



Canadian Academy of Health Sciences
6th Annual Meeting 2011 – Principal Forum

Smarter Caring For a Healthier Canada:
Embracing System Innovation

Principal Forum Summary

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The Fairmont Chateau Laurier
1 Rideau Street, Ottawa

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Overview and Purpose of the Forum

As Canada's federal, provincial and territorial governments turn their attention to the renewal of the first minister's accord on health care, it is apparent that there is no more pressing issue than the future of Canada's healthcare system. Under the theme, *Smarter Caring for a Healthier Canada: Embracing System Innovation*, the Canadian Academy of Health Sciences (CAHS) has developed a solutions focused forum that discussed ideas that have the potential to truly change how the healthcare system operates and is experienced by Canadians.

The forum explored the perspectives on disruptive innovation, equity, efficiency and sustainability of the health care system from a variety of stakeholders including health professionals, healthcare institutions, government, business and the general population.

This forum summary is designed to capture the salient points and ideas discussed during the presentation and discussion periods in support of a future assessment on the structure and function of the Canadian health care system to be undertaken by the CAHS. In addition to identifying the issues, challenges and opportunities for change, the assessment will recommend a bold strategic direction for a new health care system in Canada.

(Re) Aligning The Stars: Design Thinking for Health System Innovation

Dr. Brian R. Golden, Sandra Rotman Chair & Professor of Health Sector Strategy, Rotman School of Management, The University of Toronto & The University Health Network

Under the theme, "(Re) Aligning The Stars: Design Thinking for Health System Innovation," Dr. Golden's presentation provided a systems perspective of the Canadian health care system. Using three distinct frameworks: system alignment, value and disruptive innovations, Dr. Golden highlighted the issues, challenges and opportunities for the Canadian health care system if a systems approach is adopted.

System alignment

The alignment framework proposes a system where performance is directly correlated to the synergy between all components of the system in order to effect change. Elements of the system include operational strategy & structure, human capital (including the provision of rewards, incentives and ensuring accountability) and information systems/record management which facilitate the acquisition and dissemination of knowledge.

Value

Dr. Golden discussed that value is essentially getting the greatest output of the health care system from the financial investments made into the system. However, this analysis must be viewed through the perspectives of both the patient and the provider, measured as either improving patient experience or creating greater access to services. Golden suggested some ways to increase value from the health care system, include the integration of information technology, positive competition, clustering of related services, and improvement in the



measurement of outcomes, the provision of incentives, and encouraging productivity and creating funding models based on outcomes.

Disruptive Innovations

In discussing disruptions, Dr. Golden opined that there are three kinds of disruptions, namely, technological (methodology of transformation), business model (value creating opportunity) and commercial system (financial viability). Further, there are three types of business models: solution shops, value added process businesses and facilitated user networks. Dr. Golden suggested that hospitals have agglomerated these business models resulting in disruptions which limit the overall return on investment. He suggested that hospitals and health care centres need to transform their business models from being solution shops that practice intuitive medicine to focus on value-adding process hospitals and clinics (e.g. Kensington Eye Institute).

Overall, he suggested health care professionals must recognize that no matter which framework is used, there will always be disruptions. Further, if health care providers are to innovate they must have an appreciation of the scientific, economic and political dimensions of the system. This will only be accomplished through proper measurement and evaluation of outcomes, effective knowledge management and the creation of internal markets. By and large, the system must undergo the transformation from intuitive medicine to precision medicine.

Discussion Period Points

The synergistic benefits of Competition and Cooperation: In an effort to improve the overall health care system, there must be a unique blend between healthy competition coupled with cooperation between providers who have a financial and service interest. Providers must learn to be competitive to service the clientele while learning to create clusters of activities with like-minded professionals in order to improve both services and lower costs. Essential to the effective functioning of this system is an inclusion of measurement and monitoring systems that can assess outcomes and evaluate productivity.

