

The Conference
Board of Canada

Shaping a Bold Vision for Canada's Health Ecosystem

Value-Based Healthcare Canada (VBHC Canada)



Value-Based Healthcare Canada

Value-Based Healthcare Canada (VBHC Canada) is a research centre dedicated to building an evidence base for the systematic implementation and integration of value-based healthcare approaches across Canada. Value-based healthcare (VBHC) is an international movement that seeks to achieve the best outcomes for patients at the most reasonable cost by placing self-reported health and quality of life at the centre of healthcare decision-making. It informs a framework for restructuring healthcare systems, with the goal of optimizing value to patients and systems.

We work with key stakeholders from private, public, not-for-profit, healthcare delivery, and academic sectors, to tackle the daunting problem of how to improve patient care and outcomes while containing healthcare costs. VBHC Canada endeavours to be the Canadian champion for the VBHC movement, which means being the driver for applied research and stakeholder connections in support of advancing VBHC approaches and system-level impact across Canada's health systems.

Our Research Centre is funded by multiple members—united in their mission for progress—who support and inform the Centre's research agenda. Funding Members have the opportunity to help shape the future of Canada by ensuring independent, evidence-based research in value-based healthcare is developed and delivered to decision-makers in government, business, and civil society.

We are appreciative of the support from our funding members. Their passion and understanding of the urgent need for progress helps propel us forward and allows us to conduct research that matters into healthcare.

We welcome you to join us.

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Contents

4

Key findings

5

Foreword

8

Introduction

9

Canada's health ecosystem

13

**A vision for Canada's
health ecosystem**

17

Concluding remarks

18

Appendix A
Methodology

19

Appendix B
Roundtable participants

20

Appendix C
Bibliography

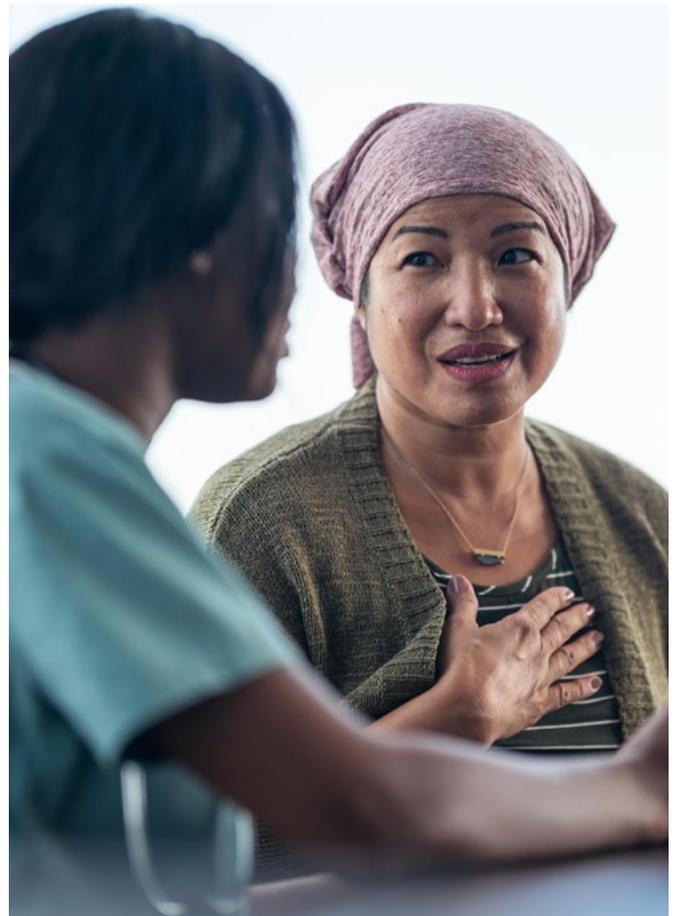
Key findings

- The COVID-19 pandemic exposed and exacerbated longstanding challenges within Canada's health ecosystem, including extensive wait times, inequitable access to care, disparate funding frameworks, labour shortages, siloed data systems, and an alarming increase in the need for mental health supports.
- Canadian leaders in the health sector collaborated on a bold vision to transform Canada's health ecosystem into an exemplary model of patient-centric care, articulated in seven vision statements. They are:
 - seamless access to healthcare, wellness, and support services across the full cycle of care;
 - funding models and partnerships that incentivize value-based outcomes and innovation;
 - a workforce supported and oriented to measurable outcomes;
 - equitable funding for mental health relative to medical and physical health;
 - a pan-Canadian data system interconnected and interoperable;
 - Canada's diversity reflected in health leadership—equity by design;
 - a new era—clear objectives, collaboration, accountability.

Foreword

Changes in our Canadian healthcare systems are needed to ensure survivability of the concept of universal access to care and to bolster resilience to future shock, disruption, and new discoveries. Doing so will enable the flexibility needed to address the pressing challenges our systems are currently facing.

