BEING BETTER

This year marked the 50th anniversary of the introduction of medicare in Saskatchewan. Far from settling comfortably and sedately into middle age, however, Canada’s most important social program is being forced to become better and more efficient in order to meet new challenges. In fact, these are the twin goals the CMA has been striving to achieve with its health care transformation agenda.

It has been a challenge to engage the federal government in meaningful discussions on health care, for it sees this as a provincial responsibility. Nonetheless, we continue our efforts to engage the government on issues such as ensuring accountability for federal transfers to the provinces, on the value of fostering innovation in health care and on the positive impact national standards could have.

But physicians are facing challenges at other levels too. This spring our Ontario colleagues were forced to take court action because of that province’s intransigence during contract negotiations, and they were not alone.

The message I have taken from these developments is that unity within our profession is more important than ever, especially if we are to ensure that Canadians have adequate — and equal — access to care.

My term as president provided many highlights, but chief among them was the opportunity to meet colleagues in every part of the country. One thing was clear. Regardless of where I was, the members’ main concern was always the same: How do we continue to provide the best possible care for our patients?

I tried to raise that same issue on your behalf at every meeting with politicians and in every media interview during my term. It was an honour to do so.

John Haggie, MB ChB, MD, FRCS
President

BANG FOR THE BUCK

If you walk through the halls at CMA House for any length of time, you will likely hear two words more than any others — change and value.

Like the medical profession itself, the CMA is experiencing rapid transformation at every level and in everything it does. For instance, we know members want us to provide them with access to electronic and mobile clinical tools that will help them care for their patients, and we’re doing our best to make this happen.

By 2014 we expect to complete a major expansion of our online clinical offerings that will see the CMA deliver far more “tools you can use” than we currently do.

Which brings me to value. Recently we learned that a major university has been directing physicians to the CMA website, where members receive free access to DynaMed — a marvellous $400-a-year clinical tool. The good news is that members will soon have free access to many more of these tools.

Our online CME courses, which provide accredited training, are undergoing a similar expansion. Not only do we expect to add 11 new online courses this year, but keeping track of your credits is now done electronically — and automatically.

Our goal is simple. We intend to be physicians’ electronic superstore when it comes to clinical resources, point-of-care tools and CME.

Try combining the clinical resources that we already make available with those that are on the way, and then add in the other things we provide to members — everything from CMAJ to financial services to advocacy on Parliament Hill.

I believe you will agree that the CMA provides solid bang for the membership buck, and I can assure members that this bang is only going to get bigger.

Paul-Émile Cloutier
Secretary General and CEO
**A YEAR IN THE LIFE ...**

As the CMA prepares to mark its 145th birthday in October, it is witnessing a huge amount of change on many different levels. Witnessing that change right along with it are 76,000 members living in 10 provinces, three territories and some 50 different countries. *The Year in Review* is designed to provide a synopsis of the work the CMA has undertaken on behalf of every one of these members during 2011–12. Where did the CMA’s advocacy work take it last year? This page provides some examples.

**TAKING AIM AT DRUG SHORTAGES** The CMA delivered a blunt message in March when it told the Commons Standing Committee on Health that ongoing and apparently unending shortages of prescription drugs are unacceptable. “The bottom line is that the pharmaceutical industry must resolve its supply challenges,” said President John Haggie. “My responsibility as a physician is to provide care. Theirs is to make sure we have the medicines we need for our patients when we need them.”

**SUPPORTING CARE FOR REFUGEES** The federal government’s decision to cut its support for refugees’ health care coverage by $100 million was challenged in an open letter from the CMA and seven other major health care groups. “Are we as a country willing to risk the health of a pregnant mother who is receiving required medications before June 30 by telling her she is no longer eligible after June 30?” the letter asked.

**BACKING ONTARIO’S DOCTORS** Ontario physicians found they had plenty of support from colleagues across the country when the CMA and every provincial and territorial medical association signed an open letter to the provincial government calling for a resumption in contract negotiations with the Ontario Medical Association. “The manner in which your government has imposed conditions on physicians without a true opportunity to build consensus is not acceptable,” the letter stated.

**END-OF-LIFE ISSUES** The CMA, which is currently in the midst of its own study of the end-of-life issues facing physicians and the medical profession, lauded a parliamentary committee that released a report on these issues in December 2011. “End-of-life care is an area requiring urgent attention,” the CMA responded. “In fact, when it comes to patient- or family-centred palliative care, there is no system.”

