Population Health and Canada’s Health System
The Ottawa Hospital and Ottawa Inner City Health: The Population Health Approach in Action

The People Behind Ottawa Inner City Health: Their Perspectives

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Canada’s well-known contributions to the development of the population health approach date back to the early 1970s.\textsuperscript{1,2} However, Canada’s track record in implementing the approach has, by many accounts, been limited.\textsuperscript{3–5} Among the issues affecting progress is the lack of clarity regarding the role of the health system in improving population health.\textsuperscript{6}

On the one hand, since health care is only one of many determinants of health, the traditional view has been that the role of the health system should be correspondingly minor with respect to improving population health.\textsuperscript{1,2} On the other hand, given the significant size and influence of health care institutions, there is growing recognition that the health system needs to be part of the solution.\textsuperscript{7–10}

This question was at the centre of a Canadian Institute for Health Information (CIHI) study, Population Health and Health Care: Exploring a Population Health Approach in Health System Planning and Decision-Making, which sought out health system leaders across Canada who have made demonstrable progress in adopting the population health approach in their work. Over the course of the study, numerous efforts emerged that exemplify the adoption of the population health approach within Canada’s health system. This case study is one such example, showcasing The Ottawa Hospital and Ottawa Inner City Health (OICH) and their integrated, intersectoral approach to improving the health of the homeless population through innovative, community-based care.
About Ottawa Inner City Health

In 2001, The Ottawa Hospital and other health care and community leaders took the initial steps toward establishing OICH. This collective action arose out of a concern for a subgroup within the population of chronically homeless shelter users who, despite complex health needs and frequent use of health services, were not well cared for. Today, OICH operates a number of programs, including ones that provide medical care, mental health services, addiction services and palliative care. These services are delivered in shelters and residential settings supported by partner organizations, as well as through partnerships with the Ottawa Police and other social services providers. As such, OICH’s services form part of a suite of connected services (e.g., housing, food, clothing, social supports) that simultaneously address multiple determinants of health for the homeless population in Ottawa.

The following reflects the views of three individuals who have been instrumental in establishing and operating OICH. Their perspectives are intended to draw out the lessons learned from the OICH experience and contribute to an ongoing dialogue about the role of Canada’s health system in population health.

Q1

OICH has gained a lot of attention for developing innovative ways to effectively treat homeless and marginalized populations. How would you describe OICH to people who are not familiar with your work?

WM People sometimes describe Ottawa Inner City Health as a hospital without walls. It’s a little different than that because it’s pretty much based in the community. All the organizations that have a mandate to address health needs for the homeless came together and formed this new organization.

JT Ottawa Inner City Health is a program that is designed to meet the unique health care needs of the homeless. Yes, we deliver services in the shelters, and we partner with those shelters, but it’s The Ottawa Hospital reaching out into its community. We’re working with ambulance services and paramedics and the police department. You can’t get the results unless you have everybody working together.

JK It’s an extension of the hospital. It’s got, I would say, the equivalent of about 200 alternate level of care (ALC) beds in the community. I think it was an innovative vision of Wendy Muckle and Jeff Turnbull to actually treat patients who would normally be hospitalized outside of hospital. The patient population we’re dealing with is very vulnerable, very sick, doesn’t want to come to the hospital and is not trusting of the system. The team felt that by caring for them out in the community, it would reduce the burden on the hospital.

Jack Kitts, MD, MBA
President and CEO, The Ottawa Hospital
He played an instrumental role in securing base funding for OICH.

Wendy Muckle, RN, BScN, MHA
Executive Director, Ottawa Inner City Health
She is one of the program’s founders.

Jeff Turnbull, MD, MEd
Chief of Staff, The Ottawa Hospital; Medical Director, Ottawa Inner City Health
He is also one of the program’s founders.
Q2
It seems that OICH has done a great job of integrating a population health approach into the design and delivery of care for the homeless. Can you talk a little bit about the importance of adopting a population health approach within the health care system?

JT Taking a population-based approach, advocating for a community, building a health care system that is unique to that community—that’s the only effective way that I’m going to be able to do my job. Those individuals have such unique determinants of their health that have very little to do with the health services that they get. We have to solve those other problems—we have to start to work upstream—to prevent people from coming into a homeless environment.

WM Just dealing with addiction for this population does not work. Just dealing with housing does not work. Just dealing with diabetes does not work. Everybody has to pull together, and you have to develop that capacity to be able to integrate.

JK I would say that population health would be the term that could be used for treating today’s patients truly in a “system,” as opposed to having them go from silo to silo. The system is fixed, and we keep trying to fit these patients into a system that does very well in acute care, primary care and community services, but we don’t bring it all together. I think that what we really need to do if we’re going to make a meaningful impact on these patients is to look at their needs and find a way to adapt the system to meet their needs.
Q3  
Population health has traditionally been viewed as the responsibility of public health. Why do you think this approach should matter to decision-makers within the health care system?