Derived from a health leaders' roundtable discussion in September 2022, The Conference Board of Canada proposes seven vision statements to focus efforts toward realizing high-performing health systems by 2030. Activities related to these visions are now being seen across Canada, demonstrating potential for progress and concerted efforts toward a sustainable and resilient value-based health ecosystem. Our aim in this Foreword is not to evaluate the alignment of recent actions to the vision statements emerging from our discussion in September 2022, but to highlight progress and examples that have emerged over the past year. Each must be evaluated respectively regarding their contribution to planned outcomes. And shared accountabilities be defined if outcomes are not realized in reasonable time frames.



Vision 1: Seamless access to healthcare, wellness, and support services across the full cycle of care.

In February 2023, Nova Scotia Health launched a real-time data system for cancer care planning and delivery.¹ The Oncology Transformation Project includes a patient portal that connects patients to their care teams as well as communication between provincial cancer centres and oncology sites. By creating a single access point for cancer referrals, triage, and treatment, the aim is to streamline care, reduce wait times, and provide better outcomes for patients.

Vision 2: Funding models and partnerships that incentivize value-based outcomes and innovation.

In Ontario, the passing of *Bill 60: Your Health Act, 2023*² has created a framework for the regulation of integrated community health service centres (or private clinics) that are licensed to provide both publicly and privately insured health services. The aim of this reform is to reduce wait times for surgeries, procedures, and diagnostic imaging. With this change comes an opportunity for innovation and accountability models that incentivize value-based outcomes. However, some health sector stakeholders also raise concerns.³ Any approach must reduce variability in policies governing private payment (out-of-pocket payment and private insurance) and delivery across provincial/territorial jurisdictions. The approach must be informed by evidence, transparency, and collaboration to protect patient access, equity, and quality integral to the publicly funded system.

A funding model that incentivizes innovation is the use of a social impact bond. The project—Quit Smoking With Your Manitoba Pharmacist—is using a social impact bond to support Manitobans to quit smoking.⁴

This funding model enables up-front private sector investment in addition to government funding for the program. The amount of funding and payouts for investors are linked to how well the program delivers on targets and achieves outcomes.

Vision 3: A workforce supported and oriented to measurable outcomes.

To embed better health workforce planning in decision-making, the Government of Canada announced funding to the Canadian Institute for Health Information, Canada Health Infoway, and federal and provincial partners for the creation of a Centre of Excellence on health worker data.⁵

The Canadian Academy of Health Sciences (CAHS) has completed an evidence-based assessment of possible ways forward to ease the health workforce crisis.⁶ The priority pathways proposed by CAHS for early implementation of leading policies and practices are very much aligned with the visions presented in this impact paper, including optimizing scopes of practice within team-based models. Efforts to optimize health professionals' scope of practice are occurring across Canada. In Ontario, there have been a series of expansions to pharmacists' scope of practice by the provincial government.⁷

Vision 4: Equitable funding for mental health relative to medical and physical health.

One promising mechanism to drive success of this vision is the potential for a Canada Mental Health Transfer. The transfer has the potential to create new and permanent funding for provinces and territories to assist in expanding universally accessible mental health and substance use health services. However, this was not included in the recently announced federal Budget 2023.⁸ Instead, mental health is considered as one of four healthcare spending priorities identified through bilateral agreements with the provinces and territories.

1 Nova Scotia Health Innovation Hub, "Nova Scotia Health Launches First-in-Canada Technology."

2 Jones, "Bill 60: Your Health Act, 2023."

3 Ilse and Pichora, "Applying an Ethical Lens to the Provision of Care in For-Profit Healthcare Facilities."

4 Government of Manitoba, "Quit Smoking With Your Manitoba Pharmacist."

5 Government of Canada, "Working Together to Improve Health Care for Canadians."

6 Canadian Academy of Health Sciences, "Canada's Health Workforce."

7 Ontario College of Pharmacists, "Evolution of Pharmacy Scope of Practice."

8 Government of Canada, "A Made-in-Canada Plan."

Vision 5: A pan-Canadian data system—interconnected and interoperable.

The Integrated Youth Services Network of Networks is a pan-Canadian initiative announced in November 2022.⁹ This network of learning health systems will include a project to collect consistent data across provincial networks, establish a digital platform infrastructure, develop standard measures, and apply common evaluation frameworks. To align efforts for achieving the overarching goal of advancing pan-Canadian interoperability, Canada Health Infoway released the Shared Pan-Canadian Interoperability Roadmap.¹⁰ The dynamic, living nature of advancing end-to-end interoperability is built into the roadmap and the multitude of partnerships required to realize this vision are highlighted.

Vision 6: Canada's diversity reflected in health leadership—equity by design.

Diversity and inclusivity values are reflected in healthcare education and adopted within many organizational value frameworks. Canada's federal research agencies consider equity, diversity, and inclusion criteria when assessing research excellence.¹¹ Federal research funding was renewed for an Hotii ts'eeda initiative to understand how the United Nations Declaration on the Rights of Indigenous Peoples¹² is being implemented in health and wellness programs, services, and research. Vision 6 is demonstrated within this initiative through the inclusion of Northwest Territories' communities, partners, policy-makers, and health professionals.¹³

Vision 7: A new era—clear objectives, collaboration, accountability.

