

## **Blog for NHLC 2017 Conference**

*June 19<sup>th</sup>, 2017*

*William Hall*

After finishing my PhD exams the week prior, I could not think of a better way to celebrate than attending the 2017 National Health Leadership Conference in Vancouver. As I have come to expect from past NHLC conferences, it was full of amazing content, engaging speakers, and insightful conversation. I have written this blog to share a few of my thoughts.

Although I might be just a little biased as a student in health economics, my sense is that one of the greatest challenges for healthcare leaders today is managing a scarcity of resources due to mounting pressure from a multitude of factors including: aging demographics, expensive new interventions, and shrinking budgets.

Inherent in this challenge is a quote that Dan Collard (<http://www.nhlc-cnls.ca/speakers/dan-collard/>) used in his plenary speech: *“If you want to do something new, you have to do stop doing something old”*. From a historical healthcare perspective where new interventions often meant the need for new money, this statement could certainly be construed as controversial. However, it points to need for organizations to appreciate the reality that not everything can be done – and often times that means making very difficult decisions with respect to where resources are spent... and not spent.

***“If you want to do something new,  
you have to do stop doing something old”.***

Nowhere was this conundrum more apparent than in the ‘Great Canadian Healthcare debate’. Three excellent proposals were presented to address significant needs in the Canadian Health System including: housing for the elderly, involvement of families in patient care, and caring for patients with dementia. Although there was a sentiment among the presenters that all three programs should be adopted (and perhaps they should), the moderator pointed out that limited resources may only allow for one of these programs to be implemented – and even went so far as to ask the presenters which healthcare services should be decommissioned to fund their proposals.

With this challenge of tradeoffs at top of mind, I noted several recommendations to address this challenge from Oral Presentations. They included: specific opportunities for disinvestment and methodologies to address resource allocation decision-making.

Specific Opportunities that were discussed in the LEADS Breakfast session on Monday (<http://www.nhlc-cnls.ca/program/breakfast-sessions/>) included:

- Patients receiving inappropriate care in expensive venues
- Patients passing away in hospital that would prefer to be at home
- Unnecessary testing and procedures

Methodologies to tackle this challenge from a process standpoint that were discussed on Tuesday in the 'How to make Tough Decisions' (<http://www.nhlc-cnls.ca/sessions/26/>) included:

- Program Budgeting and Marginal Analysis
- Accountability for Reasonableness

However, before any of these solutions could be implemented – a first step that came up again and again was a common foundation or culture that would enable an alignment of goals and identification of values (patient, provider, and health system). In this way, I saw the benefit of LEADs in creating a common language that individuals within and across organizations could speak to create common ground.

Appreciating the difficulties in leading a healthcare organization through these necessary but difficult resource allocation decisions, Dan Collard offered a second quote "*Change is great, you go first*". Indeed, many studies have identified the difficulties that organizations face when taking action in this area.

***"Change is great, you go first".***

One tool to address this challenge of 'where to begin' with resource re-allocation improvement is RAPAT – the Resource Allocation Performance Assessment Tool. It offers users the opportunity to identify their organization's strengths and weaknesses with respect to priority setting and resource allocation. An online version is available at: ***health.rapat.org***

Really looking forward to the 2018 conference in St. John's Newfoundland!

William