

Association of Faculties of Medicine of Canada
Young Leaders' Forum Synthesis Report:

Connecting With the Health Care Leaders of 2027

July 2007



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INTRODUCTION

In conjunction with other efforts to increase social accountability and culture change to the Canadian health care system, a task group of young forward-thinking representatives was created in order to articulate a vision for Canada's health systems in 2027. On March 28 and 29, 2007 the inaugural Young Leaders' Forum took place in Ottawa organized by the Association of Faculties of Medicine of Canada (AFMC) and supported by Health Canada. The meeting connected a broad sampling of individuals who are likely leaders of tomorrow's health care system. The goal of the meeting was to explore the vision, thoughts, priorities, plans and concerns of those who will serve as agents of change within Canada's health care system in coming years.

The concept of engaging future health care system representatives originated from the premise that our leaders are already among us. They will not appear in the future, suddenly and unbeknownst and instantly prepared to take charge of Canada's health care system. On the contrary, they have already started their journeys toward leadership. Many are in the early stages of their careers; some acquiring the special skills needed to formulate and implement policy; others focusing on how to study and effectively manage health care systems. Still, others are mastering the skills of health care delivery. Tomorrow's leaders are the articulate voices of the communities they serve and even now, they are formulating a vision of how Canada's health care system needs to work in the future.

In order to provide a forum of participants that can address the questions at hand to the fullest, much care was given to the selection process of the young leaders. Participants were purposely engaged based on the assumption that their vision and perceptions have not yet been well heard. They were also chosen from a range of organizations which reflect the key sectors identified in the World Health Organization's seminal *Towards Unity for Health* report. These sectors include policy makers, health managers, health professionals, academic leaders and community representatives.

In consultation with AFMC, professional group facilitator and coach Tony Nash of Inter-Connex Consulting Inc. was contracted to develop an agenda and provide structure to the event without constraining the breadth of discussion.

The outcomes of this meeting will serve as the beginning of an ongoing dialogue between the leaders of today's health care system and those of tomorrow's health care systems. AFMC will work with partners, including the federal government, to steward this ongoing dialogue and see that the voices of young leaders are heard. Furthermore, great value will continue to result from future efforts to expand the scope of this initiative to a much broader range of health care provider groups.

The purpose of this synthesis report is to bring together information related to the first meeting of the Young Leaders Forum - the initial project proposal (Appendix 1), the list of participants (Appendix 2) and proceedings of the first meeting (Appendices 3 and 4). The following synopsis endeavours to highlight main themes that emerged during the first conversation with tomorrow's leaders. While the appended "As was said" report provides greater detail, these opening passages serve as initial insight on the views and priorities of Canada's young leaders.

SESSION ACTIVITY

Scoping the Future

The event kicked off with group networking and a welcoming and opening remarks session. Young leaders were then asked to participate in a high level brainstorming session about the issues, challenges and opportunities facing current Canadian health systems.

Discussion continued the following day with activities that encouraged participants to contemplate the future of Canadian health systems and what existing trends, strengths, weaknesses, threats and opportunities would continue to shape and impact the vision for the future.

For instance, participants outlined a set of assumptions about the future Canadian health care systems which included:

- the presence of universal access to core services
- the increase in market saturation from pharmacy, employers and insurance
- the increase in mobility of health care providers and the population in general
- the need to adapt the current framework to changes brought on by globalization, consumer involvement and the political environment

Another set of assumptions the group articulated were:

- the recognition of ongoing tensions between government and health care providers
- the reorganization of the system from individual entrepreneurs to organizations
- the emergence of new health issues

It was recognized that our future environment would see an increase in accountability and standardization on the side of regulation, a diversifying of the idea of demographics to include ethnicity and a shift in the thinking of Canadians to global health care. The trend of practicing evidence-based medicine would also continue and interest in interprofessional education and practice would grow.

Through critical examination of the current system, various strengths and weaknesses were identified in Canada's health care today. Universal health care that draws from a tax base and dedicated and committed health human resources were perceived as strengths. Canada also boasts internationally respected researchers with the means to invest in health. The group highlighted Canada is in a position to play a global role in health care.