Achieving the change needed in Canada's health and care ecosystem requires prioritizing and aligning efforts toward shared high-level goals. Federal and provincial governments have the leadership role to set direction and ensure transformation goals resonate with the values and evolving needs of Canadians. The vision statements in this impact paper are well-represented in the federal government's four shared priorities to improve integrated healthcare for Canadians: 1) expanding access to family health services, including in rural and remote areas; 2) supporting our health workers and reducing backlogs; 3) improving access to quality mental health and substance use services; and 4) modernizing the healthcare system with standardized health data and digital tools.¹⁴

To translate these bold visions into practice and together achieve a resilient value-based system, all players across Canada's health and care ecosystem need to be accountable for their role in realizing the seven vision statements by 2030 and beyond.



9 Government of Canada, "The Government of Canada and Partners Establish a Canada-Wide Network."

10 Canada Health Infoway, "Shared Pan-Canadian Interoperability Roadmap."

11 Government of Canada, "Equity, Diversity and Inclusion."

12 United Nations Division for Inclusive Social Development, "United Nations Declaration on the Rights of Indigenous Peoples."

13 Government of Canada, "Governments of Canada and Northwest Territories and Territorial Partners Renew Investment That Puts Patients First."

14 Government of Canada, "Working Together to Improve Health Care for Canadians."

Introduction

In September 2022, The Conference Board of Canada invited 18 Canadian leaders to a roundtable to shape a bold vision for Canada's health ecosystem of the future. We sought executive leadership (chief executive officers, presidents, vice-presidents, and directors) from pan-Canadian clinician associations (nursing, physicians, pharmacists), care and service organizations representing specific disciplines of primary and specialist care, mental health and psychiatry, pharmaceuticals, and genomics.

We included provincial and regional leaders in medical education, biotechnology, artificial intelligence (AI) in health systems planning and medicine, virtual care and digital health, and health governance at the federal level.

Participants came prepared to speak about the lessons learned from navigating the pandemic and its wake of consequences—from the most pressing access and equity issues to the rising mental health crisis affecting children and youth. Using 2030 as an endpoint to urgent action, they informed bold visions for a resilient value-based health ecosystem in Canada.

This research summarizes the key takeaways from the roundtable discussions and is divided into two sections.

- Section One highlights the current challenges within Canada's health ecosystem—key areas of concern identified in the roundtable discussion.
- Section Two sets forth seven vision statements that we synthesized from the roundtable discussion, setting the stage for enabling an innovative, transparent, and collaborative environment toward realizing a value-oriented health and care ecosystem in Canada.



Canada's health ecosystem

Key challenges

The continuum of care is difficult for Canadians to access and navigate, which negatively impacts their current and future health

Successful access and navigation of Canada's health ecosystem is no easy feat for Canadians because of the limited transparency within and across the system. This compromises the continuity and equity of services that patients need. Subsequently, it impacts current and long-term health, social engagement, labour market participation, and quality of life.

The access crisis spans many points of care—from community-based primary care, mental healthcare, emergency services, and access to specialized surgical and clinical screening, treatment, and procedures. Lack of timely access can lead to workarounds, such as patients' use of emergency rooms or walk-in clinics as their first access point of care. Operational bottlenecks evidenced in routine care and service programming cascade into gross inefficiencies in patient flow within both individual healthcare organizations and across the entire health ecosystem.

Waiting adds up and takes a toll. Long wait times to access care or services for clinical procedures is a known contributor to reduced functional and physical wellness in patients, which ultimately decreases economic growth capacity and increases healthcare utilization and costs. More bluntly, in 2021–22, 13,581 patients across Canada died while on waitlists for surgical, diagnostic, or clinical procedures.¹⁵

The rise of virtual care

While the pandemic deeply disrupted in-person access to care, it also accelerated the widespread adoption and integration of virtually enabled care by technology and innovation sectors, provincial/territorial governments, and health professionals. The introduction of new fee codes to facilitate payment for virtual care services is one example of responsiveness to the access crisis.¹⁶ For Canadians living in rural and remote communities, virtual care improves access to specialty services, diagnostics, and treatments—reducing wait times and allowing clinicians and patients to avoid travel.¹⁷ However, not all Canadians have equitable access to virtual care services. Only 45.6 per cent of Canadians in rural regions and 34.8 per cent of households on First Nations reserves have access to high-speed Internet services.¹⁸

Financing Canada's health ecosystem is expensive, complex, and evolving, with multiple funding and partnership arrangements

In response to the pandemic, and in the period following our roundtable, federal and provincial/territorial ministries of health have invested heavily in Canada's health ecosystem. In 2022, total health spending was estimated to surpass \$300 billion, or \$8,563 per Canadian, the equivalent of 12.2 per cent of Canada's GDP.¹⁹

Private industry (e.g., insurance, pharmaceutical, medical technology sectors) and not-for-profit organizations complement the provision of healthcare social services available to Canadians.

