


# Regionalization

National Perspectives for Catholic Health Care

May 14<sup>th</sup>, 2005

Catholic Health Association of Canada  Association catholique canadienne de la santé

St. Paul's Hospital



Saskatoon, SK

## Presentation Overview

- **What has happened to date?**
  - What is regionalization?
  - Why regionalization?
  - How has it been implemented?
  - Where are we now?
- **Impact on Catholic Health Organizations (CHOs)**
  - What do we believe about the CHM and CHOs?
  - CHO Response
  - Positive Impacts of Regionalization
  - Negative Impacts of Regionalization
- **Going Forward**
  - Future Challenges
  - What have we learned?
  - Where do we go from here?

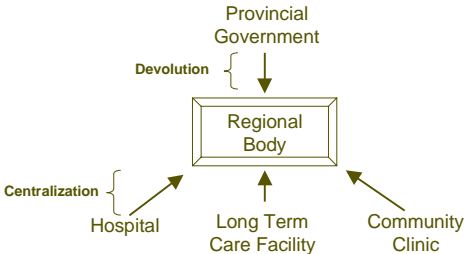
## What has happened to Date?

### What is "Regionalization"?

- The term "regionalization" refers to the transfer of some type of decision making power from one level of authority to another
- Regionalization usually entails both centralization and devolution of authority and is not restricted to one or the other
- Lomas et al (1997) – In many ways, centralization is a prerequisite for decentralization

## What has happened to Date?

### Transfer of Authority in Health Care



## What has happened to Date?

### Why did provinces regionalize?

- Fulton & Sutherland (1988) - "The motivation for regionalization can be social, technological, managerial, political, or some combination of these."
- Smith et al (1995) - "Provincial governments hope to develop systems which are more effective in targeting health needs, reduce service overlap and duplication, reduce administration costs, and prepare the healthcare system to cope with the challenges of the future."

What has happened to Date?



### Why did provinces regionalize?

- Lomas et al (1997) - "Regionalization itself is not the policy goal, but the vehicle for achievement of other objectives."
- Lewis (1997) - "The process of health services delivery is too complex to be handled at the provincial level. ... Traditional organizational structure does not foster adaptation to new approaches."



What has happened to Date?



### Why did provinces regionalize?

- Regionalization was an attempt, by provincial governments, to reorganize the health system in order to better meet the needs of society, both medically and financially
- With the possible exception of Quebec, regionalization was *not* an attempt to drive the Catholic Church out of health care



What has happened to Date?



### Why did provinces regionalize?

Common themes throughout the literature:

- decrease/contain costs
  - increase integration of services
  - improve capacity to plan
  - increase accountability of decision makers
  - increase public input
  - increase responsiveness to local needs
  - increase efficiency
  - improve outcomes
- Through Centralization (points to integration of services, capacity to plan, and accountability of decision makers)
- Through Devolution (points to public input and responsiveness to local needs)
- Ultimate Goals (points to efficiency and improve outcomes)



What has happened to Date?



### How has regionalization occurred in Canada?

- Differently in each province
  - Different structures and different degrees of devolution
- With constant restructuring
  - of the nine provinces that have regionalized in the last 15 years, none has the same structure it started with
  - constant learning process
- Without decentralization of physician services
  - Lewis (2004) – this has hampered the regionalization process



Where are we now?  
Provincial Overview



Province	# of Regions	First Regionalization / Last Restructuring
BC	5 RHAs, 16 HSDAs, 1 PHSA	1997 / 2001
AB	9 RHAs	1994 / 2003
SK	13 RHAs	1992 / 2002
MB	12 RHAs	1998 / 2002
ON	14 LHINs	2005
PQ	18 ADRLSSs	1989 – 1992 / 2003
NS	9 DHAs	1996 / 2001

Where are we now?  
Provincial Overview



Province	# of Regions	First Regionalization / Last Restructuring
NB	8 RHAs	1994 / 2002
PEI	Not Regionalized	1994 / 2005
NFLD	4 RHAs	1994 / 2004
NU	Not Regionalized	NA
NT	8 HSSAs	1998 / 2002
YT	Not Regionalized	NA

## Catholic Health Ministry



The Catholic Health Ministry is a response to Christ's call to care for the sick

***After sunset, all who had friends who were sick with various diseases brought them to Jesus; he placed his hands on everyone of them and healed them all.***

- Luke 4:40



## Catholic Health Ministry



### What do we know about the Catholic Health Ministry?

- We focus on the healing ministry of Christ and value the dignity of the person
- We have a rich legacy of caring and compassion rooted in the Christian faith tradition
- We have a history of attentiveness to unmet needs
- We were among the pioneers in health care and can take credit for many innovative changes
- We bring value and diversity to the complex health system



## Impact on CHOs



### What do we believe about Catholic Health Organizations?

- We carry out the Church's mission to care for the sick
- We have a right to exist
- We add value and diversity to the health system
- We experience the impacts of regionalization differently in different sectors



## Impact on CHOs



### Catholic Health Organizations' Response

- Creation of sponsoring bodies in Catholic health care
  - Alberta Catholic Health Corporation, Providence Health Care Society [Vancouver], St. Joseph's Health Care Society [London], Saskatchewan Catholic Health Corporation
- Increased collaboration with health related interdenominational organizations
- Increased emphasis on networking (i.e. CHAC, provincial associations, etc.)



