

CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT

Planning & Partnership Future of Health Care

Presentation at UBCM

September 23, 2002



WHO ARE WE?

The Cariboo Chilcotin Regional Hospital District
provides capital funding for 3 Hospitals
governed by 2 different Health Authorities.

Quesnel

Northern Health Authority

Williams Lake

Interior Health Authority

100 Mile House

Interior Health Authority

Health Care Governance Changes

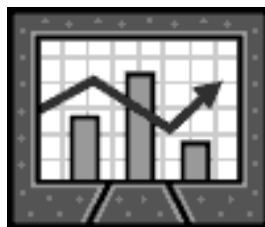
- Hospital Boards
- Community Health Councils
- Community Health Services Society
- Regional Health Boards
- Health Authorities

RHD Concerns

- Accountability
- Funding Allocation
- Planning
- Boundaries
- Recognition
- Partnership
- Representation

CCRHD Initiatives

- Develop a 10 Year Capital Plan.
- Eliminate Debt.
- Encourage Regional Planning and Priority Setting.



Advantages

- Long term accountability to taxpayers.
- Collective priority setting.
- Co-ordinated lobby to government.

Issues

- Co-ordination between the Ministry of Health, Health Authorities, and Regional Hospital Districts.
- Recognition of one taxpayer to contribute to health services with a limited ability to pay.
- Emphasis must be given to regional planning.

Expectations

- Health Care Authorities committed to working together.
- Strive for a sustainable tax rate.
- Reduce debt servicing.
- Regional approach to planning.



Tell me, and I will forget.

Show me, and I will remember.

Involve me, and I will understand.

Chinese Proverb

Results

- Health Councils understood our process.
- Developed a working relationship.
- Agreement to regional planning.
- Understanding of RHD financial limits.
- Sharing of information.
- Agreement on a 10 Year Capital Plan.
- Co-ordinated approach to MOH.

What Happened ?

More Change

New Players

Same Concerns

What did we do?

- Organized meeting of Interior Health RHDs.
- Organized meeting of Northern Health RHDs
- Met with Health Authorities.
- Shared information.

What did we do?

- Expressed our concerns, including:
 - Accountability
 - Funding Allocation
 - Planning
 - Boundaries
 - Recognition
 - Partnership

Accountability

- RHDs collect property taxation from local taxpayers to be used for capital and equipment projects for hospitals within their region on a cost shared basis.
- RHDs ensure that local support for capital projects exists before funding is approved.

Accountability

- The elected officials have a duty to ensure that the money collected is used for the purpose it was intended, and that the purpose meets efficiency, effective and economic standards.

Funding Allocation

- Funding allocation by RHDs varies.
- Some RHDs fund multi-level care projects. Others fund only acute care projects.
- RHDs have a limited funding envelope.



Planning

- Health authorities must provide capital expenditure requirements to RHDs in a timely manner:
 - To ensure inclusion in the RHD budget.
 - To ensure local support of projects.

Boundaries

- Taxation collected within an RHD boundary will be allocated to projects within that same boundary.



Recognition

- RHDs must be recognized as a partner in the provision of health care.
- RHDs not only provide significant financial contribution towards projects, they also provide the “voice of the people” in their capacity as elected officials.

Partnership

- RHDs are partners in the provision of health care.
- The local influence can be a great advantage in planning facilities. Not only do they know the communities they serve, but also the constituents.
- The elected officials can also co-ordinate political lobbying for the benefit of the region.



Health Authority Issues

- Capital Funding
- Claims Process
- Acute vs. Long-Term Care Funding
- Capital Spending Requirements



Capital Funding

- Health authorities were provided a capital funding envelope from the province.
- Health authorities now required to fund projects from operating funds.
- Health authorities expected to fund their own debt servicing from operating dollars.

Claims Process

- MoHS devolved responsibility for capital payments to Health Authorities.
- Rather than submit certified capital cost claims to MoHS for payment, funds are requested directly from the Provincial Treasury.
- Health authorities requested that RHDs make payments without submitting a formal claim.

Acute vs. Long-Term Care

- Historically, cost-sharing policies only applied to acute care projects.
- The health care needs of the ageing population are changing. Health care policies and funding have been redirected towards long-term care.
- RHDs are requested to cost-share all health care projects.

Capital Spending Requirements

- In the past, MoHS had carried all increases in operating costs (wages, supplies, etc.), debt service (principal & interest), and amortization costs related to capital projects.

Capital Spending Requirements

- Health authorities must now fund these costs. For every dollar of capital expenditure, an additional cost of \$0.10 of debt service and amortization is required.
- Health Authorities are looking to RHDs to cost-share these increased costs.

RHD and HA Partnership

- Through meetings with Chairs and staff, these issues were identified and discussed.
- A planning process was developed:
 - Three-year capital plans will be provided.
 - Meetings with Health Service Areas and RHDs will meet as required.
 - RHD Chairs and Health Authority will meet twice per year.

Memorandum of Understanding

- Despite these meetings concerns continued to be expressed by RHDs regarding the planning process.
- It was evident that something was needed to formalize the process and get on with building the relationship.



2002 - Time Frames

- April 9 Met with IHA and RHDs
- May 2 Met with NHA and RHDs
- June 20 Discussions between CCRHD Chair and IHA Chair regarding relationship building and MOU
- July 15 Draft MOU developed
- July 31 MOU forwarded to Chris Sullivan, MoHS, for consultation

2002 - Time Frames

- August 7 Comments received from MoHS
- August 26 Agreement reached between Chairs of IHA and CCRHD
- August 29 MOU presented to provincial Health Authorities by Alan Dolman, IHA Chair
- September 6 CCRHD endorsed MOU and circulated it to all RHDs

Future of Health Care

The success of the future of health care
will be dependent on the planning
and partnership of the stakeholders.

CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT

Questions ?