**JOBS FOR SPECIALISTS** A survey conducted by the CMA in response to concerns raised during its 2011 annual meeting confirmed that some highly trained new specialists are having a hard time finding full employment. “This is mainly occurring among surgical subspecialties such as cardiac surgery and orthopedics and is mainly the result of hospital infrastructure issues, especially shortages of OR time, and not because of insufficient demand,” the survey concluded.

**AT THE SUPREME COURT** After being an intervenor in a Supreme Court of Canada case involving the future of Insite, Vancouver’s supervised drug injection site, the CMA praised the court’s ruling that allowed the controversial centre to remain open, calling it a victory for medical evidence. “For some this is an ideological issue, but for physicians it’s about the autonomy to make medical decisions based on evidence,” said President John Haggie.
ADVOCACY ON BEHALF OF THE MEDICAL profession is one of the CMA’s primary roles, and the role of “chief advocate” falls to the president. Dr. John Haggie took the association’s advocacy outreach to new levels during his term by becoming the first serving president to visit Labrador and Nunavut, where he held meetings with health staff, community leaders, hospital officials and local residents. During his term he also had hundreds of interviews with media outlets ranging from the Globe and Mail in Toronto to the Nunatsiaq News in Nunavut. Extracts from a fraction of the resulting reports appear below.

“Canada’s top doctor is urging governments to resolve the national drug shortage by using the subsidies they provide as leverage. ‘Have governments considered using these inducements as a lever to ensure that Canadians have access to the drugs they need?’ asked CMA President John Haggie.”
— Toronto Star, Apr. 6, 2012

“Haggie is looking forward to the CMA’s annual meeting in Yellowknife, where the theme will be social determinants of health. ‘These are factors like housing, employment and education, and they’re all key issues up here.’”
— Nunatsiaq News, Mar. 21, 2012

“‘As Canadians face what is nothing less than a national crisis [over drug shortages], they look to [politicians] to exercise leadership . . . ,’ ” Dr. Haggie told MPs. “‘At the risk of sounding harsh, the early finger pointing between governments was anything but a demonstration of leadership.’”
— Globe and Mail, Mar. 29, 2012

“The CMA has been requesting a transformation of our health care system. The doctors know that changes must be made.”
— Daily Gleaner (Fredericton), Jan. 24, 2012

“In a letter to [Premier] Dalton McGuinty, the CMA and medical associations in 12 provinces and territories said Ontario’s decision to roll back fees without consulting doctors [was] ‘wrong-headed.’”
— Globe and Mail, May 16, 2012

“Groups which backed Insite, including the CMA, were delighted by the ruling. ‘Insite worked,’ said CMA President John Haggie. ‘It saved lives and it’s a proven tool in the management of addiction. We would like to see it as part of a national strategy.’”
— Huffington Post, Oct. 1, 2011, after the Supreme Court ruled in favour of the continued operation of Vancouver’s Insite centre for injection drug users

“CMA President John Haggie said the federal plan to cut health care for refugees left little time for consultation on the move’s consequences. “These people have come from pitiful circumstances. When you put barriers to care, who knows what you are going to miss?””
— Toronto Sun, May 23, 2012

“‘The CMA president says that ‘cutting back on Old Age Security . . . means that many seniors will have to choose between heating, eating and paying for their prescriptions.’”
— Kingsville Reporter (Ontario), Apr. 3, 2012

“What needs to be done is to determine ways in which health care delivery can be managed more efficiently than it is at present. Fortunately, there have been proposals in this respect from the CMA and others.”
— Editorial, Montreal Gazette, Jan. 3, 2012

“Quality care is often cheaper care and more care is not necessarily better care. I think those are the sorts of societal issues that Canadians have to come to grips with.”
— Dr. Haggie, The House (CBC Radio), Nov. 26, 2011

“CMA President John Haggie warns that online sources are not always accurate, credible or evidence-based. ‘Internet advice should never be a substitute for medical advice from your physician.’”
— Toronto Sun, May 30, 2012

“More than 300 Canadian and American medical experts signed a letter to MP Dr. Kellie Leitch that called on her to oppose any export of asbestos from Canada. . . . The letter states that the CMA and others have called for a ban on the export and use of asbestos.”
— Simcoe.com, Sept. 1, 2011