JK When 10% of your patients are 50% of your cost, you need to pay attention. And what we found was that these patients do not necessarily come to the hospital and get admitted for acute care problems, which is what hospitals do. These were patients who could not be managed in the community and in primary care but who weren’t sick enough for the hospital—they had no place to go.

JT First, as a doctor, I’m only working on 25% of the variable important to health; 75% is out of my domain. Second, health care spending is pulling money away from other social services, which I argue are more important to health than health care. I think it’s every doctor’s responsibility to be aware of inequity—growing social inequity in our communities. Every doctor has a social responsibility to provide meaningful care to those around us who are most vulnerable.

WM You can ignore the social justice argument, you can ignore the health equity argument, you can ignore all of those arguments—and there are certainly sectors within our society that don’t care about that. The one thing that everyone cares about is money, especially taxpayers’ money. If you look at cities that don’t have similar kinds of services, what you’ll see is that there are very high rates of emergency room utilization, very high rates of police interaction . . . and people do die from complications of diseases at a very young age. Any study that we’ve done, any evaluation/research we’ve done, shows that at minimum you save $3 of taxpayers’ money for every dollar that you spend, and you get better care. It’s pretty hard to argue against doing a better job and spending less money.

Q4  
OICH is co-located in the shelters and places that deliver non-medical services (e.g., housing, food, education, addiction services). What were your biggest challenges in getting this unorthodox program up and running?

WM It’s not something that fits easily into people’s funding streams and into policies. OICH had many battles to get started and many battles to survive, and we would not have survived if everybody who was a part of it had not fought tooth and nail for it. The Ottawa Hospital is a great example. Jack Kitts and board members, and their senior management team, flew to Toronto and slammed their fists on the table and insisted that this had to be done.

JK The goal was compelling; you couldn’t ignore the goal. But it is a lesson in frustration when you get caught between ministries. We got caught between social services and health, and also between province and community. We were really on a merry-go-round. And that’s when I spoke to Senator Wilbert Keon. He actually enabled us to convene the right people in the room to do the right thing. In the end, I don’t know how the deal went off, but the Ministry of Health and Long-Term Care funded us.

JT Historically, large hospitals like The Ottawa Hospital, which has a billion-dollar budget and is a quaternary teaching facility, have not reached out to the community. There are challenges in trust and challenges that relate to how we communicate. Those community agencies, I think rightfully in the past, have treated us with some degree of suspicion. But it’s helpful when you sincerely reach out to them around the needs of a specific unique population and say, “We want to partner with you. It’s not that we want to take over this—we recognize that we have a role and we want to help you with your role.”
Q5
What does it take for an organization within the health care system to adopt a population health approach?

JT Understand their culture. If you don’t understand that, you can’t really service that community well. If you don’t address the unique needs of that particular community, unfortunately, you’ll be delivering care that you think is important to them. That’s not what they think is important and, in fact, you won’t get effective outcomes.

JK The first, most important thing is you need a leader or champion. And that’s what Wendy and Jeff brought. If you don’t have a champion, it becomes a lower priority of the organization. I am a firm believer that the entire purpose of a leader is to affect change. To be honest, if we only needed to perfect the current status quo, we’d only need really good managers.

WM We have been successful because we’ve been able to collect good data. And often the data shows us things that are exactly what we already knew, and sometimes it shows us things that are completely contrary to what we thought we knew. So my thing has been that if we don’t have data to drive our future direction, we’re really on shaky ground. My advice would be that while it is really challenging, really fun to jump into the chaos to try to figure things out, you’re kind of wasting your time. You really need to combine that intrinsic knowledge and iterative process with a much more scientific and logical approach.

Q6
Why is population health important now?

WM In the past, the population health approach has really been divorced from other kinds of strategies and has been seen as a world unto its own. I think that’s rapidly changing and that we are recognizing that real change and real impact come from marrying those strategies together.

JK What we need in health care is a sense of urgency to actually affect change. I would say that the platform is warm but not burning in most cases. I think that we are still fixed in our silos and in delivering on the mission of our own organizations. But I believe that with more data and more leadership, we will see that change come.

JT There’s an enormous financial imperative to getting this right. So there’s a quality of care and an equity imperative. And then there’s a straightforward financial argument that you can’t afford not to do this.

To access the study findings (in video format) and to learn more about CIHI’s other work on population health and Canada’s health system, visit www.cihi.ca/cphi.

Key Take-Away Messages

• Health care can be more effective and less expensive when offered in conjunction with a suite of services that addresses the multiple determinants of health.

• Taking health care into the community and delivering it in ways that are relevant to unique needs can vastly improve access and continuity of care for hard-to-reach populations.

• Intersectoral partnerships are critical for maximizing program impact and for ensuring that available resources are leveraged and efforts are not duplicated.

• Strong leadership plays a critical role in generating organizational buy-in and navigating policy and funding silos.

• Good data is important for identifying specific populations with unmet needs, evaluating the effectiveness of interventions and strengthening the case for action.
References


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