CMA BOARD OF DIRECTORS
MARCH 2017 MEETING HIGHLIGHTS

CMA STRATEGY 2020
The Board undertook a strategic thinking exercise as part of developing the CMA Strategy 2020 – to be ahead of the curve and position CMA for the long term. The Board discussed CMA’s raison d’être so as to establish a platform for moving forward. The Board also reviewed key strategic choices and options, i.e., CMA’s best roles into the future (e.g., leader, influencer, facilitator), needs of its audience, and how best to deliver value to them. This meeting was not a decision-making exercise but rather a touch point to get the Board’s input and thoughts in setting the bold vision for CMA or what will be referred to as “the Summit” (the metaphor of climbing a mountain was used):

- **The Summit** is the bold vision for CMA for the long term, which is grounded in evidence, future trends, and imperatives that we observe from the environment (5+ years)
- **The Ascent** are the specific pathways that the CMA will undertake to reach its bold vision; there are different pathways (i.e. plausible options) that the CMA could take in order to reach the Summit (3 to 5 years)
- **The Base Camp** is the set of conditions needed to begin the ascent. Key decisions need to be made today so that we can prepare for a path forward, to be nimble, stronger, and more focused. (1-3 years)
- **Current State.** CMA had made improvements and started to challenge some orthodoxies; there is a desire to align on key “anchors”, i.e., things that will remain unchanged in the new CMA, and an end vision to start the ascent to Base Camp (Today).

The discussions were focused on two key ‘anchors’: CMA’s role in advocacy and voluntary membership. The Board output at this session was that CMA should continue to represent the views of physicians for the benefit of patients and the public. It was noted that several enhancements to the organization have been made in recent years such as policy initiatives in end-of-life care. Next steps will include testing the ‘anchors’, developing the strategic plan, and further engaging stakeholders in the process. It is anticipated that the Board will approve CMA’s Strategy 2020 at its May meeting.

A MODERN CMA
The Board supported extending the timelines for consulting with stakeholders and presenting final recommendations on the work of the Task Force on the Role of General Council in a Modern CMA (GCTF) and the Governance Committee’s work on a review of the Board governance structure. This would ensure that the new strategic plan and other related projects are taken into account in determining the optimal structure to support a new plan and a forward-looking organization. This will also allow time for additional consultations on any proposed changes.

GCTF
The Board discussed the means to operationalize a purpose/vision statement of ‘engaging innovatively and inclusively in courageous and influential dialogue to advance health in Canada.’ Task Force Chair Iain Scott shared ideas on how CMA might evolve the current General Council forum to a health summit based on some preliminary consultations. He noted current strengths (increasing engagement of students, residents, first fifteen, continuing to provide an inspiring and impressive event, continuing efforts to innovate and modernize General Council) and the need to address weaknesses (too much breadth and not enough depth and focus on issues and motions, lack of perceived impact, follow-through and accountability and no mechanism to maintain momentum from one year to the next).

The task force consultations in this initial phase will include focus groups with early career physicians and young learners. An update will be provided to General Council in August 2017. It is expected that more consultations will take place over the summer/early fall, followed by a second round of consultations in winter and early spring 2018. Any formal recommendations for changes to General Council would be reviewed by the Board in May 2018, en route to General Council in August 2018. Should you wish to participate in this process of re-imagining the role of General
Council to best support a national policy development process by more broadly and effectively engaging our members from across Canada, please contact amy.baldry@cma.ca.

General Council 2017

Plans for General Council and CMA’s 150th Annual Meeting were also presented, including session topics:

• Keynote speaker Eric Wahl, an internationally recognized motivational speaker, graffiti artist and author, will engage participants to help inspire CMA’s future success
• Sessions to discuss and identify issues related to medical assistance in dying, and in particular, mature minors, advance requests and/or psychiatric conditions to further define and establish a CMA position in these areas
• Intra-professionalism and Charter of Shared Values for physicians
• Networking session where participants will have an opportunity to discuss topics of interest, emerging issues, and to create networks based on these shared interests
• Overview of GCTF findings to-date and to inform future direction
• Opioid crisis in Canada (management and treatment of pain and addiction as well as harm reduction)
• Role of physician leaders in advancing innovation within the health care system
• An expanded Annual Meeting – your opportunity to ask questions of the Chairs and CEOs of CMA, MD Financial Management and Joule.

