## editorials

## Keep the change

think I am a nuisance. Now, before you all jump up and shout in agreement, I'm not talking about that irritating, pain-in-the-ass, thinks-he'sfunny kind of nuisance. I'm talking about being a nuisance to my health authority. I have been suspicious for a while now that my authority would rather I didn't exist. Think about it. If I couldn't order expensive lab tests or radiologic investigations then this would help their bottom line. The health authorities perfect fiscal dream world would be a virtual web-based

If patients are getting kicked out of hospital early ... I'm not sure this is something that should be rewarded financially.

hospital. Virtual patients wouldn't take up real beds, consume real medications, or have any real tests. This virtual hospital could be staffed by virtual doctors, nurses, and other health professionals not requiring any salaries. There would be no maintenance, cleaning, or construction costs. All you would need is some web support to keep your virtual hospital going. Before you get carried away, the administration would still be real of course. Come on, someone has to manage the hospital even though it's virtual. Each administrator could log on every day and micromanage their area, like that computer game Sim City. Heck, they could even work from home.

What got me thinking about this is the recent announcement by the health

www.gpscbc.ca

minister regarding "patient-focused funding," where hospitals, in addition to their usual block funding, will vie for financial incentives based on performance in some specific designated areas like ER wait times, number of surgeries, etc. This has definitely put a fly in the "virtual hospital" ointment. I like the idea of having some accountability in the system, but I am a little worried about what performance indicators will be used. The ministry missive states that patient-focused funding will promote a shift from inpatient services to same-day surgical procedures and increase the number of joint replacements by reducing hospital length of stay, all the while maintaining the highest level of care possible. I am a little uncomfortable that the word "possible" was added to "highest level of care." Who defines "possible"? Also, if patients are getting kicked out of hospital early or not being allowed to stay overnight if indicated then I'm not sure this is something that should be rewarded financially.

I would like to see some patient feedback included in this model. How about we give the patients a bag of money when they arrive for their knee replacement to hand out during their stay as they see fit? If all goes well they use up their money appropriately and if not they give back what they have left on the way out (no, they aren't allowed to keep it). For example, "Thanks for making sure my pain was under control. I tucked a hundred in my urinal," or "I really appreciated my excellent post-op care so I slid a fifty under my mattress," and so on.

This patient-focused funding program is going to be run by the BC Health Services Purchasing Organization. You, like me, are probably wondering why this organization chose such a stupid name. It must have

been for the snappy acronym the letters make up—the BCHSPO (sounds like bish-po). The organization's new chair, David Thompson, states that through the pilot project run by the Lower Mainland Innovation and Integration Fund (the LMIIF—another winner), "Thousands of patients have [already] benefited from decongestion in emergency departments and reduced wait times for surgery. We hope to build on that provincewide."

This is definitely an admirable goal. I will watch with interest as BCHSPO implements this new program. We all know that if everything stays the same then nothing changes. However, sometimes change is difficult, particularly in health care. Just ask President Obama.

-DRR