¹⁵ Craig, *Policy Brief*.

¹⁶ Canadian Institute for Health Information, "Physician Billing Codes in Response to COVID-19."

¹⁷ Canada Health Infoway, "Telehealth Benefits and Adoption"; Appireddy and others, "Home Virtual Visits for Outpatient Follow-Up Stroke Care"; Hackett and others, "Valuing Citizen Access to Digital Health Services"; Canadian Medical Association and Abacus Data, *What Canadians Think About Virtual Health ealthCare*.

¹⁸ Zarum, "Digital Divide."

¹⁹ Canadian Institute for Health Information, "National Health Expenditure Trends, 2022—Snapshot."

In recent years, the private sector has increasingly advanced its position in Canada's health ecosystem, many with robust and impressive virtual care offerings, health promotion, and wellness programming. In 2019, the private sector funded 30 per cent of total healthcare expenditures in Canada, slightly above the Organisation for Economic Co-operation and Development (OECD) average of 27 per cent.^{20, 21}

The effectiveness of private health operations, governance, structure, and transparency is an area of concern, particularly as health system finance and governance models navigate the ongoing provision of universality and equity in accordance with the *Canada Health Act*.²²

In addition, while public-private partnerships enable Canada's health ecosystem to operate at pan-Canadian, regional, and sub-regional levels, it is the depth and scale of these relationships that are pivotal to access and operations. An ongoing concern is how the public system can best leverage, optimize, and expand partnerships to address current and predictable gaps in access and care.

Relationships are really what matters in healthcare, not just between providers and patients, but also between territorial, provincial and federal governments, relationships between administrators and frontline workers, relationships between unions and the governments that they negotiate with.

– Roundtable participant

Health professionals lack sufficient supports, engagement in decision-making, and interprovincial standardization of scope of practice

Health professional labour shortages and system bottlenecks amid increased demand for health services have contributed to a crisis in health human resources, impacting the type, timeliness, and quality of services available to the population. Healthcare professionals need meaningful supports to effectively execute their roles and to engage in decision-making around the future of Canada's health ecosystem of which they are currently an integral part.²³

The varied range of health professional scopes of practice across provinces and territories is an impediment to continuity of patient access to care and the design of pan-Canadian solutions to services delivery. Scope of practice refers to the range of tasks, decisions, or activities a group of licensed healthcare professionals can undertake by law and under provincial/territorial legislation. For example, while the scope of community pharmacy services has expanded in many Canadian jurisdictions in recent years, each province and territory has adopted a different approach.²⁴ Varying timelines for adoption, lack of monitoring to inform and guide funding models and professional practice change, and non-engagement of patients and citizens in navigating access result in misaligned opportunities to achieve efficiencies, improve professional capacity and patient satisfaction.

Funding models for mental health and care are not comparable to funding models for medical or physical health services

In response to worldwide increases in cases of major depressive and anxiety disorders in the first year of the pandemic (2020), the World Health Organization issued a "wake-up" call to all countries to step up their mental health services and supports.²⁵

20 Canadian Institute for Health Information, *National Health Expenditure Trends, 1975–2019*.

21 Based on an analysis of 38 selected OECD countries.

22 *Canada Health Act*.

23 Leaver and Waters, "Views From the Front Line."

24 Dobrescu and others, "The Value of Expanded Pharmacy Services in Canada"; The Conference Board of Canada, *A Review of Pharmacy Services in Canada and the Health and Economic Evidence*.

25 World Health Organization, "Mental Health and COVID-19."

About 7.5 million people in Canada experience a mental health problem or illness in any given year.²⁶ More than one-fifth of the working population is estimated to suffer from a mental illness that potentially affects their productivity at work.²⁷ While working adults in their early and prime working years are disproportionately affected,²⁸ mental health issues will directly impact 43 per cent of Canadians over their lifetime.²⁹ Of the nearly 4,000 Canadians who die by suicide each year, 1,000 of them are youth and children.³⁰

In comparison to its OECD counterparts, Canada is well behind other countries on the level of funding provided within healthcare budgets for mental health services. While mental illness accounts for about 10 per cent of the burden of disease in Ontario, it receives just 7 per cent of provincial healthcare dollars.³¹ Relative to this burden, mental healthcare in Ontario is underfunded by about \$1.5 billion.³² The growing cost of mental illness is not sustainable; by some estimates, the total cost of mental health issues on society could be greater than the entire cost of the healthcare system in Canada by 2041.³³

Mental health is the biggest health issue for young people for sure. In particular, underserved populations are at higher risk and have less opportunities to access services, and navigating the system is almost impossible. And the data are clear—the pandemic has worsened [this situation], especially for youth.

