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# Canada 2020

## A New Health Accord for All Canadians

September 28 - 29, 2016

Conference Report



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## Report from Conference Rapporteur

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The presentations and debates heard at Canada 2020's Health Summit included many recommendations about how Canada's health system can be improved. While interesting and still very relevant, most proposals for transformation are not new. The reality is that governments collectively invested in billions of dollars in transformation funding, and despite the fact that we continue as one of the top per-capital spenders on health in the OECD, our performance continues to be mediocre on most key benchmarks.



Now, in 2016, with provincial governments facing mounting fiscal pressures, has Canada in fact run out of fiscal room in order to facilitate the kinds of transformation that we have been talking about for decades? What is the extent to which healthcare should be allowed to crowd out other equally important – and for some, perhaps more so – public policy priorities? Have we in Canada hit the wall in terms of our ability to create additional headroom to support transformation in healthcare – even where such transformation is to make reforms that we have promised in the past to do and failed to implement and successfully execute over many decades? Is the national conversation about health reform in Canada a discussion about how much more money should be added to the existing system or how we can achieve different outcomes?

Canadians must consider how much more money should be invested in the system without confidence that we can deliver on improved outcomes. Canadians will begin to ask themselves: do governments and decision-makers in this country deserve that additional chance, given some of the other things that matter to me as a citizen, such as education and the environment? However, in the end, patients and families and communities will not get to make that decision – others will make that decision on their behalf. Decision-makers have the trust and confidence of Canadians that future generations will in fact receive the services they need and will enjoy better health status than those of the preceding generations in the history of Medicare.

In addition to the specific areas of reform, such as home care and mental health, we must also consider shifts in healthcare culture. While speakers did not emphasize the importance of changing healthcare culture, a number of the different points raised would apply equally to transforming the culture in which we approach health reform in Canada, built on the following principles:

- Developing a systematic approach to leveraging the best innovations in healthcare delivery across the country;
- Co-design of future reform initiatives – co-design with patients, co-design with families and communities and with providers;





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- Meaningful Integration in delivery of care, backed by the commitment to make decisions and to organize and deliver care from the perspective of the patient, as opposed to the provider, institution or policy-maker;
- Accountability to patients, families and communities that is expressed in meaningful measurements that reflect the actual progress we are making on today's issues rather than what we hope to achieve;
- A risk-sharing approach to investment, in which payers, policy-makers and industry accept shared risk in achieving outcomes;
- Supportive of the health workforce and cognizant of the pressures put on people to deliver care – in particular, reforms that address issues such as overwork, bullying, and change fatigue;
- A more dynamic approach to healthcare reform that seeks improvements on multiple fronts at the same time rather than focusing on one site of care at the expense of other elements of the system; and
- A coordinated approach to eliminating practices that do not add value (e.g., where they are inappropriate, redundant or harmful) that utilizes real-world evidence and the creation of Centres of Excellence to bridge the gap between what we know (based on evidence), what we do (in the healthcare system) and what we pay for.

We have every reason in this country to be optimistic about our healthcare system. We do an excellent job for many people but we could do more. Ultimately, the question before us is not unique to the Canadian experience: <sup>1</sup> does Canada want to do more *of* the same or does Canada want to do more *with* the same?

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<sup>1</sup> For further reading, please see: John Appleby, Chris Ham, Candace Imison and Mark Jennings, The King's Fund, *Improving NHS productivity: More with the same not more of the same* (July 2010), [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/improving-nhs-productivity-kings-fund-july-2010.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-nhs-productivity-kings-fund-july-2010.pdf).



## Conference Summary

**Wednesday, September 28, 2016**

### Opening Reception

- Dr. Laurent Marcoux, President Elect, Canadian Medical Association
- Hon. Chantal Petitclerc, Senator (Grandville)
- Dr. Brian Goldman, Host, CBC Radio's "White Coat, Black Art"



Left: Dr. Brian Goldman, Host of CBC's White Coat, Black Art. Right: Senator Chantal Petitclerc

Drawing on real-life experiences to highlight the positive impacts of the healthcare system on patients' experiences as well as its shortcomings, the presenters reminded us that the ultimate goal of the healthcare system is to improve the health of Canadians over time. The stories shared by the presenters drove home the fact that health reform is not simply about money – it is about professionals and how we do things to improve health outcomes and the health of the population.





## Thursday, September 29, 2016

### Welcoming Remarks

- *Tim Barber, Co-Founder, Canada 2020*
- *Dr. Granger Avery, President, Canadian Medical Association*



Opening the conference, the hosts noted the importance of this topic to all Canadians, many of who struggle to get the care they need. The Health Accord represents an opportunity to refresh the existing healthcare system, which was designed 60 years ago and has not kept up with demands imposed upon it, and to work together to address improvements in specific areas. Specifically, the CMA proposed a five-partner collaborative that would include governments, the medical and nursing professions, managers, universities and people (especially Indigenous people) to move forward on these initiatives.



