Looking at Patient Flow Through a Health Equity Lens

Canadian Public Health Association Conference 2015

Sande Harlos, Winnipeg Regional Health Authority (WRHA)
Laura Thompson, University of Manitoba
Marissa Becker, University of Manitoba
Christopher Green, WRHA
Lawrence Elliott, WRHA
Hannah Moffatt, WRHA
What does patient flow have to do with...

health promotion?
public health?
health equity?
Health for All = Health Equity

A *Human Right*

Health Equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.
Equal vs Equitable
WHR Promoting Health Equity Position Statement

Our Commitment
The WRHA is committed to changing health equity outcomes through an increased health equity focus in the services we provide, the way we conduct our planning and operations, in providing knowledge and decision-making support to others, and in real partnerships and committed relationships outside the health care sector.

http://www.wrha.mb.ca/community/publichealth/position-statements.php
Framework for Understanding and Addressing Health Equity

http://www.wrha.mb.ca/about/healthequity/
Patient Flow

➢ My Right Care …
  – Right place
  – Right time
  – Right provider

➢ Overall goal…
  – Enhance primary health care and care in the community
  – Minimize hospital care
  – Efficient use of hospital stay/admission
Equity and Patient Flow

Equity considerations

PERSON

INPUT

THROUGHPUT

OUTPUT

SYSTEM
Health Care Needs

- People in lower income areas tend to be sicker and have higher rates of hospitalization and more hospital days.
- Alternative Level of Care use was overwhelmingly concentrated among older adults, those in poor health and those living in lower income areas.
- About 57% of highly frequent Manitoba emergency department users (greater than or equal to 18 visits per year) lived in a core or low-income areas.

Fransoo et al. (2013). Who is in our Hospitals...and why? Manitoba Centre for Health Policy.
Building a Conceptual Model for Patient Flow and Health Equity

✓ Partnership between
Winnipeg Regional Health Authority and Centre for Global Public Health, U of M
Building a Conceptual Model for Flow and Equity

Health Care System

- Community Health Services
- Long term Care, Hospice
- Emergency Department
- Hospitals Acute Care
Building a Conceptual Model for Flow and Equity

Flow Through Health Care System

- Community Health Services
- Long term Care, Hospice
- Emergency Department
- Hospitals, Acute Care

MY RIGHT CARE

THROUGHPUT

INPUT

OUTPUT
Building a Conceptual Model for Flow and Equity

People Flow Through Health Care System

Community Health Services
Emergency Department
Hospitals Acute Care
Long term Care, Hospice

INPUT
THROUGHPUT
OUTPUT
MY RIGHT CARE
Framework for Understanding and Addressing Health Equity
Building a Conceptual Model for Flow and Equity

People with Varying Needs Flow Through Health Care System

- Community Health Services
- Emergency Department
- Hospitals Acute Care
- Long term Care, Hospice
- Environment
- Community
- Housing
- Food
- Transportation
- Behaviour
- Income
- Economy
- Work
- Childhood
- Education

Throughput

INPUT

OUTPUT

MY RIGHT CARE

Health Equity Gradient
What would equity action look like?

At INPUT?
- Improving social and economic determinants (upstream)
- Additional need for support identified

At THROUGHPUT?
- Culturally proficient systems and care
- Trauma-informed care
- Person-centred care with dignity

At OUTPUT?
- Transition to supports needed in community, additional resources
- Enhanced follow up
Equity focused key performance indicators for patient flow?

- Frequent Emergency Department visits
- Frequent admission
- Differential stays (short, long)
- Differential Alternative Level of Care (ALC)
- Differential Ambulatory Care Sensitive Conditions (ACSC)
- Excess re-admission
- Selected diagnoses
- Differential outcomes

Measuring inequalities: rates, absolute rate differences, relative rate ratios, potential rate reductions
Closing the gap through equity focused patient flow
Thank you!

sharlos@wrha.mb.ca