The role of fee for service in a systems perspective of the health care system: Fee for Service (FOS) is needed when the cause and effect is not known and we must engage the intuitive process of medicine. FOS is about paying for behaviours instead of paying for outcomes although paying for outcomes is a difficult process. Overall, the systems perspective does not propose abandoning FOS but recognizes that it encourages inappropriate behaviours. Nevertheless, in a systems approach, these behaviours may in turn be entirely appropriate if we can monitor them and measure outcomes.

Redesigning medical training: At present, the doctors are being trained in the creative, intuitive and diagnostic business models with a large proportion trained to facilitate the solution shop business model. However, there must be a shift in clinician training where the portfolio of expertise is broadened to adapt to new technological changes.



Panel on Equity of the Canadian Healthcare System

Panel Chair: Dr. Nancy Edwards, Professor

School of Nursing & Dept of Epidemiology & Community Medicine, University of Ottawa

Dr. Margo Greenwood, Associate Professor,

Education & First Nations Studies Programs, University of Northern British Columbia

Dr. Louise Nasmith, Principal

College of Health Disciplines, University of British Columbia

Overview: The panel discussed the role of equity in the delivery of health care. Special focus and attention was placed on chronic health conditions and primary care, aboriginal issues, and population health.

Chronic Health Conditions and Primary Care

Dr. Nasmith focused on the inequality faced by individuals with chronic conditions in the health care system. Using three fundamental concepts, namely horizontal & vertical equity, disease vs. patient-centred and co-morbidity & multi-morbidity, she demonstrated that significant proportions of Canadians suffering with chronic diseases are exposed to greater inefficiencies in the health care system, coupled with reduced access to care particularly amongst the poor. She challenged providers with the concept that strategic investments needed to be made to shift health care delivery from “islands of innovation” to a system wide approach that particularly addressed the needs of Canadians with chronic diseases. She discussed several tensions within the healthcare system including a lack of clinicians who focus on chronic diseases, a more reactive rather than proactive system, a lack of accountability for health outcomes and a heavily siloed and non-collaborative culture of the health system. Dr. Nasmith recommended a strategy for transforming care for Canadians with chronic health conditions that includes aligning system funding and provider remuneration with desired health outcomes, ensuring that quality drives performance, lifelong learning for practitioners, efficient health records management and dissemination. Overall, the core direction for healthcare system transformation in Canada relies on putting people first, expecting the best, and managing for results.

People Power, Restoring Equity in Aboriginal Health

Dr. Greenwood made the case that a fundamental understanding of a society is instrumental in comprehending the health risks and potential burden of disease on a population. Further, she opined that social inequality, whether measured at the population or individual level is the single leading condition for poor health and that these disadvantages highlight the risks that are placed on the health and well-being of Aboriginal peoples. Some of the societal factors highlighted that influence aboriginal health include exclusion (loss way of life, dislocation), marginalization (reduced economic participation), inequality (lack of income, poor housing, food), risk (depression, chronic disease and stress) and vulnerability (families more vulnerable). She proposes that health improvement can only take place in partnership with social progress/development. Integral to this development involves a system of decolonization where aboriginal communities are empowered by developing their own knowledge systems which can



be shared with the wider public. Further, she proposes a framework where the viewpoints of all stakeholders (legislators, health care providers and members of the aboriginal community) can share knowledge systems and develop strategies that address both the health and social development of the community.

Healthy Equity, Population Health Perspectives

Population health is a result of complex interactions (biological, social, cultural and environmental) which determine the health of individuals, communities and global populations. In her address on population health inequities, Dr. Edwards highlights three essential areas that must be explored to address the issue including describing health inequalities and inequities, understanding social causation and learning from and implementing upstream population approaches. She suggests that there have been important advances in understanding health inequities, including factors such as the social and societal conditions across the life course that produce illness trajectories, the re-conceptualization of health risk and the organizational, environmental and policy levers that interact to influence behavioural change. In order to effect change, there needs to be health interventions (programs, policies & resource distribution approaches) that have the potential to impact health and health equity at the population level. These interventions are only possible if research is conducted that will produce knowledge about policy and program interventions that operate within or outside of the health sector and have the potential to impact health at the population level. She suggests that these interventions can be classified by three classes of innovation: discrete (targeting specific issues), multi-component & multi-level (targeting complex issues within a population) and paradigmatic (requiring a systems-wide approach and complex set of partnerships).