— Roundtable participant

Canada's health data ecosystem is highly fragmented, impeding systems interoperability and adherence to standards

Throughout the pandemic, Canadian governments made significant financial investments in health data infrastructure and advancing the use and interoperability of health data.³⁴ Despite a well-intentioned approach, many investments have been made with short-term needs in mind and without an overarching long-term national strategy or vision, resulting in a highly fragmented health data ecosystem.³⁵

Governments give organizations millions of dollars to put new systems in, but they do not require them to integrate them, one system doesn't talk to a next one that doesn't talk to the next one. That is a travesty that has been allowed to even occur.

— Roundtable participant

Canada is far behind other nations in establishing a secure digital health identity. There is an urgent need to utilize existing standards or create new ones around systems interoperability and to mandate adherence to these standards, both at the provincial/territorial and national level. From a patient perspective, Canadians are overwhelmingly open and willing to share their health data when the expressed use of the data are to inform health system planning and medical discovery.³⁶

26 Lee-Baggeley and Howatt, *Extended Mental Health Benefits in Canadian Workplaces*.

27 Smetanin and others, *The Life and Economic Impact of Major Mental Illnesses in Canada*.

28 Mental Health Commission of Canada, "Making the Case for Investing in Mental Health in Canada."

29 Mental Health Commission of Canada, *Why Investing in Mental Health Will Contribute to Canada's Economic Prosperity and to the Sustainability of Our Health Care System*.

30 Centre for Addiction and Mental Health, "According Equitable Funding for Mental Health Care."

31 Ibid.

32 Ibid.

33 Mental Health Commission of Canada, "Making the Case for Investing in Mental Health in Canada."

34 Public Health Agency of Canada, "Expert Advisory Group Report 2."

35 Ibid.

36 Canada Health Infoway, "What Canadians Think."

Canada must create clear pathways to foster sharing, integration, and use of standardized high-quality health data ... all stakeholders need to incorporate a broader concept of value consistently and transparently to support better informed decisions on the value of innovative health technologies. And this value includes clinical value—humanistic, economic, and societal—both within and outside of healthcare.

– Roundtable participant

Canada's health leaders do not reflect the diversity of Canadians

The COVID-19 pandemic highlighted inequalities in the social, economic, and health outcomes of Canadians. Rates of infection and mortality were disproportionately higher in low-income and ethnically and culturally diverse neighbourhoods,³⁷ reflecting pre-existing inequities in access to health and care services.

A study of more than 3,000 healthcare leaders from 135 healthcare institutions and health ministries in Canada found that gender parity was present, but “substantial disparities between racial diversity of healthcare leaders and the diversity of the communities they serve.”³⁸ Diversity in health leadership strengthens capacity for healthcare institutions to serve the needs of all community members. It improves trust and communication between providers and patients and cultivates cultural competencies across health teams.³⁹



37 Ontario Agency for Health Protection and Promotion (Public Health Ontario), *COVID-19 in Ontario*; Public Health Agency of Canada, “Social Inequalities in COVID-19 Deaths in Canada”; Bowden and Cain, “Black Neighbourhoods in Toronto Are Hit Hardest by COVID-19.”

38 Sergeant and others, “Diversity Among Health Care Leaders in Canada.”

39 Dreachslin and Hobby, “Racial and Ethnic Disparities.”

Too often, plans are developed by people who are historically in a position of receiving better care and they make assumptions about access, connectivity, and services that don't necessarily relate to those who need them the most.

– Roundtable participant

Collaboration has increased, but disparate objectives and priorities are taking a heavy toll on Canada's health ecosystem

Canada's response to the pandemic showed unprecedented levels of collaboration between federal, provincial, and municipal governments and private industry. While urgent issues are (and remain) front and centre (e.g., healthcare staffing and capacity, biomanufacturing and supply chain disruptions), systemic issues related to access and delivery of care, health data, and patient safety are not being adequately addressed.

Collaboration and rethinking system norms made an enormous impact in our response to the greatest stress [the COVID-19 pandemic] that's ever been put on our healthcare system.

– Roundtable participant

This lack of coordination is a detriment to patients' lives, the safety and security of health professionals' working environment, the prospects for healthy communities, and future growth and prosperity across Canada. Medical errors, violence, and aggression toward healthcare professionals, and systemic racism and inequity in our current health ecosystem are the fallout of a health ecosystem in chronic distress.

A vision for Canada's health ecosystem

Canada's health ecosystem is rapidly changing at a time when leadership across all levels of government, health and social care services, and business sectors are finding it challenging to inspire hope, direction, and renewed faith in Canada's health ecosystem.

A leader's roundtable was hosted by The Conference Board of Canada in September 2022. The session entailed a structured and facilitated three-hour dialogue with 18 leaders from across Canada's health ecosystem. The seven vision statements that emerged from this dialogue are far-reaching, with the intention of being:

- applied across Canada's health ecosystem at the provincial, territorial, and federal levels;
- inclusive of both public and private sector entities in governance, science, business, and technology sectors;
- grounded in principles of value-based healthcare, using 2030 as an endpoint for achieving milestones of transformative change.

