Dr. Granger Avery

Inaugural Address

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President
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Check against delivery
Ladies and gentlemen, colleagues, thank you.

I don’t think Canadian health care is working – not like it could, or should.

Despite the hard work you are doing for your patients each and every day, a system that is cherished by Canadians from coast to coast to coast is no longer keeping pace.

Many of you know that the Commonwealth Fund recently reported that Canada has slipped to 10th of 11 similar developed countries, with particular concern over timeliness, efficiency and safety.

The Canadian Institute for Health Information grades us “poor” for patient safety and patient experience, and “mixed” for acute care outcomes.

Part of this story, a part that must be called out specifically, are the tragically poor health outcomes of Canada’s Indigenous peoples.

The “Royal Commission on Aboriginal People at 10 Years” report card by the Assembly of First Nations tells the stark tale:

- Diabetes three times the national average.
- TB eight times and suicide up to ten times the national average.
- Life expectancy a full seven years less.

Add up that bleak picture for Aboriginal people and we’re left with a United Nations Development Index rating of 76th out of 174 nations compared to 8th for non-Indigenous Canadian communities.

That is not just unacceptable, that’s tragic and downright embarrassing.

Throughout our system, patients face excessive waiting for care, inadequate patient information transfer and discontinuity of care.

I know all too well about this as I experienced it personally with a family member.

Despite the genuine concern, obvious knowledge and expertise of the attending physicians, nurses and others, I still had to keep the various parties informed of the medical information and recommendations as we traversed the system.

How can we expect patients to do this without an informed advocate?

But I’ll be fair, there is much that we do that is excellent, with world leading outcomes. HIV/AIDS, acute cardiac care and cancer care spring readily to mind.
So why does Ipsos Reid tell us that 37 per cent of Canadians think that services are somewhat better than 5 years ago and 7 per cent think they are much better?

Well, if we dig into this as Mike Colledge told us on Sunday, these numbers are buoyed up by a 65 per cent approval by the 18–34 age group, a group that typically doesn’t use the system so much.

Contrast this with a 33 per cent approval rating from those aged 55 and over.

So what do you think? Is the system serving Canadians as it should?

You, my colleagues, work so hard at this:
- learning the complex science of our profession;
- going the extra mile for our individual patients;
- covering the gaps in care that threaten their lives;
- working long hours, nights and weekends;
- poring over renewed service schemes;
- working with cash strapped governments and health authorities on new delivery models...

And still the system underperforms...

Canada’s publicly funded health care system was created some 50 years ago when our population was just over 20 million and Canadians could expect to live approximately 71 years.

We now have a population of over 30 million and on average Canadians live a full decade longer.

This is a major advance. It is an incredible achievement. It speaks to the prosperity of our country and advances in medicine and health care.

However, even after 50 years and myriad advances in medical care, Canada does not provide care in a seamless and cohesive way. This is Canada’s “crisis of the chronic”.

We provide high quality care to patients, but all too often they have waited far too long to receive it.

We develop innovative ideas or projects but fail to scale up these pockets of excellence to the national level.

To be truly relevant and effectively respond to Canadians’ present and future needs, our health care system must, as Minister Terry Lake said, provide patient-centred, integrated, continuing care.

We must be able to meet Canada’s acute care requirements as well as the chronic and complex care needs of our growing and aging population.
Addressing this crisis begins with recognizing the increased role for patients and family caregivers in the care process.

We must also support all efforts that improve the social determinants of health and healthy living.

Perhaps most importantly of all we must avoid “robbing Peter to pay Paul”, by developing and putting into effect a modern, collaborative vision for health care with all five health care partners engaged and at the table:

- politicians and government;
- health professionals;
- academics;
- health care managers; and
- the public, particularly Indigenous peoples, who keep reminding us “nothing about us without us”. It’s high time we listen!

Once we reach agreement on the health care vision, we must use appreciative enquiry approaches to improve the way changes are made to the health care system.

What can I do to achieve this vision — not what I want you to do.

It was so encouraging to hear both Debra Sparrow and Minister Lake identify the collaborative approach to resolve complex issues.

If we are going to seize this moment in time and actually bring about the crucial changes to our health care system that will improve access to high-quality care for our patients, we will need to do it by working together.

I say this with the full understanding that the practice of medicine, and our understanding of the concept of what it means to be a physician, are facing challenges perhaps greater than at any time in recent history.

Time and again over my 40 years in medicine we have seen conflict and angst arise between the profession and government.