As we continue to move toward a dialogue-driven General Council, the Emerging Issues Dialogue, introduced in 2016, will again allow participants an opportunity to discuss issues that are developing at the provincial/territorial or national level and which could have a major impact on physicians or Canadians. The Resolutions Committee will review submissions and choose 5 or 6 topics that they feel are most important based on level of urgency and alignment with CMA priorities. The deadline for submitting topics is June 5 to allow time to prepare context setting materials to support a better informed dialogue. Any general motions submitted that aligns/supports an emerging issue will be considered “for information” and not debated as these issues will be considered in development. Movers and seconders of such motions may speak to them during the sessions.

In terms of general motions, note that more stringent use of the consent agenda will be supported. Also note that motions for debate will no longer be addressed in order of receipt. Instead, the Resolutions Committee will select/rank motions for debate according to relevancy, fit and focus and alignment with CMA priorities. Visit cma.ca/gc2017 for more information. Note that this page will continue to be updated with information and details as they become available.

Board of Directors – Role and Structure

Representatives of the Institute of Corporate Directors/Rotman School of Management and Borden Ladner Gervais presented governance best practices in this area and discussed principles and potential options for a Board governance model that would best suit CMA going forward. The premise of this exercise is based on boards needing to always look at efficiencies and improving their effectiveness on behalf of the organization, including size, composition and mandate. The new CMA strategic plan will help further inform these issues. The CMA Governance Committee will review this further during the course of the year.

It is anticipated that we will consult with stakeholders in the fall, followed by a second round of consultations in winter and early spring 2018. Any recommendations for changes to the current structure would be reviewed in May 2018, en route to General Council in August 2018.

Medical Professionalism

Work continues on the CMA strategic initiative of medical professionalism – an initiative that aims to define a progressive, values-based vision for medical professionalism in Canada. This work will focus on intra-professionalism and the revision of the CMA Code of Ethics that will explicitly include the principles and responsibilities of medical professionalism. This work will also include a Charter of Shared Values to which the medical profession should aspire and commit to in order to assist with unifying the profession, and an accountability framework.
**Physician Re-engagement**
A ‘listening’ tour will be undertaken by President Dr. Granger Avery to explore the issue of physician disengagement with the health care system and ways in which we can try and re-engage physicians. In-person meetings and key informant interviews will be conducted this year and a report with recommendations will be brought forth to the Board for consideration in December.

**POLICY AND ADVOCACY**
The Board approved requests for stakeholder consultations on the following draft policies:
- Principles for the Protection of Patient Privacy
- Advance Care Planning
- Direct-to-consumer genetic testing

The Board approved the following policies:
- Corporate Privacy Policy Respecting the Collection, Use and Disclosure of Personal Information
- Corporate Policy Respecting Participation in a Survey (related to privacy and participation in surveys)

The Board also conducted its annual policy review and rescinded as appropriate CMA policy documents, resolutions and briefs that were out of date or superseded by newer policy.

**Health Accord**
A meeting of federal/provincial/territorial finance and health ministers took place on Dec. 19, 2016 in Ottawa. The Canada Health Transfer (CHT) was the main focus of this meeting, however, negotiations collapsed without an agreement being achieved; as such the CHT 3.0% escalator remained intact. Following this meeting, the federal government entered into distinct bilateral agreements (over a 10-year period) with the following provinces and territories:
- New Brunswick was the first to reach a separate deal for $229 million in additional funding; $125.1 million for home care and $104.3 million for mental health initiatives
- Newfoundland and Labrador will receive $87.7 million for home care and $73 million for mental health funding for a total of $160.7 million in targeted funding
- Nova Scotia will receive $157 million for home care and $130.8 million for mental health care for a total of $287.8 million in targeted funding
- PEI will receive $24.6 million for home care and $20.5 million for mental health
- NWT will receive $7.4 million for home care and $6.1 for mental health
- Nunavut will receive $6.1 million for home care and $5.1 million for mental health
- Yukon will receive $6.2 million for home care and $5.2 million for mental health
- Saskatchewan will receive $190.3 million for home care and $158.5 million for mental health
- BC has also recently signed on with an agreement that will provide more than $1 billion for home care and mental health over 10 years with an additional $10 million in emergency management funds to help deal with BC’s opioid crisis.

CMA has been encouraged to continue its advocacy effort in advance of finalizing the federal budget. The meeting reaffirmed support from numerous provinces and territories for CMA’s proposal for a demographic top up to the CHT.

The President met with Health Minister Jane Philpott in February to discuss the Health Accord and other health related issues.