1. Seamless access to healthcare, wellness, and support services across the full cycle of care

The full range of services that make up the health ecosystem (health, care, wellness, and support services) are easy for Canadians to access and navigate (in-person or virtually) across the full continuum of care.

- Be intentional and design the expansion and integration of publicly funded services to support patient outcomes and optimal evidence-based adoption by care professionals and service programs.
- Address both the social and digital determinants of health,⁴⁰ including issues of governance, policies, regulations, system interoperability, connectivity, and digital literacy, among others.⁴¹
- Continue expanding virtual care as a core component of Canada's health ecosystem inclusive of publicly funded and private sector offerings.

40 Health Canada, *Enhancing Equitable Access to Virtual Care in Canada*.

41 Ibid.

2. Funding models and partnerships that incentivize value-based outcomes and innovation

Provincial/territorial reforms to healthcare funding models and public-private partnerships are designed and optimized to incentivize value-based outcomes and innovation.

- Reform provincial/territorial healthcare funding models by tying healthcare investments to value, innovation, population health management (PHM) practices, and the integration of patient-reported outcomes.⁴²
- Leverage Canada's health ecosystem to advance PHM practices at the local to national level by:
 - aligning governance, clinical, and social service delivery systems, interoperable health information infrastructures, advanced analytics services, as well as meaningful community, patient, and citizen engagement;
 - including PHM innovations in an expanded chronic care model,⁴³ such as a shift from fee-for-service, volume-based payments to value-based budgets with incentives for monitoring and reporting improved clinical and population health outcomes. This approach also provides better work-life balance for health and care professionals entering the workforce, a key demand amid chronic labour shortages.

3. A workforce supported and oriented to measurable outcomes

A strong, well-planned, and resilient health and care workforce is supported by innovative and team-based models that measure and improve patient outcomes, safety, and system efficiencies.

- Adopt an optimized scope of practice for health professionals that is consistent across all provincial and territorial jurisdictions to improve continuity of care and responsiveness within a high-performing health ecosystem.
- Find meaningful ways to support healthcare professionals' efforts in executing their roles through nationally consistent professional scopes of practice and engage them in decision-making around the future of Canada's health ecosystem.⁴⁴

4. Equitable funding for mental health relative to medical and physical health

The framework for funding and resource allocation for Canada's mental health and wellness ecosystem is comparable to the current model for medical or physical healthcare.

- Support the recommended actions put forward by the Canadian Mental Health Association:
 - drafting and enacting a Canada Mental Health Act
 - establishing a Canada Mental Health Transfer, of which 40 per cent is directed toward community-based mental health services
 - identifying solutions to address primary social determinants of health.⁴⁵

42 Leaver, Moroz, and Gagnon-Arpin, "Strategy for Scaling Value-Based Procurement in Canada."

43 Millar, "Improving Population Health and Reducing Healthcare Expenditures in Canada."

44 Leaver and Waters, "Views From the Front Line."

45 Canadian Mental Health Association, *Federal Plan for Universal Mental Health & Substance Use Health*.

- Support the Canadian Alliance on Mental Illness and Mental Health's call to the federal government to introduce a Mental Health and Substance Use Health Care for All Parity Act, which proposes a legislative framework to expand publicly funded mental healthcare programs, services, and supports at the provincial/territorial level.⁴⁶
- Prioritize funding for effective evidence-based in-person and virtual care delivery models that demonstrate improved access to mental health services, treatments, and support.
 - An example is the “stepped-care approach,” which prioritizes the most effective and least resource-intensive treatments before “stepping up” to more intensive services based on individual needs.⁴⁷
- Increase investments in evidence-based solutions at the community level, including:
 - innovative team-based models of care
 - leveraging of virtual care solutions
 - technology-driven and innovative service offerings
 - facilitation and incentivization of access to mental health and wellness care and services provided through employer-sponsored extended health benefits (Employee Assistance Programs/ Employee and Family Assistance Programs).



5. A pan-Canadian data system—interconnected and interoperable

An interconnected and interoperable pan-Canadian health data system working with quality real-time data is at the centre of care, shared decision-making, and system governance.

- Leverage and reflect patient attitudes toward the use of personal health information in the creation and evolution of policy and legislation, balancing timely and enhanced data access, system-planning and performance, medical discovery, and privacy protection.
- Establish data governance that incentivizes equity in digital access and data-sharing, advanced analytics, and resulting intelligence tools to empower and protect patients and inform the operations of Canada's health ecosystem.
 - Use advanced analytic tools (e.g., AI and machine learning) to leverage high volumes of unstructured health data and include these tools when setting standards for the interoperability of health information systems, and to address privacy legislation and regulations around the use of AI.
 - Ensure that technical and scientific professionals apply robust and evidence-based analytics to data structures and inform timely and actionable insights at the ecosystem's micro- (point-of-care), meso- (organization), and macro- (regional or system) levels.