Discussion Period Points

Modifications to “usual care” that have improved health outcomes for marginalized populations: Attendees suggested that we must more deeply examine upstream and downstream issues, in particular, taking an intersectional approach in understanding health prevention. Some of the issues they highlighted included a lack of mechanisms to receive and record issues of health inequality, the lack of a system that can continually monitor outcomes and evaluate the effectiveness of programs, lack of consideration of the historical and contemporary context of the people that will be served. Some recommendations included, integrating patient case managers into the health care system to reduce inequity, using intermediaries to help vulnerable populations to navigate the health system, increasing communication amongst clinicians to identify best practices, identify, develop and agree on health equity indicators.

We need to have a listening process. To determine the real needs of society, practitioners need to engage in dialogue with members of the community to have a better understanding on how to address issues. The practitioner must have the opportunity to understand the historical and contemporary context of the listeners concerns.

Empowerment of Society: A program initiated out of the University of Western Ontario that created a community kitchen program in western Africa allowed women to make probiotic yogurt and eventually led to changes in cognitive development in children and in some cases a delay in



the need for HIV therapeutics. This type of program is an example of social business which presently does not have much traction in Canada but has the capacity to add value to the health care system.

Jordan's Principle—An innovative approach to address health inequities. Payment for services such as healthcare for aboriginals are performed by either the federal or provincial government, depending on whether the individual is receiving care on or off a reserve. As a result of this practice, a child by the name of Jordan died while in hospital as the governments debated who should provide payment for this care. As a result, concerned citizens in Manitoba lobbied the government who eventually legislated "Jordan's Principle" which ensures that children, particularly those in the aboriginal community, are granted full access to health care and the government could debate issues of repayment at a later date. This became possible thanks to a citizen-led online forum which garnered the support of more than 5,000 individuals from around the world.

Summation

We must work together and continue dialogue and consider the issues of equity in our approach to embracing systems innovation.

Panel on Efficiency of Canadian Healthcare System

Panel Chair: Dr. Bartha Knoppers, *Canada Research Chair in Law and Medicine*
Director of the Centre of Genomics and Policy, Faculty of Medicine, Department of Human Genetics, McGill University

Dr. Jack Kitts, *President*
The Ottawa Hospital

Patricia Kosseim, *General Council*
Legal Services, Policy & Research Branch, Office of the Privacy Commissioner of Canada

Dr. Robyn Tamblyn, *Professor*
Departments of Medicine & Epidemiology and Biostatistics, McGill University

Overview: The panel discussed the role of efficiency in the delivery of health care. Special focus was placed on efficiency in the health care system and health information systems, and the transformative potential of e-technologies.

Efficiency in the Healthcare System

Dr. Kitts opened his presentation by informing symposium attendees that it is imperative that special focus be placed on improving efficiency within the health care system. However, he insisted that this would require change to the present structure which is difficult to accomplish. In recognition of these difficulties, Dr. Kitts suggested an approach that will focus on and improve efficiency in the health care system. He advised attendees to challenge the status quo; there are enough human resources in the system, we simply need to use them more efficiently



and harness the disruptive change that ensues. Dr. Kitts also suggested practitioners insist on value for money by measuring outcomes and costs for each patient, promoting transparency, and benchmarking best practices. He feels there should be a focus on the patient by mandating the electronic health record and creating an inter-professional model of care based on full scope of practice and meeting patients needs at the lowest cost. He insisted that roles and responsibilities of leaders should be defined in addition to developing a plan that is action-oriented, outcome driven and ensures alignment. Finally he suggested we assign accountability whether it means incorporating performance measures and targets, giving the authority to achieve results, or evaluating pay at risk-versus-performance incentives.