DVOCACY ON BEHALF OF THE MEDICAL profession is one of the CMA’s primary roles, and the role of “chief advocate” falls to the president. Dr. John Haggie took the association’s advocacy outreach to new levels during his term by becoming the first serving president to visit Labrador and Nunavut, where he held meetings with health staff, community leaders, hospital officials and local residents. During his term he also had hundreds of interviews with media outlets ranging from the Globe and Mail in Toronto to the Nunatsiaq News in Nunavut. Extracts from a fraction of the resulting reports appear below.
THE CHANGING FACE OF MEDICINE

For the first time, more women are certified to practise family medicine in Canada than men. The change, which was reported by the CMA’s Canadian Collaborative Centre for Physician Resources in January 2012, is a testament to the changing face of medicine.

“We are witnessing a demographic transformation of what used to be a very male-dominated profession,” said CMA President John Haggie, who noted that men outnumbered women in every specialty just a decade ago.

In 2012, Canada had 10,481 women FPs, compared with 10,242 men. There are also more women than men practising in four other specialties — endocrinology, geriatric medicine, medical genetics and pediatrics.

Today, women account for 36.4% of Canadian physicians and 38% of CMA members. When Dr. Anna Reid assumes the CMA presidency in August, she will become the third woman to have held the post since 2005. By comparison, only three other women were elected to the presidency during the 137 years between 1867, the year the CMA was founded, and 2004.

A NORTHERN PERSPECTIVE

In November 2011, Dr. John Haggie became the first serving CMA president to visit Labrador, where he met physicians and other health staff to discuss the issues they face.

“The CMA has been preaching about the impact social determinants have on health, issues such as the importance of a healthy diet,” Haggie said. “It was interesting to see fruit and vegetables in short supply in Nain, where romaine lettuce costs $7 while potato chips and soft drinks were not only abundant but also roughly the same price as they were where I live.”

Four months later, Haggie became the first serving president to visit the huge and sparsely populated territory of Nunavut, where he once again witnessed the impact social issues have on health. “We heard a cry for help, a plea to make the people in southern Canada aware of the impact issues such as housing have on health and health care in the North,” he said.

Haggie was joined during the visit by federal Health Minister Leona Aglukkaq, and they met to discuss health and social issues with community leaders. “You will learn a lot by coming here,” Aglukkaq said.

“The trip was an eye-opener,” said Haggie, who stressed that increased emphasis on the social determinants of health is part of the CMA’s drive to transform the health care system. “We passed three resolutions on this during our last annual meeting, and more are coming.”

Haggie was accompanied in Nunavut by President-elect Anna Reid, who practises as a hospitalist and emergency physician in Yellowknife. “The impact social issues have on health are abundantly clear in the North,” she said. “You can read a lot about these issues. Here, you witness them.”

ABOVE THE FOLD (AND ON TWITTER)

The CMA’s Media Relations Office is one of the busiest areas at CMA House. Most of its callers are seeking the CMA’s response to the health issues of the day. Others are looking for specialized information from the association’s numerous databases, such as those maintained by the CMA’s Canadian Collaborative Centre for Physician Resources.

During the past year the CMA was called upon to respond to many issues, such as the continued operation of the Insite supervised drug injection centre in Vancouver.

However, three media issues predominated throughout 2011–12: shortages of prescription drugs, the impact of changes involving federal financial transfers to the provinces and territories, and the CMA’s response to cuts to federal health programs. Those issues alone produced hundreds of media reports that cited the CMA.
A YEAR OF ACCOMPLISHMENT AT MD

As President and CEO of MD Physician Services (MDPS), I spend much of my time travelling across Canada to meet with physicians. I appreciate the chance to see first-hand your extraordinary commitment to your patients.

Annual reports like this one are normally a place for leaders to communicate about accomplishments, but this year I also want to reflect upon what clients have been telling us about how we’re doing, and the powerful results we’ve achieved.

FIRST, WE ARE A LEADER AMONG our peers. In August 2011, MD was recognized as a top scorer among full-service investment firms for overall customer satisfaction. We received a score of 770 (out of a possible 1000) in the 2011 Canadian Full Service Investor Satisfaction Survey by J.D. Power and Associates. This was just seven points below the highest score, and well above the industry average of 733. For the second consecutive year, MD also received a five-out-of-five Power Circle rating from J.D. Power, which equates to “among the best” in the overall satisfaction rating for full-service investment firms.