46 Canadian Alliance on Mental Illness and Mental Health, *From Out of the Shadows and Into the Light*.

47 Mofoz, Moroz, and D'Angelo, “Mental Health Services in Canada.”

6. Canada's diversity reflected in health leadership – equity by design

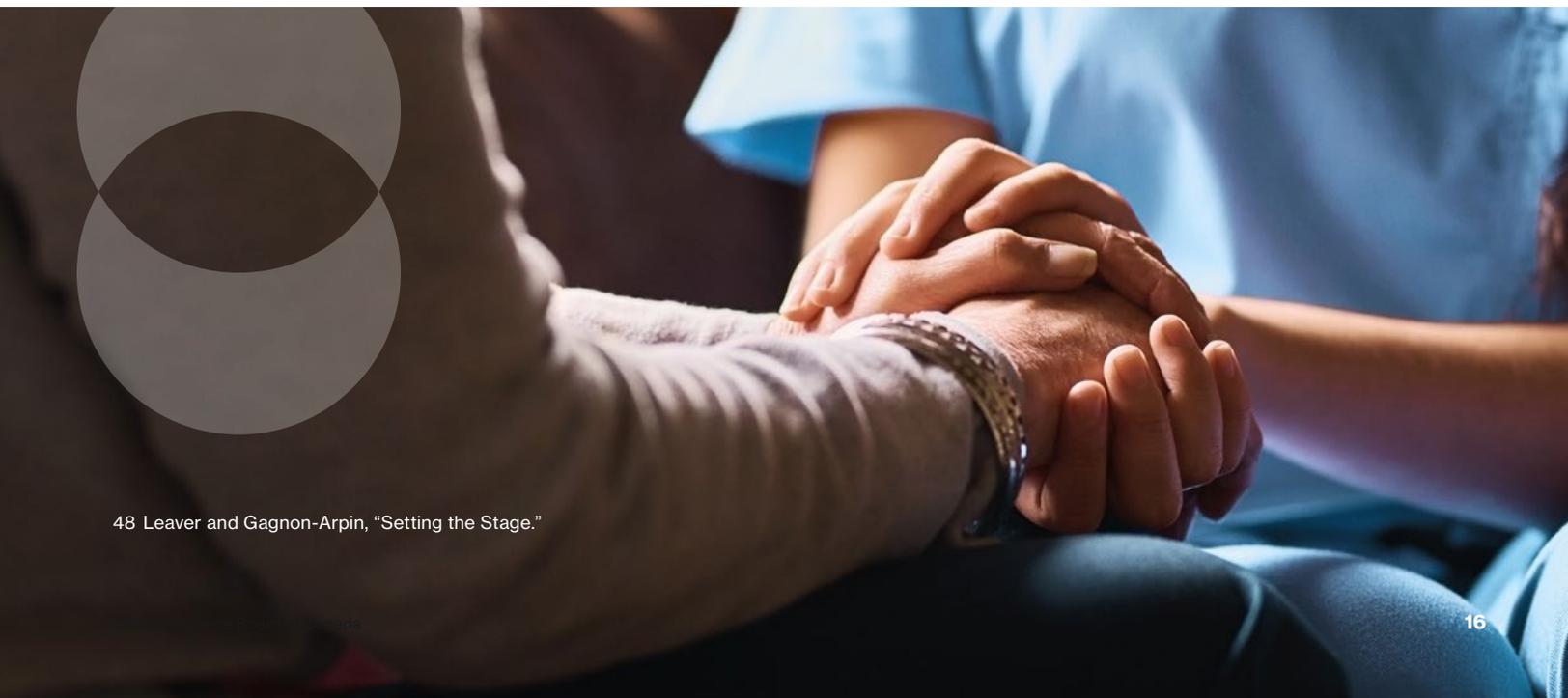
The diversity of the Canadian population is reflected in the leadership of Canada's health ecosystem.

- Ensure an equity lens is standard practice for the development, operations, and monitoring of applied solutions.
- Engage underserved populations in identifying the priority issues and finding solutions, while simultaneously adhering to equity, diversity, and inclusion best practices.
 - Incorporate the voices of those facing inequities into the decision-making and planning process by integrating their presence in leadership and implementation at all public and private levels of the health ecosystem.
- Target training and preparation of healthcare professionals to work and reside in rural and Northern communities.

7. A new era – clear objectives, collaboration, accountability

Canadian health and care ecosystem leaders have clear objectives and accountable time-based priorities to improve patient outcomes and Canada's performance relative to health ecosystems of international peer countries.

- Learn from Canada's successes (and failures) in response to the pandemic, and as recovery and rebuilding investments are made. These developments provide important lessons for future partnerships (i.e., based on mutual trust, open communication, and alignment).⁴⁸
 - Fortify foundations for ongoing collaboration around establishing clear and defined objectives and time-based priorities to improve patient outcomes and ecosystem strengthening.
- Widen thinking about the potential role of other health ecosystem actors beyond that of federal and provincial/territorial governance bodies and the pan-Canadian health organizations.
 - Encourage governance leaders to work in partnership with a range of leaders from education, research, scientific discovery, private sector innovation partners, and engaged citizens at all levels.