Efficiency in Health Information Systems: Calculating Privacy As Part of the Equation

Ms. Kosseim opened her remarks by notifying attendees that the nature of the debate about privacy in the health-care sector has evolved over the past decade from discussing informed consent to an increased recognition of trust and accountability as critical conditions for success of the electronic health record endeavour. Further, risk of data breach is at the top of mind for Canadians. Some sources of risk of data breach she discussed included well-meaning (but negligent) insiders, targeted attacks from outside the organization and malicious insiders. As a result of data breach, some of the direct costs included: monetary losses (est. \$12 billion across hospitals in the U.S.), loss of accountability, confidence and duty to protect patient data. Some of the indirect costs include brand or reputation diminishment, time and productivity loss & loss of patient goodwill. Ms. Kosseim outlined that some of the proactive measures for breach mitigation included ensuring accountability, promoting a privacy of culture, and instituting privacy by design. Ms Kosseim concluded her remarks by emphasizing that innovation requires system developers to anticipate the broader ethical, legal and societal implications and to address them proactively-upfront in the design and development process. Further, user privacy is not a stumbling block toward innovation, but rather, a call to develop innovative and creative ways of protecting personal information, in step with technological progress. Finally, privacy is not to be used as an excuse for secrecy or a shield for inefficiency or incompetence.

Increasing Efficiency in Canada's Healthcare System: The Transformative Potential of e-Technologies

Dr. Tamblyn opened her remarks by asking the audience if Canada is getting value for money for the investments made in the health care system. Dr. Tamblyn noted that we are not doing well, which is a result of a number of factors. One issue is that Canada has an aging population in which chronic conditions (arthritis, cancer, diabetes, heart diseases, high blood pressure and moods disorders) are more prevalent. The present system is not designed to deal with issues of chronic disease but rather acute illnesses. She introduced several tools designed to target transformative efficiency gains with new technologies. Firstly she discussed patient empowerment tools such as "my health manager," patient-physician e-visit system, tele-health, tele-home care and tools that support disease self management. Dr. Tamblyn suggested that these technologies have the capacity to prevent or ameliorate adverse drug events such as monitoring the early effects of medication. The second tool Dr. Tamblyn discussed was "Personalized Decision Support," which uses individualized risk assessment tools to inform and enhance treatment practices. Examples of assessment tools include the systemic review of the effectiveness of computerized decision-support on quality of care and patient outcomes and by



incorporating epidemiological science into risk-benefit assessment. Another method discussed was the use of e-technologies to improve early detection and intervention in population health. In conclusion, Dr. Tamblyn reminded attendees that targeted e-technologies can improve efficiencies by empowering patients to manage chronic conditions and provide more timely access to healthcare, providing person-specific decision support to reduce morbidity and monitoring infectious diseases to control outbreaks.

Discussion Period Points

Using the e-health record to improve efficiency in the healthcare system. While the e-health record is a tool that will provide efficiency to the system, it is not the panacea to make the systems work. Other problems need to be addressed, such as health care silos and lack of investments in information technologies because of competing priorities. All stakeholders must demand that information tools such as the health record are a national priority, thereby mandating all health service providers to conform to improving the system. This change requires leadership, direction and funding.

The need to develop metrics to evaluate efficiency and incorporate information technologies into the system. New tools and indicators must be developed that will allow providers to measure the cost of health care at the individual physician-patient level. Further, information technologies must be used to capture and share data, thereby reducing the time needed in records management.

The need for strategic investments. In the evaluation of efficiency, most individuals look at what investments are made into the system versus the system outputs. Hence it has been suggested that anything that will not increase expenditure and improve outcomes is the best approach to making the system more efficient. One way of accomplishing this is to strategically invest in areas that will produce beneficial outcomes such as empowering patients with e-technologies. Overall, we should be strategic and consider the timeliness of integrating technologies into the system.

Complex systems require innovative solutions. The health care system is complex and at present, the solutions offered do not take into consideration that heterogeneity. Hence, a better comprehension of the multi-varied problems will result in greater solutions that address the various dimensions.

Access to information introduces inefficiency into the system. Ensuring information confidentiality within the health care system is critical since issues such as data breaches can be quite costly. However, consideration should also be given to inefficiencies within the system such as the “privacy chill,” where healthcare institutions do not have the systems in place to readily share information. Essentially, the issue can only be addressed if providers view these challenges as opportunities to integrate new innovations into the system.



