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Stars have aligned to fix our health system

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SUNDAY OP-ED

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What's important about health care is that it be available when needed, preferably near where we live. What's not important is the name of the organization of the CEO delivering it.

That's the opportunity inherent in Health Minister Terry Lake's Nov. 1 announcement that a review committee will examine Fraser Health Authority's operational practices and "identify priority action areas to address service and fiscal challenges." While the ministry press release didn't say boundaries of health authorities were up again for review, the minister said during his conference call his review would include consideration of Fraser's geographic boundaries. This has triggered a slew of speculation within health-care ranks and structures.

Here's why. Boundary review is a smart idea. There haven't been too many changes in the structure of B.C. health-care delivery since 2001 when then-premier Gordon Campbell folded the province's 52 health regions into five geographic health authorities, plus the provincewide collection of specialized services called the Provincial Health Services Authority.

The First Nations Health Authority was added to the mix in October, with the services it co-ordinates and integrates provided by the ministry and the regional health authorities. The most recent effort to integrate B.C.'s health authorities was launched in 2009 for Vancouver Coastal, Fraser Health and the Provincial Health Services Authority. It was a prudent idea, emerging from the formidable duo of the health minister of the day and his very capable deputy minister.

The plan was simple: seek economies of scale, reduce duplication in the Lower Mainland's health authorities, direct the savings into patient care.



Premier Christy Clark, in firm command a majority government, has less reason to maintain the status quo on the health file. WARD PERRIN/PNG FILES

In government, making change that sticks and succeeds requires strong and constant political leadership. Soon after the integration effort was launched, Campbell started losing his legendary iron control. The necessary political work to make integration work — the removal of health authority boards and especially CEOs — was left undone. As long as the boards and CEOs of the integrated organizations remained, the initiative was doomed. It's difficult to direct integration among the troops when the generals have everything to lose.

An idea can make good sense, and make good dollars and cents, too, but not if it infringes on turf. Amid the political uncertainty in Victoria, much of the work of the bureaucracy halted, too. In the end, Lower Mainland health authority administration consolidation disappeared. De-integration soon followed.

It's a fine line as to who holds the power in B.C. health care. True, the

premier, cabinet, health minister, and health deputy minister shape the policy and budget and assign the health-authority boards and the CEOs to make it all work.

But, health CEOs run large, complex organizations involving all manner of facilities and me-first professions and agencies. These CEOs believe they know their world better than elected ministers, their deputy ministers or anyone else. So they learn to be very creative in dragging their feet on something that removes bits of their operations — i.e., their power.

With the swearing in of Premier Christy Clark in 2011, much of her cabinet and caucus were still demonstrating the discontent that marked the end of the Campbell era. That preoccupation and new players in the health ministry meant there were no champions for Lower Mainland or any other type of health authority integration. There was one interesting development though:

the very capable deputy minister of health who had structured the integration in 2009 — John Dyble — had emerged as deputy minister to the options-limited premier.

Contrast that with Clark this year, firmly in command of her majority government. Gone is the PHSA CEO, for running afoul of prohibitions on executive pay raises. Surely weakened is the Fraser CEO, whose health authority's health is in so much doubt, it's being reviewed. And now comes news this week that the VCH CEO, who is part of the group reviewing Fraser's operations, is retiring in March.

The only other player still standing is Dyble, 2009 integration architect and still deputy minister to Clark — now a very powerful Premier Clark.

The integration of Lower Mainland health authorities made strong sense in 2009. It makes better sense today. With Vancouver the home of so many heavyweight health-

care institutions, the premier now having a reduced electoral need to maintain the status quo there, and her deputy minister aware of how health boards and CEOs quashed the 2009 integration effort, Lake's assertion that health authority boundaries will be reviewed ticks all the right boxes.

Integration of Lower Mainland health administration and facilities is coming, but it better be big. No tinkering around the edges. The stars in Victoria and those above have aligned to allow it, and reducing overlap and duplication to direct more funds to patients is good policy.

In the end, what matters to us all isn't the organization that delivers our health care, or its CEO, or its board. What matters is the service, the care and our accessibility to both. That's the legacy within reach in Lake's review, and the litmus test for any government committed to patients above all others.

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