stunning graphic yesterday about the moving demographic bulge, in terms of aging of the population. Within that dynamic, there are three very important things from my viewpoint.

First and foremost, the workforce is getting older. They're not interested in working longer hours. They're not interested in working evening shifts, weekends and other things. They can't do it as well as they could before. Secondly, the same is true for our educators. I suspect if you talked with any dean of any of the health professional schools at the current time, they're probably panicked about where their faculty is coming from for the future. We've not invested enough in the production of new professionals. And lastly, we have forgotten about the 3 million Canadians who receive care from friends and family. One in ten Canadians has an unpaid caregiver providing care work at home. Most of those people providing care are women. They're mothers, daughters, and spouses. But they, too, are aging and will not be able to carry on in the future. So today's discussion, I think, is extremely timely.

We have four panelists this morning who are going to be approaching this question from a number of areas, including "Barriers and Solutions to Implementation Strategies to Improve Health Human Resource Models in Canada," "Implementing Managed Competition in Home Care: The Impact of Turnover," "An Empirical Analysis of Health Care Access in Canada" and "Causes and Consequences of Regional Variation in Health Care Resource Allocations in Ontario." Following that, Peter Glynn is going to try to sum things up for us. I look forward to the morning's discussion.