Panel on Sustainability of Canadian Healthcare System

Panel Chair: Dr. Pierre-Gerlier Forest, *President*
The Pierre Elliott Trudeau Foundation

Don Drummond, *Matthews Fellow in Global Public Policy, Queen's University*
Former Senior Vice President and Chief Economist, TD Bank Financial Group

Dr. Jeremiah Hurley, *Professor*
Department of Economics and the Department of Clinical Epidemiology and Biostatistics,
McMaster University

Kevin McNamara, *Deputy Minister*
Health and Wellness in Nova Scotia

Overview: The panel discussed the role of sustainability in the delivery of health care. Special focus was placed on sustainability in the health care system and embracing system innovation.

Sustainability and Canadian Health

Dr. Hurley opened his remarks by challenging the audience to think about what they want to sustain before we introduce sustainability into the health care system. Do we want to maintain the current system? Are there certain principles we want to realize, such as access to medically necessary services? Dr. Hurley then discussed the notion that sustainability has several dimensions including economic, public-sector, political, environmental and social. He further suggested that the interactions of these dimensions can provide opportunities to address sustainability in the health care system. Dr. Hurley discussed some of the challenges with sustainability that are related to lack of political interest in developing a national system with shared principles, coupled with legal challenges with insurance regulations and payments. In addition, there are issues of financial constraints coupled with the evolution of the health care sector both in terms of its role and the management of diseases. In summation, Dr. Hurley believes we need to have a clear vision for the health care system that incorporates the aforementioned factors in addition to the social, cultural and societal nuances.

Better Care Sooner-Embracing System Innovation

Mr. McNamara opened his remarks by informing attendees that even if there are improvements in the health care system, there will still be individuals who will express displeasure with the system. Mr. McNamara informed attendees that despite health accounting for approximately 45 percent of the Nova Scotia provincial budget, there was still significant challenges such as the issues of revenue generation. He identified several universal laws/recommendations on improving healthcare systems, including recognizing that it is impractical to address the needs of all stakeholders, realizing that the cost of inaction outweighs the cost of action and imploring that we must change the way we pay for health care while learning to use existing resources more efficiently. Mr. McNamara encouraged all stakeholders to adapt to change, realizing that income will be affected, and implored provinces to develop a system of collegiality. Further, he



suggested that the system must be designed not only on vision but on specific desired outcomes. We need to shift our spending from infrastructure, to patient services/care, and adapt a sense of urgency to address these issues. He concluded that the quality of healthcare depends on how we innovate together.

Be bold, take risks and take charge

Mr. Drummond opened his remarks by informing attendees that any system has the capacity to be sustainable, however, one must be also willing to sacrifice. He implored that health care is a natural luxury and as such we have a tendency to want to increase spending on health care rather than it is on revenue growth. He lamented that sustainability is only a concept until you focus on what you want to sustain. Drummond suggested that we move to an integrated system that can manage the prolific onset of chronic diseases in the country. Further, he suggested we need accountability within the current systems and we also need to integrate more usage of information technologies and micro incentives into the systems. In regards to process improvement, he had several recommendations. Firstly, providers must have a greater familiarity with the policy world and how to communicate with politicians. Further, all stakeholders including academics, must change their approach and advocate for change in their own areas, and be willing to take risks. We must begin to study the historical trends and identify the present effects of past policy decisions while recommending the changes that may be needed to improve the system. Mr. Drummond concluded his remarks by imploring all stakeholders, to be bold, take risks and encourage public buy in, which will lead to government response.

Discussion Period Points

The role of human resources in health care sustainability. The present trajectory suggests that medical schools are graduating more doctors than the system can absorb. Schools must realize we are now reaching a relative equilibrium to meet the deficit so that Canadians can have access to doctors, particularly family practitioners and adjust accordingly.

The global economy and health care. As a result of the complete dysfunction of the global economy, we need to encourage health care facilities to integrate cost effective techniques that prioritize what is needed and ration services appropriately.