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**Opening Panel: Managing Fiscal Realities, Demographic Pressures**

- Sahir Khan, Executive VP, Institute of Fiscal Studies & Democracy, University of Ottawa
- Erich Hartmann, Practice Lead, Intergovernmental Affairs, Mowat Centre
- Fred Horne, Principal, Horne & Associates
- Edward Goldenberg, Co-Head, Government Affairs & Public Policy, Bennett Jones
- Moderator: Simon Kennedy, Deputy Minister, Health Canada



Left to right: Simon Kennedy, Eddie Goldenberg, Fred Horne, Erich Hartmann and Sahir Khan

The panel engaged in an active discussion on the issue of the fiscal capacity for health in Canada. In particular, healthcare reform presents a specific challenge of fiscal management that must be considered in the context of the entire economy, as was noted later in the day by Quebec health minister Gaétan Barrette. Healthcare reform presents challenges faced not just by health ministers, but also finance ministers and first ministers, as well as others in portfolios beyond the healthcare world.

We must ask ourselves: are we willing to look at things differently? The conditions are different in 2016 than they were in 2004 but many of the issues remain the same. To this end, the Health Accord negotiations would benefit from organizational infrastructure around the discussion, such as support from pan-Canadian organizations like the Canadian Institute for Health Information or Canada Health Infoway, as well as an accountability structure. Infrastructure beyond the federal-provincial-territorial negotiation table would enable more progress on health reform across the board.



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### Setting the Stage: Canadian Public Opinion on Healthcare

- *Mike Colledge, President (Canada), Ipsos Reid*



Canadians in general express trust, confidence and optimism in the healthcare system itself and its ability to meet their needs but also in the abilities of governments and those supporting them to reach a new Health Accord. Based on the survey information presented, success is assumed by many Canadians. This presents a risk that a failure to actually reach an agreement would result in significantly decreased confidence in the ability of governments to collaborate to address major social issues of the day.

### Panel 2: Home Care, Long-Term Care, Community Care and Mental Health

- *Dr. Granger Avery, President, Canadian Medical Association*
- *Shirlee Sharkey, President & CEO, Saint Elizabeth*
- *Louise Bradley, President & CEO, Mental Health Commission of Canada*
- *Réal Cloutier, President, Canadian Home Care Association & COO, Winnipeg Regional Health Authority*
- *Moderator: Dr. Frank Molnar, Vice President, The Canadian Geriatrics Society*

In a healthcare system in which the discourse around reform is most often dominated by the interests of institutions and providers, the presenters reminded us that in order to be effective where it really counts, the healthcare system has to meet patients and families – and entire communities – where they are. Whether we are talking about home care or mental health or a shift in the system to provide more care in the community, it is the responsibility of decision-makers and providers to take care and support *to* people, not ask them to navigate a system that is much bigger than they are and much more confusing than it needs to be.





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### Keynote: The Federal Outlook

- *The Honourable Jane Philpott, Minister of Health*



The new Health Accord discussions present an opportunity to reclaim the original vision of Medicare in this country. This is an opportunity to move beyond simply talking about the addition of resources to a health system that is not exceptional in all cases. Referencing Justice Hall’s report, the minister spoke about reclaiming the time and resources and focus that were so much a part of Canadian life and Canadian discourse in the 1960s. The Minister challenged us to think about this as an opportunity to follow through on a covenant established with Canadians some time ago and on which increasing numbers of Canadians – particularly vulnerable Canadians, seniors and others – are depending today.

### Keynote: A Provincial Perspective

- *Dr. Gaétan Barrette, Quebec Minister of Health and Social Services*

Presenting a vision of healthcare reform that is rooted in the economic impacts of the sector, Minister Barrette described the challenge of reforming healthcare as inextricably linked with managing an economy. His presentation, including an analysis of the inevitability of increasing costs of healthcare. This perspective is quite familiar to anyone that follows provincial finances and, in particular, among those who have been involved in budget preparation and budget discussion in provincial governments.





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### **Keynote speech: Creating a Health System that Puts Patients First**

- *Michael Decter, Chair, Patients Canada*

Decisions that are made at any level of the healthcare system must incorporate the lived experience of patients and those who support them. This can come in many forms, such as through the formal participation of patients in policy development and system improvement initiatives at the local level, through providers being better able to focus on the person they are treating, through rethinking the role of patients in agencies, boards and commissions and the institutional infrastructure that drives healthcare spending in this country.

### **Panel 3: The Next Health Accord – Creating a Patient-Centred Healthcare System**

- *Fred Phelps, Executive Director, Canadian Association of Social Workers*
- *Linda Silas, President, Canadian Federation of Nurses Unions (CFNU)*
- *Bill Tholl, President & CEO, HealthCareCAN*
- *Moderator: Kim Furlong, Amgen Canada & Canada 2020 Advisory Board*

This discussion about what we might be reasonably able to expect in the new Health Accord put patients at the centre of the system. The question is not necessarily about having more resources but allocating them differently and in particular looking at the impact that the social determinants of health have on health outcomes. That is certainly a topic that has been discussed and debated to death in this country but – in contrast with other jurisdictions, such as the UK – we have not made much progress in integrating health and social care. This is a major challenge for the future of healthcare reform in Canada.

