

## Questions and Answers with Dr. Hudson

**Question** - Sent: Tuesday, September 13, 2005 11:44 AM

**Q:** I just finished attending your informative video teleconference and would like to commend you on your work to date. I did have one question that I hope you can answer. Your vision for Ontario seems to parallel the system already in place in Saskatchewan (The Saskatchewan Surgical Care Network).

Is there any reason that the SSCN model could not be implemented in Ontario?  
I would also like to hear your comments on the SSCN model.

**Reply** - Wednesday, September 14, 2005 11:15 AM

**A:** Thanks for your question.

This game was started by the Cardiac Care Network of Ontario approximately a decade ago. It worked out many of the definitions and methodologies. Saskatchewan very significantly built on that plan and it is our direct intention to fundamentally transport the Saskatchewan plan into Ontario so the plan has been from Ontario to Saskatchewan and back to Ontario! At the same time, we hope to learn from both the pluses and minuses of the experience. One of the key issues is one of scalability as we have to have a plan that can manage 12 million lives in Ontario.

It is quite likely that several other provinces will also follow the Saskatchewan model and this is all to the good as it means that several provinces will essentially be working along the same lines, albeit at different speeds.

There are, of course, many models other than the Saskatchewan model and we are very, very happy to learn from anyone, from any country in the world. Some countries are ahead of us. Some countries have a very strict methodology with significant punishment following failure. We would much rather have a more positive incentive model here, but clearly there has to be a firm accountability. (Incidentally, the accountability has to reach both ways i.e. the ministry has to be accountable just as the field does).

In closing, I note that you are a physical therapist. I want to emphasize that our future planning for e.g. hips and knees, includes a "front to back plan" i.e. from before point of contact to the primary care physician, through complete rehabilitation. The rehab part of this both pre-op and post-op is going to be absolutely critical if we are going to improve efficiency in the system, and I am delighted that you are interested in what is going on, as we certainly need input from colleagues in your specialty.

Sincerely,

Alan R. Hudson, OC