The role of self-empowerment and community engagement. Due to Canada's geographic size, there are challenges in the provision of equal quality care across the country. A possible solution is to have a greater focus on self-empowerment and using more information technologies. The community must be engaged and eventually lead the advocacy for improvement to the health care system.

Incorporating the voice of the youth. Providers should develop a strategy that incorporates the voice of the youth, in particular medical students since these will eventually be the individuals who will manage the health care system.



Community - Citizens Jury Panel

Panel Chair: André Picard, *Public Health Reporter*
The Globe and Mail

Dr. Cindy Blackstock, *Executive Director, First Nations Child & Family Caring Society of Canada*
Associate Professor, University of Alberta

Sharon Sholzberg-Gray, *Former President and CEO*
Canadian Healthcare Association

Dr. Anne Snowdon, *Chair*
Ivey Centre for Health Innovation and Leadership
Professor, Odette School of Business, University of Windsor

Overview: The panel provided an opportunity for ordinary citizens to provide their observations on the health care system and offer recommendations for greater citizen engagement.

Sharon Sholzberg-Gray

Ms. Sholzberg-Gray informed the attendees that from various polls, the vast majority of Canadians are concerned about health care, particularly access to primary care and wait times. We should ask ourselves, were there any real outcomes to a reduction in wait times? She opined that what most Canadians may in actuality want isn't in their best interest. Ms. Sholzberg-Gray suggested that simply doing more does not equate to doing what's best. Canadians need to examine all the determinants of health care before prescribing solutions to the problem. In addition, in order for the system to be efficient, it must take into consideration potential outcomes. Moreover, since health care is complex, we must continue to evaluate the plethora of solutions that are offered. Overall, Ms. Sholzberg-Gray felt that despite the challenges in health care, the present structure provides a suitable foundation for a universal equitable health care system.

Dr. Anne Snowdon

Dr. Snowdon challenged attendees to define the type of health system they really want. Is it the disease focus? Is it consumer centric? Dr. Snowdon suggested one essential element to improving the system is to define the role of consumers in managing their own health. She advocated switching to a more proactive and projective strategy that predicted the demographics that will be served in the future and develop strategies that will address their needs. Further, information technologies should be better used for advanced modeling and help to transform existing data into knowledge. Overall, she suggested that we define our strengths, engage in strategic partnerships and incentivize innovative leadership that implements transformational changes.



Dr. Cindy Blackstock

Dr. Blackstock opened her remarks by reminding attendees that our present system is good at sustaining bad ideas. She further lamented that we suffer from not having a clear idea of what health actually means. Dr. Blackstock implored that there needs to be a pathway to incorporate the voices of a wide diversity of people, particularly aboriginals. Dr. Blackstock suggested that in order to change the world you need knowledge, persistence, passion and spirit. Further, stakeholders such as academics and doctors need to find a way of encouraging citizen engagement and gain the moral courage to invoke change within the system. Dr. Blackstock concluded that the government will only respond when both providers and patients passionately unite and champion the change necessary to improve the system.

Discussion Period Points

Vision, Values & Goals –the missing elements of the conversation. While the talks on equity, efficiency and sustainability were important, the citizens observed that there was no discussion on how we define health, what kind of vision we wanted to cast and exactly what type of values we wanted to infuse into the health system. Essentially, it's easier to know where you are coming from if you know where you are going.

The limitations to the spreading of best practices. A select group of institutes such as the Kensington Eye Clinic are often cited as examples of infusing innovation into the health care system. The citizens panel inquired as to where are the offspring of these organizations and why aren't good ideas spreading, what are the barriers to best practices spreading? Dr. Brian Golden responded to this question by asserting that there are a number of cases where best practices have been implemented such as in the University Health Network system. Golden then opined that society should be aware that clinicians want to do the right thing but the system suffers from not having enough courage, leadership and data management.

The challenges and opportunities of streamlining processes. The citizens' panel recognized that one of the difficulties in improving the health care system is to delist services. The panel inquired if provinces such as Nova Scotia were able to engage in this process and if so, what was the impetus for such a decision. Kevin McNamara responded and assured the delegates that Nova Scotia was in the process of removing twenty-four hour emergency services, particularly in areas where doctors see on average one patient per night. In addition, the province was reviewing proposals to not finance diagnostic tests such as the Vitamin D test. Mr. McNamara concluded that a diversity of stakeholders must apply pressure to legislatures in order to encourage politicians to invoke the necessary changes.