Areas needing improvement in the system were identified by participants such as addressing mistrust between the provinces, federal government and different sectors within the health care system. In addition, another weakness of the system is that we have good macro data but poor micro data to connect providers. For example, the data on neonatal death rate in Aboriginal populations does not include data on how to react and implement change.

Key Focus Areas

As discussion progressed, a foundation for discussion was developed that examined what the health care system of 2027 might look like in Canada and what needs to be done to achieve it. With the aim of putting structure to the information developed, the following six key focus areas were created as a result of the brainstorming session among participants. Key focus areas include a list of success indicators as well as recommended actions and initiatives.

Key Focus Area #1: Demographic Tsunami, Population Health and Coping with Constant Change

By 2027 Canada's health system will invest equitably in social determinants of health to avoid/minimize the impact of a demographic tsunami on the sustainability of Canada. To achieve this we will need warning indicators, diffusion strategies and response mechanisms to cope with constant change.

One of the most significant strains on the system is the aging of the baby boomer population within Canada. Indeed, a noted trend was of the changing demographics of the population as a whole in areas such as age, literacy, ethnicity and culture, to name a few. Discussion in this key focus area revolved around shifting the focus in the new health care system from health care to health promotion and prevention and from hospitals, disease and physicians to population changes.

The current framework in which we operate may decrease in relevance in the coming years due to the effects of globalization, consumer involvement and technology. Constant change and stress, the increase in prominence of mental health issues, changing patient expectations and values of a younger population are examples that will continue to impact on how physicians and policy makers respond to the issues.

Success in this key focus area will have been achieved when equity exists among Canadians in terms of health prevention and warning (for example, injury prevention, obesity, smoking, etc.), social determinants of health such as poverty and the environment are addressed and chronic diseases and mental health indicators are improved.

The following is a list of recommended key actions and initiatives in this area:

- Legislation that mandates physical activity accountability goals in schools from kindergarten to grade 12.
- Emulate the Canadian tobacco strategy in the domain of nutrition.

Key Focus Area #2: People Power

By 2027 Canada's health system will be a place where from start to end, health professions are careers of choice. We learn and work together with patients/families and across disciplines. As patients/families/the public, we are all involved in the ways we want to be. This is the new normal.

A significant amount of discussion revolved around the issue of labour shortages in rural and remote areas, attracting people into the health professions and the loss of human resources to other countries.

Participants expressed concern over the lack of interprofessional education and mentorship and workforce planning in the development of professionals. As roles and scopes of practice are challenged by a knowledgeable public, the mode of educating health providers, families, and others, continually evolves into new models.

Success will have been achieved in this key focus area when:

- health professions are careers of choice
- there is no mismatch between access and need for access to professionals and services
- health professionals/providers choose to stay in their careers
- interprofessional education begins on day one of programs and remains the norm during one's career
- patients and their families are involved in the way(s) they want to be

The following is a list of recommended key actions and initiatives in this area:

- Legislate interprofessional education.
- Implement viable interprofessional education models into our health professional training programs.
- Change the model to redistribute responsibility for health care, i.e. health aides to do more of the care.
- Research what makes a career in health an ideal career.
- Increase people's capacity to take care of themselves along the continuum, from health promotion to illness.
- Consider incentive-based remuneration models for health care professionals.

**Key Focus Area #3:
Policy and Politics**

Canadian public policy across all sectors will maximize health impact (holistic perspective: bio-psychosocial-mental-functional-personal, etcetera). The Canadian health system will focus on achievable health for all by having a health policy framework that is arm's length from politics, directly engages the public in informed decision-making, emphasizes the population's responsibility, is responsive and flexible, is not provider/institution centric, maximizes return to society and considers equity/values.

In the area of decision-making and policy development, the lack of a destination or a roadmap on how to get where we want to go was seen as problematic with the current system. Many expressed concern over today's waste and the mismanagement of funds. Some participants stated that health care systems lack policies that address accountability and ethical issues in terms of those who carry the burden of costs, and policies regarding the division of scarce resources.

While the democratic system was highlighted as a means by which politicians scrutinize the system and managers take action, others viewed pressure from too many places, populations and value systems as not helpful. At times, there are too many problems and too many solutions and the remedies are spread too thinly to result in successful change.