More than 49,000 DemandAPlan supporters sent over 87,345 letters to parliamentarians to advocate for CMA initiatives. In the final weeks of 2016, 1,698 Canadians sent 4,859 letters to federal officials calling for a strong commitment to seniors’ care in the upcoming federal budget, and 3,482 Canadians sent 10,352 letters to the health minister and MPs calling for federal and provincial/territorial governments to reach an agreement on a new Health Accord. Our stakeholder partners have also answered our call to action to engage Prime Minister Trudeau on the need
for a national vision for Canada’s Health Accord. The DemandAPlan letter campaigns are resonating with government. On Feb. 8, as a result of advocacy efforts, Liberal MP Marc Serré tabled a motion in support of a National Seniors’ Strategy and made a statement in the House of Commons calling on his colleagues to join DemandAPlan.

**Opioids**

CMA has committed to disseminate new tools and resources to over 83,000 physicians to promote the uptake and use of the updated Canadian Guidelines for Opioids in Chronic Non-Cancer Pain. Visit [cma.ca/Advocacy: Take Action](cma.ca/Advocacy: Take Action) for more information. A letter was also sent to members with an invitation to respond to the draft guidelines. CMA will also survey a sample of its members on the facilitators and barriers to implementing the new guidelines to determine the level of awareness and educational needs of Canadian physicians, as well as to identify system issues such as access to pain and addiction treatment options. CMA has partnered with the McMaster National Pain Centre, which is leading the development of the guidelines; the survey is in development and will be sent out mid-year.

CMA continues its participation in the Pan-Canadian Collaborative on Opioid Prescribing which will produce, among other deliverables a repository of tools and resources. It also continues its participation in an advisory committee for a Health Canada funded project for audit and feedback for family physicians’ practices regarding opioid prescribing.

**Canadian Controlled Private Corporations**

CMA implemented an intense advocacy effort throughout the budget, pre-budget and post-budget process, including proactive political outreach and engagement with government and opposition MPs and Senators, actively engaging and intervening in the legislative process and facilitating physician engagement to amplify lobby efforts (with over 2,200 members submitting letters directly to Finance Canada).

Last October, CMA met with the Chief of Staff to the Finance Minister. In November, CMA presented its brief to the House of Commons Standing Committee on Finance and in December to the Senate National Finance Committee. Although the Senate moved a motion to exempt physician group practices, the motion failed; Bill C-29 received Royal Assent Dec. 15, 2016. CMA’s efforts resulted in “breaking through” to political decision-makers – there is awareness of our concerns.

**OTHER BUSINESS**

**CMA’s 150th Anniversary**

The celebration of CMA’s 150th anniversary will have particular impact at General Council. The goal of this celebration is to demonstrate and enhance the image and value of the profession and includes online promotional activities as well as celebrations at General Council this August in Quebec City and in Ottawa in October. Visit [cma.ca/150](cma.ca/150) for a digital timeline featuring over 100 key milestones throughout CMA’s history. CMA’s Fact of the Day presents a new piece of information related to medical history on social media. CMA is also introducing a Bursary and Awards Program offering to each of the 17 medical schools one bursary to be bestowed upon a student in greatest financial need as well as one award to a student exemplifying medical professional values.

**Awards**

The Board approved honorary memberships and the recipients of the awards of distinction for 2017. It also approved that the Medal of Honour be renamed the Owen Adams Award of Honour in recognition of the outstanding contributions that Dr. Adams has made to the CMA during his tenure. The award represents the highest award that lies within the power of the association to bestow upon a person who is not a member of the medical profession and therefore fitting as a tribute to Dr. Adams. The award is granted in recognition of personal (or organizational) contributions to the advancement of medical research, medical education, health care/medical organization, educating the public about health, health care promotion, and/or service to the people of Canada in raising the standards of health care delivery in Canada.
CMA Foundation | Fondation AMC
The CMA Holdings Foundation, which has been in existence since 2005, has been re-branded as the CMA Foundation | Fondation AMC with support from CMA, MD Financial Management and Joule. Its vision is to provide enduring financial support to further excellence in health care and support physicians in achieving their financial and charitable giving goals. Its mission is to fund Canadian charitable organizations with objectives that are consistent with the foundation’s vision as well as having a collection of Donor Advised Funds where grants to registered charities are based on foundation donor requests.

CMA Ownership Framework
Almost three years after the establishment of CMA Holdings 2014 and Joule (CMA’s newest subsidiary), the CMA enterprise (CMA, CMA Holdings, MD Financial Management and Joule) continues to evolve its ‘One Member’ strategy. So as to better provide a seamless experience and the best value for our members, a framework has been established to outline how we work as a group at the enterprise level. Many of the tools outlined in the framework have been in place for a while (e.g., unanimous shareholders agreements, nomination and appointment/election guidelines, etc.); others will provide further clarity in managing various aspects of the enterprise and will serve to reaffirm the enterprise’s principles and culture. Key areas of focus include strategic alignment, branding and reputation, governance and overall financial sustainability.