⁴⁸ Leaver and Gagnon-Arpin, "Setting the Stage."

Concluding remarks

Canada's health and care ecosystem has the potential to shift from one that is perceived as broken, unfixable, and stalled in political posturing, to one of high performance and trust.

A year ago (September 2022), 18 healthcare leaders shared their perspectives and experiences on how to reshape and reimagine the future of Canada's health ecosystem to better serve the entire population. The vision statements that emerged are relevant for both the public and private sectors (independently and in partnership) and they can serve as focal points for future investments toward realizing a systemic and sustainable transformation of Canada's health ecosystem.

In the Foreword, we highlight just a few of the many activities that mark progress over the past year (up to May 31, 2023) aligned to the seven vision statements.

Measurable progress is indeed warranted, and performance targets and cost accountabilities are overdue—as is the integration of standardized measurement of patient outcomes and system costs. These can only help to appropriately position health and health administrative professionals, leaders, and Canadians themselves to co-create a health ecosystem for Canada's modern age.



Appendix A

Methodology

In September 2022, The Conference Board of Canada invited Canadian leaders to a discourse-focused roundtable to inform and shape a bold vision for Canada's health ecosystem of the future. Leaders joined the three-hour discussion from a cross-section that included:

- healthcare and mental health and wellness professional associations
- direct patient care and service providers
- technology and benefit providers
- academia
- governments
- non-governmental organizations
- non-profit organizations

To ignite the discussion, participants prepared three-minute statements on their organization and/or personal leadership's perspective on the greatest lesson from navigating and continuing to navigate the peri- and post-pandemic context. They shared critical priorities for Canada's health and care ecosystem to be addressed (urgently or otherwise) to serve the health, care, and wellness needs of current and future generations. This section of the roundtable discussion lasted approximately 90 minutes.

A facilitated discussion followed in the remaining 60 minutes, exploring participant perspectives and proposed elements of a health and care ecosystem for Canada's future.

Both segments of the agenda were held under the Chatham House Rule. However, we recorded and prepared an anonymized transcript of the session for use with qualitative analysis software, NVivo 14, to appropriately ground a thematic analysis, using inductive and deductive approaches.¹

To reflect on Canada's progress since the roundtable, we reviewed news releases and reports posted between September 2022 and May 2023 on federal, provincial, and territorial websites. In addition, we incorporated input from the leaders who participated in the roundtable.

Analysis

The Framework for Applied Policy Research² was used to guide the content analysis. The framework leverages five key steps: familiarization, identification of a thematic framework, indexing, charting, and mapping and interpretation. The data familiarization step involved reviewing the transcript from the first part of the roundtable (Welcome and Participant Introductory Comments) and labelling data according to emerging categories. The initial codes developed through this process were broadened as the remainder of the transcript was reviewed and coded by a second researcher.

Major themes in the data were derived by condensing the data into simpler categories and synthesizing the findings accordingly. To assure methodological rigour and trustworthiness, the research team held discussions of the data and themes. The results were then shared with the roundtable participants for content validation of the themes and interpretation of the findings. The qualitative analysis was supplemented by a selective and non-systematic literature review, including open-access and grey literature, relevant to issues explored during the roundtable.

1 Gale and others, "Using the Framework Method for the Analysis of Qualitative Data in Multi-Disciplinary Health Research."

2 Srivastava and Thomson, "Framework Analysis."

Appendix B

Roundtable participants

Dr. Alika Lafontaine, President,
Canadian Medical Association (CMA)

Margaret Eaton, National CEO,
Canadian Mental Health Association (CMHA)

Tim Guest, CEO,
Canadian Nurses Association (CNA)

Danielle Paes, Chief Pharmacists Officer,
Canadian Pharmacists Association (CPhA)

Glenn G. Brimacombe, Director, Policy and Public Affairs,
Canadian Psychological Association

Jana Ray, Chief Operating Officer, CanAge

Lisa Raitt, Vice-Chair of Global Investment Banking
and Co-Chair, CIBC, Coalition for a Better Future

Cherif Habib, Co-founder & CEO,
Dialogue Virtual Healthcare

Dr. Dorian Lo, President,
Express Scripts Canada

Ivana Cecic, Director of Corporate Development
for Health, Genome Canada

Michael Davies, Director, Health Care System Division,
Strategic Policy Branch, Health Canada/Government
of Canada

Eric Windeler, Founder & Executive Director, Jack.org

Katherine Hay, President and CEO,
Kids Help Phone

Jason Field, PhD, President and CEO,
Life Sciences Ontario

David C. Marsh, Vice Dean Research, Innovation and
International Relations,
Northern Ontario School of Medicine University

Carlene Todd, Vice President Access, Roche Canada

Dave Jones, President, Sun Life Health

Roxana Sultan, Chief Data Officer and Vice President,
Health Vector Institute for AI

Appendix C

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Email: accessibility@conferenceboard.ca

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