The discussion on de-listing is misguided. The citizens' panel commented that often there is difficulty in discussing which types of procedures should be covered by the health care system. The panel inquired with Dr. Jeremiah Hurley as to what type of processes can be used to begin de-listing services. Dr. Hurley suggested that the discussion on de-listing services needed to be re-considered. He further suggested that instead of de-listing services, we need to figure out how to better manage the use of the services we presently have. Dr. Hurley implored that the judgment calls on services should be left to the clinician encounter, ensuring that providers and users understand the system and are willing to change their behaviour towards the goals.



Changing the normative processes of medical practice. A delegate remarked that doctors are normally not obliged to justify their actions when they do something outside of the norm and inquired as to how we change that. Dr. Hurley responded that there needs to be a new and creative culture in these organizations coupled with a greater emphasis on accountability of practitioners. In addition, policies must be instituted that clearly articulate what services are covered so as to remove the pressure of providers from denying patients services.

Sharing of data is important for innovation. A delegate told audience members about a study taking place in the province of Quebec, designed to reduce the number of caesarean sections performed. In addition to improving clinical practice, the study highlighted the need to create a communication system where data, information and guidelines are shared amongst providers. This will potentially contribute to the improvement of quality of care in the health care system.

Achievement of equity requires moral courage. The panel opined that inequity in the health care system was avoidable only if stakeholders develop the moral courage to address the issues of inequity. Further, there needs to be a systematic effort to identify and respond to barriers in the health care system. Moreover, stakeholders need to place a greater emphasis on the development and integration of bio and public health ethics into the health care system.

A new health care system must include the voice of all stakeholders. Panellist Cindy Blackstock implored that in order for us to develop an effective health care strategy; we must incorporate the voices of all stakeholders particularly in identifying the determinants of health. Dr. Blackstock lamented that in defining health, we must evaluate what health means to different communities. Further, society needs to have a more dynamic understanding that health is influenced by socio-economic and environmental factors. Only when we take a holistic approach of the human condition, can we truly start to improve the health care system.

In summation, the citizens' panel suggested that we must engage in an honest conversation with all stakeholders, advising them of the limitations of the system although we must ensure marginalized groups have equitable access to health care. In addition, we must define what is valuable, create the incentives for value added service and insist on value for money. Further, providers should not simply dream for patients but dream with them, not suggest a plethora of recommendations but propose one that can galvanize all stakeholders to support. Finally, we should not assume the benevolence of business models and must incorporate moral and passion into these models, such that we don't have a heart for business but a heart for people.

The Principles & Strategic Direction for a New Healthcare System for Canada

*Dr. Jeffrey Turnbull, Chief of Staff, The Ottawa Hospital
Past President, Canadian Medical Association*

Under the theme, "The Principles & Strategic Direction for a New Healthcare System for Canada, Dr. Jeffrey Turnbull's presentation provided an overview on how the sustainability debate should be reframed, coupled with inputs from a diversity of stakeholders in order to offer some strategic direction for moving ahead with a new health care system for Canada.



Reframing sustainability

Dr. Turnbull suggested that in modern culture, most discussions on sustainability are focused exclusively on financing. However, he advised that we need to sustain universal access to quality patient-centred care that is adequately resourced and delivered along the full continuum in a timely and cost-effective manner. Further, there must be awareness that sustainability encompasses a wide variety of dimensions including infrastructure, quality/outcomes, health promotion/disease prevention, governance/management and public finance.

Principles to guide health care transformation

Based on input from a range of stakeholders, Dr. Turnbull outlined six principles that were identified to guide transformative change toward a more effective and comprehensive medicare system. These principles are to enhance the patient experience by ensuring patients are at the centre of the system and being offered quality health care. In addition, population health needs to be improved via promoting healthy lifestyles and illness prevention, while ensuring equitable access to quality care and multi-sectoral policies to address the social determinants of health. Moreover, there should be value for money where all stakeholders are accountable and there is universal access to quality health services that are adequately resourced and delivered in a timely and cost-effective manner.