A lengthy list of success indicators were offered in this key focus area that could steward the achievement of the vision. Success, therefore, is indicated when the health-related economic burden of the population is reduced, there is minimal waste within the health care system and people use and need less/fewer health services and invest in more preventative lifestyles and services. There is a need for people to have a clear understanding of what achievable health is, to take ownership for a healthy life and be involved in defining health and what the health care system is altogether.

Other indications of success in this key focus area may be:

- an increase in private expenditure for health care services
- cooperation in defining and agreeing upon a common goal for achieving health
- an ability to track progress with elected people who strategically plan for the common goal
- management is extricated from the political realm and work is accomplished by managers
- the system has shifted from being institutional and provider-driven to responsive to individuals

The following is a list of recommended key actions and initiatives in this area:

- Develop a strategy to engage the public/media/politicians in discussions regarding evidence to encourage informed decision-making.
- Develop a health care change manifesto outlining the new principles for health public policy.

**Key Focus Area #4:
Equity and Sustainability**

By 2027 Canada's health system will be affordable, functional and accessible with equitable allocation of resources based on population needs with a broader commitment to health equity beyond our borders. This system will be driven by decisions regarding allocation of resources that account for opportunity costs. The system will be predominantly publicly-funded.

Some participants felt that the dichotomy between the rural and urban areas and public and private sectors has caused inequity in our current system. Participants stressed the need for accessibility to drug coverage and to rural areas and to increase sensitivity to different cultures.

Affording today's system in twenty years is a challenge to the sustainability of current health care systems in Canada. If we are to be successful in achieving our goals with the current systems, a plan that responds to the demographic tsunami is needed – a plan that decreases the effects of increasing costs and the decrease in access to services.

Success will have been achieved in this key focus area when we still have a predominantly public funded health care system that is affordable and functional, a population needs-based funding formula is in place that allows for equitable (possibly not equal) allocation of resources and access to care and Canada's commitment to equity extends beyond its borders.

The following is a list of recommended key actions and initiatives in this area:

- Restructure systems so that there is greater financial integration between hospitals, LTC facilities, community clinics, etc. with a view to making informed investment decisions.
- Develop the data and tools to facilitate population health-based planning, including investments in health care manager training.
- Provide real support to develop a more diversified HHR workforce, including real support for patients to bring their unique perspectives and experiences into the HHR workforce.

- Review and recommit to the Canada Health Act and its principles.

**Key Focus Area #5:
Matching our Behaviour to our Values**

By 2027 Canada's health system will walk the talk. We proactively seize opportunities to improve health and health care, rather than responding to events. Decisions maximize health gains and minimize the risk of harm. Turf battles are obsolete. Cooperation is more in the interests of players in the system than destructive interaction.

Discussion in this focus area centered on the need to place a higher value on health as a manifestation of lifestyle rather than health care. Examples of these manifestations are smoking and treatment of disease.

Health care professionals need to define what health care is and promise to deliver safe, people-centered care in cooperation with those that have common goals.

Participants also stressed that doctors in health care should remain open to change and could benefit from the input of other professionals.

Success will have been achieved in this key focus area when the various players within the system value cooperation above disfunction, every decision made contributes to better health, we promise and do everything possible to reduce risk of harms and we seize opportunities to improve health and health care.

The following is a list of recommended key actions and initiatives in this area:

- Add training for health professionals in negotiation/communication skills.
- Implement a systematic process to review what works and at what cost (non-technology) with the goal of obtaining an increase in value for dollars spent.

**Key Focus Area #6:
It's a Small World after all – Meta Matters**

By 2027 Canada's health system will be defined within a global context. The global health care system will be a reciprocal, equitable and ethical one that is linked to population/patient needs. It will recognize and be responsive to the complex web that characterizes the interrelationships of the broad determinants of health (for example: environment, education, income). To remain sustainable the health care system will be flexible, fluid, responsive, self-evaluating and resilient in meeting the needs of the global health community.