## Impact on CHOs



### Catholic Health Organizations' Response

- Negotiation of agreements that governed the relationships between faith-based organizations and regional bodies
- In Atlantic Canada, CHOs have become part of regional structures, but retain their Catholic identity



## Impact on CHOs



### Positive Impacts ... The Good

- Collaboration with regional bodies has increased access to a broad range of regional resources and expertise
- CHOs are better able to articulate the added value of Catholic health care
- Greater unification of CHOs
- Opportunities to influence regional health systems directions through partnerships with regional bodies



## Impact on CHOs



### Negative Impacts ... The Bad & Ugly

- The existence of CHOs is threatened on a periodic basis, often dependent upon players, personalities, and politics
- The majority of negative impacts have been felt most immediately by the acute care sector
- In some cases, CHOs have been isolated and have lost a significant amount of influence
- Management has less room to manoeuvre



## Going Forward



### What have we learned?

- **The importance of context**
  - **The Catholic Church is the single largest provider of health care in the world, truly faithful to the mission given by Christ to teach and to heal**
  - **Catholic Health Organizations operate in many countries and under many different health system structures → we have stood the test of time**

... A hopeful perspective!



## Going Forward



### What have we learned?

- Regionalization has not been a case of the “big bad government” forcing the Catholic Church out of health care – the negative impacts that have been felt by faith-based organizations are symptoms of a common struggle to sustain the health system
- Agreements between regional bodies and CHOs provide a vital foundation from which integral relationships can be built
- Agreements reflect the reality within a specific region



## Going Forward



### What have we learned?

- Challenges inherent in the transfer of ownership
- Without the development of strong and respectful relationships with governments and regional bodies, the future success of CHOs is in doubt
- The success of regionalization is difficult to measure
- Regionalization is an ongoing process



## Going Forward



### Future Challenges for CHOs

- The same challenges facing the entire health system
  - Aging population
  - Need for targeted approaches to population health
  - Crumbling capital infrastructures
  - Aging workforces,
  - Human resource constraints
  - High public expectations etc.



## Going Forward



### Future Challenges for CHOs

- Retaining Catholic identity within an integrated system
- Without attention, energy, and focus, continued existence of CHOs may be threatened
  - But: cannot assume that governments and regional bodies are out to drive the Catholic church out of health care – self-fulfilling prophecy
- Struggle to grow/address unmet needs in areas where CHOs have limited or no current presence (i.e. primary health, community health, population health, target populations, etc.)



Going Forward



### Future Challenges for CHOs

- The public may be placing less importance on faith-based health care
- How to address the shifting focus of health care
- Consolidation of services (particularly acute) may result in a weakening of the bond between citizens and Catholic facilities ... not an issue in LTC
- Standardization may stifle creativity and innovation



Going Forward



### Future Challenges for CHOs

- Formation of leaders at the governing, executive, and staff levels
- Succession planning as it relates to Catholic leadership
- Public policy shifts – important, but not uniquely Catholic
- Engaging the broader Church community



Going Forward



### Where do we go from here?

- We must better articulate the importance of faith-based health care – know the value we add and articulate it
- We must give meaning to what we do and why we do it
- We must continue to supply services of the highest quality



Going Forward



### Where do we go from here?

- We must continue to build relationships with regional bodies and forge agreements that will position us for the future and foster the development of new and effective relationships
- We must take risks and aggressively defend our right to exist without retrenching to the confines of our own “bricks and mortar”
- **Providence!**



Going Forward



*“In moving into the future the qualities of collaboration, openness to partnerships, trusting relationships, the promotion of spirituality, interdisciplinary respect, and communication will be essential in retaining a culture of caring.”*

- The Catholic Health Ministry  
*Living Icons of Compassion: National Dialogue Findings (April 2003)*



Going Forward



*I will pour out my Spirit on everyone.  
 Your sons and daughters will proclaim my message;  
 Your young men will see visions and your old men will have dreams.  
 Yes, even on my servants, both men and women,  
 I will pour out my Spirit in these days.*

- Joel 2: 28—32, Acts 2: 17—18