OUR ACCOMPLISHMENTS ARE reflected in our growth. In June 2011, MD Private Investment Counsel (MDPIC), the discretionary management arm of MDPS, was ranked No. 1 in yearly asset growth among private investment counsel firms in Canada, according to financial services research firm Investor Economics. This growth saw MDPIC surpass $10 billion in assets under management. We are the largest independently owned private investment counsel firm in Canada — a clear reflection of the trust physicians place in MD and the value we continue to deliver to our clients.

OUR CALL CENTRE CUSTOMERS tell us they get world-class service. The MD call centre, which receives more than 10,000 calls every month, was recognized as producing better-than-average results for our customers by the Service Quality Measurement Group, which gauges client satisfaction in service provider call centres.

MD AND YOUR FUTURE: The message I want to leave with you with is that MD is the first firm in Canada to deliver wealth management solutions engineered exclusively for physicians. We are, quite simply, the best at what we do. Today and tomorrow, we truly are the only choice for physicians and their families.

MD’s RECENT ACCOMPLISHMENTS

• Creating dialogue with our members and clients: We held a series of interactive MD Forums across the country to engage members and clients in our future. We also implemented a program to check in directly with clients about whether we are meeting their expectations.

• Implementing more effective teams: We put new structures in place to support MD advisors and other specialists, who work together so that each client can benefit from the combined expertise of our best thinkers. We also partnered with provincial and territorial medical associations to develop insurance and wealth management alliances.

• Designing new models for service delivery: We introduced an Advisory Service Team, creating a more convenient way for medical students and residents to do business with us.

We also built a new MD Private Investment Counsel Virtual Advisory Service, extending the reach of our private investment counsel.

• Raising our public profile: During the past year, I was invited to participate in pre-budget consultations with the federal government, and the insights of Chief Investment Officer Bill Horton were featured by various major media outlets.

• Expanding our portfolio offerings: In June 2012, we launched the MD Precision Balanced Income Portfolio and the MD Precision Moderate Growth Portfolio, which use an enhanced and industry-leading asset allocation strategy engineered to achieve clients’ objectives over the long term.

• Re-invigorating our EMR business across Canada: We continued to make proactive product enhancements in our Electronic Medical Records (EMR) offering, and achieved ISO certification for our EMR product.
HUGE ONLINE EXPANSION IN THE WORKS

The CMA is preparing for a dramatic expansion of its online clinical offerings for members. The growth, to take place over three years, will dwarf previous efforts to deliver online and electronic point-of-care tools to physicians.

CMA CEO Paul-Émile Cloutier said members can expect a major emphasis on the expanding role mobile devices play in supporting clinical decision-making.

“These are very valuable tools that members will receive free of charge,” Cloutier said. He noted that just two of the resources the CMA already makes available for free — DynaMed and Access Medicine — would cost members $1,390 annually if purchased individually.

Others are taking note. A major university recently cancelled its subscription to an online clinical tool and directed physicians to instead make use of DynaMed via their CMA membership.

In January Canada’s premiers met in Victoria for a Council of the Federation meeting. One of the outcomes of that event involved a first for the CMA: an offer to team up with two premiers in a working group of health ministers that was studying clinical practice guidelines and scopes of practice.

“The goal here is innovation,” he said. “This is the first pan-Canadian quality improvement initiative this country has seen, and the process we have gone through is in itself an innovation.

“With this partnership, we have the opportunity to prove that when governments work collaboratively with providers, we can make a measurable difference in health care.”

YELLOWKNIFE, NWT

A higher level of care

For 18 years, OB/GYN Bing Guthrie and his wife Margaret, a former nurse and midwife, have been foster parents for children who require a higher level of care than their families could provide. Over the years, the Guthries have had as many as six children in their house, and it’s clear that the children aren’t the only ones benefitting from the experience.

“We’ve seen kids transform before our eyes and go from being tube-fed to feeding themselves. I can’t tell you how inspiring that is.”

A WELL-EARNED REPUTATION

Late in 2012, the CMA will combine forces with provincial and territorial medical associations and use messages like this one in a cross-country advertising campaign that will showcase physicians’ innovative approaches to improving the health care they provide to their patients.
WELL-EARNED FAME

The CMA’s ongoing support for the Canadian Medical Hall of Fame in London, Ont., has been paying big dividends. This year, as the hall marked its 18th anniversary, the list of inductees was poised to surpass the century mark because the seven new members inducted in 2012 brought the overall total to 95.

