

Montreal, January 30, 2017

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HENRI-BRADET
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CENTRE D'HÉBERGEMENT
SAINT-ANDREW RESIDENTIAL
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CENTRE D'HÉBERGEMENT
SAINT-MARGARET
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CENTRE MIRIAM HOME
AND SERVICES

CENTRE DE RÉADAPTATION
CONSTANCE-LETHBRIDGE
REHABILITATION CENTRE

CENTRE DE RÉADAPTATION
MAB-MACKAY
REHABILITATION CENTRE

CHSLD JUIF DE MONTRÉAL
JEWISH ELDERCARE
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NEIGES

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CLSC DE PARC-
EXTENSION

CLSC RENÉ-CASSIN

HÔPITAL CATHERINE
BOOTH HOSPITAL

HÔPITAL GÉNÉRAL JUIF
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HOSPITAL

HÔPITAL RICHARDSON
HOSPITAL

**Integrated Health
and Social Services
University Network
for West-Central
Montreal**

Dear medical staff,

As you are probably aware, the Minister of Health and Social Services has given Dr. Joshi a mandate to consult with the healthcare facilities that are affiliated with McGill University about the evolution of the healthcare and social services system. As part of this consultation, I highlighted the concept of a McGill Health Network, which I would like to share with you.

Far from being a futuristic and hypothetical vision of what awaits us, this concept is based on specific observations about the need for our practices to evolve, in order to meet the challenges of our time. I cannot claim to be the innovator of this concept, since it is already being implemented more and more successfully elsewhere on our continent.

The creation of a network of autonomous institutions—deeply rooted in their communities, while closely coordinated with one another—is within our reach. Such a network would enable us to respond, to an increasing degree, to the needs of society by offering an integrated continuum of care that is adapted to the needs of each individual.

Whether you share these ideas or not, it is important for us to discuss not only today's problems, but solutions for tomorrow. Good reading.

Lawrence Rosenberg, M.D., Ph.D.
President and CEO

The McGill Health Network concept

For two centuries, health care has been organized around the hospital.

In 1821, the Montreal General Hospital opened its doors, which led directly to the creation of the McGill Faculty of Medicine. Since then, the model has remained basically unchanged. For people to gain access to health care, they have had to go to a facility where the required medical equipment, expertise and knowledge are available, and that facility has always been the hospital. As equipment has grown larger and costlier, the hospitals have just become bigger.

Institution-based systems come with an unwritten assumption that whatever works best for the institution works best for the patients. This is no longer true; the institution-based model no longer serves us well.

- Society is getting older, and patients are increasingly developing multiple health problems that require care and services from several institutions.
- From the patient's perspective, our capacity to coordinate these services is severely limited, because institutions operate in silos and patient information is shared very inefficiently.
- Even if we deliver state-of-the art care and our personnel is world-class, the care is often fragmented, duplicated, subject to significant variations, and not readily accessible.
- As the system now exists, patients must adapt themselves to the *modus operandi* of the institutions, rather than the reverse.
- The current organization of the healthcare system creates unnecessary costs, hampers the optimal delivery of care and services, and imposes a heavy burden on the patients/users and the personnel of the institutions.

Modern technology and enhanced certification requirements make it possible to fully integrate all forms of care and all services into patient-centred networks in which patients can experience a seamless continuum of care.

- Information technology currently makes it possible to create a fully integrated patient file that is available to healthcare professionals anywhere.
- With the evolution of medical technology, many diagnostic and therapeutic interventions that could previously have been performed only in large medical centres have moved out into community hospitals, clinics, doctors' offices and even homes.
- With the increase in credentialing requirements for the licensing of nurses and allied health professionals, much of the care that was previously provided by specialists and family physicians

has been delegated to others in smaller hospitals, clinics, and even in the home, in order to better meet the needs of patients and other users.

- Therefore, it is technically possible to create a patient-centred healthcare network, in which patients enter at any point and are directed to the type of care or the service required by their condition, no matter where the services are offered within the network.

The basic characteristics of such a network:

- It serves a large enough segment of society to sustain the entire spectrum of health care and social services.
- The government develops the policies and the overall orientation, while the network assumes full responsibility for delivering care and services to the population/area that it serves. The network also allocates funds and resources as required, and as defined by the needs of the patients.
- The network is governed by a unified board. This removes any bureaucratic and legal obstacles that may exist among the physical institutions. It also coordinates the network-wide implementation of the IT and medical technologies that allow information to follow the patient, enabling patients to be directed as quickly as possible to the nearest facility that offers the type of care or the service they require. As a result, these services are delivered, to as great an extent as possible, in community settings, clinics and patients' homes.
- Institutions are grounded in their communities and are empowered to respond to their particular needs and special characteristics:
 - Re-creating Director-General positions and functional CMDPs within each major hospital
 - Enabling the local level to respond to local circumstances and needs in a timely manner, while integrating the care and services that they provide into an overall, seamless continuum
 - Advisory committees acting as sources of input and community engagement
 - Foundations attached to the major institutions and committed to these institutions
- Funding follows the patient within the network.
- Control by the network of all beds on its area.

McGill University is central

This value-based approach must be anchored in state-of-the-art teaching, training, research, continuous improvement and innovation. McGill's Faculty of Medicine should act as a hub and a universal supplier of expertise. The Faculty itself and will itself greatly benefit from the patient base that is provided by the network.