Engaging Canadians in transforming the health care system

Dr. Turnbull advised audience members of a national consultative forum on health care improvement that was undertaken by the Canadian Medical Association (CMA) to solicit the views from Canadians on their present and future expectations of Canadian medicare. Overall, there was great support amongst Canadians for a publicly funded health care system, expanded scope of the health accord, federal policies that ensure equality, more accountability amongst providers & patients, infusion of innovation and a wider appreciation for the social determinants of health.

CMA Advisory Panel on Resource Options for Sustainable Health Care in Canada

Dr. Turnbull also made the audience aware of an advisory panel of six distinguished citizens who the CMA invited to identify the possible options for governing and resourcing the health care system on a sustainable basis. The panel advised that the system could be more efficient based on the financial resources invested. Further, there needs to be an improvement in removing inequities in the health care system. From an administrative perspective, the panel advised that there needs to be a clarification and separation of the management and governance of Medicare. Moreover, there is a need for greater integration of physicians and other components of the health care system.

Emerging themes from panels on sustainability, equity, efficiency & community

In his summation of the forums presentations, Dr. Turnbull challenged the audience on a series of questions. He asked if the audience was ready to move from provider centric to consumer



centric models? If so, what exactly are we willing to give up in ensuring this transformation? Are we willing to move towards a health care system that is not concerned about technologies & personnel but about compassionate care? Are we willing to go from silos to partnerships/systems/alignment and integration? Can we combine the business and the social responsibilities of the health care system? He implored that we must begin with vision, identify strengths, and then identify some hidden obstacles such as self-interest. Further, there is hubris that if we keep building big hospitals with advanced technologies, then the population will become healthier and we need to reconsider are we getting value for money with that model. He also implored that providers must have greater understanding of the economic, political and equity barriers that plague the system.

Looking ahead to 2014

In terms of next steps, Dr. Turnbull opined that we need a thoughtful strategic direction to health and that our transformational opportunities should be focused on accountability to taxpayers, patients and citizens. He further suggested that there is a need for quality councils that ensure the provinces provide quality care and be held accountable. Moreover, there is a need to build a grassroots model with patients at the center with input from a cross section of stakeholders (licensing bodies, educators, regional health authorities, unions, NGO's, patient advocacy groups, family, community, hospitals, pharmacies, clinics). Dr. Turnbull emphasized the need for a broad coalition of stakeholders to be behind health care transformation if it is to be successful.

Discussion period points

The challenges in adopting team based care. In dealing with health problems, one challenge is the formulation of a health strategy that allows providers to move toward team based care. This becomes difficult because there is a need to reconcile self-interests of professional organizations that may delay the adoption of team based care. In response to this concern, Dr. Turnbull suggested that issues of team based care fall within the jurisdiction of the community who should ultimately predict the model of care they wish to receive. Further, he suggested that when health centers are conducting their human resource planning to supply these personnel to these models, this should not simply be based on doctor population ratios. Alternatively, there must be consideration to the right provider mix, services required and performance reward systems. Also, professional groups such as doctors and nurses associations must start to work together and get past jurisdictional issues.

Building the broad coalition to champion health care transformation. In Dr. Turnbull's presentation, he argued that politicians are not going to lead and required direction from diversity of stakeholders. An audience member then inquired as the process to mobilize this coalition such that they speak with one voice and not appear to be a cacophony of noise. Dr. Turnbull suggested that health care providers such as doctors and nurses in addition to groups such as the chambers of commerce must continue to engage in community consultations. It is essential that this be done in non-partisan fashion with the assistance of organizations that are non-partisan, evidenced based and can speak to those challenges.



Adjournment

Dr. Catherine Whiteside, Immediate Past-President of Canadian Academy of Health Science adjourned the meeting, thanking all panellists and audience members for their participation. Further, Dr. Whiteside announced that there will be an assessment moving forward that incorporates considerations brought forward in the discussion periods.