Patients First

Closing the Health Care Gap in Canada

Dr. Terrence Montague
PATIENTS
FIRST
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CLOSING THE HEALTH CARE GAP IN CANADA

Dr. Terrence Montague

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This book is dedicated to
Patricia Ann, Kathryn Lynn, John Joseph,
Connor Damien, Declan Taylor and
Delaney Kim Montague

And to the memory of
Garner King, MD,
Gold Medallist,
Class of 1964

and

Norman Davies, MD,
Gold Medallist,
Class of 1980

Faculty of Medicine,
The University of Alberta
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**Acknowledgements**

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Patients matter. They actually matter most, so the title of Terry Montague’s book is really bang on. The system needs to put patients first because they are the whole point of the health care system.

The solutions to our health care problems are not that complicated, and, quite frankly, Terry Montague gets it. He does a terrific job of describing the problem of the care gap and offering the solution: patient health management.

There are two fundamental reasons why readers should take Terry Montague’s book seriously. The first is that the care gap represents a huge obstacle to achieving a healthy and therefore productive society. The second is that the gap between the care we need as a society and what is actually delivered is widening in almost every area. We have only to look at the increasing incidence and costs associated with a range of diseases that have large preventable or controllable components: Type 2 diabetes, atherosclerosis, stroke and cardiovascular disease, osteoporosis and smoking-induced lung cancer.

Why is the care gap growing? The reasons seem obvious. The health care system in Canada is being driven by the health care budget and therefore rations the health care dollar. If it were being driven by population health—that is, by putting
patients first—things would be better. The struggle, therefore, is between rational patient care and the health care budget. 

Patients First offers some fairly specific solutions. As a first step, our health policy leaders have to fully understand the problem and the proposed solution outlined here. The underlying value statement for this entire debate was well put by former U.S. Surgeon-General C. Everett Koop: “That we spend significantly on health care is not the question; that we spend wisely is.”

A confounding problem that Terry alludes to is the fact that the future doesn’t look any brighter if we simply stay on our present course. Futurists Juan Enriquez (As the Future Catches You, 2001) and Christopher Meyer and Stan Davis (It’s Alive: The Coming Convergence of Information, Biology and Business, 2003) predict changes in our understanding of biology and medicine that will make the explosive changes of the past decade look tame. Powerful new advances in technologies, such as bioinformatics and nanotechnology, will provide previously unimagined opportunities in medicine and in the business of medicine. We will be able to predict and diagnose disease through genomic, proteomic and non-invasive imaging techniques in a manner that we’ve only dreamed of. Therapies will be much more rational and personalized, and we will be able to follow the specific progression or regression of disease and allow for the more specific modulation of therapy. The opportunities for improved patient health will be enormous. Equally enormous, however, will be the potential costs to the health care system if the developments are not managed properly.

For one thing, proper management means closing the care gap, meaning that a much greater percentage of patients with diseases such as hypertension, osteoporosis and Type 2 diabetes, for example, will have to receive the proper treatment in a timely fashion. To ensure that our health care system can sustain this level of care, we have to make sure that the most effective therapy is given to those in need and
that we also refrain from wasting money by using high-tech and expensive medicine inappropriately. Research and well-founded clinical trials must be the norm for introducing all new medical/health care interventions. We can ill afford to use our health care dollars on diagnostic, surgical or medical interventions that have not been proven efficacious.

In returning to the issue of budget-based vs. evidence-based medicine, the obvious question is how a system of patient health management, as proposed by Terry Montague, will affect the budget. The short answer is that we don’t know for sure. But surely spending money wisely to build a healthier population is a good thing. Furthermore, with a little luck and good judgement, a healthy population may in fact repay the health care dollar with considerable savings, as healthier people won’t incur the chronic costs that can be prevented with better care.

Listen to Terry Montague. He well understands both the problem and the solution, which is to pull out all the stops to put the patients first. He advocates patient health management to close the many care gaps. This will result in improved health for millions of Canadians and then, if we do it right, by emphasizing research and evidence-based health care and not merely budgets, our health care system will become more cost effective and our population healthier and more productive.
Health care is an important core value of Canadians. While we can be rightly proud of our health care system, it is time for an upgrade.

In *Patients First*, Dr. Montague offers a critical assessment of our health care system and a vision of how to fix it. The difference between this and other “health care reform” books is that he provides his own insight from many health care experiences in Canada, both large and small, and does not merely postulate theories of health care improvement. *Patients First* offers what can be described as a popular view of health care delivery—the best care for the most people on a timely basis. It offers a broadbrush scope, engaging not only the perspective of a physician or provider of care, but the perspective of the whole health system, never losing sight of the fact that the system exists to serve the patient.

In my view, this book should be read by the following constituents:

You, the public: The public must become more involved in the health care discussions on the sustainability of Medicare, particularly the relation of its
quality, access and costs. The public voice—your voice—
can keep us focused on who the health system is
designed to serve—patients. *Patients First* will familiarize
you with the concept of care gaps, where usual care is
not necessarily best care. It will show you how multi-
disciplinary teams of all stakeholders, including
providers, patients, governments and health policy deci-
sion makers can challenge and improve these gaps
through affordable, community based actions.

You, the providers: Health care providers—the
doctors, nurse, pharmacists and other professionals
charged with delivering most of the medical care in
Canada, and their advocacy groups—often get stuck
in their own narrow perspectives. In Dr. Montague’s
broader view of the health delivery system, you will
see that care gaps are present in every disease and are
preventing patients from achieving the best possible
outcomes, and the Canadian society from realizing
the best return on our dollars spent. Turf wars and
unnecessarily exclusive thinking of the roles of vari-
ous health care professionals are holding us back
from fixing many of these problems using the syner-
gistic power of multi-disciplinary teams. In this book
Dr. Montague describes innovative, yet feasible, ini-
tiatives that are paving the way to team-based care
and improvements in patient outcomes.

You, the health policy makers: Policy makers also
tend to take their own narrow perspective, looking at
health costs in silos unrelated to the clinical and eco-
omic returns that can come with the expenditures on
health care. Again, a broader perspective is needed.
Appropriate, high-quality care costs money, and the
societal benefits may not be directly reaped by one’s
own specific department, or silo, within the system—but
the clinical benefits do accrue for individuals and
collected individuals. And the increased productivity of a healthier population, enjoying a higher quality of life, also accrues economic benefits for the society at large. Things get better, starting with the patient. The good news is that it doesn’t necessarily mean we need to spend a lot more money, but just spend it more wisely, with more accent on what outcomes it is buying.

Dr. Montague’s formula is quite simple: We need to form partnerships and measure the care in health care and relate this to patient outcomes. On a regional basis we need to use this information and work together to improve the system.

As a mentor, colleague, and friend, Dr. Montague has taught me a lot over the years. This book is a distillation of many of the things he has imparted to me—read it and you, too, will gain some of his experience and vision. Having this insight is important because health care is important, patients matter, and things can be better.
No man is an island. Certainly no one who ever wrote a book. I wish to gratefully recognize the consideration and assistance of the many people who contributed to this book.

Above all, I salute the insights, editing skills and unfailing good cheer of John Aylen of Kelly+Aylen. His guidance through the many interfaces and challenges of the publishing arena was invaluable and crucial to any success this work might have.

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