The question asked by participants when discussing this key focus area was how best to meet the needs of Canadians in an increasingly global health care system. Issues of how to make this global system accountable, the sharing of limited resources and equipping ourselves to respond to extreme global crises have much prominence as many effects of a global system have a local impact.

Success will have been achieved in this key focus area when there is a global health care system, there is a health care system that is reciprocal, equitable and ethical, the health care system is linked to population/patient needs, the health care system recognizes and responds to broad determinants of health and the health care system is flexible, fluid, responsive, self-evaluating and resilient.

The following is a list of recommended key actions and initiatives in this area:

- Build a demonstration site for a health system without borders (region/town/island)
- Create an international baccalaureate for health professionals.
- Develop an interoperable health information system.
- Create a “health services points” market (eg, bartering health miles = aeroplane).
- Develop reciprocal agreements (ie, no barriers, such as for Visa, travels everywhere and immigration visa too!)

CONCLUSION

The inaugural Young Leaders' Forum explored many thoughts, opinions, and concerns related to what the Canadian health system would look like twenty years from now, what would be expected of medical schools and what needs to be done to achieve this vision. Health care leaders of today are already facing the challenges and frustrations of seemingly insurmountable issues and problems which could possibly make or break our future system. Focus is needed to build on what is already working in the current system such as the

ongoing production of well trained professionals and established research capacity, the commitment to evaluate what does and does not work and a realistic framework such as the Canadian Health Act which, despite its imperfections, can promise many benefits if improvements are continuously made.

During the discussion, our young leaders identified key messages from the meeting that could be shared across various audiences. The key messages that testify to the beliefs of meeting participants are:

- Issues and challenges are imminently fixable and we possess the will, motivation, skills and money.
- The world is flexible, fluid and readily adaptable to change.
- People must be key players in their own health and need tools to be responsible and capable of managing their own health.
- With respect to government, a mind shift from focusing on health care to focusing on health, from dealing with acute care issues to dealing with social determinants of health and other health promotional activities needs to occur.
- We have to make the decisions required to make this mind shift take place.
- In certain cases, there are insufficient human resources, funds and technologies and focus is needed on reorganizing, rethinking and redoing.
- Training and retraining is needed.
- We have a global responsibility.
- The Young Leaders' Forum was a valuable exercise which produced valuable dialogue.

The Young Leaders' Forum was a success as it delivered on its promise to gather together different sectors of the health care system in order to bring to light the dialogue that is needed to provide better health care to Canadians. In actuality all key areas of focus are intricately connected and a change in one area will undoubtedly create a ripple effect to all other areas.

Meeting participants also provided feedback on the event. Many were impressed by the breadth of experience in the room for a group that is considered "young" in their careers and by the realm of possibility the group could influence. The fact that the meeting was intentionally kept small in numbers was seen as a benefit, while others were impressed that the meeting was inclusive of all sectors related to health care and not simply narrowed in on the faculties of medicine. The meeting also bridged gaps and made communities normally distance whether by geography or historical background, participate in open dialogue and discussion.

Others expressed concern over whether or not the *right* issues were discussed and if sufficient time was given in order to mull over the issues and get to know one another better. Indeed, a high point of the meeting was the chance for young leaders to spend the time with others in the profession and exchange ideas. An increase in the presence of Canada's ethnic minority communities would also have been of great benefit to the meeting.

As stated earlier, the purpose of this meeting was to explore the vision, thoughts, priorities, plans and concerns of those who will serve as agents of change within Canada's health care system in coming years. Our health care leaders of tomorrow have begun the work of initiating a dialogue between those involved in the health care system of today with those of tomorrow. As an organization committed to aiding the positive change of our future health system, AFMC will endeavour to establish and build on our relationships with stakeholders and partners in an effort to steward this ongoing dialogue.

AFMC would like to thank all the young leaders for making the effort and taking the time to participate in an initiative that will have a positive impact on the system and change health care for the better in Canada.

For more information on the Young Leaders' Forum, please contact Irving Gold at 613-730-0687 Ext. 236 or igold@afmc.ca.

APPENDICES

Appendix 1. Proposal to Health Canada

Appendix 2. Participant List

Appendix 3. Session Agenda

Appendix 4. "As was said" Session Report