

A Message from the Guest Editor

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Universalism of healthcare has been a great dream. It's still the dream. Unfortunately, history tells us that the many attempts of different health systems have not fully reached the scope. They never really did. Yet, if we look at performance of different health systems, those that aimed at building universal care delivery systems show much better results than others. Therefore, it is valuable to try to protect those systems, to develop them, and to revise them when necessary. As we discover the many pitfalls that our health systems have, we learn that many promises have not been fulfilled; we should not be surprised. We just need to recognize the challenges that modern healthcare faces when aiming at achieving universalism in a sustainable context. *Health Services Management Research* and *Healthcare Management Forum* are focusing our efforts to address these issues in the November editions of our journals. We need to avoid falling into the trap of the economic mindset that is increasingly dominating the political and organizational environment.

In recent times, most of the debate has focused on how to provide healthcare while securing the sustainability of health systems and health organizations. Universalism and sustainability have now become popular issues,¹ but quite often sustainability is the dominant issue. This is not a surprise, as the Romans taught “*primum vivere, deinde philosophare*.” However, the cultural dominance of the economic field has caused a cultural shift, an inversion among ends and means, where cost management has become “the one and only issue.” Consequently, health systems and health organizations have been too often reconfigured, transformed, downsized, merged, redesigned, and streamlined, all for the purpose of improving their capacity to manage costs. *To reduce cost*—a large part of the discussion on value-based healthcare has been reduced to the discussion of the ratio of volume of health services delivered per dollar/euro paid. Efficiency (if not rationing) rules over appropriateness.¹ Eventually, the quality of patient experience

disappeared from the picture. Very few voices highlighted the risks of such economic-driven issues in the agenda of health systems and organizations. Very few advocated for the cultural shift towards the “less is more,” “bigger is not necessarily better,” or “focus rather than size” approaches, such as choosing wisely and similar movements.²

Hence, in this light, it's even more important that health leaders explore in depth the issue of universalism. *Facing sustainability*—addressing the known pitfalls and investigating those not yet recognized. *Increasing awareness*—this is the scope of these special editions of our journals.

The articles in *Healthcare Management Forum* explore the question of whether Canada is struggling to enhance universalism in its healthcare systems. Ford introduces us to the challenges of providing care in rural settings—25% of the Canadian population live in rural areas. How do we attract and retain good health professionals in these areas? How do we build effective systems?

Morgan investigates the pitfalls of Canadian health systems in providing comprehensive and equitable access to drug coverage. Kaposy adds to this with a specific contribution on lifesaving HIV medications in Canada. Again, the research shows pitfalls that can and need to be fixed quickly.

Taylor raises our awareness of the funding theme, a wicked issue in the wicked context of health systems. Good and proper funding of healthcare is vital for universalism and sustainability. Not achieving this will result in two outcomes we can't afford—rationing and opportunism.

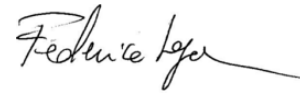
Then, the article by Donskov brings us to the field of long-term care. The analysis of the experience of designated specialized units in the Ontario long-term care homes highlights the features and challenges that chronic care poses on this specific level of care. Often neglected in the discussion on universalism, Donskov concentrates on acute care and

specialism. The Ontario experience tells us we have a long way to go in this area. Yet, it is possible.

Finally, the article by Bradbury explores the benefits of action research in healthcare, reporting evidence and experiences from Sweden. If universalism—as stated and demonstrated by current debate and research—requires coproduction among healthcare providers, patients, caregivers, industries, third sector, and many other stakeholders, then this article provides very interesting insights.

There is much food for thought in this edition for managers, practitioners, policy-makers, and politicians alike. There are many things to reflect on, all regarding the future of health in Canada. To protect and consolidate what Canada has achieved until now, in the quest for universalism and sustainability of its health system. To develop and improve those elements that still impede to achieve the level of performance that the system can

and should reach. Health leaders who want to embrace the challenge can start their engines.



References

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2. Brody H. Medicine's ethical responsibility for healthcare reform—the top 5 list. *N Engl J Med*. 2010;362:283-285.