The current situation in Ontario is but the latest in a sad litany of confrontation. We continue to stand shoulder to shoulder with our colleagues in Ontario.

We are bumping up against a financial ceiling perceived by governments, who then sometimes resort to trotting out the sound bites to enflame the people.

The playbook is the same: Governments impose financial “targets”; doctors rail against them; universities cannot truly engage with this.
Health system managers are caught in the middle with insufficient dollars and increasing political demands.

Patients and their families — the people who the system is meant to SERVE — are confused, lost and ignored as the health care system spirals into turf protection, dysfunction and cost explosion.

Then, as organizations like the health authorities, health ministries and our colleges exert more pressure, physicians retreat from the conflict battered, bruised and untrusting. Really a vicious circle!

Breaking that vicious circle requires that we think differently.

The only way forward, in my view, is to form a true health care collaborative. There must be meaningful, open and honest discussion between all parties.

We must develop trust.

So far in Canada, we have limited these discussions to two, or occasionally three, parties at some point post-conflagration.

Usually it’s a profession – medical, nursing or other — and government, in this context.

The end discussions have been about money, the famous bottom line.

But what if the bottom line were different? What if we made our bottom line the goal of developing further as a caring nation?

The five key partners in health care that I mentioned – health care professionals, governments, universities, health managers and patients – must take the next step and connect in these discussions. It keeps us all honest and will lead to lasting resolution.

I believe that the CMA is really the national organization to help broker this positive approach.

We can unite the profession, governments, universities, health care managers and above all, Canadians, in an open and honest debate with an outcome that is agreed and supported by all.

And employing generalist principles, we can remake our health care system in a way that is connected, serves patient needs, remains within predictable funding and is a pleasure to work within.

And is a system over which each health care partner has control, dependent upon all the others’ acceptance.

True collaboration.
Top down control will not work.

Grassroots activism is essential to ask the questions and offer specific solutions, but can neither manage the system, nor force lasting agreement.

That is why CMA programs such as the MD-MP Contact Program, which links physicians to their Member of Parliament, are so important.

We all need to get involved and I encourage you all to join the MD-MP Contact Program.

I have come to observe again and again that things learned — and taught — in rural practice often have broad application in urban and larger environments.

My 30 years in leadership roles here in B.C. and with the CMA have provided a unique perspective in both seeing what must be done to serve the profession and our patients, and then doing it.

I believe we can and must do better.

The focus of General Council as we approach 150 years of experience is “Change in action. Be part of it ... Des changements à l’œuvre. Faites-en partie.”

Putting a new vision into action, however, requires a mix of experience and new ideas; and it requires us to think and behave differently.

A good example of what this means is the Fraser Basin Council. This Council is a non-governmental, not-for-profit organization created in 1997 to advance the social, economic and environmental sustainability of B.C.’s Fraser River Basin.

The Fraser Basin is a large watershed that drains about 25 per cent of B.C.’s land base, supports more than two-thirds of the province’s population, and contributes significantly to the provincial and national economy.

A few decades ago, the Fraser Basin was in trouble, with increasing pollution, dying fish and the overall health of the Fraser River declining.

Action to correct the situation seemed unlikely given that moving forward required cooperation among federal, provincial and municipal governments, First Nations, business, industry, and non-governmental organizations.

Sound familiar? It’s the same situation for health care.

But the Fraser Basin Council rose above differences to create a collaborative, science-based, consensus governance model uniting government, business, First Nations and local communities.
In short, the key players united to find practical solutions to issues that affected the entire population of the province.

I believe we too can rise above our differences and become truly collaborative.

I believe that can happen again and that now is the time.

This requires a change in thinking among all who are involved in the health care system.

It requires a shift from a set of recommendations produced by a single sector instructing others, to an appreciative inquiry approach, focused on “what I can offer?”, with examples of success.

Our profession is blessed with a plethora of talented, hard-working, dedicated and thoughtful practitioners.

Together we can accomplish the change that returns Canada’s health care system to its rightful place as a world-leader.

To do that we must help to build a vision for the future of health care.

That vision must be strong and it must ensure the future sustainability of the system and ensure timely access to high-quality health care.

We must stay united as a profession, standing up for our patients and supporting our colleagues.

We must not succumb to polarization and infighting.

And finally, we must not be afraid to step up and lead the way toward a better future, working with our other health care partners.

Let us think big.

If collaboration worked for the complexity of the Fraser, it can do the same for health care, and seems essential for the management of climate change.

Canada can lead the world.

Thank you.