

Alberta Doctors' Digest

Health care reorganizing

The growing piles of books, papers and notebooks in my study require my attention. However, that's not my main project. I'm looking to write something for my next *Alberta Doctor's Digest* submission, but will attempt at the same time, to reorder things and toss out junk. I need some breathing room. One might say that I'm multitasking.

We're always on high alert when it comes to health care but this is an especially fraught time. We're in the midst of a big organizational change and waiting for further developments. It seems, however, that we've experienced rolling reinvention or reengineering, and have in recent decades gone from a focus on centralizing services, to decentralizing them. At one time the province was divided up into 17 regions, for health care purposes, but these were collapsed into one entity over time. Alberta Health Services became responsible for everything. AHS persists, but per plan will look after hospital based services. Long term care, psychiatric services and primary care will become separate jurisdictions.

The impetus for organizational change has likely been the appetite of a new political system to try something novel and apply its own brand. If more justification is needed, there's always some enthusiasm suggesting that a reorganization might tame the voracious and budget eating monster that is health care.



If a man does away with the traditional way of living and throws away his good customs he had better first make certain that he has something of value to replace them (photo credit: Pixabay.com).

In the course of trying to make headway with the disorder in my study, I come across an old paperback that I dimly remember having scanned years ago. The title of the book is *Something of Value* and the blurbs on the cover promise boisterous adventures. The

novel explores how Kenya is disrupted by transition from colonial rule as well as the mid-twentieth century Mau Mau insurrection.

I didn't expect to find much help here, but was surprised to find a compelling quotation at the preface to the book:

"If a man does away with the traditional way of living and throws away his good customs he had better first make certain that he has something of value to replace them." This sounds like good advice to me and another way of noting that there should be good reasons to change things. This is certainly apropos regarding changes in health care in general, notwithstanding the reflexive behaviour of new political systems wanting to make their mark for posterity. Organizations change for varied reasons, as in the copycat behaviour of Organization for Economic Co-operation and Development (OECD) countries some decades ago, who changed their organizations nominally, calling them "authorities."

There was a heft and a sombreness to the titles applied to health care that was never quite deserved or appropriate and they've generally disappeared. To be sure, there were other labels from the era that were problematic. For instance, we learned to call certain buildings non-hospital facilities. Clarity was missing with terms that were confusing and unhelpful.

It's in this context that I can find value in African folk wisdom. We're in crisis in health care. Going forward, we must make good, clear choices as issues become ever more pressing. Our capacity and access issues, as well as our human resource problems, pre-date our coronavirus epidemic, but have become formidable and won't yield to a refurbished organizational chart or other measures unless they promise to be something of value.

Some believe that the present state of turmoil in health care is an argument for privatization of certain care services. This may well come to pass, but is regrettable and has little to commend it. When rigorous cost comparisons are available, profit based medicine exhibits no substantial savings unless quality and service guidelines are compromised.

As is commonly the case, rejigging health care involves extensive use of consultants. These may be business people with MBAs, comfortable with profit, loss and balance sheets. Alternatively, consultants may be health care professionals, whose jobs have disappeared in earlier reorganizations, or individuals looking for work post-retirement. While much insight can come from consultants, more helpful suggestions could come from the chief and senior executives who come and go with restructuring.

I expect that the results of most large-order changes in health care are mixed at best and commonly live on to become issues for another day.

On the matter of cleaning up my workspace, I happen upon a book about chess. Rifling through the pages, I find another relevant quote from the Russian / Polish chess master, Savielly Tartakower. It refers specifically to the chess board and the beginning of a game, but it also applies perfectly to the complicated business of reorganizing health care:

"The mistakes are all there waiting to be made."

Indeed they're all there. We may know these by another name, the so-called *law of unintended consequences*, which commonly refers to troubling and unforeseen

sequelae that can surface when interdependent and complex systems are tinkered with. These can be extreme at times and may even eclipse the problems that reform intended to address.

If there is a point to be made regarding health care reform or reinvention, it must be to acknowledge that change can be extraordinarily difficult. Patience and humility are first order priorities for health architects. Ignore or forego them at one's peril.

Let's posit for a moment that health care reorganization occurs and the reassigned roles and responsibility changes are complete. Let's presume that the enthusiasm has not been overwhelming and has been replaced by glum acceptance, that it is time to regard one's accomplishments.

Improbably, I find this addressed in a collection of poetry I found in the jumble of works on desk. This one is haiku, written hundreds of years ago, by an acknowledged master of the form, Kobayashi Issa:

The change of clothes;

Changed, yes,

But the same lice of

My journeying.

This reflects the reality of living in an imperfect world. Even when things go well, not everything will go as expected and certain issues will still mar achievement. No mind, however. It goes with the business of health care.

On the other hand, I'm done with the disorder in my study and I'm happy with it sans further interference. I'm pleased to find that the disordered stuff I've been collecting has value to the circumstances we find ourselves in, which includes our efforts to remodel and refashion health care.

I'm going to leave things as they are in my cluttered workspace.

At least for now.

Editor's note: The views, perspectives and opinions in this article are solely the author's and do not necessarily represent those of the AMA.

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