“We’re proud of to have supported the Hall of Fame from the start,” said CMA President John Haggie. “It celebrates every-thing that is great about Canadian medicine, and covers a great deal of ground while doing so. In 2012 it not only honoured one of the physicians who gave us insulin almost a century ago — Nobel Prize winner Dr. J.J.R. Macleod — but also one of the finest heroes this country has produced, Terry Fox.”

Haggie described the hall “as a place that not only honours past achievements, but encourages new ones.”

IN THE BLACK

The CMA ended 2011 with an annual operating surplus of $2.2 million, compared with the 2010 year-end total of $1.8 million. This was based upon total revenue of $42.6 million ($40.2 million in 2010) and total expenses of $40.4 million ($38.4 million in 2010). The CMA’s year-end results have been in the black for 24 of the past 25 years.

A NEW SOURCE OF MEMBERS

Active membership in the CMA grew by 1,757 during 2011, with the year-end total — 76,595 members — surpassing 75,000 for the first time. The largest increase was in the practising physician category, which grew by more than 1,800 members.

However, the CMA is also beginning to experience growth in a relatively new membership group — Canadian medical students who are either studying medicine abroad (CSAs) or have graduated from a medical school outside Canada. The CMA’s General Council approved the eligibility of CSAs for student membership in 2008. In 2010 the Canadian Resident Matching Service estimated that approximately 3,500 Canadians were attending foreign medical schools and that almost all of them intended to return to Canada to practise.

Signs of growth in the number of expatriate students was clear in the 2012 residency match, which saw 232 CSAs matched across the country — a 27% increase in one year. This was equivalent to the combined annual output of new physicians produced by Queen’s University, the Northern Ontario School of Medicine and Memorial University of Newfoundland.

A BUSY YEAR AT CMAJ

In 2012, as CMAJ moved into the second year of its second century, members continued to rank it among the top three “valued products and services” provided by the CMA and its subsidiary, MD Physician Services.

The year was also marked by good news on several other fronts. The readership study that measures the popularity of Canada’s major medical publications determined that CMAJ retained its No. 1 ranking among readers in 2011 — just as it has for 10 consecutive years.

Equally impressive is the steady improvement in the journal’s impact factor, which provides an indication of a journal’s relative importance in the delivery of medical information. CMAJ’s impact factor grew significantly in the latest survey, and now stands at 9.02. A decade ago, it stood at 2.8. The journal also welcomed a new editor, Dr. John Fletcher, in 2012. He became the 18th editor-in-chief in CMAJ’s 101-year history.

Finally, CMAJ’s importance in the delivery of essential information to physicians was recently recognized by the Canadian Task Force on Preventive Health Care, which entered into a three-year agreement that will see the journal deliver “knowledge translation tools” and guidelines on its behalf.

TOTAL ACTIVE CMA MEMBERSHIP, DEC. 31, 2011

<table>
<thead>
<tr>
<th>Province/Region</th>
<th>Members</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest Territories</td>
<td>57 (+5.5%)</td>
<td></td>
</tr>
<tr>
<td>Yukon</td>
<td>74 (-2.7%)</td>
<td></td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>324 (+5.9%)</td>
<td></td>
</tr>
<tr>
<td>Newfoundland and Labrador</td>
<td>1,753 (+2.3%)</td>
<td></td>
</tr>
<tr>
<td>New Brunswick</td>
<td>2,065 (+2.4%)</td>
<td></td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>2,823 (+2.4%)</td>
<td></td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>2,892 (+2.5%)</td>
<td></td>
</tr>
<tr>
<td>Manitoba</td>
<td>3,599 (+2.1%)</td>
<td></td>
</tr>
<tr>
<td>Quebec</td>
<td>9,682 (+0.5%)</td>
<td></td>
</tr>
<tr>
<td>Alberta</td>
<td>10,688 (+4.0%)</td>
<td></td>
</tr>
<tr>
<td>British Columbia</td>
<td>12,511 (+2.7%)</td>
<td></td>
</tr>
<tr>
<td>Ontario</td>
<td>29,755 (+2.2%)</td>
<td></td>
</tr>
<tr>
<td>Members-at-large</td>
<td>372 (+2.8%)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76,595 (+2.3%)</strong></td>
<td></td>
</tr>
</tbody>
</table>